Acknowledgements

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Governor: Kim Reynolds
Lieutenant Governor: Adam Gregg
IDPH Director: Gerd W. Clabaugh

Report Contact Information:
Jonn Durbin, MA, CPM
jonathan.durbin@idph.iowa.gov
515-281-8936

Louise Lex, PhD, MS
louise.lex@idph.iowa.gov
515-281-4348

Improving the health of Iowans does not stop at the door of governmental health agencies; it requires partners committed to making a real difference in the lives of everyone in the state and to garnering support from other like-minded groups. This plan is a testimonial to that commitment. Healthy Iowans would not be possible without the contribution of Iowa’s local public health agencies through local community health needs assessments and health improvement plans (CHNA & HIP). Summaries of these assessments and plans are available on the CHNA & HIP website. In addition, each action plan lists the counties with goals, objectives and strategies in their local HIPs for each health issue addressed in Healthy Iowans. We encourage contacting these local public health agencies to learn more about their CHNA & HIP processes and the good work they and their partners are doing in their communities.

Along with these local contributions, the following is a list of organizations, programs, and advisory groups, along with their partners, that have committed to goals, objectives and strategies they will undertake through 2021.

<table>
<thead>
<tr>
<th>Organization/Group Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>• ACEs (Adverse Childhood Experiences) Coalition</td>
</tr>
<tr>
<td>• Advisory Council on Brain Injuries</td>
</tr>
<tr>
<td>• Alzheimer’s Association</td>
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<tr>
<td>• American Cancer Society</td>
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<tr>
<td>• American Heart Association</td>
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<tr>
<td>• American Stroke Association</td>
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<tr>
<td>• Arthritis Foundation</td>
</tr>
<tr>
<td>• CAFÉ (Clean Air for Everyone) Citizen Action Network</td>
</tr>
<tr>
<td>• Campaign for Tobacco-Free Kids</td>
</tr>
<tr>
<td>• Care Coordination State Plan Task Force/Workgroup</td>
</tr>
<tr>
<td>• Center for Disabilities and Development at the University of Iowa Stead Family Children’s Hospital</td>
</tr>
<tr>
<td>• Center for Rural Health &amp; Primary Care Advisory Committee</td>
</tr>
<tr>
<td>• Central Iowa ACEs 360 Steering Committee</td>
</tr>
<tr>
<td>• Child and Family Policy Center</td>
</tr>
<tr>
<td>• Child Health Specialty Clinics, University of Iowa Division of Child and Community Health</td>
</tr>
<tr>
<td>• Community HIV and Hepatitis Advocates of Iowa Network</td>
</tr>
<tr>
<td>• Delta Dental of Iowa Foundation</td>
</tr>
<tr>
<td>• Easter Seals Iowa</td>
</tr>
<tr>
<td>Organization/Group Name</td>
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</tr>
<tr>
<td>Family Planning Council of Iowa</td>
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<tr>
<td>Food Access and Health Collaborative</td>
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<tr>
<td>Gay Men’s Health Committee</td>
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<tr>
<td>Healthier Iowa Coalition</td>
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<tr>
<td>IDPH Brain Injury Program</td>
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<tr>
<td>IDPH Breastfeeding Program</td>
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<tr>
<td>IDPH Bureau of Chronic Disease &amp; Management</td>
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<tr>
<td>IDPH Bureau of Emergency and Trauma Services</td>
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<tr>
<td>IDPH Bureau of Environmental Health Services</td>
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<tr>
<td>IDPH Bureau of Family Health</td>
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<tr>
<td>IDPH Bureau of Health Statistics</td>
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<tr>
<td>IDPH Bureau of HIV, STD, and Hepatitis</td>
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<tr>
<td>IDPH Bureau of Nutrition and Physical Activity</td>
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<tr>
<td>IDPH Bureau of Oral &amp; Health Delivery Systems</td>
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<tr>
<td>IDPH Bureau of Substance Abuse</td>
</tr>
<tr>
<td>IDPH Child and Adolescent Health Program</td>
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<tr>
<td>IDPH Data Management and Health Equity Program</td>
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<tr>
<td>IDPH Disability and Health Program</td>
</tr>
<tr>
<td>IDPH Division of Tobacco Use Prevention &amp; Control</td>
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<tr>
<td>IDPH Heart Disease &amp; Stroke Prevention Program</td>
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<tr>
<td>IDPH Immunization Program</td>
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<tr>
<td>IDPH Iowa Gambling Treatment Program</td>
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<tr>
<td>IDPH Iowa Suicide Prevention Planning Group</td>
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<tr>
<td>IDPH Occupational Health &amp; Safety Surveillance Program</td>
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<tr>
<td>IDPH Office of Disability, Injury &amp; Violence</td>
</tr>
<tr>
<td>IDPH Patient-Centered Health Advisory Council</td>
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<tr>
<td>IDPH Public Health Advisory Council</td>
</tr>
<tr>
<td>IDPH Trauma Informed Work Group</td>
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<tr>
<td>IDPH WIC Program</td>
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<tr>
<td>Iowa Army National Guard</td>
</tr>
<tr>
<td>Iowa Association for Health, Physical Education, Recreation and Dance</td>
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<tr>
<td>Iowa Board of Pharmacy</td>
</tr>
<tr>
<td>Iowa Cancer Consortium</td>
</tr>
<tr>
<td>Iowa Caregivers</td>
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<tr>
<td>Iowa Department of Administrative Services</td>
</tr>
<tr>
<td>Iowa Department of Corrections</td>
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<tr>
<td>Iowa Department of Education</td>
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<tr>
<td>Iowa Department of Human Services – <em>hawk-i</em></td>
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<tr>
<td>Iowa Department of Natural Resources</td>
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<tr>
<td>Iowa Department of Public Safety Governor’s Traffic Safety Bureau</td>
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<tr>
<td>Iowa Department of Transportation</td>
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<tr>
<td>Iowa Department on Aging</td>
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<tr>
<td>Iowa Economic Development Authority</td>
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<tr>
<td>Iowa Environmental Council</td>
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<tr>
<td>Iowa Falls Prevention Coalition</td>
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<tr>
<td>Iowa Health Information Network</td>
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<tr>
<td>Iowa Healthcare Collaborative</td>
</tr>
<tr>
<td>Iowa Healthiest State Initiative</td>
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<tr>
<td>Iowa HIV and Hepatitis Community Planning Group</td>
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<tr>
<td>Organization/Group Name</td>
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<td>-------------------------</td>
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<tr>
<td>• Iowa Hospital Association</td>
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<tr>
<td>• Iowa Medicaid Enterprise</td>
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<tr>
<td>• Iowa Medical Society</td>
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<tr>
<td>• Iowa Million Hearts Initiative Partners</td>
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<tr>
<td>• Iowa Nurses Association</td>
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<tr>
<td>• Iowa Nutrition Network</td>
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<tr>
<td>• Iowa Office of Drug Control Policy</td>
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<tr>
<td>• Iowa Office of the State Medical Examiner</td>
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<tr>
<td>• Iowa Person and Family Engagement State Plan Task Force/Work Group</td>
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<tr>
<td>• Iowa Pharmacy Association</td>
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<tr>
<td>• Iowa Poison Control Center</td>
</tr>
<tr>
<td>• Iowa Primary Care Association</td>
</tr>
<tr>
<td>• Iowa State University Extension &amp; Outreach</td>
</tr>
<tr>
<td>• Iowa Tobacco Control Advocates</td>
</tr>
<tr>
<td>• Iowa Tobacco Prevention Alliance</td>
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<tr>
<td>• Iowa Tobacco Use Prevention &amp; Control Commission</td>
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<tr>
<td>• Iowa Transportation Coordination Council</td>
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<tr>
<td>• Lions Clubs of Iowa</td>
</tr>
<tr>
<td>• Polk County Medical Society</td>
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<tr>
<td>• Prevent Child Abuse Iowa</td>
</tr>
<tr>
<td>• State Hygienic Laboratory</td>
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<tr>
<td>• Susan G. Komen Greater Iowa</td>
</tr>
<tr>
<td>• University of Iowa Division of Child &amp; Community Health</td>
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<tr>
<td>• University of Iowa Stead Family Children’s Hospital Child Protection Program</td>
</tr>
<tr>
<td>• University of Iowa Stead Family Children’s Hospital, Department of Ophthalmology &amp; Visual Sciences, Iowa KidSight</td>
</tr>
<tr>
<td>• University of Northern Iowa Center for Energy &amp; Environmental Education</td>
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<tr>
<td>• Wellmark Blue Cross Blue Shield</td>
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</tbody>
</table>
Executive Summary

What is Healthy Iowans?

*Healthy Iowans*, Iowa’s health improvement plan, sets the public health agenda for 2017-2021. Many organizations, advisory groups, and programs have contributed to the plan by participating in a statewide health assessment and by agreeing to take action to address Iowa’s top health issues. This action can lead to an Iowa where everyone has an opportunity for a longer, healthier and more productive life and where all can enjoy Iowa’s rich quality of life. Iowa’s top health issues were selected using input from local community planning groups in every county; recommendations made by individuals and private and public groups from across Iowa; analysis of health and demographic data; and national information that provided comparisons of Iowa’s health status with health status in other states. These issues have an impact on every person who lives in our state.

**Iowa’s Top Health Issues**

![Figure 1. Iowa's Top Health Issues. August 2016. Based on Iowa's State Health Assessment coordinated by the Iowa Department of Public Health, Bureau of Planning Services. The size of text represents the number of counties that mentioned the issue in their Community Health Needs Assessment (CHNA) and the number of times the issue was identified as a priority by statewide committees, organizations, or state agencies, and other stakeholders.]

**How were Iowa’s top health issues identified?**

This improvement plan continues the work undertaken by private and public sector organizations in *Healthy Iowans: Iowa’s Health Improvement Plan 2012-2016* and builds on the results of the *Healthy Iowans: 2016 State Health Assessment*. Throughout 2016, the Iowa Department of Public Health (IDPH) Bureau of Planning Services solicited public input, compiling recommendations for which health-related issues should be priorities for Iowa, analyzed data, and performed gap analyses to identify the issues demanding attention over the next five years. Iowa’s top health issues that emerged from this assessment include the following 3 overarching themes, as well as 23 other specific topics:
Health Equity is the principle that all people deserve the opportunity to achieve their optimal health. It involves the reduction of health disparities within population groups such as people with disabilities, minorities, or rural/urban populations. Achieving health equity also requires addressing the various Social Determinants of Health, including ☐ economic stability, ☐ education, ☐ health services access, ☐ neighborhood & the built environment, and the ☐ social & community context (e.g., community awareness of health issues/health literacy).

Life Course approaches address health throughout the various stages of life including maternal, infant, & child health; early & middle childhood; adolescence; early & middle adulthood; and older adulthood.

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

Table 1. Detailed description of Iowa’s Top Health Issues, 2016.

<table>
<thead>
<tr>
<th>Issue Rank</th>
<th>Issue Category: specific sub-issues identified in the state health assessment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Obesity, Nutrition &amp; Physical Activity: weight status, healthy eating, access to healthy food, food security, levels of physical activity, &amp; access to outlets for physical activity</td>
</tr>
<tr>
<td>2.</td>
<td>Mental Health, Illness &amp; Suicide: general mental health, illnesses such as depression &amp; Alzheimer’s disease, access to mental health services (providers/facilities), &amp; suicide</td>
</tr>
<tr>
<td>3.</td>
<td>Substance Abuse: alcohol &amp; binge drinking, prescription, illegal, &amp; other drugs</td>
</tr>
<tr>
<td>4.</td>
<td>Tobacco/Nicotine Use: smoking &amp; other tobacco use</td>
</tr>
<tr>
<td>5.</td>
<td>Transportation: transportation to health services &amp; to other daily activities</td>
</tr>
<tr>
<td>6.</td>
<td>Water Quality: surface &amp; ground water/storm &amp; waste water</td>
</tr>
<tr>
<td>7.</td>
<td>Cancer: all types, breast, &amp; colorectal</td>
</tr>
<tr>
<td>8.</td>
<td>Diabetes: prevention, education, &amp; living with it</td>
</tr>
<tr>
<td>9.</td>
<td>Lack of Oral Health/Dental Services: providers/facilities</td>
</tr>
<tr>
<td>10.</td>
<td>Falls: prevention &amp; older adults</td>
</tr>
<tr>
<td>11.</td>
<td>Adolescent Immunizations: recommended vaccines (human papillomavirus [HPV] &amp; others)</td>
</tr>
<tr>
<td>12.</td>
<td>Motor Vehicle Crashes: all, alcohol-related, &amp; rural</td>
</tr>
<tr>
<td>13.</td>
<td>Disaster Preparedness: network infrastructure, planning, &amp; notification</td>
</tr>
<tr>
<td>14.</td>
<td>Income/Poverty: all ages</td>
</tr>
<tr>
<td>15.</td>
<td>Sexually Transmitted Diseases: chlamydia, gonorrhea, &amp; syphilis</td>
</tr>
<tr>
<td>16.</td>
<td>Radon: awareness &amp; mitigation, rural</td>
</tr>
<tr>
<td>17.</td>
<td>Adverse Childhood Experiences: foster care, juvenile detention rates, child abuse, domestic violence, &amp; trauma-informed care</td>
</tr>
<tr>
<td>18.</td>
<td>Heart Disease: prevention &amp; living with it</td>
</tr>
<tr>
<td>19.</td>
<td>Safe, Affordable Housing: dilapidated/nuisance properties &amp; affordability</td>
</tr>
<tr>
<td>20.</td>
<td>Insurance Affordability &amp; Coverage: uninsured &amp; underinsured</td>
</tr>
<tr>
<td>21.</td>
<td>Lack of Primary Care Services: providers/facilities</td>
</tr>
<tr>
<td>22.</td>
<td>Flu Immunizations: all ages</td>
</tr>
<tr>
<td>23.</td>
<td>Occupational &amp; Farm Safety: work-related injuries/deaths &amp; safety in agricultural settings</td>
</tr>
</tbody>
</table>
How was the Healthy Iowans 2017-2021 plan developed?

Organizations, programs, and advisory groups that submitted recommendations as part of the state health assessment process as well as additional stakeholders from across the state were asked to submit goals, objectives and strategies focusing on one or more of Iowa’s 26 top health issues. In addition, an invitation to participate and a plan template that anyone could use were placed on the Healthy Iowans website. As a continuation of the state health assessment’s prioritization process, groups submitted up to three priority goals with associated objectives and strategies, which they consider most significant within the context of their current work. The submissions do not reflect everything the groups are doing but rather, a selection of the most salient statewide action to address Iowa’s top health issues. Through their submissions, groups committed to following up with action, evaluating results, and making revisions when necessary. To build consensus and encourage cooperative action, IDPH staff facilitated conversations among stakeholders to assure that submitted goals, objectives, or strategies aligned.

How is the plan organized?

The 26 top health issues are grouped into 11 focus areas. They are not mutually exclusive. For example, motor vehicle crashes strongly relate to substance abuse. Obesity (Healthy Living focus area) affects diabetes, heart disease and cancer (Chronic Disease focus area).

The focus areas follow:

- Health Equity/Social Determinants of Health
- Life Course
- Health System Improvement
- Acute Disease
- Addictive Behaviors
- Chronic Disease
- Disaster Preparedness
- Environmental Health
- Healthy Living
- Injury & Violence
- Mental Health, Illness, & Suicide

Each focus area includes a list of its top health issues, measures documenting health improvement (Measures of Health Improvement) and action Iowa is taking to address each issue (goals). Measures of Health Improvement are the health-related outcomes we expect to achieve by 2021. They are measures of progress for each focus area and are influenced by the achievement of the goals, objectives, and strategies documented in action plans for each issue. Because health equity, life course, and health system improvement are overarching issues, measures of health improvement in each focus area include identified disparities where the data sources include comparisons, such as those by race/ethnicity, gender, income, age, and location (e.g., rural or urban).

The action plans for each focus area (Appendix A) describe the action that Healthy Iowans partners have accepted responsibility for implementing and for reporting on progress. Each action plan includes

- a list of counties with strategies in their local community health improvement plans,
- alignment with national, state, or other plans,
- goal statements, and
- detailed objectives and strategies.

Objectives include a baseline, target, and data source. Strategies include where the strategy is located, strategy type, who is responsible, and target dates.
**Next Steps**

Healthy Iowans 2017-2021, Iowa’s health improvement plan, is designed to be flexible and reflect changes in Iowa’s health issues and in health improvement efforts. This means that each year, progress is tracked and reported, and revisions made as needed. Goals, objectives and strategies are updated annually to reflect the most current efforts to improve the health of Iowans. The annual progress report process will culminate in a five-year progress report that will lay the groundwork for a continuous, focused effort to address new and continuing health issues from 2021 through 2025. Moreover, as coordinator of Healthy Iowans, the IDPH Bureau of Planning Services recommends constant and consistent effort in developing and supporting the collaborative coalitions and planning groups that are vital to Healthy Iowans. These groups ensure that efforts to protect and improve the health of Iowans will continue to analyze data on health-related issues, explore emerging issues, build on current efforts by setting new goals and objectives, and by implementing multiple strategies.

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FOCUS AREA: Health Equity/Social Determinants of Health

What Health Issues Are Included
Health Equity & the Social Determinants of Health
Safe, Affordable Housing
Income/Poverty

Health Equity/Social Determinants (ESD) of Health Measures of Health Improvement
**Additional measures of health equity and social determinants of health are included throughout other focus areas**

<table>
<thead>
<tr>
<th>ESD-1</th>
<th>Economic stability, income and poverty: Decrease (\downarrow) the percentage of people below 100% of the federal poverty level.</th>
</tr>
</thead>
</table>
| **Overall ☑** | Black or African American ☑  
Target: 11%  
Baseline: 12% [2016]  
Newest: 11% [2017]=9% \(\downarrow\) decrease  
With any disability ☑  
Target: 21%  
Baseline: 23% [2016]  
Newest: 18% [2017]=22% \(\downarrow\) decrease |
| **Native American/Alaska Native ☑** |  
Target: 24%  
Baseline: 26% [2016]  
Newest: 24% [2017]=7% \(\downarrow\) decrease  
Hispanic/Latino ☑  
Target: 23%  
Baseline: 23% [2016]  
Newest: 18% [2017]=22% \(\downarrow\) decrease |


<table>
<thead>
<tr>
<th>ESD-2</th>
<th>Economic stability, income and poverty: Decrease (\downarrow) the percentage of children (0-17) below 100% of the federal poverty level.</th>
</tr>
</thead>
</table>
| **Overall ☑** | Black or African American ☑  
Target: 14%  
Baseline: 15.3% [2012-2016]  
Newest: 14.8% [2013-2017]=3% \(\downarrow\) decrease  
Native American/Alaska Native ☑  
Target: 34%  
Baseline: 36% [2012-2016]  
Newest: 32% [2013-2017]=12% \(\downarrow\) decrease |
| **Hispanic/Latino ☑** |  
Target: 28%  
Baseline: 29% [2012-2016]  
Newest: 28% [2013-2017]=4% \(\downarrow\) decrease  
With any disability ☑  
Target: 17%  
Baseline: 18% [2016]  
Newest: 19% [2017]=6% \(\uparrow\) increase |


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1 See the description on page 7.
**ESD-3**  
**Education:** Increase ↑ the percentage of public high school students who graduate in 4 years or less.  

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>English language learners</th>
<th>American Indian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target:</td>
<td>96%</td>
<td>85%</td>
<td>85%</td>
</tr>
<tr>
<td>Baseline:</td>
<td>91% [2016]</td>
<td>81% [2016]</td>
<td>81% [2016]</td>
</tr>
<tr>
<td>Newest:</td>
<td>91% [2018]=0%↔ no change</td>
<td>79% [2018]=2%↓ decrease</td>
<td>76% [2018]=6%↓ decrease</td>
</tr>
<tr>
<td><strong>Low socioeconomic status</strong></td>
<td>Overall</td>
<td>African Americans</td>
<td>Hispanic</td>
</tr>
<tr>
<td>Target:</td>
<td>89%</td>
<td>84%</td>
<td>89%</td>
</tr>
<tr>
<td>Baseline:</td>
<td>84% [2016]</td>
<td>80% [2016]</td>
<td>85% [2016]</td>
</tr>
<tr>
<td>Newest:</td>
<td>84% [2018]=0%↔ no change</td>
<td>81% [2018]=2%↑ increase</td>
<td>84% [2018]=0%↔ no change</td>
</tr>
</tbody>
</table>

Students with an Individualized Education Program  
Target: 73%  
Baseline: 69.5% [2016]  
Newest: 77% [2018]=10%↑ increase  


**ESD-4**  
**Health services access:** Increase ↑ the percentage of people with health insurance.  

<table>
<thead>
<tr>
<th>Adults, ages 18-64</th>
<th>Non-Hispanic Black adults</th>
<th>Hispanic/Latino adults</th>
<th>Children under age 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target:</td>
<td>99%</td>
<td>96%</td>
<td>96%</td>
</tr>
<tr>
<td>Baseline:</td>
<td>94% [2016]</td>
<td>91% [2016]</td>
<td>97% [2016]</td>
</tr>
<tr>
<td>Newest:</td>
<td>94% [2017]=0%↔ no change</td>
<td>91% [2017]=0%↔ no change</td>
<td>100%</td>
</tr>
</tbody>
</table>


**ESD-5**  
**Neighborhood, the built environment, and safe, affordable housing:** Decrease ↓ the percentage of substandard housing units.*  

<table>
<thead>
<tr>
<th>Overall</th>
<th>Non-Hispanic Black adults</th>
<th>Hispanic/Latino adults</th>
<th>Children under age 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target:</td>
<td>99%</td>
<td>94%</td>
<td>99%</td>
</tr>
<tr>
<td>Baseline:</td>
<td>22%</td>
<td>24.1% [2012-2016]</td>
<td>100%</td>
</tr>
<tr>
<td>Newest:</td>
<td>23.8% [2013-2017]=1%↓ decrease</td>
<td>91% [2017]=0%↔ no change</td>
<td>97% [2017]=0%↔ no change</td>
</tr>
</tbody>
</table>

*Includes households with one or more of four housing problems: incomplete kitchen facilities, incomplete plumbing facilities, more than 1 person per room, and cost burden (mortgage or rent) greater than 30% of monthly income.

**ESD-6**  
**Neighborhood, the built environment, and safe, affordable housing:** Increase ↑ the percentage of children living in neighborhoods with no poorly kept or rundown housing.  

<table>
<thead>
<tr>
<th>Overall</th>
<th>Hispanic</th>
<th>Income less than 200% of poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target:</td>
<td>68%</td>
<td>55%</td>
</tr>
<tr>
<td>Baseline:</td>
<td>64% [2016]</td>
<td>52% [2016]</td>
</tr>
<tr>
<td>Newest:</td>
<td>62% [2017]=3%↓ decrease</td>
<td>55% [2017]=25%↑ increase</td>
</tr>
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</table>


**ESD-7**  
**Social and community context:** Increase ↑ the percentage of children who live in neighborhoods that are supportive.*  

<table>
<thead>
<tr>
<th>Overall</th>
<th>Hispanic</th>
<th>Income less than 200% of poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target:</td>
<td>68%</td>
<td>55%</td>
</tr>
<tr>
<td>Baseline:</td>
<td>64% [2016]</td>
<td>52% [2016]</td>
</tr>
<tr>
<td>Newest:</td>
<td>62% [2017]=3%↓ decrease</td>
<td>55% [2017]=25%↑ increase</td>
</tr>
</tbody>
</table>

*Respondents were asked their level of agreement with 3 statements: (1) People in my neighborhood help each other out; (2) We watch out for each other’s children in this neighborhood; and (3) When we encounter difficulties, we know where to go for help in our community. Children are considered to live in supportive neighborhoods if their parents reported “definitely agree” to at least one of the items and “somewhat agree” or “definitely agree” to the other two items.
ESD-8  Social and community context: Increase the percentage of children who live in neighborhoods with a park/playground, sidewalks/walking paths, a library/bookmobile, and a community/recreation center/boys’ and girls’ club.

| Overall | Target: 39% | Baseline: 36% [2016] | Newest: 36% [2017] = 0% no change |


**Action Iowa is taking to address Health Equity and the Social Determinants of Health**

**Health Equity & the Social Determinants of Health**

- Address health access and barriers in rural and agricultural communities.
- Continue to promote and support efforts to address social determinants of health.
- Ensure that Federally Qualified Health Center patients receive an assessment that includes socioeconomic factors affecting their health.
- Assure access to high quality family planning services for low-income Iowans.
- Increase health equity and quality of life for people with disabilities.
- Improve health equity among Iowans in low and moderate-income communities by increasing access to healthy foods.
- Reduce arthritis-related disparities in health and health care.
- Reduce HIV-related disparities and health inequities.
- Increase access to care and improve health outcomes for persons living with HIV.
- Increase health literacy among Iowans.
- Reduce the African-American infant mortality rate.
- Continue to provide specialty care to Iowans 200% below poverty level through the Polk County Medical Society Volunteer Physician Network Program.

**Safe, Affordable Housing**

- Improve housing and infrastructure for low and moderate-income Iowans.

**Income/Poverty**

- Statewide goals, objectives, and strategies for these issues have not yet been identified.

**Action Plan with Goals, Objectives & Strategies**

See Appendix A.
FOCUS AREA: Life Course

What Health Issues Are Included
Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle, and Older Adulthood

Life Course Measures of Health Improvement
**Additional life course measures are included in other focus areas with measures for specific age groups**

LC-1 Decrease ↓ the teen birth rate.*

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>American Indian / Alaska Native</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>17</td>
<td>Target: 29</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Hispanic / Latino</th>
<th>Non-Hispanic Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>39</td>
<td>Target: 39</td>
</tr>
</tbody>
</table>

Data Source: United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics (DVS), Natality public-use data on CDC WONDER Online Database. https://wonder.cdc.gov/natality.html

* Rate of total number of births to women ages 15-19 per 1,000 female population ages 15-19.

LC-2 Decrease ↓ the percentage of children born with low birthweight (less than 2,500 grams).

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>Non-Hispanic Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>6%</td>
<td>Target: 11%</td>
</tr>
<tr>
<td>Baseline: 6.75% [2016]</td>
<td>Baseline: 12% [2016]</td>
<td></td>
</tr>
<tr>
<td>Newest: 6.6% [2017]=3% ↓ decrease</td>
<td>Newest: 11% [2017]=2% ↓ decrease</td>
<td></td>
</tr>
</tbody>
</table>

Data Source: US DHHS, CDC, NCHS, DVS, Natality public-use data on CDC WONDER Online Database. https://wonder.cdc.gov/natality.html

LC-3 Decrease ↓ the infant mortality rate (number of infant deaths before age one per 1,000 live births).

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>Mother ages 15-19</th>
<th>Non-Hispanic Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>4</td>
<td>Target: 7</td>
<td>Target: 8</td>
</tr>
</tbody>
</table>

Data Source: US DHHS, CDC, NCHS, DVS. Linked Birth / Infant Death Records as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program, on CDC WONDER Online Database. https://wonder.cdc.gov/lbd.html

---

2 See the description on page 7.
**LC-4** Decrease ↓ the child and teen death rates (number of deaths per 100,000 youth ages 1-19).

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Target</th>
<th>Baseline [Year]</th>
<th>Newest [Year]</th>
<th>Increase/Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall, ages 1-19</td>
<td>23</td>
<td>24.5 (192 deaths) [2016]</td>
<td>27 (212 deaths) [2017]</td>
<td>10%↑ increase</td>
</tr>
<tr>
<td>Male, ages 1-19</td>
<td>31</td>
<td>33 (131 deaths) [2016]</td>
<td>36 (146 deaths) [2017]</td>
<td>11%↑ increase</td>
</tr>
<tr>
<td>Black or African American, non-Hispanic, ages 1-19</td>
<td>46</td>
<td>49 (25 deaths) [2016]</td>
<td>51 (27 deaths) [2017]</td>
<td>4%↑ increase</td>
</tr>
<tr>
<td>Ages 1-4</td>
<td>27</td>
<td>29 (47 deaths) [2016]</td>
<td>23 (37 deaths) [2017]</td>
<td>21%↓ decrease</td>
</tr>
<tr>
<td>Ages 5-9</td>
<td>7</td>
<td>8 (17 deaths) [2016]</td>
<td>12 (24 deaths) [2017]</td>
<td>42%↑ increase</td>
</tr>
<tr>
<td>Ages 10-14</td>
<td>18</td>
<td>20 (40 deaths) [2016]</td>
<td>17 (36 deaths) [2017]</td>
<td>11%↓ decrease</td>
</tr>
<tr>
<td>Ages 15-19</td>
<td>38</td>
<td>41 (88 deaths) [2016]</td>
<td>54 (115 deaths) [2017]</td>
<td>31%↑ increase</td>
</tr>
</tbody>
</table>

Data Source: CDC, NCHS. Multiple Cause of Death on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. [https://wonder.cdc.gov/mcd.html](https://wonder.cdc.gov/mcd.html)

**LC-5** Decrease ↓ premature death (Years of Potential Life Lost (YPLL) Before Age 75) per 100,000 people (age-adjusted rate).

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Target</th>
<th>Baseline [Year]</th>
<th>Newest [Year]</th>
<th>Increase/Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>5,881</td>
<td>6,191 [2016]</td>
<td>6,065 [2017]</td>
<td>2%↓ decrease</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>10,717</td>
<td>11,282 [2016]</td>
<td>11,047 [2017]</td>
<td>2%↓ decrease</td>
</tr>
<tr>
<td>American Indian/Alaskan Native, non-Hispanic</td>
<td>9,140</td>
<td>9,622 [2016]</td>
<td>14,795 [2017]</td>
<td>54%↑ increase</td>
</tr>
</tbody>
</table>


**LC-6** Increase ↑ the percentage of children in excellent or very good health.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Target</th>
<th>Baseline [Year]</th>
<th>Newest [Year]</th>
<th>Increase/Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall, ages 0-17</td>
<td>97%</td>
<td>92% [2016]</td>
<td>91% [2017]</td>
<td>1%↓ decrease</td>
</tr>
</tbody>
</table>

### Increase the percentage of adults in excellent or very good health.

<table>
<thead>
<tr>
<th>Overall</th>
<th>Hispanic</th>
<th>Black, non-Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 59%</td>
<td>Target: 39%</td>
<td>Target: 51%</td>
</tr>
<tr>
<td>Newest: 51% [2017]=7%↓ decrease</td>
<td>Newest: 37% [2017]=0%→ no change</td>
<td>Newest: 43% [2017]=11%↓ decrease</td>
</tr>
</tbody>
</table>

**High School Graduate**

| Target: 53% | Target: 32% |
| Baseline: 50% [2016] | Baseline: 30% [2016] |
| Newest: 45% [2017]=11%↓ decrease | Newest: 24% [2017]=20%↓ decrease |

| Adults with Disability* | Target: 32% |
| Baseline: 30% [2016] |
| Newest: 24% [2017]=20%↓ decrease |

| Income less than $25,000 | Income from $25,000 to less than $50,000 |
| Target: 32% | Target: 50% |
| Baseline: 30% [2016] | Baseline: 47% [2016] |
| Newest: 27% [2017]=11%↓ decrease | Newest: 45% [2017]=6%↓ decrease |

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**Action Iowa is taking to address the Life Course**

- Assure that children have a healthy start.
- Reduce the African-American infant mortality rate (see Health Equity & the Social Determinants of Health Focus Area).
- Protect child health and water quality through pesticide reduction.
- Address all aspects of transition to adulthood for youth with special health care needs through transition planning.
- Increase awareness about Alzheimer's disease and the importance of early detection to increase early detection.

**Action Plan with Goals, Objectives & Strategies**

See Appendix A.
FOCUS AREA: Health System Improvement

What Health Issues Are Included
Health System Improvement & Evidence-Based Decision Making
Transportation
Insurance Affordability & Coverage
Lack of Primary Care Services

Health System Improvement Measures of Health Improvement

HSI-1 Increase \(\uparrow\) the percentage of patients who report a positive overall rating of hospital communication.*

<table>
<thead>
<tr>
<th>Measure</th>
<th>Overall</th>
<th>Target: 85%</th>
<th>Baseline: 80.5% [2016]</th>
<th>Newest: 80% [2017]=0%→ no change</th>
</tr>
</thead>
</table>


HSI-2 Decrease \(\downarrow\) the rate of preventable hospitalizations (discharges per 1,000 Medicare enrollees).

