Healthy Iowans 2017-2021
Iowa’s Health Improvement Plan

Healthy Living
REVISED August 2019

Coordinated by the Bureau of Public Health Performance
Iowa Department of Public Health
## Focus Area: Healthy Living

### What Health Issues Are Included
- Obesity, Nutrition, & Physical Activity
- Lack of Oral Health/Dental Services
- Sexually Transmitted Diseases

### Healthy Living Measures of Health Improvement

#### HL-1 Decrease ↓ the percentage of people who are overweight.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Target</th>
<th>Baseline</th>
<th>Newest</th>
<th>Change in Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>WIC children ages 2 to 4</td>
<td>16%</td>
<td>17% [2014]</td>
<td>16%</td>
<td>≈7% decrease</td>
</tr>
<tr>
<td>WIC children, Hispanic</td>
<td>17%</td>
<td>19% [2014]</td>
<td>15%</td>
<td>≈4% decrease</td>
</tr>
<tr>
<td>Adults 18+ (BMI 25.0 to 29.9)</td>
<td>34%</td>
<td>37% [2016]</td>
<td>34% [2017]=8% decrease</td>
<td>≈8% decrease</td>
</tr>
<tr>
<td>Adults 18-24 </td>
<td>25%</td>
<td>26.4% [2016]</td>
<td>25.7% [2017]=2% decrease</td>
<td>≈2% decrease</td>
</tr>
<tr>
<td>Adults Male 18+ </td>
<td>40%</td>
<td>42% [2016]</td>
<td>38%</td>
<td>≈10% decrease</td>
</tr>
</tbody>
</table>


#### HL-2 Decrease ↓ the percentage of people who are obese.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Target</th>
<th>Baseline</th>
<th>Newest</th>
<th>Change in Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>WIC children ages 2 to 4</td>
<td>13%</td>
<td>15% [2014]</td>
<td>9%</td>
<td>≈6% decrease</td>
</tr>
<tr>
<td>WIC children, Hispanic</td>
<td>19%</td>
<td>20% [2014]</td>
<td>17%</td>
<td>≈3% decrease</td>
</tr>
<tr>
<td>WIC children, Am. Indian/Alaska Native</td>
<td>17%</td>
<td>19% [2014]</td>
<td>16%</td>
<td>≈3% decrease</td>
</tr>
</tbody>
</table>


#### HL-3 Increase ↑ the percentage of infants who are breastfed.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Target</th>
<th>Baseline</th>
<th>Newest</th>
<th>Change in Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants, ever breastfed </td>
<td>87%</td>
<td>83% [2014]</td>
<td>82% [2015]=1% decrease</td>
<td>≈1% decrease</td>
</tr>
<tr>
<td>Infants, breastfed at 6 months </td>
<td>56%</td>
<td>53% [2014]</td>
<td>51% [2015]=4% decrease</td>
<td>≈4% decrease</td>
</tr>
<tr>
<td>Infants, breastfed at 12 months </td>
<td>31%</td>
<td>29% [2014]</td>
<td>30% [2015]=4% increase</td>
<td>≈4% increase</td>
</tr>
</tbody>
</table>

### HL-4 Decrease ↓ the percentage of Iowans who are food insecure.

<table>
<thead>
<tr>
<th>Overall</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 11%</td>
<td>Target: 15%</td>
</tr>
<tr>
<td>Baseline: 12% [2015]</td>
<td>Baseline: 17% [2015]</td>
</tr>
<tr>
<td>Newest: 11.5% [2016]=4% decrease</td>
<td>Newest: 16% [2016]=5% decrease</td>
</tr>
</tbody>
</table>

Data Source: Feeding America. Map the Meal Gap. [https://map.feedingamerica.org/](https://map.feedingamerica.org/)

### HL-5 Increase ↑ the percentage of adults who eat fruits and/or vegetables five or more times per day.

<table>
<thead>
<tr>
<th>Overall</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 15%</td>
<td>Target: 10%</td>
</tr>
<tr>
<td>Baseline: 13.5% [2015]</td>
<td>Baseline: 9% [2015]</td>
</tr>
<tr>
<td>Newest: 16% [2017]=21% increase</td>
<td>Newest: 13% [2017]=47% increase</td>
</tr>
</tbody>
</table>


### HL-6 Increase ↑ the percentage of adults who eat fruit at least one time per day.

<table>
<thead>
<tr>
<th>Overall</th>
<th>Male</th>
<th>Black, non-Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 62%</td>
<td>Target: 55%</td>
<td>Target: 51%</td>
</tr>
<tr>
<td>Newest: 64% [2017]=11% increase</td>
<td>Newest: 60% [2017]=15% increase</td>
<td>Newest: 63% [2017]=32% increase</td>
</tr>
</tbody>
</table>

