

Iowa Department of Public Health



2012



Annual Report &
Budget Summary

Promoting and protecting the health of Iowans

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Department Director’s Office

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

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

Division of Acute Disease Prevention and Emergency Response

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

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

Division of Administration and Professional Licensure

Marcia Spangler, Division Director
515-281-4955

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

Division of Behavioral Health

Kathy Stone, Division Director
515-281-4417

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

Division of Environmental Health

Ken Sharp, Division Director

515-281-5099

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

Division of Health Promotion and Chronic Disease Prevention

Julie McMahon, Division Director

515-281-3104

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

Division of Tobacco Use Prevention and Control

Meghan O'Brien, Division Director

515-281-6225

- Youth Tobacco Prevention
- Community Partnerships
- Quitline Iowa
- Smokefree Air Act
- Tobacco Retail Compliance
- Surveillance and Evaluation

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



I am pleased to present the 2012 Iowa Department of Public Health Annual Report and Budget Summary. At the local, state, and national levels, 2012 was a year of learning to do more with less, finding partnerships to best maximize our efforts, and prioritizing issues to best serve the public. I am proud of the accomplishments made and strides taken to strengthen public health in Iowa this past year, and am optimistic about our ability to meet the challenges that lie ahead.

Legislatively, 2012 saw the passage of SF2318, the e-Health legislation. This was a high priority for Governor Branstad, as well as IDPH, and was successfully approved with the help of our stakeholders and the e-Health Advisory Council. The legislation provides for the creation of a statewide health information network, referred to as the Iowa Health Information Network (IHIN), and provides for components that are critical to its development and operation. The eHealth program is now reaching out to healthcare providers and consumers across Iowa to engage them in the important work of development and implementation of the IHIN.

Public-private partnerships again played a key role in public health initiatives in 2012. A shining example of this collaboration is IDPH's work with the Governor's Healthiest State Initiative (HSI) to advance the objectives of the Blue Zones project. In April, IDPH and HSI highlighted the importance of mental wellness in achieving overall health with Laugh Out Loud (LOL) Day. This focus on finding the lighter side of life brought together legislators, the Governor, and public health advocates in a special event at the state capitol that was truly a 'laughing matter.' In August, this partnership took on a more serious tone as we met thousands of Iowans at the annual Farm Progress Show in Boone. Through activities ranging from free blood pressure checks to a grain bin rescue demonstration, this event focused on the important issue of rural health. Additionally, Community Transformation Grants have been launched in 26 Iowa counties. The focus of these grants include tobacco free living; active living and healthy eating; clinical preventive services; and safe and healthy environments. These focus areas align with those of HSI.

In October, the state of Iowa was among nine employers recognized by the Wellness Council of Iowa for excellence in worksite health promotion. The state of Iowa proudly received the Silver Well Workplace designation for its commitment to the health and well-being of its employees.



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

Sincerely,

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

Vision

Healthy Iowans living in healthy communities.

Mission

Promoting and protecting the health of Iowans.

Guiding Principles

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

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

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

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

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

What does Public Health do?

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

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



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

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

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

How the Iowa Department of Public Health is Organized

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

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

IDPH is organized into seven units.

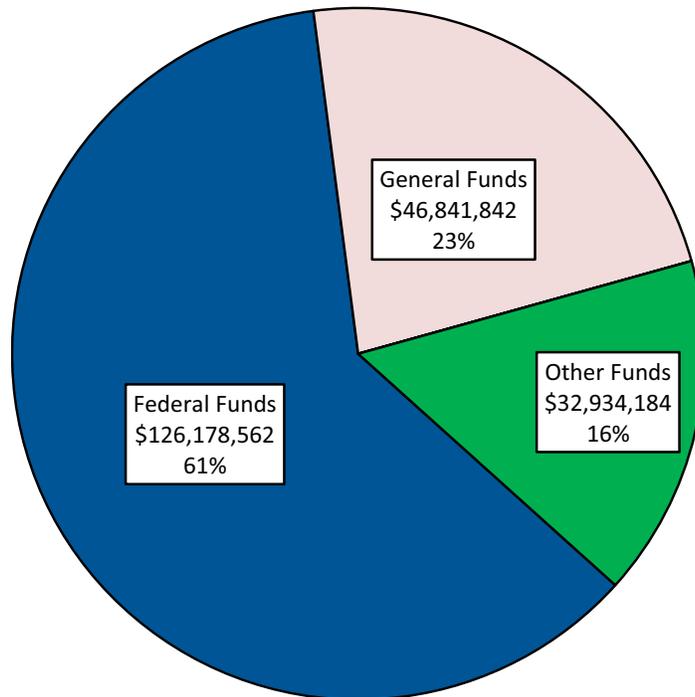
1. Director’s Office
2. Division of Acute Disease Prevention and Emergency Response
3. Division of Administration and Professional Licensure
4. Division of Behavioral Health
5. Division of Environmental Health
6. Division of Health Promotion and Chronic Disease Prevention
7. Division of Tobacco Use Prevention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

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

Contracting is done with more than 750 entities, in all 99 counties, to provide population-based health services and a limited number of personal health services. These contractors include county boards of health and boards of supervisors, community-action programs, public health nursing agencies, maternal and child-health agencies, substance abuse prevention agencies, emergency medical service providers, HIV/AIDS prevention and care providers, and many others.

Iowa Department of Public Health – Budget Summary

Total expenditures in State Fiscal Year (SFY) 2012 were \$205,954,588. The following chart shows the breakdown for expenditures by funding source:



“Other Funds” refer to fees collected and retained by individual programs or via memoranda of understanding that have been established with other state agencies, or grants received from private organizations.

The following table shows SFY 2011, 2012, and 2013 expenditure information for the department as a whole. This Annual Report and Budget Summary also includes SFY 2011, 2012, and 2013 expenditure information for individual department programs and services.

Table 1. Iowa Department of Public Health Budget Summary

	SFY2011 Actual	SFY2012 Actual	SFY2013 Estimate
State General Fund	\$52,242,414	\$46,841,842	\$48,544,506
Federal funds	\$121,918,659	\$126,178,562	\$150,459,227
Other funds	\$31,046,057	\$32,934,184	\$46,284,004
Total funds	\$205,207,129	\$205,954,588	\$245,287,737
FTEs	445.30	427.19	467.30

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

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

- the name of the program/service,
- a main telephone number and Internet address,
- the division overseeing the program/service,
- why the program/service is important to promoting and protecting the health of Iowans,
- a description of services,
- at least one measure of progress toward program goals, and
- state fiscal year 2011, 2012, and 2013 expenditure information.

Not all programs will have 2012 data for the measures of progress. In these cases, the data for the most recent year available is reported for the measure. Overall, programs met targets or showed progress toward meeting targets for 64 (56%) of the 115 reported measures in the profiles for which there were targets, an decrease from last year in which 58% of targets were met. More detailed information about how we are doing is available in the *How do we measure our progress?* section of each profile.

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

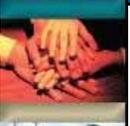
Access to Quality Rural Health Services

Promoting & Protecting the Health of Iowans

Division of Health Promotion & Chronic Disease Prevention

Phone: 1-800-308-5986

<http://www.idph.state.ia.us/OHDS/RuralHealthPrimaryCare.aspx>



Rural Iowa has charming towns and productive farmlands. Residents are known for their strong work ethics and mid-west rural way of life. In addition, residing in rural areas sometimes means a lack of timely access to all needed health care services. There are 82 critical access hospitals, 10 rural hospitals, 141 federally certified rural health clinics and several other medical clinics and public health offices offering health and safety services to rural residents.

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

Did you know?

Iowa's 2011 population is 3,062,309 people with 1,321,044 or 43% living in rural areas. Of the 92 rural hospitals, 82 hospitals are classified as critical access hospitals and have a maximum of 25 beds. Rural hospitals also bring an array of outpatient services and skilled care centers to communities. Additionally, Iowa also has 141 federally certified rural health clinics with primary care services. Rural health systems are a strong economic engine for rural counties.

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

- All Iowans need to be able to get timely emergency health care access.
- With the Affordable Care Act, Iowa will be adjusting to new systems of care. IDPH is assisting facilities in addressing these changes.
- Rural health care providers are increasing cost effective access through the meaningful use of electronic health records.
- IDPH can effectively speak on behalf of rural health issues at the national and state levels.
- No other state entity provides a high level of assistance and advocacy for health care access.
- The Bureau of Oral and Health Delivery Systems programs maintain Iowa's commitment to become the healthiest state in the nation.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

What do we do?

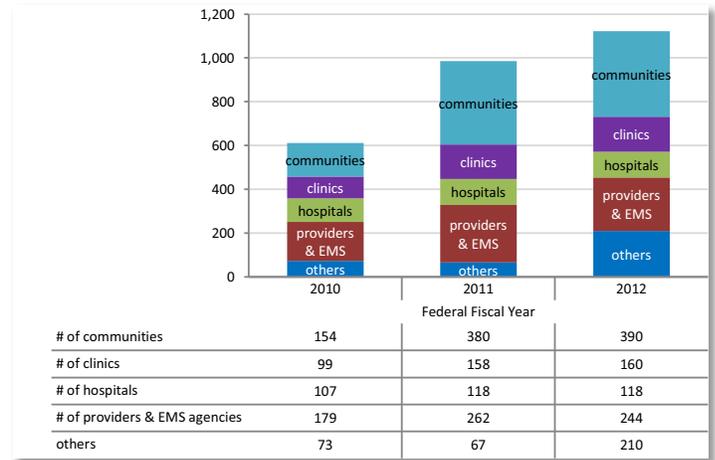
- Provide funding to rural hospitals, organizations, and health systems to assist with implementing projects that will: improve the quality of healthcare, improve financial and operational performance, and develop collaborative regional and local health delivery systems.
- Provide technical assistance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

How do we measure our progress?

- 1. Number of unduplicated technical assistance encounters (substantive information, advice, education, and training) provided to Iowa communities, clinics, hospitals, providers and others by staff in IDPH's Rural Health Programs and Primary Care Office.

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

How are we doing? We continue to increase encounters and assistance with a total of 1,122 communities, clinics, hospitals, providers, and others to serve Iowans in FY2012.



What can Iowans do to help?

1. Learn more about the Bureau of Oral and Health Delivery Systems and the importance of rural health care access by visiting <http://www.idph.state.ia.us/OHDS/RuralHealthPrimaryCare.aspx>.
2. Take part in rural health and local community planning for health services.

Expenditures

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

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$467,942	\$412,844	\$408,155
Federal funds	\$1,457,858	\$1,547,809	\$1,408,273
Other funds*	\$0	\$53,686	\$53,686
Total funds	\$1,925,800	\$2,014,339	\$1,870,114
FTEs	7.67	7.05	7.18

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

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

Phone: 1-800-308-5986 ♦ Fax: 515-242-6384 ♦ <http://www.idph.state.ia.us/OHDS/RuralHealthPrimaryCare.aspx>

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

FLEX – Phone: 515-331-2402 ♦ <http://www.idph.state.ia.us/OHDS/FLEX.aspx?prog=FLEX&pg=Home>

SHIP – Phone: 515-233-2831 ♦ <http://www.idph.state.ia.us/OHDS/RuralHealthPrimaryCare.aspx?prog=RHPC&pg=SHIP>

State Office of Rural Health – Phone: 515-281-7224 ♦ <http://www.idph.state.ia.us/OHDS/RuralHealthPrimaryCare.aspx?prog=RHPC&pg=SORH>

Acute Disease Epidemiology

Promoting & Protecting the Health of Iowans

Division of Acute Disease Prevention & Emergency Response

Phone: 1-800-362-2736

www.idph.state.ia.us/Cade/Default.aspx



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

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

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

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

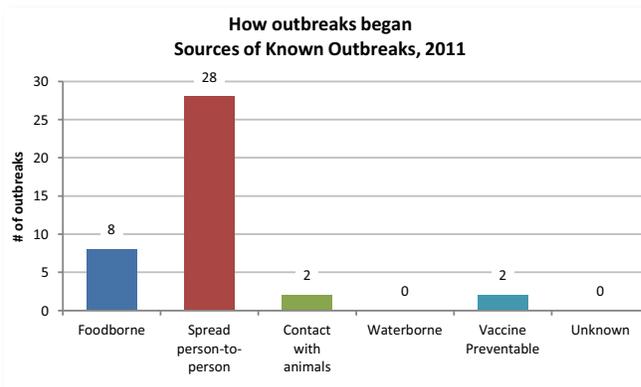
- All Iowans are affected by disease. CADE receives an average of 20 disease reports daily (about 5,000 per year) that must be investigated.
- Epidemiology (the study of disease) helps track illness to determine when there is a widespread threat to your health.
- Disease is spread in many ways. With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

Which Iowa Public Health Goals are we working to achieve?

Prevent epidemics & the spread of disease

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

Promote healthy behaviors

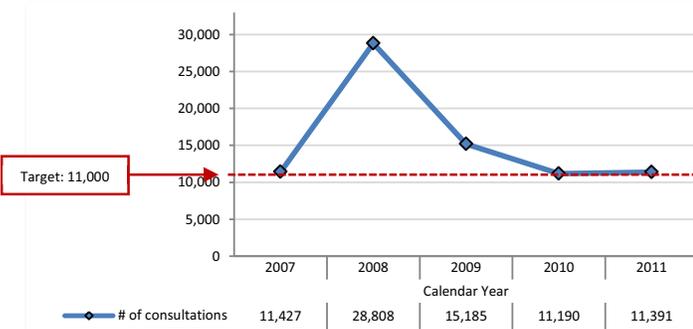


What do we do?

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

How do we measure our progress?

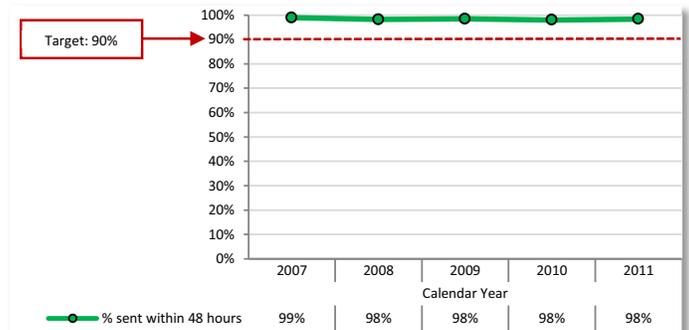
- ❶ Number of infectious disease consultations provided to clinicians, local public health officials, hospital infection control staff, and the public.



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

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

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



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

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

What can Iowans do to help?

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

Expenditures

General fund, federal funds, & private grants*: K15-1501; 0153-1506/1510/1514/1516/1606/AR20.

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$447,776	\$418,389	\$414,870
Federal funds	\$1,804,366	\$2,489,405	\$2,559,736
Other funds*	\$259,086	\$165,528	\$294,145
Total funds	\$2,511,228	\$3,073,322	\$3,268,751
FTEs	12.07	10.29	12.10

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

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

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

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

Adolescent Health

Promoting & Protecting the Health of Iowans

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



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

Did you know?

Adolescents and young adults are youth between the ages of 10 and 24 years old.

They make up 20.7 % of the population in Iowa. This time of life is characterized by significant change and transition (second only to the 1st year of life). It provides a great opportunity to build the capacity and strength of youth to lead healthy, productive lives.

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

- Adolescence is a period where patterns are established and lifestyle choices have both current and future implications for health and well-being.
- The investment that Iowans make in the health and well-being of young people impacts our state now and for the future, by engaging youth with community leaders.
- Risk factors in adolescent's lives include: unplanned pregnancy; homelessness; suicide; motor vehicle crashes, including those caused by drinking and driving; substance use and abuse; smoking; sexually transmitted infections (STIs) including human immunodeficiency virus (HIV); and lack of connections to caring and supportive adults, families, schools, and communities.
- Supporting young people to make positive choices – such as eating nutritiously, engaging in physical activity, and avoiding substance abuse, will decrease their risk of sustaining serious injuries or developing chronic diseases in adulthood.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy behaviors

Prevent epidemics & the spread of disease

What do we do?

Education for Adolescents

- Healthy relationships
- Adolescent development
- Educational and career services
- Community Service Learning
- Healthy life skills
- Sexual health
- Reproductive Life Planning
- Bullying
- Suicide prevention
- Adolescent health website—IAMincontrol.org
- TEEN Line resource and referral

Pregnancy Prevention

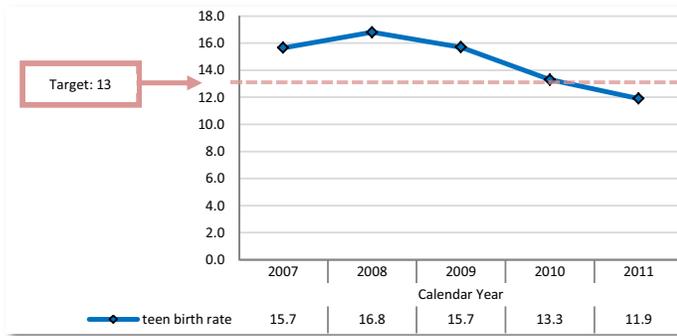
- Personal Responsibility Education Program
- Abstinence Education Grant Program

Health Promotion

- All youth have safe and supportive families, schools, and communities
- All youth are healthy and socially competent
- All youth are successful in school
- All youth are prepared for a productive adulthood
- All youth have access to health care services for their physical, mental, sexual, emotional, and spiritual well-being

How do we measure our progress?

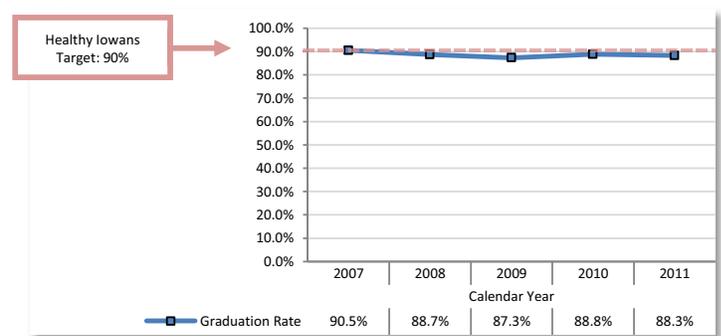
1 Number of births to teens ages 15 to 17 (per 1,000 females ages 15 to 17).



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

How are we doing? The teen birth rate has been trending down since 2008. In 2011, Iowa reached its target of less than 13.0 births to teens per 1,000 females from age 15-17.

2 Percent of Iowa high school students who graduate in four years.



Data Source: Iowa Department of Education.

How are we doing? The state wide high school graduation rate is 88.3 percent, a decrease of 0.5 percent from the 88.8 percent graduation rate for the class of 2010. The 2011 rate remains ahead of the 2009 rate of 87.3 percent.

What can Iowans do to help?

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

Expenditures

Federal funds: 0153-0606/0616

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$0	\$0	\$0
Federal funds	\$1,026	\$200,393	\$827,257
Total funds	\$1,026	\$200,393	\$827,257
FTEs	0.00	0.70	2.25

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

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

Phone: 515-281-6924 Fax: 515-242-6384 www.idph.state.ia.us/hpcdp/adolescent_health.asp

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

Brain Injury

Promoting & Protecting the Health of Iowans

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



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

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

Did you know?

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

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

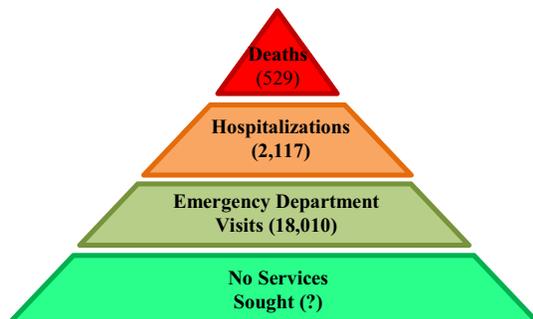
- In 2010, there were more than 17,000 emergency department visits resulting in a diagnosis of traumatic brain injury (TBI) in Iowa; over 2,000 Iowans were hospitalized because of TBI; and 549 individuals lost their lives.
- Brain injuries happen in a wide variety of ways. The top causes include falls, vehicle crashes, being hit by an object, and assaults.
- Falls, which can result in brain injury, are the leading cause of injury to elderly Iowans.
- Brain injury can cause changes in thinking, language, learning, emotions, and behavior. It can also increase the risk of epilepsy, Parkinson's disease, and other brain disorders.

Which Iowa Public Health Goals are we working to achieve?

Prevent injuries

Promote healthy behaviors

TBI cases in Iowa, 2011

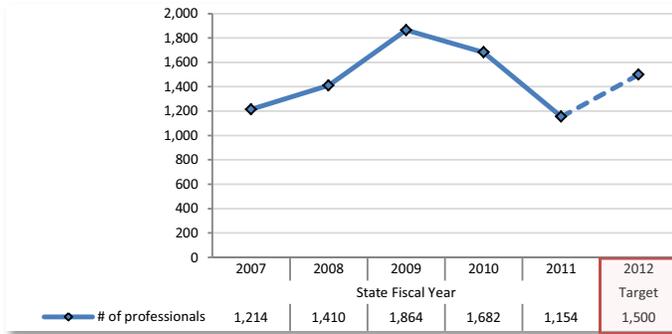


What do we do?

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

How do we measure our progress?

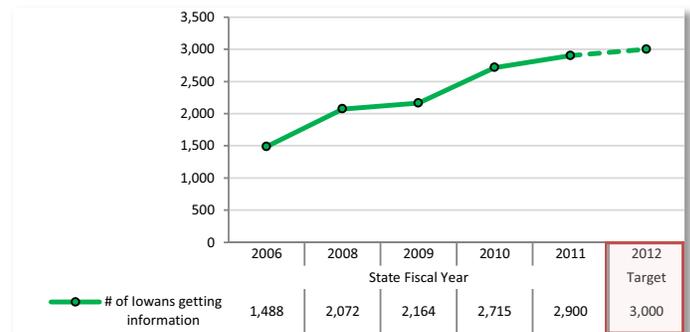
1 Number of health professionals receiving brain injury training.



Data Source: Program records. Data are available annually. 2012 data are not yet available.

How are we doing? Over 1,000 Iowa healthcare professionals continue to be trained on an annual basis.

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



Data Source: Brain Injury Association of Iowa. Data are available annually. 2012 data are not yet available.

How are we doing? The number of Iowans with brain injury receiving information about living with brain injury has almost doubled since 2006.

What can Iowans do to help?

1. Iowans and family members experiencing brain injury can advocate for increased and appropriate brain injury related services. For more information, contact the Brain Injury Alliance of Iowa at www.biaia.org or call 1-855-444-6443.
2. Healthcare professionals can provide appropriate services to Iowans with brain injury. For more information on special training opportunities, go to http://www.iowaproviders.org/brain_injury/bi_index.html.
3. All Iowans can help prevent the likelihood of brain injury by using seat belts and helmets. To learn more about injury prevention, go to www.idph.state.ia.us/bh/brain_injury_prevention.asp.

Expenditures

General fund & federal funds: K07-0853/0854; 0153-1802.

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$431,554	\$506,543	\$505,291
Federal funds	\$310,501	\$211,056	\$216,846
Total funds	\$742,055	\$717,599	\$722,137
FTEs	0.96	1.31	1.50

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

Cancer

Promoting & Protecting the Health of Iowans

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



Nearly 17,500 Iowans will be diagnosed with cancer this year and 6,400 will die. But cancer statistics are more than numbers. They represent real people. The Iowa Department of Public Health's cancer programs educate, prevent, detect, and treat cancer, one person at a time.

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

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

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

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

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

Which Iowa Public Health Goals are we working to achieve?

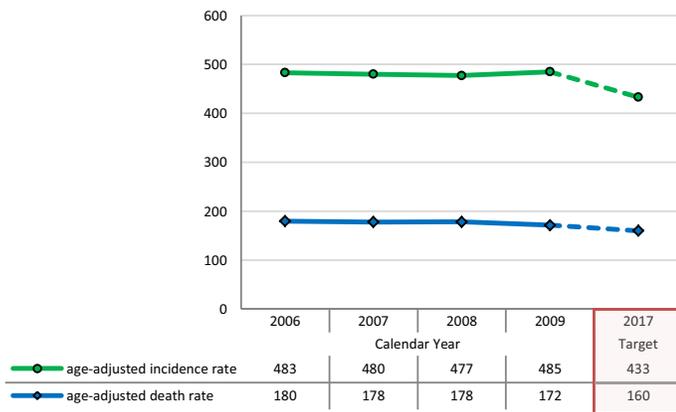
- Promote healthy behaviors
- Strengthen the public health infrastructure

What do we do?

- **Iowa Comprehensive Cancer Control Program** collaborates with the Iowa Cancer Consortium and state partners to develop the state cancer control plan and put it into action by:
 - ✓ Providing financial support to the Iowa Cancer Consortium to reduce the burden of cancer. A revised state cancer plan and more information are located at www.canceriowa.org and www.idph.state.ia.us/CCC/.
 - ✓ Funding projects that educate Iowans on cancer screenings, prevention, and quality of life.
 - ✓ Working to raise awareness to reducing skin cancer. Information for schools, homes, and worksites is available at www.sunsafeiowa.org.
- **Iowa Care for Yourself Breast and Cervical Cancer Early Detection Program** helps low-income women access breast and pelvic exams, mammograms, and Pap tests. The program reimburses health care providers for screening and diagnostic services provided to eligible women. The program also works to increase awareness across the state of the importance of early detection, diagnosis, and treatment. For more information please visit www.idph.state.ia.us/CFY/.
- **Iowa Get Screened: Colorectal Cancer Program** works with community partners, local public health offices, health care providers and Federally Qualified Health Centers to provide colorectal cancer screening services to Iowans who are uninsured or underinsured, at or below 250 percent of the federal poverty level, and those who are at average or an increased risk for colorectal cancer. Additional program goals include:
 - ✓ Increase colorectal cancer screening rates among Iowan's ages 50 to 64;
 - ✓ Provide social marketing and public education to increase colorectal cancer screenings and detection at earlier and more treatable stages to lower mortality rates;
 - ✓ Educate health care providers about colorectal cancer screenings;
 - ✓ Encourage system changes that will increase screening rates and access to services.
 - ✓ Please visit www.idph.state.ia.us/IGS/ for more information.

How do we measure our progress?

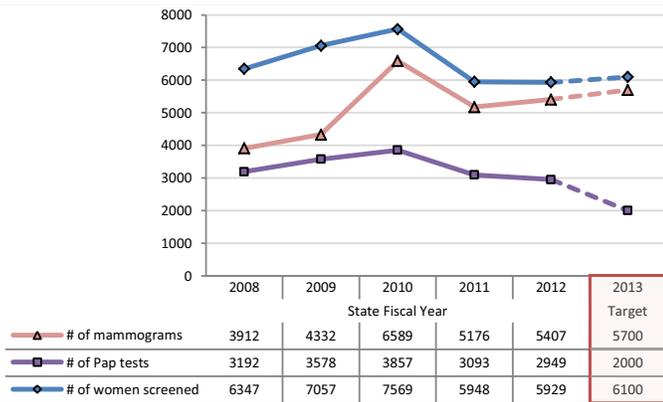
1 Cancer incidence and death rates (per 100,000 Iowans).



Data Source: State Health Cancer Registry. Data are available annually. Go to www.public-health.uiowa.edu/shri/index.html for information about age-adjusted rates. 2010 & 2011 data are not yet released.

How are we doing? The number of cancer deaths has declined since 2006.

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



Data Source: BCCEDP Data Set. Data are available annually. SFY2012 data has not been finalized and is subject to change.

How are we doing? In SFY2012, the program screened 5,929 women and provided 5,407 mammograms and 2,949 pap tests.

What can Iowans do to help?

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

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

Expenditures

Iowa Comprehensive Cancer Control Program: general fund, and federal funds: K07-0865/0867; 0153-0416/594/598.

Breast & Cervical Cancer Early Detection: federal funds, private grant*, and intra-state receipts* (Dept of Transportation – License Plate Sales): 0153-0408/0426/0596; K07-0775/0852.

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

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$478,454	\$610,770	\$1,120,993
Federal funds	\$3,741,866	\$3,351,348	\$3,690,571
Other funds*	\$259,168	\$240,303	\$280,382
Total funds	\$4,479,488	\$4,202,421	\$5,091,946
FTEs	9.35	8.66	10.70

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

Iowa Department of Public Health Division of Health Promotion & Chronic Disease Prevention Cancer
4th Floor, Lucas Building 321 E. 12th Street Des Moines, IA 50319-0075

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

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

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

Child Health

Promoting & Protecting the Health of Iowans

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



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

Did you know?

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

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

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

Which Iowa Public Health Goals are we working to achieve?

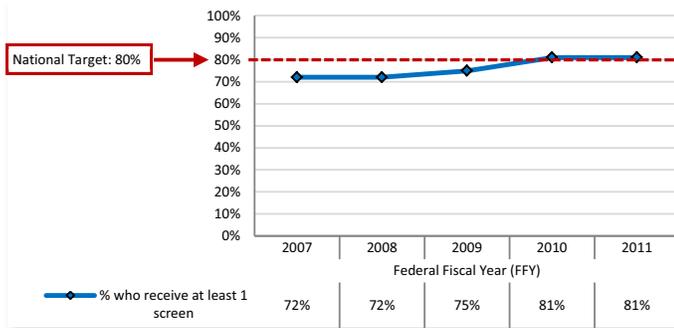
- Promote healthy behaviors
- Strengthen the public health infrastructure

What do we do?

- Provide funding for 22 Child Health centers that assure child health services are available in all 99 counties for children and youth ages birth to 22. In FFY 2012, 188,344 Iowa children accessed health care services through Iowa's community-based Child Health centers.
- Encourage community-based Child Health agencies to work closely with medical providers to ensure family-centered, community-based, and culturally-sensitive preventive health services are offered.
- Provide access to community-based health resources through the toll free Healthy Families Line, a 24-hour information and referral phone line.
- Assist in developing local health care systems that meet present and future health needs.
- Support community-based child health agencies that link clients to medical and dental providers and other needed services.

How do we measure our progress?

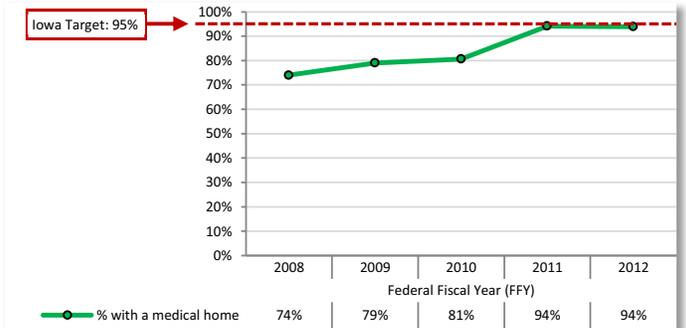
1 Percent of Medicaid enrolled children who receive at least one recommended well child exam.