<table>
<thead>
<tr>
<th>Measure</th>
<th>Overall</th>
<th>Target: 45</th>
<th>Baseline: 48 [2014]</th>
<th>Newest: 49 [2015]=1% (\uparrow) increase</th>
</tr>
</thead>
</table>


HSI-3 Decrease \(\downarrow\) the percentage of adults who cannot afford to see a doctor because of the cost.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Overall</th>
<th>Target: 7%</th>
<th>Baseline: 7.7% [2016]</th>
<th>Newest: 7.9% [2017]=2% (\uparrow) increase</th>
</tr>
</thead>
</table>

| Measure | Adults with Disability* | Target: 13% | Baseline: 14% [2016] | Newest: 13% [2017]=13\% \(\downarrow\) decrease |

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.

HSI-4 Increase \(\uparrow\) the number of primary care physicians per 100,000 population.

| Measure | Overall | Target: 78 | Baseline: 73 [2015] | Newest: 72 [2016]=2\% \(\downarrow\) decrease |


---

3 See the description on page 7.
HSI-5  Increase ▲ the percentage of adults who have one person who they think of as their personal health care provider.

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>Black, non-Hispanic</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target:</td>
<td>82%</td>
<td>Target: 71%</td>
<td>Target: 75%</td>
</tr>
<tr>
<td>Newest:</td>
<td>73% [2017]=5%↓ decrease</td>
<td>Newest: 70% [2017]=5%↑ increase</td>
<td>Newest: 68% [2017]=4%↓ decrease</td>
</tr>
<tr>
<td>Asian, non-Hispanic</td>
<td>Target: 60%</td>
<td>Target: 65%</td>
<td>Target: 75%</td>
</tr>
<tr>
<td>Newest:</td>
<td>61% [2017]=8%↑ increase</td>
<td>Newest: 59% [2017]=4%↓ decrease</td>
<td>Newest: 68% [2017]=4%↓ decrease</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)

HSI-6  Increase ▲ the percentage of adults who have had a routine check-up in the last year.

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target:</td>
<td>76%</td>
<td>Target: 70%</td>
</tr>
<tr>
<td>Baseline:</td>
<td>72% [2016]</td>
<td>Baseline: 66% [2016]</td>
</tr>
<tr>
<td>Newest:</td>
<td>70% [2017]=2%↓ decrease</td>
<td>Newest: 64% [2017]=4%↓ decrease</td>
</tr>
</tbody>
</table>

Ages 18-24 ▲

<table>
<thead>
<tr>
<th></th>
<th>Ages 25-34</th>
<th>Ages 35-44</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target:</td>
<td>65%</td>
<td>62%</td>
</tr>
<tr>
<td>Newest:</td>
<td>60% [2017]=3%↓ decrease</td>
<td>Newest: 56% [2017]=4%↓ decrease</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)

HSI-7  Increase ▲ the percentage of adolescents who have had one or more preventive medical visits in the last year.

<table>
<thead>
<tr>
<th>Ages 12-17</th>
<th>Target: 83%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline:</td>
<td>79% [2016]</td>
</tr>
<tr>
<td>Newest:</td>
<td>82% [2017]=4%↑ increase</td>
</tr>
</tbody>
</table>


Action Iowa is taking to address Health System Improvement

Health System Improvement & Evidence-Based Decision Making

- Increase person and family engagement in decision-making.
- Improve care provided by critical access hospitals and emergency medical service providers to patients presenting with sudden cardiac arrest.
- Increase the use of standardized methods to assess the development of young children.
- Increase the percentage of Iowa school districts and accredited non-public schools with concussion management protocols supporting students returning to the classroom following concussion.
- Improve the quality of cause of death data collected on mortality records.
- Assure equitable public health services across the state.
- Use data governance to ensure consistent practices at the Iowa Department of Public Health related to data.
- Increase the number of Data Sharing Agreements to ensure that data are being provided to internal and external Iowa Department of Public Health stakeholders to promote evidence-based decisions.
- Integrate services for Children and Youth with Special Health Care Needs.
- Expand the impact of the Iowa Public Health Tracking Portal in evidence-based decision-making.
- Increase participation in all services of the Iowa Health Information Network to create a complete network for health information exchange.
- Develop, sustain, and enhance laboratory-testing capabilities to detect and confirm novel anti-microbial resistance mechanisms to prevent transmission of difficult-to-treat pathogens.
- Increase the laboratory workforce in Iowa to meet future demands.
Transportation
- Provide transportation to health care services by making available State Transit Assistance Special Project funds to Iowa's 35 public transit agencies.

Insurance Affordability & Coverage
- Reduce the number of Iowa's children and pregnant women who are un- or under-insured.

Lack of Primary Care Services
- Coordinate care for children and youth with special health care needs through a medical home.
- Increase the number of young children who receive a vision screening.
- Improve access to preventive care and chronic care management services through pharmacists in Iowa communities.
- Ensure a stable health and long-term care direct care workforce prepared to provide quality care and support to Iowans.

Action Plan with Goals, Objectives & Strategies
See Appendix A.

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FOCUS AREA: Acute Disease

What Health Issues Are Included
Adolescent Immunizations
Flu Immunizations

Acute Disease Measures of Health Improvement

AD-1 Increase ↑ the percentage of adolescents ages 13 to 17 Up-To-Date on HPV vaccinations.*

<table>
<thead>
<tr>
<th>Overall ☀</th>
<th>Female ☀</th>
<th>Male ☀</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 48%</td>
<td>Target: 50%</td>
<td>Target: 46%</td>
</tr>
<tr>
<td>Newest: 54% [2017]=18%↑ increase</td>
<td>Newest: 66% [2017]=38%↑ increase</td>
<td>Newest: 43% [2017]=3%↓ decrease</td>
</tr>
</tbody>
</table>


*Completion of the HPV vaccine series (2-doses separated by 5 months (minus 4 days) for immunocompetent adolescents initiating the HPV vaccine series before their 15th birthday and 3 doses for all others).

AD-2 Increase ↑ the percentage of adolescents ages 13 to 17 getting meningitis (meningococcal) vaccinations.*

<table>
<thead>
<tr>
<th>Overall ☀</th>
<th>Living in a Non MSA (rural) ☀</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 79%</td>
<td>Target: 65%</td>
</tr>
<tr>
<td>Baseline: 75% [2016]</td>
<td>Baseline: 61% [2016]</td>
</tr>
<tr>
<td>Newest: 84% [2017]=12%↑ increase</td>
<td>Newest: 75% [2017]=22%↑ increase</td>
</tr>
</tbody>
</table>


*≥1 dose of Meningococcal conjugate vaccine (MenACWY).

AD-3 Increase ↑ the percentage of adults getting flu vaccinations.

<table>
<thead>
<tr>
<th>Ages 18-64 ☀</th>
<th>Male ages 18-64 ☀</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 44%</td>
<td>Target: 36%</td>
</tr>
<tr>
<td>Baseline: 41% [2016]</td>
<td>Baseline: 34% [2016]</td>
</tr>
<tr>
<td>Newest: 40% [2017]=3%↓ decrease</td>
<td>Newest: 35% [2017]=4%↑ increase</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hispanic ages 18-64 ☀</th>
<th>Non-Hispanic Black ages 18-64 ☀</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 38%</td>
<td>Target: 31%</td>
</tr>
<tr>
<td>Baseline: 36% [2016]</td>
<td>Baseline: 29% [2016]</td>
</tr>
<tr>
<td>Newest: 45% [2017]=25%↑ increase</td>
<td>Newest: 39% [2017]=33%↑ increase</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Ages 65+ ☀</th>
<th>Male ages 18-64 ☀</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 71%</td>
<td>Target: 36%</td>
</tr>
<tr>
<td>Baseline: 67% [2016]</td>
<td>Baseline: 34% [2016]</td>
</tr>
<tr>
<td>Newest: 66% [2017]=1%↓ decrease</td>
<td>Newest: 35% [2017]=4%↑ increase</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
**Action Iowa is taking to address Acute Disease**

**Adolescent Immunizations**
- Increase the number of adolescents 13 to 17 years of age who have received human papillomaviruses (HPV) vaccine.
- Increase the number of adolescents in 7th and 12th grades who receive meningococcal vaccine.
- Increase adolescent immunization rates by increasing access to adolescent vaccines administered by pharmacists.

**Flu Immunizations**
- Increase the number of health care workers who receive the influenza vaccine annually.
- Increase influenza vaccinations in adults 65 years of age and older.

**Action Plan with Goals, Objectives & Strategies**
See [Appendix A](#).

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# FOCUS AREA: Addictive Behaviors

## What Health Issues Are Included
- Substance Abuse
- Tobacco/Nicotine Use

## Addictive Behaviors Measures of Health Improvement

### AB-1
Decrease ↓ the rate of opioid-related deaths (per 100,000 population - age-adjusted).

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>Target: 5 (142 deaths)</th>
<th>Baseline: 6 (183 deaths) [2016]</th>
<th>Newest: 7 (206 deaths) [2017]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Source:</td>
<td>CDC, NCHS. Multiple Cause of Death on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="https://wonder.cdc.gov/mcd-icd10.html">https://wonder.cdc.gov/mcd-icd10.html</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### AB-2
Decrease ↓ youth substance use (ages 12-17, use in the month before the survey).

<table>
<thead>
<tr>
<th></th>
<th>Alcohol</th>
<th>Illicit drugs</th>
<th>Cigarettes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Target: 8%</td>
<td>Target: 6%</td>
<td>Target: 4%</td>
</tr>
<tr>
<td></td>
<td>Newest: 10% [2016-17]=3%↑ increase</td>
<td>Newest: 6% [2016-17]=7%↓ decrease</td>
<td>Newest: 4% [2016-17]=20%↓ decrease</td>
</tr>
<tr>
<td>Data Source:</td>
<td>Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016-2017 State Prevalence Estimates. Table 1 (Illicit drugs), Table 13 (Alcohol), Table 18 (Cigarettes).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### AB-3
Decrease ↓ the percentage of adults reporting excessive drinking.*

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>Male</th>
<th>Ages 18-44</th>
<th>Income $75,000+</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Target: 20%</td>
<td>Target: 26%</td>
<td>Target: 29%</td>
<td>Target: 27%</td>
</tr>
<tr>
<td>Data Source:</td>
<td>CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence &amp; Trends Data. Courtesy: UnitedHealth Foundation, America’s Health Rankings.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><a href="https://www.americashealthrankings.org/explore/annual/state/IA">https://www.americashealthrankings.org/explore/annual/state/IA</a></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Percent of adults who report either binge drinking, defined as having more than 4 (women) or 5 (men) alcoholic drinks on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than 1 (women) or 2 (men) drinks per day on average.
Increase \( \uparrow \) the percentage of adults who have never smoked.

<table>
<thead>
<tr>
<th>Overall</th>
<th>Male</th>
<th>Ages 18-24</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 61%</td>
<td>Target: 56%</td>
<td>Target: 84%</td>
</tr>
<tr>
<td>Newest: 58% [2017]=0%→ no change</td>
<td>Newest: 53% [2017]=0%→ no change</td>
<td>Newest: 81% [2017]=2%( \uparrow ) increase</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Income less than $15,000</th>
<th>Income $15,000-$24,999</th>
<th>Income $25,000-$49,999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 49%</td>
<td>Target: 51%</td>
<td>Target: 55%</td>
</tr>
<tr>
<td>Newest: 51% [2017]=10%( \uparrow ) increase</td>
<td>Newest: 48.8% [2017]=0%→ no change</td>
<td></td>
</tr>
<tr>
<td>Newest: 55% [2017]=17%( \uparrow ) increase</td>
<td></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)

Decrease \( \downarrow \) the percentage of adults who are current smokers (cigarettes).

<table>
<thead>
<tr>
<th>Overall</th>
<th>Black, non-Hispanic</th>
<th>Adults with Disability*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 15%</td>
<td>Target: 27%</td>
<td>Target: 24%</td>
</tr>
<tr>
<td>Newest: 17.1% [2017]=2%( \uparrow ) increase</td>
<td>Newest: 36% [2017]=27%( \uparrow ) increase</td>
<td>Newest: 25% [2017]=3%( \downarrow ) decrease</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Income Less Than $25,000</th>
<th>Income $25,000-$49,999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 27%</td>
<td>Target: 21%</td>
</tr>
<tr>
<td>Baseline: 29% [2016]</td>
<td>Baseline: 23% [2016]</td>
</tr>
<tr>
<td>Newest: 32% [2017]=11%( \uparrow ) increase</td>
<td>Newest: 21% [2017]=8%( \downarrow ) decrease</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.

Action Iowa is taking to address Addictive Behaviors

**Substance Abuse**
- Decrease opioid-related overdoses/deaths.
- Increase the availability of opioid reversal agents for patients at pharmacies across the state.
- At the local level, share resources and education with multiple stakeholders addressing their issues of substance abuse.
- Reduce excessive and disordered use of alcohol and other drugs, through prevention, treatment, and recovery supports.
- Reduce the overall number of substance abuse illicit urinalysis and increase the number of self-referrals for substance abuse (alcohol and drug) in the Iowa Army National Guard through urinalysis testing at the unit level, substance abuse screening, and prevention education/training.

**Tobacco/Nicotine Use**
- Reduce tobacco use and the toll of tobacco-caused disease and death by preventing youth from starting, helping lowans to quit, and preventing exposure to secondhand smoke.

**Action Plan with Goals, Objectives & Strategies**
See [Appendix A](#).
FOCUS AREA: Chronic Disease

What Health Issues Are Included
Cancer
Diabetes
Heart Disease

Chronic Disease Measures of Health Improvement

**CD-1** Decrease ↓ the rate of deaths caused by cancer (per 100,000 population - age-adjusted).

<table>
<thead>
<tr>
<th>Overall</th>
<th>Male</th>
<th>Black, non-Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 151</td>
<td>Target: 186</td>
<td>Target: 176</td>
</tr>
</tbody>
</table>

Data Source: CDC, NCHS. Multiple Cause of Death on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. ICD-10 codes C00-C97 (Malignant Neoplasms) listed as the underlying cause of death. [https://wonder.cdc.gov/mcd-icd10.html](https://wonder.cdc.gov/mcd-icd10.html)

**CD-2** Decrease ↓ the rate of deaths caused by lung cancer (per 100,000 population - age-adjusted).

<table>
<thead>
<tr>
<th>Overall</th>
<th>Male</th>
<th>Black, non-Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 39</td>
<td>Target: 50</td>
<td>Target: 52</td>
</tr>
</tbody>
</table>

Data Source: CDC, NCHS. Multiple Cause of Death on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. ICD-10 codes C33-C34 (Malignant Neoplasms of trachea, bronchus and lung) listed as the underlying cause of death. [https://wonder.cdc.gov/mcd-icd10.html](https://wonder.cdc.gov/mcd-icd10.html)

**CD-3** Decrease ↓ the rate of deaths caused by colorectal cancer (per 100,000 population - age-adjusted).

<table>
<thead>
<tr>
<th>Overall</th>
<th>Male</th>
<th>Black, non-Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 13</td>
<td>Target: 16</td>
<td>Target: 16</td>
</tr>
</tbody>
</table>

Data Source: CDC, NCHS. Multiple Cause of Death on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. ICD-10 codes C18-C21 (Malignant Neoplasms of colon, rectum and anus) listed as the underlying cause of death. [https://wonder.cdc.gov/mcd-icd10.html](https://wonder.cdc.gov/mcd-icd10.html)

**CD-4** Decrease ↓ the rate of female deaths caused by breast cancer (per 100,000 females - age-adjusted).

<table>
<thead>
<tr>
<th>Overall</th>
<th>Male</th>
<th>Black, non-Hispanic Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 18</td>
<td>Target: 496</td>
<td>Target: 552</td>
</tr>
</tbody>
</table>

Data Source: CDC, NCHS. Multiple Cause of Death on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. ICD-10 codes C50 (Malignant Neoplasms of breast) listed as the underlying cause of death. [https://wonder.cdc.gov/mcd-icd10.html](https://wonder.cdc.gov/mcd-icd10.html)

**CD-5** Decrease ↓ the incidence of cancer (per 100,000 population - age-adjusted).

<table>
<thead>
<tr>
<th>Overall</th>
<th>Male</th>
<th>Black, non-Hispanic Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 455</td>
<td>Target: 496</td>
<td>Target: 552</td>
</tr>
</tbody>
</table>

CD-6 Decrease ↓ the incidence of lung cancer (per 100,000 population - age-adjusted).

<table>
<thead>
<tr>
<th>Overall</th>
<th>Male</th>
<th>Black, non-Hispanic</th>
<th>Black, non-Hispanic Male</th>
<th>Black, non-Hispanic Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 61</td>
<td>Target: 71</td>
<td>Target: 85</td>
<td>Target: 107</td>
<td>Target: 73</td>
</tr>
</tbody>
</table>


CD-7 Decrease ↓ the incidence of colorectal cancer (per 100,000 population - age-adjusted).

<table>
<thead>
<tr>
<th>Overall</th>
<th>Male</th>
<th>Black, non-Hispanic</th>
<th>Black, non-Hispanic Male</th>
<th>Black, non-Hispanic Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 44</td>
<td>Target: 49</td>
<td>Target: 28</td>
<td>Target: 28</td>
<td>Target: 28</td>
</tr>
<tr>
<td>Newest: 44 [2015]=7% decrease</td>
<td>Newest: 50.5 [2015]=2% decrease</td>
<td>Newest: 30 [2015]=0% no change</td>
<td>Newest: 30 [2015]=0% no change</td>
<td>Newest: 30 [2015]=0% no change</td>
</tr>
</tbody>
</table>


CD-8 Decrease ↓ the incidence of female breast cancer (per 100,000 population - age-adjusted).

<table>
<thead>
<tr>
<th>Overall</th>
<th>Adults with Disability*</th>
<th>Income Less Than $15,000</th>
<th>Income $15,000 - $24,999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 120</td>
<td>Target: 18%</td>
<td>Target: 13%</td>
<td>Target: 13%</td>
</tr>
<tr>
<td>Newest: 129 [2015]=2%↑ increase</td>
<td>Newest: 19% [2017]=0%→ no change</td>
<td>Newest: 16% [2017]=10%↑ increase</td>
<td>Newest: 15% [2017]=4%↑ increase</td>
</tr>
</tbody>
</table>


CD-9 Decrease ↓ the incidence of skin melanomas (per 100,000 population - age-adjusted).

<table>
<thead>
<tr>
<th>Overall</th>
<th>Male</th>
<th>Income Less Than $15,000</th>
<th>Income $15,000 - $24,999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 23</td>
<td>Target: 28</td>
<td>Target: 13%</td>
<td>Target: 13%</td>
</tr>
<tr>
<td>Newest: 27 [2015]=5%↑ increase</td>
<td>Newest: 30 [2015]=0%→ no change</td>
<td>Newest: 16% [2017]=10%↑ increase</td>
<td>Newest: 15% [2017]=4%↑ increase</td>
</tr>
</tbody>
</table>


CD-10 Decrease ↓ the percentage of adults who have been told they have diabetes.

<table>
<thead>
<tr>
<th>Overall</th>
<th>Adults with Disability*</th>
<th>Income Less Than $15,000</th>
<th>Income $15,000 - $24,999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 8%</td>
<td>Target: 18%</td>
<td>Target: 13%</td>
<td>Target: 13%</td>
</tr>
<tr>
<td>Newest: 10% [2017]=3%↑ increase</td>
<td>Newest: 19% [2017]=0%→ no change</td>
<td>Newest: 16% [2017]=10%↑ increase</td>
<td>Newest: 15% [2017]=4%↑ increase</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.

CD-11 Decrease ↓ the percentage of adults with diabetes who have not seen a health professional in the last year.

<table>
<thead>
<tr>
<th>Overall</th>
<th>Adults with Disability*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 8%</td>
<td>Target: 18%</td>
</tr>
<tr>
<td>Baseline: 9% [2015]</td>
<td>Baseline: 19% [2016]</td>
</tr>
<tr>
<td>Newest: 6% [2017]=29%↓ decrease</td>
<td>Newest: 6% [2017]=29%↓ decrease</td>
</tr>
</tbody>
</table>

**Action Iowa is taking to address Chronic Disease**

**Cancer**
- Increase colorectal cancer screening rates in Iowa.
- Build the capacity of Iowa professionals and advocates to address comprehensive cancer control.
- Decrease incidence of lung cancer.
- Follow nationally recognized guidelines to increase vaccination rates for all vaccines demonstrated to reduce the risk of cancer.
- Increase protective behaviors from sun/ultraviolet exposure.
- Decrease late stage breast cancer diagnoses to reduce deaths due to breast cancer.
- Increase the percentage of Iowa women receiving breast cancer and cervical cancer screening.

**Diabetes**
- Prevent diabetes from occurring in Iowans.
- Reduce the complications of type 2 diabetes.

**Heart Disease**
- Decrease the rate of coronary heart disease as the primary cause of death.
- Achieve a 75% blood pressure control rate at the Federally Qualified Health Centers.

**Action Plan with Goals, Objectives & Strategies**
See [Appendix A](#).

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FOCUS AREA: Disaster Preparedness

What Health Issues Are Included
Network infrastructure, planning, & notification

Disaster Preparedness Measures of Health Improvement

<table>
<thead>
<tr>
<th>DP-1</th>
<th>Increase Iowas National Health Security Preparedness Index score.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall</strong></td>
<td><strong>Community Planning &amp; Engagement Coordination Domain</strong></td>
</tr>
<tr>
<td>Target: 7.2</td>
<td>Target: 5.0</td>
</tr>
<tr>
<td>Baseline: 6.8 [2016]</td>
<td>Baseline: 4.7 [2016]</td>
</tr>
<tr>
<td>Newest: 6.8 [2018]=0%↔ no change</td>
<td>Newest: 4.3 [2018]=9%↓ decrease</td>
</tr>
</tbody>
</table>


Action Iowa is taking to address Disaster Preparedness
Statewide goals, objectives, and strategies for these issues have not yet been identified.

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FOCUS AREA: Environmental Health

What Health Issues Are Included
Water Quality
Radon

Environmental Health Measures of Health Improvement

**EH-1** Increase the percentage of drinking and recreational waters monitored for quality.

<table>
<thead>
<tr>
<th></th>
<th>Rivers and Streams</th>
<th>Lakes and Reservoirs</th>
<th>Wetlands</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target:</strong></td>
<td>56%</td>
<td>65%</td>
<td>88%</td>
</tr>
<tr>
<td><strong>Baseline:</strong></td>
<td>52% [2016]</td>
<td>61% [2016]</td>
<td>83% [2016]</td>
</tr>
</tbody>
</table>

Data Source: Iowa Department of Natural Resources. Iowa Water Quality Assessments: ADBNet. 2016 Assessment Summary. [https://programs.iowadnr.gov/adbnet/](https://programs.iowadnr.gov/adbnet/)

**EH-2** Increase the percentage of assessed drinking and recreational waters that fully meet water quality standards.

<table>
<thead>
<tr>
<th></th>
<th>Rivers and Streams</th>
<th>Lakes and Reservoirs</th>
<th>Wetlands</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target:</strong></td>
<td>21%</td>
<td>31%</td>
<td>55%</td>
</tr>
<tr>
<td><strong>Baseline:</strong></td>
<td>19% [2016]</td>
<td>29% [2016]</td>
<td>52% [2016]</td>
</tr>
</tbody>
</table>

Data Source: Iowa Department of Natural Resources. Iowa Water Quality Assessments: ADBNet. 2016 Assessment Summary. [https://programs.iowadnr.gov/adbnet/](https://programs.iowadnr.gov/adbnet/)

See also Chronic Disease Measures of Health Improvement for measures related to radon: reducing lung cancer incidence (CD-6) and the lung cancer death rate (CD-2).

**Action Iowa is taking to address Environmental Health**

**Water Quality**
- Ensure a healthy and safe environment for work and play.
- Provide clean water to Iowa citizens and reduce health risks by eliminating contaminants.
- Increase efforts to clean up Iowa’s surface and ground waters and prevent pollution, with a focus on protecting drinking water and popular recreation waters.
- Ensure that Iowans using private wells for water supply have a safe water supply.

**Radon**
- See Chronic Disease: Cancer, Goal 2: Decrease the incidence of lung cancer.

**Action Plan with Goals, Objectives & Strategies**
See [Appendix A](#).
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>Group</th>
<th>Target</th>
<th>Baseline</th>
<th>Newest</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>WIC children ages 2 to 4</td>
<td>16%</td>
<td>17% [2014]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WIC children, Hispanic</td>
<td>17%</td>
<td>19% [2014]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults 18+ (BMI 25.0 to 29.9)</td>
<td>34%</td>
<td>37% [2016]</td>
<td></td>
<td>↓ decrease</td>
</tr>
<tr>
<td>WIC children, Hispanic</td>
<td>26.4% [2016]</td>
<td>25.7% [2017]</td>
<td>=2% decrease</td>
<td></td>
</tr>
<tr>
<td>Adults 18-24</td>
<td>Target: 25%</td>
<td>Baseline: 26.4% [2016]</td>
<td>Newer: 25.7% [2017]=2% decrease</td>
<td></td>
</tr>
<tr>
<td>Adults Male 18+</td>
<td>Target: 40%</td>
<td>Baseline: 42% [2016]</td>
<td>Newer: 38% [2017]=10% decrease</td>
<td></td>
</tr>
</tbody>
</table>


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

<table>
<thead>
<tr>
<th>Group</th>
<th>Target</th>
<th>Baseline</th>
<th>Newest</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>WIC children ages 2 to 4</td>
<td>13%</td>
<td>15% [2014]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WIC children, Hispanic</td>
<td>19%</td>
<td>20% [2014]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults 18+ (BMI &gt; 30)</td>
<td>30%</td>
<td>32% [2016]</td>
<td></td>
<td>↑ increase</td>
</tr>
<tr>
<td>Adults with Disability*</td>
<td>Target: 38%</td>
<td>Baseline: 41% [2016]</td>
<td>Newer: 45% [2017]=10%↑ increase</td>
<td></td>
</tr>
<tr>
<td>Adults with Disability*</td>
<td>Target: 38%</td>
<td>Baseline: 41% [2016]</td>
<td>Newer: 45% [2017]=10%↑ increase</td>
<td></td>
</tr>
</tbody>
</table>


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

<table>
<thead>
<tr>
<th>Group</th>
<th>Target</th>
<th>Baseline</th>
<th>Newest</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants, ever breastfed</td>
<td>87%</td>
<td>83% [2014]</td>
<td></td>
<td>↓ decrease</td>
</tr>
<tr>
<td>Infants, breastfed at 6 months</td>
<td>Target: 56%</td>
<td>Baseline: 53% [2014]</td>
<td>Newer: 51% [2015]=4%↓ decrease</td>
<td></td>
</tr>
<tr>
<td>Infants, breastfed at 12 months</td>
<td>Target: 31%</td>
<td>Baseline: 29% [2014]</td>
<td>Newer: 30% [2015]=4%↑ increase</td>
<td></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>
<th>Black, non-Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 15%</td>
<td>Target: 10%</td>
<td>Target: 51%</td>
</tr>
<tr>
<td>Newest: 16% [2017]=21%↑ increase</td>
<td>Newest: 13% [2017]=47%↑ increase</td>
<td>Newest: 63% [2017]=32%↑ 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>

<table>
<thead>
<tr>
<th>Ages 18-24</th>
<th>Ages 25-34</th>
<th>Ages 35-44</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 58%</td>
<td>Target: 60%</td>
<td>Target: 54%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ages 45-54</th>
<th>Income less than $15,000</th>
<th>Income $15,000-$24,999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 57%</td>
<td>Target: 52%</td>
<td>Target: 57%</td>
</tr>
<tr>
<td>Newest: 60% [2017]=12%↑ increase</td>
<td>Newest: 57% [2017]=15%↑ increase</td>
<td>Newest: 60% [2017]=12%↑ increase</td>
</tr>
</tbody>
</table>


### 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>

<table>
<thead>
<tr>
<th>Income less than $15,000</th>
<th>Income $15,000-$24,999</th>
<th>Ages 18-24</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 72%</td>
<td>Target: 71%</td>
<td>Target: 69%</td>
</tr>
<tr>
<td>Newest: 73% [2017]=7%↑ increase</td>
<td>[2017]=16%↑ increase</td>
<td>Newest: 74% [2017]=14%↑ increase</td>
</tr>
</tbody>
</table>

**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>Category</th>
<th>Target</th>
<th>Baseline [Year]</th>
<th>Newest [Year]</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children, ages 6-11</td>
<td>28%</td>
<td>26% [2016]</td>
<td>30% [2017]</td>
<td>17% increase</td>
</tr>
<tr>
<td>Female children</td>
<td>22%</td>
<td>20.5% [2016]</td>
<td>26% [2017]</td>
<td>28% increase</td>
</tr>
<tr>
<td>Adolescents, ages 12-17</td>
<td>27%</td>
<td>25% [2016]</td>
<td>19% [2017]</td>
<td>24% decrease</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>Category</th>
<th>Target</th>
<th>Baseline [Year]</th>
<th>Newest [Year]</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>82%</td>
<td>77% [2016]</td>
<td>75% [2017]</td>
<td>3% decrease</td>
</tr>
<tr>
<td>Income less than $15,000</td>
<td>68%</td>
<td>64% [2016]</td>
<td>67% [2017]</td>
<td>5% increase</td>
</tr>
<tr>
<td>Income $15,000 to $24,999</td>
<td>71%</td>
<td>67% [2016]</td>
<td>70% [2017]</td>
<td>5% increase</td>
</tr>
<tr>
<td>Adults with Disability*</td>
<td>66%</td>
<td>75% [2016]</td>
<td>72% [2017]</td>
<td>4% decrease</td>
</tr>
<tr>
<td>Target: Disability**</td>
<td>39%</td>
<td>37% [2015]</td>
<td>40% [2017]</td>
<td>10% increase</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>Category</th>
<th>Target</th>
<th>Baseline [Year]</th>
<th>Newest [Year]</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>52%</td>
<td>49% [2015]</td>
<td>50% [2017]</td>
<td>3% increase</td>
</tr>
<tr>
<td>Income less than $15,000</td>
<td>40%</td>
<td>37% [2015]</td>
<td>41% [2017]</td>
<td>10% increase</td>
</tr>
<tr>
<td>Income $15,000 to $24,999</td>
<td>46%</td>
<td>43% [2015]</td>
<td>46% [2017]</td>
<td>6% increase</td>
</tr>
<tr>
<td>Hispanic</td>
<td>38%</td>
<td>35% [2015]</td>
<td>38% [2017]</td>
<td>2% increase</td>
</tr>
<tr>
<td>Adults with Disability*</td>
<td>39%</td>
<td>37% [2015]</td>
<td>40% [2017]</td>
<td>10% increase</td>
</tr>
</tbody>
</table>

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity. Data, Trend and Maps [online]. [https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html](https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html) *Percent of adults who achieve at least 150 minutes a week of moderate-intensity aerobic physical activity or 75 minutes a week of vigorous-intensity aerobic physical activity.** Additional IDPH analysis of national BRFSS data.