**Ages 18-24**

| Target: 58% | Target: 60% | Target: 54% |

**Ages 25-34**

| Target: 57% | Target: 52% | Target: 57% |
| Newest: 60% [2017]=12% increase | Newest: 57% [2017]=15% increase | Newest: 60% [2017]=12% increase |


### HL-7 Increase ↑ the percentage of adults who eat vegetables at least one time per day.

<table>
<thead>
<tr>
<th>Overall</th>
<th>Male</th>
<th>Ages 18-24</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 77%</td>
<td>Target: 72%</td>
<td>Target: 69%</td>
</tr>
<tr>
<td>Newest: 81% [2017]=10% increase</td>
<td>Newest: 78% [2017]=13% increase</td>
<td>Newest: 74% [2017]=14% increase</td>
</tr>
</tbody>
</table>

**Income less than $15,000**

| Target: 72% | Target: 71% |
| Newest: 73% [2017]=7% increase | Newest: 78% [2017]=16% increase |

**Income $15,000-$24,999**

Healthy Iowans: HEALTHY LIVING

**HL-8** Increase the percentage of children and adolescents who were physically active at least 60 minutes per day every day in the last week.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Status</th>
<th>Baseline</th>
<th>Newest</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children, ages 6-11</td>
<td>Target: 28%</td>
<td>Baseline: 26% [2016]</td>
<td>Newest: 30% [2017]=17% increase</td>
<td></td>
</tr>
<tr>
<td>Female children</td>
<td>Target: 22%</td>
<td>Baseline: 20.5% [2016]</td>
<td>Newest: 26% [2017]=28% increase</td>
<td></td>
</tr>
<tr>
<td>Adolescents, ages 12-17</td>
<td>Target: 27%</td>
<td>Baseline: 25% [2016]</td>
<td>Newest: 19% [2017]=24% decrease</td>
<td></td>
</tr>
</tbody>
</table>


**HL-9** Increase the percentage of adults engaged in any physical activity for exercise during the past month.

<table>
<thead>
<tr>
<th>Group</th>
<th>Status</th>
<th>Baseline</th>
<th>Newest</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>Target: 82%</td>
<td>Baseline: 77% [2016]</td>
<td>Newest: 75% [2017]=3% decrease</td>
<td></td>
</tr>
<tr>
<td>Income less than $15,000</td>
<td>Target: 68%</td>
<td>Baseline: 64% [2016]</td>
<td>Newest: 67% [2017]=5% increase</td>
<td></td>
</tr>
<tr>
<td>Income $15,000 to $24,999</td>
<td>Target: 79%</td>
<td>Baseline: 75% [2016]</td>
<td>Newest: 72% [2017]=4% decrease</td>
<td></td>
</tr>
</tbody>
</table>

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. [https://www.cdc.gov/brfss/brfssprevalence](https://www.cdc.gov/brfss/brfssprevalence) *Additional IDPH analysis of national BRFSS data.

**HL-10** Increase the percentage of adults meeting aerobic physical activity guidelines.*

<table>
<thead>
<tr>
<th>Group</th>
<th>Status</th>
<th>Baseline</th>
<th>Newest</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>Target: 52%</td>
<td>Baseline: 49% [2015]</td>
<td>Newest: 50% [2017]=3% increase</td>
<td></td>
</tr>
<tr>
<td>Income less than $15,000</td>
<td>Target: 40%</td>
<td>Baseline: 37% [2015]</td>
<td>Newest: 41% [2017]=10% increase</td>
<td></td>
</tr>
<tr>
<td>Income $15,000 to $24,999</td>
<td>Target: 46%</td>
<td>Baseline: 43% [2015]</td>
<td>Newest: 46% [2017]=6% increase</td>
<td></td>
</tr>
</tbody>
</table>

Adults with Disability** |
Target: 39% | Baseline: 37% [2015] | Newest: 40% [2017]=10% increase |


**HL-11** Increase the percentage of adults meeting muscle strengthening physical activity guidelines.*

<table>
<thead>
<tr>
<th>Group</th>
<th>Status</th>
<th>Baseline</th>
<th>Newest</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>Target: 32%</td>
<td>Baseline: 30% [2015]</td>
<td>Newest: 29% [2017]=3% decrease</td>
<td></td>
</tr>
<tr>
<td>Income less than $15,000</td>
<td>Target: 27%</td>
<td>Baseline: 26% [2015]</td>
<td>Newest: 23% [2017]=9% decrease</td>
<td></td>
</tr>
<tr>
<td>Income $15,000 to $24,999</td>
<td>Target: 27%</td>
<td>Baseline: 25% [2015]</td>
<td>Newest: 22% [2017]=10% decrease</td>
<td></td>
</tr>
</tbody>
</table>

Adults with Disability** |
Target: 24% | Baseline: 22% [2015] | Newest: 22% [2017]=0% no change |

HL-12 Increase ↑ the percentage of the population with adequate access to locations for physical activity.*  

<table>
<thead>
<tr>
<th></th>
<th>Target: 88%</th>
<th>Baseline: 83% [2016]</th>
</tr>
</thead>
</table>

Data Source: Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files. Courtesy: University of Wisconsin Population Health Institute, County Health Rankings online. Health Factors, Health Behaviors measures: Access to Exercise Opportunities. https://www.countyhealthrankings.org/. *Percent of the population who live reasonably close to a location for physical activity, i.e., parks or recreational facilities.