Data Source: Federal CMS 416 report. Data are available annually. Beginning with federal fiscal year (FFY) 2010 data, the report is based upon the number of children continuously enrolled in Medicaid for a minimum of 90 days who receive at least one well child exam during the year. FFY 2012 data are not yet available.

How are we doing? Medicaid enrolled children receiving at least one well child exam per year remained stable at 81% for FFY 2011. This is slightly higher than the expectation for all states set by the national Centers for Medicare and Medicaid Services (CMS) of maintaining at least 80%.

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



Data Source: Child & Adolescent Reporting System (CAREs). Annual unduplicated counts are based upon the federal fiscal year (FFY) October-September. Beginning with FFY 2011, this data is based upon the number of children that received services where their medical home status could be assessed.

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

What can Iowans do to help?

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

Expenditures

General fund, RIFF funds, federal funds, & intra state receipts* (Dept of Human Services); State funds are used for a 75% match for the Title V Block Grant: K05-0505/0521/0552/0554; K09-0987; K64-6401; 0153-0506/0622/0654.

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$798,296	\$748,966	\$720,712
Federal funds	\$1,868,772	\$1,756,994	\$1,954,894
Other funds*	\$3,474,149	\$3,673,256	\$4,177,742
Total funds	\$6,141,217	\$6,179,216	\$6,853,348
FTEs	13.60	11.83	12.65

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

Child Health Specialty Clinics

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

Promoting & Protecting the Health of Iowans



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

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

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

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



*Name has been changed

Did you know?

144,410 Iowa children have some degree of a special health care need.
(National Survey on Children's Health, 2007)

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

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

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

Promote healthy behaviors

What do we do?

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

How do we measure our progress?

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

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

How are we doing?

In 2010, Iowa – 75.8%; National – 70.3%.

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

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

How are we doing?

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

In 2010, Iowa – 47.0%; National – 43.0%.

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

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

How are we doing?

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

In 2010, Iowa – 64.6%; National – 60.6%.

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

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

How are we doing?

In 2010, Iowa – 68.0%; National – 65.1%.

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

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

How are we doing?

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

In 2010, Iowa – 45.0%; National – 40.0%.

What can Iowans do to help?

1. Iowans who have or know of children or youth with special needs can contact CHSC by visiting www.chsciowa.org.
2. All Iowans can recognize the essential public health role CHSC plays as Iowa's Title V program for children and youth with special health care needs.
3. All Iowans can tell their state legislators about the importance of a system of care for children and youth with special health care needs and their families.
4. All Iowans can be inclusive of children with special health care needs and their families.

Expenditures

General fund & federal grant: K07-0703; 0153-0706

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$803,303	\$788,303	\$785,114
Federal funds	\$1,542,733	\$1,906,555	\$2,000,536
Total funds	\$2,346,036	\$2,694,858	\$2,785,650
FTEs	0.00	0.00	0.00

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

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

Phone: 319-356-1117 ♦ Fax: 319-356-3715 ♦ www.chsciowa.org

100 Hawkins Drive ♦ Room 247 CDD ♦ Iowa City, IA 52242-1011

Child Protection Centers

Promoting & Protecting the Health of Iowans

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



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

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

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

Did you know?

In state fiscal year 2012, 3,271 children were served in a Child Protection Center funded by the Iowa Department of Public Health (IDPH).

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

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

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

What do Child Protection Centers do?

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

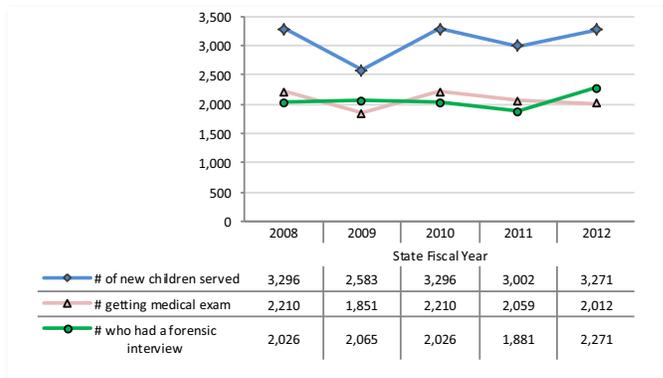
How do we measure our progress?

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

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

How are we doing?

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



What can Iowans do to help?

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

For more information, go to

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

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

Expenditures

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

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State Funds	\$0	\$0	\$0
Other funds*	\$977,800	\$973,729	\$1,288,285
Total funds	\$977,800	\$973,729	\$1,288,285
FTEs	0.00	0.00	0.00

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

Communication & Planning

Promoting & Protecting the Health of Iowans

Division of Acute Disease Prevention & Emergency Response

Phone: 515-242-5224

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



Loss of cognitive functioning—thinking, remembering, and reasoning to such an extent that it interferes with a person’s life—exacts a tremendous toll on Iowans with Alzheimer’s disease and family caregivers. An estimated 34,500 Iowans have been diagnosed with the disease; with the steady increase in baby boomers turning 65, the number is expected to grow substantially in the next 20 years. Lack of early diagnosis and treatment of those with the disease may create such serious issues as safety, failure to follow prescribed medications, and fall-related injuries. Through collaboration among all 99 Iowa counties, and more than 500 members of organizations in the public and private sectors, Iowa is one of four states that identified this unique need and included strategies to address the disease in its state health improvement plan, *Healthy Iowans*.

In developing *Healthy Iowans*, the Bureau of Communication and Planning is responsible for facilitating discussions about the health needs of Iowa, documenting critical health needs identified by Iowa partners, and monitoring progress towards meeting those needs. There are 39 critical needs within *Healthy Iowans* with 60 organizations providing data and strategies they will use to improve the health of Iowans.

Did you know?

Healthy Iowans is Iowa’s 5-year health improvement plan and has more than 50 health improvement goals and nearly 150 strategies.

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

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

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

What do we do?

- Help set health goals, create plans to meet them, and then track the progress toward meeting those goals.
- Provide information to the public about the department’s administrative rules.
- Make sure that public health data are available to make decisions about what public health services are provided.
- Help IDPH programs set targets and measure their progress in meeting their program goals.
- Provide accurate information to the public about health-related issues.
- Coordinate planning for changes in Iowa’s public health system.
- Provide technical assistance to communities in assessing their needs and writing health improvement plans.
- Recruit and work to retain qualified public health professionals.
- Handle all human resources issues including benefits, payroll, and employee relations.
- Offer trainings that improve performance of IDPH employees and enhance their knowledge base.
- Coordinate a state process to make sure that the planning for a new or changed institutional health service will be cost-effective.

How do we measure our progress?

- ❶ Local public health agencies within Iowa that have staff trained in quality improvement activities.



Data Source: Program Training Records.

How are we doing? Since 2010, IDPH has been training local public health employees on how to implement quality improvement within their agencies. With a goal of 60% by 2012, currently 72% of local public health agencies have had staff complete training in quality improvement.

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

Performance Measure	Calendar Year			
	2008	2009	2010	2011
# of employees attending training	316	505	531	574
% of employees rating training as useful	97.0%	96.0%	97.5%	99.5%
Target	90%	90%	90%	90%

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

How are we doing? IDPH has more than 400 employees. Training coverage has increased substantially. More than 500 employees participated in training in each of the last two years, indicating some employees attended more than one training. About 99.5% of those who participate, rate the trainings as useful in their daily work or potentially useful in their future work. Internal trainings utilize the unique skills and experience of department staff. The trainings convey skills to other employees with little to no cost and with large benefits in productivity and efficiency. The training also improves employee satisfaction and performance, reducing turnover.

What can Iowans do to help?

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

Expenditures

General fund, federal indirect funds, private grants*, private donations,* & registration fees*: K09-0969; K19-1963; K21-2211; 0153-2110/2236/2238/2240/2242.

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$372,202	\$349,260	\$335,618
Federal funds	\$1,207,352	\$1,343,509	\$1,310,097
Other funds*	\$237,250	\$36,105.17	\$2,075
Total funds	\$1,816,804	\$1,728,874	\$1,647,790
FTEs	16.47	16.55	19.05

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

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

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

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

Congenital & Inherited Disorders

Promoting & Protecting the Health of Iowans

Division of Health Promotion & Chronic Disease Prevention

Phone: 1-800-383-3826

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



Brody's Story...

We were overjoyed at the birth of our first child, Brody. With a full-term pregnancy and a successful natural delivery, we took our newborn home from the hospital believing he was completely normal. However, we were shocked when Brody was diagnosed with profound Biotinidase deficiency at one week of age. Without Iowa's newborn screening test, we wouldn't have known about Brody's genetic deficiency. Never did we imagine as healthy adults that we both carried this recessive gene. It has been passed down unknowingly for generations on both sides, as Brody is the first child in either of our families to have the genetic deficiency. Biotinidase deficiency is 100% treatable with early detection and continuous treatment. We expect Brody to live a completely normal and healthy life. Without early detection, Brody could have had developmental delays, hearing loss, vision loss, coma, or might have even died. We are grateful to live in a state that offers newborn screening. He now has a chance to live a quality life full of joy, health, and opportunity. Thank you so much for believing in the importance of providing this screening to Brody and all Iowa newborns. Families like ours are testimonies of how this screening positively affects our lives. We are thankful and most appreciative of Iowa's newborn screening program.

Did you know?

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

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

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

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

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

Promote healthy behaviors

What do we do?

CCID administers 8 programs that promote and improve access to comprehensive genetic health care services, laboratory services, early hearing detection and intervention, and surveillance. CCID assures statewide education is provided and develops policies and programs that assure the availability of and access to quality genetic health care, newborn screening, and laboratory services.

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

How do we measure our progress?

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

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

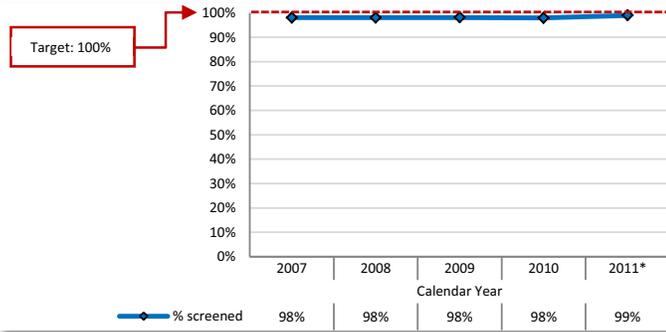
How are we doing? In 2011, 100% of children with a presumptive positive screen received timely follow-up services (Target – 100%).

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

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

How are we doing? Nearly all, 99.97%, Iowa newborns are screened using the Iowa newborn screening panel (Target – 100%). There were 47 NBS waivers signed in CY2011.

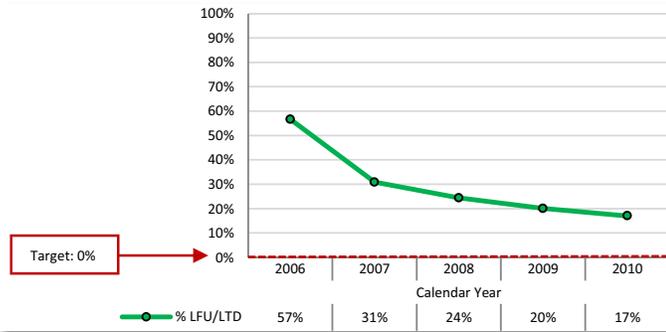
3 Percent of infants screened at birth for hearing loss.



Data Source: IDPH/EHDI database. Data are available annually.
*2011 measure compiled using preliminary data.

How are we doing? Nearly all newborns are screened (99%) for hearing loss. Those not eligible for screening included infant deaths and parent refusals. There were 268 families who refused the hearing screen at birth; 224 (84%) were home birth families.

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



Data Source: IDPH/EHDI database. Data are available annually. 2011 data are not yet available.

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

What can Iowans do to help?

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

Health care professionals can

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

Policymakers can

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

Expenditures

General fund, tobacco fund, federal funds, private grants*, & retained fees*: K07-0705/0709/0765; 0830-0830; 0153-0722/0724. EHDI: general fund & federal funds: K05-0611; 0153-0544/0558/0682

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$1,050,985	\$1,052,837	\$1,162,083
Federal funds	\$556,530	\$477,911	\$504,507
Other funds*	\$56,702	\$74,344	\$134,777
Total funds	\$1,664,217	\$1,605,092	\$1,801,367
FTEs	3.07	3.21	5.20

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

Iowa Department of Public Health ♦ Division of Health Promotion and Chronic Disease Prevention ♦ Congenital and Inherited Disorders

Phone: 1-800-383-3826 ♦ Fax: 515-242-6013 ♦ www.idph.state.ia.us/genetics/default.asp

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

Early Hearing Detection and Intervention program: www.idph.state.ia.us/iaehdi/default.asp

Iowa Dental Board

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

Promoting & Protecting the Health of Iowans



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

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

Did you know?

There are 10,012 licensed dentists, dental hygienists, dental assistants, and permit holders (sedation/anesthesia/faculty/resident) in Iowa.

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

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

Which Iowa Public Health Goals are we working to achieve?

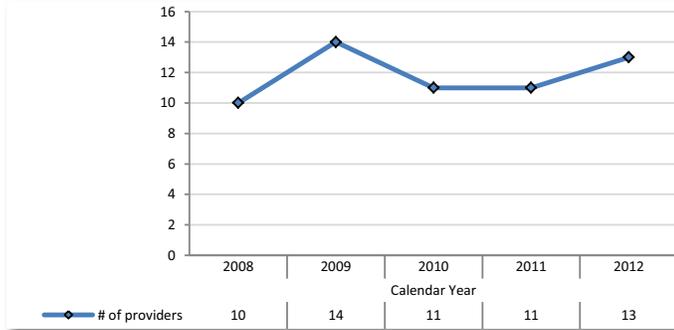
Strengthen the public health infrastructure

What do we do?

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

How do we measure our progress?

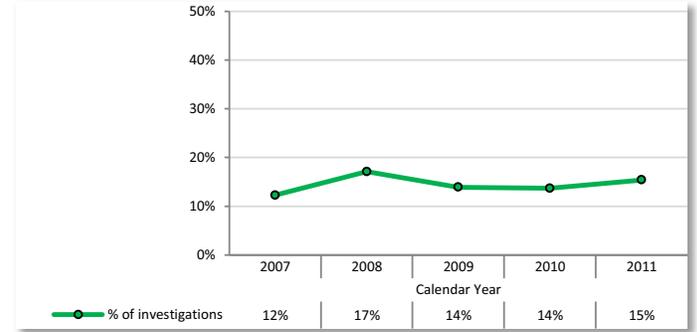
1 Number of providers participating in the Iowa practitioner recovery program.



Data Source: Manual counts. Data are available annually.

How are we doing? As of October 2012, there were 13 providers participating in our IPRC program.

2 Percent of investigations resulting in formal discipline.



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

How are we doing? Out of 221 complaints filed in 2011, 34 resulted in formal discipline.

What can Iowans do to help?

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

Expenditures

Retained fees*: K19-2062

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$0	\$0	\$0
Other funds*	\$924,386	\$802,406	\$1,236,462
Total funds	\$924,386	\$802,406	\$1,236,462
FTEs	7.70	7.01	8.00

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

Iowa Department of Public Health  Iowa Dental Board

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

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

Diabetes Prevention & Control

Promoting & Protecting the Health of Iowans

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



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

A female in West Central Iowa was upset about her diagnosis of type 2 diabetes. She was resistant to making any changes. But eventually after having an initial individual diabetes education visit and specifically after the group diabetes education class, she started to make healthy lifestyle changes. She bonded with the other women in the group class who were experiencing the same feelings and challenges. There has been a remarkable improvement in her health by making the choice to eat healthier with smaller portions and schedule daily exercise on her stationary bike or walking.

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

Did you know?

Strict diabetes control can prevent or reduce complications, including heart disease, stroke, high blood pressure, blindness, kidney disease, nervous system disease, amputations, dental disease, and pregnancy complications.

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

- Approximately 192,000 (8.2%) adult Iowans have been told by a doctor that they have diabetes.
- The likelihood of having diabetes increases as we age.
- Awareness of diabetes can help prevent or delay the onset of the disease.
- 5.4% of adult Iowans have been told by a doctor that they have pre-diabetes or borderline diabetes.
- Diabetes is the 7th leading cause of death among Iowans, representing 3% of all deaths in Iowa.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy behaviors

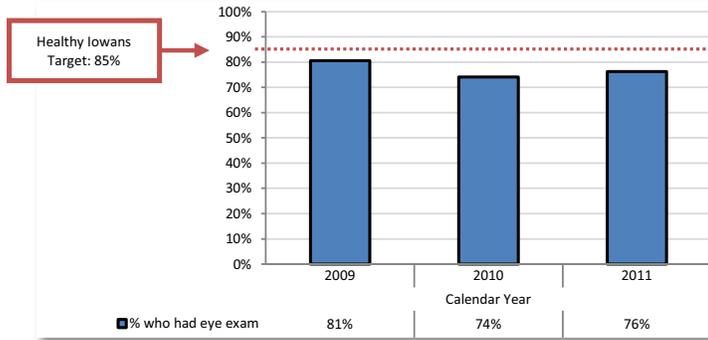
Strengthen the public health infrastructure

What do we do?

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

How do we measure our progress?

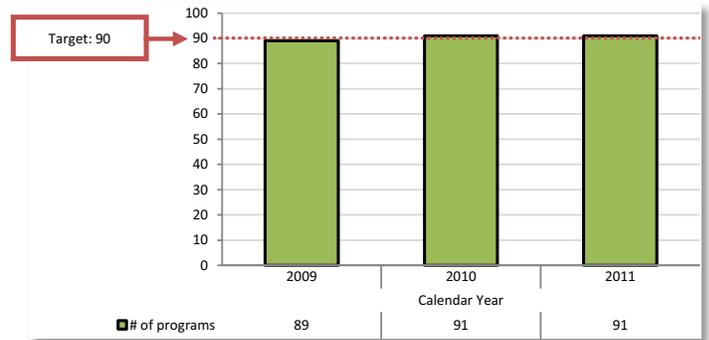
1 Percent of Iowa adults with diabetes who had a dilated eye exam in the last year.



Data Source: Behavioral Risk Factor Surveillance System (BRFSS). Data are available annually. 2009 & 2010 data recalculated using current raking methodology but do not include cell phone users.

How are we doing? Since setting the *Health Iowans* target of 85% in 2010, there has been a slight increase in Iowan adults with diabetes receiving a dilated eye exam.

2 Number of state-certified outpatient diabetes education programs.



Data Source: IDPH program records as of December 31 annually.

How are we doing? December 2009 baseline was 89 programs. We have set a target of maintaining 90 programs annually. In 2010 and 2011, we exceeded our target.

What can Iowans do to help?

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

Expenditures

Federal funds: 0153-1966

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$0	\$0	\$0
Federal funds	\$148,332	\$153,887	\$194,768
Total funds	\$148,332	\$153,887	\$194,768
FTEs	1.29	1.26	1.65

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

Disability & Health

Division of Behavioral Health
Phone: 515-242-6336
www.idph.state.ia.us/bh/disability_health.asp

Promoting & Protecting the Health of Iowans



The Iowa Department of Public Health Disability and Health Program (DHP) is funded to work in partnership with local public health to reduce health disparities among disabled Iowans. DHP's goals are to promote and maximize health, prevent chronic disease, and increase the quality of life among Iowans with disabilities. IDPH partners with local public health to assess the barriers and improve access to health-promotion programming for people with disabilities. As one means to that end, the Disability and Health Program working with others at IDPH has formed the Disability Community Planning Group. The DCPG is a group internal to IDPH that includes staff with disabilities or staff that has a family member with a disability. It focuses on increasing access to healthcare, health promotion and improving emergency preparedness within IDPH to benefit the health of Iowans with disabilities.

Did you know? In 2010, 19.9% of respondents were considered to have a disability (Behavioral Risk Factor Surveillance System), which shows the first real increase in several years. Older Iowans, Iowans with less education, and Iowans with lower household incomes reported higher percentages of disability. Iowans with disability are subject to several health disparities as they report a higher percent of poor health. They smoke more, exercise less, and are exposed to chronic conditions such as heart attacks, emphysema, diabetes, and cancer. However, Iowa is on right track with Iowans with disability reporting having access to health insurance at the same rate than those without disabilities.

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

Iowans with disabilities are living more independently. The Disability and Health program advocates for inclusion and accessible environments so Iowans with disabilities have access to health services along with working, living and playing in their community.

Which Iowa Public Health Goals are we working to achieve?

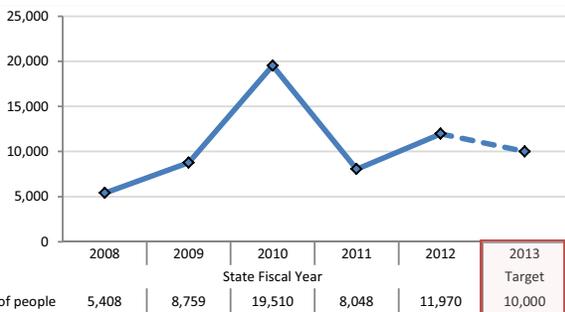
- Prevent injuries
- Promote healthy behaviors
- Strengthen the public health infrastructure

What do we do?

- Increase health promotion opportunities through informational resources, 508 compliance, program access, and physical access using ADAAG.
- Train professionals regarding communication and accommodation for patients with disabilities.
- Provide technical assistance emergency managers and responders to include people with disabilities in all phases of disaster planning.
- Provide Continuity of Operations Planning to community providers to maintain essential services during an emergency or disaster.
- Advocate and promote inclusion of people with disabilities on councils, boards, committees, and to lawmakers.
- Complete a public needs assessment of Iowans with disabilities and maintain current data to promote policy change to increase health and wellbeing.

How do we measure our progress?

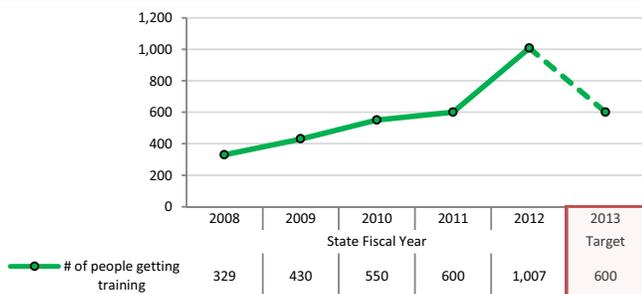
1 Number of people accessing disability-related resources.



Data Source: Program reports. Data are available annually.

How are we doing? We exceeded our FY 2012 target of 8,000 people. We continue to increase the number of people we reach with disability resource information as well as the type of information we provide by expanding the information available via the Internet and through distribution of hard copies.

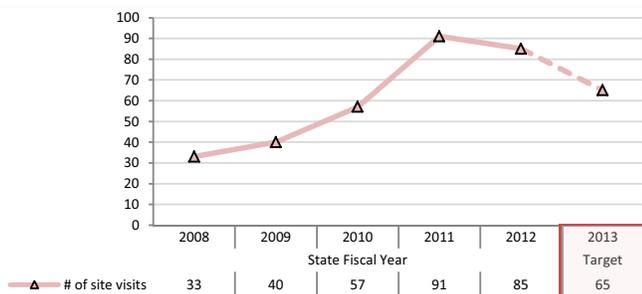
2 Number of people with disabilities and community service providers receiving training.



Data Source: Program reports. Data are available annually.

How are we doing? We exceeded our 2012 target and have expanded our training to include ADA education and resources, Continuity of Operations Planning, Emergency Preparedness planning, and establishing ADA compliant General Population Shelters.

3 Number of ADA site visits completed.



Data Source: Program reports. Data are available annually.

How are we doing? We exceeded our 2012 target and increased our scope of work to include site visits and technical assistance to emergency shelter locations.

What can Iowans do to help?

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

Expenditures

Federal funds: 0153-1706

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate	State Fiscal Year 2013 Estimate
State funds	\$0	\$0	\$0
Federal funds	\$369,531	\$404,157	\$270,487
Total funds	\$369,531	\$404,157	\$270,487
FTEs	1.54	1.45	1.10

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

Disaster Operations & Response

Promoting & Protecting the Health of Iowans

Division of Acute Disease Prevention & Emergency Response

Phone: 515-281-5604

www.idph.state.ia.us/cdor



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

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

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

Did you know?

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

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

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

Which Iowa Public Health Goals are we working to achieve?

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

Prevent epidemics & the spread of disease

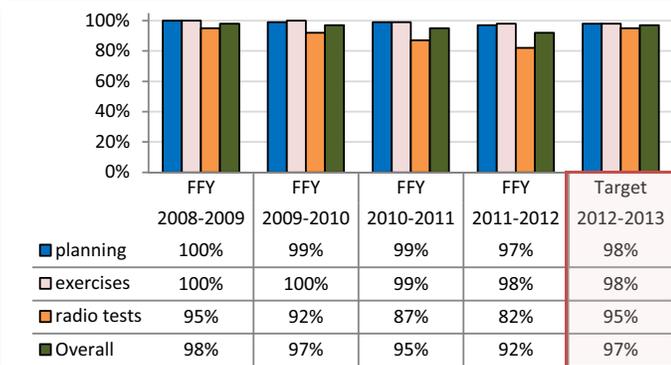
What do we do?

Administer federal preparedness grants that allow us to:

- Enable a more coordinated response due to integration of public health and health care preparedness planning.
- Operate a communications system that links critical disaster response partners.
- Work to improve plans and processes to inform the public about disaster-related health risks and ways to be protected.
- Recruit and register medical volunteers to assist overwhelmed health care systems during an emergency.
- Recruit and maintain the Public Health Response Teams, which respond to disasters in a matter of hours and relieve overwhelmed locals until other resources can arrive on scene.
- Provide disaster planning and personal preparedness information to individuals and families in Iowa.

How do we measure our progress?

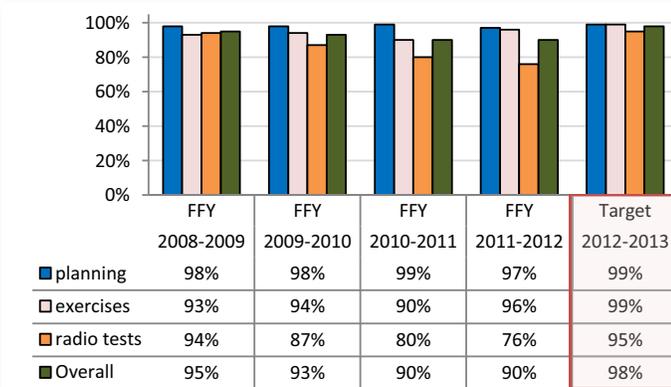
1 Percent of local public health agencies that complete preparedness activities.



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

How are we doing? In FY2011-2012, Iowa's local public health agencies increased their preparedness by building capacity to coordinate emergency operations, disseminate emergency information to the public and media; exchange health information with stakeholders; conduct medical countermeasure dispensing; and strengthen routine infectious disease surveillance and detection systems. Agencies conducted exercises to test these capabilities, and developed an after-action report and improvement plan to document their findings.

2 Percent of hospitals that complete preparedness activities.



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

How are we doing? In FY2011-2012, Iowa hospitals conducted exercises to test: tracking bed availability, interoperable communications, fatality management, medical evacuation and sheltering in place, working with local partners and private organizations for equipment, supplies, and alternate utilities; and the ability to request and receive credentialed volunteer health professionals in the event current staffing levels are inadequate to respond to an incident. Hospitals also tested their plans for a surge of at-risk or special populations in an emergency. Hospitals developed an after-action report and improvement plan to document their findings.

What can Iowans do to help?

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

Expenditures

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

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$70,397	\$78,272	\$75,375
Federal funds	\$14,011,035	\$12,135,938	\$10,101,779
Other funds*	\$11,587	\$15,000	\$0
Total funds	\$14,093,019	\$12,229,210	\$10,177,154
FTEs	24.15	19.70	20.75

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

Early Childhood

Promoting & Protecting the Health of Iowans

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



Ellen's Story...

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

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

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

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

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

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

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

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

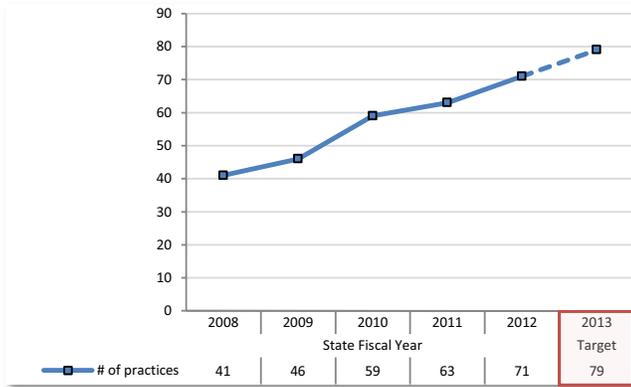
Promote healthy behaviors

What do we do?

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

How do we measure our progress?

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



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

How are we doing? Between FY06 to FY12, the number of known practices in Iowa working to integrate a standardized surveillance tool during well child exams that includes assessing for social/emotional development and family risk factors increased from two to 71. During this same timeframe, the number of children ages birth to 5 served by this surveillance method increased from approximately 3,000 in FY06 to 75,000 in FY12. For FY13, it is estimated that approximately 8 more practices will be added. Evaluation of referrals shows that for every one referral from a medical practice, three additional referrals are identified when care coordinators work with families.

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

Data Source: ECI Annual Reports and HCCI records. Data are available annually. SFY 2012 data are not yet available.

How are we doing? In state fiscal year 2011, there were 4,154 onsite visits in early childhood and education settings by a Child Care Nurse Consultant. This is a new statewide performance measure for Early Childhood Iowa in SFY11 and is a change from total service requests. In SFY2012, the number of onsite visits will be counted on a per classroom basis, which is a change from SFY2011. HCCI will use the new 2012 data as a baseline to set targets for future years.

What can Iowans do to help?

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

Expenditures

Federal funds & intra state receipts* (Dept of Human Services & Education): 0153-0548/0676/0980/0986. **1st Five:** general fund, health care trust, & intra state receipts* (Dept of Human Services): K05-0691. **Early ACCESS:** federal funds & intra state receipts* (Dept of Education): 0153-0708/AR18. **HCCI:** intra state receipts* (Dept of Human Services & Management): 0153-0662. **Vision Screening:** general fund K09-0931

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$366,652	\$427,707	\$427,301
Federal funds	\$1,261,542	\$969,937	\$1,291,587
Other funds*	\$596,428	\$553,175	\$490,993
Total funds	\$2,224,622	\$1,950,819	\$2,209,881
FTEs	8.36	5.59	6.10

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

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

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

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

Early ACCESS (4th floor)

Phone: 515-242-6167 Fax: 515-242-6013
<http://www.idph.state.ia.us/iaehdi/>

1st Five (5th floor)

Phone: 515-281-8284 Fax: 515-242-6013
www.iowaepsdt.org

Healthy Child Care Iowa (5th floor)

Phone: 281-7519 Fax: 515-242-6013
www.idph.state.ia.us/hcci

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

² Iowa Child and Family Household Health Survey, 2005.