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Target</th>
<th>Baseline [Year]</th>
<th>Newest [Year]</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>32%</td>
<td>30% [2015]</td>
<td>29% [2017]</td>
<td>3% decrease</td>
</tr>
<tr>
<td>Income less than $15,000</td>
<td>27%</td>
<td>26% [2015]</td>
<td>23% [2017]</td>
<td>9% decrease</td>
</tr>
<tr>
<td>Income $15,000 to $24,999</td>
<td>27%</td>
<td>25% [2015]</td>
<td>22% [2017]</td>
<td>11% decrease</td>
</tr>
<tr>
<td>Ages 65-64</td>
<td>26%</td>
<td>24% [2015]</td>
<td>21% [2017]</td>
<td>11% decrease</td>
</tr>
<tr>
<td>Ages 65+</td>
<td>22%</td>
<td>21% [2015]</td>
<td>22% [2017]</td>
<td>5% increase</td>
</tr>
</tbody>
</table>

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

| Target: 88%   | Baseline: 83% [2016] |

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></td>
</tr>
<tr>
<td>Baseline: 82% [2016]</td>
<td>Baseline: 59% [2016]</td>
<td></td>
</tr>
<tr>
<td>Newest: 85% [2017]=4% increase</td>
<td>Newest: 65% [2017]=10% increase</td>
<td></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>Population</th>
<th>Target</th>
<th>Baseline [Year]</th>
<th>Newest [Year]</th>
<th>Increase/Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary, Secondary &amp; Early Latent Syphilis Overall</td>
<td>Male</td>
<td>Target: 8</td>
<td>Baseline: 8.7 [2016]</td>
<td>Newest: 9.3 [2018]=7% increase</td>
<td></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)

**Action Iowa is taking to address Healthy Living**

**Obesity, Nutrition & Physical Activity**
- Increase the number of Iowans who engage in the recommended amounts of physical activity.
- Increase the number of Iowans eating a healthy diet.

**Lack of Oral Health/Dental Services**
- All Iowans will have access to optimally fluoridated water.
- Assure optimal oral health for aging Iowans.
- Iowans will have improved access to preventive oral health services through I-Smile™ Program expansion.

**Sexually Transmitted Diseases**
- Reduce the burden of sexually transmitted diseases (STD) among disproportionately impacted populations.

**Action Plan with Goals, Objectives & Strategies**
See Appendix A.
FOCUS AREA: Injury & Violence

What Health Issues Are Included
Falls
Motor Vehicle Crashes
Adverse Childhood Experiences (ACES)/Trauma Informed Care
Occupational & Farm Safety

Injury & Violence Measures of Health Improvement

**IV-1** Decrease \( \downarrow \) the death rate related to falls for those who are ages 65 and over (per 100,000 population ages 65+ age-adjusted rate).

<table>
<thead>
<tr>
<th>Ages 65+ ☐</th>
<th>Target: 87</th>
<th>Baseline: 92 [2016]</th>
<th>Newest: 82 [2017]=10% ( \downarrow ) decrease</th>
</tr>
</thead>
</table>


**IV-2** Decrease \( \downarrow \) the hospitalization rate related to falls for those who are ages 65 and over (per 100,000 population ages 65+).

<table>
<thead>
<tr>
<th>Ages 65+ ☐</th>
<th>Target: 1,159</th>
<th>Baseline: 1,220 [2016]</th>
<th>Newest: 1,258 [2017]=3% ( \uparrow ) increase</th>
</tr>
</thead>
</table>

Data Source: Iowa Department of Public Health, Behavioral Health Division, unpublished data. https://idph.iowa.gov/falls-prevention

**IV-3** Decrease \( \downarrow \) the percentage of adults ages 65 and over reporting having one or more falls in the last year.

<table>
<thead>
<tr>
<th>Overall ☐</th>
<th>Non-White or Hispanic</th>
<th>Adults 65+ with Disability*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 30</td>
<td>Target: 39</td>
<td>Target: 40</td>
</tr>
</tbody>
</table>


**IV-4** Decrease \( \downarrow \) the death rate related to motor vehicle crashes (per 100,000 population age-adjusted).

<table>
<thead>
<tr>
<th>Overall ☐</th>
<th>Male ☐</th>
<th>NonCore (non-metro/rural) ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 12</td>
<td>Target: 18</td>
<td>Target: 15</td>
</tr>
<tr>
<td>Newest: 12 [2017]=11% ( \downarrow ) decrease</td>
<td>Newest: 17 [2017]=13% ( \downarrow ) decrease</td>
<td>Newest: 16 [2013-2017]=2% ( \downarrow ) decrease</td>
</tr>
</tbody>
</table>

Data Source: CDC, NCHS. Multiple Cause of Death on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Underlying Cause of Death: Motor vehicle accidents (V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0, V89.2) https://wonder.cdc.gov/mcd-icd10.html

**IV-5** Decrease \( \downarrow \) the rate of children who are victims of maltreatment (per 1,000 children under age 18).

<table>
<thead>
<tr>
<th>Overall ☐</th>
<th>Target: 10</th>
<th>Baseline: 12 [2016]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newest: 15 [2017]=25% ( \uparrow ) increase</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IV-6 Decrease ↓ the rate of youth residing in juvenile detention, correctional, and/or residential facilities (per 100,000 youth ages 10-17).

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>Male</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target:</td>
<td>196</td>
<td>332</td>
<td>978</td>
</tr>
</tbody>
</table>


IV-7 Increase ↑ the percentage of children ages 0-17 with 2 or more adverse childhood experiences (ACEs) who are in excellent or very good health.

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target:</td>
<td>90%</td>
<td></td>
</tr>
<tr>
<td>Baseline:</td>
<td>86% [2016]</td>
<td></td>
</tr>
<tr>
<td>Newest:</td>
<td>87% [2017]=2%↑ increase</td>
<td></td>
</tr>
</tbody>
</table>


IV-8 Decrease ↓ the rate of deaths from work-related injuries (per 100,000 full time workers).

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>Agriculture, forestry, fishing and hunting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target:</td>
<td>4</td>
<td>15</td>
</tr>
<tr>
<td>Baseline:</td>
<td>5 [2016]</td>
<td>17 [2016]</td>
</tr>
<tr>
<td>Newest:</td>
<td>4.7 [2017]=2%↓ decrease</td>
<td>25.9 [2017]=55%↑ increase</td>
</tr>
</tbody>
</table>


IV-9 Decrease ↓ the rate of non-fatal work-related injuries and illnesses (per 100 full time workers).

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>Agriculture, forestry, fishing and hunting*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target:</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Baseline:</td>
<td>4 [2016]</td>
<td>7.5 [2016]</td>
</tr>
<tr>
<td>Newest:</td>
<td>3.6 [2017]=5%↓ decrease</td>
<td>4.1 [2017]=45%↓ decrease</td>
</tr>
</tbody>
</table>


### Action Iowa is taking to address Injury & Violence

#### Falls
- Decrease patient falls in the healthcare setting.
- Reduce falls in the elderly population.
- Reduce injuries and deaths from falls by expanding the availability of evidence-based programs.

#### Motor Vehicle Crashes
- Increase traffic safety.

#### Adverse Childhood Experiences (ACEs)/Trauma Informed Care
- Reduce the number of Iowa children reporting risk factors associated with adverse childhood experiences.
- Build capacity at the local and state levels to recognize and respond to trauma4 across the lifespan.
- Assure children and their caretakers that are affected by adverse childhood experiences receive relevant services.

#### Occupational & Farm Safety
- Reduce deaths from work-related injuries.

### Action Plan with Goals, Objectives & Strategies
See [Appendix A](#A).
## FOCUS AREA: Mental Health, Illness, & Suicide

### What Health Issues Are Included
Mental Health, Illness, & Suicide

### Mental Health, Illness, & Suicide Measures of Health Improvement

#### MH-1
Decrease the percentage of adults who reported their mental health was not good 14 or more days in the past 30 days.

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>Female</th>
<th>Ages 18-44</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>9%</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td>Baseline:</td>
<td>10% [2016]</td>
<td>12% [2016]</td>
<td>12.5% [2016]</td>
</tr>
<tr>
<td>Newest:</td>
<td>11% [2017] = 8%↑ increase</td>
<td>13% [2017] = 8%↑ increase</td>
<td>13% [2017] = 5%↑ increase</td>
</tr>
</tbody>
</table>

**Income less than $25,000**

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>Female</th>
<th>Ages 18-44</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>17%</td>
<td>23%</td>
<td>23%</td>
</tr>
<tr>
<td>Newest:</td>
<td>22% [2017] = 16%↑ increase</td>
<td>26% [2017] = 3%↑ increase</td>
<td>26% [2017] = 3%↑ increase</td>
</tr>
</tbody>
</table>

**Adults with Disability**

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>Female</th>
<th>Ages 18-44</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>17%</td>
<td>23%</td>
<td>23%</td>
</tr>
<tr>
<td>Newest:</td>
<td>22% [2017] = 16%↑ increase</td>
<td>26% [2017] = 3%↑ increase</td>
<td>26% [2017] = 3%↑ increase</td>
</tr>
</tbody>
</table>


#### MH-2
Increase the number of mental health providers (per 100,000 population).

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>Female</th>
<th>Ages 18-44</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>129</td>
<td>129</td>
<td>129</td>
</tr>
<tr>
<td>Newest:</td>
<td>132 [2017] = 8%↑ increase</td>
<td>132 [2017] = 8%↑ increase</td>
<td>132 [2017] = 8%↑ increase</td>
</tr>
</tbody>
</table>

Data Source: Centers for Medicare and Medicaid Services, National Provider Identification Registry. Courtesy: University of Wisconsin Population Health Institute, County Health Rankings. Rankings Data & Documentation, National Data & Documentation. [https://www.countyhealthrankings.org/](https://www.countyhealthrankings.org/)

#### MH-3
Increase the percentage of children ages 3-17 with a mental/behavioral condition who have received treatment or counseling.

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>Female</th>
<th>Ages 18-44</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>66%</td>
<td>66%</td>
<td>66%</td>
</tr>
<tr>
<td>Baseline:</td>
<td>63% [2016]</td>
<td>63% [2016]</td>
<td>63% [2016]</td>
</tr>
<tr>
<td>Newest:</td>
<td>61% [2017] = 3%↓ decrease</td>
<td>61% [2017] = 3%↓ decrease</td>
<td>61% [2017] = 3%↓ decrease</td>
</tr>
</tbody>
</table>


#### MH-4
Decrease the rate of suicides (per 100,000 population).

<table>
<thead>
<tr>
<th></th>
<th>Overall, age-adjusted</th>
<th>Male, age-adjusted</th>
<th>Ages 30-39</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>13</td>
<td>22</td>
<td>20</td>
</tr>
<tr>
<td>Newest:</td>
<td>15.1 [2017] = 4%↑ increase</td>
<td>24.4 [2017] = 1%↑ increase</td>
<td>22.1 [2017] = 2%↑ increase</td>
</tr>
</tbody>
</table>

**Ages 15-19**

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>Male, age-adjusted</th>
<th>Ages 30-39</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>9</td>
<td>17</td>
<td>20</td>
</tr>
<tr>
<td>Newest:</td>
<td>15.4 [2017] = 50%↑ increase</td>
<td>17.7 [2017] = 6%↓ decrease</td>
<td>22.1 [2017] = 2%↑ increase</td>
</tr>
</tbody>
</table>

**Ages 40-49**

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>Male, age-adjusted</th>
<th>Ages 30-39</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>20</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Newest:</td>
<td>21.7 [2017] = 1%↓ decrease</td>
<td>18.5 [2017] = 16%↓ decrease</td>
<td>18.5 [2017] = 16%↓ decrease</td>
</tr>
</tbody>
</table>

Data Source: CDC, NCHS. Multiple Cause of Death on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. [https://wonder.cdc.gov/mcd-icd10.html](https://wonder.cdc.gov/mcd-icd10.html)
Action Iowa is taking to address Mental Health, Illness, & Suicide

- Prevent suicide deaths.
- Reduce the bi-annual numbers of suicidal ideation (thoughts of engaging in suicide behavior) and the number of deaths by suicide in the Iowa Army National Guard.
- Increase access to behavioral health services across the continuum.
- Educate pharmacists to provide services to evaluate mental health pharmacotherapy and make referrals as appropriate.
- Reduce the use of prisons in Iowa to house individuals with chronic mental health issues.
- By 2020, increase the number of Iowans who receive problem gambling treatment.

Action Plan with Goals, Objectives & Strategies

See Appendix A.
Appendix A. Detailed Goals, Objectives & Strategies by Focus Area

Contents

Health Equity/Social Determinants of Health .............................................................................................................................. 38

Safe, Affordable Housing .......................................................................................................................................................... 51
Income/Poverty .............................................................................................................................................................................. 52
Life Course ................................................................................................................................................................................ 53
Health System Improvement .......................................................................................................................................................... 58
Health System Improvement & Evidence-Based Decision Making .................................................................................................. 58
Transportation .................................................................................................................................................................................. 75
Insurance Affordability & Coverage ............................................................................................................................................... 76
Lack of Primary Care Services ..................................................................................................................................................... 78
Acute Disease .................................................................................................................................................................................. 83
Adolescent Immunizations ........................................................................................................................................................... 83
Flu Immunizations ........................................................................................................................................................................ 86
Addictive Behaviors ....................................................................................................................................................................... 88
Substance Abuse ............................................................................................................................................................................. 88
Tobacco/Nicotine Use ................................................................................................................................................................. 96
Chronic Disease .............................................................................................................................................................................. 100
Cancer .......................................................................................................................................................................................... 100
Diabetes .......................................................................................................................................................................................... 110
Heart Disease ................................................................................................................................................................................ 112
Disaster Preparedness ................................................................................................................................................................. 115
Environmental Health ..................................................................................................................................................................... 116
Water Quality ................................................................................................................................................................................ 116
Radon ............................................................................................................................................................................................ 122
Healthy Living ................................................................................................................................................................................ 123
Obesity, Nutrition & Physical Activity ........................................................................................................................................... 123
Lack of Oral Health/Dental Services .................................................................................................................................................. 129
Sexually Transmitted Diseases ........................................................................................................................................................ 133
Injury & Violence ............................................................................................................................................................................ 135
Falls ............................................................................................................................................................................................... 135
Motor Vehicle Crashes ................................................................................................................................................................. 139
Adverse Childhood Experiences (ACEs)/Trauma Informed Care .................................................................................................... 141
Occupational & Farm Safety .......................................................................................................................................................... 148
Mental Health, Illness, & Suicide ..................................................................................................................................................... 150
## Iowa Health Issue: Health Equity & the Social Determinants of Health

### Iowa Counties with Local Strategies

- Allamakee (culture and immunization)
- Black Hawk (low-income, health literacy)
- Boone (access to Medicaid)
- Buena Vista (food security, ethnic food options)
- Calhoun (low-income/poverty, safe and healthy housing, people with disabilities)
- Carroll (fall prevention for people with disabilities, home safety/Modification)
- Cass (oral health underserved populations)
- Cerro Gordo (food subsidy programs, food security, substandard housing)
- Cherokee (nutrition/physical activity efforts focused on people with disabilities)
- Clarke (low-income access to health care providers)
- Clayton (food security)
- Dallas (cultural competence and sensitivity to diversity, food security)
- Decatur (economic development)
- Des Moines (access to community services and resources for lower income residents)
- Dubuque (promoting healthy behaviors: cultural and economic diversity, healthy homes)
- Franklin (health of Hispanic females)
- Greene (maternal/child health services-low-income, resources-people with physical limitations, homeless, dental services-Medicaid)
- Grundy (transportation issues for disabled and low-income residents)
- Henry (dental care services-Medicaid)
- Ida (home safety/Modification)
- Jefferson (support for persons with traumatic brain injury)
- Johnson County (pre-diabetes program for Hispanic and/or Latino residents)
- Lee (dental care services-Medicaid, reach vulnerable populations with barriers to access)
- Linn (maintained/affordable housing, care/community resources-vulnerable populations, mental health services-Medicaid/homeless)
- Marshall (language barriers to health services)
- Mitchell (Medicaid changes)
- Monona (poverty)
- Montgomery (Hispanic health, dental care services-Medicaid)
- Scott (access to medical providers for under-insured, uninsured, or Medicaid)
- Sioux (access to health care-Hispanic, stressed housing, interpretation/translation services, health literacy-cultural expectations)
- Story (food security, physical activity opportunities outside urban center)
- Taylor (access to services for people with disabilities)
- Warren (food security, communication strategies to achieve health equity)
- Woodbury (bilingual staff)
- Wright (outreach to Latino and underinsured population for mammograms)

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)
**Goal #1**  Address health access and barriers in rural and agricultural communities.

**Alignment with National Plans**

Healthy People 2020 Social Determinants of Health
https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

**Alignment with State / Other Plans**

N/A

---

**Objective 1-1**  Each year, submit a white paper to the Iowa Department of Public Health on access and barriers to health care in rural health and agricultural communities.

<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>0</td>
<td>2021</td>
<td>5</td>
</tr>
</tbody>
</table>

**Data Source & Location**
To be developed

---

**Strategy 1-1.1**  Discuss topics related to health access and barriers to rural and agricultural communities at quarterly advisory committee meetings.

**Strategy Type**
Community-focused

**Strategy Source & Location**
Center for Rural Health and Primary Care Advisory Committee. Minutes for the advisory committee located on the Iowa Department of Public Health website: https://idph.iowa.gov/ohds/rural-health-primary-care/committee

**Who's Responsible**
Center for Rural Health and Primary Care Advisory Committee

**Target Date**
Quarterly

---

**Goal #2**  Continue to promote and support efforts to address social determinants of health in Iowa.

**Alignment with National Plans**

Healthy People 2020, Social Determinants of Health
https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

**Alignment with State / Other Plans**

Iowa Social Determinants of Health Statewide Strategy Plan (in development) https://idph.iowa.gov/SIM

---

**Objective 2-1**  Increase the number of recommendations produced by the Patient-Centered Health Advisory Council focused on social determinants of health from 0 to 10 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>0</td>
<td>2021</td>
<td>10</td>
</tr>
</tbody>
</table>

**Data Source & Location**
Minutes/issue briefs to be posted on the Iowa Department of Public Health website.
Health Equity & the Social Determinants of Health

**Strategy 2-1.1** Educate members of the Patient-Centered Health Advisory Council on social determinants of health and strategies to address them.

**Strategy Type** Community-focused

**Strategy Source & Location** Patient-Centered Health Advisory Council Standing Agenda Item

**Who's Responsible** Patient-Centered Health Advisory Council

**Target Date** Dec 30, 2018

---

**Goal #3** Ensure that Federally Qualified Health Center (FQHC) patients receive an assessment that includes socioeconomic factors affecting their health.

**Alignment with National Plans**
Healthy People 2020, Social Determinants of Health
https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

**Alignment with State / Other Plans**
Iowa Social Determinants of Health Statewide Strategy Plan (in development) http://idph.iowa.gov/SIM

**Health Equity & the Social Determinants of Health**

**Objective 3-1** Increase from two to four the number of Federally Qualified Health Centers (FQHCs) using Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE).

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>2</td>
</tr>
<tr>
<td>2018</td>
<td>4</td>
</tr>
</tbody>
</table>

**Data Source & Location** Iowa Primary Care Association.

**Health Equity & the Social Determinants of Health**

**Strategy 3-1.1** Provide project management support, training, and technical assistance to the FQHC clinic sites to implement the PRAPARE tool.

**Strategy Type** Professional/provider-focused

**Strategy Source & Location** Iowa Primary Care Association

**Who's Responsible** Iowa Primary Care Association Performance Improvement and Health Information Technology Team

**Target Date** Jun 30, 2018
Health Equity & the Social Determinants of Health

Goal #4  Assure access to high quality family planning services for low-income Iowans.

Alignment with National Plans
Healthy People 2020, Family Planning  https://www.healthypeople.gov/2020/topics-objectives/topic/family-planning

Alignment with State / Other Plans
N/A

Baseline Year | Baseline Value | Target Year | Target Value
--- | --- | --- | ---
2015 | 31,000 | 2021 | 32,553

Data Source & Location
Family Planning Annual Report  https://fpar.opa.hhs.gov/Public/ReportsAndForms

Health Equity & the Social Determinants of Health

Objective 4-1  Increase or maintain the unduplicated count of low-income Iowans [defined as living below 150 percent of the poverty level (FPL)] served by Title X family planning providers.

Baseline Year | Baseline Value | Target Year | Target Value
--- | --- | --- | ---
2015 | 31,000 | 2021 | 32,553

Data Source & Location
Family Planning Annual Report  https://fpar.opa.hhs.gov/Public/ReportsAndForms

Health Equity & the Social Determinants of Health

Goal #5  Increase health equity and quality of life for people with disabilities.

Alignment with National Plans

Alignment with State / Other Plans
N/A

Baseline Year | Baseline Value | Target Year | Target Value
--- | --- | --- | ---
2016 | Unknown | 2021 | 85%

Data Source & Location
Iowa Department of Public Health workforce skill assessment survey. To be developed: The IDPH Disability Community Planning Group will draft and recommend questions to add to the survey.

Health Equity & the Social Determinants of Health

Objective 5-1  Increase the percentage of public health staff exhibiting cultural competency for disability.

Baseline Year | Baseline Value | Target Year | Target Value
--- | --- | --- | ---
2016 | Unknown | 2021 | 85%

Data Source & Location
Iowa Department of Public Health workforce skill assessment survey. To be developed: The IDPH Disability Community Planning Group will draft and recommend questions to add to the survey.

Health Equity & the Social Determinants of Health

Strategy 5-1.1  Provide public health professionals training on public health workforce competencies for disability inclusion.

Strategy Type
Professional/provider-focused

Strategy Source & Location
Iowa Department of Public Health Improving the Health of People with Disabilities grant work plan.
Health Equity & the Social Determinants of Health

<table>
<thead>
<tr>
<th>Objective 5-2</th>
<th>Increase the proportion of people with disabilities who report doing physical activity or exercise during the past 30 days other than their regular job.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline Year</td>
<td>Baseline Value</td>
</tr>
<tr>
<td>2014</td>
<td>63.8%</td>
</tr>
</tbody>
</table>

Data Source & Location

Health Equity & the Social Determinants of Health

<table>
<thead>
<tr>
<th>Strategy 5-2.1</th>
<th>Identify and distribute health risk factor knowledge awareness training materials.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy Type</td>
<td>Individual/interpersonal-focused</td>
</tr>
</tbody>
</table>

Strategy Source & Location
- Iowa Department of Public Health Improving the Health of People with Disabilities grant work plan.

Who's Responsible
- Iowa Department of Public Health Disability and Health Program

Target Date
- Dec 31, 2019

Health Equity & the Social Determinants of Health

<table>
<thead>
<tr>
<th>Strategy 5-2.2</th>
<th>Develop Iowa disability service organization capacity using the Easter Seals Iowa WE wellness empowerment strategies.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy Type</td>
<td>Professional/provider-focused</td>
</tr>
</tbody>
</table>

Strategy Source & Location
- Iowa Department of Public Health Improving the Health of People with Disabilities grant work plan.

Who's Responsible
- University of Iowa Center for Disabilities and Development and Easter Seals Iowa

Target Date
- Dec 31, 2019

Health Equity & the Social Determinants of Health

<table>
<thead>
<tr>
<th>Strategy 5-2.3</th>
<th>Partner with local public health agencies with identified willingness and implement policy, systems and environmental activities for people with disabilities in their community.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy Type</td>
<td>Professional/provider-focused</td>
</tr>
</tbody>
</table>

Strategy Source & Location
- Iowa Department of Public Health Improving the Health of People with Disabilities grant work plan.

Who's Responsible
- University of Iowa Center for Disabilities and Development

Target Date
- Aug 1, 2018
### Objective 5-3
Increase the percentage of Easter Seals Iowa clients measuring in the healthy body mass index (BMI) range.

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-15</td>
<td>20%</td>
<td>2018</td>
<td>30%</td>
</tr>
</tbody>
</table>

**Data Source & Location**: Easter Seals Iowa database (unpublished)

---

**Health Equity & the Social Determinants of Health**

**Strategy 5-3.1** Identify, coordinate, and establish health and wellness activities across multiple sectors and settings by 2018.

**Strategy Type**: Community-focused

**Strategy Source & Location**: Easter Seals Iowa (unpublished)

**Who’s Responsible**: Easter Seals Iowa health and wellness committee

**Target Date**: Jan 1, 2018

---

### Objective 5-4
Increase the number of Easter Seals Iowa clients who have a formal health and wellness goal.

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-15</td>
<td>527</td>
<td>2018</td>
<td>700</td>
</tr>
</tbody>
</table>

**Data Source & Location**: Easter Seals Iowa balanced scorecard (unpublished)

---

**Health Equity & the Social Determinants of Health**

**Strategy 5-4.1** Present health and wellness tools/data/information to all 14 departments within Easter Seals Iowa to increase awareness.

**Strategy Type**: Individual/interpersonal-focused

**Strategy Source & Location**: Easter Seals Iowa (unpublished)

**Who’s Responsible**: Wellness Coordinator, Easter Seals Iowa

**Target Date**: Jan 1, 2018

**Report Date**: April 25, 2018

**Progress on Strategy**

- Complete ✔
- On track ☐
- Off track ☐
- No progress ☐

**Progress notes**: Our wellness trainings consist of various topics. We offer a freedom from smoking course as we have two trained facilitators within our agency. We also offer an evidence based training called WRAP (Wellness Recovery Action Plan). In addition, we have a basic nutrition course offered and a Hy-Vee dietitian that comes regularly to meet with clients and team members. We also provide mediation and yoga classes as well as cooking classes and financial classes.

**Report Date**: Feb 8, 2019

**Progress on Strategy**

- Complete ✔
- On track ☐
- Off track ☐
- No progress ☐

**Progress notes**: In addition, to all trainings mentioned above, we also now offer c3 de-escalation training to team members. Our vision is to equip team members with more tools so that they can access to assist with burn out and compassion fatigue and also assist clients so they stay safe. In addition, we have offered resources on self care.

---

**Health Equity & the Social Determinants of Health**

**Strategy 5-4.2** Develop and/or strengthen community partnerships to increase awareness.

**Strategy Type**: Community-focused
**Health Equity & the Social Determinants of Health**

**Goal #6**

Improve health equity among Iowans in low and moderate-income communities by increasing access to healthy foods.

### Alignment with National Plans

Healthy People 2020, Social Determinants of Health


### Alignment with State / Other Plans

N/A

---

**Health Equity & the Social Determinants of Health**

**Objective 6-1**

Secure public funding to create or expand healthy food financing initiatives to increase the number of healthy food retail outlets in under-served communities.

<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>0 (No funding)</td>
<td>2019</td>
<td>1 (Public funding)</td>
</tr>
</tbody>
</table>

Data Source & Location

To be developed.

---

**Health Equity & the Social Determinants of Health**

**Strategy 6-1.1**

Through public funding, create or expand a healthy corner store initiative that increases the amount of healthy food offered in existing corner stores in low and moderate income communities.

Strategy Source & Location

ChangeLab Solutions. Health on the Shelf

[http://www.changelabsolutions.org/publications/health-on-the-shelf](http://www.changelabsolutions.org/publications/health-on-the-shelf)


[http://pediatrics.aappublications.org/content/124/5/1293](http://pediatrics.aappublications.org/content/124/5/1293)

The Food Trust. *Healthier Corner Stores: Positive Impacts, Profitable Changes*


The Food Trust. The national Healthy Corner Stores Network


The Food Trust. *Moving From Policy to Implementation*

Health Equity & the Social Determinants of Health

**Goal #7**  Reduce arthritis-related disparities in health and health care.

**Alignment with National Plans**
- [Arthritis Foundation Strategic Plan](http://www.arthritis.org/Documents/Sections/About-Us/strategic-plan-rev-10.11.pdf)

**Alignment with State / Other Plans**
- N/A

### Baseline & Target Values

<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>15,976</td>
<td>2021</td>
<td>32,136</td>
</tr>
</tbody>
</table>

**Data Source & Location**
- Data collected internally to track the total number of individuals in Iowa that utilize our resources. (Does not include website visits.) The objective is a 15% increase year-over-year.

**Objective 7-1**
Ensure that all individuals with arthritis can access the knowledge, skills and resources they need to be proactive in improving their health and quality of life.

<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>15,976</td>
<td>2021</td>
<td>32,136</td>
</tr>
</tbody>
</table>

**Strategy 7-1.1**
The Arthritis Foundation will provide a centrally-managed source of information and support tools to ensure quality, consistency, depth and responsiveness to identified needs. The Iowa office will serve as a hub for guidance and information to assist all individuals in Iowa with arthritis to find resources and appropriate care.

**Strategy Type**
Individual/Interpersonal-focused

**Strategy Source & Location**
- Arthritis Foundation Tools & Resources: [https://www.arthritis.org/living-with-arthritis/tools-resources/](https://www.arthritis.org/living-with-arthritis/tools-resources/)

**Who's Responsible**
Arthritis Foundation

**Target Date**
Dec 31, 2021
Goal #8: Reduce HIV-related disparities and health inequities.

Alignment with National Plans
- Healthy People 2020, HIV: [https://www.healthypeople.gov/2020/topics-objectives/topic/hiv]

Alignment with State / Other Plans
- Iowa Comprehensive HIV Plan 2017-2021: [https://idph.iowa.gov/hivstdhiv]

### Objective 8-1
Reduce the diagnosis disparity rates of African Americans/Blacks (AA/B) and men who have sex with men (MSM) by 15%.

<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>AA/B: 20</td>
<td>2021</td>
<td>15% reduction</td>
</tr>
<tr>
<td></td>
<td>MSM: 362</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Data Source & Location: Enhanced HIV/AIDS Reporting System (eHARS); HIV Prevention Program data; EvaluationWeb; Iowa Disease Surveillance System (IDSS). Rates are number of diagnoses per 100,000 population.

**Strategy 8-1.1** Implement a coordinated statewide marketing initiative.

**Strategy Source & Location**: Iowa Comprehensive HIV Plan 2017-2021

**Who's Responsible**: Iowa Department of Public Health Bureau of HIV, STD, and Hepatitis, the Community Planning Group, and the Gay Men's Health Committee, and other community partners.

**Target Date**: Dec 31, 2021

### Objective 8-2
Reduce the percentage of people with HIV disease classified as stage 3 (AIDS) within 3 months of HIV diagnosis to 30%.

<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>38%</td>
<td>2021</td>
<td>30%</td>
</tr>
</tbody>
</table>

Data Source & Location: Enhanced HIV/AIDS Reporting System (eHARS).

**Strategy 8-2.1** Increase the percentage of people who have ever been tested for HIV.

**Strategy Source & Location**: Iowa Comprehensive HIV Plan 2017-2021

**Who's Responsible**: Iowa Department of Public Health HIV Prevention Program in collaboration with Iowa Medical Society, other professional medical associations, medical schools, Primary Care Association, Department of Corrections, Iowa Medicaid Enterprise, IDPH-supported test sites, and other community partners.

**Target Date**: Dec 31, 2021
**Goal #9**  Increase access to care and improve health outcomes for persons living with HIV (PLWH).

### Alignment with National Plans

- **Healthy People 2020, HIV**  [https://www.healthypeople.gov/2020/topics-objectives/topic/hiv](https://www.healthypeople.gov/2020/topics-objectives/topic/hiv)

### Alignment with State / Other Plans

- **Iowa Comprehensive HIV Plan 2017-2021**  [https://idph.iowa.gov/hivstdhep/hiv](https://idph.iowa.gov/hivstdhep/hiv)

---

**Health Equity & the Social Determinants of Health**

**Objective 9-1**

By December 31, 2021, increase the proportion of people diagnosed with HIV and living in Iowa who have achieved viral suppression to 90%.

<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>76%</td>
<td>2021</td>
<td>90%</td>
</tr>
</tbody>
</table>

**Data Source & Location**

Enhanced HIV/AIDS Reporting System (eHARS).

---

**Health Equity & the Social Determinants of Health**

**Strategy 9-1.1**

Partner with mental health stakeholders, substance use stakeholders, correctional facilities, and refugee services to better serve persons at increase risk and PLWH with co-occurring health issues.

**Strategy Type**

Professional/provider-focused

**Strategy Source & Location**

Iowa Comprehensive HIV Plan 2017-2021

**Who's Responsible**

Iowa Department of Public Health Bureau of HIV, STD, and Hepatitis, the regional outreach liaisons, and the Community HIV and Hepatitis Advocates of Iowa Network (CHAIN).