HL-13 Increase ↑ the percentage of children whose teeth are in excellent or very good condition.  

<table>
<thead>
<tr>
<th>Overall (ages 1-17)</th>
<th>Income less than 200% of poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 88%</td>
<td>Target: 80%</td>
</tr>
<tr>
<td>Baseline: 84% [2016]</td>
<td>Baseline: 75% [2016]</td>
</tr>
<tr>
<td>Newest: 81% [2017]=3% decrease</td>
<td>Newest: 71% [2017]=6% decrease</td>
</tr>
</tbody>
</table>


HL-14 Increase ↑ the number of dentists per 100,000 population.  

| Target: 68 | Baseline: 64 [2016] |


HL-15 Increase ↑ the percentage of children and adolescents who had a preventive dental visit in the past year.  

<table>
<thead>
<tr>
<th>Overall, ages 1-17</th>
<th>Ages 1-5</th>
<th>Income less than 200% of poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 86%</td>
<td>Target: 63%</td>
<td>Target: 79%</td>
</tr>
<tr>
<td>Newest: 85% [2017]=4% increase</td>
<td>Newest: 65% [2017]=10% increase</td>
<td>Newest: 81% [2017]=8% increase</td>
</tr>
</tbody>
</table>


HL-16 Increase ↑ the percentage of women who receive a dental cleaning during their pregnancy.  

<table>
<thead>
<tr>
<th>Overall</th>
<th>Income less than 185% of poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 64%</td>
<td>Target: 53%</td>
</tr>
<tr>
<td>Baseline: 60% [2015]</td>
<td>Baseline: 50% [2015]</td>
</tr>
<tr>
<td>Newest: 56% [2016]=8% decrease</td>
<td>Newest: 45% [2016]=9% decrease</td>
</tr>
</tbody>
</table>


HL-17 Increase ↑ the percentage of adults who have had a dental visit in the last year.  

<table>
<thead>
<tr>
<th>Overall</th>
<th>Male</th>
<th>Black, non-Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 75%</td>
<td>Target: 72%</td>
<td>Target: 65%</td>
</tr>
<tr>
<td>Asian, non-Hispanic</td>
<td>Income less than $15,000</td>
<td>Income $15,000-$24,999</td>
</tr>
<tr>
<td>Target: 57%</td>
<td>Target: 50%</td>
<td>Target: 59%</td>
</tr>
<tr>
<td>Income $25,000-$34,999</td>
<td>Income $35,000-$49,999</td>
<td>Adults with Disability*</td>
</tr>
<tr>
<td>Target: 66%</td>
<td>Target: 74%</td>
<td>Target: 65%</td>
</tr>
</tbody>
</table>

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. https://www.cdc.gov/brfss/brfssprevalence *Additional IDPH analysis of national BRFSS data. Data is available in even numbered years.
Decrease ↓ the rate of sexually transmitted diseases (per 100,000 population).

<table>
<thead>
<tr>
<th>Disease</th>
<th>Target</th>
<th>Baseline</th>
<th>Newest</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chlamydia Overall</strong></td>
<td>394</td>
<td>416 [2016]</td>
<td>467 [2018]</td>
<td>12%↑ increase</td>
</tr>
<tr>
<td><strong>Females, ages 15-24</strong></td>
<td>2,680</td>
<td>2,822 [2016]</td>
<td>3,112 [2018]</td>
<td>10%↑ increase</td>
</tr>
<tr>
<td><strong>Black/African American females ages 15-24</strong></td>
<td>10,123</td>
<td>10,647 [2016]</td>
<td>11,462 [2018]</td>
<td>8%↑ increase</td>
</tr>
<tr>
<td><strong>Gonorrhea Overall</strong></td>
<td>79</td>
<td>83 [2016]</td>
<td>154 [2018]</td>
<td>85%↑ increase</td>
</tr>
<tr>
<td><strong>American Indian/Alaska Native</strong></td>
<td>432</td>
<td>455 [2016]</td>
<td>716 [2018]</td>
<td>57%↑ increase</td>
</tr>
<tr>
<td><strong>Black/African American</strong></td>
<td>690</td>
<td>726 [2016]</td>
<td>1,202 [2018]</td>
<td>65%↑ increase</td>
</tr>
<tr>
<td><strong>Primary, Secondary &amp; Early Latent Syphilis Overall</strong></td>
<td>4</td>
<td>4.7 [2016]</td>
<td>5.4 [2018]</td>
<td>14%↑ increase</td>
</tr>
<tr>
<td><strong>Male</strong></td>
<td>8</td>
<td>8.7 [2016]</td>
<td>9.3 [2018]</td>
<td>7%↑ increase</td>
</tr>
</tbody>
</table>