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

Emergency Medical Services (EMS)

Promoting & Protecting the Health of Iowans

Division of Acute Disease Prevention & Emergency Response

Phone: 515-281-0620

www.idph.state.ia.us/ems



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

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

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

Did you know?

84% of authorized EMS services in Iowa describe themselves as volunteer and respond to approximately 39% of calls for service. The 16% of EMS services staffed by paid EMS providers respond to approximately 61% of calls for service.

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

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

- In 2011, Iowa ambulance services received 229,000 calls, resulting in 187,000 patients being transported to a healthcare facility.
- According to the Web-based Injury Statistics Query and Reporting System (WISQARS), unintentional injury is the leading cause of death for Iowans from age one to 34 and the 6th leading cause of death for all age groups combined (Centers for Disease Control and Prevention; National Center for Injury Prevention and Control, 2010).
- Iowa’s Trauma System works to decrease the incidence and severity of trauma, and prevent unnecessary deaths and disabilities.
- Iowa’s Trauma System works to keep costs down while improving efficiency.
- Early CPR and defibrillation usually result in a greater than 50% long-term survival rate for witnessed cardiac arrests.

Which Iowa Public Health Goals are we working to achieve?

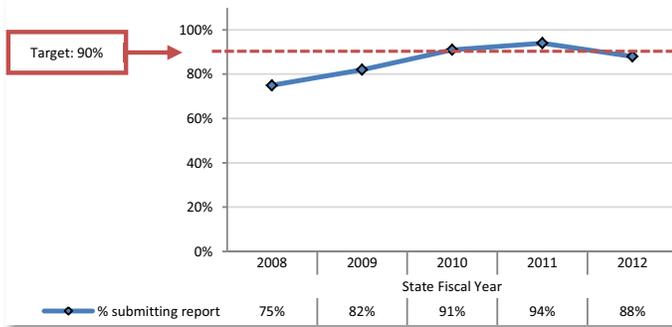
- ▶ Prevent injuries
- ▶ Strengthen the public health infrastructure
- ▶ Prepare for, respond to, & recover from public health emergencies
- ▶ Promote healthy behaviors

What do we do?

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

How do we measure our progress?

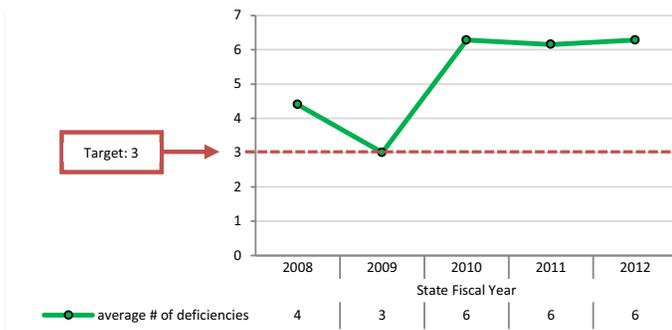
1 Percent of ambulance calls that submit a patient care report.



Data Source: Patient care reports. Data are available annually. SFY 2012 data is preliminary.

How are we doing? Currently, approximately 88% of ambulance calls submit a patient care report.

2 Average number of deficiencies per EMS site.



Data Source: Onsite review reports. Data are available annually. SFY 2012 data is preliminary.

How are we doing? In SFY 2011, the average was 6.15 deficiencies per site.

What can Iowans do to help?

1. Authorized EMS service providers should make sure that all required data is submitted to the Bureau of EMS.
2. Emergency medical care providers must understand the EMS system and the rules that regulate providing emergency medical care.
3. All Iowans can help create public access defibrillation programs in their communities.

Expenditures

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

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$1,168,929	\$1,084,461	\$1,058,285
Federal funds	\$342,518	\$348,064	\$356,844
Total funds	\$1,511,447	\$1,432,525	\$1,415,129
FTEs	8.20	7.51	8.15

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

Environmental Epidemiology

Promoting & Protecting the Health of Iowans

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



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

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

Did you know?

3.6% of Iowa children will be lead-poisoned by their 6th birthday. This means about 1,350 Iowa children born each year will become lead poisoned by their 6th birthday.

In 2011, there were 90 traumatic work-related deaths in Iowa, with an age range of 10 to 85 years (IA FACE preliminary data). This is above the annual 3-year average in Iowa of 82 work-related fatalities. Iowa has a higher percentage of older worker deaths (55 years of age or older) than the US with a current 3-year average of 44% compared to a US average of 31%. (Source: IA FACE data).

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

- Everyone is at risk for developing an environmental or occupational disease.
- Nearly 40% of Iowa houses were built before 1950, and most of these homes contain lead-based paint. Young children who live in pre-1950 houses are lead-poisoned when they put paint chips or exterior soil in their mouths or when they get house dust and soil on their hands and put them in their mouths.
- In 2010, the rate of reported work-related injury and illness in Iowa was 4.4 per 100 FTE (U.S. rate 3.5). 13,000 reported cases involved days away from work.
- In 2011, there was one reported death from carbon monoxide poisoning in Iowa.

Which Iowa Public Health Goals are we working to achieve?

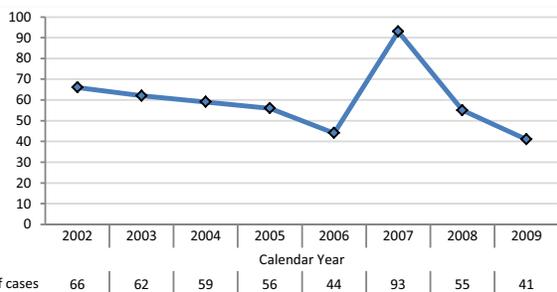
- Protect against environmental hazards
- Prepare for, respond to, & recover from public health emergencies
- Prevent epidemics & the spread of disease
- Prevent injuries
- Strengthen the public health infrastructure

What do we do?

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

How do we measure our progress?

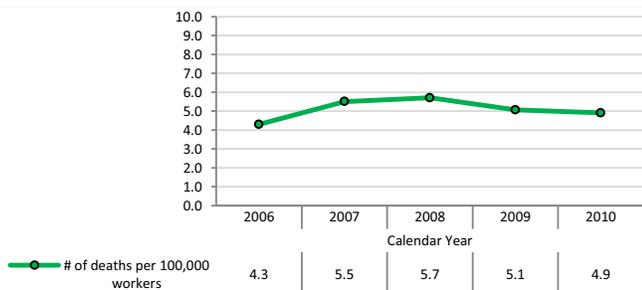
1 Annual number of pesticide associated illness and injury cases reported to poison control centers, Iowans age 16 or older.



Data Source: NIOSH and the American Association of Poison Control Centers. Data are available annually. 2010 and 2011 data are not yet available.

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

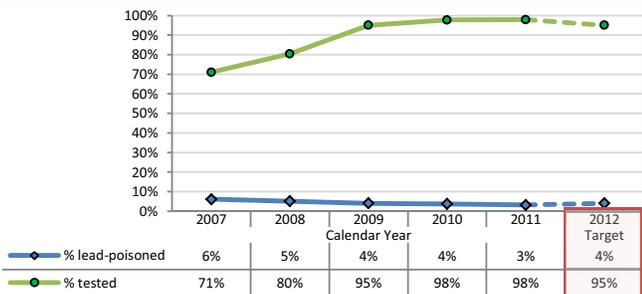
2 Rate of occupational fatalities per 100,000 employed Iowans ages 16 and older.



Data Source: Occupational Health and Surveillance Program and U.S. Department of Labor. Preliminary data are available annually, with a 2-year delay for final data. 2011 data are not yet available.

How are we doing? The rate of fatal workplace injuries has varied from 4.3 deaths per 100,000 workers (87 deaths) to 5.7 deaths per 100,000 workers (93 deaths). Roadway transportation incidents accounted for 60% (47 of 78) of the work-related deaths in 2009.

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



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

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

What can Iowans do to help?

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

Expenditures

Funding Sources: General fund, federal funds, & retained fees. K13-1351; 0153-0402/0984/1352/1708/1912/1954

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$541,636	\$503,585	\$537,750
Federal funds	\$1,399,727	\$1,338,023	\$1,606,088
Other funds*	\$55,015	\$304,237	\$706,137
Total funds	\$1,996,378	\$2,145,845	\$2,849,975
FTEs	10.75	10.67	12.75

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

Iowa Department of Public Health Division of Environmental Health Environmental Epidemiology

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

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

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

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

Environmental Health Engineering

Promoting & Protecting the Health of Iowans

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



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

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

Did you know?

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

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

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

Which Iowa Public Health Goals are we working to achieve?

Protect against environmental hazards

Prevent epidemics & the spread of disease

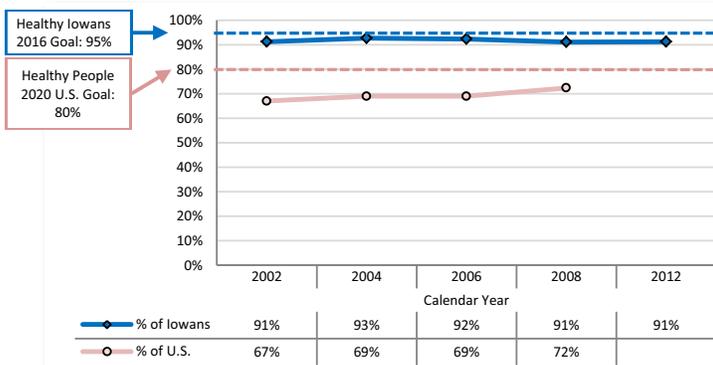
Prevent injuries

What do we do?

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

How do we measure our progress?

1 Percent of Iowans served by community water systems who are receiving optimally fluoridated water*.



Data Source: IDPH Fluoride Database and Iowa DNR Safe Drinking Water Information System. Data are available annually. 2012 U.S. data are not yet available.

* Optimally fluoridated water is water with natural fluoride levels or adjusted fluoride levels of at least 0.7 milligrams of fluoride per liter of water (0.7 mg/L).

How are we doing? The proposed national standard for optimally fluoridated water is 0.7 mg/L. Currently, 91% of Iowans who get their water from a community water system receive water with fluoride concentrations that meet this standard. This is much higher than the national rate of 72% getting fluoridated water that meets this standard.

2 Number of plumbing and mechanical professional licenses issued by the Plumbing and Mechanical Systems Board.

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

How are we doing? As of November 2012, 17,374 plumbing and mechanical professionals were licensed in the state.

What can Iowans do to help?

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

Expenditures

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

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$18,264	\$0	\$17,548
Other funds*	\$1,114,845	\$1,202,567	\$1,413,297
Total funds	\$1,133,109	\$1,202,567	\$1,430,845
FTEs	7.27	9.03	10.85

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

Environmental Health Services & Outreach

Promoting & Protecting the Health of Iowans

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



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

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

Did you know?

In state fiscal year 2011, over 6,000 private wells in Iowa had their water tested for coliform bacteria and nitrate through the Grants to Counties program.

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

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

Which Iowa Public Health Goals are we working to achieve?

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

What do we do?

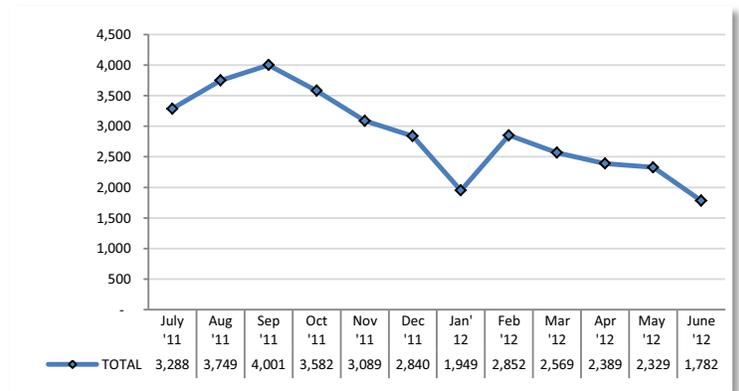
- Offer consultation to local boards of health and boards of supervisors on their role in providing environmental health services. This includes finding and hiring qualified environmental health specialists.
- Provide training and consultation services to local environmental health staff and public on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

How do we measure our progress?

1 Number of consultations provided on environmental health related issues.

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

How are we doing? The Division of Environmental Health implemented a new tracking system in July 2011. During the first 12 months, the division provided over 34,000 consultations to Iowans and others on issues such as indoor air quality, water quality, lead poisoning, and radiological health and safety, which is an average of 2,800 per month.



What can Iowans do to help?

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

Expenditures

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

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$338,448	\$351,181	\$314,314
Federal funds	\$96,053	\$21,783	\$0
Other funds*	\$1,456,942	\$1,614,845	\$2,080,000
Total funds	\$1,891,443	\$1,987,809	\$2,394,314
FTEs	4.62	4.07	4.30

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

Iowa Department of Public Health ♦ Division of Environmental Health ♦ Environmental Health Services & Outreach

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

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

Family Planning

Promoting & Protecting the Health of Iowans

Division of Health Promotion & Chronic Disease Prevention

Phone: 515-281-4907

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



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

The Iowa Department of Public Health (IDPH) Family Planning Program provides medical services, health education, and information to Iowans to promote reproductive health in Iowa.

Did you know? In 2010, 48% of pregnancies in Iowa were unintended.

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

- There are about 322,270 women in Iowa ages 13-44 that need contraceptive services. Increasingly men are seeking family planning services. Improving birth outcomes and promoting healthy families and communities are essential to promoting public health.
- The social and economic circumstances facing low-income or minority families may result in decreased access to family planning services.
- Between 2001 and 2007, the number of Iowa pregnancies steadily increased to 48,305. From 2008 to 2010, the number of Iowa pregnancies dropped to 44,628. Women with intended pregnancies modify their lifestyles and obtain prenatal care earlier than do women with unintended pregnancies.
- Iowa's adolescents have higher rates of unintended pregnancy, low birth weight babies, and sexually transmitted infections (STI) than any other age cohort does. The national teen birth rate for 15 to 19 year olds is 34.3 per 1000 population. The birth rate for all Iowa teens is 28.6, but disparities do exist. In 2010, the birth rate for Non-Hispanic Black youth was 88.4 and for Hispanic youth, it was 104.8.
- In 2010, Title X providers in Iowa served 71,292 women and 3,781 men. Almost 60,000 of those individuals had an annual income less than 250% of the federal poverty level. Title X providers also provided 4,172 cervical cancer screenings (16% of which required additional follow up for abnormal findings), 81,019 STI tests, and 7,393 HIV tests.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy behaviors

Strengthen the public health infrastructure

What do we do?

Medical Services

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

Information

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

Health Education

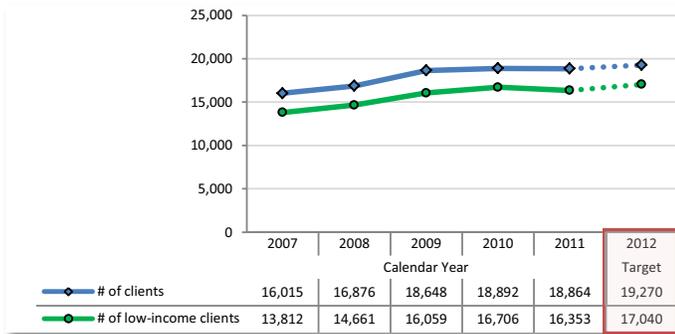
- Birth control methods
- Reproductive health and reproductive life planning
- Self-exams for breast or testicular cancer
- Sexually transmitted infections and HIV/AIDS
- Importance of nutrition
- Effects of alcohol, drugs, and tobacco on reproductive health

Community Education

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

How do we measure our progress?

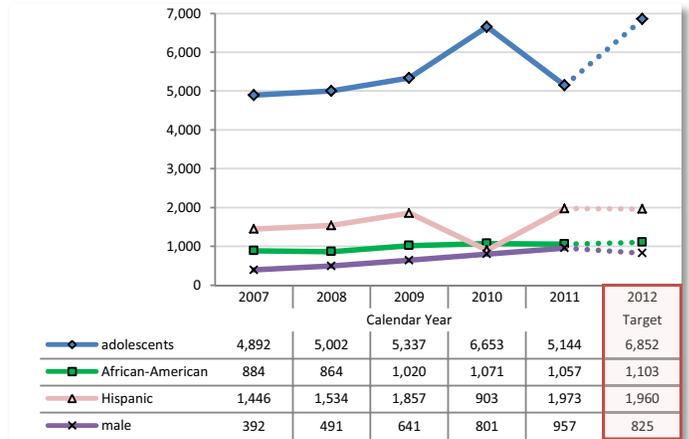
- ❶ Number of unduplicated clients served.
- ❷ Number of low-income clients served (below 150% of the federal poverty level).



Data Source: Family Planning Annual Report.

How are we doing? In 2010, Family Planning Clinics saw a 3% increase in the number of low-income clients served, now at the highest level since 2004.

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



Data Source: Family Planning Annual Report.

How are we doing? The number of adolescent clients increased between 2008 and 2011. The number of male clients increased annually from 2007 to 2011. The number of African-American clients decreased slightly in 2007, and increased from 2008 to 2011. The number of Hispanic clients served increased to its highest level in 2011.

What can Iowans do to help?

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

Expenditures

Federal funds: 0153-0302

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$0	\$0	\$0
Federal funds	\$1,411,857	\$1,604,167	\$1,333,033
Other funds*	\$0	\$0	\$0
Total funds	\$1,411,857	\$1,604,167	\$1,333,033
FTEs	1.66	1.44	1.90

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

Iowa Department of Public Health Division of Health Promotion & Chronic Disease Prevention Family Planning

Phone: 515-242-6388 Fax: 515-242-6384 www.idph.state.ia.us/hpcdp/family_planning.asp

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

Finance

Promoting & Protecting the Health of Iowans

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



Who does the bookkeeping in your family? Who pays the bills and makes sure the money is spent wisely? It's an important task and one that requires a great deal of responsibility and attention to detail. Now, imagine keeping the books for a family of 470. The IDPH Bureau of Finance provides all accounting, budgeting, contractual, and purchasing services for the 470 employees of IDPH and the department's 65 program areas. That's a lot of beans to count!

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

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

Did you know?

The Bureau of Finance paid 12,748 bills for different contracts to over 750 different contractors that provided services to Iowans in their local communities in state fiscal year (SFY) 2012.

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

- The Bureau of Finance ensures scarce resources are spent effectively so the 65 program areas and 470 employees of IDPH can work to promote and protect the health of Iowans.
- Centralizing administrative support services in the Bureau of Finance is an effective and efficient way to monitor and assure accountability in the use of taxpayer money.

Which Iowa Public Health Goals are we working to achieve?

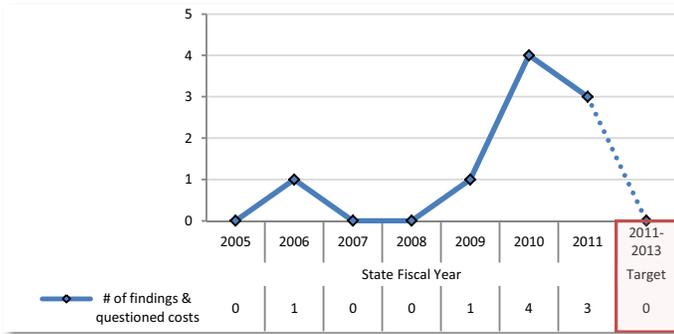
Strengthen the public health infrastructure

What do we do?

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

How do we measure our progress?

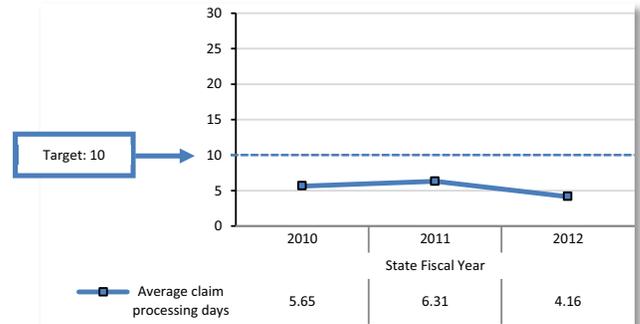
1 Audit Reports: Number of findings and questioned costs.



Data Source: State Audit Report. Data are available annually. SFY 2012 data are not yet available.

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

2 Claim processing: Average processing time from receipt of an account payable document to submission to DAS for payment.



Data Source: Program records. Data are available annually.

How are we doing? We have consistently met our goal for claim turnaround time since SFY 2010 helping to ensure timely payment to our numerous vendors/contractors.

What can Iowans do to help?

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

Expenditures

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

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$25,563	\$0	\$0
Federal funds	\$0	\$1,128,536	\$715,454
Other funds*	\$839,582	\$0	\$774,546
Total funds	\$865,145	\$1,128,536	\$1,490,000
FTEs	14.97	17.22	17.75

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

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

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

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

Accounts Payable – Phone: 515-281-8539

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

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

Gambling Prevention & Treatment

Promoting & Protecting the Health of Iowans

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



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

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

Did you know?

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

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

- Approximately 12% of all adult Iowans reported that they experienced a symptom of problem gambling in the last 12 months.
- More than 1 in 5 (22%) of adult Iowans have been negatively affected by the gambling behavior of a family member, friend, or someone else they know.
- Iowans with gambling problems report money spent gambling led to financial, personal, family, and work problems.
- Treatment is effective in reducing or eliminating gambling and associated problems like debt and employment problems.
- The 1-800-BETS-OFF helpline offers Iowans help and information. Almost 5,500 calls were logged to the helpline in FY2012.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy behaviors

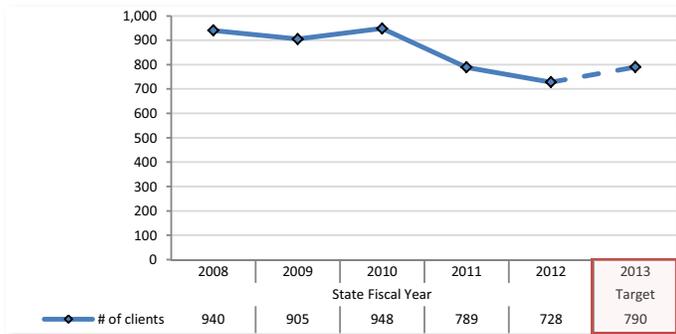
Strengthen the public health infrastructure

What do we do?

- Fund counseling for problem gamblers and those affected by the gambling of a family member.
- Fund Recovery Support Services to provide practical support and assistance for persons receiving problem gambling counseling.
- Fund primary prevention and education services on the risks and responsibilities of gambling.
- Fund secondary prevention services for groups at increased risk of problem gambling.
- Fund helpline referral and education services through 1-800-BETS OFF and www.1800betsoff.org.
- Fund training and professional development for counselors providing treatment for problem gambling and common co-occurring disorders.
- Promote a Recovery Oriented System of Care that supports long-term recovery efforts of Iowans.

How do we measure our progress?

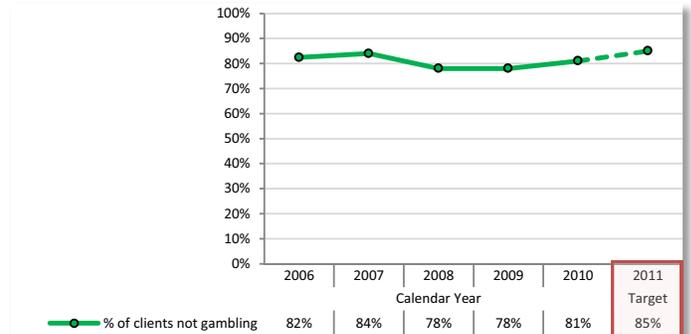
1 Number of clients admitted for counseling services to a state funded provider.



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

How are we doing? In SFY2012, 728 clients received counseling services.

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



Data Source: Iowa Gambling Treatment Outcome System. Data are available annually. 2011 data are not yet available.

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

What can Iowans do to help?

1. If you or someone you care about is struggling with problem gambling, call 1-800-BETS-OFF for help.
2. Pathological gambling often co-occurs with and can elevate other mental health, substance use or health problems. Understand the signs and symptoms of problem gambling and how to treat it or where to refer people for help. Training, education and information on problem gambling is available through Training Resources at www.trainingresources.org and the Iowa Substance Abuse Information Center at www.drugfreeinfo.org.
3. All Iowans can find more information about problem gambling at www.1800betsoff.org.

Expenditures

General fund: K01-0222

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$3,189,000	\$3,066,989	\$3,111,614
Total funds	\$3,189,000	\$3,066,989	\$3,111,614
FTEs	2.41	2.41	2.40

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



hawk-i Outreach

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

Promoting & Protecting the Health of Iowans



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

Did you know?

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

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

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

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

Which Iowa Public Health Goals are we working to achieve?

Promote healthy behaviors

Strengthen the public health infrastructure

Are your teenagers covered?

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

What do we do?

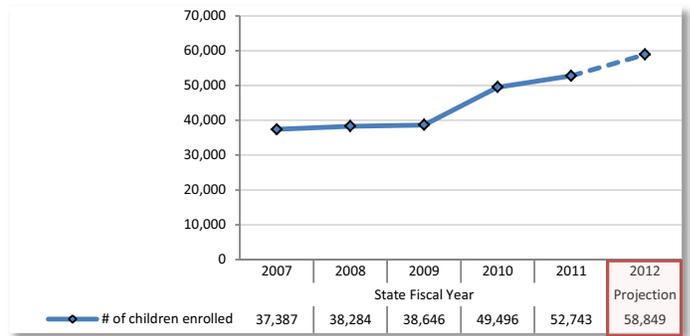
- Work with other organizations and agencies to provide information and **hawk-i** applications to families at various locations.
- Help families navigate the Medicaid and **hawk-i** enrollment process.
- Develop and deliver timely, culturally-correct education and materials to Iowans through conferences,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

How do we measure our progress?

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

Data Source: Iowa Department of Human Services. Data are available monthly. SFY 2012 data are not yet available.

How are we doing? During fiscal year 2011, 52,743 children were enrolled in Iowa's *hawk-i* program. Of these, 3,455 were enrolled in the *hawk-i* Dental-Only program. It is projected that by end of fiscal year 2012, the total number of children enrolled in Iowa's *hawk-i* and *hawk-i* Dental-Only program will reach approximately 58,849. With the continuation of expanded outreach efforts and expanded coverage of children in families with countable income up to 300 percent of the FPL, it is expected that enrollment will continue to grow.



What can Iowans do to help?

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

Expenditures

Federal funds & Intra state receipts (Dept of Human Services): 0153-0534/0618/0688

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$0	\$0	\$0
Federal funds	\$0	\$61,214	\$620,000
Other funds*	\$376,129	\$380,874	\$380,000
Total funds	\$376,129	\$442,088	\$1,000,000
FTEs	1.00	1.00	2.00

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

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

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

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

Health Care Safety Net

Promoting & Protecting the Health of Iowans

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



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

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

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

Did you know?

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

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

- All Iowans need to be able to get health care within a reasonable time, using primary care services in a timely fashion to prevent more serious health consequences and reduce unnecessary emergency room visits.
- Safety Net services increase access to qualified health professionals and to quality health services for underserved and uninsured Iowans. Safety Net providers, such as community health centers and free clinics, provide needed comprehensive health care services to all Iowans, regardless of ability to pay.
- In the past, free clinics in Iowa were unable to recruit enough professionals to provide free services due to the lack of professional insurance coverage. The Volunteer Health Care Provider program (VHCPP) offers indemnification to volunteer health care providers serving Iowa's free clinics. VHCPP free clinics have served more than 40,000 Iowans to date.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

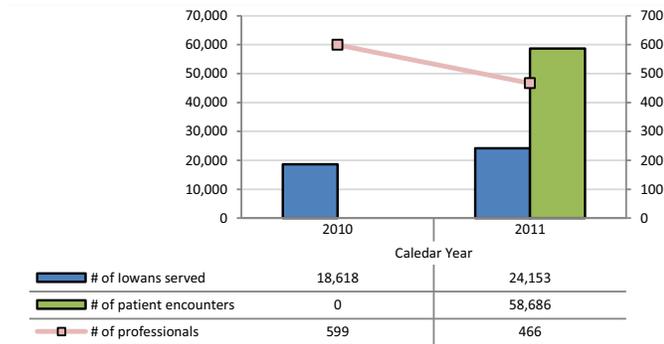
What do we do?

- Provide funding and contract management of the Iowa Collaborative Safety Net Provider Network.
 - Training support for Sexual Assault Response Teams
 - 3 initiatives to expand access to specialty care.
 - 3 programs expanding access to pharmaceuticals.
 - Direct financial support to Iowa free clinics, Federally Qualified Health Centers, and Rural Health Clinics.
 - 6 Safety Net Medical Home development projects.
- Recruit physician assistants and advanced registered nurse practitioners to participate in a postgraduate medical training program so they can provide services in Iowa's mental health shortage areas.
- Analyze geographic areas of Iowa eligible for CMS-certified Rural Health Clinics.
- Provide indemnification to health care professionals and free clinics through the Volunteer Health Care Provider program. Currently, more than 400 professionals are enrolled.
- Provide loan repayment opportunities to primary care providers working in designated underserved areas.
- Provide funding and contract management to Iowa's critical access and small hospitals for quality improvement.
- Collaborate with Iowa Primary Care Association to identify areas of Iowa in greatest need.
- Analyze and identify areas of Iowa for Health Professional Shortage Areas leading to eligibility for loan repayment and enhanced reimbursement from Medicare.

How do we measure our progress?

1 Number of providers enrolled in the Volunteer Health Care Provider Program (VHCPP).

2 Number of Iowans served and encounters by VHCPP professionals.

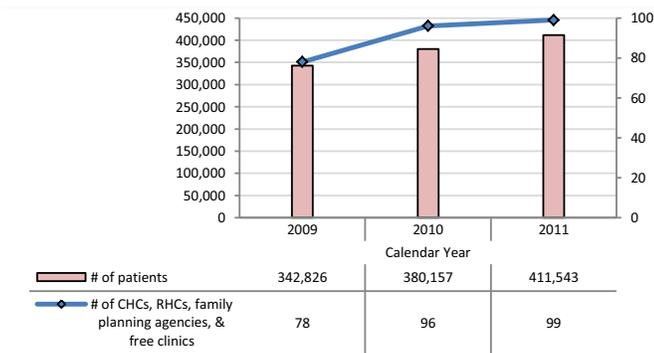


Data Source: Program database & clinic reports. Data are available annually. Data is unavailable for 2010 # of patient encounters.

How are we doing? Patients who visit a free clinic usually come back one or two times within the same year. Twenty percent of visits to free clinics are for preventive care, 33% are for chronic illness, and the remaining visits are for acute care.