**Target Date**

Dec 31, 2021
**Health Equity & the Social Determinants of Health**

**Goal #10** Increase health literacy among Iowans.

### Alignment with National Plans

- **Healthy People 2020, Health Communication and Health Information Technology (HC/HIT) Objective 1** [https://www.healthypeople.gov/2020/topics-objectives/topic/health-communication-and-health-information-technology](https://www.healthypeople.gov/2020/topics-objectives/topic/health-communication-and-health-information-technology)

### Alignment with State / Other Plans

- **Iowa State Innovation Model, Statewide Strategy Plans for Person and Family Engagement, Care Coordination and Diabetes** [https://idph.iowa.gov/SIM](https://idph.iowa.gov/SIM)

---

### Health Equity & the Social Determinants of Health

**Objective 10-1** By 2019, increase the number of healthcare providers and community-based service providers who use Teach Back with patients and clients by 15%.

<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>2019</td>
<td>15% increase</td>
</tr>
</tbody>
</table>

**Data Source & Location**
Composite figures based on hospitals reporting use of Teach Back and attendance figures for providers and services who attend Teach Back trainings; Iowa Healthcare Collaborative self-reported data sources

---

**Strategy 10-1.1** Increase provider and allied professional education and training focused on patient engagement and activation, including motivational interviewing, Teach Back, and health literacy best practices.

**Strategy Type**
Professional/provider-focused

**Strategy Source & Location**
Iowa Care Coordination Statewide Strategy

**Who’s Responsible**
Iowa Healthcare Collaborative, Iowa Department of Public Health, and the Care Coordination State Plan Task Force/Work Group

**Target Date**
Dec 31, 2020

---

**Strategy 10-1.2** Deliver and promote trainings that educate health-care professionals on person-centered communication techniques and shared-decision making strategies, including active listening, Teach Back, and motivational interviewing.

**Strategy Type**
Professional/provider-focused

**Strategy Source & Location**
Iowa Person and Family Engagement Statewide Strategy

**Who’s Responsible**
Iowa Healthcare Collaborative, Iowa Department of Public Health, and the Iowa Person and Family Engagement State Plan Task Force/Work Group

**Target Date**
Dec 31, 2020

---

**Objective 10-2** Increase the number of Iowans who report they are able to understand health information provided to them by their healthcare provider by 5%.

<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>84%</td>
<td>2021</td>
<td>89%</td>
</tr>
</tbody>
</table>

**Data Source & Location**
Performance based on the Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS). This measure used due to wide availability and public reporting access.
**Health Equity & the Social Determinants of Health**

**Strategy 10-2.1** Increase awareness and address health literacy, including the use of patient conversation resources such as Teach Back and Ask Me 3.

**Strategy Type** Professional/provider-focused

**Strategy Source & Location** Iowa Care Coordination Statewide Strategy; Iowa Person and Family Engagement Strategy

**Who’s Responsible**
Iowa Healthcare Collaborative, Iowa Department of Public Health, Iowa Care Coordination State Plan Task Force/Work Group, Iowa Person and Family Engagement State Plan Task Force/Work Group

**Target Date** Dec 31, 2021

---

**Health Equity & the Social Determinants of Health**

**Strategy 10-2.2** As part of best practices, create and maintain policies for patient-centered care practices across team settings, emphasizing inclusive team-based care, shared-decision making, and patient activation strategies.

**Strategy Type** Policy-focused

**Strategy Source & Location** Iowa Care Coordination Statewide Strategy

**Who’s Responsible**
Iowa Healthcare Collaborative, Iowa Department of Public Health, Iowa Care Coordination State Plan Task Force/Work Group, Iowa Person and Family Engagement State Plan Task Force/Work Group

**Target Date** Dec 31, 2021

---

**Health Equity & the Social Determinants of Health**

**Goal #11** Reduce the African-American infant mortality rate.

**Alignment with National Plans**
Healthy People 2020, Maternal Infant and Child Health

**Alignment with State / Other Plans** N/A

---

**Health Equity & the Social Determinants of Health**

**Objective 11-1** Reduce the mortality rate for non-Hispanic African-American infants from 8.4 infant deaths per 1,000 live births to 6.0 by 2021.

**Baseline**

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>8.4</td>
</tr>
</tbody>
</table>

**Target**

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021</td>
<td>6</td>
</tr>
</tbody>
</table>

**Data Source & Location** United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics (DVS). Linked Birth / Infant Death Records as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program, on CDC WONDER Online Database. http://wonder.cdc.gov/lbd-current.html

---

**Health Equity & the Social Determinants of Health**

**Strategy 11-1.1** Increase safe sleep education of new parents through education of child care providers on safe sleep.

**Strategy Type** Individual/interpersonal-focused

**Strategy Source & Location** Existing program through contracts with Title V Maternal Health Contractors and the Statewide Perinatal Network and Team http://idph.iowa.gov/family-health/resources
Health Equity & the Social Determinants of Health

Strategy 11-1.2  Prevent unintended pregnancies.  Strategy Type  Individual/interpersonal-focused

Strategy Source & Location
Existing program through contracts with Title V Maternal Health Contractors and the Statewide Perinatal Network and Team  http://idph.iowa.gov/family-health/resources

Who’s Responsible  Iowa Department of Public Health  Target Date  Jan 1, 2021

Health Equity & the Social Determinants of Health

Strategy 11-1.3  Provide education at birthing hospitals on shaken baby syndrome.  Strategy Type  Individual/interpersonal-focused

Strategy Source & Location
Existing Program through contracts with Title V Maternal Health Contractors and the Statewide Perinatal Network and Team  http://idph.iowa.gov/family-health/resources

Who’s Responsible  Iowa Department of Public Health  Target Date  Jan 1, 2021

Health Equity & the Social Determinants of Health

Goal #12  Continue to provide specialty care to Iowans 200% below poverty level through the Polk County Medical Society (PCMS) Volunteer Physician Network Program.

Alignment with National Plans
Healthy People 2020, Access to Health Services
https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services

Alignment with State / Other Plans
N/A

Health Equity & the Social Determinants of Health

Objective 12-1  Through the Volunteer Physician Network of the Polk County Medical Society provide Iowans in need of specialty care referred from the 56 free clinics in Iowa through the funding received from the State of Iowa.

<table>
<thead>
<tr>
<th>Year</th>
<th>Baseline</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>2,400</td>
<td>3,000</td>
</tr>
</tbody>
</table>

Data Source & Location  VPN Program database, Volunteer Physician Network, a program of the Polk County Medical Society, 1520 High Street, Des Moines, IA 50309

Health Equity & the Social Determinants of Health

Strategy 12-1.1  Navigate patients in need for specialty care through the PCMS Volunteer Physician Network Program.  Strategy Type  Individual/interpersonal-focused

Who’s Responsible  Polk County Medical Society  Target Date  Jan 1, 2021
Iowa Health Issue: Safe, Affordable Housing

Iowa Counties with Local Strategies
Calhoun, Carroll, Cerro Gordo, Dubuque, Greene, Ida, Linn, Montgomery, Sioux

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

Safe, Affordable Housing

Goal #1  Improve housing and infrastructure for low and moderate-income Iowans

Alignment with National Plans
Healthy People 2020, Social Determinants of Health
https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

Alignment with State / Other Plans
State of Iowa Consolidated Plan for Housing and Community Development
https://www.iowaeconomicdevelopment.com/our-agency-detail-resources/6501

Safe, Affordable Housing

Objective 1-1  Improve conditions of owner-occupied housing for low and moderate income individuals by increasing the number of owner-occupied houses that are rehabilitated.

<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>164</td>
<td>2019</td>
<td>665</td>
</tr>
</tbody>
</table>


Strategy 1-1.1  Invest a portion (22%) of CDBG funds into owner occupied rehabilitation activities for low and moderate income individuals.

Strategy Source & Location: State of Iowa Consolidated Plan for Housing and Community Development

Who’s Responsible: Iowa Economic Development Authority and communities receiving Community Development Block Grant funds

Target Date: Jan 1, 2019

Safe, Affordable Housing

Objective 1-2  Improve water and wastewater systems serving low and moderate income individuals.

<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>21,541</td>
<td>2019</td>
<td>25,000</td>
</tr>
</tbody>
</table>

Data Source & Location: State of Iowa Consolidated Plan for Housing & Community Development CAPER
https://www.iowaeconomicdevelopment.com/our-agency-detail-resources/6501

Strategy 1-2.1  Invest a portion (33%) of CDBG funds into owner occupied rehabilitation activities for low and moderate income individuals.

Strategy Source & Location: State of Iowa Consolidated Plan for Housing and Community Development
Iowa Health Issue: Income/Poverty

Iowa Counties with Local Strategies

Monona

This community health improvement plan is 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

Income/Poverty

Goal #1  Statewide goals, objectives, and strategies for these issues have not yet been identified.

Alignment with National Plans

Healthy People 2020, Social Determinants of Health, Economic Stability

Alignment with State / Other Plans

N/A

Income/Poverty

Objective 1-1  Statewide goals, objectives, and strategies for these issues have not yet been identified.

Baseline Year  Baseline Value  Target Year  Target Value

Data Source & Location

Income/Poverty

Strategy 1-1.1  Statewide goals, objectives, and strategies for these issues have not yet been identified.

Strategy Type
Demographic/socioeconomic-focused

Strategy Source & Location

Who's Responsible

Target Date
**Iowa Counties with Local Strategies**

<table>
<thead>
<tr>
<th>County</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benton</td>
<td>Vaccination of 2-year olds</td>
</tr>
<tr>
<td>Buchanan</td>
<td>Asthma among youth, childhood lead testing, adult vaccination, vaccination of 2-year olds</td>
</tr>
<tr>
<td>Calhoun</td>
<td>Chronic disease prevention in all age groups, youth/adult smoking &amp; alcohol use, unintentional injury rates for adults/children, immunization &amp; infectious disease, medical homes</td>
</tr>
<tr>
<td>Carroll</td>
<td>Fall prevention in older adults &amp; those with disabilities</td>
</tr>
<tr>
<td>Cerro Gordo</td>
<td>Aging in place, asthma ages 5-64</td>
</tr>
<tr>
<td>Clinton</td>
<td>Teenage pregnancy</td>
</tr>
<tr>
<td>Davis</td>
<td>Senior care option &amp; teen health</td>
</tr>
<tr>
<td>Delaware</td>
<td>Vaccination of 19-35-month olds, pneumonia vaccination for 65+</td>
</tr>
<tr>
<td>Des Moines</td>
<td>Violence prevention for youth</td>
</tr>
<tr>
<td>Fayette</td>
<td>Resources for parents</td>
</tr>
<tr>
<td>Floyd</td>
<td>Resources for parents</td>
</tr>
<tr>
<td>Greene</td>
<td>First Five program, low birthweight infants, teen births, access to elderly care, access to affordable child care</td>
</tr>
<tr>
<td>Hardin</td>
<td>Lead screenings for children ages 6 &amp; under</td>
</tr>
<tr>
<td>Henry</td>
<td>Vaccination of 19-35-month olds</td>
</tr>
<tr>
<td>Howard</td>
<td>Family wellness</td>
</tr>
<tr>
<td>Iowa</td>
<td>Immunization rate of 24-month olds</td>
</tr>
<tr>
<td>Keokuk</td>
<td>Home care for elderly, frail residents</td>
</tr>
<tr>
<td>Marshall</td>
<td>Teenage pregnancy</td>
</tr>
<tr>
<td>Mills</td>
<td>Positive parenting</td>
</tr>
<tr>
<td>Muscatine</td>
<td>Early child development teenage births</td>
</tr>
<tr>
<td>Palo Alto</td>
<td>Vaccination of 24-month olds</td>
</tr>
<tr>
<td>Pottawattamie</td>
<td>Teenage pregnancy</td>
</tr>
<tr>
<td>Ringgold</td>
<td>Prenatal care</td>
</tr>
<tr>
<td>Scott</td>
<td>School wellness policy</td>
</tr>
<tr>
<td>Taylor</td>
<td>Children’s immunization and older adults with disabilities</td>
</tr>
<tr>
<td>Van Buren</td>
<td>Elderly services, prenatal care, well baby visits, lead screening for children ages 6 &amp; under, immunization rates of 24-month olds</td>
</tr>
<tr>
<td>Wayne</td>
<td>Preventive services for residents 50 &amp; older</td>
</tr>
<tr>
<td>Webster</td>
<td>Teenage pregnancy, parent education related to reproductive health, children with asthma, physical activity for 15 to 16-year olds, dental education for fifth graders, children with autism</td>
</tr>
<tr>
<td>Winnebago</td>
<td>Physical activity for older adults &amp; those with physical limitations</td>
</tr>
<tr>
<td>Woodbury</td>
<td>Dental screening for kindergartners</td>
</tr>
<tr>
<td>Worth</td>
<td>Supportive in-home services for elders</td>
</tr>
</tbody>
</table>

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)
**Goal #1**  
Assure that children have a healthy start.

**Alignment with National Plans**


**Alignment with State / Other Plans**

| N/A |

**LIFE COURSE - Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle, and Older Adulthood**

### Objective 1-1

Reduce the number of pregnancies conceived within 18 months of a previous birth among low-income Iowans from 33.4% to 30%.

<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>33.4%</td>
<td>2021</td>
<td>30%</td>
</tr>
</tbody>
</table>

**Data Source & Location**

Iowa Department of Public Health, Vital Records special data request.

**Strategy 1-1.1**

Work with community based partners to educate their staff about the importance of pregnancy spacing and planning so that they, in turn, can educate their clients about the importance of pregnancy intention wherever an individual may access services.

**Strategy Type**

Community-focused

**Strategy Source & Location**

Through a network of Title X family planning providers in all 99 counties and Maternal and Child Health (MCH), Women, Infants, and Children (WIC), and Personal Responsibility Education Program (PREP) contractors

**Who's Responsible**

Iowa Department of Public Health and the Family Planning Council of Iowa; Iowa Department of Public Health MCH, PREP and WIC programs

**Target Date**

Jan 1, 2020

**Report Date**

Mar 27, 2019

**Progress on Strategy**

- Complete
- On track
- Off track
- No progress

**Progress notes:**

The Title X training and education provided was on immediate postpartum long-acting reversible contraceptives (LARC) insertion as part of the ASTHO learning collaborative project that is now completed. Both Title X grantees contract with Federally Qualified Health Centers (FQHCs) for reproductive health services.
LIFE COURSE - Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle, and Older Adulthood

Goal #2  Protect child health and water quality through pesticide reduction.

Alignment with National Plans

Healthy People 2020, Environmental Health, Objective 16
https://www.healthypeople.gov/2020/topics-objectives/topic/environmental-health

Alignment with State / Other Plans

N/A

LIFE COURSE - Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle, and Older Adulthood

Objective 2-1  Increase the number of institutional/public land owners (parks, child care centers, schools, churches, businesses, colleges, health care facilities) committed to pesticide-free lawn management.

<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>10</td>
<td>2021</td>
<td>500</td>
</tr>
</tbody>
</table>

Data Source & Location
Preliminary information gathered by the University of Northern Iowa, Center for Energy & Environmental Education

LIFE COURSE - Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle, and Older Adulthood

Strategy 2-1.1  Launch a statewide public education campaign to reduce children's exposure to lawn pesticides, herbicides, insecticides, and fungicides.

Strategy Type
Individual/interpersonal-focused

Strategy Source & Location
TBD

Who's Responsible
University of Northern Iowa, Center for Energy & Environmental Education

Target Date
Jan 1, 2020

LIFE COURSE - Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle, and Older Adulthood

Goal #3  Address all aspects of transition to adulthood for youth with special health care needs through transition planning.

Alignment with National Plans

Title V National Priority Measure
http://www.amchp.org/AboutTitleV/Resources/Documents/Crosswalk%20New%20Title%20V%20NPMs-Life%20Course%20Indicators.pdf

Alignment with State / Other Plans

Iowa Title V CYSHCN Program Goal https://www.idph.iowa.gov/Portals/1/Files/FamilyHealth/2015_state_narrative.pdf

LIFE COURSE - Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle, and Older Adulthood

Objective 3-1  By 2020, develop a transition plan for 60% of youth (aged 12-21) with special health care needs seen by a Child Health Specialty Clinics' nurse practitioner or physician.

<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>0</td>
<td>2020</td>
<td>60%</td>
</tr>
</tbody>
</table>

Data Source & Location
Chart reviews (unpublished)
### LIFE COURSE - Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle, and Older Adulthood

#### Strategy 3-1.1
In collaboration with YSHCN and family members, identify culturally appropriate transition tools that align with the six core transition elements recommended by the American Academy of Pediatrics, Got Transition and the Lucile Packard Standards.

**Strategy Type**
Individual/interpersonal-focused

**Strategy Source & Location**
https://mchbtvis.hrsa.gov/Print/StateActionPlanTable/556e4c7f-a47f-4a72-938c-3e24b58034d6

**Who's Responsible**
Child Health Specialty Clinics, University of Iowa Division of Child and Community Health Transition Workgroup

**Target Date**
Jan 1, 2020

---

#### Objective 3-2
Develop an overall state plan to coordinate transition efforts being conducted for YSHCN by various state agencies.

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>0</td>
<td>2020</td>
<td>1</td>
</tr>
</tbody>
</table>

**Baseline**
Year: 2015, Value: 0

**Target**
Year: 2020, Value: 1

**Data Source & Location**
University of Iowa Division of Child and Community Health Transition Workgroup

---

#### Strategy 3-2.1
Conduct an assessment of current efforts regarding transition to adulthood planning in Iowa for YSHCN.

**Strategy Type**
Policy-focused

**Strategy Source & Location**
https://mchbtvis.hrsa.gov/Print/StateActionPlanTable/556e4c7f-a47f-4a72-938c-3e24b58034d6

**Who's Responsible**
Child Health Specialty Clinics, University of Iowa Division of Child and Community Health Transition Workgroup

**Target Date**
Jan. 1, 2020

---

**Goal #4**
Increase awareness about Alzheimer's disease and the importance of early detection to increase early detection.

**Alignment with National Plans**
National Plan to Address Alzheimer's

**Alignment with State / Other Plans**
Alzheimer's Disease Iowa Taskforce

**LIFE COURSE - Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle, and Older Adulthood**

#### Objective 4-1
Increase the Medicare Annual Wellness visits which include an assessment of cognitive function.

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>58,392</td>
<td>2021</td>
<td>116,784</td>
</tr>
</tbody>
</table>

**Baseline**
Year: 2015, Value: 58,392

**Target**
Year: 2021, Value: 116,784

**Data Source & Location**
CMS tracks the number of Medicare eligible Iowans who have use the Annual Wellness Visit and received a cognitive screen. Beneficiaries Utilizing Free Preventive Services by State, 2016
**LIFE COURSE - Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle, and Older Adulthood**

**Strategy 4-1.1** Promote the Medicare annual wellness visit regularly through local programs, support groups, and community events in an effort to increase the number of Iowans receiving the cognitive screening statewide.

**Strategy Type** Community-focused

**Strategy Source & Location**

**Who's Responsible**
Alzheimer's Association

**Target Date**
Dec 31, 2018

**LIFE COURSE - Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle, and Older Adulthood**

**Objective 4-2** Offer "Know the Ten Signs: Early Detection Matters" programs across the state on an annual basis.

<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>1,027 programs</td>
<td>2021</td>
<td>1,500 programs per year</td>
</tr>
</tbody>
</table>

**Data Source & Location**
Alzheimer's Disease Facts and Figures report.

**LIFE COURSE - Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle, and Older Adulthood**

**Strategy 4-2.1** Strategically implement critical educational functions statewide in an effort to raise awareness of the disease and promote early detection in the general public.

**Strategy Type** Individual/interpersonal-focused

**Strategy Source & Location**

**Who's Responsible**
Alzheimer's Association

**Target Date**
Dec 31, 2018

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Iowa Health Issue: Health System Improvement & Evidence-Based Decision Making

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

Goals, Objectives & Strategies

Health System Improvement & Evidence-Based Decision Making

Goal #1 Increase person and family engagement in decision making.

Alignment with National Plans

Centers for Medicare & Medicaid Services (CMS) Person and Family Engagement Strategy

Alignment with State / Other Plans

Iowa State Innovation Model, Statewide Strategy Plans, Person and Family Engagement and Care Coordination
https://idph.iowa.gov/SIM

Health System Improvement & Evidence-Based Decision Making

Objective 1-1 By 2018, increase the number of hospitals that have a Person and Family Advisory Council or patient representation on a patient safety or quality improvement work group, committee, or team.

Baseline Year | Baseline Value | Target Year | Target Value
--- | --- | --- | ---
2015 | 41.5 | 2018 | 50

Data Source & Location: Hospital self-report through Hospital Engagement Network/Hospital Improvement Innovation Network (HIIN) reporting; Iowa Healthcare Collaborative

Health System Improvement & Evidence-Based Decision Making

Strategy 1-1.1 Disseminate person and family engagement best practice resources to hospitals through learning communities, web-based events, and communities of practice.

Strategy Type: Professional/provider-focused

Strategy Source & Location: Iowa Healthcare Collaborative HIIN program strategy

Who’s Responsible: Iowa Healthcare Collaborative

Target Date: Sep 29, 2018
**Goal #2**

Improve care provided by critical access hospitals and emergency medical service providers to patients presenting with sudden cardiac arrest (SCA).

---

**Alignment with National Plans**


**Alignment with State / Other Plans**


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**Health System Improvement & Evidence-Based Decision Making**

**Objective 2-1**

Distribute approximately 435 Lucas Assistive Devices for Cardiac Arrest Program (LADCAP) to emergency medical services and critical access hospitals across the state.

<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>109</td>
<td>2019</td>
<td>435</td>
</tr>
</tbody>
</table>

**Data Source & Location**

Iowa Department of Public Health, Bureau of Emergency and Trauma Services records

**Report Date**

Apr 26, 2019

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>485</td>
</tr>
</tbody>
</table>

**Progress on Objective**

☑ Met, no trend

**Progress notes:**
There is no trend due to completion of the full grant. The bureau had excess funding and was able to exceed the goal of 435 Lucas devices to critical access hospital and EMS services in the state of Iowa.

---

**Health System Improvement & Evidence-Based Decision Making**

**Strategy 2-1.1**

Equip EMS agencies and critical access hospitals with Lucas Device Systems.

**Strategy Type**

Professional/provider-focused

**Strategy Source & Location**

Iowa Department of Public Health, Bureau of Emergency and Trauma Services

**Who's Responsible**

Iowa Department of Public Health, Bureau of Emergency and Trauma Services

**Target Date**

Dec 31, 2019

**Report Date**

Apr 26, 2019

☑ Complete  □ On track  □ Off track  □ No progress

**Progress notes:**
Lucas device systems were distributed to 65 critical access hospitals, and 420 Lucas device systems were distributed to EMS services in the state of Iowa.

---

**Objectives 2-2**

Increase the number of emergency medical providers and hospital personnel who have received train the trainer education on how to efficiently and safely use the Lucas device system.

<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>220</td>
<td>2019</td>
<td>870 (REVISED: 778)</td>
</tr>
</tbody>
</table>

**Data Source & Location**

Bureau of Emergency and Trauma Services spreadsheet
### Progress on Objective

<table>
<thead>
<tr>
<th>Option</th>
<th>Met, trend in right direction</th>
<th>Not met, trend in right direction</th>
<th>Met, no trend</th>
<th>Not met, no trend</th>
<th>Met, trend in wrong direction</th>
<th>Not met, trend in wrong direction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Goal</td>
<td>False</td>
<td>False</td>
<td>True</td>
<td>False</td>
<td>False</td>
<td>False</td>
</tr>
<tr>
<td>Final Goal</td>
<td>False</td>
<td>False</td>
<td>False</td>
<td>False</td>
<td>False</td>
<td>False</td>
</tr>
<tr>
<td>Target Value</td>
<td>False</td>
<td>False</td>
<td>True</td>
<td>False</td>
<td>False</td>
<td>False</td>
</tr>
<tr>
<td>Report Date</td>
<td>Apr 26, 2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Value</td>
<td>778</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Progress notes: The initial goal was based on the quantity of Lucas device systems that were estimated to be distributed with two persons per device receiving the Train-the-Trainer education. The revised goal was based on the number of EMS services that are receiving Lucas device systems. Some EMS services received multiple devices, but only two persons attended the training for the receiving EMS service.

### Health System Improvement & Evidence-Based Decision Making

**Strategy 2-2.1** Contract with Physio Control to provide train the trainer education to hospital and EMS staff.

**Strategy Type** Professional/provider-focused

**Strategy Source & Location**

Iowa Department of Public Health, Bureau of Emergency and Trauma Services

**Who’s Responsible**

Iowa Department of Public Health, Bureau of Emergency and Trauma Services

**Target Date** Dec 31, 2019

### Progress on Strategy

<table>
<thead>
<tr>
<th>Option</th>
<th>Complete</th>
<th>On track</th>
<th>Off track</th>
<th>No progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Met</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Not met</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Progress notes: 778 providers received training.

### Objective 2-3

**Improve data systems to track the Lucas equipment.**

**Baseline**

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>0</td>
</tr>
<tr>
<td>2019</td>
<td>1</td>
</tr>
</tbody>
</table>

**Data Source & Location**

Iowa Department of Public Health, Bureau of Emergency and Trauma Services

### Progress on Objective

<table>
<thead>
<tr>
<th>Option</th>
<th>Met, trend in right direction</th>
<th>Not met, trend in right direction</th>
<th>Met, no trend</th>
<th>Not met, no trend</th>
<th>Met, trend in wrong direction</th>
<th>Not met, trend in wrong direction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Goal</td>
<td>False</td>
<td>False</td>
<td>True</td>
<td>False</td>
<td>False</td>
<td>False</td>
</tr>
<tr>
<td>Final Goal</td>
<td>False</td>
<td>False</td>
<td>False</td>
<td>False</td>
<td>False</td>
<td>False</td>
</tr>
<tr>
<td>Target Value</td>
<td>False</td>
<td>False</td>
<td>True</td>
<td>False</td>
<td>False</td>
<td>False</td>
</tr>
<tr>
<td>Report Date</td>
<td>Apr 26, 2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Value</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Progress notes: This objective was revised to more accurately report on the tracking of user location of Lucas devices, not the use of devices.

### Health System Improvement & Evidence-Based Decision Making

**Strategy 2-3.1** Continue to improve on process to track Lucas device usage.

**Strategy Type** Policy-focused

**Strategy Source & Location**

Iowa Department of Public Health, Bureau of Emergency and Trauma Services

**Who’s Responsible**

Iowa Department of Public Health, Bureau of Emergency and Trauma Services

**Target Date** Dec 31, 2019

### Progress on Strategy

<table>
<thead>
<tr>
<th>Option</th>
<th>Complete</th>
<th>On track</th>
<th>Off track</th>
<th>No progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Met</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Not met</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Progress notes:
Progress notes: Based on the revised objective, this has been completed. Approximately June of 2018, the University of North Dakota ended the monitoring of usage and lives saved. The bureau is able to track “mechanical CPR device” usage, but not grant issued Lucas device specific usage.

**Health System Improvement & Evidence-Based Decision Making**

**Goal #3**  Increase the use of standardized methods to assess the development of young children.

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
</tr>
</thead>
</table>
| Title V Maternal and Child Health National Performance Measure #6 [https://mchb.tvisdata.hrsa.gov/](https://mchb.tvisdata.hrsa.gov/)

<table>
<thead>
<tr>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
</table>
| Title V State Plan Narrative [http://idph.iowa.gov/family-health](http://idph.iowa.gov/family-health)

<table>
<thead>
<tr>
<th>Health System Improvement &amp; Evidence-Based Decision Making</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 3-1</strong> Increase the percent of Iowa children, ages 10-71 months, receiving a developmental screening using a parent-completed screening tool from 34.3% in 2012 to 40.3% in 2021.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>34.3%</td>
<td>2021</td>
<td>40.3%</td>
</tr>
</tbody>
</table>

**Data Source & Location**: National Survey of Children's Health (NSCH), National Performance Measure #6 [http://childhealthdata.org/browse/survey](http://childhealthdata.org/browse/survey)

**Strategy 3-1.1**: Bureau of Family Health will promote parent and caregiver awareness of developmental screening.

**Strategy Type**: Individual/interpersonal-focused

**Strategy Source & Location**: Iowa Department of Public Health, Bureau of Family Health

<table>
<thead>
<tr>
<th>Who’s Responsible</th>
<th>Iowa Department of Public Health, Bureau of Family Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target Date</strong></td>
<td>July 1, 2019</td>
</tr>
</tbody>
</table>

**Health System Improvement & Evidence-Based Decision Making**

**Goal #4**  Increase the percentage of Iowa school districts and accredited non-public schools with concussion management protocols supporting students returning to the classroom following concussion.

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traumatic Brain Injury State Implementation Partnership Grant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health System Improvement &amp; Evidence-Based Decision Making</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 4-1</strong> By 2019, 50% of school districts will have a concussion management protocol for supporting students returning to the classroom following concussion.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>6.27%</td>
<td>2019</td>
<td>50%</td>
</tr>
</tbody>
</table>

**Data Source & Location**: To be developed.
**Strategy 4-1.1** Annually, conduct a survey for school districts and accredited non-public schools to determine whether or not they have a protocol in place.

**Strategy Source & Location**
Iowa Department of Public Health, Brain Injury Program

**Who’s Responsible**
Iowa Department of Public Health, Brain Injury Program

**Target Date**
Jan 1, 2021

---

**Strategy 4-1.2** By August 2017, concussion management guidelines will be drafted and distributed to all Iowa school districts and accredited non-public schools.

**Strategy Source & Location**
Guidelines will be modeled off recommendations outlined in the Remove/Reduce, Educate, Adjust/ Accommodate Pace (REAP) post-concussion model and from concussion guidelines produced by other states, such as Colorado, Kansas, and New York. [http://biaia.org/ICC/reap-full-publication.pdf](http://biaia.org/ICC/reap-full-publication.pdf)

**Who’s Responsible**
Iowa Department of Public Health, Brain Injury Program and Iowa Department of Education

**Target Date**
Aug 1, 2017

**Report Date**
March 19, 2019

**Progress on Strategy**
- Complete
- On track
- Off track
- No progress

**Progress notes:** An updated version of the [Concussion Guidelines for Iowa Schools](http://biaia.org/ICC/reap-full-publication.pdf) is currently being drafted with plans for dissemination in Spring 2019.

---

**Strategy 4-1.3** Develop administrative rules to comply with the legislation.

**Strategy Source & Location**
Implementation of House File 2442

**Who’s Responsible**
Iowa Department of Public Health, Brain Injury Program and the Iowa High School Athletic Association and Iowa High School Girls Athletic Union

**Target Date**
Jul 1, 2019

**Report Date**
March 19, 2019

**Progress on Strategy**
- Complete
- On track
- Off track
- No progress

**Progress notes:** Administrative rules (641.54) were developed and adopted in January 2019.

---

**Strategy 4-1.4** Through 2021, provide training and technical assistance to school districts and accredited non-public schools wishing to develop and implement concussion management protocols.

**Strategy Source & Location**
Training and technical assistance will be based on REAP manual and the concussion management guidelines, to be developed in strategy 4-1.2 [http://biaia.org/ICC/reap-full-publication.pdf](http://biaia.org/ICC/reap-full-publication.pdf)

**Who’s Responsible**
Iowa Department of Public Health, Brain Injury Program, Iowa Department of Education, and Brain Injury Alliance of Iowa

**Target Date**
Jan 1, 2021
**Goal #5**  Improve the quality of cause of death data collected on mortality records.

**Alignment with National Plans**
National Center for Health Statistics  [https://www.cdc.gov/nchs/nvss/deaths.htm](https://www.cdc.gov/nchs/nvss/deaths.htm)

**Alignment with State / Other Plans**
CDC Technical Grant

### Health System Improvement & Evidence-Based Decision Making

#### Objective 5-1

**Improve the quality of death data by decreasing the number of unspecified cancer mortality records as the underlying cause of death (defined as Code 80) within 90 days after submission to the National Center for Health Statistics (NCHS) from 1% to 0.3%.