Data Source: Iowa Department of Public Health, STD Program. [https://idph.iowa.gov/hivstdhep/std/resources](https://idph.iowa.gov/hivstdhep/std/resources)

<<Rest of Page Intentionally Left Blank>>
**Iowa Health Issue:**  Obesity, Nutrition & Physical Activity

Iowa Counties with Local Strategies


These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: [https://idph.iowa.gov/chnahip/health-improvement-plans](https://idph.iowa.gov/chnahip/health-improvement-plans)

**Goals, Objectives & Strategies**

<table>
<thead>
<tr>
<th>Obesity, Nutrition &amp; Physical Activity</th>
<th>Goal #1</th>
<th>Increase the number of Iowans who engage in the recommended amounts of physical activity.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Million Hearts Initiative <a href="https://millionhearts.hhs.gov">https://millionhearts.hhs.gov</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>FM 7-22 CH 1 (Army Physical Readiness Training), 3 May 2013; AR 600-9 (The Army Body Composition Program), 28 June 2013</td>
</tr>
<tr>
<td><strong>Alignment with State / Other Plans</strong></td>
<td></td>
<td>State Innovation Model, Statewide Strategy Plans, Obesity <a href="https://idph.iowa.gov/SIM">https://idph.iowa.gov/SIM</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2022 Iowa Million Heart State Action Plan <a href="https://idph.iowa.gov/hdsp/state-plan">https://idph.iowa.gov/hdsp/state-plan</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Obesity, Nutrition &amp; Physical Activity</th>
<th>Objective 1-1</th>
<th>Increase the percentage of adults meeting aerobic physical activity guidelines.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Baseline Value</strong></td>
<td>2015</td>
<td>49%</td>
</tr>
<tr>
<td><strong>Target Value</strong></td>
<td>2021</td>
<td>52%</td>
</tr>
</tbody>
</table>

**Data Source & Location** | Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System [https://idph.iowa.gov/brfss](https://idph.iowa.gov/brfss)

**Obesity, Nutrition & Physical Activity**

**Strategy 1-1.1** | Increase the number of 5-2-1-0 registered sites. |
| **Strategy Type** | Professional/provider-focused |


**Who's Responsible** | Healthiest State Initiative |
| **Target Date** | Dec 31, 2019 |

**Obesity, Nutrition & Physical Activity**

**Strategy 1-1.2** | Increase the number of complete street policies in Iowa. |
| **Strategy Type** | Policy-focused |

Who’s Responsible
Iowa Department of Public Health, American Heart Association

Target Date
Jul 1, 2020

Obesity, Nutrition & Physical Activity

Strategy 1.3 Increase the percent of Expanded Food and Nutrition Program and Supplemental Nutrition Assistance Program (EFNEP and SNAP-Ed) adults reporting increasing minutes of physical activity.

Strategy Source & Location
Iowa State University Extension and Outreach 2014-2018 Work Plan

Who’s Responsible
Iowa State University Extension and Outreach Human Sciences Professionals

Target Date
Sep 30, 2021

Obesity, Nutrition & Physical Activity

Strategy 1.4 Improve Iowa child-care environments by encouraging providers to participate in NAP-SACC (Nutrition and Physical Activity Self-Assessment for Child Care).

Strategy Source & Location
https://gonapsacc.org

Who’s Responsible
American Heart Association, Iowa Department of Public Health, United Way of Central Iowa, Well Kids Coalition, YMCA

Target Date
Jul 1, 2020

Obesity, Nutrition & Physical Activity

Strategy 1.5 Support the Iowa Department of Education in the implementation of the Physical Education and Health Standards.

Strategy Source & Location
https://educateiowa.gov/pk-12/instruction/physical-education

Who’s Responsible
Iowa Department of Public Health, American Heart Association, Iowa Association for Health, Physical Education, Recreation and Dance (IAHPERD)

Target Date
Dec 31, 2019

Obesity, Nutrition & Physical Activity

Objective 1-2 Reduce the annual number of soldiers who are flagged in the Iowa Army National Guard (IA ARNG) for not passing the Army’s physical fitness standards by 20% from 886 (2018) to 709 by 2020.

Baseline Year 2018
Baseline Value 886
Target Year 2020
Target Value 709

Data Source & Location
Unit Personnel System/Command Management System, JFHQ.