3 Number of clinics and agencies participating in the Iowa Collaborative Safety Net Provider Network.

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



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

How are we doing? During 2011, the Iowa Collaborative Safety Net Provider Network included 14 Community Health Centers serving 181,458 patients; 43 Rural Health Clinics serving 126,353 patients; 14 Family Planning Agencies serving 79,579 patients; and 42 free clinics serving 24,153 patients.

What can Iowans do to help?

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

Expenditures

General fund: K09-0971/0981/1001/1003

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$1,071,251	\$1,106,651	\$830,849
Total funds	\$1,071,251	\$1,106,651	\$830,849
FTEs	0.59	0.60	0.60

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

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

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

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

Volunteer Health Care Provider Program

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

Office of Health Care Transformation (OHCT)

Promoting & Protecting the Health of Iowans

Division of Health Promotion & Chronic Disease Prevention
Phone: 515-954-9537
www.idph.state.ia.us/ChronicCare/
www.idph.state.ia.us/hcr_committees/health_benefit_exchanges.asp



The Patient Protection and Affordable Care Act (ACA) is a United States federal statute signed into law by President Barack Obama on March 23, 2010. On June 28, 2012, the United States Supreme Court upheld the constitutionality of most of the ACA. The ACA is aimed primarily at decreasing the number of uninsured and reducing health care costs by improving preventative care and managing chronic diseases. The ACA, when fully implemented, will expand the number of people with health coverage, introduce strategies for improving the quality of health care, and support plans to make communities healthier places.

Iowa's current health care system is set up to focus on treating people once they become sick. Some experts describe this as sick care instead of health care. Iowa will never be able to contain health care costs until we start focusing on preventing people from getting sick in the first place, putting an emphasis on improving the choices we make that affect our risk for preventable diseases.

Chronic diseases, including heart disease, cancer, obesity and diabetes, account for seven out of every 10 deaths and affect the quality of life for tens of thousands of Iowans. In 2007, chronic diseases accounted for 68% of all deaths in Iowa. The dramatic growth of chronic diseases is a huge burden to Iowa. If this problem is ignored, the cost of treating chronic conditions could overwhelm health care. The good news is 80% of chronic conditions can be prevented through improved lifestyle choices focusing on prevention.

Did you know?

The Affordable Care Act will be fully implemented in 2014. Some major changes to come include improved preventative care, elimination of annual limits on health insurance, no discrimination do to pre-existing conditions or gender, paying physicians based on value not volume, and an easier and more affordable way to purchase health insurance.

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

- The OHCT serves as a key point-of-contact for health care reform initiatives within IDPH including:
 - Accountable Care Organizations
 - Health Benefit Exchange (HBE)- Outreach and Consumer Engagement
 - Chronic Disease Management Initiatives
 - Patient-Centered Medical Homes/Health Homes
- The mission of the OHCT is to promote community care coordination and advance the patient-centered transformation of the health care system, which will improve care and reduce cost.
- A patient-centered medical home (PCMH) is a practice that provides care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. It is a model of care that holds significant promise for better health care quality, improved involvement of patients in their own care, and reduced avoidable costs over time.
- Beginning in 2014, tens of millions of Americans will have access to health coverage through newly established health benefit exchanges in each State which will provide one-stop shopping and make purchasing health insurance easier and more affordable to Iowans. The OHCT's role is to ensure consumer education and outreach for the HBE.

Which Iowa Public Health Goals are we working to achieve?

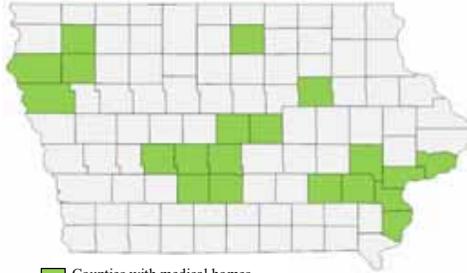
- Promote healthy behaviors
- Prevent epidemics & the spread of disease
- Strengthen the public health infrastructure

What do we do?

- The goals of the OHCT are: convening stakeholders; building relationships and partnerships; streamlining efforts; and offering assistance to Local Public Health Agencies to prepare for ACA implementation by encouraging:
 - Improved overall health of Iowans
 - Patient focused & increased patient satisfaction
 - Preventing and managing chronic diseases
 - Increased access to health care
 - Less use of emergency departments and hospital readmissions
- The OHCT uses innovative strategies to build and maintain partnerships with DHS, Iowa Department of Aging, Iowa Insurance Division, and the Iowa Department of Education by regularly presenting to outside stakeholder groups on national and state health care initiatives.
- The OHCT monitors federal health care issues and disseminates the key information, opportunities, and impacts to the public and other partners. The Check-Up is a health reform newsletter that is a key avenue to distribute this information. The Check-Up is archived here: <http://www.idph.state.ia.us/IdphArchive/Archive.aspx?channel=CheckUp>
- Iowa's Health Care Reform Act (HF 2539) has tasked IDPH with developing a plan for implementation of a statewide patient-centered medical home system and developing a state initiative for prevention and chronic care management. To do this, the OHCT coordinates a Prevention and Chronic Care Management/Medical Home Advisory Council.

How do we measure our progress?

1 The number of Health Homes and Enrollees in the Iowa Medicaid Enterprise's Primary Care State Plan Amendment.



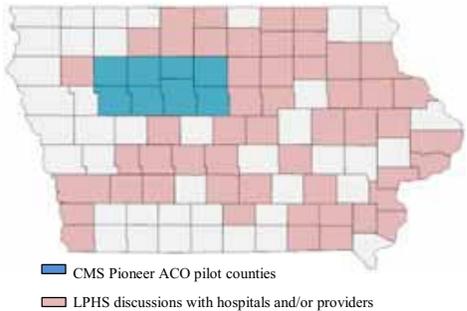
Data Source: Iowa Department of Human Services- Iowa Medicaid Enterprise – August 2012

How are we doing? The PCCM/MH Advisory Council has collaborated closely with the Iowa Medicaid Enterprise in advancing the patient-centered medical home model and they offered input in the development of the Health Home Model.

As of December 1st, 2012, there are 17 health home entities enrolled covering 54 different clinic locations in 20 counties with 492 individual practitioners and 1853 members assigned to Health Homes.

An interactive Health Home Map can be found here: [Iowa Medicaid Health Home Map](#).

2 The number of Local Public Health Agencies who have had Preliminary Discussions with Hospitals or Providers about the Role of Local Public Health in ACOs.



Data Source: IDPH Local Public Health Agencies – December 2012

How are we doing? 58 of Iowa's 99 counties have had preliminary discussions with hospitals or providers about the role of local public health in ACO's (shaded in pink). This includes the 8 CMS Pioneer ACO pilot counties (shaded in blue). A detailed version of the map can be found here: [Iowa Accountable Care Organization Map](#).

What can Iowans do to help?

1. Become more informed and knowledgeable about the Affordable Care Act initiatives that are advancing including the health benefit exchange, medical homes/health homes, and accountable care organizations.
2. Actively work toward developing partnerships within your community to prepare for changes that are coming with health care transformation.
3. Learn more about the work of the Prevention and Chronic Care Management/Medical Home Advisory Councils by visiting <http://www.idph.state.ia.us/ChronicCare>. Annual Reports and Issue Briefs developed by the Councils on a variety of topics related to the spread of medical homes in Iowa are available on the "Resources" tab. The issue briefs include:
 - [Community Utility Issue Brief](#)
 - [Disease Registry](#)
 - [Patient-Centered Care: What Does it Look Like?](#)
 - [Social Determinants of Health Issue Brief](#)
 - [Chronic Disease Management Issue Brief](#)
 - [Iowa Diabetes Issue Brief](#)
 - [Prevention Issue Brief](#)

Expenditures

State funds: K09-0991/0993/0995/0997/0999. **Federal funds:** 0153-0904. **Other funds (intrastate transfer):** K07-0869.

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$270,095	\$0	\$662,145
Federal funds	\$510,092	\$2,883,229	\$7,687,160
Other funds*	\$0	\$100,893	\$233,357
Total funds	\$780,187	\$2,984,122	\$8,582,662
FTEs	2.58	2.72	2.70

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

Health Information Technology (Iowa e-Health)

Promoting & Protecting the Health of Iowans

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



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

This is time you may not have.

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

This quicker access may save your life.

Did you know?

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

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

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

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

Which Iowa Public Health Goals are we working to achieve?

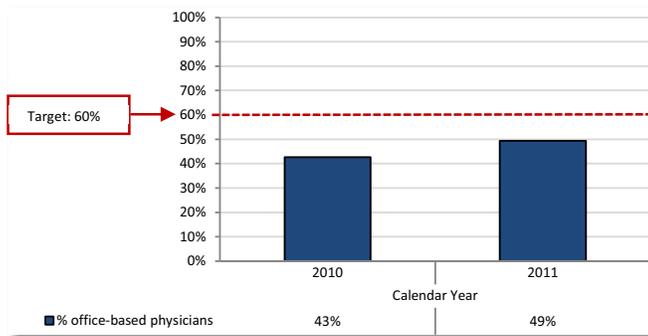
- Strengthen the public health infrastructure
- Prevent epidemics & the spread of disease

What do we do?

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

How do we measure our progress?

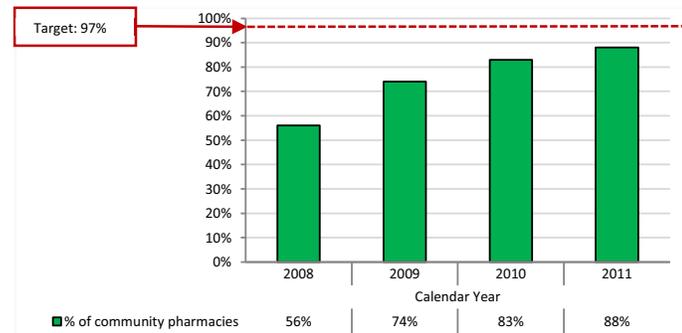
1 Percent of office-based physicians in Iowa who have adopted a basic electronic health record (EHR).



Data Source: National Ambulatory Medical Care Survey. Data are available annually.

How are we doing? One way to measure readiness to use Iowa e-Health services is to evaluate the extent to which providers are using EHRs or other clinical data systems. According to the 2011 National Ambulatory Medical Care Survey, 49.3% of office-based primary care physicians in Iowa indicated they have adopted at least a basic EHR system. In 2010, only 42.6% of the Iowa office-based primary care providers responding to the same survey indicated basic EHR adoption. This shows that more providers are expanding their capacity to exchange health information electronically.

2 Percent of Iowa community pharmacies actively filling e-prescriptions using the Surescripts Network.



Data Source: Surescripts Network Data Set for the State of Iowa. Data are available annually.

How are we doing? Iowa pharmacies are leading the charge to increase the use of health information technology across the state. According to Surescripts Network data, 88% of Iowa's community pharmacies were actively filling e-prescriptions using the Surescripts Network during 2011. This is up from 56% in 2008. Iowa's e-prescribing growth rate is faster than the national average.

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

What can Iowans do to help?

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

Expenditures

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

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$155,958	\$150,307	\$149,426
Federal funds	\$649,873	\$1,341,612	\$5,672,802
Other funds*	\$160,295	\$363,987	\$363,987
Total funds	\$966,126	\$1,855,906	\$6,186,215
FTEs	5.63	4.55	7.00

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



Health Statistics

Promoting & Protecting the Health of Iowans

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



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

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

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

Did you know?

Health Statistics are provided to public health research projects approved by the Research and Ethics Review Committee. Data are provided from Iowa records and from the national file maintained by the National Center for Health Statistics, which is a compilation of all state data files.

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

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

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

What do we do?

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

How do we measure our progress?

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

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

How are we doing? We have significantly increased the number of vital records provided to our customers over the years. After reaching a peak in 2007, we have consistently provided more records in each of the last four years than we did during the previous five-year period. Tracking this information allows planning for staff capacity and our ability to meet the demand of our customers. The requests for copies are decreasing, after the increase we experienced related to Federal Agencies requiring birth certificates for passports, social security, and Real ID requirements of a birth certificate to obtain a driver's license even if you have one in the system. Travel requirements have also contributed to the increase. Our average turnaround time for requests is 2 business days.



What can Iowans do to help?

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

Expenditures

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

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State Funds	\$0	\$0	\$0
Federal funds	\$873,868	\$773,141	\$871,670
Other funds*	\$2,316,359	\$2,466,821	\$3,673,246
Total funds	\$3,190,227	\$3,239,962	\$4,544,916
FTEs	27.97	26.39	27.45

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

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

Phone: 515-281-4944 ♦ Fax: 515-281-0479 ♦ www.idph.state.ia.us/apl/health_statistics.asp

1st Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

Health Workforce

Promoting & Protecting the Health of Iowans

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



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

—Renee Seagren, United Community Health Center, Storm Lake

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

Did you know? Forty-eight of Iowa's 79 rural counties are fully or partially designated primary health care shortage areas, meaning they have an acute shortage of primary health care professionals.

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

- Fifty-six Iowa counties include a Primary Care Health Professional Shortage Area.
- Eighty-nine Iowa counties are Mental Health Professional Shortage Areas.
- Almost half of Iowa's dentists (49%) are over age 50. Sixty-eight Iowa counties are in a Dental Health Professional Shortage Area.
- Iowa predicts a shortage of 15,000 direct care professionals between 2012 and 2018. Direct care professionals make up the largest workforce in the state and work in homes, nursing facilities, residential care facilities, group homes, and other settings.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

What do we do?

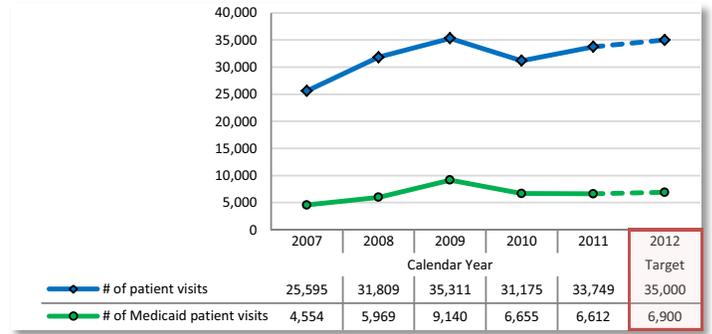
- Assist in recruiting students into primary care service-oriented careers.
- Engage in analysis and strategic planning for health care access and health care reform.
- Administer the National Health Service Corps (NHSC) program for Iowa, providing support to practice sites and clinicians.
- Lead the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

How do we measure our progress?

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

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

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



What can lowans do to help?

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

Expenditures

Direct Care Workers: general fund: K09-0933/0946/1005/1007/1011. **Iowa Health Workforce Center:** general fund: K09-0979 (60%). **Mental Health Workforce:** general fund: K09-0965/0967/0973. **Primary Care Office:** federal funds: 0153-0912/AR02. **Dental Loan Repayment:** K09-0983. **PRIMECARRE:** general fund, federal funds, & other funds; State funds are used for a 1:1 match for the Federal Loan Repayment Grant: K09-0901; 0153-0908/AR04.

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$893,392	\$816,468	\$1,009,752
Federal funds	\$555,986	\$857,740	\$1,328,310
Other funds*	\$0	\$130,529	\$80,528
Total funds	\$1,449,378	\$1,804,737	\$2,418,590
FTEs	3.81	3.84	4.17

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

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

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

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

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

Heart Disease & Stroke Prevention

Promoting & Protecting the Health of Iowans

Division of Health Promotion & Chronic Disease Prevention

Phone: 515-281-6016

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



Let's **Team Up. Pressure Down.**

Team Up. Pressure Down. is a nationwide program under the Million Hearts Initiative, seeking to lower blood pressure and control hypertension through engagement of physicians and pharmacists. The program encourages physicians and pharmacists to work together as a healthcare team to assist patients in controlling their blood pressure through screening, risk factor and medication management, and as a support network. Team UP. Pressure Down. provides great resources for both patients and providers, including animated videos, medication trackers, and adherence tools. The Iowa Department of Public Health is committed to spreading the word about this program and encouraging Iowans to *team up*, to keep *pressure down*.

Check out the resources and learn more about **Team Up. Pressure Down.** at <http://millionhearts.hhs.gov/resources/teamuppressuredown.html>.

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

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

Heart disease and stroke death rates are lowest in history, but remain the leading cause of death.

- After declining 2% and 7% between 2009 and 2010, heart disease and stroke death rates for Iowans decreased again between 2010 and 2011, respectively. This indicates a continuous decline in heart disease and stroke death rates in the past 20 years.
- 6,726 Iowans died of heart disease in 2011, the number one killer in all deaths, and another 1,431 died from stroke, the fourth cause of death. Deaths from these two diseases combined accounted for 29% of deaths in Iowa.
- 4,771 deaths, 71% of heart disease deaths, were due to coronary heart disease (CHD):
 - ✓ A death rate of 157 per 100,000 for men vs. 88 per 100,000 for women, 78% higher for men than women;
 - ✓ In total, a CHD death rate of 118 and 35 stroke deaths/1000,000 Iowans;
 - ✓ *Healthy People 2020* goal: reduce CHD death rate to 101/100,000 and stroke death rate to 34/100,000, respectively.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

Promote healthy behaviors

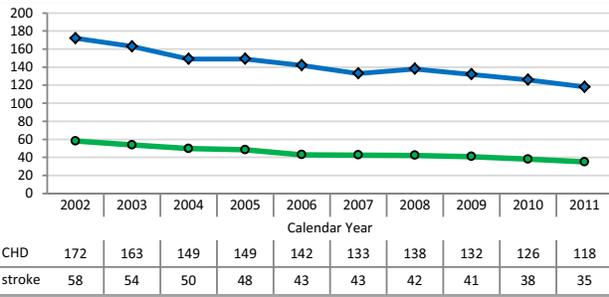
What do we do?

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

WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation) provides services to Iowa women through the *Care for Yourself* breast and cervical cancer program. WISEWOMAN provides health screenings associated with heart disease and stroke risk factors (i.e. height/weight, blood pressure, glucose, and cholesterol readings). Based on screening results, the local programs provide individualized health goals based on nutrition, physical activity, and tobacco-cessation for the women. The WISEWOMAN program serves nearly 2,300 women annually in 99 Iowa counties through 26 *Care for Yourself* sites.

How do we measure our progress?

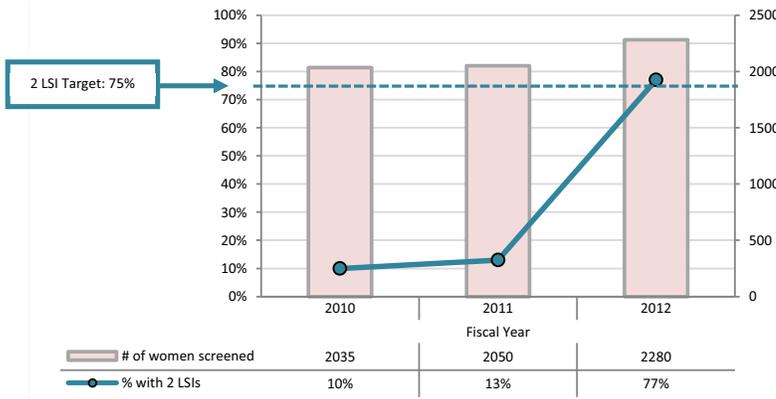
1 Age-Adjusted coronary heart disease (CHD) & stroke death rate (per 100,000 Iowans).



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

How are we doing? Coronary heart death rate decreased by 31% in the last ten years from 172 deaths per 100,000 Iowans in 2002 to 118 deaths in 2011. Stroke death rate decreased by 40% in the last ten years from 58 deaths in 2002 to 35 deaths in 2011.

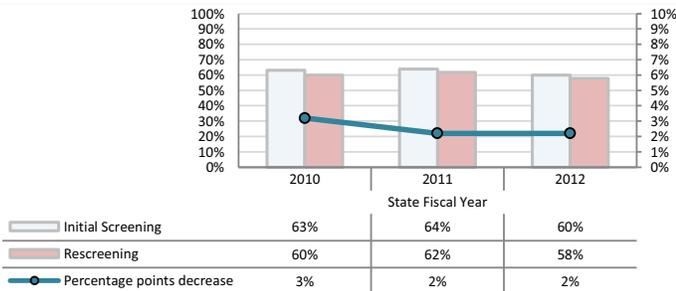
2 Percent of WISEWOMEN screened for heart disease risk factors participating in Lifestyle Intervention Sessions (LSI)



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

How are we doing? Since 2010, a concerted effort has been made to promote LSI sessions for WISEWOMEN participants screened for heart disease risk factors. In 2012, 90% of screened women participated in LSI sessions and 77% participated in two or more sessions.

3 WISEWOMEN clients with elevated blood pressure rates at initial screen versus clients with elevated blood pressure rates at rescreen.



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

How are we doing? WISEWOMEN seeks to reduce participants with elevated blood pressure to a normal range (below 120/80). For FY12, 57.8% of the rescreened WISEWOMEN participants had elevated blood pressures, or 2.1 percentage points less than the initial screen.

What can policymakers do?

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

What can communities do?

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

What can Iowans do to help?

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

Expenditures

Federal funds: 0153-0420/0760

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$0	\$0	\$0
Federal funds	\$1,135,529	\$1,292,645	\$1,313,567
Total funds	\$1,135,529	\$1,292,645	\$1,313,567
FTEs	4.85	4.69	5.35

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

HIV/AIDS & Viral Hepatitis

Promoting & Protecting the Health of Iowans

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



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

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

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

Did you know?

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

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

- There were 120 HIV diagnoses in 2011, an increase of 6 (5%) from 2010. On average, there are 115 persons diagnosed in Iowa each year, but HIV diagnoses have been increasing at a rate of about three persons per year since 2000.
- The estimated number of Iowans living with HIV/AIDS has grown to over 2,400 people, including over 600 who are infected that do not know it.
- The number of Iowans living with hepatitis C is estimated to be over 53,000. Over 80% of these people are not aware of their infections.
- Early detection of both diseases can greatly increase the life expectancy of someone who is infected.
- Medications are available to treat HIV and hepatitis C. The AIDS Drug Assistance Program provides life-saving medications and helps with insurance premiums and co-pays to over 700 Iowans each month.
- Early treatment of HIV infection means an individual is less likely to transmit the infection to partners. It also decreases the number of hospital visits, costs less, and increases the quality of life.

Which Iowa Public Health Goals are we working to achieve?

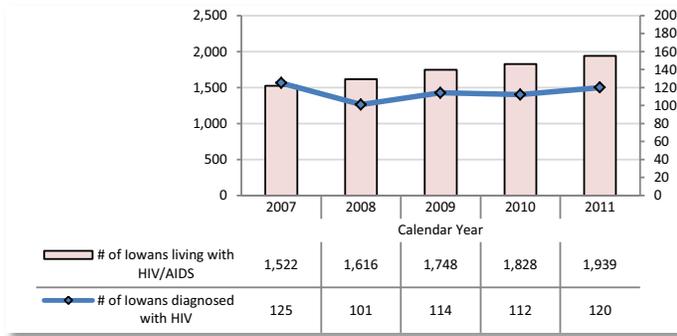
- Prevent epidemics & the spread of disease
- Strengthen the public health infrastructure
- Promote healthy behaviors

What do we do?

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

How do we measure our progress?

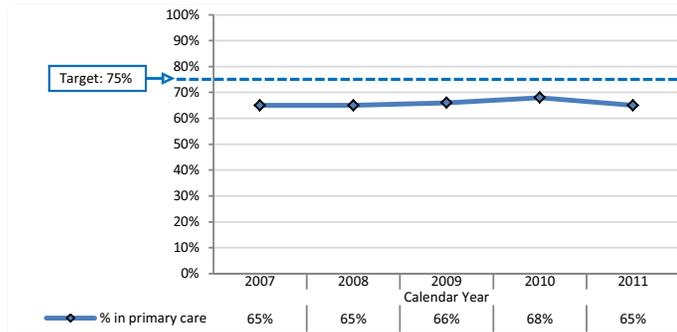
- Number of Iowans diagnosed with HIV.
- Number of Iowans living with HIV/AIDS.



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

How are we doing? Diagnoses have been increasing recently, particularly among white, non-Hispanic males. The number of Iowans living with HIV/AIDS is now increasing by about 115 per year.

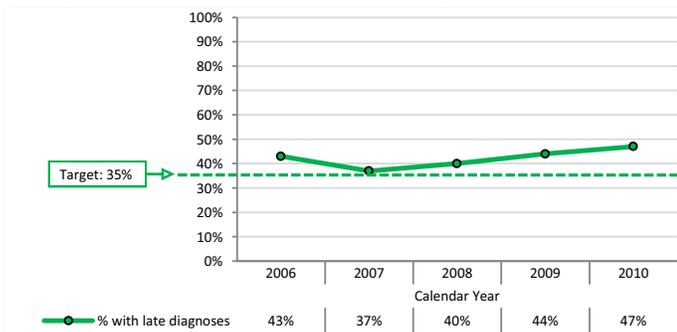
- Percent of diagnosed HIV-positive people who are in HIV primary medical care.



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

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

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



Data Source: HIV/AIDS reporting system. Data are available annually, one year after diagnosis. 2011 data are not yet available.

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

What can Iowans do to help?

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

Expenditures

HIV: general fund, federal funds, intra state receipts* (Dept of Education), & private grant*: K07-0761; 0153-0804/0806/1568/1570/ 1572/1574/ 1580/1582/1584. **Hepatitis:** general fund: K15-1529

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate	State Fiscal Year 2013 Estimate
State funds	\$619,425	\$613,816	\$662,011
Federal funds	\$5,562,990	\$4,883,487	\$5,151,434
Other funds*	\$14,015	\$1,303,812	\$502,467
Total funds	\$6,196,430	\$6,801,115	\$6,315,912
FTEs	15.49	14.94	14.50

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

Iowa Department of Public Health ◆ Division of Behavioral Health ◆ HIV/AIDS and Viral Hepatitis

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

HIV/AIDS – Phone: 515-242-5150 ◆ Fax: 515-281-0466 ◆ www.idph.state.ia.us/HivStdHep/

Hepatitis B – Phone: 515-281-7228 ◆ Fax: 515-281-0466 ◆ Hepatitis C – Phone: 515-281-5027 ◆ Fax: 515-281-0466 ◆ www.idph.state.ia.us/HivStdHep/

Home Visiting

Promoting & Protecting the Health of Iowans

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



"The parent educator saw me when I was still in the hospital after giving birth to my child. They detected a delay in my child that I didn't know about and were able to get us the help we needed. Without them, I don't know where we would be." *Delaware County Parent*

Did you know?

- 69% of children served by a family support program were screened for developmental delays in 2012, an increase of 14% from 2011.
- Only 4% of HOPES-HFI families had confirmed cases of child abuse in 2012, down from 7% of families in 2004.
- Research shows that the most rapid brain development occurs before age five, when children's brains develop 700 synapses—neural connections that transmit information—every second. Early traumatic experiences can damage those connections. Conversely, evidence shows that when babies have stimulating and supportive interactions with caring adults, they develop healthier brains, better learning abilities, and more successful interpersonal relationships, into adulthood and beyond.

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

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

Which Iowa Public Health Goals are we working to achieve?

Promote healthy behaviors

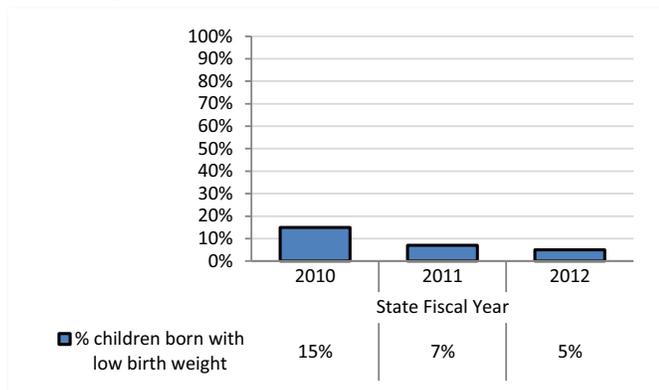
Prevent injuries

What do we do?

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

How do we measure our progress?

- 1. Percent of children in the HOPES-HFI program born at a low birth weight



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

How are we doing? Pregnant mothers who received a home visit during the first four months of their pregnancy had 75% fewer lower birth weight babies than those who didn't receive a visit. At-risk families enrolled in the HOPES-HFI program have shown steady progress in ensuring that enrolled pregnant women are getting into prenatal care and receiving prenatal care at regular intervals resulting in more children born at healthy birth weights.

What can Iowans do to help?

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

Expenditures

General fund, federal funds, & intra state receipts: K05-0559; 0153-0560/0568.

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$670,494	\$735,208	\$734,841
Federal funds	\$187,627	\$577,109	\$7,646,649
Other funds*	\$0	\$262,715	\$439,250
Total funds	\$858,121	\$1,575,032	\$8,820,740
FTEs	1.30	2.40	5.30

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

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

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

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

MIECHV Home Visiting (5th floor)
Phone: 515-954-0647 Fax: 515-242-6013
www.idph.state.ia.us/hpcdp/family_health_support.asp

HOPES-HFI (5th floor)
Phone: 515-725-2856
www.idph.state.ia.us/hpcdp/local_public_health_services.asp#HOPES

Immunization

Promoting & Protecting the Health of Iowans

Division of Acute Disease Prevention & Emergency Response

Phone: 1-800-831-6293

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



In the 1950s, 7,813 Iowans were infected with polio, many needing braces, crutches, wheelchairs, and iron lungs. In 2011, there were no cases of polio in Iowa. Why such a dramatic decline? The polio vaccine. During the 1960s, more than 35,000 Iowans got rubella (German measles). Vaccines have changed the world we live in by providing protection against harmful diseases and, in some cases, eliminating them altogether. According to the Morbidity and Mortality Weekly Report, the Institute of Medicine, and the Centers for Disease Control, vaccines are one of the most successful public health advances in the last century.

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

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

Did you know?

Vaccine-preventable diseases still threaten the health of Iowans. There are approximately 461% more persons with pertussis disease this year compared to the average of the past 5 years. Through the first three quarters of 2012, 1358 cases of pertussis have been reported.

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

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

Which Iowa Public Health Goals are we working to achieve?