<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>1.0%</td>
<td>2018</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

**Data Source & Location**
Iowa Department of Public Health, Bureau of Health Statistics. Iowa Vital Events System.

**Report Date**
April 18, 2019

**Value**
0.6%

**Progress on Objective**
- Met, trend in right direction
- Not met, trend in right direction
- Not met, trend in wrong direction

**Progress notes:**
Training module was completed and users have accessed the module. Number of unspecified ICD codes has decreased slightly since implement of the training module. Project is completed.

#### Strategy 5-1.1

**Create an online training module related to cancer mortality.**

**Strategy Type**
Professional/provider-focused

**Strategy Source & Location**
CDC Technical Proposal 2016-Q-00953

**Who’s Responsible**
Iowa Department of Public Health, Bureau of Health Statistics

**Target Date**
Apr 1, 2018

**Report Date**
Feb 22, 2019

**Progress on Strategy**
- Complete
- On track
- Off track
- No progress

**Progress notes:**
Training has been completed and implemented.

#### Objective 5-2

**Increase the quality of death records by decreasing unspecified drug mortality records so that there are no more than 5% of the mortality records with a drug poisoning death containing only the code of T50.9 (i.e., T50.9 is defined as other and unspecified drugs) within 150 days after submission to NCHS.

<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>5.825%</td>
<td>2018</td>
<td>5%</td>
</tr>
</tbody>
</table>

**Data Source & Location**
Iowa Department of Public Health, Bureau of Health Statistics. Iowa Vital Events System.
### Health System Improvement & Evidence-Based Decision Making

**Strategy 5-2.1** Create an online training module related to drug mortality records.

<table>
<thead>
<tr>
<th>Progress on Strategy</th>
<th>March 1, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔ Complete</td>
<td>Complete</td>
</tr>
</tbody>
</table>

**Strategy Type**
Professional/provider-focused

**Strategy Source & Location**
CDC Technical Proposal 2016-Q-00953

**Who's Responsible**
Iowa Department of Public Health, Bureau of Health Statistics

**Target Date**
Apr 1, 2018

**Progress notes:** The on-line training module has been completed.

### Health System Improvement & Evidence-Based Decision Making

**Objective 5-3** Increase the quality of mortality records so that no more than 0.3% of the mortality records containing an ill-defined cause of death (i.e., ill-defined causes of death are defined as those records containing an underlying cause code of R00-R94 or R96-R99 AND neither the manner nor the cause of death code is pending) within 90 days after submission to NCHS.

<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>0.91%</td>
<td>2018</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

**Data Source & Location**
Iowa Department of Public Health, Bureau of Health Statistics

**Report Date**
Feb 22, 2019

**Progress on Objective**

<table>
<thead>
<tr>
<th>✔ Met, trend in right direction</th>
<th>Not met, trend in right direction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Met, no trend</td>
<td>Not met, no trend</td>
</tr>
<tr>
<td>Met, trend in wrong direction</td>
<td>Not met, trend in wrong direction</td>
</tr>
</tbody>
</table>

**Progress notes:** Ill-defined cause reporting is decreasing.

### Health System Improvement & Evidence-Based Decision Making

**Strategy 5-3.1** Create an online training module on death records for death certifiers.

<table>
<thead>
<tr>
<th>Progress Notes</th>
<th>March 1, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔ Complete</td>
<td>Complete</td>
</tr>
</tbody>
</table>

**Strategy Type**
Professional/provider-focused

**Strategy Source & Location**
CDC Technical Proposal 2016-Q-00953

**Who's Responsible**
Iowa Department of Public Health, Bureau of Health Statistics

**Target Date**
Apr 1, 2018

**Progress notes:** Module is completed and in full use.
Goal #6   Assure equitable public health services across the state.

Alignment with National Plans
Public Health National Center for Innovation at the Public Health Accreditation Board  http://www.phaboard.org/

Alignment with State / Other Plans
N/A

Health System Improvement & Evidence-Based Decision Making

Objective 6-1  Increase the percentage of Iowa’s population provided with the foundational public health services by the governmental public system.

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>Unknown</td>
<td>2021</td>
<td>TBD</td>
</tr>
</tbody>
</table>

Data Source & Location: To be developed. Data will be collected by the Public Health Advisory Council.

Health System Improvement & Evidence-Based Decision Making

Strategy 6-1.1  Using the foundational public health services model, develop a description of baseline public health services provided by the governmental public health system.

Strategy Type: Policy-focused

Strategy Source & Location: Public Health Advisory Council. The plan is not formalized at this time.

Who’s Responsible: Public Health Advisory Council  Target Date: Mar 1, 2019

Health System Improvement & Evidence-Based Decision Making

Strategy 6-1.2  Determine the percentage of Iowa’s population that are provided with the foundational public health services by the governmental public health system.

Strategy Type: Policy-focused

Strategy Source & Location: Public Health Advisory Council. The plan is not formalized at this time.

Who’s Responsible: Public Health Advisory Council  Target Date: Mar 1, 2019

<<Rest of Page Intentionally Left Blank>>
Goal #7  Use data governance to ensure consistent practices at the Iowa Department of Public Health related to data.

Alignment with National Plans
Public Health Informatics Institute. Building an Informatics Savvy Health Department  http://www.phii.org/infosavvy

Alignment with State / Other Plans
Iowa Department of Public Health, Unpublished Data Management Work Plan

Baseline and Target Values
<table>
<thead>
<tr>
<th>Objective 7-1</th>
<th>Improve the cycle time from request to data sharing for Iowa Department of Public Health Data Sharing Agreements (DSAs) and Research Agreements (RAs).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>Baseline Value</td>
</tr>
<tr>
<td>2016</td>
<td>54 days</td>
</tr>
</tbody>
</table>

Data Source & Location
Iowa Department of Public Health, Data Management Program

Health System Improvement & Evidence-Based Decision Making
Objective 7-1

Baseline and Target Values
<table>
<thead>
<tr>
<th>Objective 7-1</th>
<th>Improve the cycle time from request to data sharing for Iowa Department of Public Health Data Sharing Agreements (DSAs) and Research Agreements (RAs).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>Baseline Value</td>
</tr>
<tr>
<td>2016</td>
<td>54 days</td>
</tr>
</tbody>
</table>

Data Source & Location
Iowa Department of Public Health, Data Management Program

Health System Improvement & Evidence-Based Decision Making
Strategy 7-1.1  Conduct a quality improvement project to review the data sharing process and identify areas for improvement.

Strategy Type
Policy-focused

Strategy Source & Location
Iowa Department of Public Health, Data Management Program

Who’s Responsible
Iowa Department of Public Health, Data Management Program

Target Date
Dec 31, 2017

Report Date
March 26, 2019

Progress on Strategy
Complete

Progress notes: Quality improvement activities have been completed.

Goal #8  Increase the number of Data Sharing Agreements (DSAs) to ensure that data are being provided to internal and external Iowa Department of Public Health stakeholders to promote evidence-based decisions.

Alignment with National Plans
Public Health Informatics Institute. Building an Informatics Savvy Health Department  http://www.phii.org/infosavvy

Alignment with State / Other Plans
Iowa Department of Public Health, Unpublished Data Management Work Plan

Baseline and Target Values
<table>
<thead>
<tr>
<th>Objective 8-1</th>
<th>Increase the number of new DSAs by 10 per year.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>Baseline Value</td>
</tr>
<tr>
<td>2016</td>
<td>76</td>
</tr>
</tbody>
</table>

Data Source & Location
Iowa Department of Public Health, Data Management Program

Baseline and Target Values
<table>
<thead>
<tr>
<th>Objective 8-1</th>
<th>Increase the number of new DSAs by 10 per year.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>Baseline Value</td>
</tr>
<tr>
<td>2016</td>
<td>76</td>
</tr>
</tbody>
</table>

Data Source & Location
Iowa Department of Public Health, Data Management Program
Health System Improvement & Evidence-Based Decision Making

Strategy 8-1.1 Educate Iowa Department of Public Health staff on the need for DSAs for data sharing through trainings and bureau meeting presentations.

Strategy Type Professional/provider-focused

Strategy Source & Location Iowa Department of Public Health, Data Management Program

Who's Responsible Iowa Department of Public Health, Data Management Program

Target Date Dec 31, 2020

Health System Improvement & Evidence-Based Decision Making

Strategy 8-1.2 Conduct outreach with public health stakeholders in the state, including local public health, researchers, and state-level organizations to promote the use of Iowa Department of Public Health data.

Strategy Type Professional/provider-focused

Strategy Source & Location Iowa Department of Public Health, Data Management Program

Who's Responsible Iowa Department of Public Health, Data Management Program

Target Date Dec 31, 2020

Goal #9 Integrate services for Children and Youth with Special Health Care Needs (CYSHCN).

Alignment with National Plans
Title V State Priority Measure

Alignment with State / Other Plans
Iowa Title V CYSHCN Program Goal

Health System Improvement & Evidence-Based Decision Making

Objective 9-1 By 2020, increase the percent of families of CYSHCN who report being very satisfied with communication with and between their health providers and other programs.

Baseline Year 2015
Baseline Value 44%
Target Year 2020
Target Value 49%

Data Source & Location National Survey of Children's Health, Question: Satisfaction with communication among child's doctor and other health care providers. http://www.childhealthdata.org/browse/survey

Health System Improvement & Evidence-Based Decision Making

Strategy 9-1.1 Develop and implement protocols for the utilization of a Shared Plan of Care to improve coordination of care for children and youth with special health care needs.

Strategy Type Professional/provider-focused


Who's Responsible Child Health Specialty Clinics, Division of Child and Community Health Integration Strategy Team

Target Date Jan 1, 2020

Report Date Mar 1, 2019
Progress on Strategy Complete [✔] On track [ ] Off track [ ] No progress [ ]
Health System Improvement & Evidence-Based Decision Making

Objective 9-2  By 2020, increase the percentage of CYSHCN who report receiving services in a well-functioning system.

<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>23.5%</td>
<td>2020</td>
<td>33%</td>
</tr>
</tbody>
</table>

Data Source & Location  National Survey of Children's Health  
[https://www.childhealthdata.org/browse/survey/results?q=4563&r=17](https://www.childhealthdata.org/browse/survey/results?q=4563&r=17)

Health System Improvement & Evidence-Based Decision Making

Strategy 9-2.1  Collaborate with Division of Child and Community Health to support increased use of telemedicine, consultative models, and other electronic communications to enhance access to pediatric specialty care and ancillary services for CYSHCN particularly for children living in rural Iowa.

[https://mchbtvis.hrsa.gov/Print/StateActionPlanTable/556e4c7f-a47f-4a72-938c-3e24b58034d6](https://mchbtvis.hrsa.gov/Print/StateActionPlanTable/556e4c7f-a47f-4a72-938c-3e24b58034d6)

Who's Responsible  Child Health Specialty Clinics, Division of Child and Community Health Integration Strategy Workgroup  
Target Date  Jan 1, 2020

Health System Improvement & Evidence-Based Decision Making

Goal #10  Expand the impact of the Iowa Public Health Tracking Portal in evidence-based decision-making.

Alignment with National Plans  Centers for Disease Control and Prevention (CDC), National Environmental Public Health Tracking Network  [https://ephtracking.cdc.gov](https://ephtracking.cdc.gov)

Alignment with State / Other Plans  Iowa Department of Public Health, Unpublished Data Management Work Plan

Health System Improvement & Evidence-Based Decision Making

Objective 10-1  Increase the number of hits on the Iowa Public Health Tracking Portal pages by 10% per year.

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>24,465</td>
<td>2020</td>
<td>30,000</td>
</tr>
</tbody>
</table>

Data Source & Location  Piwik Web Analytics - annual report, page views sum for PHT and PHT_Secure

Health System Improvement & Evidence-Based Decision Making

Strategy 10-1.1  Conduct outreach and promotion of the tracking portal among Iowa Department of Public Health staff members and external public health stakeholders in Iowa.

Strategy Source & Location  Iowa Department of Public Health, Environmental Public Health Tracking Communication Plan

Who's Responsible  Iowa Department of Public Health, Data Management Program/Environmental Public Health Tracking Team  
Target Date  Dec 31, 2020
Objective 10-2  
Increase the number of data sets on the Iowa Public Health Tracking Portal by one data set per year.

<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>14</td>
<td>2020</td>
<td>18</td>
</tr>
</tbody>
</table>

Data Source & Location: Iowa Department of Public Health, Data Management Program

Health System Improvement & Evidence-Based Decision Making

**Strategy 10-2.1**  
Use the Data Needs Assessment conducted by the University of Iowa in 2016-17 to determine key data sets to include on the Iowa Public Health Tracking Portal.

Strategy Type: Policy-focused

**Strategy Source & Location**  
Iowa Department of Public Health, Data Management Program

**Who’s Responsible**  
Iowa Department of Public Health, Data Management Program

**Target Date**  
Oct 31, 2017

Health System Improvement & Evidence-Based Decision Making

**Strategy 10-2.2**  
COMPLETE: Develop Business Requirements with key program staff to define how data are presented and work with Iowa Department of Public Health, Information Management to develop data visualizations.

Strategy Type: Policy-focused

**Strategy Source & Location**  
Iowa Department of Public Health, Data Management Program

**Who’s Responsible**  
Iowa Department of Public Health, Data Management Program

**Target Date**  
Dec 31, 2020

Report Date: Feb 9, 2018

Progress on Strategy:  
- Complete ✔
- On track
- Off track
- No progress

Progress notes: Requirements for dataset development for the portal were developed in partnership with key program staff.

Objective 10-3  
Increase the number of programs that have data on the tracking portal by one per year, using existing portal data sets.

<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>6</td>
<td>2020</td>
<td>10</td>
</tr>
</tbody>
</table>

Data Source & Location: Iowa Department of Public Health, Data Management Program

Health System Improvement & Evidence-Based Decision Making

**Strategy 10-3.1**  
Use the data needs assessment and other department strategy plans to identify key programs to engage with the tracking portal.

Strategy Type: Policy-focused

**Strategy Source & Location**  
Iowa Department of Public Health, Data Management Program

**Who’s Responsible**  
Iowa Department of Public Health, Data Management Program

**Target Date**  
Dec 31, 2018
**Strategy 10-3.2**

**COMPLETE: Develop Business Requirements with key program staff to define how data are presented and work with Iowa Department of Public Health, Information Management to develop data visualizations.**

**Strategy Type**

Policy-focused

**Strategy Source & Location**

Iowa Department of Public Health, Data Management Program

**Who's Responsible**

Iowa Department of Public Health, Data Management Program

**Target Date**

Dec 31, 2020

**Report Date**

Feb 9, 2018

**Progress on Strategy**

- Complete ✔
- On track
- Off track
- No progress

**Progress notes:** Requirements were developed for data visualizations and content in collaboration with program staff.

---

**Health System Improvement & Evidence-Based Decision Making**

**Goal #11**

Increase participation in all services of the Iowa Health Information Network (IHIN) to create a complete network for health information exchange.

**Alignment with National Plans**

Office of the National Coordinator for Health Information Technology. *Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap*


**Alignment with State / Other Plans**

Iowa Health Information Network Strategic and Operational Plan


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**Health System Improvement & Evidence-Based Decision Making**

**Objective 11-1**

Increase the number of IHIN participants to meet ongoing sustainability needs by increasing the number of clinics and ambulatory physician practices, care facilities groups, and health/therapies groups.

<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>178</td>
<td>2018</td>
<td>225</td>
</tr>
</tbody>
</table>

**Data Source & Location**

IHIN Executive Summary

[http://iowaehealth.org/documents/cms/docs/Plans_and_Reports/Executive_Summary/2016.08_IHIN_Executive_Summary.pdf](http://iowaehealth.org/documents/cms/docs/Plans_and_Reports/Executive_Summary/2016.08_IHIN_Executive_Summary.pdf)

---

**Strategy 11-1.1**

Connect all hospitals for submission of ADTs to the alert engine for ER/Admit/Discharge/Transfer.

**Strategy Type**

Professional/provider-focused

**Strategy Source & Location**

Event notification (alerting) is part of the Statewide Innovation Model grant program plan.

[https://dhs.iowa.gov/ime/about/initiatives/newSIMhome](https://dhs.iowa.gov/ime/about/initiatives/newSIMhome)

**Who's Responsible**

Iowa Department of Public Health, Iowa Health Information Network Team

**Target Date**

Feb 1, 2019

---

**Strategy 11-1.2**

Increase providers connected to query function of the IHIN by leveraging EHR vendors.

**Strategy Type**

Professional/provider-focused

---
Health System Improvement & Evidence-Based Decision Making

**Goal #12** Develop, sustain, and enhance laboratory testing capabilities to detect and confirm novel anti-microbial resistance mechanisms to prevent transmission of difficult-to-treat pathogens.

**Alignment with National Plans**
- National Strategy for Combating Antibiotic Resistant Bacteria
  [https://www.whitehouse.gov/sites/default/files/docs/carb_national_strategy.pdf](https://www.whitehouse.gov/sites/default/files/docs/carb_national_strategy.pdf)
- Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Cooperative Agreement - Antimicrobial-resistant bacteria [https://www.cdc.gov/ncezid/dpei/epidemiology-laboratory-capacity.html](https://www.cdc.gov/ncezid/dpei/epidemiology-laboratory-capacity.html)

**Alignment with State / Other Plans**

**Objective 12-1** Develop, sustain, and enhance laboratory testing capabilities to detect and confirm novel anti-microbial resistance mechanisms to prevent transmission of difficult-to-treat pathogens.

<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>0</td>
<td>2020</td>
<td>1</td>
</tr>
</tbody>
</table>

**Data Source & Location**
- Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Grant, Iowa Department of Public Health Contract #5887EL23

**Health System Improvement & Evidence-Based Decision Making**

**Strategy 12-1.1** Train and educate State Hygienic Laboratory (SHL) and in-state laboratorians to identify and submit those organisms that the CDC designated as urgent and serious threats (e.g., multi drug resistant organisms).

**Strategy Type**
- Professional/provider-focused

**Strategy Source & Location**
- Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Grant, Iowa Department of Public Health Contract #5887EL23

**Who's Responsible**
- State Hygienic Laboratory (SHL) Microbiology staff, ILRN and Lab Benchmarking Google Group

**Target Date**
- Jan 1, 2019

**Strategy 12-1.2** Increase SHL laboratory capacity to perform routine confirmatory CLIA-compliant antibiotic susceptibility testing.

**Strategy Type**
- Professional/provider-focused

**Strategy Source & Location**
- Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Grant, Iowa Department of Public Health Contract #5887EL23

**Who's Responsible**
- State Hygienic Laboratory Microbiology staff

**Target Date**
- Jan 1, 2019
### Health System Improvement & Evidence-Based Decision Making

**Strategy 12-1.3** Increase laboratory capacity to perform carbapenem-resistance mechanism testing for the most common and important resistance mechanisms as recommended and updated annually by CDC.

**Strategy Source & Location**
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Grant, Iowa Department of Public Health Contract #5887EL23; K6 State CRE Laboratory Capacity
https://www.cdc.gov/drugresistance/biggest_threats.html

**Who's Responsible**
State Hygienic Laboratory Microbiology staff

**Target Date**
Jan. 1, 2019

---

### Health System Improvement & Evidence-Based Decision Making

**Objective 12-2** Improve laboratory coordination and outreach/information flow for antimicrobial resistance monitoring throughout Iowa.

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>0</td>
<td>2020</td>
<td>1</td>
</tr>
</tbody>
</table>

**Baseline**
Year | Value
---|-------
2016 | 0

**Target**
Year | Value
---|-------
2020 | 1

**Improved outreach/information flow**

**Data Source & Location**
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Grant, Iowa Department of Public Health Contract #5887EL23

---

### Health System Improvement & Evidence-Based Decision Making

**Strategy 12-2.1** Coordinate connections between epidemiology and laboratory functions at state, city, county, and local levels. Develop testing and communication protocols, reporting process, and IT infrastructure to ensure timely testing and reporting of results to submitting facilities, state prevention epidemiologists, jurisdictional public health laboratories, and regional prevention partners.

**Strategy Source & Location**
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Grant, Iowa Department of Public Health Contract #5887EL23

**Who's Responsible**
Iowa Department of Public Health, Center for Acute Disease Epidemiology (CADE) staff, SHL Microbiology staff, ILRN and Lab Benchmarking Google Groups

**Target Date**
Jan. 1, 2020

---

### Health System Improvement & Evidence-Based Decision Making

**Strategy 12-2.2** Utilize connections with the state HAI/AR prevention programs to improve outbreak response capacity for carbapenemase-producing *Enterobacteriaceae*.

**Strategy Source & Location**
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Grant, Iowa Department of Public Health Contract #5887EL23

**Who's Responsible**
Iowa Department of Public Health CADE staff, SHL Microbiology staff, ILRN and Lab Benchmarking Google Groups

**Target Date**
Jan. 1, 2020

---

### Health System Improvement & Evidence-Based Decision Making

**Strategy 12-2.3** Coordinate connections with hospitals in the state to receive isolates in a timely manner.

**Strategy Source & Location**
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Grant, Iowa Department of Public Health Contract #5887EL23
**Health System Improvement & Evidence-Based Decision Making**

**Goal #13** Increase the laboratory workforce in Iowa to meet future demands.

**Alignment with National Plans**

- **Healthy People 2020, Access to Quality Health Services and Support**
  [https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services](https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services)

- **American Society for Clinical Pathology (ASCP). Building a Laboratory Workforce to Meet the Future**
  [https://www.ascp.org/content/docs/default-source/pdf/advocacy/c8d427b2-aa0b-43b9-8b00-743af471a27a.pdf?sfvrsn=2](https://www.ascp.org/content/docs/default-source/pdf/advocacy/c8d427b2-aa0b-43b9-8b00-743af471a27a.pdf?sfvrsn=2)

**Alignment with State / Other Plans**

- **Kirkwood Community College Plan**

**Objective 13-1** Increase the total number of available training programs in Iowa.

<table>
<thead>
<tr>
<th>Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>9</td>
<td>2020</td>
<td>10</td>
</tr>
</tbody>
</table>

**Data Source & Location**

National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) accredited and approved program listing. In Iowa there are currently 4 medical laboratory technician (MLT) programs that offer a 2 year training course culminating in an AS and national certification. There are 5 medical laboratory scientist (MLS) programs that can be completed either as a 1 year post-baccalaureate program or a 3 + 1 year BS program.

[http://www.naacls.org/Find-a-Program.aspx](http://www.naacls.org/Find-a-Program.aspx)

**Report Date**

Feb 21, 2019

<table>
<thead>
<tr>
<th>Value</th>
<th>Progress on Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>✓ Met, trend in right direction</td>
</tr>
<tr>
<td></td>
<td>☐ Met, no trend</td>
</tr>
<tr>
<td></td>
<td>☐ Met, trend in wrong direction</td>
</tr>
</tbody>
</table>

**Progress notes:** The program was approved and the first class began training in the 2018 Fall Semester with 9 students. Kirkwood is working with local facilities to serve as training partners for student practicum experiences. SHL plans to provide on-site microbiology lab training in 2019.

**Healthy Iowans: HEALTH SYSTEM IMPROVEMENT**

**Revise August 2019**

**Page 73 of 156**
Strategy 13-1.2 Establish a new medical laboratory technician (MLT) program at Kirkwood Community College.

Strategy Type
Policy-focused

Strategy Source & Location
New strategy

Who's Responsible
State Hygienic Laboratory

Target Date
Jan 1, 2019

Report Date
Feb 21, 2019

Progress on Strategy
✔ Complete  ☐ On track  ☐ Off track  ☐ No progress

Progress notes: The program was approved by the state and SHL worked with the Kirkwood Community College program director to develop curricula that will lead to full accreditation.
## Iowa Health Issue: Transportation

Iowa Counties with Local Strategies

Dallas, Davis, Delaware, Greene, Henry, Humboldt, Iowa, Lee, Linn, Lucas, Mills, Pocahontas, Pottawattamie, Poweshiek, Sioux, Van Buren

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>Transportation</th>
<th>Goal #1</th>
<th>Provide transportation to health care services by making available State Transit Assistance Special Project funds to Iowa’s 35 public transit agencies.</th>
</tr>
</thead>
</table>

#### Alignment with National Plans

**National Prevention Council Action Plan**


#### Alignment with State / Other Plans

**Transportation Coordination in Iowa**

[http://publications.iowa.gov/23108/1/2016%20Transportation%20Coordination%20in%20Iowa.pdf](http://publications.iowa.gov/23108/1/2016%20Transportation%20Coordination%20in%20Iowa.pdf)

### Transportation

**Objective 1-1** Through regional transportation planning agencies and public transit agencies, identify projects for persons needing access to public transit for health prevention and medical-related services.

<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>2021</td>
<td>5</td>
</tr>
</tbody>
</table>

**Data Source & Location** Iowa Department of Transportation, to be developed.

#### Transportation

**Strategy 1-1.1** Encourage local public health agencies to work with regional planning agencies and the public transit agencies in identifying projects related to accessing health-related services.

**Strategy Source & Location** Iowa Department of Transportation

**Who’s Responsible** Iowa Transportation Coordination Council and the Iowa Department of Public Health

**Target Date** Jan 1, 2020

#### Transportation

**Strategy 1-1.2** Update and promote the Health Care and Public Transit publication.

**Strategy Source & Location** Iowa Department of Transportation

**Who’s Responsible** Iowa Department of Public Health, Iowa Department of Transportation Office of Public Transit, the state-wide mobility manager, and the Iowa Transportation Coordination Council.

**Target Date** Jan 1, 2020
Iowa Health Issue: Insurance Affordability & Coverage

Insurance Affordability & Coverage

Goal #1 Reduce the number of Iowa’s children and pregnant women who are un- or under-insured.

Alignment with National Plans
Healthy People 2020, Access to Health Services
https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services

Insurance Affordability & Coverage

Objective 1-1 Increase the number of children enrolled in Iowa’s Child Health Insurance Program (CHIP) by 10% by 2020.

<table>
<thead>
<tr>
<th>Year</th>
<th>Baseline</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>58,199</td>
<td>64,019</td>
</tr>
</tbody>
</table>

Data Source & Location

Insurance Affordability & Coverage

Strategy 1-1.1 Hawki outreach coordinators will promote outreach activities for the following: schools, faith-based, medical & dental providers and diverse ethnic populations.

Strategy Type
Community-focused

Strategy Source & Location

Who’s Responsible
Iowa Department of Public Health, Title V Child and Adolescent Health Program - local contract agencies

Target Date
Sep 30, 2020

Insurance Affordability & Coverage

Objective 1-2 Increase the number of children approved for presumptive eligibility by 10% by 2020.

<table>
<thead>
<tr>
<th>Year</th>
<th>Baseline</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>5,753</td>
<td>6,868</td>
</tr>
</tbody>
</table>

Data Source & Location

Insurance Affordability & Coverage

Strategy 1-2.1 Iowa Department of Human Services will enroll additional qualified entities who are eligible to submit presumptive eligibility applications.

Strategy Type
Professional/provider-focused
<table>
<thead>
<tr>
<th><strong>Strategy Source &amp; Location</strong></th>
<th>Iowa Department of Human Services, Medicaid initiatives</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Who's Responsible</strong></th>
<th><strong>Target Date</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Iowa Department of Human Services - Hawki program</td>
<td>Jan 1, 2020</td>
</tr>
</tbody>
</table>

<<Rest of Page Intentionally Left Blank>>
**Goals, Objectives & Strategies**

**Lack of Primary Care Services**

**Goal #1**  Coordinate care for children and youth with special health care needs (CYSHCN) through a medical home.

**Alignment with National Plans**

**Alignment with State / Other Plans**
- Iowa Title V CYSHCN Program Goal

**Objective 1-1**

By 2020, 80% of CYSHCN served by Child Health Specialty Clinics' Pediatric Integrated Health Home program and on the Children's Mental Health Waiver will have a Shared Plan of Care (SPoC) in place.

<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>0%</td>
<td>2020</td>
<td>80%</td>
</tr>
</tbody>
</table>

**Data Source & Location**
- DCCH Chart Reviews

**Strategy 1-1.1**

In collaboration with family representatives, provide feedback on the Iowa Shared Plan of Care template that can be used by multiple systems and programs.

**Strategy Source & Location**
- Iowa Title V Maternal and Child Health State Action Plan, 2016

**Who's Responsible**
- DCCH Medical Home Workgroup

**Target Date**
- Jan 1, 2021

**Report Date**
- Mar 1, 2019

**Progress on Strategy**
- Complete ✔
- On track
- Off track
- No progress

**Progress notes:**
Feedback was given and the template adjusted to fit the needs of families and providers. Due to rule changes within the managed care organizations (MCOs) a new template is being used for all Shared Plans of Care. These templates were developed by the MCOs.

**Strategy 1-1.2**

Define the entities involved in a Shared Plan of Care and educate those entities about the definition and importance of a Shared Plan of Care.

**Strategy Type**
- Policy-focused

**Strategy Source & Location**
- Iowa Title V Maternal and Child Health State Action Plan, 2016
Who's Responsible
DCCCH Medical Home Workgroup

Progress on Strategy
☑ Complete
☐ On track
☐ Off track
☐ No progress

Report Date
Mar 1, 2019

Progress notes:
School, primary care providers, and waiver service providers are all involved in the implementation of a Shared Plan of Care. Print and electronic materials are used to educate partners on the definition and importance of a Shared Plan of Care for CYSHCN.

Lack of Primary Care Services

**Strategy 1.1.3** Disseminate Shared Plan of Care template broadly and provide Shared Plan of Care training to families and other stakeholders of CYSHCN.

**Strategy Type**
Individual/interpersonal-focused

**Strategy Source & Location**
Iowa Title V Maternal and Child Health State Action Plan, 2016

**Who's Responsible**
DCCCH Medical Home Workgroup

**Target Date**
Jan 1, 2021


Objective 1-2
By 2020, 80% of primary care providers who serve children seen by Child Health Specialty Clinics' Pediatric Integrated Health Home Program and on the Children's Mental Health Waiver are educated about the use of the Shared Plan of Care to share information and coordinate care with specialists and the care team.

**Baseline**

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>0%</td>
</tr>
</tbody>
</table>

**Target**

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>80%</td>
</tr>
</tbody>
</table>

**Data Source & Location**
DCCCH program records

Lack of Primary Care Services

**Strategy 1.2.1** Develop tools and trainings that will inform providers, staff, and families of CYSHCN on the importance of the Shared Plan of Care and how to use it, assuring that families receive coordinated, family-centered care that is documented. This would include providing information on how to refer CYSHCN to relevant care coordinators and other resources in their communities.

**Strategy Type**
Professional/provider-focused

**Strategy Source & Location**
Iowa Title V Maternal and Child Health State Action Plan, 2016

**Who's Responsible**
DCCCH Medical Home Workgroup

**Target Date**
Jan 1, 2021

Lack of Primary Care Services

**Strategy 1.2.2** Provide trainings to families on coordinated, family-centered care.

**Strategy Type**
Individual/interpersonal-focused

**Strategy Source & Location**
Iowa Title V Maternal and Child Health State Action Plan, 2016

**Who's Responsible**
DCCCH Medical Home Workgroup

**Target Date**
Jan 1, 2021
**Goal #2**  Increase in the number of young children who receive a vision screening.

**Alignment with National Plans**


**Alignment with State / Other Plans**

N/A

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**Lack of Primary Care Services**

**Objective 2-1**  Provide vision screenings in communities throughout Iowa to children 6 months of age through kindergarten at no charge to families.

<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>46,025</td>
<td>2021</td>
<td>51,750</td>
</tr>
</tbody>
</table>

**Data Source & Location**  

Iowa KidSight Screening Stats. Iowa Children Screened by Year/Month.  
[http://www.medicine.uiowa.edu/kidsight/Screening_Statistics/](http://www.medicine.uiowa.edu/kidsight/Screening_Statistics/)

**Strategy 2-1.1**  Train volunteers to conduct vision screenings for young children in their local communities.

**Strategy Type**  
Community-focused

**Strategy Source & Location**  
Department of Ophthalmology & Visual Sciences, University of Iowa

**Who's Responsible**  
Lions Clubs of Iowa and the University of Iowa Stead Family Children’s Hospital, Department of Ophthalmology & Visual Sciences

**Target Date**  
Dec 31, 2018

---

**Goal #3**  Improve access to preventive care and chronic care management services through pharmacists in Iowa communities.