Obesity, Nutrition & Physical Activity

Strategy 1.2.1 Assign one health promotion non-commissioned officer/officer to be trained by special staff on healthy eating/nutrition, physical fitness, leadership, and additional resources.

Strategy Source & Location
Lean in ’19: (published) Lean in ’20 campaign under review, awaiting approval

Who’s Responsible
Unit commanders identify individuals, IA ARNG Physical Resilience Working Group provides training

Target Date
Oct 1, 2019
**Strategy 1-2.2** Assist soldiers in creating diet and physical fitness logs/plans, following up on progress and adjusting plans as needed.

**Strategy Type** Individual/interpersonal-focused

**Strategy Source & Location**
Lean in ’19: (published) Lean in ’20 campaign under review, awaiting approval

**Who’s Responsible**
Commanders supported by Health Promotion Officers/Physical Resilience Working Group

**Target Date** Oct 1, 2019

**Strategy 1-2.3** Hold quarterly meetings for the Adjutant General's Health Promotion Council and brief senior leaders on direction and guidance to the Physical Resilience Working Group.

**Strategy Type** Professional/provider-focused

**Strategy Source & Location**
Army Regulation 600-63 Army Health Promotion, JFHQ (unpublished)

**Who’s Responsible**
State Health Promotion Officer/Physical Resilience Working Group

**Target Date** Oct 1, 2019

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**Goal #2** Increase the number of Iowans eating a healthy diet.

**Alignment with National Plans**

**Alignment with State / Other Plans**
- State Innovation Model, Statewide Strategy Plans, Obesity [https://idph.iowa.gov/SIM](https://idph.iowa.gov/SIM)

**Objective 2-1** Increase the number of Iowa adults who consume fruits (F) and vegetables (V) at least once per day.

<table>
<thead>
<tr>
<th>Year</th>
<th>F</th>
<th>V</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>58%</td>
<td>73%</td>
</tr>
<tr>
<td>2021</td>
<td>62%</td>
<td>77%</td>
</tr>
</tbody>
</table>

**Data Source & Location**
Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System [https://idph.iowa.gov/brfss](https://idph.iowa.gov/brfss)

**Strategy 2-1.1** Increase the number of 5-2-1-0 registered sites.

**Strategy Type** Professional/provider-focused

**Strategy Source & Location**
Obesity, Nutrition & Physical Activity

**Strategy 2-1.2** Increase availability of the Double Up Food Bucks (DUFB) at farmers’ markets.

- **Strategy Source & Location**

- **Who’s Responsible**
  - Iowa Healthiest State Initiative and Community Farmers Markets

- **Target Date**
  - Dec 31, 2019

**Strategy 2-1.3** Improve Iowa child-care environments by encouraging providers to participate in NAP-SACC.

- **Strategy Source & Location**
  - [https://gonapsacc.org](https://gonapsacc.org)

- **Who’s Responsible**
  - American Heart Association, Iowa Department of Public Health, United Way of Central Iowa, Well Kids Coalition, YMCA

- **Target Date**
  - Jul 1, 2020

**Strategy 2-1.4** Increase the number of children that participate in the Supplemental Nutrition Assistance Program Education (SNAP-Ed).

- **Strategy Source & Location**
  - SNAP-Ed Education and Administrative Reporting System (EARS) Form (unpublished data)

- **Who’s Responsible**
  - Iowa Department of Public Health, Iowa Nutrition Network (INN) - ISU Extension, school districts, public health agencies, and community action agencies

- **Target Date**
  - Dec 31, 2021

**Strategy 2-1.5** Provide the Pick a better snack social marketing campaign using multiple channels to the Iowa Nutrition Network School Grant Program communities.

- **Strategy Source & Location**
  - Iowa Nutrition Network - SNAP-Ed funded initiative [https://idph.iowa.gov/inn/school-grants](https://idph.iowa.gov/inn/school-grants)

- **Who’s Responsible**
  - Iowa Department of Public Health, Iowa Nutrition Network (INN) - ISU Extension, school districts, public health agencies, and community action agencies

- **Target Date**
  - Dec 31, 2021

**Strategy 2-1.6** Increase the consumption of fruits and vegetables in high nutrition-risk congregate meal participants.