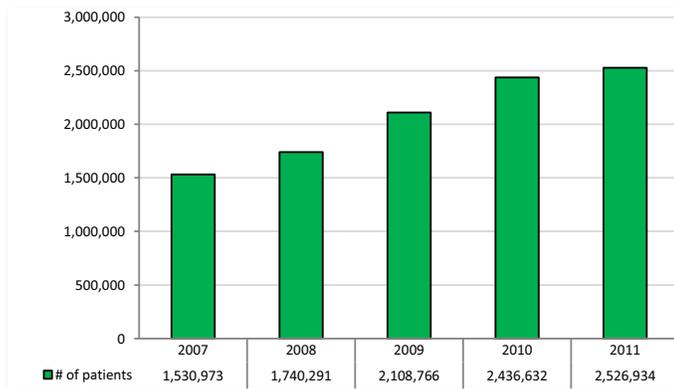
- ▶ Prevent epidemics & the spread of disease
- ▶ Strengthen the public health infrastructure
- ▶ Prepare for, respond to, & recover from public health emergencies
- ▶ Promote healthy behaviors

What do we do?

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

How do we measure our progress?

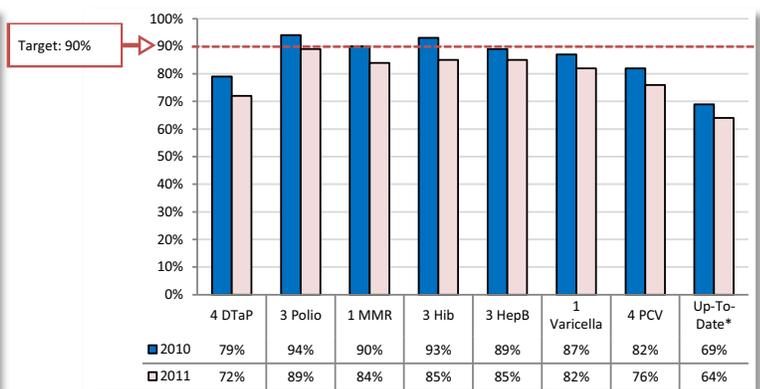
1 The number of unduplicated patients in the Immunization Registry Information System (IRIS).



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

How are we doing? The number of patients in IRIS has increased from 1.5 million in 2007 to 2.5 million records in 2011. This increase helps to reduce vaccine-preventable diseases, over vaccination, and allows health care providers to see up-to-date information when they need it most.

2 Percent of Iowa 2-year-olds covered by individual vaccines and up-to-date* overall.



Data Source: Immunization Registry Information System, 2010 & 2011 County Immunization Assessments. Data are available annually.

* Up-To-Date are children who have completed each individual vaccine series (4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B, 1 Varicella, & 4 PCV) by 24 months of age.

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

What can Iowans do to help?

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

Expenditures

General fund, federal funds: K15-1521; 0153-1522/1526/AR06/AR08.

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$629,375	\$593,038	588,327
Federal funds	\$3,373,402	\$3,525,785	\$7,431,607
Total funds	\$4,002,777	\$4,118,823	\$8,019,934
FTEs	14.82	15.13	15.35

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

Information Management

Promoting & Protecting the Health of Iowans

Division of Administration & Professional Licensure

Phone: 515-281-4258

www.idph.state.ia.us/apl/InformationManagement.aspx



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

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

Did you know?

Information Management supports over 65 applications with users from internal IDPH staff, local public health agencies, IDPH contractors, hospitals and clinics. Over 900 Help Desk tickets are submitted to Information Management a month with 22% of tickets requesting support for Service Contracting.

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

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

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

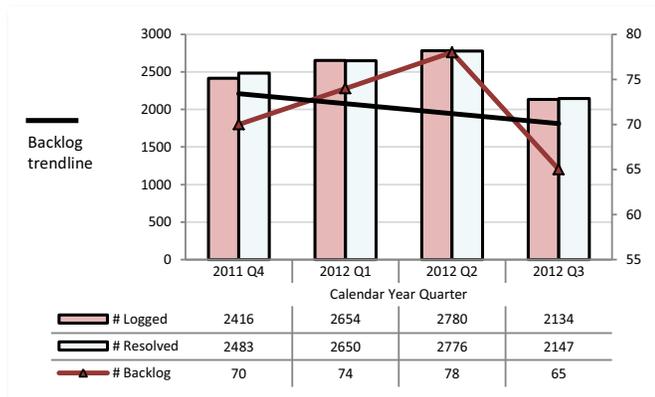
Prepare for, respond to, & recover from public health emergencies

What do we do?

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

How do we measure our progress?

Customer Service: Number of information management (IM) tickets logged, resolved, and backlog.



Data Source: Program records.

How are we doing? As anticipated, in Q2 2012, ticket volume reached its highest point with updates to/surplus of IDPH staff equipment. Team members continue to work to reduce the ticket backlog which is decreasing. Additionally, Information Management is in the process of collecting customer satisfaction data in addition to ticket volume.

What can Iowans do to help?

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

Expenditures

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

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$0	\$0	\$0
Federal funds	\$1,029,749	\$1,316,430	\$507,094
Other funds*	\$38,661	\$152,551	\$843,406
Total funds	\$1,068,410	\$1,468,981	\$1,350,500
FTEs	10.57	11.06	10.80

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

Iowa Department of Public Health ♦ Division of Administration & Professional Licensure ♦ Information Management

Phone: 515-281-4258 ♦ Fax: 515-281-3789 ♦ www.idph.state.ia.us/apl/InformationManagement.aspx

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



Injury Prevention & Emergency Medical Services for Children

Promoting & Protecting the Health of Iowans

Division of Acute Disease Prevention & Emergency Response
Injury Prevention – Phone: 515-344-1618 www.idph.state.ia.us/ems/injury_prev.asp
EMSC – Phone: 515-344-1618 www.idph.state.ia.us/ems/emsc.asp



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



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



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



Did you know?

Each year, about 60 Iowa children are killed in car crashes and 34% of those children were not properly restrained at the time of the crash. In 2011, 15,137 pediatric patients used the EMS system for either a medical or trauma emergency.



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

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



Which Iowa Public Health Goals are we working to achieve?

Prevent injuries

Promote healthy behaviors

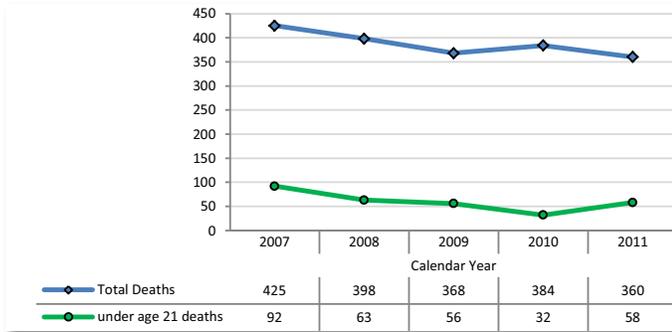
Prepare for, respond to, & recover from public health emergencies

What do we do?

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

How do we measure our progress?

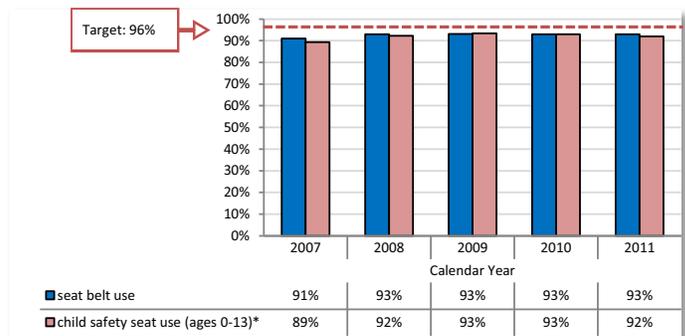
1 Number of deaths caused by motor vehicle crashes.



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

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

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



Data Source: Governor's Traffic Safety Bureau. Data are available annually.
*Child safety seat use for years prior to 2011 is for ages 0-11.

How are we doing? Iowa currently has a 93% use rate of seat belts and a 92% rate for child safety seat use.

What can Iowans do to help?

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

Expenditures

EMSC: federal funds: 0153-1714

Injury Prevention: – License Plate Sales : K19-1948; 0153-1722

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$0	\$0	\$0
Federal funds	\$123,595	\$131,007	\$134,282
Other funds*	\$216,288	\$117,919	\$210,000
Total funds	\$339,883	\$248,926	\$344,282
FTEs	2.58	1.61	1.40

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

Iowa Department of Public Health ◆ Division of Acute Disease Prevention & Emergency Response ◆ Injury Prevention & EMS for Children
5th Floor, Lucas Building ◆ 321 E. 12th Street ◆ Des Moines, IA 50319-0075

EMSC/Injury Prevention

Phone: 515-344-1618 Fax: 515-281-0488
www.idph.state.ia.us/ems/emsc.asp
www.idph.state.ia.us/ems/injury_prev.asp

Local Public Health Services

Division of Health Promotion & Chronic Disease Prevention
 Phone: 515-281-3104
www.idph.state.ia.us/hpcdp/local_public_health_services.asp



Mary's friends at church had been noticing for a while that she was having trouble. After her husband's death last year, Mary had been trying to live independently; however, some days she was uncharacteristically unkempt and struggled to remember the names of her grandchildren. One day a friend stopped by Mary's home to find the stove burner had been left on after Mary had prepared lunch for herself.

Friends became concerned and contacted Mary's son who lives out of state. Mary's doctor confirmed what everyone feared. Mary's son began making necessary arrangements to help his mom through this new phase of her life; fortunately he contacted the Local Public Health Agency in the county where Mary lives. While Mary's son made new living arrangements for her, the local public health agency provided nursing and home care aide visits to help her through the transition. The services were provided at minimal cost, due to the sliding fee scale offered through the Local Public Health Service Grant.

Mary's "team", as her son affectionately called everyone, worked together to help keep her safe and provide her with the reassurance and comfort she needed. Thanks to the care coordination, referrals to other necessary services, and health services that the local public health agency provided, Mary's transition to her new home wasn't rushed and she and her son were able to find comfort during a difficult time.

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

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

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

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure
 Promote healthy behaviors

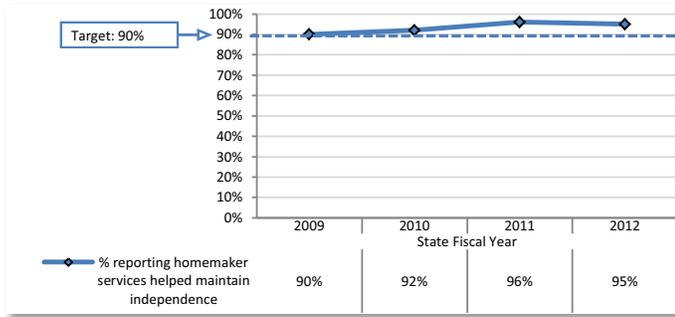
What do we do?

IDPH supports local public health services through:

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

How do we measure our progress?

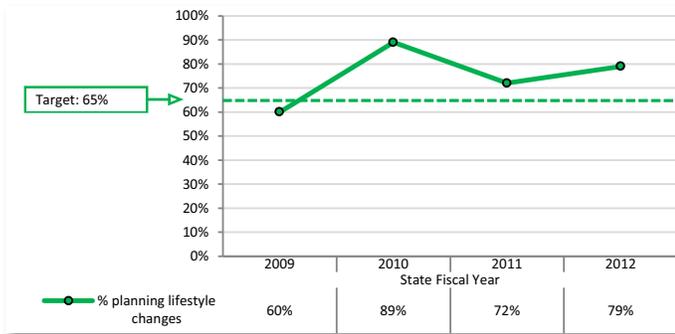
1 Percent of clients who report that homemaker services helped them to remain in their home.



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

How are we doing? Our target is to achieve at least 90% each year. In SFY2012, we exceeded our target with 95%.

2 Percent of clients who verbalize a plan to make lifestyle change to reduce risks identified in screening and assessments.



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

How are we doing? SFY2009 baseline was 60%. We have set a target of achieving at least 65% each year and have exceeded this each subsequent year.

What can Iowans do to help?

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

Expenditures

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

Local Boards of Health: general fund K09-0959

Public Health Nursing: general fund K11-1103

Home Care Aide: general fund K11-1105

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$9,430,889	\$8,836,935	\$8,839,312
Federal funds	\$378,586	\$314,575	\$325,591
Other funds*	\$339,228	\$0	\$0
Total funds	\$10,148,703	\$9,151,510	\$9,164,903
FTEs	7.18	5.89	10.40

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

Maternal Health

Promoting & Protecting the Health of Iowans

Health Promotion and Chronic Disease Prevention

Phone: 1800-383-3826

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



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

Did you know?

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

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

- Early and adequate prenatal care (in the first 3 months of pregnancy) is important to a healthy pregnancy and birth. It helps reduce illness and disability through health care advice and by identifying and managing chronic or pregnancy related risks.
- According to the Iowa Barriers to Prenatal Care Survey, most Iowa women receive prenatal care; yet, low-income, teen, and minority women are more likely to receive prenatal care after the 3rd month. Barriers include financial, transportation, and a lack of knowledge that prenatal care is important. The Maternal Health program works to overcome these barriers.
- Premature, low birthweight babies have a higher risk of death and disabilities. Costs for caring for these babies are up to 15 times higher. In 2009, there were 4,467 preterm Iowa births representing 11.3% of live births. Iowa's rate is slightly better than the national rate of 12.2 % of live births in 2009. Maternal Health programs provide education and counseling to decrease risk factors including tobacco cessation counseling, nutrition counseling to control glucose levels in women with diabetes, referrals for hypertension treatment, and improving access to prenatal care.
- Maternal health agencies have worked hard to improve the number of pregnant women who have a "medical home" – a regular source of prenatal medical care by a physician or midwife – from 68% in 2002 to 87% in 2011.
- Domestic and sexual violence are pervasive problems that have major impact on health conditions. Research has shown that when women are provided with support and information about their safety options, they are more likely to take steps toward safety in their interpersonal relationships. Iowa's Project Connect works to provide this information.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

Promote healthy behaviors

What do we do?

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

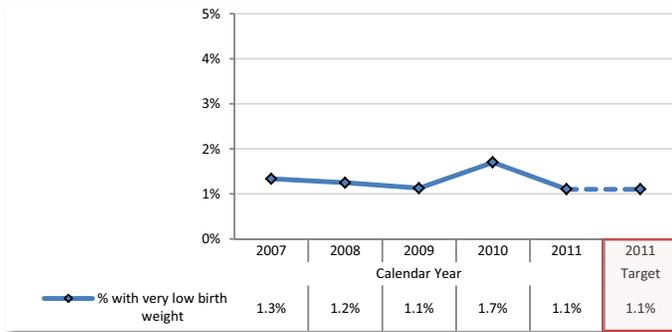
- ✓ Help in finding a medical home.
- ✓ Prenatal and postpartum health education.
- ✓ Transportation to medical visits.
- ✓ Education about lifestyle choices to improve pregnancy outcomes.
- ✓ Breastfeeding education and support.
- ✓ Psychosocial assessment including screening for perinatal depression.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

In addition, IDPH administers two maternal health specific projects.

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

How do we measure our progress?

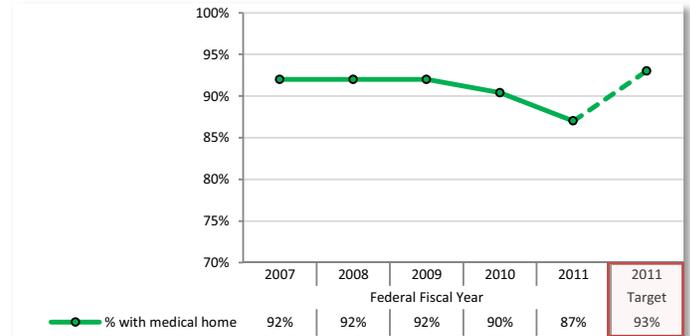
1 Percent of very low birth weight infants (less than 1500 grams) among all live births.



Data Source: Vital statistics. Data are available annually.

How are we doing? The percent of very low weight births has remained steady from 2002 to 2011. Data for 2011 shows that 1.1% of Iowa births were very low birth weight births, which is a decrease in the number of very low birth weight births from 2010.

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



Data Source: Women's Health Information System. Data are available annually. FFY 2012 data are not yet available

How are we doing? In 2002, the rate was 68% with a medical home. In 2011, our rate of women reporting a medical home was 87%, which is a slight decrease from last year. It did not meet our target, but is a 19% increase since 2002.

What can Iowans do to help?

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

Expenditures

General fund, federal funds, & other receipts*; State funds are used for a 75% match for the Title V Block Grant: K05-0507/0523/0651; K09-0989; 0153-0304/0454/ 0566/1980

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$313,714	\$296,206	\$369,082
Federal funds	\$1,275,642	\$1,343,917	\$1,594,505
Other funds*	\$82,856	\$82,889	\$61,446
Total funds	\$1,672,212	\$1,723,012	\$2,025,033
FTEs	2.88	3.69	3.85

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

Iowa Department of Public Health ♦ Division of Health Promotion and Chronic Disease Prevention ♦ Maternal Health

Phone: 1-800-383-3826 ♦ Fax: 515-242-6013 ♦ www.idph.state.ia.us/hpcdp/maternal_health_services.asp

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

State Medical Examiner

Promoting & Protecting the Health of Iowans

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



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

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

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

Did you know?

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

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

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

- Iowa has more than 27,000 deaths each year. Of these deaths, approximately 4,500 need a death investigation by the county medical examiner, deputy medical examiner, investigators, and/or the state office.
- Approximately 1,400 deaths require autopsy, and of those, between 675 and 725 are performed by the Iowa Office of the State Medical Examiner.
- State Medical Examiner forensic pathologists provide expert witness testimony at depositions, grand juries, and state and federal criminal and civil trials.
- The State Medical Examiner’s Office has staff appointed to the state’s Domestic Violence Team and Child Death Review Team, providing help and expert advice about forensic pathology questions and concerns.
- The State Child Death Review Team is under the direction of the State Medical Examiner’s Office.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

What do we do?

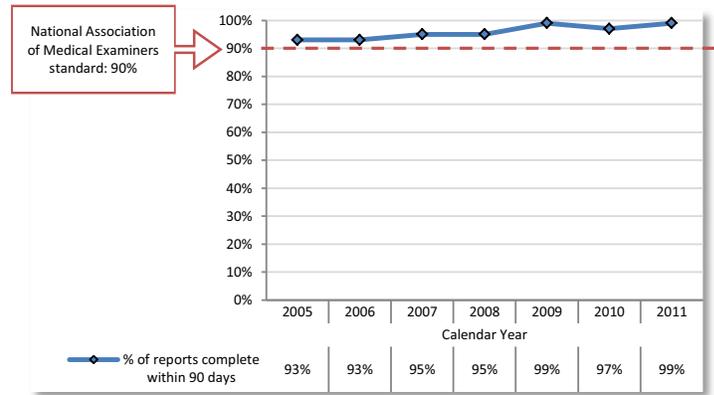
- Provide 24/7 consultation to all counties pertaining to death investigations.
- Perform 675-725 autopsies and review over 4,500 reports annually.
- Provide funding for up to six county medical examiners and medicolegal death investigators to attend training.
- Provide lectures, tours, and presentations to schools, professional groups, and other government agencies.
- Provide internships for investigators, radiology technologists, clinical laboratory scientists, and medical office specialists from many schools throughout Iowa.
- Maintain a database of medical examiner cases statewide.
- Forensic pathologists provide more than 40 lectures per year to medical students, residents, mortuary science students, and county medical examiners and their investigators.
- Provide basic death investigation training sessions across the state to county level investigators and medical examiners.
- Provide clinical rotations for medical students.
- Coordinate and lead the state’s Disaster Response Team for mass fatality incidents (Iowa Mortuary Operations Response Team [IMORT]).

How do we measure our progress?

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

Data Source: SME Database. Data are available annually.

How are we doing? In 2011, we completed 99% of all autopsies within 90 calendar days, exceeding the National Association of Medical Examiners (NAME) standard of 90%. Of the total number of autopsies we completed, 94% were completed within 60 days, and 53% were completed within 30 days. Through November of calendar year 2012, 99% of finalized autopsies were completed within 90 days, 93% within 60 days, and 45% within 30 days.



What can Iowans do to help?

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

Expenditures

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

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$903,782	\$852,801	\$822,084
Federal funds	\$25,106	\$60,679	\$89,955
Other funds*	\$1,853,516	\$1,797,991	\$2,032,209
Total funds	\$2,782,404	\$2,711,471	\$2,944,248
FTEs	21.46	19.88	12.65

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

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

Phone: 515-725-1400 ♦ Fax: 515-725-1414 ♦ www.iosme.iowa.gov

2250 S Ankeny Blvd ♦ Ankeny, IA 50023

Iowa Board of Medicine

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

Promoting & Protecting the Health of Iowans



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

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

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

Did you know? There are 10,912 physicians and 47 acupuncturists licensed to provide health services to Iowans.

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

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

Which Iowa Public Health Goals are we working to achieve?

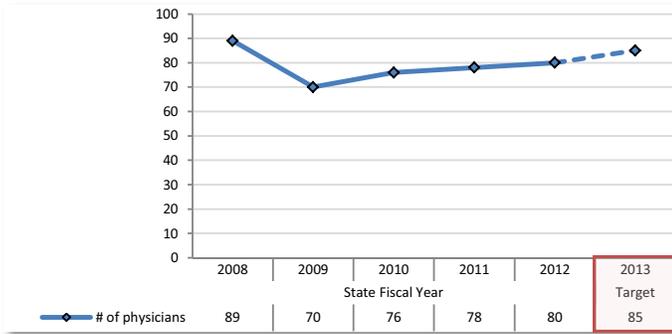
Strengthen the public health infrastructure

What do we do?

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

How do we measure our progress?

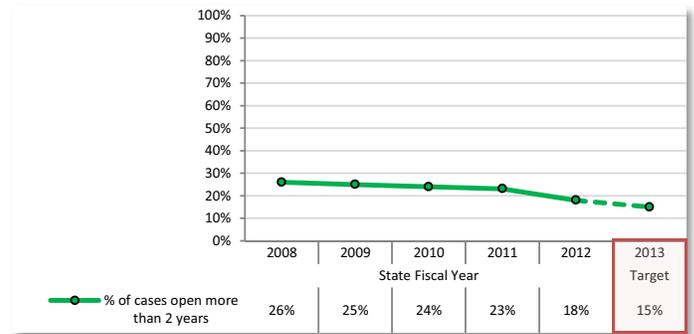
1 Number of physicians with signed contracts in the Iowa Physician Health Program.



Data Source: Manual counts. Data are available annually.

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

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



Data Source: Board database. Data are available annually.

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

What can Iowans do to help?

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

Expenditures

Retained fees: K19-2071/2075

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$0	\$0	\$0
Other funds*	\$2,157,286	\$2,637,823	\$4,041,139
Total funds	\$2,157,286	\$2,637,823	\$4,041,139
FTEs	19.83	22.47	24.00

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

Iowa Department of Public Health ♦ Iowa Board of Medicine

Phone: 515-281-5171 ♦ Fax: 515-242-5908 ♦ www.medicalboard.iowa.gov

400 SW 8th Street, Suite C ♦ Des Moines, IA 50309-4686

Minority & Multicultural Health

Promoting & Protecting the Health of Iowans

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



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

Did you know?

- ✓ In 2005, IDPH established the Office of Multicultural Health (OMH) in an effort to increase access to culturally competent health care for Iowa's minority, immigrant, and refugee populations.
- ✓ In 2006, OMH became part of Iowa law. In 2007, OMH developed a strategic plan with the mission to actively promote and facilitate health equity for Iowa's multicultural communities.
- ✓ In 2010, OMMH received its first federal DHHS OMH State Partnership Grant. In 2011, OMMH in contractual agreement with the University of Northern IA completed a 3-phase goal of establishing the opportunity for 6 regional public health minority health coalitions.
- ✓ In 2012, OMMH received a DHS, OMH National Plan for Action award to increase education and awareness efforts to end health disparities. Over 40,000 informational postcards and bookmarks were distributed with the <http://minorityhealth.hhs.gov/npa> web site link for free materials and toolkit resources.

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

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

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

What do we do?

- Work with companies, communities, faith-based groups, and others across Iowa to develop strategies for providing culturally and linguistically appropriate services.
- Coordinate and provide education and training in culturally and linguistically appropriate health care and service delivery to any state, local, or regional agency, program, or institution.
- Assure access to networks, contacts, and resources necessary to apply for local, regional, and federal grants and awards.
- Assure a comprehensive health assessment for newly arriving refugees. Work with partnering agencies to assure appropriate health services are received.
- Provide information to the public about health disparities.
- Plan, evaluate, assess, and research health disparities.
- Develop legislation, rules, and policies related to health disparities.
- Work with and provide links to communities, local agencies and programs, and regional and federal entities to address the health issues that affect Iowa's minority, immigrant, and refugee populations.

How do we measure our progress?

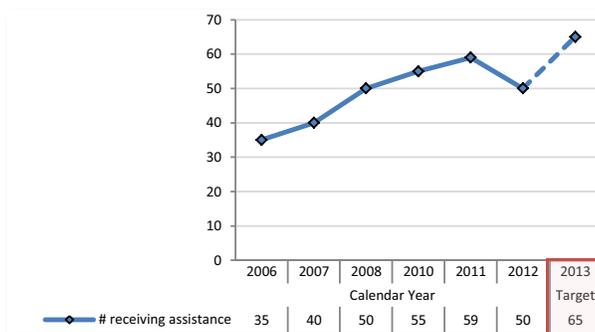
1 Number of state and local programs and organizations that have received technical assistance, resources, or training about multicultural health issues and services.

Data Source: OMH records. Data are available annually.

How are we doing? In 2012, the Executive Director of IDPH, OMMH received the Iowa Juneteenth Observance James Derham Award in acknowledgment of her outstanding service and contributions to the field of health in Iowa. James Derham was the first African American physician in the United States.

In 2012, we provided technical assistance and facilitated a workshop for 50 community-based organizations, and maintained a positive and productive relationship with undergraduate students of diversity at Cornell College in Mt. Vernon Iowa in the areas of health related diseases and prevention of their on-set. In partnership with Northern Plains and the Iowa Comprehensive Cancer Consortium, we held Native American Cancer Support Group leadership training and from that have developed the Native American Cancer Support Group Coalition. In partnership with Community Health Partners of Sioux County Public Health, we continue to provide assistance with the Latino's Women's Support Services Coalition.

Within this same year, the OMMH lending library for the video "UNNATURAL CAUSES" has increased with 10 videos available in addressing health equity to any of the Maternal and Child Health contractors to address the state performance measure number #3. This tool is also available to any community based or public health agency.



What can Iowans do to help?

1. All Iowans can become more aware of the health care and access needs of Iowa's minority, immigrant, and refugee residents.
2. All Iowans can build public, professional, and policymaker support for programs and policies to improve the health of minorities, immigrants, refugees, and their families.
3. Iowa organizations can do more to recruit and retain racial and ethnic minorities as health and human service providers.

Expenditures

Federal funds: 0153-0404/0948/0952

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$0	\$0	\$0
Federal funds	\$148,859	\$153,251	\$284,820
Other funds	\$8,456	\$6,006	\$4,217
Total funds	\$157,315	\$159,257	\$289,037
FTEs	1.09	0.89	0.65

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

Iowa Board of Nursing

Phone: 515-281-3255
nursing.iowa.gov

Promoting & Protecting the Health of Iowans



They are there when you are born, when you are ill, and often, when you die. They are the thousands of dedicated nurses in Iowa who provide care at all stages of life.

Every Iowan deserves to be treated by nurses who are competent and licensed to work within their authorized scope of practice. The Iowa Board of Nursing ensures all nurses practicing in Iowa are qualified and competent. If an individual has a concern, the Board investigates complaints to protect the health of Iowans. Ninety-seven percent of complaint investigations are completed within 18 months.

The Iowa Board of Nursing works to make certain all Iowans receive the highest quality of nursing care.

Did you know? There are over 59,000 nurses providing health services in Iowa.

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

- Iowans deserve care from qualified professionals.
- Iowans deserve protection from care that does not meet standards, including timely investigations of complaints about nursing practice, and discipline of nurses who are found to have violated the law.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

What do we do?

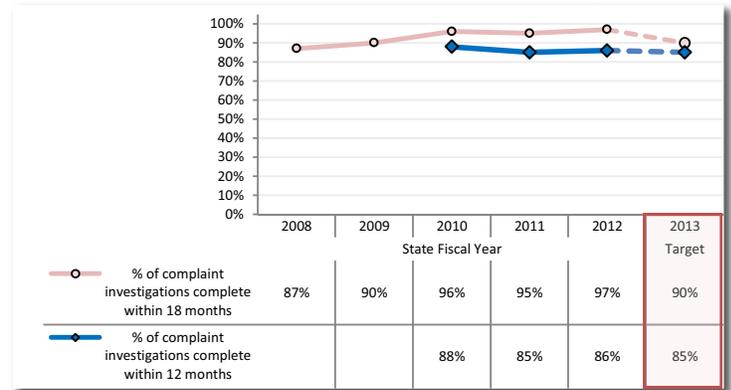
- License nurses who meet requirements.
- Approve nursing education programs.
- Approve continuing education providers.
- Promulgate rules and regulations to carry out the mandate of the laws.
- Investigate complaints and monitor disciplined licensees.
- Prosecute nurses whose practice is out of compliance with Iowa Code and Iowa Administrative Code.
- Enforce nursing continuing education requirements.
- Maintain licensee records.

How do we measure our progress?

Percent of complaint investigations that are completed within 12 or 18 months of receiving the complaint.

Data Source: Enforcement Case Assignment Spreadsheet. Data is available annually or by Fiscal Year.

How are we doing? During SFY2012, 86% of complaint investigations were completed within 12 months of receiving a complaint. The target for SFY2013 will be to complete 85% of complaint investigations within 12 months of receiving a complaint and 90% within 18 months. These goals were achieved in both SFY2011 and 2012. The Board of Nursing had 1,020 complaint cases filed and opened in SFY2012, versus 1074 in SFY2011 and 852 in SFY2010.



What can Iowans do to help?

1. Iowans and employers may contact the Iowa Nursing Board for information regarding discipline history or may retrieve discipline documents through our website nursing.iowa.gov.
2. Iowans may report nurses whose practice does not appear to meet minimum qualifications by calling 515-281-3255, emailing enforce@iowa.gov or completing a complaint form at our website nursing.iowa.gov.
3. Iowa nurses are required to report other nurses whose practice does not meet minimum standards.

Expenditures

Retained fees*: K19-2082

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$0	\$0	\$0
Other funds*	\$2,114,455	\$2,145,253	\$3,330,000
Total funds	\$2,114,455	\$2,145,253	\$3,330,000
FTEs	20.41	20.25	22.60

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

Nutrition & Physical Activity

Promoting & Protecting the Health of Iowans

Division of Health Promotion & Chronic Disease Prevention
Phone: 515-281-6650
www.idph.state.ia.us/iowansfitforlife
www.idph.state.ia.us/nutritionnetwork



This year, the Iowa Nutrition Network conducted a point-of-purchase intervention at six high-volume grocery stores. The intervention included fresh, colorful signage and monthly demonstrations and tastings to engage shoppers. Signage in the produce department promoted fruit and vegetables through the social marketing campaign, Pick a **better snack™** & Act. Signage in the dairy department was staged with messages from the Network's low-fat milk campaign, *Their bodies change, so should their milk*. Messages and signage reinforce information delivered through school-based nutrition education and intervention in the retail environment is proven to be a powerful method of influencing consumer behavior. Initial sales data show that the average increase in sales of fruits and vegetables offered at demonstrations was 40%.