**Alignment with National Plans**

Community pharmacy enhanced services network  

**Alignment with State / Other Plans**

Aligns with the state innovation model  

Iowa Healthcare Collaborative has a Statewide Strategy designated to increasing vaccination rates.  

**Lack of Primary Care Services**

**Objective 3-1**  Expand preventive care and chronic care management services that are provided at local pharmacies and covered by patients’ health plans.

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>At least 2 payers</td>
<td>2021</td>
<td>4</td>
</tr>
</tbody>
</table>

**Data Source & Location**  

Internal data from CPESN and Iowa Pharmacy Association
**Lack of Primary Care Services**

**Strategy 3-1.1** Iowa Pharmacy Association will administratively support the CPESN leaders to foster growth of pharmacist services including immunizations, chronic disease management, medication reconciliation, and other services that will help meet community needs with the lack of primary care services in Iowa.

**Strategy Type** Professional/provider-focused

**Strategy Source & Location**
There are 5 pharmacists leading this initiative (called luminaries) and committees formed to include leaders in the CPESN. Iowa following a similar model which began in North Carolina to form the Iowa CPESN: https://www.communitycarenc.org/population-management/pharmacy/community-pharmacy-enhanced-services-network-cpesn/

**Who's Responsible**
Iowa Pharmacy Association

**Target Date**
Jan 1, 2021

**Report Date**
Apr 12, 2019

**Progress on Strategy**
- Complete ✔
- On track
- Off track
- No progress

**Progress notes:** IPA has continued to support CPESN® Iowa by offering education, tools, and resources to transform their practice sites and succeed in value-based healthcare models. Recently CPESN® Iowa hired an executive director for day-to-day management which will greatly increase the capacity of the network. IPA will continue to provide regular support.

**Lack of Primary Care Services**

**Strategy 3-1.2** Iowa Pharmacy Association will continue to encourage our members to advocate to pass federal provider status legislation for pharmacists.

**Strategy Type** Policy-focused

**Strategy Source & Location**
Patient Access to Pharmacists' Care Coalition http://pharmacistscare.org/

**Who's Responsible**
Iowa Pharmacy Association

**Target Date**
Jan 1, 2021

**Lack of Primary Care Services**

**Strategy 3-1.3** Share successful models from other states with the Medicaid Managed Care Organizations and commercial payers to expand coverage to pharmacist services.

**Strategy Type** Professional/provider-focused

**Strategy Source & Location**
New strategy

**Who’s Responsible**
Iowa Pharmacy Association

**Target Date**
Jan 1, 2021
Lack of Primary Care Services

Goal #4  Ensure a stable health and long-term care direct care workforce prepared to provide quality care and support to Iowans.

Alignment with National Plans
Healthy People 2020, Access to Health Services
https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services

Alignment with State / Other Plans
Iowa Workforce Survey 2016: Direct Care, Supports, and Service Workers

Lack of Primary Care Services
Objective 4-1  Collaborate and work in partnership on a common agenda of taking ACTION and implementing SOLUTIONS to build the health and long-term care workforce of the future, inclusive of the direct care workforce, and be prepared for the changes in the health care delivery system.

Baseline Year Baseline Value Target Year Target Value
2015 No common agenda 2019 1 common agenda

Data Source & Location: Iowa Caregivers

Strategy 4-1.1  Take advantage of opportunities to collaborate with partners/stakeholders; e.g., Elevate Aging, Skills to Compete, Future Ready Iowa, on a common agenda and inform public policy about the current and future health and long-term care delivery system in Iowa, workforce barriers and challenges, and models of policies or initiatives that are working in Iowa and other states.

Strategy Source & Location: Iowa Caregivers

Who’s Responsible: Iowa Caregivers

Target Date: Jun 30, 2019
Iowa Health Issue: Adolescent Immunizations

Iowa Counties with Local Strategies
Buchanan, Calhoun, Delaware, Dickinson, Greene, Henry, Humboldt, Iowa, Osceola, Pottawattamie, Poweshiek, 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

Adolescent Immunizations

Goal #1
Increase the number of adolescents 13 to 17 years of age who have received human papillomaviruses (HPV) vaccine.

Alignment with National Plans

President’s Cancer Panel https://deainfo.nci.nih.gov/advisory/pcp/annualReports/HPV/index.htm
Healthy People 2020, Immunization and Infectious Diseases, Objective 11 https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases

Alignment with State / Other Plans


Adolescent Immunizations

Objective 1-1
By December 31, 2020, increase HPV vaccine completion rates* among Iowa adolescents 13-17 years of age to 80%.

* Completion rate = appropriate HPV vaccination and may include 2 or 3 doses of vaccine.

Baseline 
Year  Value
2016 45.5%
Target 
Year  Value
2020 80%


Adolescent Immunizations

Strategy 1-1.1
Encourage providers to strongly recommend the HPV vaccine as a cancer prevention vaccine and add the HPV vaccine to physician recommended vaccines at wellness checkups for recommended populations.

Strategy Type Professional/provider-focused

Strategy Source & Location Iowa Cancer Plan 2018-2022, Goal 5, Actions G & I

Who’s Responsible Iowa Cancer Consortium members and partners

Target Date Jan 1, 2022

Adolescent Immunizations

Strategy 1-1.2
Implement health care system strategies and office-based reminder systems to increase the number of patients who initiate and complete the HPV vaccination series.

Strategy Type Professional/provider-focused

Strategy Source & Location Iowa Cancer Plan 2018-2022: Goal 5, Action D

Who’s Responsible Iowa Cancer Consortium members and partners

Target Date Jan 1, 2022
Adolescent Immunizations

**Goal #2**  Increase the number of adolescents in 7th and 12th grades who receive meningococcal vaccine.

**Alignment with National Plans**

Healthy People 2020, Immunization and Infectious Diseases, Objectives 3 & 11

**Alignment with State / Other Plans**

Iowa Administrative Code, Chapter 7  http://idph.iowa.gov/immtb/immunization/laws

Adolescent Immunizations

**Objective 2-1**  Increase the percent of adolescents who receive meningococcal vaccine upon entry into 7th and 12th grades to 95%.

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016-17</td>
<td>0%</td>
<td>2019-20</td>
<td>95%</td>
</tr>
</tbody>
</table>

Data Source & Location: School and Childcare Audits, Iowa Department of Public Health
http://idph.iowa.gov/immtb/immunization/audits

**Strategy 2-1.1**  Distribute educational materials to health care providers regarding school immunization requirements and the benefit of meningococcal vaccine.

**Strategy Type**  Professional/provider-focused

**Strategy Source & Location**  Iowa Department of Public Health, Immunization Program Strategy

**Who's Responsible**  Iowa Department of Public Health, Immunization Program & Iowa Immunization Coalition

**Target Date**  Feb 15, 2020

Adolescent Immunizations

**Strategy 2-1.2**  Assess school meningococcal immunization coverage levels for 7th and 12th grade students annually.

**Strategy Type**  Professional/provider-focused

**Strategy Source & Location**  Iowa Department of Public Health, Immunization Program Strategy

**Who's Responsible**  Local Public Health Agencies and Iowa Department of Public Health, Immunization Program

**Target Date**  Mar 1, 2020

**Report Date**  Feb 23, 2018

**Progress on Strategy**  Complete ✔ On track  Off track  No progress

**Progress notes:**

- During the 2017-18 school year 94.3% (37,743/40,025) of students in 7th grade received all of the required vaccines to attend school. Students enrolling in 7th grade and born after September 15, 2004 are required to receive one dose of Tdap and one dose of meningococcal vaccine.
- During the 2017-18 school year 92.8% (36,066/38,860) of students in 12th grade received all of the required vaccines to attend school. In addition to other required vaccines, students enrolling in 12th grade who were born on or after September 15, 1999, are required to receive 2 doses of meningococcal vaccine or one dose after 16 years of age.

**Report Date**  March 26, 2019

**Progress on Strategy**  Complete ✔ On track  Off track  No progress
Progress notes: During the 2018-19 school year 94.5% (39,262/41,550) of students in 7th grade received all of the required vaccines to attend school. Students enrolling in 7th grade and born after September 15, 2004 are required to receive one dose of Tdap and one dose of meningococcal vaccine.

During the 2018-19 school year 91.7% (35,540/38,779) of students in 12th grade received all of the required vaccines to attend school. In addition to other required vaccines, students enrolling in 12th grade who were born on or after September 15, 1999, are required to receive 2 doses of meningococcal vaccine or one dose after 16 years of age.

# Adolescent Immunizations

## Goal #3
Increase adolescent immunization rates by increasing access to adolescent vaccines administered by pharmacists.

### Alignment with National Plans

**Healthy People 2020, Immunization and Infectious Diseases**

### Alignment with State / Other Plans

N/A

### Objective 3-1
Secure legislation to expand access to adolescent immunizations administered by pharmacists.

<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>No legislation</td>
<td>2019</td>
<td>Legislation passed</td>
</tr>
</tbody>
</table>

**Data Source & Location**


Currently, pharmacists can administer any vaccine per protocol to patients >18 years of age and influenza and other emergency vaccinations to patients >6 years of age.

[https://www.legis.iowa.gov/docs/iac/rule/02-17-2016.657.8.33.pdf](https://www.legis.iowa.gov/docs/iac/rule/02-17-2016.657.8.33.pdf)

### Strategy 3-1.1
Partner with key stakeholders to determine best strategies for expanding access to adolescent immunizations.

**Strategy Type**
Community-focused

**Strategy Source & Location**
IPA's 2017/2018 legislative priorities

**Who's Responsible**
Iowa Pharmacy Association

**Target Date**
Jun 1, 2019

### Strategy 3-1.2
Develop and disseminate educational resources to the public regarding pharmacist administered vaccinations.

**Strategy Type**
Individual/interpersonal-focused

**Strategy Source & Location**
New proposed strategy

**Who's Responsible**
Iowa Pharmacy Association

**Target Date**
Dec 31, 2018
## Flu Immunizations

### Goal #1

Increase the number of health care workers who receive the influenza vaccine annually.

#### Alignment with National Plans

- **National Action Plan to Prevent Health Care-Associated Infections: Road Map to Elimination**
  


#### Alignment with State / Other Plans

N/A

### Objective 1-1

Each flu season (October-March), achieve a 90% influenza vaccination rate among health care workers at hospitals.

<table>
<thead>
<tr>
<th>Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-10</td>
<td>79%</td>
<td>2020-21</td>
<td>90%</td>
</tr>
</tbody>
</table>

#### Data Source & Location

- Centers for Medicare & Medicaid Services Hospital Compare database, Timely and Effective Care – State flat file:
  Preventive Care measure: Healthcare workers given influenza vaccination.
  Available at [https://data.medicare.gov/data/archives/hospital-compare](https://data.medicare.gov/data/archives/hospital-compare)

### Strategy 1-1.1

Distribute educational materials to Iowa health care workers regarding the importance of receiving annual influenza vaccine.

#### Strategy Type

Professional/provider-focused

#### Iowa Department & Location

Iowa Department of Public Health, Immunization Program Strategy

#### Who's Responsible

Iowa Department of Public Health, Immunization Program

#### Target Date

Sep 30, 2020

### Strategy 1-1.2

Annually assess influenza vaccination rates of health care providers in long-term care and ambulatory care settings.

#### Strategy Type

Professional/provider-focused

#### Iowa Healthcare Collaborative Strategy

#### Who's Responsible

Iowa Healthcare Collaborative

#### Target Date

Jul 31, 2021
Flu Immunizations

**Goal #2** Increase influenza vaccinations in adults 65 years of age and older.

### Alignment with National Plans

**Healthy People 2020, Immunization and Infectious Diseases:**

**American Nurses Association Position Statement 7/21/15:**
http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/Immunizations.html

### Alignment with State / Other Plans

N/A

### Flu Immunizations

**Objective 2-1** Annually, achieve a influenza vaccination rate of 80% among Iowans 65 years of age and older.

<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>66.8%</td>
<td>2021</td>
<td>80%</td>
</tr>
</tbody>
</table>

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

**Strategy 2-1.1** Implement a public influenza vaccination campaign regarding the importance of receiving the vaccine annually.

**Strategy Type** Community-focused

**Strategy Source & Location**
Iowa Department of Public Health, Immunization Program Strategy

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

**Target Date** Oct 1, 2021

**Strategy 2-1.2** Support public health efforts to improve vaccination rates for children and adults.

**Strategy Type** Individual/interpersonal-focused

**Strategy Source & Location**
Updated Iowa Nurses Association Resolutions to show support:
http://www.iowanurses.org/PublicPolicy/Resolutions.aspx

**Who’s Responsible**
Public Policy Committee of the Iowa Nurses Association

**Target Date** Jan 1, 2021
## Iowa Health Issue: Substance Abuse

Iowa Counties with Local Strategies:

Audubon, Benton, Buchanan, Calhoun, Cerro Gordo, Chickasaw, Clayton, Clinton, Dallas, Decatur, Delaware, Des Moines, Emmet, Franklin, Greene, Henry, Howard, Humboldt, Jackson, Jones, Linn, Madison, O'Brien, Shelby, Van Buren

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

#### Substance Abuse

<table>
<thead>
<tr>
<th>Goal #1</th>
<th>Decrease opioid-related overdoses/deaths.</th>
</tr>
</thead>
</table>

**Alignment with National Plans**

Healthy People 2020, Substance Abuse, Objective 12

**Alignment with State / Other Plans**

2018 Iowa Drug Control Strategy [https://odcp.iowa.gov/strategy](https://odcp.iowa.gov/strategy)

---

#### Substance Abuse

**Objective 1-1**

Reduce the annual number of opioid-related overdose deaths in Iowa by 20%, from 163 (2015) to 130 by 2020.

<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>163</td>
<td>2020</td>
<td>130</td>
</tr>
</tbody>
</table>

*The term "opoid" is used to describe a prescription pain reliever and/or illicit forms such as heroin and fentanyl.*

**Data Source & Location**

Iowa Department of Public Health, Bureau of Health Statistics

---

**Strategy 1-1.1**

Using hospital discharge data, determine the locations (via ZIP code) in Iowa of highest overdose admissions and highest opioid admissions.

**Strategy Type**

Policy-focused

**Strategy Source & Location**

New strategy

Who's Responsible: Iowa Poison Control Center

Target Date: Jul 1, 2021

---

**Strategy 1-1.2**

Use focused education and outreach in high drug overdose admission areas to improve awareness of the problem and actions to take in case of an overdose.

**Strategy Type**

Individual/Interpersonal-focused

**Strategy Source & Location**

New strategy

Who's Responsible: Iowa Poison Control Center

Target Date: Jul 1, 2021
Substance Abuse

**Strategy 1-1.3** Partner with bureaus in the Iowa Department of Public Health and Iowa Board of Pharmacy that are overseeing civilian and non-medical first responder use of naloxone.

**Strategy Type** Community-focused

**Strategy Source & Location** New Strategy

**Who's Responsible** Iowa Poison Control Center

**Target Date** Jul 1, 2021

Substance Abuse

**Strategy 1-1.4** Enhance opioid abuse prevention, intervention, treatment, recovery and enforcement activities utilizing new and existing delivery systems in communities statewide.

**Strategy Type** Policy-focused

**Strategy Source & Location**
2017 Iowa Drug Control Strategy, 2012 Iowa Prescription Abuse Reduction Strategy, & Iowa Department of Public Health, Bureau of Substance Abuse

**Who's Responsible** Iowa Office of Drug Control Policy

**Target Date** Jan 1, 2020

Substance Abuse

**Strategy 1-1.5** Work with the Iowa Legislature for funding for treatment programs, facilities, and training of qualified Iowans to be able to provide the treatment and education needed to deal with this deadly epidemic in Iowa especially for youth and meet regularly with the Iowa Congressional Delegation to appropriate the funding in the federal bill that was passed last year for care and treatment of mental health and opioid addictions.

**Strategy Type** Policy-focused

**Strategy Source & Location** New strategy

**Who's Responsible** Polk County Medical Society

**Target Date** Jan 16-Jan 17

Substance Abuse

**Strategy 1-1.6** Work with hospitals on legislation that would help to initiate the programs, education, and housing needed for substance abuse and mental health.

**Strategy Type** Policy-focused

**Strategy Source & Location**
Polk County Medical Society Legislative Priorities for the 2017 Iowa Legislature

**Who's Responsible** Polk County Medical Society

**Target Date** Jan 1, 2017

Substance Abuse

**Strategy 1-1.7** NEW - Introduce Physician Lead Metro Opioid Task Force through the Polk County Medical Society - implemented November 2018

**Strategy Type** Professional/provider-focused

**Strategy Source & Location** See sources listed under the goal.

**Who's Responsible** Polk County Medical Society

**Target Date** TBD
Goal #2  
Increase the availability of opioid reversal agents for patients at pharmacies across the state.

Alignment with National Plans
N/A

Alignment with State / Other Plans
2017 Iowa Code Chapter 135.190. Possession and administration of opioid antagonists immunity.  
[https://www.legis.iowa.gov/law/statutory]

Objective 2-1  
All 99 of Iowa's counties have at least one pharmacy participating in the opioid antagonist statewide standing order.

Baseline Year | Baseline Value | Target Year | Target Value
--- | --- | --- | ---
2016 | 0 | 2019 | 99

Data Source & Location  
Iowa Board of Pharmacy.  [https://pharmacy.iowa.gov/document/pharmacies-participating-naloxone-distribution]  
Based on Opioid antagonist standing order:  [https://pharmacy.iowa.gov/document/naloxone-standing-order]

Strategy 2-1.1  
Collaborate with the Iowa Department of Public Health, Board of Pharmacy and other key stakeholders to educate local Iowa pharmacies and patients on the statewide opioid antagonist standing order.

Strategy Type  
Professional/provider-focused

Strategy Source & Location  
[https://pharmacy.iowa.gov/document/pharmacies-participating-naloxone-distribution]  
[https://www.iarx.org/naloxone]

Who's Responsible  
Iowa Pharmacy Association, Iowa Board of Pharmacy, Iowa Department of Public Health  
Target Date  
Dec 31, 2019

Progress on Strategy  
☑ Complete  ❌ On track  ❌ Off track  ❌ No progress

Progress notes:  
A full list of pharmacies participating in the Iowa Standing Order for Naloxone is available on the [Iowa Board of Pharmacy website](https://pharmacy.iowa.gov/document/pharmacies-participating-naloxone-distribution) including all CVS, Hy-Vee, Walgreens, NuCara, Medicap GRX Holdings, University of Iowa, Hartig Drug, Bennett Pharmacy, CarePro, Covenant Family Pharmacy, Greenwood Pharmacy, Jesup Pharmacy, La Porte City Pharmacy, Osterhaus Pharmacy, and K-mart in Council Bluffs). These pharmacies have varying ways of educating their patients on availability of naloxone. The Iowa Pharmacy Association has developed more resources aimed towards patients and the public to increase awareness and understanding of the naloxone standing order. A naloxone access day on June 29, 2018 was well publicized in the media regarding the various locations.
Goal #3  
At the local level, share resources and education with multiple stakeholders addressing their issues of substance abuse.

Substance Abuse
Objective 3-1  
COMPLETE: Partner with other statewide organizations to host 8 local meetings to address the substance abuse issues and strategies to overcome these issues.

<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>0</td>
<td>2017</td>
<td>8</td>
</tr>
</tbody>
</table>

Data Source & Location: New objective, to be developed.

Report Date: Mar 13, 2018

Progress on Objective:
- Met, trend in right direction
- Not met, trend in right direction
- Met, no trend
- Not met, no trend
- Met, trend in wrong direction
- Not met, trend in wrong direction

Progress notes: IPA worked collaboratively with other key stakeholders to create programming for the IPA Goes Local events and hosted eight events throughout the state in 2017. The programming was accredited for 90 minutes of continuing pharmacy education (CPE) and continuing medical education (CME). IPA Goes Local events were held on March 14, April 6, April 13, May 1, May 18, August 31, September 21, and October 10.

Substance Abuse
Strategy 3-1.1  
COMPLETE: Develop an agenda to facilitate 8 local events bringing key community members together to identify strengths and areas for improvement in regard to addiction, treatment, and access.

Strategy Type: Community-focused

Strategy Source & Location: Iowa Pharmacy Association

Who's Responsible: Iowa Pharmacy Association

Target Date: Dec 31, 2017

Report Date: Dec 31, 2017

Progress on Strategy:
- Complete
- On track
- Off track
- No progress

Progress notes: IPA worked collaboratively with other key stakeholders to create programming for the IPA Goes Local events and hosted eight events throughout the state in 2017. The programming was accredited for 90 minutes of continuing pharmacy education (CPE) and continuing medical education (CME). IPA Goes Local events were held on March 14, April 6, April 13, May 1, May 18, August 31, September 21, and October 10. These events have been successful at attracting a wide range of healthcare providers and facilitating local discussions. We had 290 participants in total, and received positive feedback regarding the content of the educational program. Key trends identified include: community collaboration/education, patient education, provider education, provider strategies, alternative pain management, PMP utilization, appropriate treatment, and medication disposal.
## Substance Abuse

### Goal #4
Reduce excessive and disordered use of alcohol and other drugs, through prevention, treatment, and recovery supports.

#### Alignment with National Plans
Substance Abuse and Mental Health Services Administration [http://www.samhsa.gov/priorities](http://www.samhsa.gov/priorities)

#### Alignment with State / Other Plans
Federal Block Grant State Plan [http://www.idph.iowa.gov/block-grant](http://www.idph.iowa.gov/block-grant)

### Substance Abuse

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-1</td>
<td>Increase the percentage of Iowa 11th grade students who have never used alcohol.</td>
<td>2014</td>
<td>48%</td>
<td>2018</td>
<td>54%</td>
</tr>
<tr>
<td><strong>Baseline</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Value</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Target</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Date</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Data Source &amp; Location</strong></td>
<td>Iowa Youth Survey: <a href="http://www.iowayouthsurvey.iowa.gov/">http://www.iowayouthsurvey.iowa.gov/</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Substance Abuse**

**Strategy 4-1.1** Provide substance abuse prevention in all 99 counties through funding of and coordination with prevention providers.

**Strategy Source & Location**
Iowa Department of Public Health Program Profile for Substance Use Disorders [http://idph.iowa.gov/About/Program-Profiles](http://idph.iowa.gov/About/Program-Profiles)

**Who's Responsible**
Iowa Department of Public Health, Bureau of Substance Abuse

**Target Date**
Dec 1, 2018

### Substance Abuse

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-2</td>
<td>Increase the number of Iowans who are abstinent at the six-month follow-up compared to their admission into substance use disorder treatment.</td>
<td>2014</td>
<td>45%</td>
<td>2020</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Baseline</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Value</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Target</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Data Source &amp; Location</strong></td>
<td>Outcomes Monitoring System: <a href="http://iconsortium.subst-abuse.uiowa.edu/Projects/OMS.html">http://iconsortium.subst-abuse.uiowa.edu/Projects/OMS.html</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Substance Abuse**

**Strategy 4-2.1** Ensure access to substance abuse treatment and recovery supports through funding and coordination of treatment and recovery providers across the state.

**Strategy Source & Location**
Iowa Department of Public Health Program Profile for Substance Use Disorders [http://idph.iowa.gov/About/Program-Profiles](http://idph.iowa.gov/About/Program-Profiles)

**Who's Responsible**
Iowa Department of Public Health, Bureau of Substance Abuse

**Target Date**
Dec 1, 2019

### Substance Abuse

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-3</td>
<td>Reduce prescription drug abuse among 11th grade students with SAMHSA funding.</td>
<td>2014</td>
<td>5%</td>
<td>2018</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Baseline</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Value</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Target</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Data Source &amp; Location</strong></td>
<td>Iowa Youth Survey: <a href="http://www.iowayouthsurvey.iowa.gov/">http://www.iowayouthsurvey.iowa.gov/</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Substance Abuse

#### Strategy 4-3.1
Implement the Strategic Prevention Framework (SPF) in three counties.

<table>
<thead>
<tr>
<th>Strategy Type</th>
<th>Community-focused</th>
</tr>
</thead>
</table>

**Strategy Source & Location**


**Who's Responsible**

Iowa Department of Public Health, Bureau of Substance Abuse

**Target Date**

Sep 30, 2021

#### Objective 4-4
Reduce the number of opioid prescriptions dispensed per 100 Iowans.

<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>72.3</td>
<td>2021</td>
<td>Below National Average</td>
</tr>
</tbody>
</table>

**Data Source & Location**

[https://www.cdc.gov/drugoverdose/data/prescribing.html](https://www.cdc.gov/drugoverdose/data/prescribing.html)

#### Strategy 4-4.1
Educate pharmacies and patients on partially filling CII medications when appropriate (such as opioids for acute pain) to prevent overuse, misuse, addiction, and diversion.

<table>
<thead>
<tr>
<th>Strategy Type</th>
<th>Professional/provider-focused</th>
</tr>
</thead>
</table>

**Strategy Source & Location**

[https://www.cdc.gov/drugoverdose/data/prescribing.html](https://www.cdc.gov/drugoverdose/data/prescribing.html)

**Who's Responsible**

Iowa Pharmacy Association

**Target Date**

Jan 1, 2021

---

#### Substance Abuse

#### Goal #5
Reduce the overall number of substance abuse illicit urinalysis and increase the number of self-referrals for substance abuse (alcohol and drug) in the Iowa Army National Guard (IA ARNG) through urinalysis testing at the unit level, substance abuse screening, and prevention education/training.

#### Alignment with National Plans


#### Alignment with State / Other Plans

**Screening, Brief Intervention, and Referral to Treatment, Iowa Department of Public Health** [http://www.idph.iowa.gov/sbirt](http://www.idph.iowa.gov/sbirt)

#### Substance Abuse

#### Objective 5-1
Reduce illicit drug positives by 10%, from 99 positives in training year 2016 to 79 positives in training year 2018.

<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>99</td>
<td>2018</td>
<td>79</td>
</tr>
</tbody>
</table>

**Data Source & Location**

IA ARNG Substance Abuse Drug Testing Database, JFHQ
Substance Abuse

**Strategy 5-1.1** All commanders in IA ARNG will drug test a minimum of 10% of their unit monthly and each soldier a minimum of once annually.

**Strategy Type** Individual/interpersonal-focused

**Strategy Source & Location**
Training Year 2017 Substance Abuse Program Letter of Instruction, JFHQ (Not available online)

**Who's Responsible**
Unit Commanders supported by IA ARNG Substance Abuse Drug Testing Coordinator

**Target Date** Oct 1, 2018

---

**Substance Abuse**

**Strategy 5-1.2** Every unit location in the IA ARNG will identify and train two substance abuse Unit Prevention Leaders (UPL) for a minimum of two hours of substance abuse prevention education training to all M-Day Soldiers and a minimum of four hours for AGR Soldiers annually.

**Strategy Type** Professional/provider-focused

**Strategy Source & Location**
Training Year 2017 Substance Abuse Program Letter of Instruction, JFHQ (Not available online)

**Who's Responsible**
Commanders identify individuals, IA ARNG Substance Abuse Office provides training

**Target Date** Oct 1, 2018

---

**Substance Abuse**

**Strategy 5-1.3** All IA ARNG Soldiers will be screened for substance abuse using the Screening, Brief Intervention, and Referral (SBIRT) model by a licensed provider during their annual medical screening and SBIRT providers will encourage soldiers to self-identify to their chain of command if issues arise.

**Strategy Type** Individual/interpersonal-focused

**Strategy Source & Location**
Iowa Department of Public Health, Bureau of Substance Abuse

**Who's Responsible**
Commanders supported by SBIRT provider/ Army Medical Detachment

**Target Date** Oct 1, 2018

---

**Substance Abuse**

**Objective 5-2** Increase soldiers' self referrals (to their commanders) for substance abuse (alcohol and drug) from 15 in 2017 to 30 in 2018 in the IA ARNG.

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>15</td>
<td>2018</td>
<td>30</td>
</tr>
</tbody>
</table>

**Data Source & Location**
IA ARNG SharePoint: Only accessible from IA ARNG computer platforms.

---

**Substance Abuse**

**Strategy 5-2.1** Commanders will become educated on the Army’s Limited Use Policy and speak to their soldiers about the importance of self identification vs. getting caught.

**Strategy Type** Individual/interpersonal-focused

**Strategy Source & Location**
Training Year 2018 Substance Abuse Program Letter of Instruction, JFHQ

**Who's Responsible**
Commanders supported by IA ARNG Substance Abuse Office/Prevention Working Group

**Target Date** Oct 1, 2018
Substance Abuse

**Strategy 5-2.2** All commanders in IA ARNG will drug test a minimum of 10% of their unit monthly and each soldier by name a minimum of once annually. Consistent testing will promote self-identify before the announcement of a test, as soldiers are always subject to testing.

**Strategy Type** Individual/interpersonal-focused

**Strategy Source & Location**
Training Year 2017 Substance Abuse Program Letter of Instruction, JFHQ (Not available online)

**Who’s Responsible**
Unit Commanders supported by IA ARNG Substance Abuse Drug Testing Coordinator

**Target Date**
Oct 1, 2018

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Iowa Health Issue: Tobacco

Iowa Counties with Local Strategies
Buchanan, Calhoun, Cedar, Cerro Gordo, Clayton, Clinton, Crawford, Dallas, Decatur, Delaware, Franklin, Greene, Hamilton, Hancock, Humboldt, Iowa, Jones, Linn, Louisa, Madison, Muscatine, Sioux, Tama, Van Buren, Winnebago, Woodbury, Worth

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

Tobacco

Goal #1  Reduce tobacco use and the toll of tobacco-caused disease and death by preventing youth from starting, helping Iowans to quit, and preventing exposure to secondhand smoke.

Alignment with National Plans

Healthy People 2020, Tobacco Use  https://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use
Encourage the use of CDC funds allocated to Iowa for Tobacco Control Programs.  www.cdc.gov/tobacco/index.htm
American Association of Colleges of Nursing resolution to strongly encourage schools of nursing to promote 100% smoke and tobacco free policies on their campuses to support a healthy working and living environment. http://www.aacn.nche.edu/media-relations/resolutions
American Nurses Association position statement: Reducing Tobacco Use in Pharmacies http://www.nursingworld.org/positionstatements
Promoting Quitting Among Adults and Young People: Outcome Indicators for Comprehensive Tobacco Control Programs-2015 https://www.cdc.gov/tobacco/stateandcommunity/tobacco_control_programs/surveillance_evaluation/key-outcome-2015/index.htm

Alignment with State / Other Plans


Tobacco

Objective 1-1 Decrease current tobacco use among youth under 18 from 6% to 5%. (This figure excludes e-cigarettes.)

<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>6%</td>
<td>2020</td>
<td>5%</td>
</tr>
</tbody>
</table>

Data Source & Location Iowa Youth Survey, http://www.iowayouthsurvey.iowa.gov/

Tobacco

Strategy 1-1.1 Increase the tobacco tax to $2.36 and revise how we tax all tobacco products in the state to make it more balanced.

Strategy Type Policy-focused

Strategy Source & Location
Campaign for Tobacco Free Kids, CDC recommended strategy to decrease smoking rates especially among youth

Who's Responsible Iowa Tobacco Control Advocates and Iowa Tobacco Prevention Alliance, America Heart Association, American Cancer Society, CAFE (Clean Air for Everyone) Iowa CAN, Iowa Tobacco Control Commission

Target Date May 1, 2019
**Tobacco**

**Strategy 1-1.2** Increase the amount of funding for the tobacco control and prevention program at the Iowa Department of Public Health to CDC-recommended levels.