- **Strategy Source & Location**
  - Iowa Department on Aging Social Assistance Management Software (SAMS) database

- **Who’s Responsible**
  - Iowa Department on Aging and Iowa Department of Public Health

- **Target Date**
  - Dec 31, 2021
Objective 2-2  By 2021 achieve a redemption rate of 75% of fruit and vegetable dollars (Cash Value Benefits - CVBs).

| Data Source & Location | WIC MIS System reports (unpublished) |

| Objective 2-3  Increase the percent of participants in Iowa State University Extension and Outreach training who apply what they have learned about healthy behaviors. |

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>60%</td>
<td>2021</td>
<td>65%</td>
</tr>
</tbody>
</table>

| Strategy Type  | Individual/interpersonal-focused |

| Strategy 2-3.1  Increase the percent of childcare training participants reporting preparedness to apply or teach health promoting dietary behaviors. |

| Strategy Source & Location | Iowa State University Extension and Outreach 2014-2018 Work Plan |

| Who’s Responsible | Iowa State University Extension and Outreach Human Sciences Professionals |

| Target Date | Sep 30, 2021 |

| Objective 2-4  Increase the number of summer meal sites by 12% from 504 (2016) to 565 by 2021. |

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>504</td>
<td>2021</td>
<td>565</td>
</tr>
</tbody>
</table>

| Data Source & Location | Iowa Department of Education, Bureau of Nutrition & Health Services Summer Food Service Program (SFSP) Sponsor Application |

| Sponsor Application | https://www.educateiowa.gov/documents/summer-food-service-program/2016/06/2016-open-feeding-sites-county |
Obesity, Nutrition & Physical Activity

**Strategy 2-4.1** Identify areas of unserved need and organizations serving the area including schools and non-profit organizations and facilitate collaboration.

**Strategy Type** Community-focused

**Strategy Source & Location**
SFSP Participation and Application, Iowa Department of Education, Bureau of Nutrition and Health Services
https://www.educateiowa.gov/documents/summer-food-service-program/2016/06/2016-open-feeding-sites-county

**Who's Responsible**
Iowa Department of Education, SFSP Education Program Consultant

**Target Date**
Sep 1, 2021

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Obesity, Nutrition & Physical Activity

**Strategy 2-4.2** Support currently participating organizations via education, technical assistance, sharing best practices, and identifying new resources to retain organization sponsorship of SFSP sites.

**Strategy Type** Professional/provider-focused

**Strategy Source & Location**
SFSP Participation and Application, Iowa Department of Education, Bureau of Nutrition and Health Services
https://www.educateiowa.gov/documents/summer-food-service-program/2016/06/2016-open-feeding-sites-county

**Who's Responsible**
Iowa Department of Education, SFSP Education Program Consultant

**Target Date**
Sep 1, 2021

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**Objective 2-5** Increase breastfeeding rate including initiation, exclusivity and duration among Iowa women. (Ever breastfed, Breastfed at 6 months (6M), Breastfed at 12 months (12M), exclusive breastfeeding through 3 months (3Mx), exclusive breastfeeding through 6 months (6Mx)

<table>
<thead>
<tr>
<th>Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>Ever: 83%</td>
<td>2021</td>
<td>Ever: 87%</td>
</tr>
<tr>
<td>6M: 53%</td>
<td></td>
<td>12M: 6M: 56%</td>
<td></td>
</tr>
<tr>
<td>12 M: 29%</td>
<td></td>
<td>3Mx: 31%</td>
<td></td>
</tr>
<tr>
<td>3Mx: 43%</td>
<td></td>
<td>6Mx: 46%</td>
<td></td>
</tr>
<tr>
<td>6Mx: 26%</td>
<td></td>
<td>6Mx: 28%</td>
<td></td>
</tr>
</tbody>
</table>

**Data Source & Location**
https://www.cdc.gov/breastfeeding/data/nis_data/results.html

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Obesity, Nutrition & Physical Activity

**Strategy 2-5.1** Develop or enhance partnerships between the local WIC programs/WIC Breastfeeding Peer Counseling Programs and local hospitals.

**Strategy Type** Professional/provider-focused

**Strategy Source & Location**

**Who's Responsible**
Iowa Department of Public Health Breastfeeding Program

**Target Date**
Dec 31, 2019

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Obesity, Nutrition & Physical Activity

**Strategy 2-5.2** Provide education and training to early care and education providers in best practices for supporting breastfeeding.

**Strategy Type** Professional/provider-focused

**Strategy Source & Location**
Iowa Department of Public Health, Bureau of Nutrition and Physical Activity

**Who's Responsible**
Iowa Department of Public Health

**Target Date**
Dec 31, 2019
### Iowa Counties with Local Strategies

Clarke, Greene, Henry, Lee, Montgomery, Webster

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: [https://idph.iowa.gov/chnahip/health-improvement-plans](https://idph.iowa.gov/chnahip/health-improvement-plans)

### Goals, Objectives & Strategies

#### Oral Health

**Goal #1**  All Iowans will have access to optimally fluoridated water.

**Alignment with National Plans**


**Alignment with State / Other Plans**


<table>
<thead>
<tr>
<th>Objective 1-1</th>
<th>Increase the percent of Iowans served by community water systems that have access to optimally fluoridated water (based on 0.7ppm proposed national standard) from 91% to 94%.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline Year</td>
<td>2016</td>
</tr>
<tr>
<td>Baseline Value</td>
<td>91%</td>
</tr>
<tr>
<td>Target Year</td>
<td>2021</td>
</tr>
<tr>
<td>Target Value</td>
<td>94%</td>
</tr>
</tbody>
</table>

**Strategy 1-1.1**  Launch a fluoridation education and outreach effort so that every child in Iowa through age 12 who lives in households with incomes below 300% of poverty level will be cavity-free.