Did you know? 65% of adult Iowans are overweight or obese, up from 55% in 1995.

Why is Nutrition and Physical Activity important to promoting and protecting the health of Iowans?

- Obesity-related health problems cost Iowans \$783 million each year. Medicaid and Medicare cover about 46% of these costs.
- The rate of overweight and obese Iowans has dramatically increased among adults, teens, and children.
- Less than 14% of Iowans eat fruits and vegetables five or more times per day.
- In 2011, 74% of Iowa adults reported engaging in some sort of physical activity for exercise during the past month (other than their regular job).
- Iowans in poverty are less likely to eat nutritious foods than those with higher incomes. Iowans with incomes less than \$15,000 per year are more likely to be obese.
- Environments that support physical activity and proper nutrition provide a better quality of life for Iowans.
- Iowans who are physically active and eat nutritious foods are at a decreased risk for overweight and obesity, as well as cardiovascular disease, diabetes, cancer and osteoarthritis.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy behaviors

What do we do?

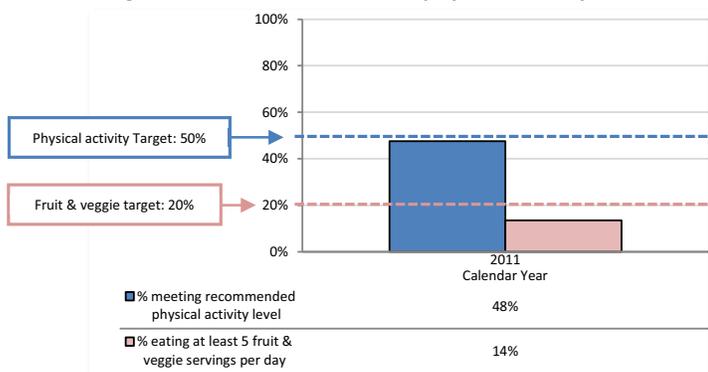
The vision of the Health Promotion Unit at IDPH is "healthy Iowans living in healthy communities." Programs within the Health Promotion Unit include 1) Iowans Fit for Life, 2) Iowa Nutrition Network, 3) Community Transformation, and 4) Healthy Communities. Key program initiatives:

- Make it easier for Iowans to eat well, be physically active, live smoke-free, and access preventive screenings. The healthy choice should be the easy choice.
- Bring state and local partners together to build networks dedicated to healthy eating and physical activity.
- Provide funding and support to create healthier environments where Iowans live, work, and play.
- Provide resources for communities and organizations to support improvements in nutrition and physical activity environments.

How do we measure our progress?

Percent of Iowa adults...

- ❶ eating 5 or more servings of fruits and vegetables per day.
- ❷ meeting the recommended level of physical activity.

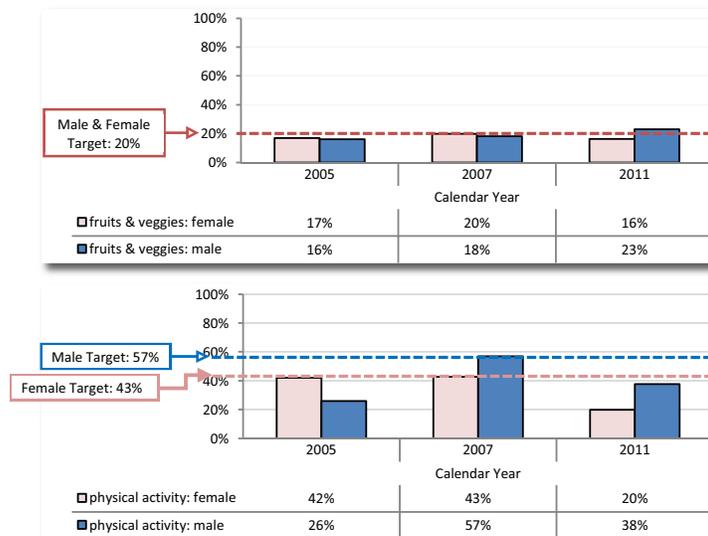


Data Source: Behavioral Risk Factor Surveillance System (BRFSS). Data are available every two years.

How are we doing? Healthy Iowans has the objective of 20% of Iowans eating five or more fruit and vegetables per day. The figure obtained from Iowa BRFSS of 14% falls far short of this goal. Only 48% of Iowans are getting the recommended physical activity. Nationally, Iowa ranked almost at the median on not engaging in leisure time physical activity. Iowa was at 25.9%, while the median for the nation was at 26.2%.

Percent of students...

- ❸ who ate 5 or more servings of fruits and vegetables per day during the past 7 days.
- ❹ who were physically active for a total of 60 minutes or more per day on 5 or more of the past 7 days.



Data Source: Youth Risk Behavior Surveillance System (YRBSS). Data are available every two years.

How are we doing? Overall, 19.7% of students in grades 9 through 12 reported eating five or more servings of fruit and vegetables per day during the past seven days. 29.1% of students reported being physically active for a total of 60 minutes or more per day on five or more of the past seven days. This represents a decrease from almost 50% in 2007.

What can you do to help?

- Find out about resources that encourage healthy communities. Go to: www.idph.state.ia.us/pickabettersnack, www.idph.state.ia.us/iowansfitforlife, and www.idph.state.ia.us/CTG/Default.aspx
- Share up-to-date nutrition information from the monthly Chef Charles newsletters that are written for older adults. Go to: www.idph.state.ia.us/nutritionnetwork/chef_charles.asp
- Join a local coalition that promotes community health and wellness, encourage a friend to join you in healthy activities, and be an ambassador of wellness.

Expenditures

Health Promotion: general fund, federal funds, & private grants*: K05-0609; 0153-0562/0564/0752/0920/0924/0926/0934/0940/0944.

Iowa Nutrition Network: intra state receipts* (Dept of Human Services) 0153-1108/1112.

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$737,717	\$107,325	\$111,995
Federal funds	\$1,705,225	\$2,197,984	\$3,687,108
Other funds*	\$1,475,127	\$1,657,071	\$1,691,647
Total funds	\$3,918,069	\$3,962,380	\$5,490,750
FTEs	14.36	12.36	12.90

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

Oral Health

Promoting & Protecting the Health of Iowans

Division of Health Promotion & Chronic Disease Prevention
Phone: 515-242-6383
www.idph.state.ia.us/hpcdp/oral_health.asp



Smile! Everyone wants a bright, beautiful smile. But oral health is more than straight, shiny-white teeth. Did you know poor oral health in children can affect speech development? And, that 51 million school hours are lost each year to dental-related illness? Did you know poor oral health in adults has been linked to heart disease? Unfortunately, getting needed dental care is difficult for low-income and uninsured families in Iowa. The Oral Health Center within the IDPH Bureau of Oral and Health Delivery Systems has programs that work to improve the oral health of all Iowans, regardless of income.

The Oral Health Center (OHC) encourages local public health partners to provide preventive services, like fluoride applications and dental sealants, and to provide education and assist families in making dental appointments. As a result, more than twice as many Medicaid-enrolled children are receiving dental care than in 2000.

Expanding access to oral health care for all Iowans is truly something to smile about.

Did you know? Nearly 95% of Iowa children have health insurance, but only about 85% have insurance for dental care.

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

- Oral health directly affects the health and wellness of all Iowans.
- Cavities can be prevented.
- 14% of Iowa third-graders have untreated cavities; nearly one out of every five low-income children has untreated cavities.
- Many families don't know about the importance of oral health and know little about proper oral hygiene and preventive care.
- Access to dental care is a major problem for low-income Iowa families. For children on Medicaid, 47% go without any dental services at all.
- Early access to preventive dental services saves money! For at-risk children, having fluoride applications as soon as teeth erupt reduces the chance that teeth get decayed and need fillings or crowns. A fluoride application costs just \$14. A small filling costs more than 3 times that.
- Iowa's dental workforce is aging and decreasing in number, particularly in rural parts of the state.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy behaviors

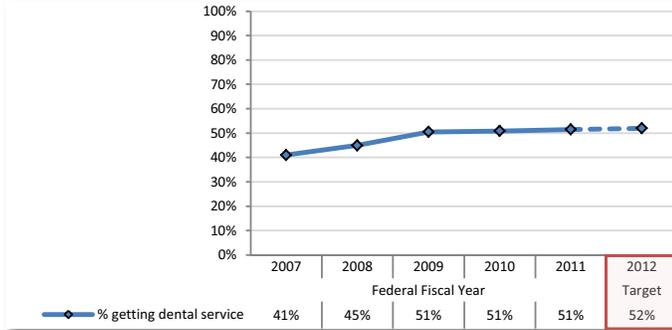
Strengthen the public health infrastructure

What do we do?

- Coordinate the I-Smile™ program, which helps local public health partners promote oral health, provide preventive services, and educate the public about the importance of early and regular oral health care.
- Increase awareness of children's oral health with physicians, nurses, and physician assistants, and train them to provide oral screenings and preventive care for families.
- Work with local public health partners to help families make appointments and find payment sources for dental care.
- Provide funding to public health agencies to provide screenings and dental sealants to low-income, uninsured, and underinsured children in grades 2-8.
- Coordinate oral health surveillance to monitor and track Iowans' oral health status and ability to access and pay for care.
- Oversee the school dental screening requirement for children newly enrolling in elementary and high school.
- Track services provided by dental hygienists working under public health supervision, to assure limited services are provided to underserved families.

How do we measure our progress?

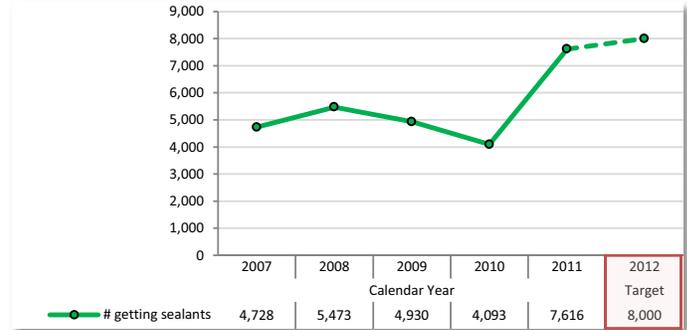
1 Percent of Medicaid-enrolled children ages 1-5 who get a dental service.



Data Source: Centers for Medicare & Medicaid Services (CMS) Form 4.16. Data are available annually. FFY 2012 data are not yet available.

How are we doing? Gains have been seen annually. Since 2006, I-Smile™ is helping us achieve a larger annual increase.

2 Number of children ages 0-20 getting dental sealants from hygienists practicing under public health supervision.



Data Source: IDPH Public Health Supervision year-end reports. Data are available annually.

How are we doing? Public health supervision has been allowed since 2004. In calendar year 2011, 7616 children received sealants.

What can Iowans do to help?

1. Learn about the importance of good oral health and how to keep your mouth healthy.
2. Use the Oral Health Center as a trusted source for oral health information and policy development.
3. Encourage sufficient funding for the Oral Health Center to help the success of its programs.

Expenditures

General fund, federal funds, intra state receipts* (Dept of Human Services), & private grants*. State funds are used for a 25% match for the Title V Maternal & Child Health Block Grant: K05-0503/0561; 0153-0502/0520/1110.

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$310,931	\$309,746	\$276,274
Federal funds	\$572,639	\$496,845	\$461,354
Other funds*	\$1,950,426	\$1,926,354	\$1,995,351
Total funds	\$2,833,996	\$2,732,945	\$2,732,979
FTEs	7.32	6.44	6.50

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

Iowa Board of Pharmacy

Phone: 515-281-5944
www.iowa.gov/ibpe

Promoting & Protecting the Health of Iowans



A doctor may write the prescription to cure what ails you, but it's up to your local pharmacist to fill that prescription to the exact specifications of the physician. Pharmacists play a critical role in protecting the health of Iowans. The Iowa Board of Pharmacy assures the public that only qualified, competent pharmacists practice in Iowa.

The Iowa Board of Pharmacy strives to issue licenses and registrations quickly and efficiently. In addition, the Board receives and investigates complaints from Iowans, and when necessary, disciplines pharmacists who have broken the law.

With more than 3,000 licensed pharmacists in Iowa, the Board of Pharmacy works to ensure each provides quality health services to Iowans.

Did you know? There are over 3,400 licensed pharmacists in Iowa.

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

- The Iowa Board of Pharmacy licenses pharmacists to ensure Iowans receive competent, qualified care.
- The Iowa Board of Pharmacy helps pharmacists who are battling addiction. Research shows that monitoring programs for impaired pharmacists are highly effective in reducing relapse.
- Licensure is an effective way to keep untrained and unethical individuals from practicing pharmacy in Iowa.

Which Iowa Public Health Goals are we working to achieve?

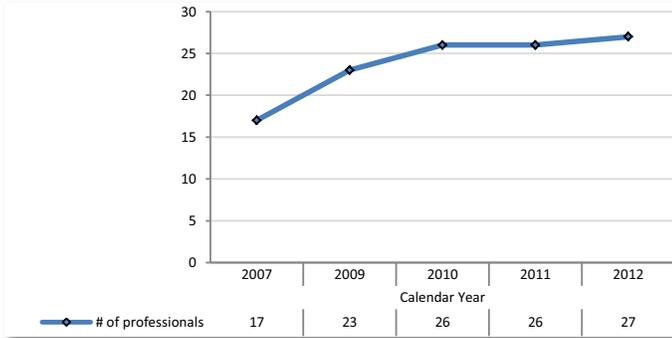
Strengthen the public health infrastructure

What do we do?

- License health professionals.
- Investigate complaints about health professionals.
- Discipline health professionals who have broken the law.
- Provide licensure and discipline data to the public, employers, and credentialers.
- Monitor disciplined and impaired health professionals so they can return to practice as soon as it is safe to do so.
- Speak to professional groups, students, and the public.
- Ensure the safe distribution of effective prescription drugs in Iowa.

How do we measure our progress?

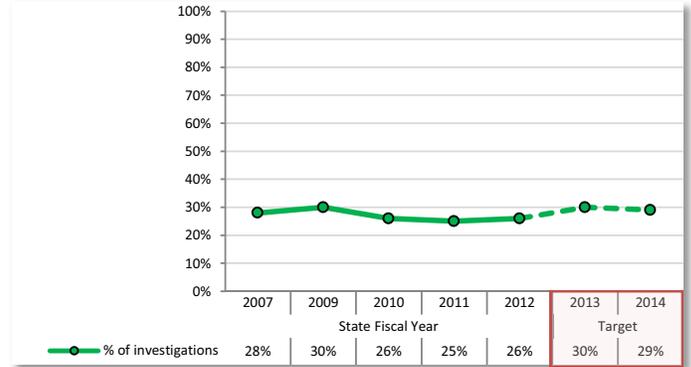
1 Number of professionals participating in the Iowa Pharmacy Recovery Network (IPRN).



Data Source: Manual counts. Data are available annually.

How are we doing? Participation in the IPRN is increasing.

2 Percent of investigations resulting in formal discipline.



Data Source: Board database. Data are available annually.

How are we doing? The percentage of investigations resulting in formal discipline is steady at about 30%.

What can Iowans do to help?

1. All Iowans can contact the Iowa Board of Pharmacy to verify that a pharmacist license is in good standing. For information, call 515-281-5944 or check the Board's online verifications at www.iowa.gov/ibpe/verification.html.
2. Health professionals can learn about ethics and rules.
3. Health professionals and their employers can go to www.iowarecovery.org to learn how to use the programs created to help impaired or potentially impaired professionals.

Expenditures

Retained fees*: K19-2092

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$0	\$0	\$0
Other funds*	\$1,619,558	\$2,495,030	\$4,563,054
Total funds	\$1,619,558	\$2,495,030	\$4,563,054
FTEs	12.17	14.88	16.00

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

Prescription Services

Promoting & Protecting the Health of Iowans

Division of Acute Disease Prevention & Emergency Response/Behavioral Health

TB – Phone: 515-281-7504 www.idph.state.ia.us/ImmTB/TB.aspx

STD – Phone: 515-281-3031 www.idph.state.ia.us/HivStdHep/



If money is tight, it can be difficult to pay for a trip to the doctor. But what if you are diagnosed with a disease that requires expensive medications? How will you pay for that, too? The Prescription Services program is there to help, providing free treatment for Iowans with an STD or with TB infection or disease.

By treating 2,000 Iowans a year for latent TB infection, approximately 200 infectious cases of TB are avoided each year. The program also provides treatment for about 7,000 Chlamydia cases per year at a cost of \$1.81 per case per Iowan and over 1,000 cases of gonorrhea at a cost of \$3.30 per case per Iowan. For Iowans not treated soon enough, 10% will develop a serious complication called Pelvic Inflammatory Disease, costing at least \$1,167 per patient to treat.

Proper treatment prevents exposing others to diseases and their complications. The Prescription Services program provides treatment free of charge because going without treatment can be much more costly.

Did you know?

Each year, this program provides medication to treat more than 20,000 Iowans for sexually transmitted diseases and TB infection and disease.

Why are Prescription Services important to promoting and protecting the health of Iowans?

- TB disease remains a public health problem in Iowa with an average of 44 new cases reported every year. Many Iowans are infected by TB, but haven't developed symptoms (latent TB infection or LTBI) and will need antibiotics to prevent them from getting the disease. About 150,000 Iowans are currently infected with TB.
- More than half of all Iowans will have an STD sometime in their life.
- Children and young adults are particularly at risk for STDs. In 2010, 74% of reported Chlamydia cases were among 15 to 24 year olds.
- Untreated STDs can lead to serious, even life-threatening complications.
- Early treatment saves money! For example, treating someone with a latent TB infection costs about \$15. Treating someone who has developed TB disease costs \$2,000.

Which Iowa Public Health Goals are we working to achieve?

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

What do we do?

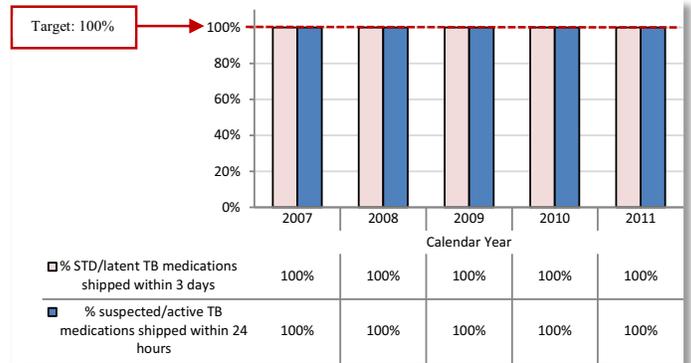
- Provide treatment for 2,000 Iowans with LTBI or TB disease each year.
- Provide treatment for more than 15,000 Iowans infected or exposed to chlamydial infection, gonorrhea, and syphilis each year.
- Ensure medications for active and suspected cases of TB are shipped within 24 hours of the prescription being written.
- Ensure medications for STD and LTBI are sent within three working days of the prescription being issued.
- Federal STD and TB grant funds cannot be used to buy medications for treating STD and TB patients. The Prescription Services program pays for medications that federal funds won't cover.

How do we measure our progress?

1. Percent of STD and latent TB infection medications shipped within three working days of the prescription request.
2. Percent of medications for suspected/active cases of TB disease shipped within 24 hours of the prescription request.

Data Source: Contract pharmacy database. Data are available monthly.

How are we doing? 100% of medications are shipped within the desired timeframe.



What can Iowans do to help?

1. Iowans of all ages should use safer sex practices, such as choosing one partner and knowing them well, regularly and correctly using latex condoms, or refraining from sex completely.
2. Iowans at risk of getting an STD should be tested, and if necessary, treated for STDs. To learn what puts you at risk of getting an STD, go to www.idph.state.ia.us/HivStdHep/.
3. Maintain a healthy lifestyle, especially when visiting countries where TB is common.
4. Health care professionals need to know about the availability and benefits of the program. Lack of awareness adversely affects Iowans who have no insurance or are underinsured.
5. Advocate for an increase in funding to continue these services. The rising costs of medication and no increases in program funding means fewer Iowans can be served each year.

Expenditures

General fund: K15-1541

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$112,492	\$107,136	\$105,095
Total funds	\$112,492	\$107,136	\$105,095
FTEs	0.00	0.00	0.00

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

Iowa Department of Public Health ♦ Division of Acute Disease Prevention & Emergency Response/Behavioral Health ♦ Prescription Services

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

STD – Phone: 515-281-3031 ♦ Fax: 515-281-0466 ♦ www.idph.state.ia.us/HivStdHep/

TB – Phone: 515-281-7504 ♦ Fax: 515-281-4570 ♦ www.idph.state.ia.us/ImmTB/TB.aspx

Professional Licensure

Promoting & Protecting the Health of Iowans

Division of Administration & Professional Licensure

Phone: 515-281-0254

www.idph.state.ia.us/licensure



When you go to a health provider, you expect a certain level of knowledge, competency, and ethical standards. In other words, you expect someone who knows what they're doing, and who does it in a courteous, professional manner. The IDPH Bureau of Professional Licensure works to protect the public and improve access to quality health services by licensing qualified professionals.

The Bureau of Professional Licensure also strives to make the process of licensing more convenient for professionals. Online license renewal and e-payment services have begun, with the goal of a modernized Web-based program that will allow license renewal in real time from any location.

The Bureau of Professional Licensure works to help ensure consistency and quality in Iowa health services.

Did you know?

You can verify the licensure status of any person or business regulated by the Bureau of Professional Licensure by name or license number. Go to www.licensediniowa.gov.

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

- Thousands of Iowans rely on the 44,000 professionals and 5,900 businesses regulated by Professional Licensure.
- All Iowans benefit when health care is provided by competent, ethical professionals who hold active licenses.
- Open records and open meetings let the public have input into licensure requirements, rulemaking, continuing education, and discipline of licensees and businesses.
- Licensure boards are made up of professionals and public members who make sure licensure standards are safe, effective, and clearly communicated to the public.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

What do we do?

- Process applications for initial licensure, license renewal, and reactivation of licenses.
- Coordinate, and in some cases, conduct examinations for licensure.
- Determine eligibility for licensee participation in the Volunteer Health Provider Program.
- Address all complaints and implement discipline at the licensing board's direction.
- Provide executive support to 19 licensure boards and direct services to licensees practicing in Iowa in the following professional categories:

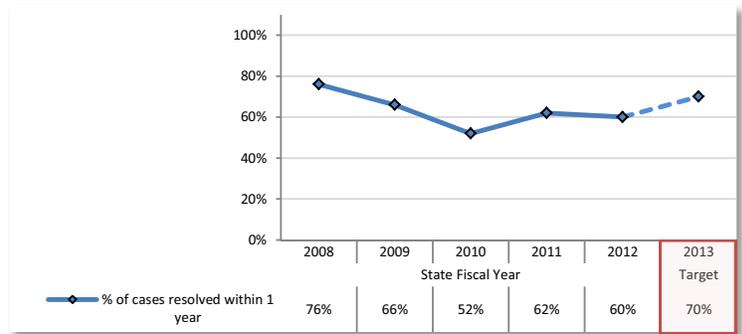
Athletic Training	Massage Therapy	Podiatry
Barbering	Mortuary Science	Psychology
Behavioral Science	Nursing Home Administrators	Respiratory Care Practitioners
Chiropractic	Optometry	Sign Language Interpreters & Translitterators
Cosmetology Arts & Sciences	Physician Assistants	Speech Pathology & Audiology
Dietetics	Physical & Occupational Therapy	Social Work
Hearing Aid Dispensing		

How do we measure our progress?

1 Percent of cases resolved within one year of receiving a complaint.

How are we doing? The boards respond to 100% of signed complaints. Following board review, some cases are referred for investigation to the Iowa Department of Inspections and Appeals. The overall number of investigations remains relatively constant. Resolution of a case within one year is related to the complexity of the complaint and the availability of evidence to make an informed decision.

In FY12, the 19 boards received 394 complaints. Of these cases, there were 121 administratively initiated failed audits. For the remaining 273 cases, 163 (60%) were resolved within one year. From July 2011 to June 2012, 155 cases were submitted for investigation and 156 investigations were completed.



Data Source: Bureau database. Data are available monthly.

What can Iowans do to help?

1. Iowans are encouraged to report incompetent or unethical practice. Contact the board office by telephone at 515-281-0254 or submit a complaint online at www.idph.state.ia.us/licensure.
2. Professional organizations can inform the professional boards about current and emerging practices.
3. Educators can attend open meetings to share new teaching methods and trends with the boards.

Expenditures

Retained fees: K19-2054

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$0	\$0	\$0
Other funds*	\$1,992,274	\$2,417,995	\$3,200,000
Total funds	\$1,992,274	\$2,417,995	\$3,200,000
FTEs	15.00	16.09	16.00

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

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

Phone: 515-281-0254 ♦ Fax: 515-281-3121 ♦ www.idph.state.ia.us/licensure

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

Radiological Health

Division of Environmental Health
Phone: 515-281-3478
www.idph.state.ia.us/eh/radiological_health.asp

Promoting & Protecting the Health of Iowans



You can't see, smell, hear, or feel it. It can save lives, but also endanger lives. The use of radiation must be carefully monitored. The IDPH Bureau of Radiological Health protects Iowans from unnecessary and potentially harmful exposure to radiation.

The machines that produce radiation (like x-ray or mammography machines) and the people who use them are tested and certified to ensure Iowans are being treated by qualified professionals with safe equipment.

You've probably heard of radon – a naturally occurring gas that seeps into homes and can cause lung cancer. The Bureau of Radiological Health licenses experts who can stop radon from getting into a home. IDPH works each day to protect the health of Iowans – even when the "enemy" is invisible!

Did you know?

In 1986, the state of Iowa entered into an agreement with the U.S. Nuclear Regulatory Commission to protect the health and safety of Iowans by regulating radioactive material in Iowa.

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

- Exposure to radiation in large amounts can cause immediate and long-term health effects, including cancer and death.
- Iowans could be exposed to radiation at any time each day because of the common use of industrial and medical radioactive materials and machines.
- Radiation occurs naturally in the environment; however, anything beyond this natural exposure may be unnecessary and could be harmful.
- Iowa has one of the highest rates of indoor radon levels in the country.
- High quality mammography machines and images are essential to finding breast cancer early.
- Iowans of all ages are at risk for over-exposure to ultraviolet light from tanning beds.

Which Iowa Public Health Goals are we working to achieve?

Protect against environmental hazards

Strengthen the public health infrastructure

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

Promote healthy behaviors

What do we do?

- Inspect, test, accredit, and certify mammography facilities, machines, radiologists, and technologists.
- Issue Permits to Practice for individuals who operate or use ionizing radiation producing machines or administer radioactive material for diagnostic or therapeutic purposes.
- Coordinate radiation emergency response by working with local, county, state, and federal agencies in case of an accident.
- License, register, and inspect facilities that use radioactive materials.
- Educate Iowans about radon gas and credential radon measurement and mitigation specialists.
- Register tanning bed facilities and post health information about the risks of tanning.
- Register X-ray producing machines.
- Investigate allegations and complaints regarding radioactive material and radiation producing machines.

▶ How do we measure our progress?

- The U.S. Nuclear Regulatory Commission (NRC) oversees the Iowa radioactive material (RAM) program and conducts an Integrated Material Performance Evaluation Program (IMPEP) review every three years. The Iowa RAM program successfully completed two consecutive IMPEP reviews scoring SATISFACTORY for all performance indicators.

Due to the outstanding score of the IMPEP reviews, the Iowa RAM program was the first agreement state program to receive an extension by the NRC for the next IMPEP review.

- The Food and Drug Administration (FDA) oversees the Iowa mammography program and conducts an annual review. The Iowa mammography program consistently meets or exceeds the requirements set by the FDA.

The Iowa program annually inspects 139 mammography facilities including 166 mammography units and 25 stereotactic facilities. To continue providing services to Iowans, the facilities must correct all non-compliances that are found.

▶ What can Iowans do to help?

1. All Iowans can make themselves aware of the possibility of exposure to radiation, especially from medical procedures.
2. All Iowans can report any misuse of radioactive materials or ionizing radiation producing machines by contacting the Bureau of Radiological Health at 515-281-3478 or melanie.rasmusson@idph.iowa.gov.
3. All Iowans should learn about radon gas and how to test for it in their homes. For more information about radon, visit www.idph.state.ia.us/eh/radon.asp.

▶ Expenditures

Federal funds, intra state receipts* (Dept of Public Defense), private grants*, & retained fees*: K19-1915/1920; 0153-1922/1926.

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$0	\$0	\$0
Federal funds	\$250,074	\$252,195	\$242,143
Other funds*	\$1,137,258	\$1,168,934	\$1,367,104
Total funds	\$1,387,332	\$1,421,129	\$1,609,247
FTEs	12.14	11.00	12.75

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

Iowa Department of Public Health ♦ Division of Environmental Health ♦ Radiological Health
 Phone: 515-281-3478 ♦ Fax: 515-281-4529 ♦ www.idph.state.ia.us/eh/radiological_health.asp
 5th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

Mammography – Phone: 515-281-0405

Radioactive Materials – Phone: 515-281-0419

Tanning Facilities – Phone: 515-281-0415

Permits to Practice – Phone: 515-281-0415

Radon – Phone: 1-800-383-5992 or 515-281-4928

X-Ray Machines – Phone: 515-281-0415

Radiation Emergency Response – Phone: 515-281-3478

Sexually Transmitted Disease Prevention

Promoting & Protecting the Health of Iowans

Division of Behavioral Health
Phone: 515-281-4936
www.idph.state.ia.us/HivStdHep/



These diseases very often have no symptoms. However, without early testing and treatment, complications can include Pelvic Inflammatory Disease (PID), chronic pelvic pain, tubal pregnancy, infertility, infant infection during childbirth, increased risk for HIV infection, and even death. Sexually transmitted diseases (STDs) are a significant health threat in Iowa with nearly 13,000 STD infections diagnosed and treated in 2011. The STD Prevention Program works to stop the spread of STDs in Iowa through reducing the number of Iowans who are unknowingly infected and providing treatment for those who are diagnosed with or suspected to have an STD.

One of the best ways to find undetected STD is to screen patients during annual exams and to find, test, and treat the partners of people who test positive. The STD Program maintains a screening collaborative with 68 public clinics across Iowa targeting those most at risk for adverse outcomes of undetected infection. In both the public and private sectors, the STD Program offers technical assistance for sexual health program development, promotes clinician/patient dialogue about STD prevention, and ensures proper testing and treatment of exposed partners.

Did you know?