<table>
<thead>
<tr>
<th>Strategy Type</th>
<th>Policy-focused</th>
</tr>
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</table>

**Strategy Source & Location**
Campaign for Tobacco Free Kids, CDC recommended strategy to decrease smoking rates especially among youth

<table>
<thead>
<tr>
<th>Who's Responsible</th>
<th>Iowa Tobacco Control Advocates and Iowa Tobacco Prevention Alliance, America Heart Association, American Cancer Society, CAFE (Clean Air for Everyone) Iowa CAN, Iowa Tobacco Control Commission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Date</td>
<td>May 1, 2019</td>
</tr>
</tbody>
</table>

**Tobacco**

**Strategy 1-1.3** Improve the Smoke-Free Air Act by including casinos as a public place that should prohibit smoking and also include e-cigarettes as products that are prohibited from usage in public places.

<table>
<thead>
<tr>
<th>Strategy Type</th>
<th>Policy-focused</th>
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</table>

**Strategy Source & Location**
CDC recommendation for effective tobacco control
Campaign for Tobacco Free Kids, American Cancer Society, American Heart Association research

<table>
<thead>
<tr>
<th>Who's Responsible</th>
<th>Iowa Tobacco Control Advocates and Iowa Tobacco Prevention Alliance, America Heart Association, American Cancer Society, CAFE (Clean Air for Everyone) Iowa CAN, Tobacco Use, Prevention, and Control Commission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Date</td>
<td>Jul 1, 2020</td>
</tr>
</tbody>
</table>

**Tobacco**

**Strategy 1-1.4** Encourage nurse-parents and all other nurses to be role models for all children.

<table>
<thead>
<tr>
<th>Strategy Type</th>
<th>Professional/provider-focused</th>
</tr>
</thead>
</table>

**Strategy Source & Location**
Iowa Nurses Association
http://www.tobaccofreenurses.org/

<table>
<thead>
<tr>
<th>Who's Responsible</th>
<th>Iowa Nurses Association (INA) Public Policy Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Date</td>
<td>Jan 1, 2019</td>
</tr>
</tbody>
</table>

**Tobacco**

**Strategy 1-1.5** Continue to follow and support legislation at the state and federal level that will control tobacco and nicotine use, especially monitoring vapor product use.

<table>
<thead>
<tr>
<th>Strategy Type</th>
<th>Policy-focused</th>
</tr>
</thead>
</table>

**Strategy Source & Location**
2016 Iowa Nurses Association Resolutions.

<table>
<thead>
<tr>
<th>Who's Responsible</th>
<th>Iowa Nurses Association (INA) Public Policy Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Date</td>
<td>Jan 1, 2019</td>
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</tbody>
</table>

**Tobacco**

**Strategy 1-1.6** Publish an article in the IOWA NURSE REPORTER to update nurses on the impact of new forms of tobacco and smoking products.

<table>
<thead>
<tr>
<th>Strategy Type</th>
<th>Professional/provider-focused</th>
</tr>
</thead>
</table>

**Strategy Source & Location**
2016 Iowa Nurses Association Resolutions.

<table>
<thead>
<tr>
<th>Who's Responsible</th>
<th>Iowa Nurses Association (INA) Public Policy Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Date</td>
<td>Jan 1, 2019</td>
</tr>
</tbody>
</table>
**Tobacco**

**Objective 1-2**

Decrease adult smoking prevalence from 18.1% to 17.5%.

<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>18.1%</td>
<td>2020</td>
<td>17.5%</td>
</tr>
</tbody>
</table>


**Strategy 1-2.1**
Pursue legislation to allow pharmacists to prescribe smoking cessation medication under a statewide protocol.

*Strategy Type: Policy-focused*

**Strategy Source & Location**

2017 IPA legislative priority (unpublished)

**Who's Responsible**

Iowa Pharmacy Association

**Target Date**

Dec 31, 2020

**Progress on Strategy**

- Complete

**Progress notes:** May 2018, the Iowa State Legislature passed a bill and signed into law by the Governor that allows pharmacists participate in statewide protocols. Under a statewide protocol a pharmacist can order a prescription for and dispense nicotine replacement therapy products for tobacco cessation for eligible patients subsequent to appropriate screening and education. Patients can be referred for ongoing tobacco cessation counseling as well.

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**Tobacco**

**Objective 1-3**

Maintain the number of Quitline Iowa users from 9,661 in September 2016 to 9,661 in 2018.

<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>9,661</td>
<td>2018</td>
<td>9,661</td>
</tr>
</tbody>
</table>

Data Source & Location: Quitline Iowa contractor’s monthly data, Iowa Department of Public Health

**Strategy 1-3.1**

Promote health systems changes to support tobacco cessation.

*Strategy Type: Professional/provider-focused*

**Strategy Source & Location**

Division of Tobacco Use Prevention FY 18 CDC Action Plan (to be updated and approved by the Tobacco Use, Prevention and Control Commission)

**Who's Responsible**

Iowa Department of Public Health, Division of Tobacco Use Prevention and Control

**Target Date**

Dec 31, 2018

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**Tobacco**

**Objective 1-4**

By March 31, 2019, increase the number of properties (low-income, affordable, Public Housing Authority, and market rate) that adopt a smoke-free policy from 1,064 to 1,200.

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>1,064</td>
<td>2019</td>
<td>1,200</td>
</tr>
</tbody>
</table>

Data Source & Location: Smoke Free Homes Registry: [https://smokefreehomes.iowa.gov/properties](https://smokefreehomes.iowa.gov/properties)

**Strategy 1-4.1**

Increase policies for smoke-free multi-unit housing.

*Strategy Type: Policy-focused*
**Tobacco**

**Objective 1-5**

Increase the adoption of 100% tobacco-free and nicotine-free campus policies from 317 to 482 school districts, private school systems by March 30, 2020.

<table>
<thead>
<tr>
<th>Year</th>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td></td>
<td>317</td>
<td>2020</td>
<td>482</td>
</tr>
</tbody>
</table>

**Data Source & Location**

Division of Tobacco Use Prevention and Control database of K-12 public and accredited private schools

[https://idph.iowa.gov/tupac/control](https://idph.iowa.gov/tupac/control)

**Strategy 1-5.1**

Establish and strengthen tobacco-free policies in schools and on college/university campuses.

**Strategy Type**

Policy-focused

**Strategy Source & Location**

Division of Tobacco Use Prevention FY 18 CDC Action Plan (to be updated and approved by the Tobacco Use, Prevention and Control Commission)

**Who’s Responsible**

Iowa Department of Public Health, Division of Tobacco Use Prevention and Control

**Target Date**

Mar 30, 2020

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Iowa Health Issue: Cancer

Iowa Counties with Local Strategies

Adams, Allamakee, Calhoun, Clay, Davis, Delaware, Humboldt, Iowa, Madison, Muscatine, Sioux, Van Buren, Woodbury, Wright

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

Cancer

Goal #1 Increase colorectal cancer screening rates in Iowa.

Alignment with National Plans


Alignment with State / Other Plans


Cancer

Objective 1-1 Increase the percentage of people age 50-75 years of age who had a colorectal screening test* from 68.6% (2016) to 80% by 2022.

* Proportion of people 50-75 years of age with stool test in past year OR colonoscopy within past 10 years OR sigmoidoscopy within past 5 years.

Baseline Year Baseline Value Target Year Target Value
2016 68.6% 2022 80%

Data Source & Location Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System http://idph.iowa.gov/brfss

Cancer

Strategy 1-1.1 Educate the public about the importance of cancer screening guidelines.

Strategy Type Individual/interpersonal-focused

Strategy Source & Location 2018-2022 Iowa Cancer Plan: Goal 9, Action A

Who's Responsible Iowa Cancer Consortium members and partners

Target Date Jan 1, 2022

Cancer

Strategy 1-1.2 Promote and support programs that provide free or low-cost recommended screenings to people who are uninsured or underinsured.

Strategy Type Community-focused

Strategy Source & Location 2018-2022 Iowa Cancer Plan: Goal 9, Action E

Who's Responsible Iowa Cancer Consortium members and partners

Target Date Jan 1, 2022

Cancer

Strategy 1-1.3 Encourage providers, clinics and systems to use evidence-based strategies, such as system-based patient reminder tools, to increase cancer screenings.

Strategy Type Professional/provider-focused
Cancer

**Strategy 1-1.4** Implement evidence-based interventions, recommended by the Community Guide, in clinics to increase colorectal cancer screening rates.

**Strategy Source & Location**
Iowa Department of Public Health, Iowa Get Screened Program

**Who's Responsible**
Iowa Cancer Consortium members and partners

**Strategy Type**
Professional/provider-focused

**Target Date**
Jan. 1, 2022

Cancer

**Strategy 1-1.5** Plan and/or promote colorectal cancer screening guidelines to health care professionals.

**Strategy Source & Location**
Iowa Department of Public Health, Iowa Get Screened Program

**Who's Responsible**
Iowa Department of Public Health, American Cancer Society

**Strategy Type**
Professional/provider-focused

**Target Date**
Jun 29, 2020

Cancer

**Strategy 1-1.6** Provide colorectal cancer screenings for uninsured and underinsured Iowans ages 50 to 75.

**Strategy Source & Location**
Iowa Code section 135.11 Chapter 10 "Iowa Get Screened Cancer Program"
https://www.legis.iowa.gov/docs/aco/arc/2562c.pdf

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

**Strategy Type**
Demographic/socioeconomic-focused

**Target Date**
Jul 1, 2020

Cancer

**Objective 1-2** The 11 federally qualified health centers (FQHCs) in IowaHealth+ will either increase their colorectal cancer screening rate (based on their 2015 UDS rate) by 10%, in 2016, or achieve the 80% target set by the National Colorectal Cancer Roundtable.

<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>39.2%</td>
<td>2018</td>
<td>80%</td>
</tr>
</tbody>
</table>

**Data Source & Location**
Uniform Data System, HRSA (baseline value is an average across the 11 FQHCs with varying individual FQHC performance. The 10% goal is an improvement for each FQHC individually in 2016 from their 2015 baseline.)

Cancer

**Strategy 1-2.1** Support the 11 FQHCs through the Iowa Primary Care Association’s (Iowa PCA) Performance Improvement Learning Collaborative

**Strategy Source & Location**
Iowa Primary Care Association

**Who's Responsible**
Iowa Primary Care Association Performance Improvement Team

**Strategy Type**
Professional/provider-focused

**Target Date**
Jan 1, 2021
Goal #2  Build the capacity of Iowa professionals and advocates to address comprehensive cancer control.

Alignment with National Plans
Healthy People 2020, Cancer  https://www.healthypeople.gov/2020/topics-objectives/topic/cancer

Alignment with State / Other Plans

Cancer
Objective 2-1  Reduce cancer mortality from 167.3 per 100,000 Iowans to 153.9 per 100,000 and incidence from 459.5 to 402.0 by 2022.

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>Baseline</td>
<td>Target</td>
<td>Target</td>
</tr>
<tr>
<td>2012-2014</td>
<td>mortality</td>
<td>2022</td>
<td>mortality</td>
</tr>
<tr>
<td></td>
<td>167.3</td>
<td></td>
<td>153.9</td>
</tr>
<tr>
<td></td>
<td>incidence</td>
<td></td>
<td>459.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>402.0</td>
</tr>
</tbody>
</table>

Data Source & Location: Surveillance, Epidemiology and End Results Program (SEER) data, State Health Registry of Iowa. https://www.public-health.uiowa.edu/shri/

Cancer
Strategy 2-1.1  Convene at least 10 educational and collaborative opportunities to increase the expertise of partners and stakeholders in prevention, early detection, treatment, quality of life and health equity.

Strategy Type: Professional/provider-focused

Strategy Source & Location: Iowa Cancer Plan 2018-2022, Goal 1

Who's Responsible: Iowa Cancer Consortium members and partners

Target Date: Jan 1, 2022

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Cancer

Goal #3  Decrease incidence of lung cancer.

Alignment with National Plans


Healthy People 2020, Tobacco Use, https://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use

Best Practices for Comprehensive Tobacco Control Programs - 2014

President’s Cancer Panel. 2008-2009 - Reducing Environmental Cancer Risk: What We Can Do Now
https://deainfo.nci.nih.gov/Advisory/pcp/annualReports/pcp08-09rpt/PCP_Report_08-09_508.pdf

Environmental Protection Agency. 2016 - National Radon Action Plan

Alignment with State / Other Plans


Cancer

Objective 3-1  Increase adult cessation attempts* from 52.5% (2016) to 57.8% by 2022.

*Percent of current smokers trying to quit for a day or more, all races, both sexes, ages 18+.

<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>52.5%</td>
<td>2022</td>
<td>57.8%</td>
</tr>
</tbody>
</table>


Strategy 3-1.1  Increase referrals to and participation in evidence-based tobacco cessation services for all tobacco users, including tobacco survivors.

Strategy Type  Individual/interpersonal-focused

Strategy Source & Location  2018-2022 Iowa Cancer Plan: Goal 2, Action D

Who's Responsible  Iowa Cancer Consortium members and partners

Target Date  Jan 1, 2022

Cancer

Strategy 3-1.2  Increase the number of insurance plans covering evidence-based cessation services, Nicotine Replacement Therapy (NRT) and counseling.

Strategy Type  Policy-focused

Strategy Source & Location  2018-2022 Iowa Cancer Plan: Goal 2, Action M

Who’s Responsible  Iowa Cancer Consortium members and partners

Target Date  Jan. 1, 2022

Cancer

Strategy 3-1.3  Require that nicotine delivery devices, including e-cigarettes, be held to the same advertising, promotion and sponsorship standards as all other tobacco and nicotine products.

Strategy Type  Policy-focused

Strategy Source & Location  2018-2022 Iowa Cancer Plan: Goal 2, Action G
Cancer

Objective 3-2

Decrease youth tobacco initiation* from 19.0% (2016) to 17.0% by 2022.

*Percentage of 11th grade students who have ever smoked tobacco or used any tobacco products (not including electronic cigarettes).

<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>19%</td>
<td>2022</td>
<td>17%</td>
</tr>
</tbody>
</table>


Cancer

Strategy 3-2.1

Increase the number of school districts, colleges/universities, workplaces, housing units and parks that implement comprehensive tobacco and nicotine-free policies.

Strategy Type: Policy-focused


Who’s Responsible: Iowa Cancer Consortium members and partners

Target Date: Jan. 1, 2022

Cancer

Strategy 3-2.2

Maintain or increase funding to the Iowa Department of Public Health (IDPH) Division of Tobacco Use Prevention and Control to CDC-recommended levels for Iowa.

Strategy Type: Policy-focused


Who’s Responsible: Iowa Cancer Consortium members and partners

Target Date: Jan. 1, 2022

Cancer

Strategy 3-2.3

Increase the tax on tobacco products.

Strategy Type: Policy-focused


Who’s Responsible: Iowa Cancer Consortium members and partners

Target Date: Dec 31, 2017

Cancer

Objective 3-3

Decrease age-adjusted incidence per 100,000 of lung cancer by reducing exposure to radon.

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-2014</td>
<td>63.2</td>
<td>2022</td>
<td>49.1</td>
</tr>
</tbody>
</table>


Cancer

Strategy 3-3.1

Educate the public, health care providers, public health officials, schools, property owners, managers and policy makers about radon and other environmental substances linked to cancer.

Strategy Type: Individual/interpersonal-focused
| Cancer | **Goal #4** | Follow nationally recognized guidelines to increase vaccination rates for all vaccines demonstrated to reduce the risk of cancer. |
| Alignment with National Plans | | |
| **Healthy People 2020, Immunization and Infectious Diseases, Objective 11:** | | https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases |
| Alignment with State / Other Plans | | |
| Cancer | **Objective 4-1** | Increase the percentage adolescent boys and girls aged 13-15 in the IRIS system who have completed the HPV vaccine doses. |
| Data Source & Location | Iowa Immunization Program Annual Report | http://idph.iowa.gov/immtb/immunization |
| Cancer | **Strategy 4-1.1** | See the following strategies in the section, Adolescent Immunizations: 1-1.3, 1-1.4, 1-1.5, 1-2.3, 1-2.4, 1-2.5 |
| Strategy Source & Location | Iowa Cancer Plan |
### Cancer

**Goal #5** Increase protective behaviors from sun/ultraviolet exposure.

**Alignment with National Plans**
- Guide to Community Preventive Services: [www.thecommunityguide.org](http://www.thecommunityguide.org)

**Alignment with State / Other Plans**

#### Cancer

**Objective 5-1**

Decrease the age-adjusted incidence per 100,000 for skin melanoma* through programs and policies that discourage and prohibit use of tanning beds.

* Note that skin cancer incidence has been on an upward trend. While the 2022 target is higher than the baseline, it is a reduction of the projected 2022 rate.

<table>
<thead>
<tr>
<th>Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-2014</td>
<td>24.9</td>
<td>2022</td>
<td>27.5</td>
</tr>
</tbody>
</table>


**Strategy 5-1.1**

Increase public education about the harms of exposure to ultraviolet light from tanning beds.

**Strategy Type**: Individual/interpersonal-focused

**Strategy Source & Location**: 2018-2022 Iowa Cancer Plan: Goal 6, Action E

**Who’s Responsible**: Iowa Cancer Consortium members and partners

**Target Date**: Jan. 1, 2022

**Strategy 5-1.2**

Advocate for prohibiting the use of tanning beds for all Iowans under the age of 18.

**Strategy Type**: Policy-focused

**Strategy Source & Location**: 2018-2022 Iowa Cancer Plan: Goal 6, Action G

**Who’s Responsible**: Iowa Cancer Consortium members and partners

**Target Date**: Jan. 1, 2022
Cancer

Goal #6  Decrease late stage breast cancer diagnoses to reduce deaths due to breast cancer.

Alignment with National Plans

Susan G. Komen Plan Announcement
http://komeniowa.org/komen-announces-nearly-33-million-in-research-funding-to-support-bold-goal/

Alignment with State / Other Plans


Cancer

Objective 6-1  Decrease the number of counties that demonstrate higher than average percentages of late-stage diagnosis and demonstrate higher than average percentages of linguistic isolation and/or low educational achievement.

Baseline | Baseline Value | Target Year | Target Value
---------|----------------|-------------|---------------
2017     | 18             | 2020        | 17            |


Cancer

Strategy 6-1.1  Fund programs that provide culturally-competent, multicultural, evidence-based breast cancer education that results in documented age-appropriate breast cancer action such as talking to one’s doctor about personal risk or getting a screening mammogram.

Strategy Type: Individual/interpersonal-focused


Who’s Responsible: Susan G. Komen Iowa’s Mission Initiatives Committee  Target Date: Jan 1, 2020

Cancer

Objective 6-2  Identify and accept applications for programs per quadrant that aim to decrease the barriers created by geographic access issues in counties that demonstrate higher than average percentages of late- stage diagnosis and demonstrate higher than average percentages of residents who live in medically underserved and/or rural areas.

Baseline | Baseline Value | Target Year | Target Value
---------|----------------|-------------|---------------
2017     | N/A            | 2020        | 4 quadrants a year |


Cancer

Strategy 6-2.1  Fund programs that maximize convenience to access along the continuum of care including, but not limited to, transportation assistance, telemedicine, scheduling assistance, and flexible hours of service.

Strategy Type: Individual/interpersonal-focused


Who’s Responsible: Susan G. Komen Iowa’s Mission Initiatives Committee  Target Date: Jan 1, 2020
Cancer

Objective 6-3
Accept applications that make breast cancer screenings, diagnosis, and treatment more accessible to all women by providing financial support.

| Data Source & Location | Komen Iowa Community Profile Report.  
|------------------------|-----------------------------------------------

Baseline

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Target

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

Cancer

Strategy 6-3.1
Fund programs that provide no-cost or low-cost clinical breast cancer services and/or financial assistance with diagnostic and treatment co-pays/deductibles.

Strategy Source & Location
Komen Iowa Community Profile Report.

Who's Responsible
Susan G. Komen Iowa's Mission Initiatives Committee

Target Date
Jan 1, 2020

Cancer

Goal #7
Increase the percentage of Iowa women receiving breast cancer and cervical cancer screening.

Alignment with National Plans

Alignment with State / Other Plans

Cancer

Objective 7-1
Increase the percentage of women between 50-74 years of age who have had a mammogram in the past two years from 77.6 % (2016) to 85.4% by 2022.

| Data Source & Location | Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System  
|------------------------|------------------------------------------------------------------------------------------------------------------------
|                        | [http://nccd.cdc.gov/BRFSSPrevalence](http://nccd.cdc.gov/BRFSSPrevalence) |

Baseline

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>77.6%</td>
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</tbody>
</table>

Target

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2022</td>
<td>85.4%</td>
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</table>

Cancer

Strategy 7-1.1
Educate the public about the importance of cancer screening guidelines.

Strategy Source & Location
2018-2022 Iowa Cancer Plan: Goal 9, Action A

Who's Responsible
Iowa Department of Public Health

Target Date
Jan 1, 2020

Cancer

Objective 7-2
Increase from 84% to 92% the percent of women ages 21 - 65 years who had a Pap test within the past three years by 2020.

| Data Source & Location | CDC Behavioral Risk Factor Surveillance System  
|------------------------|------------------------------------------------------------------------------------------------------------------------
|                        | [http://nccd.cdc.gov/BRFSSPrevalence](http://nccd.cdc.gov/BRFSSPrevalence) |

Baseline

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>84.5%</td>
</tr>
</tbody>
</table>

Target

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>92%</td>
</tr>
</tbody>
</table>
Cancer

**Strategy 7-2.1** Maintain collaboration with key cancer partners to focus on public education to raise the cervical cancer screening rates in Iowa.

**Strategy Type**
Individual/interpersonal-focused

**Strategy Source & Location**
2018-2022 Iowa Cancer Plan: Goal 9, Action A

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

**Target Date**
Jan 1, 2020

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Iowa Health Issue: Diabetes

Iowa Counties with Local Strategies

Allamakee, Buchanan, Calhoun, Cedar, Cerro Gordo, Greene, Hardin, Humboldt, Iowa, Johnson, Keokuk, Linn, Louisa, Pocahontas, Pottawattamie, Ringgold, Sioux, Van Buren, 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

**Diabetes**

**Goal #1** Prevent diabetes from occurring in Iowans.

**Alignment with National Plans**

CDC "1305 grant": State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health (DP13-1305) http://www.cdc.gov/chronicdisease/about/state-public-health-actions.htm

**Alignment with State / Other Plans**


Iowa Department of Public Health work plan for 1305 grant (unpublished)

**Diabetes**

**Objective 1-1** Increase the percentage of adults who report being told by a healthcare provider that they have pre-diabetes or borderline diabetes from 6.2% to 10% by 2020.

<table>
<thead>
<tr>
<th>Data Source &amp; Location</th>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
</table>

**Diabetes**

**Strategy 1-1.1** Increase participation in the National Diabetes Prevention Program (NDPP).

*Strategy Type* Individual/interpersonal-focused

*Strategy Source & Location*

CDC: 1305 (http://www.cdc.gov/chronicdisease/about/state-public-health-actions.htm)

CDC: 6|18 (http://www.cdc.gov/sixeighteen/diabetes/index.htm)

Who's Responsible Iowa Department of Public Health

Target Date Jan 1, 2021

**Diabetes**

**Strategy 1-1.2** Increase health care providers screening for prediabetes.

*Strategy Type* Professional/provider-focused

*Strategy Source & Location*

CDC: 1305 (http://www.cdc.gov/chronicdisease/about/state-public-health-actions.htm)

CDC: 6|18 (http://www.cdc.gov/sixeighteen/diabetes/index.htm)

Who's Responsible Iowa Department of Public Health

Target Date Jan 1, 2021
Diabetes

Goal #2  Reduce the complications of type 2 diabetes.

Alignment with National Plans

CDC "1305 grant": State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health (DP13-1305)  http://www.cdc.gov/chronicdisease/about/state-public-health-actions.htm

Alignment with State / Other Plans


Diabetes

Objective 2-1  Increase the age-adjusted percent of adults with diabetes who have had two or more A1C tests in the last year from 76.8% to 80.7% by 2017.

<table>
<thead>
<tr>
<th>Year</th>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td></td>
<td>76.8%</td>
<td>2017</td>
<td>80.7%</td>
</tr>
</tbody>
</table>


Strategy 2-1.1  Increase access to and participation in evidence-based diabetes management and chronic disease programs.

Strategy Type: Individual/interpersonal-focused

Strategy Source & Location: CDC: 1305 (http://www.cdc.gov/chronicdisease/about/state-public-health-actions.htm)

Who’s Responsible: Iowa Department of Public Health

Target Date: Jan 1, 2021

<<Rest of Page Intentionally Left Blank>>
Iowa Health Issue: Heart Disease

Iowa Counties with Local Strategies
Allamakee, Black Hawk, Cedar, Cerro Gordo, Buchanan, Franklin, Greene, Hardin, Keokuk, Linn, Monona, Pocahontas, Ringgold, Shelby, Tama, Taylor, Van Buren

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

Heart Disease Goal #1
Decrease the rate of coronary heart disease as the primary cause of death.

Alignment with National Plans
Million Hearts Initiative https://millionhearts.hhs.gov
Healthy People 2020, Heart Disease and Stroke https://www.healthypeople.gov/2020/topics-objectives/topic/heart-disease-and-stroke

Alignment with State / Other Plans

Heart Disease Objective 1-1
Decrease the coronary heart disease mortality rate for adults 18 and older from 107.5 to 103.4 by 2020.

Baseline Value / Target Year
Baseline Target Value
Year Value Year Value
2014 107.5 2020 103.4

Data Source & Location

Heart Disease Strategy 1-1.1
Hold an annual meeting of Iowa Million Hearts primary partners to discuss progress on the goals and objectives of the Iowa Million Hearts Action Plan and monitor state, national, and Healthy People 2020 data.

Strategy Type
Community-focused

Strategy Source & Location
Iowa Department of Public Health Million Hearts Action Plan: 2015 through 2022 (Million Hearts, Phase 2 will go beyond 2018 and has yet to be released)

Who's Responsible
Iowa Million Hearts Action Plan-Primary Partners (Led by the Iowa Department of Public Health)

Target Date
Jan 1, 2022

Heart Disease Strategy 1-1.2
Implement cardiovascular screenings and healthy lifestyle programs for uninsured or under-insured, 40-64 year old women.

Strategy Type
Individual/Interpersonal-focused

Strategy Source & Location
Iowa Code Chapter 8: Iowa Care for Yourself Program https://www.legis.iowa.gov/docs/iac/chapter/05-02-2012.641.8.pdf

Who's Responsible
Iowa Department of Public Health

Target Date
Jun 29, 2018
Heart Disease

**Strategy 1-1.3**  Provide and promote hypertension control guidelines to health care providers.

**Strategy Type**  Professional/provider-focused

**Strategy Source & Location**  
Iowa Code Chapter 8: Iowa Care for Yourself Program  

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

**Target Date**  
Jun 29, 2018

Heart Disease

**Strategy 1-1.4**  Create a Heart and Stroke Consortium that will receive funding to work on heart and stroke prevention work throughout our state including working on implementing the Million Hearts Action Plan.

**Strategy Type**  Community-focused

**Strategy Source & Location**  
New Strategy

**Who's Responsible**  
American Heart Association, Stroke Task Force, Mission Lifeline Task Force, EMS Association, Iowa Department of Public Health, Million Hearts Initiative partners

**Target Date**  
Jul 1, 2020

Heart Disease

**Strategy 1-1.5**  Enact statewide standards for the development and utilization of STEMI (a serious type of heart attack) registries.

**Strategy Type**  Policy-focused

**Strategy Source & Location**  
American Heart Association, American Stroke Association, Stroke Task Force, STEMI Task Force, American College of Cardiology, Million Hearts Initiative partners

**Who's Responsible**  
American Heart Association, American Stroke Association, Stroke Task Force, STEMI Task Force, Million Hearts Initiative partners

**Target Date**  
Jul 1, 2020

Heart Disease

**Goal #2**  Achieve a 75% blood pressure control rate at the Federally Qualified Health Centers.

**Alignment with National Plans**

- Million Hearts Initiative  https://millionhearts.hhs.gov
- Healthy People 2020, Heart Disease and Stroke  https://www.healthypeople.gov/2020/topics-objectives/topic/heart-disease-and-stroke

**Alignment with State / Other Plans**


Heart Disease

**Objective 2-1**  Meet or exceed a 75% blood pressure control rate (based on their 2015 UDS rate) at 11 federally qualified health centers (FQHCs) and develop a plan for addressing undiagnosed hypertension

<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>64.3%</td>
<td>2017</td>
<td>75%</td>
</tr>
</tbody>
</table>

**Data Source & Location**  Uniform Data System, HRSA (baseline value an average across the 11 FQHCs with varying individual FQHC performance
**Heart Disease**

**Strategy 2-1.1** Support the 11 FQHCs through the Iowa Primary Care Association’s (Iowa PCA) Performance Improvement Learning Collaborative.

**Strategy Type** Professional/provider-focused

**Strategy Source & Location**
Iowa PCA Performance Improvement Team (unpublished)

**Who’s Responsible**
Iowa PCA Performance Improvement Team

**Target Date**
Jun 1, 2021

<<Rest of Page Intentionally Left Blank>>
Iowa Health Issue: Disaster Preparedness

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

Goals, Objectives & Strategies

Disaster Preparedness

Goal #1 Statewide goals, objectives, and strategies for these issues have not yet been identified.

Alignment with National Plans
Healthy People 2020, Preparedness https://www.healthypeople.gov/2020/topics-objectives/topic/preparedness

Alignment with State / Other Plans

Disaster Preparedness

Objective 1-1 Statewide goals, objectives, and strategies for these issues have not yet been identified.

Data Source & Location

Disaster Preparedness

Strategy 1-1.1 Statewide goals, objectives, and strategies for these issues have not yet been identified.

Strategy Source & Location

Who's Responsible

Target Date

<<Rest of Page Intentionally Left Blank>>
Iowa Health Issue: Water Quality

Iowa Counties with Local Strategies
Buchanan, Dubuque, Hardin, Keokuk, Winneshiek

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

Water Quality

Goal #1 Ensure a healthy and safe environment for work and play.

Alignment with National Plans
Healthy People 2020, Environmental Health https://www.healthypeople.gov/2020/topics-objectives/topic/environmental-health

Alignment with State / Other Plans

Water Quality

Objective 1-1 Provide consistent and fair regulatory assistance to increase the percentage of regulated public water supplies meeting health-based drinking water standards.

Baseline Year | Baseline Value | Target Year | Target Value
---|---|---|---
2015 | 94.5% | 2017 | 97%
2019 |

Data Source & Location
Iowa Public Drinking Water Program Annual Compliance Report www.iowadnr.gov

Strategy 1-1.1 Spread awareness of how water quality impacts Iowans’ health, the environment, and the economy through all water programs.
Strategy Source & Location
Iowa Department of Natural Resources Strategic Plan
Who’s Responsible
DNR Environmental Services
Strategy Type
Individual/interpersonal-focused
Target Date
Jul 1, 2021

Strategy 1-1.2 Build and expand partnerships with environmental groups, public health agencies, communities, and industry organizations to improve understanding and management of animal feeding operations impacting water quality.
Strategy Source & Location
Iowa Department of Natural Resources Strategic Plan
Who’s Responsible
DNR Environmental Services
Strategy Type
Community-focused
Target Date
Jul 1, 2021

Strategy 1-1.3 Educate customers to fully use financing opportunities through the State Revolving Fund and other sources for water and wastewater system improvement.
Strategy Source & Location
Iowa Department of Natural Resources Strategic Plan
Who’s Responsible
DNR Environmental Services
Strategy Type
Individual/interpersonal-focused
Target Date
Jul 1, 2021
**Water Quality**

**Goal #2**  Provide clean water to Iowa citizens and reduce health risks by eliminating contaminants.

**Alignment with National Plans**

**Alignment with State / Other Plans**

### Water Quality

**Objective 2-1**  On an annual basis, reduce the health risk across the state by assessing and managing heavy metal exposure (arsenic and lead).