**Strategy Source & Location**

- Delta Dental of Iowa Strategic Plan  [https://www.deltadentalia.com/foundation/strategic-goals](https://www.deltadentalia.com/foundation/strategic-goals)

**Who's Responsible**

- Delta Dental of Iowa Foundation  Target Date Jan 1, 2020

**Strategy 1-1.2**  Provide information and educational materials to health care providers, the general public, water professionals, and Iowans for Oral Health Coalition related to the safety, effectiveness, and cost effectiveness of water fluoridation.

**Strategy Source & Location**

- Iowa Oral Health Plan 2016-2020  Target Date Jan 1, 2020

**Who's Responsible**

- Iowa Department of Public Health

**Strategy 1-1.3**  Assess and monitor the fluoridation status of Iowa community water systems.

**Strategy Source & Location**

- Iowa Oral Health Plan 2016-2020  Target Date Jan 1, 2020

**Who's Responsible**

- Iowa Department of Public Health  Strategy Type Demographic/socioeconomic-focused
Oral Health

Goal #2  By 2020, assure optimal oral health for aging Iowans.

Alignment with National Plans
Healthy People 2020, Oral Health, Objectives 3-2 & 3-3  https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health

Alignment with State / Other Plans

Oral Health

Objective 2-1  Increase access to oral health education and services for aging Iowans by a trained and qualified workforce.

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>TBD</td>
<td>2020</td>
<td>TBD</td>
</tr>
</tbody>
</table>

Data Source & Location  To be developed.

Strategy 2-1.1  Support licensed dental hygienists performing educational and oral screening services and provide increased opportunities for them to teach direct care workers and other health providers.

Strategy Source & Location  New strategy

Who’s Responsible  Iowa Caregivers  Target Date  Dec 31, 2019

Strategy 2-1.2  Continue the grant of Oral Health Education for Direct Caregivers (OHEDC).

Strategy Source & Location  Iowa Oral Health Plan 2016-2020

Who’s Responsible  Iowa CareGivers  Target Date  Dec 31, 2019

Strategy 2-1.3  Increase awareness of Prepare to Care training including specialty endorsements such as Oral Health/Mouth Care Matters.

Strategy Source & Location  Iowa Oral Health Plan 2016-2020
### Oral Health

**Goal #3** Iowans will have improved access to preventive oral health services through I-Smile™ Program expansion.

#### Alignment with National Plans

#### Alignment with State / Other Plans

### Objective 3-1
Increase the percent of 3rd grade children who have at least one sealant on a permanent first molar from 59.4% to 70%.

<table>
<thead>
<tr>
<th>Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>59.4%</td>
<td>2021</td>
<td>70%</td>
</tr>
</tbody>
</table>

**Data Source & Location**

**Strategy 3-1.1** Provide technical assistance and training to local I-Smile™ school contractors.

**Strategy Type** Professional/provider-focused

**Strategy Source & Location** Iowa Oral Health Plan 2016-2020

**Who’s Responsible** Iowa Department of Public Health

**Target Date** Jan 1, 2020

### Objective 3-2
Increase the percent of Medicaid-enrolled children ages 0-2 who receive a dental service from 35.3% to 45.3%.

<table>
<thead>
<tr>
<th>Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>35.3%</td>
<td>2021</td>
<td>45.3%</td>
</tr>
</tbody>
</table>

**Data Source & Location** CMS 416 report [http://idph.iowa.gov/ohds/oral-health-center/reports](http://idph.iowa.gov/ohds/oral-health-center/reports)

**Strategy 3-2.1** Provide technical assistance and training to local I-Smile™ contractors.

**Strategy Type** Professional/provider-focused

**Strategy Source & Location** Iowa Oral Health Plan 2016-2020

**Who’s Responsible** Iowa Department of Public Health

**Target Date** Jan 1, 2020
**Strategy Source & Location**
I-Smile program plan, Iowa Department of Public Health

**Who's Responsible**
Iowa Department of Public Health

**Target Date**
Jan 1, 2020

**Oral Health**

**Strategy 3-2.2**
Work with partners to promote the I-Smile Program and early and regular care for children.

**Strategy Source & Location**
I-Smile program plan, Iowa Department of Public Health

**Who's Responsible**
Iowa Department of Public Health

**Target Date**
Jan 1, 2020

**Oral Health**

**Objective 3-3**
Increase the percent of older Iowans who visited a dentist in the past year from 72% to 75% for ages 65-74 and from 68% to 70% for ages 75 and over.