About 75% of reported chlamydia cases and about 65% of reported gonorrhea cases are found in young Iowans ages 15 to 24.

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

- STD cases have increased steadily over the last 10 years. The increases have many causes, but much of it is due to cases that are not diagnosed until one partner has already infected others. Additionally, the asymptomatic nature of STDs like chlamydia means that many young, sexually active Iowans are unknowingly infected and can easily spread the infection to partners. Early testing and treatment is important.
- In the majority of STD infections, such as chlamydia, gonorrhea, and certain stages of syphilis, there are no symptoms, yet there can be internal damage that is irreversible.
- National studies suggest that every dollar spent on STD education and prevention saves an estimated \$43 on complications that can lead to hospitalization, surgery, infertility/sterility, and death.

Which Iowa Public Health Goals are we working to achieve?

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

What do we do?

- Provide funding for testing supplies and patient and provider education at 68 STD testing sites across Iowa.
- Offer confidential partner notification and counseling statewide to inform persons who might not otherwise know they have been exposed to an STD.
- Provide treatment medications at no expense to Iowans with STDs to stop the spread of disease.
- Monitor the number of reportable STD cases and types of risk behaviors to provide appropriate educational programs and community outreach.
- Offer technical assistance to clinics, hospitals, and laboratories to ensure correct identification, treatment, and follow-up care of STD patients.
- Identify and contain STD outbreaks to prevent further spread of infection.
- Develop and enforce legislation, rules, and policies to address emerging trends in STD transmission.

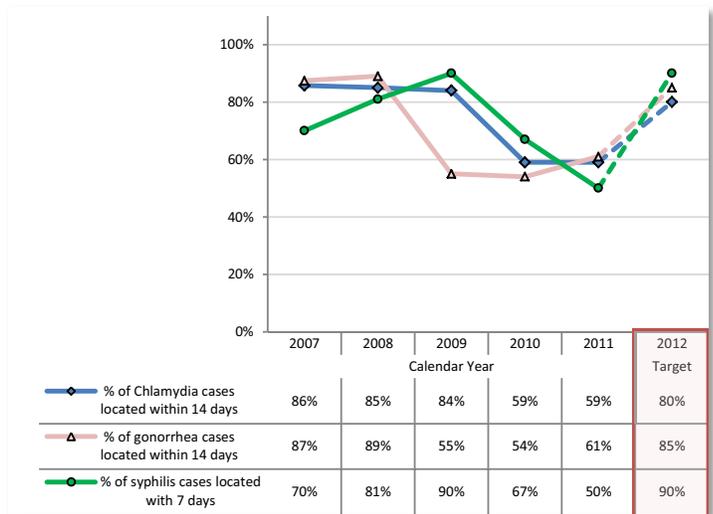
How do we measure our progress?

- ❶ Percent of all reported infectious cases of syphilis located by state and local disease prevention specialists (DPS) within seven working days.
- ❷ Percent of all reported cases of gonorrhea located by state and local DPS within 14 working days.
- ❸ Percent of all priority** cases of chlamydia located by state and local DPS within 14 working days.

Data Source: STD surveillance program and Iowa Disease Surveillance System. Data are available monthly and sent to state DPS and local health department clinic supervisors.

** Due to the high volume of chlamydia cases, not all are located. Priority cases include those under age 18, pregnant, co-infected with another STD, re-infected, not treated by the provider, and/or specifically requested by the provider.

How are we doing? Better collaboration with medical providers and laboratories, combined with better use of the Internet to locate persons in need of services, will allow for improvements in the number of persons with syphilis located within 7 days. The ability to find persons with gonorrhea will improve for the same reasons. A steady increase in the number of chlamydia cases, coupled with a decrease in resources to investigate these cases, has prompted the STD Prevention Program to assign only certain priority cases to public health investigators for follow-up.



What can Iowans do to help?

1. Promote medically accurate, comprehensive sexual education for youth. Sharing correct and complete information with those most at risk for infection has been shown to help those persons make different decisions about the behaviors that put them at risk.
2. Iowans of all ages should use safer sex practices, such as choosing only one partner and knowing them well; regularly and correctly using latex condoms; or refraining from sex completely.
3. Iowans at risk of getting an STD should be tested, and, if necessary, treated for STDs. To learn what puts you at risk for an STD, go to www.idph.state.ia.us/HivStdHep/.
4. Health care providers, correctional systems, and educational systems should contact the IDPH STD Prevention Program at 515-281-4936 to get information about STD prevention.

Expenditures

General fund & federal funds; State funds are used for a 75% match for the Title V Block Grant: K15-1563; 0153-1564

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$60,613	\$56,842	\$56,390
Federal funds	\$850,129	\$621,340	\$721,285
Total funds	\$910,742	\$678,182	\$777,675
FTEs	3.11	2.96	3.50

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

Iowa Department of Public Health ♦ Division of Behavioral Health ♦ Sexually Transmitted Disease Prevention

Phone: 515-281-3031 ♦ Fax: 515-281-0466 ♦ <http://www.idph.state.ia.us/HivStdHep/>

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

Substance Abuse & Gambling Treatment Programs Licensure

Promoting & Protecting the Health of Iowans

Division of Behavioral Health
Phone: 515-242-6161
www.idph.state.ia.us/bh/admin_regulation.asp



The decision to seek help for substance abuse or problem gambling can be difficult. Finding a licensed and qualified treatment program should not be. The department's Bureau of Substance Abuse licenses substance abuse and problem gambling programs to help ensure Iowans receive quality treatment.

Did you know?

Iowa currently has 119 licensed substance abuse assessment and treatment programs, with services available to residents of every county. Eleven of those programs are funded to provide substance abuse treatment and problem gambling treatment services statewide.

Why is regulating Substance Abuse & Gambling Treatment Programs important to promoting and protecting the health of Iowans?

- Addiction to substances and problem gambling affect the health, family relationships, and employment of too many Iowans. Addiction sometimes leads to problems with the law.
- Substance abuse and problem gambling impact all Iowans. In SFY 2012, 51,906 Iowans contacted an addictions professional for an assessment were admitted to some level of treatment. 388 Iowans were admitted to gambling treatment.
- Iowa has experienced an epidemic of methamphetamine abuse. Over 5,000 Iowans entered treatment because of meth use in SFY2012
- Alcohol continues to be the most abuse substance for Iowans. Marijuana is the second most common drug of abuse and Methamphetamine is third.
- Iowa law requires licensing of substance abuse and gambling treatment programs.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

Promote healthy behaviors

What do we do?

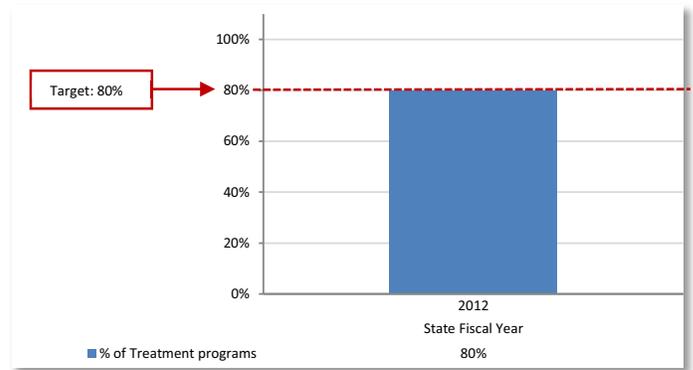
- Onsite licensing inspections of substance abuse and problem gambling treatment programs to assure they meet rules and regulations
- Complaint investigations and recommendations to the State Board of Health Substance Abuse Problem Gambling Program Committee for possible discipline.
- Technical assistance to substance abuse and problem gambling treatment programs on operating and evaluating their services.
- Maintain a complete list of licensed programs, their status, and available services as a resource to the public.
- To learn more, go to www.idph.state.ia.us/bh/admin_regulation.asp.

▶ How do we measure our progress?

❶ Percent of treatment programs (substance abuse and problem gambling) with 3-year or deemed status licenses.

Data Source: Licensed SA & Gambling Treatment Programs List (see www.idph.state.ia.us/bh/admin_regulation.asp). Data are available annually.

How are we doing? Substance abuse and gambling treatment programs can be licensed for 270 days or for one, two, or three years. Three-year licenses are only available to the highest-quality programs. To be granted a 3-year license, programs must meet standards at the highest level or receive “deemed” status because of accreditation by a nationally recognized body such as CARF, COA, or JCAHO.



▶ What can Iowans do to help?

1. Iowans looking for information about local substance abuse and problem gambling treatment programs may contact the Iowa Substance Abuse Information Center at 1-866-242-4111 or go to www.drugfreeinfo.org.
2. Health and human service professionals interested in training or staff development opportunities related to substance abuse and problem gambling may contact Training Resources at 515-309-3315 or at www.trainingresources.org.

▶ Expenditures

Federal funds: 0153-1968

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$0	\$0	\$0
Federal funds	\$322,070	\$362,127	\$90,368
Total funds	\$322,070	\$362,127	\$90,368
FTEs	3.47	4.01	0.95

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

Iowa Department of Public Health ♦ Division of Behavioral Health ♦ Substance Abuse & Gambling Treatment Programs Regulation

Phone: 515-242-6161 or 515-281-3641 ♦ Fax: 515-281-4535 ♦ www.idph.state.ia.us/bh/admin_regulation.asp

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

Substance Abuse Prevention

Promoting & Protecting the Health of Iowans

Division of Behavioral Health

Phone: 515-242-5934

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



“Josh” seemed like a typical Iowa boy. At age 8, he chased frogs, played baseball, and loved cookies. But at age 12, he quit sports and made new friends his parents didn’t like. At age 17, he quit school. At age 21, he was in jail. What happened? Drugs. Abuse and illegal use of alcohol, tobacco, and other drugs changes a person; not only causing health problems and heartbreak, but also costing Iowans money. Research from Iowa State University shows that every \$1 invested in overall prevention services yields a return of almost \$10. In terms of addiction, every \$1 dedicated to drug and alcohol prevention saves \$7-10 in costs of crime, incarceration, emergency room care, productivity, and premature death.

Maybe “Josh” didn’t know about the dangers of using drugs or alcohol. Maybe he didn’t know there were other ways to deal with the challenges every teenager faces. Maybe he didn’t know that most teenagers choose not to use alcohol and other drugs. Maybe if he’d received and understood substance abuse prevention messages, his life would have been different. The IDPH Substance Abuse Prevention program strives to stop the pain and cost of substance abuse by preventing it from ever starting.

Did you know?

Substance abuse is related to many serious health and social problems. At least 72 health problems that require hospitalization are caused completely or in part by substance abuse.

Why is Substance Abuse Prevention important to promoting and protecting the health of Iowans?

- Substance abuse and related problems are among society’s most far-reaching health and social concerns. About 100,000 people in the U.S. die each year because of alcohol.
- It costs every person in the U.S. nearly \$1,000 each year for health care, law enforcement, motor vehicle crashes, crime, and lost productivity due to substance abuse.
- Prevention works! According to the Iowa Youth Survey, the percentage of high school juniors who report binge drinking decreased from 41% in 1999 to 25% in 2010. In addition, the percentage of 11th grade students who used alcohol in the past 30 days decreased from 48% in 1999 to 32% in 2010.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy behaviors

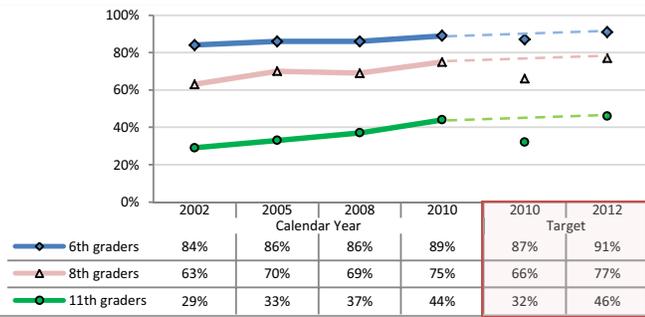
Strengthen the public health infrastructure

What do we do?

- Fund organizations that use proven prevention programs to increase abstinence from alcohol, tobacco, and other drugs by people under age 21.
- Fund organizations to utilize the Strategic Prevention Framework which is a five-step planning process that assists communities in addressing substance abuse issues.
- Fund proven prevention programs that focus on out-of-school youth development opportunities for ages 5 to 18.
- Fund coalitions to prevent or reduce substance abuse in communities.
- Fund mentoring programs certified by the Iowa Mentoring Partnership to provide or support local mentoring services.
- Maintain an Epidemiological Workgroup to assess, analyze, interpret and communicate data about substance consumption and consequences.

How do we measure our progress?

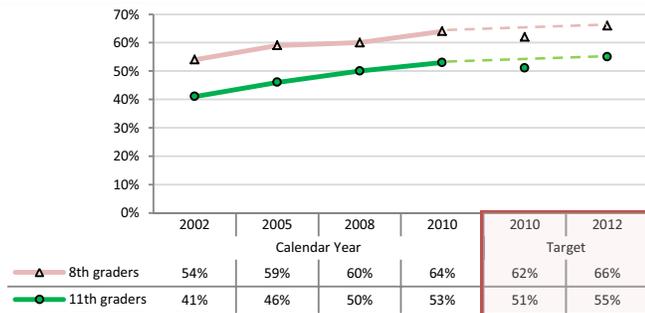
1 Percent of Iowa students (grades 6, 8, & 11) who have never used alcohol.



Data Source: Iowa Youth Survey. Data are available every two years.

How are we doing? 2010 numbers exceeded the targets in all three grades surveyed.

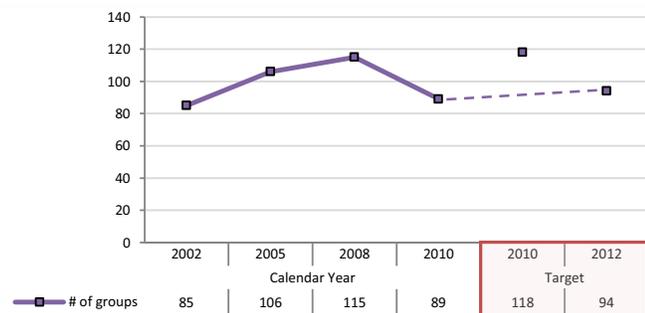
2 Percent of 8th and 11th grade students who think there is a possibility of "great risk or harm" in having three or more drinks of alcohol nearly every day.



Data Source: Iowa Youth Survey. Data are available every two years.

How are we doing? Through consistent prevention messages, more youth see risk or harm in daily alcohol use. 2010 values exceeded targets.

3 Number of state, county, community, and neighborhood collaborative groups to reduce problems of alcohol, tobacco, and other drugs.



Data Source: Regional Consultant Lists. Data are available annually.

How are we doing? The number of community group decreased in 2010 due to several groups aligning efforts and consolidating.

What can Iowans do to help?

1. If a family member or someone you know needs help with alcohol or drug problems, encourage them to get help by calling the Iowa Substance Abuse Information Center Helpline 24 hours a day, 7 days a week at 1-866-242-4111.
2. Learn about substance abuse by going to www.drugfreeinfo.org.
3. Get involved with local prevention efforts. To find your local substance abuse prevention agency, go to <http://facilitylocator.drugfreeinfo.org/Agency/Default.aspx>.
4. Check Iowa Youth Survey reports for your county by going to www.iowayouthsurvey.org.

Expenditures

General fund, federal funds, & intra state receipts*: K01-0151/0154/0169/0171/0173; 0153-0152/0156/0166/0176/ 0214(50%).

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$1,295,585	\$1,223,086	\$1,212,658
Federal funds	\$4,363,984	\$5,854,263	\$5,761,314
Other funds*	\$847,587	\$726,160	\$842,000
Total funds	\$6,507,156	\$7,803,509	\$7,815,972
FTEs	6.87	7.58	8.00

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

Substance Abuse Recovery

Promoting & Protecting the Health of Iowans

Division of Behavioral Health
Phone: 515-242-5934
www.idph.state.ia.us/atr



Life is better today for Mary. Mary was homeless, unemployed, and facing criminal charges. She had lost custody of her child who was in foster care. She was fighting the disease of alcoholism. Today, after receiving primary treatment and ongoing aftercare through a substance abuse treatment program, Mary rejoices in her successes: over one year of sobriety, stable housing, full-time employment, and reunification with her daughter. During Mary's recovery, Access to Recovery assisted by providing her with transportation so she could get to recovery support services and by purchasing clothing to wear for job interviews.

Over the past three years, the IDPH Division of Behavioral Health has been working to transition addiction services to a Recovery-Oriented System of Care (ROSC). To be effective, this system of care must be a partnership encompassing community partners, prevention and treatment providers, the recovery community, and other stakeholders.

Did you know? In 2012, nearly 1,500 Iowans attended the National Recovery Month Event at Adventureland Amusement Park near Des Moines.

Why is access to Substance Abuse Recovery important to promoting and protecting the health of Iowans?

- As effective as good prevention is, it can't stop all addiction from occurring. And when addiction does occur, it is a chronic illness that requires a long-term recovery process.
- While substance abuse treatment is effective, additional barriers to recovery may still exist.
- Access to Recovery (ATR) helps people in recovery by reducing these obstacles and funding support services such as:
 - ✓ child care
 - ✓ transitional housing
 - ✓ integrated therapy
 - ✓ transportation
 - ✓ sober living activities
 - ✓ treatment co-pays

Which Iowa Public Health Goals are we working to achieve?

Promote healthy behaviors

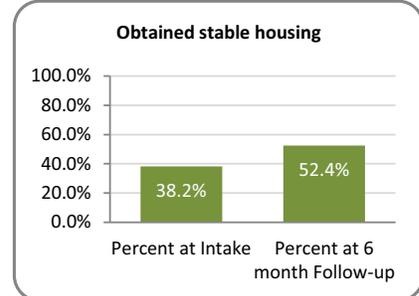
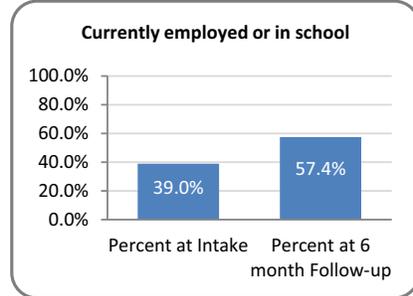
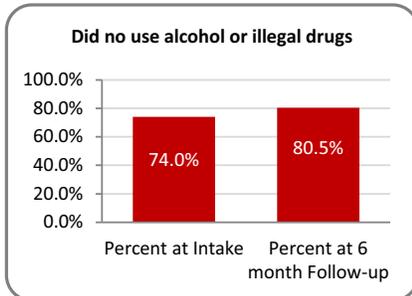
Strengthen the public health infrastructure

What do we do?

- Over 50 providers across the state participate in the Access to Recovery program, offering recovery support services to eligible Iowans.
- Recovery Peer Coaching is a new and valued service in Iowa. Individuals in recovery are matched with a coach who is experienced with successful recovery techniques and can provide assistance and guidance.
- Recovery-Oriented System of Care trainings are being offered throughout the state.
- Recovery Calls are another form of support offered in Iowa. Individuals working with a recovery program can choose to have Recovery Calls providers contact them each week to check-in and offer support and referral.
- Through a partnership with ATR providers and Iowa Drug Courts, a pilot project has been developed to assist in meeting the recovery needs of this population.
- For the last several years, State and local celebration events have been held for National Recovery Month in September.

How do we measure our progress?

One of the requirements of the ATR project is to complete Government Performance Results Act (GPRA) Interviews. The data collected are extremely valuable in determining the effectiveness of our program. The full GPRA interview process includes an initial interview, which provides a baseline of a client's history and behaviors. As the individual continues involvement in ATR, additional interviews are completed at discharge and during a specific follow-up window of 5-8 months after admission. The following graphs represent three key focus areas from the GPRA interviews in ATR II:



What can Iowans do to help?

1. Learn more about Access to Recovery by going to www.idph.state.ia.us/atr or calling 1-866-923-1085.
2. If you know someone who needs help with alcohol or drug problems, encourage them to get help by calling the Iowa Substance Abuse Information Center's Helpline, 24 hours a day, 7 days a week at 1-866-242-4111.
3. Learn more about Substance Abuse Treatment resources and services at http://www.idph.state.ia.us/bh/substance_abuse.asp.
4. Learn about the dangers of addiction. For more information, go to www.drugfreeinfo.org.

Expenditures

Federal funds: 0153-0130/0218.

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual
State funds	\$0	\$0	\$0
Federal funds	\$2,059,951	\$3,138,525	\$3,437,450
Total funds	\$2,059,951	\$3,138,525	\$3,437,450
FTEs	2.56	2.67	2.10

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

Substance Abuse Treatment

Promoting & Protecting the Health of Iowans

Division of Behavioral Health
Phone: 515-242-5934
www.idph.state.ia.us/bh/substance_abuse.asp



"I can look in the mirror today and be proud of myself", a grandmother shares as she reflects on her journey of recovery from heroin and cocaine addiction. After treatment and ongoing aftercare services through Scott County providers, the woman is able to enjoy healthy relationships with family, maintain full-time employment, and offer support to others struggling with substance use disorders. She gives credit to programs with staff who never gave up on her, even when she thought of giving up on herself, and to ongoing treatment and recovery support services.

IDPH works with substance abuse treatment programs statewide to:

- Reduce abuse of alcohol and other drugs
- Ensure Iowans receive substance abuse assessment and treatment when and where they need it
- Support addicted Iowans in their personal recovery efforts.

Did you know?

In Iowa, 50% of substance use disorder clients served reported alcohol as the most common primary substance used, followed by marijuana at 26.3%, and methamphetamine at 10.5%.
(Data Source: IDPH Central Data Repository, State Fiscal Year 2012)

Why is Substance Abuse Treatment important to promoting and protecting the health of Iowans?

- Substance use disorders and related problems are among society's most far-reaching health and social concerns. In the past year over 50,000 Iowans sought substance abuse assessment and treatment services through an IDPH-licensed program.
- According to the National Substance Abuse and Mental Health Services Administration, 90% of people in the U.S. who experience substance abuse problems and need treatment do not perceive the need for care.
- The National Survey on Drug Use and Health (2009) identified Iowa as one of 10 states with the highest reported binge drinking.
- In 2011, one-quarter of Iowa traffic fatalities (93) were alcohol or drug related (Governor's Traffic Safety Bureau).

Which Iowa Public Health Goals are we working to achieve?

Promote healthy behaviors

Strengthen the public health infrastructure

What do we do?

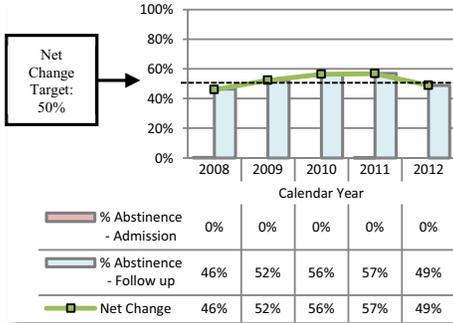
- Assessment and evaluation to determine the type of service and level of care needed.
- Residential treatment, halfway house, intensive and extended outpatient, and medication-assisted treatment, including through the Iowa Plan for Behavioral Health.
- Continuing care designed to transition from primary treatment to ongoing recovery. Culturally-specific treatment services through the [Culturally Competent Treatment Project](#).
- Treatment and care coordination for individuals re-entering communities through the [Jail-based Substance Abuse Treatment Project](#).
- Standardized collection of data from licensed providers to meet federal requirements, identify substance use trends and service needs, determine funding needs, and measure program performance.
- Recovery support services through the [Access to Recovery \(ATR\)](#) program.
- Service system improvement based in [NIATx](#) principles.
- Assure [recovery-oriented system of care](#) that welcomes and engages Iowans at any and all points in their personal recovery efforts.

How do we measure our progress?

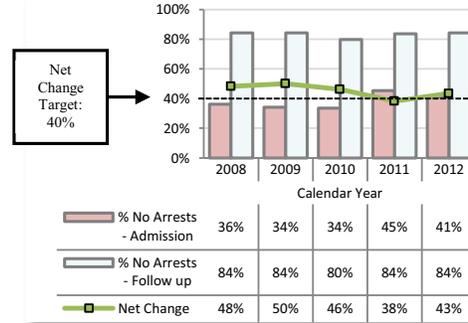
Outcomes: Six Month Follow Up

The Outcomes Monitoring System (OMS) was established in 1999 to systematically gather data and provide independent evaluation on substance abuse treatment outcomes in Iowa. Outcome data is collected from randomly selected clients who participated in substance abuse treatment in one of the 23 Iowa Department of Public Health-funded agencies approximately six months after discharge from treatment. Below is a sampling of the outcome data collected (Abstinence, Arrests in the past 30 days, and Employment status).

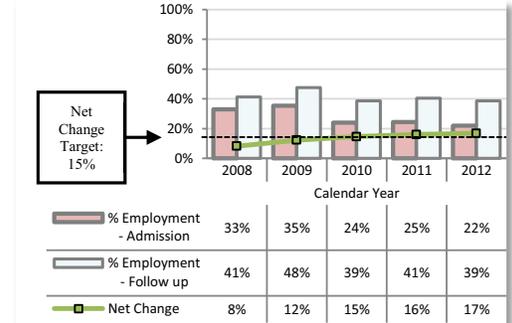
1 Abstinence



2 No arrests - past 30 days



3 Employment



Data Source: State of Iowa Outcomes Monitoring System (Iowa Department of Public Health contract #5882NA01). Iowa Consortium for Substance Abuse Research and Evaluation. <http://consortium.subst-abuse.uiowa.edu/>

How are we doing? On average, since 2008, 50% of clients were abstinent 6 months post discharge.

How are we doing? On average, since 2008, less than 20% of clients have reported being arrested in the last 30 days (6 months post discharge) as compared to 60% at admission.

How are we doing? On average, since 2008, 40% of clients report being employed 6 months post discharge, an average of 15 percentage point improvement compared to employment status at admission.

What can Iowans do to help?

1. If you know someone who needs help with alcohol or drug problems, encourage them to call the Iowa Substance Abuse Information Center Helpline, 24 hours a day, 7 days a week, at 1-866-242-4111.
2. Learn about the dangers of addiction. For more information, go to www.drugfreeinfo.org.
3. Learn more about Access to Recovery by going to www.idph.state.ia.us/atr/ or calling 1-866-923-1085.
4. Learn more about Substance Abuse Treatment resources and services at www.idph.state.ia.us/bh/substance_abuse_treatment.asp.

Expenditures

State funds: General fund & Underground Storage Tank Fund (USTF) (2011 only), federal funds, & intra state receipts* (Depts. of Education, Human Rights, & Human Services, & Office of Drug Control Policy); State funds are used for a required maintenance of effort match for the Substance Abuse Prevention & Treatment Block Grant: K01-0101/0105; 0153-0102/ 0104/0116/0172 (70%)/0214 (50%)/0220

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$16,930,273	\$15,947,715	\$15,891,057
Federal funds	\$11,414,012	\$10,916,286	\$11,834,336
Other funds*	\$182,703	\$0	\$0
Total funds	\$28,526,988	\$26,864,001	\$27,725,393
FTEs	4.89	4.55	8.40

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

Iowa Department of Public Health ♦ Division of Behavioral Health ♦ Substance Abuse Treatment

Phone: 515-281-5934 ♦ Fax: 515-281-4535 ♦ www.idph.state.ia.us/bh/substance_abuse.asp

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

Youth Suicide Prevention

Promoting & Protecting the Health of Iowa

Division of Behavioral Health
Phone: 515-281-8802
www.idph.state.ia.us/bh/suicide_prevention.asp
www.yourlifeiowa.org



"My close relative, Michael, was Mr. Popularity – a football star, idol and heartthrob – all through high school. All the guys wanted to be him and all the girls wanted to date him. Mike was also Mr. Comedy and cracked me up a million times throughout the too-few years he was with us. After graduating from college, Mike had a few successful careers, including one that allowed him to use his amazing artistic talents. On my 10th birthday, he cheered me up (I was upset about getting braces) by drawing caricatures of popular singers and making jokes. I have no doubt that, with his talents and terrific personality, Mike would have contributed so much more to our family and to the world. Unfortunately, for reasons I'm unaware of, he did not have consistent treatment for his bipolar disorder. So his condition worsened, leading him to take his life at the age of 36. Michael had a long, wonderful life ahead of him. He should be here to celebrate the joys of life with us – joys that are bittersweet now that he is gone. He should be here to help us through the tough times. He should be here to help us create more special memories. Too Few Years, Too Few Memories"

-Shauna Moses

Did you know?

In 2011, 420 Iowans lost their lives to Suicide. Suicide is the 2nd leading cause of death for Iowans ages 15 to 35 from 2001-2010.

Why is Youth Suicide Prevention important to promoting and protecting the health of Iowans?

- Suicide is not only the 2nd leading cause of death for Iowans ages 15 to 40; it results in thousands of friends and families left behind to try to make sense of their loved one's tragic death.
- For every suicide death in 2011, there were an estimated 6 hospitalizations. The main methods of suicide completion are by firearm or hanging (74%). The majority (94%) of hospitalizations following a suicide attempt was due to medication or poisoning.
- In the 2010 Iowa Youth Survey, 6% of 11th grade females and 4% of 11th grade males admitted to attempting suicide in the past 12 months.
- Suicide is a preventable cause of tragic death and injury. It is estimated that 90% of those who died by suicide had a diagnosable mental health problem such as depression or bi-polar disorder.

Which Iowa Public Health Goals are we working to achieve?

Prevent injuries

Promote healthy behaviors

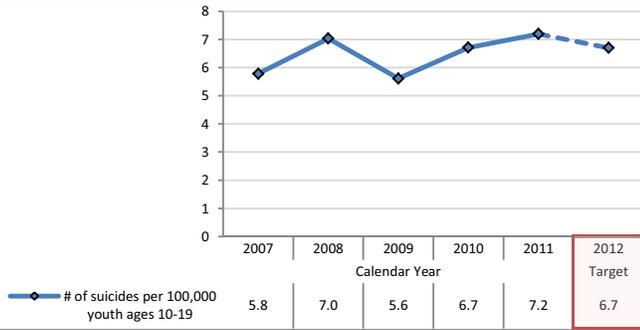
What do we do?

Your Life Iowa is a resource where youth, parents and school personnel can get immediate help and information about bullying and youth suicide. Program components include:

- **Toll Free Telephone Hotline** is available 24/7 to provide information, brief counseling and information about local resources. The Hotline number is **(855) 581-8111**
- **Web Site** with information and resources about bullying and youth suicide prevention. The web address is yourlifeiowa.org.
- **Texting / Short Message Service (SMS)** offer a timely and relevant way to get help. Texting is quickly becoming the chosen way to communicate, especially among youth. Text **"talk" to 85511**

How do we measure our progress?

1 Number of lowans age 19 & under who have died from suicide (per 100,000 youth ages 10-19).



Data Source: IDPH Vital Statistics. Data are available annually. 2011 data not yet available.

How are we doing? The youth suicide rate fluctuates from year to year due to many variables. Unfortunately, Iowa experienced an increase in suicides from 23 in 2009 to 30 in 2011. The 2011 Youth rate is 7.19 per 100,000 youth ages 10-19.

What can Iowans do to help?

1. Your Life Iowa can provide information, support and resources at yourlifeiowa.org or by calling **(855) 581-8111**.
2. Go to www.outofthedarkness.org/ to find out where to attend or how to organize a suicide awareness walk in your community.
3. Take comments about suicide seriously and support others efforts in seeking help for depression and suicidal thoughts. Go to www.afsp.org/index.cfm?page_id=F2F25092-7E90-9BD4-C4658F1D2B5D19A0 to learn more.
4. Program the National Suicide Lifeline Hotline number (800-273-8255) into your cell phone and call if you're concerned about yourself or someone else. Go to www.suicidepreventionlifeline.org for more support.
5. Learn about the warning signs of suicide at www.suicidology.org/web/guest/stats-and-tools/warning-signs.

Expenditures

General fund & Federal funds: K65-6501; 0153-0696 (FY11 only)

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$0	\$0	\$50,000
Federal funds	\$420,717	\$0	\$0
Total funds	\$420,717	\$0	\$50,000
FTEs	1.07	0.00	0.00

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

Tobacco Use Prevention & Control

Promoting & Protecting the Health of Iowans

Division of Tobacco Use Prevention & Control
Phone: 515-281-6625
www.idph.state.ia.us/tobacco



Since the year 2000, the Division of Tobacco Use Prevention and Control (TUPAC) has been reducing tobacco use, promoting cessation, and reducing exposure to second hand smoke for all Iowans. The ultimate goal of tobacco control in Iowa is to reduce the burden of tobacco-related chronic disease and morbidity, reducing the number one cause of preventable death and reducing emotional, societal, and health care costs from tobacco control.

In 2011, 20.4 % of Iowa adults reported they were current smokers and 55% of those smokers reported making a quit attempt in 2011. In 2010, 84% of Iowa 11th grade students reported that they had not smoked at all in the prior 30 days and 5% reported daily smoking.

By reducing initiation and prompting cessation, Iowa has locked in enormous savings over the lifetimes of each person stopped from future smoking. The substantial ongoing improvements in public health from smoking declines are estimated to save Iowa \$3.1 billion in future health care costs and \$400.8 million in future Medicaid costs.

Did you know?

38.6% of Iowans reporting annual incomes under \$15,000 report smoking while only 9.5% of Iowans with incomes over \$75,000 report smoking. (BRFSS, 2011)

Why is Tobacco Use Prevention and Control important to promoting and protecting the health of Iowans?

- Tobacco use is the leading preventable cause of death of Iowans. In 2011, approximately 2,800 deaths were identified as directly tobacco related and another 1,600 were identified as probably tobacco related.
- Smoking increases the risk of cancer, asthma, chronic obstructive pulmonary disease, and coronary heart disease.
- Reducing tobacco usage reduces Iowa's burden of chronic disease, improves workforce productivity, and reduces health care costs.

Which Iowa Public Health Goals are we working to achieve?

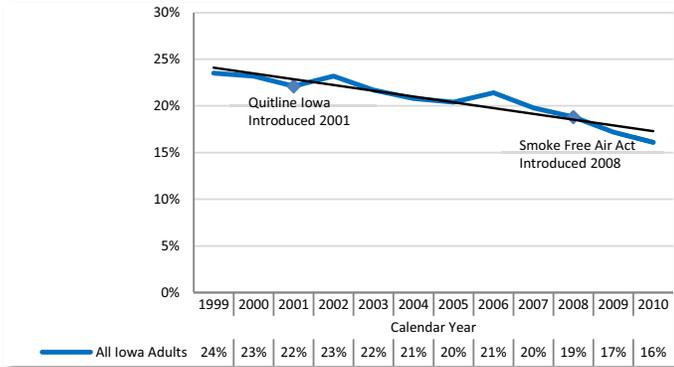
- Promote healthy behaviors
- Protect against environmental hazards
- Strengthen the public health infrastructure

What do we do?

- TUPAC funds forty-three Community Partnerships to engage in tobacco prevention and control activities at the local level covering 95 counties. For more information, go to www.idph.state.ia.us/tobacco.
- Promote prevention and cessation through social media and targeted interventions.
- Provide resources, education, and information about the Iowa Smokefree Air Act at www.IowaSmokefreeAir.gov and 1-888-944-2247.
- Partner with private and public organizations to support health initiatives such as Blue Zones and the Healthiest State Initiative.
- Support [Quitline Iowa](http://QuitlineIowa.org) (1-800-784-8669), which provides free, effective counseling to help Iowans quit using tobacco.
- Collaborate with other state agencies to enforce laws prohibiting tobacco sales to minors.
- Provide training and education to health care providers to promote cessation with their clients.
- Monitor trends in smoking and tobacco use prevalence and conduct evaluation of activities.

How do we measure our progress?

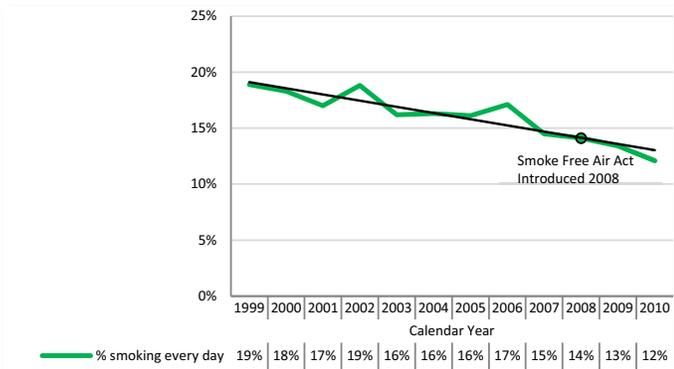
1 Percentage of current adult smokers in Iowa.



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

How are we doing? The number of Iowans currently smoking continues to drop. In 1999, about 24% of adult Iowans were current smokers. In 2010, about 16% were current smokers.

2 Percentage of Iowa adults who report smoking every day.



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

How are we doing? The percentage of Iowans reporting smoking every day has decreased by 7% since 1999. After the Smoke Free Air act took effect in 2008, the percentage has decreased faster than the trend since 1999.

What can Iowans do to help?

1. Be a strong role model: Be tobacco free. We can help.
2. Promote Quitline Iowa to loved ones, friends, coworkers, or any Iowan who wants to quit using tobacco. Encourage them to call 1-800-QUIT-NOW (1-800-784-8669).
3. Healthcare professionals should counsel patients who smoke or chew tobacco about the dangers and, if they are ready to quit, refer them to Quitline Iowa.
4. Young Iowans can participate in I-STEP (Iowa Students for Tobacco Education and Prevention).
5. Help to ensure compliance with the Smoke Free Air Act by going to www.IowaSmokefreeAir.gov or 1-888-944-2247 for information and resources about potential violations of the law.

Expenditures

General fund, federal funds, & intra state receipts*: K01-0219/ 0221/ 0223/0225; 0153-0224/9342/AR14/AR16.

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$6,221,618	\$3,253,830	\$3,648,361
Federal funds	\$2,721,241	\$2,472,125	\$1,364,620
Other funds*	\$240,000	\$280,000	\$280,000
Total funds	\$9,182,860	\$6,005,955	\$5,292,981
FTEs	12.35	7.74	12.90

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

Iowa Department of Public Health ♦ Division of Tobacco Use Prevention & Control
 Phone: 515-281-6225 ♦ Fax: 515-281-6475 ♦ www.idph.state.ia.us/tobacco
 1st Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

Quitline Iowa – Phone: 1-800-QUIT NOW (784-8669) ♦ www.quitlineiowa.org

Toxicology

Promoting & Protecting the Health of Iowans

Division of Environmental Health

Phone: 515-281-8707

www.idph.state.ia.us/eh/toxicology.asp

www.idph.state.ia.us/eh/hazardous_waste.asp



Toxicology is the study of the health impacts from exposure to chemicals and other toxic substances. The Toxicology Program at IDPH provides health consultations evaluating the health significance of exposures to chemicals and substances associated with environmentally contaminated areas, outside air, surface and drinking water, and any other sources of exposure to potentially toxic substances in the environment.

The Toxicology Program at IDPH is a resource for all citizens in the State of Iowa. In addition, the Toxicology Program at IDPH assists other state agencies such as the Iowa Department of Natural Resources in the establishment of environmental standards. IDPH also provides funding to the Iowa Statewide Poison Control Center, which works to reduce illness, deaths, and costs associated with poisoning through providing statewide around-the-clock emergency telephone advice.

Did you know?

Several factors play a key role in whether you will get sick from a chemical exposure. These factors are – the type of chemical, the amount of chemical, the duration of exposure (how long the exposure was), and the frequency of exposure (how many times you were exposed). If you prevent exposure to chemicals, you won't get sick or have any harmful effects on your health from chemicals.

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

- Improper management of hazardous wastes, chemical spills and accidents, and previous industrial use of land may expose Iowans to dangerous chemicals.
- Iowans are concerned about environmental exposures to chemicals that can affect their health or the health of their children.
- Exposure to toxins associated with harmful algal blooms can impact the health of individuals.
- Iowans need trusted health information to prevent harmful exposures and disease-related exposures to toxic substances. The program responds to approximately 150 information requests from Iowans and local health department officials annually.
- People of all ages are at risk of exposure to poisons. Fifty-two percent of Iowans exposed to poisons are children.

Which Iowa Public Health Goals are we working to achieve?

Protect against environmental hazards

Prevent injuries

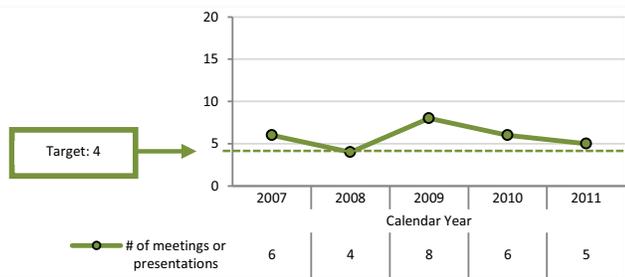
Prepare for, respond to, & recover from public health emergencies

What do we do?

- Prepare health assessments and health consultations for state and federal agencies and for communities regarding exposure to chemicals in water, soil, and air.
- Develop fact sheets and informational documents for state agencies and communities summarizing health effects from exposure to specific sites and specific chemicals.
- Provide reliable medical information for healthcare providers and the public.
- Provide advice and information to local officials, medical professionals, and the public about potential chemical exposures during natural disasters or other emergencies.
- Work with the Department of Natural Resources to monitor exposure to toxins in recreational waters, and the levels of chemicals present in fish caught within Iowa.

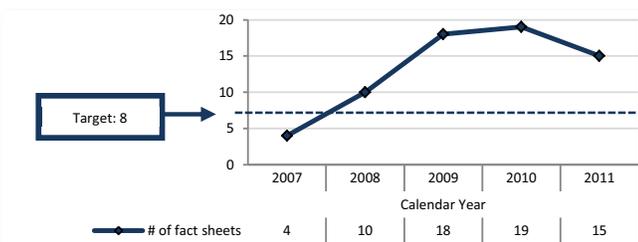
How do we measure our progress?

1 Number of community meetings attended or presentations made to communities.



Data Source: Evaluation by ATSDR and program records. Data are available annually.

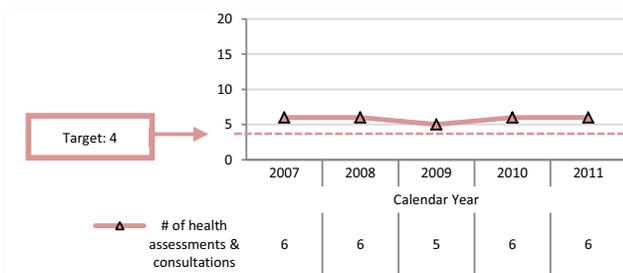
2 Number of fact sheets developed.



Data Source: Evaluation by ATSDR and program records. Data are available annually.

How are we doing? Our fact sheets provide the public and health professionals with a summary of the health impacts from exposure to the more common chemicals and identify sources where additional trusted information can be obtained

3 Number of written health assessments and health consultations completed.



How are we doing? The written health assessments and consultations are created to answer all pertinent health questions that communities have regarding their exposure to chemicals in their environment. Most of these written consultations are presented at public meetings to make sure our conclusions are understood and all questions from the public are addressed.

What can Iowans do to help?

1. All Iowans can learn about existing or potential exposure to hazardous chemicals and how to protect themselves by assessing the Toxicology Manual at www.idph.state.ia.us/eh/toxicology.asp
2. Physicians and healthcare providers need to get accurate information about the health risks from exposure to environmental chemicals and how these exposures can be diagnosed in their patients. For more information, go to www.atsdr.cdc.gov.
3. Industry and emergency response workers can learn how to prevent chemical spills by going to www.chemsafety.gov.
4. All Iowans need to be aware of potential poisons in their homes and how they can keep themselves and their children safe. To learn more, visit www.iowapoisn.org

Expenditures

General fund & federal funds: K19-1911: 0153-1318

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$464,449	\$436,582	\$523,751
Federal funds	\$217,425	\$156,321	\$125,350
Other funds*	\$100,000	\$0	\$0
Total funds	\$781,874	\$592,903	\$649,101
FTEs	1.30	0.79	0.75

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

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

Phone: 515-281-8707 ♦ Fax: 515-281-4529 ♦ www.idph.state.ia.us/eh/toxicology.asp

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

Hazardous Waste Site Assessment – www.idph.state.ia.us/eh/hazardous_waste.asp ♦ **Iowa Poison Control Center** – Phone: 1-800-222-1222 www.iowapoisn.org

Tuberculosis Control

Promoting & Protecting the Health of Iowans

Division of Acute Disease Prevention & Emergency Response

Phone: 515-281-7504

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



It's a disease as old as antiquity. Archeologists have found mummies with signs of it. Your grandparents or great-grandparents called it "consumption." Today, we know the disease as tuberculosis, or TB. Although an ancient disease, it's still around and the Iowa Department of Public Health's Tuberculosis Control program continues the fight against TB.

You may not know that Christmas Seals were introduced to help raise funds to fight TB. The organization that pioneered the Christmas Seals, the National Tuberculosis Association, became what's now known as the American Lung Association.

Less than two decades ago, Iowa averaged 65 TB cases each year. Now, through the efforts of the TB Control program, the number of cases has fallen to an annual average of 44 cases.

Did you know?

Patients who do not take their medications correctly or who are improperly treated can develop a virtually untreatable form of TB.

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

- Tuberculosis remains a public health problem in Iowa with an average of 44 cases reported each year.
- Thousands of Iowans are diagnosed with latent TB infection each year. Latent TB infection (LTBI) can lead to future cases of TB disease.
- Infectious cases of TB must be treated to prevent others from becoming infected.

Which Iowa Public Health Goals are we working to achieve?

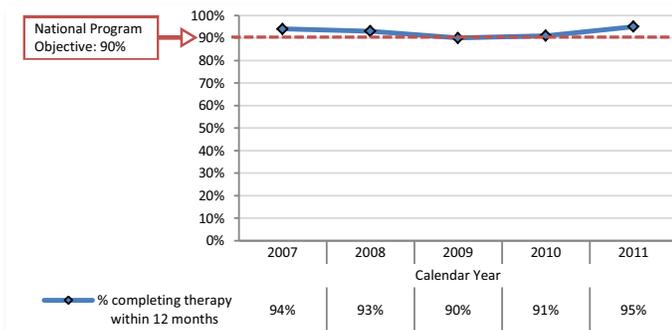
- Prevent epidemics & the spread of disease
- Strengthen the public health infrastructure
- Promote healthy behaviors

What do we do?

- Provide funding for local health departments to give TB tests, treatment, and chest x-rays for TB patients.
- Provide funding for the University of Iowa Hygienic Lab to perform TB testing.
- Maintain a system to ensure positive TB lab tests are reported to IDPH for surveillance and disease investigation.
- Advise healthcare providers who evaluate and treat Iowans with TB and LTBI.

How do we measure our progress?

- ❶ Percent of patients with newly diagnosed TB, for whom therapy for one year or less is indicated, who complete therapy within 12 months.



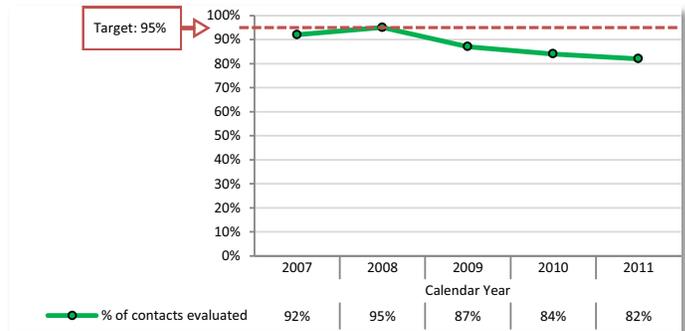
Data Source: CDC software program - Tuberculosis Information Management System. Data are compiled annually, but possibly not complete until 9 months into the next year.

How are we doing? Iowa consistently meets or exceeds the national program objective of 90%. Local health departments assure completion of therapy for patients with infectious TB by providing directly observed therapy (DOT). This means a designated health care worker watches the patient take each dose of medication. This is the *only* way to ensure completion of therapy and thus stop the transmission of disease. DOT is the *standard of care* in the most effective TB control programs in the country. The TB Control Program provides incentive funding to local public health departments to perform DOT.

Consequences of incomplete therapy include:

- treatment failure,
- relapse, and/or
- multiple drug resistant tuberculosis (MDR-TB).

- ❷ Percent of contacts to sputum AFB-smear positive TB cases evaluated for infection and disease.



Data Source: CDC software program - Tuberculosis Information Management System. Data are compiled annually, but possibly not complete until 9 months into the next year.

How are we doing? Iowa prioritizes the evaluation of those with recent and significant exposure to infectious TB and is above the national average for this objective. All infectious cases require a contact investigation by the local health department to identify contacts who:

- Have TB disease so that they can be given treatment and further transmission can be stopped.
- Have Latent TB Infection (LTBI) so that they can be given treatment for LTBI, and active disease can be prevented.

What can Iowans do to help?

1. Maintain a healthy lifestyle, especially when visiting other countries where TB is common. For more information, go to www.cdc.gov/travel/yellowBookCh4-TB.aspx.
2. Local public health should follow recognized standards when caring for TB patients. For more information, go to www.idph.state.ia.us/ImmTB/TB.aspx?prog=Tb&pg=TbHome.
3. Clinicians should be vigilant about the early diagnosis of TB and ensure proper treatment. For more information, go to www.cdc.gov/tb/pubs/PDA_TBGuidelines/default.htm.

Expenditures

General fund & federal funds: K15-1601; 0153-1602

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$60,746	\$55,500	\$56,444
Federal funds	\$365,702	\$313,956	\$319,605
Total funds	\$426,448	\$369,456	\$376,049
FTEs	1.73	1.83	1.35

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

Violence Prevention

Promoting & Protecting the Health of Iowans

Division of Behavioral Health

Phone: 515-281-5032

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



Instances of sexual harassment and bullying at a local middle school provided the necessity for prevention programming to be introduced to students in three grade levels. A community-based organization offered four sessions to students during the first semester and additional sessions in the second semester to expand their knowledge and ability to intervene as bystanders. A school-wide survey was conducted to assess experiences with harassment and the results were shared with the school's administration and educators. In response, the school is working with student leaders to address 'problem areas' in the school building. Students continue to work on creating their own messages on how they intervene and why it is important to be an active bystander.

IDPH violence prevention programs seek to reduce the rate of injury and death from intentional violence, such as interpersonal abuse, domestic, or sexual violence. By supporting prevention programs and conducting professional training, communities are better able to recognize, appropriately intervene, and prevent further violence.

Did you know?

Sexual violence in Iowa cost an estimated \$5.8 billion in fiscal year 2009, or \$1,875 per resident. Prevention is a wise investment, as it can reduce the likelihood those exposed to interpersonal violence will experience depression, substance abuse, or other health problems later in life.

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

- An average of 19 Iowans die each year due to domestic violence homicides or suicides.
- One in five Iowa women will experience physical violence by an intimate partner and one in 10 will experience sexual violence in their lifetimes. Men also experience this, but at much lower rates.
- Children who see violence often suffer the consequences later in life, such as increased substance use, mental health problems, and other chronic health conditions.
- Research has shown that preventing the first act of sexual or domestic violence can stop the cycle of violence that often occurs in families and high-risk populations like women and low-income Iowans.
- Public health methods are effective in preventing violence through community involvement, education, and challenging the beliefs and habits that support violence.

Which Iowa Public Health Goals are we working to achieve?

Prevent injuries

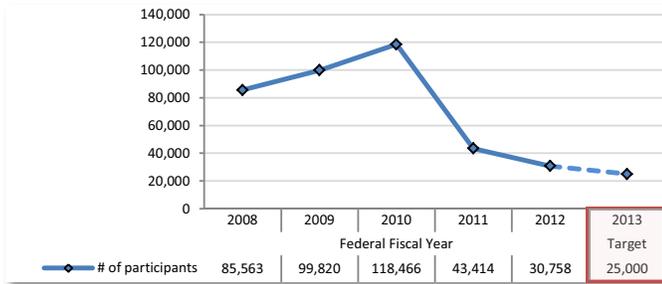
Promote healthy behaviors

What do we do?

- Analyze violence data (including domestic abuse homicides and suicides) and release reports on violence prevention issues.
- Provide training and technical assistance to identify, assess, intervene, report, and document domestic violence and sexual assault for healthcare providers and other community professionals.
- Coordinate public information campaigns to change social beliefs that contribute to violence.
- Provide funding, training, and technical assistance for targeted prevention campaigns aimed at individuals, organizations, and communities.
- Make recommendations to state officials, agencies, and community leaders on how to prevent violence.

How do we measure our progress?

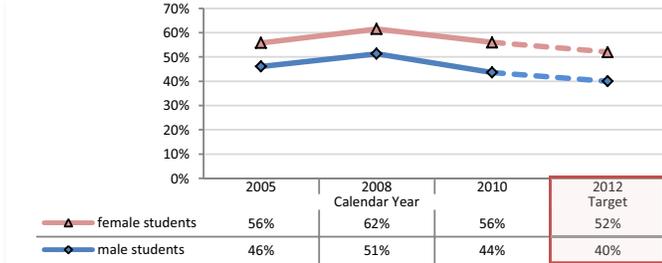
1 Number of students and professionals participating in sexual and domestic violence prevention programs.



Data Source: Iowa Coalition Against Sexual Assault. Data are available annually.

How are we doing? Decreases in state and federal sources of funds have decreased the number of communities conducting prevention programming and those they serve. Newer strategies are aimed to increase depth of information to fewer youth.

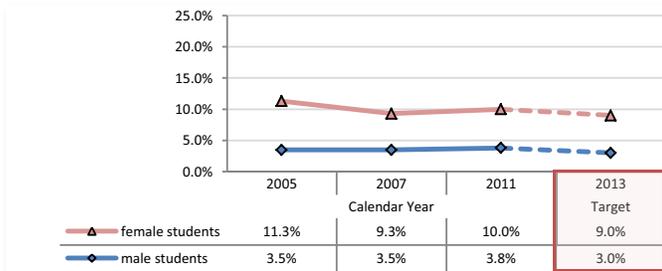
2 Percent of Iowa students (grades 6, 8, & 11) who report experience with being bullied.



Data Source: Iowa Youth Survey. Data are available every two years.

How are we doing? We achieved our 2012 target for male students in 2005 and 2010. Female students are still more likely than male students to report being bullied.

3 Percent of Iowa 9-12 grade students who report they were ever physically forced to have sexual intercourse when they did not want to.



Data Source: Youth Risk Behavior Survey. Data are available every two years.

How are we doing? There was a slight decrease in 2007 but an increase again in 2011. Iowa's rates are less than the national average.

What can Iowans do to help?

1. Be an active bystander when you see someone bullying, harassing, or hurting another person. Support the person who is the target of the violence, and take a stand against violence.
2. Healthcare professionals can routinely screen for violence during patient visits, properly document findings, and refer patients for help when abuse is found. The Violence Prevention program offers training for healthcare professionals. For more information, go to www.idph.state.ia.us/bh/violence_against_women.asp.
3. Community professionals can take steps to reduce risk factors for violence and promote strategies to reduce it. To learn more, go to http://www.idph.state.ia.us/bh/sv_prevention.asp.
4. Contact the Iowa Domestic Violence Hotline at 1-800-942-0333 or the Iowa Sexual Abuse Hotline at 1-800-284-7821 if you or someone you care about is in need of support and referral.

Expenditures

General fund, federal funds, & intra state receipts*: K19-1965; 0153-1752/1756/1758.

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$224,063	\$209,819	\$203,032
Federal funds	\$423,635	\$395,552	\$302,817
Other funds*	\$58,198	\$55,441	\$61,968
Total funds	\$705,896	\$660,812	\$567,817
FTEs	1.19	1.05	1.05

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

Iowa Department of Public Health ◆ Division of Behavioral Health ◆ Violence Prevention

Phone: 515-281-5032 ◆ Fax: 515-281-4535 ◆ www.idph.state.ia.us/bh/injury_violence.asp

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

WIC – Special Supplemental Nutrition Program for Women, Infants and Children

Promoting & Protecting the Health of Iowans

Division of Health Promotion & Chronic Disease Prevention
Phone: 515-281-4919
www.idph.state.ia.us/wic/default.aspx



When money is tight, difficult decisions must be made. For some Iowans, that means buying a used car instead of a new one. But for others, the decision may be between paying the rent and buying food. The IDPH WIC program ensures that some of the most vulnerable Iowans — low-income pregnant, breastfeeding, or postpartum women and their children up to age five — never have to go without good nutrition.

WIC services are the gateway to good health. Families looking for help with food through WIC also find access to other services such as prenatal care, well-child care, immunizations, lead screening, and many others that help families stay healthy.

Through WIC, all Iowa children and their mothers have access to a healthy start.

Did you know?

Each month, the Iowa WIC Program serves approximately 69,000 women, infants, and children, which is approximately 88% of those estimated to be eligible for services.

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

- More than 51% of infants born in Iowa receive WIC.
- One in every three pregnant women in Iowa receives WIC.
- Nearly one in five children in Iowa between ages 1 and 5 participates in WIC.
- WIC strengthens families by influencing lifetime nutrition and health behaviors.
- The WIC program coordinates services with many other WIC programs including prenatal and postpartum care, well child care, immunizations, lead poisoning prevention programs, early intervention services, child care, Head Start, *hawk-i*, breastfeeding support, parenting education programs, food assistance programs, and more.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy behaviors

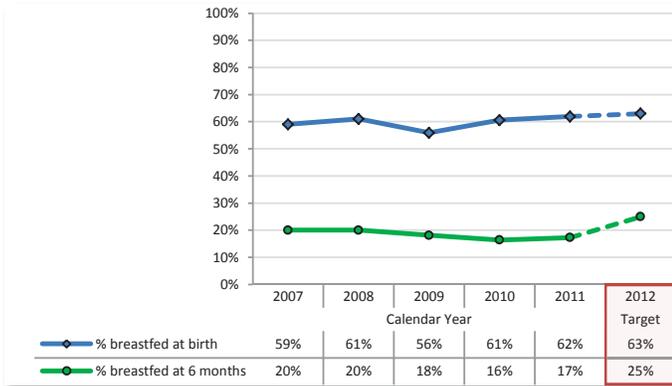
Strengthen the public health infrastructure

What do we do?

- Provide access to nutrient-rich foods.
- Offer nutrition education and support in making positive behavior changes in diet and physical activity.
- Provide breastfeeding education and support.
- Make referrals for health care and social services.
- Offer community-based services through 20 local contractors.
- Improve access to Iowa grown fruits and vegetables through the WIC Farmers Market Nutrition Program (in cooperation with the Iowa Department of Agriculture and Land Stewardship).
- Stimulate the Iowa economy by buying over \$45 million dollars of food from more than 650 Iowa grocery stores and pharmacies that accept WIC checks for the prescribed supplemental foods.
- Support Iowa agriculture by providing supplemental foods produced in the state (milk, fruit juice, whole wheat bread, and eggs).
- Provide statistics to local, state, and federal public health programs and organizations to monitor the nutrition and health status of women, infants, and children.

How do we measure our progress?

- 1 Percent of WIC infants breastfed at birth.
- 2 Percent of WIC infants breastfeeding at 6 months.



Data Source: CDC Pediatric Nutrition Surveillance Data. Data are available annually with the release determined by CDC priorities.

How are we doing? Initiation rates continue to increase slowly, just as the rates for all Iowa infants are increasing. Of all Iowa infants born in 2009, 79.3% were ever breastfed (Data Source: Breastfeeding Report Card – United States, 2012).

Duration rates have increased, but at a much slower pace. Duration rates are particularly a challenge because Iowa has the highest rate of maternal employment for families with children under age 6. The women served by WIC are also more likely to work in places that do not support breastfeeding. Of all Iowa infants born in 2009, 48.7% were still being breastfed at 6 months of age (Data Source: Breastfeeding Report Card – United States, 2012).



What can Iowans do to help?

1. All Iowans can promote and support breastfeeding. Breastfeeding is the best way to feed healthy newborns. To learn more about breastfeeding, go to www.idph.state.ia.us/wic/breastfeeding.aspx.
2. All Iowans can refer potentially eligible families to WIC. For more information about WIC, go to www.idph.state.ia.us/wic/families.aspx.
3. All Iowans can provide information about WIC services in your community. Free outreach materials are available from the state WIC office. Go to www.idph.state.ia.us/wic/Resources.aspx?SubPg=Outreach to access the online website to order materials.

Expenditures

Program caseload levels are dependent upon the number of individuals who can be supported with the funds that are allocated. However, substantial cost savings are achieved through manufacturer rebates on infant formula, enabling WIC to serve more participants. The dollar amounts of the rebates are shown in the table to the right. **Total expenditures** reflect the actual amount of money spent using federal funds *plus* the savings from the rebates.

Federal funds: 0153-0508/0512/0514/0516/0608/0652/0678

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$0	\$0	\$0
Federal funds	\$47,887,429	\$46,993,651	\$49,283,698
Manufacturer rebates	\$13,985,236	\$14,409,616*	\$14,952,155
Total expenditures	\$61,872,665	\$61,403,267	\$64,235,853
FTEs	14.03	14.11	14.90

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

*Complete data are not available from the USDA. Estimates provided for August and September 2011.

Iowa Department of Public Health ♦ Division of Health Promotion & Chronic Disease Prevention ♦ WIC
 Phone: 515-281-4919 ♦ Fax: 515-281-4913 ♦ www.idph.state.ia.us/wic/default.aspx
 4th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075