**Baseline Year**
2014

**Baseline Value**
72% (65-74)
68% (75+)

**Target Year**
2021

**Target Value**
75% (65-74)
70% (75+)

**Data Source & Location**

**Oral Health**

**Strategy 3-3.1**
Provide technical assistance and training to local I-Smile™ Silver contractors.

**Strategy Source & Location**
Iowa Oral Health Plan 2016-2020

**Who's Responsible**
Iowa Department of Public Health

**Target Date**
Jan 1, 2021

**Oral Health**

**Strategy 3-3.2**
Work with Lifelong Smiles Coalition and other partners to promote and expand the I-Smile™ Silver Program.

**Strategy Source & Location**
Iowa Oral Health Plan 2016-2020

**Who's Responsible**
Iowa Department of Public Health, Delta Dental of Iowa Foundation

**Target Date**
Jan 1, 2020
Iowa Health Issue: Sexually Transmitted Diseases (STD)

Iowa Counties with Local Strategies

Buchanan, Calhoun, Grundy, Iowa, Linn, Louisa, Marshall, Page, Pottawattamie, Webster

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: https://idph.iowa.gov/chnahip/health-improvement-plans

Goals, Objectives & Strategies

Sexually Transmitted Diseases (STD)

Goal #1 Reduce the burden of sexually transmitted diseases (STD) among disproportionately impacted populations.

Alignment with National Plans

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) Strategic Plan
https://www.cdc.gov/nchhstp/strategicpriorities/

Alignment with State / Other Plans

Iowa’s work plan for Improving Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development, and Prevention Strategies (STD AAPPS) https://idph.iowa.gov/Portals/1/Files/HIVSTDHEP/Final%20Narrative%203-22.pdf

Sexually Transmitted Diseases (STD)

Objective 1-1 By 2021, increase the percentage of sexually active females ages 16-24 who are screened at least annually for chlamydia to 60% using the HEDIS measure.

Baseline Year Baseline Value Target Year Target Value
2014 37% 2021 60%

Data Source & Location

Sexually Transmitted Diseases (STD)

Strategy 1-1.1 Work with medical organizations across the state to ensure providers are aware of chlamydia screening recommendations and the chlamydia HEDIS measure and adhering to them via distribution of materials, holding forums, and other educational opportunities related to testing, treatment, and risk reduction associated chlamydia.

Strategy Type Professional/provider-focused

Strategy Source & Location
Improving Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development, and Prevention Strategies (STD AAPPS) at http://www.cdc.gov/std/foa/aapps/ and Iowa's STD AAPPS work plan.

Who's Responsible
Iowa Department of Public Health, Bureau of HIV, STD, and Hepatitis

Target Date
Dec 31, 2021

Sexually Transmitted Diseases (STD)

Objective 1-2 By 2021, decrease the rate of gonorrhea among black, non-Hispanic persons in Iowa to 300 per 100,000 population.

Baseline Year Baseline Value Target Year Target Value
2014 586 2021 300

Data Source & Location

Iowa Department of Public Health, STD Program disease surveillance data http://idph.iowa.gov/hivstdhep/std/resources
Sexually Transmitted Diseases (STD)

**Strategy 1-2.1** Increase outreach to populations disproportionately impacted by gonorrhea in Iowa, including Black, non-Hispanic populations, to increase awareness and ensure access to testing and treatment services, as well as prevention and risk reduction options.

**Strategy Type** Community-focused

**Strategy Source & Location**
Community-Based Screening Services (CBSS) program for STD testing and treatment

**Who’s Responsible**
Iowa Department of Public Health, Bureau of HIV, STD, and Hepatitis

**Target Date** Dec 31, 2021

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**Objective 1-3**
By 2021, reduce the rate of infectious syphilis to 2.0 per 100,000 population.

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>5.6</td>
<td>2021</td>
<td>2.0</td>
</tr>
</tbody>
</table>

**Data Source & Location**
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) atlas

Iowa Department of Public Health, STD Program disease surveillance data
http://idph.iowa.gov/hivstdhep/std/resources

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**Strategy 1-3.1** Increase outreach to populations disproportionately impacted by syphilis in Iowa, including men who have sex with men (MSM) populations, to increase awareness and ensure access to testing and treatment services, as well as prevention and risk reduction options.

**Strategy Type** Community-focused

**Strategy Source & Location**
Community-Based Screening Services (CBSS) program for STD testing and treatment; HIV prevention and care programs

**Who’s Responsible**
Iowa Department of Public Health, Bureau of HIV, STD, and Hepatitis

**Target Date** Dec 31, 2021

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