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>0 - Not assessing/managing</td>
<td>2021</td>
<td>1 - Assessing/managing</td>
</tr>
</tbody>
</table>

**Data Source & Location**  New objective, to be developed.

**Strategy 2-1.1**  Engage partners to identify heavy metal exposure in water resources.

**Strategy Source & Location**
- New strategy
- Who's Responsible  State Hygienic Laboratory, Center for Health Effects of Environmental Contamination  Target Date  Jul 1, 2021

**Strategy 2-1.2**  Provide outreach and educate communities for a monitoring program and best practices.

**Strategy Source & Location**
- New strategy
- Who's Responsible  State Hygienic Laboratory  Target Date  July 1, 2018

**Strategy 2-1.3**  Develop a mitigation plan and remediation practices.

**Strategy Source & Location**
- New strategy
Objective 2-2 Mitigate health risk across the state by monitoring pesticide and pharmaceutical residue in drinking water and human bodies. 

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>0 - No monitoring</td>
<td>2020</td>
<td>1 - Monitoring</td>
</tr>
</tbody>
</table>

Data Source & Location: New objective, to be developed.

Strategy 2-2.1 Develop analytical methodologies for a bio-monitoring program in pesticides and pharmaceuticals.

Strategy Source & Location: New strategy

Who’s Responsible: State Hygienic Laboratory

Target Date: Jan 1, 2019

Strategy 2-2.2 Establish a bio-monitoring program for pesticide and pharmaceutical residues.

Strategy Source & Location: New strategy

Who’s Responsible: State Hygienic Laboratory

Target Date: Jan 1, 2019

Strategy 2-2.3 Engage partners to conduct risk assessments.

Strategy Source & Location: New strategy

Who’s Responsible: State Hygienic Laboratory, Center for Health Effects of Environmental Contamination

Target Date: Jan 1, 2021
**Goal #3**

Increase efforts to clean up Iowa’s surface and ground waters and prevent pollution, with a focus on protecting drinking water and popular recreation waters.

### Alignment with National Plans

- **Clean Water Act (1972) with amendments**  
  [https://www.epa.gov/laws-regulations/summary-clean-water-act](https://www.epa.gov/laws-regulations/summary-clean-water-act)

### Alignment with State / Other Plans

- **Iowa Nutrient Reduction Strategy (2013)**  
  [http://www.nutrientstrategy.iastate.edu/](http://www.nutrientstrategy.iastate.edu/)
- **Iowa’s Nonpoint Source Management Plan (2012)**  
  [http://www.iowadnr.gov/Environmental-Protection/Water-Quality/Watershed-Improvement/Nonpoint-Source-Plan](http://www.iowadnr.gov/Environmental-Protection/Water-Quality/Watershed-Improvement/Nonpoint-Source-Plan)

### Water Quality

#### Objective 3-1

Secure passage of a long-term, sustainable and accountable source of funding to address Iowa’s water quality and quantity challenges.

<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>0</td>
<td>2018</td>
<td>1</td>
</tr>
</tbody>
</table>

**Data Source & Location**: Legislative tracking, [http://www.iowaswaterandlandlegacy.org/](http://www.iowaswaterandlandlegacy.org/)

#### Strategy 3-1.1

Advocate for passage of a 3/8ths cent sales tax to fund Iowa Natural Resources and Outdoor Recreation Trust Fund or other source of new, dedicated, sustainable funding.

**Strategy Source & Location**:  
Natural Resources and Outdoor Recreation Trust Fund passed by Iowans in 2010, but never funded.  
[https://ballotpedia.org/Iowa_Natural_Resources_and_Outdoor_Recreation_Trust_Fund,_Amendment_1_(2010)](https://ballotpedia.org/Iowa_Natural_Resources_and_Outdoor_Recreation_Trust_Fund,_Amendment_1_(2010))

**Who’s Responsible**: Iowa’s Water and Land Legacy Coalition, Iowa Environmental Council

**Target Date**: May 1, 2017

#### Strategy 3-1.2

Support the creation of an Iowa Watershed Investment Board to provide management and oversight for investment of Iowa’s water resources in a coordinated, statewide approach focused on achieving multiple benefits and leveraging funding from other state, federal, local and private sources.

**Strategy Source & Location**:  
*Healthy Lands, Healthy Waters* January 2016  

**Who’s Responsible**: Iowa Environmental Council

**Target Date**: Jul 1, 2017

### Objective 3-2

Advocate for the strengthening of rules for concentrated livestock feeding operations (CAFOs), especially in sensitive areas such as karst (underground limestone region with sinks and underground streams) and wellhead protection zones and watershed areas above public lakes where lax siting and manure management rules are most likely to threaten drinking and recreation waters.

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>0</td>
<td>2018</td>
<td>1</td>
</tr>
</tbody>
</table>

**Data Source & Location**: New objective, to be developed.
Strategy 3-2.1  Support a 5-year temporary suspension of approval for new CAFOs or expansion of existing CAFOs in known karst areas while state rules governing siting and manure management in areas such as karst, identified as posing special threats to drinking water or public health, undergo review by a blue-ribbon stakeholder panel that includes representatives of counties, cities, environmental and public health organizations, and agricultural groups.

Strategy Source & Location
New strategy

Who's Responsible
Iowa Environmental Council and partners

Target Date
Jan 1, 2017

Baseline
Target
Year Value
Year Value
2017 0 2018 1

Objective 3-3  Support expansion of water quality monitoring for drinking and recreational waters with monitoring results available to the public.

Data Source & Location
Iowa’s Ambient Water Quality Monitoring and Assessment Program
http://www.iowadnr.gov/Environmental-Protection/Water-Quality/Water-Monitoring

Strategy 3-3.1  Assure that watershed management authorities and other watershed efforts incorporate the widely accepted watershed approach that includes assessment, monitoring, and public education.

Strategy Source & Location
New strategy

Who's Responsible
Iowa Environmental Council and council partners

Target Date
Jan 1, 2019
**Goal #4**  Ensure that Iowans using private wells for water supply have a safe water supply.

**Alignment with National Plans**
N/A

**Alignment with State / Other Plans**
N/A

### Water Quality

#### Objective 4-1
Each year, complete testing of private wells for bacteria (coliform), nitrate, and arsenic.

<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></td>
<td>2021</td>
<td></td>
</tr>
<tr>
<td>Bacteria</td>
<td>8,800</td>
<td>10,000</td>
<td></td>
</tr>
<tr>
<td>Nitrate</td>
<td>6,700</td>
<td>6,500</td>
<td></td>
</tr>
<tr>
<td>Arsenic</td>
<td>1,040</td>
<td>1,150</td>
<td></td>
</tr>
</tbody>
</table>

**Data Source & Location**
Iowa Public Health Tracking Portal, Private Well Water Data [https://pht.idph.state.ia.us/Pages/default.aspx](https://pht.idph.state.ia.us/Pages/default.aspx)

#### Strategy 4-1.1
Promote the use of Grants to Counties money for private well testing.

**Strategy Type**
Individual/interpersonal-focused

**Strategy Source & Location**
Grants to Counties Water Well Program

**Who's Responsible**
Iowa Department of Public Health, Environmental Health Services Bureau

**Target Date**
Jun 1, 2021

#### Strategy 4-1.2
Track the progress of private well testing from the Iowa Public Health Tracking Portal.

**Strategy Type**
Policy-focused

**Strategy Source & Location**
Iowa Department of Public Health, Environmental Health Services Bureau strategy

**Who's Responsible**
Iowa Department of Public Health, Environmental Health Services Bureau

**Target Date**
Jun 1, 2021
Goals, Objectives & Strategies

**Radon**

**Goal #1**  See Chronic Disease: Cancer, Goal 3, Objective 3-3, Strategies 3-3.1, 3-3.2, and 3-3.3

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
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<table>
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<tr>
<th>Alignment with State / Other Plans</th>
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</table>

<table>
<thead>
<tr>
<th>Radon</th>
<th>Objective 1-1</th>
<th>See Chronic Disease: Cancer, Goal 3, Objective 3-3.</th>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Data Source & Location

<table>
<thead>
<tr>
<th>Radon</th>
<th>Strategy 1-1.1</th>
<th>See Chronic Disease: Cancer, Goal 3, Objective 3-3, Strategies 3-3.1, 3-3.2, and 3-3.3.</th>
<th>Strategy Type</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Strategy Source & Location

Who's Responsible

Target Date

<<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 (CHNAaHIP) website: https://idph.iowa.gov/chnahip/health-improvement-plans

Goals, Objectives & Strategies

<table>
<thead>
<tr>
<th>Obesity, Nutrition &amp; Physical Activity</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal #1</strong></td>
<td>Increase the number of Iowans who engage in the recommended amounts of physical activity.</td>
</tr>
</tbody>
</table>

**Alignment with National Plans**

- Million Hearts Initiative https://millionhearts.hhs.gov
- FM 7-22 CH 1 (Army Physical Readiness Training), 3 May 2013; AR 600-9 (The Army Body Composition Program), 28 June 2013

**Alignment with State / Other Plans**


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

<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>49%</td>
<td>2021</td>
<td>52%</td>
</tr>
</tbody>
</table>

**Data Source & Location**


<table>
<thead>
<tr>
<th>Obesity, Nutrition &amp; Physical Activity</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy 1-1.1</strong></td>
<td>Increase the number of 5-2-1-0 registered sites.</td>
</tr>
</tbody>
</table>

**Strategy Source & Location**

- Iowa Healthiest State Initiative http://www.iowahealthieststate.com/

**Who’s Responsible**

- Healthiest State Initiative

**Target Date**

- Dec 31, 2019

<table>
<thead>
<tr>
<th>Obesity, Nutrition &amp; Physical Activity</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy 1-1.2</strong></td>
<td>Increase the number of complete street policies in Iowa.</td>
</tr>
</tbody>
</table>

**Strategy Source & Location**

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

**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

**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

**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.

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>886</td>
<td>2020</td>
<td>709</td>
</tr>
</tbody>
</table>

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

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

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

Target Date
Oct 1, 2019
Obesity, Nutrition & Physical Activity

**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

---

Obesity, Nutrition & Physical Activity

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

**Alignment with National Plans**

- Healthy People 2020, Nutrition & Weight Status
- Healthy People 2020, Maternal Infant & Child Health

**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>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>F: 58%</td>
<td>2021</td>
<td>F: 62%</td>
</tr>
<tr>
<td></td>
<td>V: 73%</td>
<td></td>
<td>V: 77%</td>
</tr>
</tbody>
</table>

**Data Source & Location**


Obesity, Nutrition & Physical Activity

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

**Strategy Type** Professional/provider-focused

**Obesity, Nutrition & Physical Activity**

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

**Strategy Type** Community-focused

**Strategy Source & Location**

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

**Target Date** Dec 31, 2019

**Obesity, Nutrition & Physical Activity**

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

**Strategy Type** Professional/provider-focused

**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

**Obesity, Nutrition & Physical Activity**

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

**Strategy Type** Individual/interpersonal-focused

**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

**Obesity, Nutrition & Physical Activity**

**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 Type** Individual/interpersonal-focused

**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

**Obesity, Nutrition & Physical Activity**

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

**Strategy Type** Individual/interpersonal-focused

**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).

<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>68%</td>
<td>2021</td>
<td>75%</td>
</tr>
</tbody>
</table>

**Data Source & Location:** WIC MIS System reports (unpublished)

### Strategy 2.2.1
Promote and educate WIC participants on how to choose, store, and cook fruits and vegetables purchased with the CVB by participating in media campaigns, partnering with ISU Extension, and promoting the completion of appropriate lessons and eKitchen videos in WICHealth.org.

**Strategy Source & Location:**
Iowa Department of Public Health, WIC Program

**Who’s Responsible:**
WIC Director and Nutrition Consultants, Iowa Department of Public Health

**Target Date:**
Dec 31, 2021

### 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>

**Data Source & Location:**
Iowa State University Extension and Outreach

### 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

### Strategy 2.3.2
Increase the percent of Expanded Food and Nutrition Program and Supplemental Nutrition Assistance Program (EFNEP and SNAP-Ed) adults reporting increasing fruit and vegetable intake.

**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

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

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

Obesity, Nutrition & Physical Activity

**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>Baseline 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></td>
<td>6M: 53%</td>
<td></td>
<td>6M: 56%</td>
</tr>
<tr>
<td></td>
<td>12 M: 29%</td>
<td></td>
<td>12M: 31%</td>
</tr>
<tr>
<td></td>
<td>3Mx: 43%</td>
<td></td>
<td>3Mx: 46%</td>
</tr>
<tr>
<td></td>
<td>6Mx: 26%</td>
<td></td>
<td>6Mx: 28%</td>
</tr>
</tbody>
</table>

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

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

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 Health Issue: Oral Health

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

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

Oral Health

Objective 1-1 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%.

Baseline Year | Baseline Value | Target Year | Target Value
---|---|---|---
2016 | 91% | 2021 | 94%

Data Source & Location
Water Fluoridation Reporting System (WFRS)

Oral Health

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

Who’s Responsible
Delta Dental of Iowa Foundation
Target Date
Jan 1, 2020

Oral Health

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

Who’s Responsible
Iowa Department of Public Health
Target Date
Jan 1, 2020

Oral Health

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

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**  

### Alignment with State / Other Plans

**Iowa Oral Health Plan 2016-2020**  
[https://idph.iowa.gov/ohds/oral-health-center/reports](https://idph.iowa.gov/ohds/oral-health-center/reports)

## 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 Type**

Policy-focused

**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 Type**

Professional/provider-focused

**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

Oral Health
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>Baseline 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
2016 Iowa Third Grade Oral Health Survey Report
http://idph.iowa.gov/ohds/oral-health-center/reports

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

Oral Health
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

Oral Health
Strategy 3-1.2  Work with partners to promote the I-Smile™ @ School Program and dental sealants for children.

Strategy Type
Community-focused

Strategy Source & Location
Iowa Oral Health Plan 2016-2020

Who's Responsible
Iowa Department of Public Health

Target Date
Jan 1, 2020

Oral Health
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>Baseline 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

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

Oral Health
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 Type
Community-focused

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.

<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>72% (65-74)</td>
<td>2021</td>
<td>75% (65-74)</td>
</tr>
<tr>
<td></td>
<td>68% (75+)</td>
<td></td>
<td>70% (75+)</td>
</tr>
</tbody>
</table>

Data Source & Location

Oral Health

Strategy 3-3.1
Provide technical assistance and training to local I-Smile™ Silver 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, 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 Type
Community-focused

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 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.

<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>37%</td>
<td>2021</td>
<td>60%</td>
</tr>
</tbody>
</table>


**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 with 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.

<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>586</td>
<td>2021</td>
<td>300</td>
</tr>
</tbody>
</table>


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 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

Sexually Transmitted Diseases (STD)

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

Sexually Transmitted Diseases (STD)

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 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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Goals, Objectives & Strategies

**Falls**

**Goal #1** Decrease patient falls in the healthcare setting.

**Alignment with National Plans**

Centers for Medicare & Medicaid Services (CMS), Hospital Improvement Innovation Network (HIIN)

**Alignment with State / Other Plans**

N/A

**Falls**

**Objective 1-1** Maintain the continuous goal of a 20% reduction in the number of falls per 1,000 in the healthcare setting.

<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>3.27</td>
<td>2021</td>
<td>1.01</td>
</tr>
</tbody>
</table>

**Data Source & Location**

HIIN Data, Iowa Health Care Collaborative

**Strategy 1-1.1** Work in collaboration with the Iowa Healthcare Collaborative to educate hospitals in fall prevention strategies.

**Strategy Type**

Professional/provider-focused

**Strategy Source & Location**

Iowa Healthcare Collaborative

**Who’s Responsible**

Iowa Hospital Association-Quality Team and Iowa Healthcare Collaborative

**Target Date**

Dec 31, 2019

**Report Date**

Feb 12, 2019

**Progress on Strategy**

- Complete
- On track
- Off track
- No progress

**Progress notes:**

In spring of 2018, a fall prevention campaign was pushed out to all hospitals.
### Falls

**Goal #2** Reduce falls in the elderly population.

#### Alignment with National Plans

|---------------------------------------------------------------|

#### Alignment with State / Other Plans

<table>
<thead>
<tr>
<th>Iowa Department on Aging</th>
</tr>
</thead>
</table>

#### Falls Objective 2-1

Develop templates for collaborative practice agreements in long-term care facilities related to falls prevention.

<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>0</td>
<td>2019</td>
<td>TBD</td>
</tr>
</tbody>
</table>

**Data Source & Location:** To be developed.

**Falls Strategy 2-1.1** Work with DIA and the Iowa Pharmacy Association long-term care/senior care committee to create collaborative practice agreements with local providers.

**Strategy Type:** Professional/provider-focused

**Strategy Source & Location:** New strategy

**Who’s Responsible:** Iowa Pharmacy Association

**Target Date:** Jan 1, 2019

---

### Falls

**Goal #3** Reduce injuries and deaths from falls by expanding the availability of evidence-based programs.

#### Alignment with National Plans

<table>
<thead>
<tr>
<th>2015 Falls Free National Action Plan</th>
</tr>
</thead>
</table>

#### Alignment with State / Other Plans

<table>
<thead>
<tr>
<th>Iowa Falls Prevention Coalition Plan (to be published)</th>
</tr>
</thead>
</table>

#### Falls Objective 3-1

Increase the percentage of Iowa counties that have evidence-based classes available from 35% to 50%.

<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>35%</td>
<td>2019</td>
<td>50%</td>
</tr>
</tbody>
</table>

**Data Source & Location:** National Council on Aging Falls Database (baseline data from CY2016) - accessed by Iowa Department of Public Health Office of Disability, Injury & Violence Prevention staff.

**Falls Strategy 3-1.1** By 2019, increase the number of local health departments participating in county or regional falls prevention coalitions.

**Strategy Type:** Community-focused
Strategy Source & Location
Survey of local health departments - conducted annually

Who's Responsible
Iowa Department of Public Health, Office of Disability, Injury & Violence Prevention

Strategy 3-1.2 Each year, analyze and provide updated data on trends related to deaths and hospitalizations from falls by county.
Strategy Type Policy-focused

Strategy Source & Location
Falls In Iowa report

Who's Responsible
Iowa Department of Public Health, Office of Disability, Injury & Violence Prevention & Iowa Falls Prevention Coalition

Target Date Jan 1, 2020

Falls
Objective 3-2 Increase the number of older Iowans who indicate they have been referred to falls prevention program by their health care provider.

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>12%</td>
<td>2020</td>
<td>25%</td>
</tr>
</tbody>
</table>

Data Source & Location
Iowa Department of Public Health, Office of Disability, Injury & Violence Prevention program reports.

Falls
Strategy 3-2.1 Collaborate in the statewide falls prevention strategy for clinical settings to increase routine screening for falls, referral to evidence-based programs, and potential reimbursement mechanisms.
Strategy Type Professional/provider-focused

Strategy Source & Location
Iowa Statewide Falls Prevention Strategy https://idph.iowa.gov/falls-prevention/resources

Who's Responsible
Iowa Department of Public Health and Iowa Healthcare Collaborative

Target Date Sept 1, 2019

Falls
Strategy 3-2.2 Educate patient care coordinators about the CDC STEADI (Stopping Elderly Accidents, Deaths, & Injuries) Toolkit for clinicians and how to refer patients to evidence-based community programs.
Strategy Type Professional/provider-focused

Strategy Source & Location
The Iowa Department of Public Health (IDPH) Administration for Community Living Falls Prevention Grant includes a plan to engage patient care coordinators in hospital and clinic systems in Iowa (located in IDPH program files).

Who’s Responsible
Iowa Department of Public Health (Office of Disability, Injury & Violence Prevention) and the Iowa Healthcare Collaborative

Target Date Dec 31, 2019

Falls
Strategy 3-2.3 Develop a reimbursement mechanism to support the network of evidence-based falls prevention classes across the state.
Strategy Type Policy-focused

Strategy Source & Location
Based on the business plan developed by the Iowa Falls Prevention Coalition (available from the Iowa Department of Public Health, Office of Disability, Injury & Violence Prevention program files)
Iowa Health Issue: Motor Vehicle Crashes

Iowa Counties with Local Strategies

Buchanan, Calhoun, Mitchell

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

Motor Vehicle Crashes

Goal #1  Increase traffic safety.

Alignment with National Plans

Healthy People 2020, Injury & Violence Prevention, Objective 13

National Highway Traffic Safety Administration Counter Measures That Work

Alignment with State / Other Plans

Iowa State Strategic Highway Safety Plan  https://www.iowadot.gov/traffic/shsp/home
Governor’s Traffic Safety Bureau Highway Safety Plan  http://www.dps.state.ia.us/commis/gtsb/publications.shtml

Motor Vehicle Crashes

Objective 1-1  Reduce traffic fatalities 15% from the 2007 - 2011 average of 396 to 337 by January 1, 2020.

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007 - 11</td>
<td>396</td>
<td>2020</td>
<td>337</td>
</tr>
</tbody>
</table>

Data Source & Location

Iowa State Strategic Highway Safety Plan
Highway Safety Plan, Iowa Department of Public Safety/Governor’s Traffic Safety Bureau, FFY 2017, Performance Measure #1.

Motor Vehicle Crashes

Strategy 1-1.1  Increase the statewide safety belt usage rate 0.213% from the 2016 observational survey rate of 93.8% to 94.0% for the 2018 survey.

Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

Who’s Responsible
The Annual Observational Safety Belt Usage Survey is conducted by Iowa State University, Survey and Behavioral Research Services, under contract with the Governor’s Traffic Safety Bureau.

Motor Vehicle Crashes

Strategy 1-1.2  Provide de-identified data from the Iowa Office of the State Medical Examiner Case Management System to the Iowa Department of Transportation (DOT), Iowa Department of Public Safety (DPS), and elected officials to aid in policy development to reduce the number of motor vehicle crash-related fatalities.

Strategy Type
Policy-focused

Strategy Source & Location
Iowa Office of the State Medical Examiner, Iowa DOT, and Iowa DPS
<table>
<thead>
<tr>
<th>Motor Vehicle Crashes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy 1.1.3</strong></td>
</tr>
<tr>
<td>Reduce alcohol-impaired driving fatalities 3.33% from the 2011-2015 average of 90 to 87 by December 31, 2018.</td>
</tr>
<tr>
<td><strong>Strategy Type</strong></td>
</tr>
<tr>
<td>Individual/interpersonal-focused</td>
</tr>
<tr>
<td><strong>Strategy Source &amp; Location</strong></td>
</tr>
<tr>
<td>Highway Safety Plan</td>
</tr>
<tr>
<td><strong>Who’s Responsible</strong></td>
</tr>
<tr>
<td>Agencies under contract with the Governor's Traffic Safety Bureau and Iowa Impaired Driving Coalition.</td>
</tr>
</tbody>
</table>
**Iowa Health Issue:** Adverse Childhood Experiences (ACEs)/Trauma Informed Care

**Iowa Counties with Local Strategies**
Calhoun, Cerro Gordo, Greene, Jasper, Linn, Monona, Muscatine, Sac, Shelby

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**

### Adverse Childhood Experiences (ACEs)/Trauma Informed Care

**Goal #1** Reduce the number of Iowa children reporting risk factors associated with adverse childhood experiences (ACEs).

**Alignment with National Plans**

**Alignment with State / Other Plans**
- Iowa's Comprehensive HIV Plan 2017-2021 [https://idph.iowa.gov/hivstdhep/hiv](https://idph.iowa.gov/hivstdhep/hiv)
- The Washington State's ACEs Public-Private Initiative [http://www.appi-wa.org/about/guiding-principles](http://www.appi-wa.org/about/guiding-principles)
- University of Iowa Child Protection Program [https://uichildrens.org/medical-services/child-protection-program](https://uichildrens.org/medical-services/child-protection-program)

<table>
<thead>
<tr>
<th>Objective 1-1</th>
<th>COMPLETE: Increase the number of policy makers and state department officials who are aware of ACEs.</th>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2016</td>
<td>20 policy makers/state agency officials</td>
<td>2017</td>
<td>50 policy makers/state agency officials</td>
</tr>
</tbody>
</table>

Data Source: ACEs Policy Coalition will track this number based on interactions with state policy makers and department officials during the 2017 legislative session.

Progress notes: Representatives from the ACES Coalition initiated conversations to inform policy makers and state department officials about the importance of ACEs in improving the effectiveness of prevention and treatment programs. In 2018 the Coalition increased their attention on meeting with members of key state agencies, including DHS, DE, and IDPH.

### Strategy 1-1.1
COMPLETE: Host two lobby days during the 2017 legislative session to raise awareness regarding the impact of ACEs.

**Strategy Type** Individual/interpersonal-focused
Adverse Childhood Experiences (ACEs)/Trauma Informed Care

**Objective 1-2**
Adopt strategies focused on preventing and mitigating childhood adversity.

<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>0</td>
<td>2018-19</td>
<td>1</td>
</tr>
</tbody>
</table>

**Data Source & Location**
Child and Family Policy Center analysis of legislation passed during the 2017 session.

**Strategy 1-2.1**
Enact a state resolution or proclamation regarding the impact of ACEs on the long term health and well-being of Iowans, which encourages state departments and policy makers to develop priorities for action to address ACEs in the areas of prevention, early intervention, and mitigation, which would reduce the prevalence of mental health and physical health problems, and the need for mental health services.

**Strategy Source & Location**
Policy Priority of the ACEs Policy Coalition

**Who's Responsible**
ACEs Policy Coalition (Child and Family Policy Center co-chairs this Coalition)

**Target Date**
Jun 30, 2018

**Strategy 1-2.2**
Develop and expand programs that improve child health and family well-being.

**Strategy Source & Location**
Child and Family Policy Center legislative priorities

**Who’s Responsible**
Child and Family Policy Center

**Target Date**
Jan 3, 2021
Adverse Childhood Experiences (ACEs)/Trauma Informed Care

**Goal #2**

Build capacity at the local and state levels to recognize and respond to trauma* across the lifespan.

*Trauma is defined as an experience or event that is emotionally painful or distressful that overwhelms a person's ability to cope, including ACEs, interpersonal violence, natural disasters, medical trauma, car accidents, traumatic grief, and/or structural violence.

Alignment with National Plans

- **National Strategy to Eliminate Child Abuse & Neglect Fatalities**
  
  [https://eliminatechildabusefatalities.sites.usa.gov/files/2016/03/CECANF-final-report.pdf](https://eliminatechildabusefatalities.sites.usa.gov/files/2016/03/CECANF-final-report.pdf)

- **Preventing Child Abuse and Neglect: A Technical Package for Policy, Norms and Programmatic Activities**
  

- **HHS Strategic Plan: Strategic Goal 3: Advance the Health, Safety, and Well-Being of the American People**
  

Alignment with State / Other Plans

- **ACEs 360 Iowa**
  

- **Iowa Child Abuse Prevention Program**
  

- **Iowa’s Comprehensive HIV Plan 2017-2021**
  
  [https://idph.iowa.gov/hivstdhep/hiv](https://idph.iowa.gov/hivstdhep/hiv)

- **The Washington State’s ACEs Public-Private Initiative**
  
  [http://www.appi-wa.org/about/guiding-principles](http://www.appi-wa.org/about/guiding-principles)

- **Iowa Healthiest State Initiative**
  

- **University of Iowa Child Protection Program**
  
  [https://uichildrens.org/medical-services/child-protection-program](https://uichildrens.org/medical-services/child-protection-program)

### Objective 2-1

**COMPLETE**: Hire a statewide Trauma Informed Prevention and Care Coordinator.

<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>0</td>
<td>2017</td>
<td>1</td>
</tr>
</tbody>
</table>

**Data Source & Location**: To be developed documentation that coordinator position exists and is filled.

**Report Date**: April 10, 2018

**Progress on Objective**

- Met, trend in right direction
- Met, no trend
- Met, trend in wrong direction
- Not met, trend in right direction
- Not met, no trend
- Not met, trend in wrong direction

**Progress Notes**: There is currently no Trauma Informed Prevention and Care Coordinator and no plans to refill the position. To be able to do this, dedicated general funds would need to be allocated our blended funding from vested partners.

### Strategy 2-1.1

**COMPLETE**: Recruit applicants with a foundational understanding of impact of trauma on development/health outcomes/post-traumatic growth, and experience in engaging, managing and supporting state and community-level coalitions.

**Strategy Type**: Community-focused

**Strategy Source & Location**

- **SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach**
  
  [http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf](http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf)

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

**Target Date**: Mar 1, 2017

**Report Date**: April 10, 2019

**Progress on Strategy**

- Complete
- On track
- Off track
- No progress
Progress notes: Though there is not a state-wide trauma-informed prevention and care coordinator, efforts have been made in many programs and agencies to screen for trauma-informed principles knowledge. However, this is mostly anecdotal evidence and is not currently being tracked.

**Objective 2-2**

**Develop a strategic plan for a Trauma Informed Work Group at the Iowa Department of Public Health that recognizes the impact of trauma across the public health continuum.**

<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>0</td>
<td>2018-19</td>
<td>1</td>
</tr>
</tbody>
</table>

**Data Source & Location**

Work Group records.

**Adverse Childhood Experiences (ACEs)/Trauma Informed Care**

**Strategy 2-2.1** Develop mission and vision statements for the work group.

**Strategy Source & Location**

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach

http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf

**Who’s Responsible**

Iowa Department of Public Health Trauma Informed Work Group

**Target Date**

Dec 31, 2021

**Progress on Strategy**

- Complete ✅
- On track
- Off track
- No progress

**Progress notes:** The vision and mission of the IDPH workgroup was finalized and is as follows: The vision of the IDPH Trauma Leadership Workgroup is Healthy Iowans living in resilient and thriving communities. The mission is for IDPH to be a leader in creating resilient and thriving communities promoting action, based on evidence connecting trauma with health and well-being, utilizing the organizational trauma continuum.

**Strategy 2-2.2** Develop operating and membership procedures to ensure effective communication on the impact of trauma to key stakeholders at the Iowa Department of Public Health.

**Strategy Source & Location**

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach

http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf

**Who’s Responsible**

Iowa Department of Public Health Trauma Informed Work Group

**Target Date**

Dec 31, 2021

**Strategy 2-2.3** Develop a communication plan for the Trauma Informed Work Group to formalize distribution of information to Iowa Department of Public Health programs.

**Strategy Source & Location**

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach

http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf

**Who’s Responsible**

Iowa Department of Public Health Trauma Informed Work Group

**Target Date**

Dec 31, 2021

**Objective 2-3**

Increase the number of Divisions within the Iowa Department of Public Health that universally integrate principles of trauma-informed care across programs.

<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>0</td>
<td>2021</td>
<td>5 divisions</td>
</tr>
</tbody>
</table>
Adverse Childhood Experiences (ACEs)/Trauma Informed Care

**Strategy 2-3.1**  Conduct an assessment to determine which programs at the Iowa Department of Public Health are utilizing principles of trauma-informed care in their funding and technical assistance decisions.

**Strategy Source & Location**
SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach
http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf

Who’s Responsible: Iowa Department of Public Health

Target Date: Dec 31, 2021

**Strategy 2-3.2**  Develop a database to track number of Iowa Department of Public Health programs that are informed about the life-long impact of trauma on physical and behavioral health.

**Strategy Source & Location**
SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach
http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf

Who’s Responsible: Iowa Department of Public Health

Target Date: Dec 31, 2021

**Objective 2-4**  Develop an inventory of trauma-informed resources available on risk and protective factors for adverse experiences.

<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>0</td>
<td>2019</td>
<td>1</td>
</tr>
</tbody>
</table>

Data Source & Location: To be developed.

**Strategy 2-4.1**  Gather resources on trauma-informed principles, procedures, interventions and available data, and compile into an inventory available for public consumption.

**Strategy Source & Location**
SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach
http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf

Who’s Responsible: Iowa Department of Public Health

Target Date: Dec 31, 2021

**Objective 2-5**  Develop a statewide trauma-informed care planning group to formalize cross-sector collaboration to address the impact of trauma on Iowans and promote social well-being.

<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>0</td>
<td>2018</td>
<td>1</td>
</tr>
</tbody>
</table>

Data Source & Location: To be developed.

**Strategy 2-5.1**  Identify external agencies, including those addressing the issue of human trafficking, that are involved in trauma-informed care and establish relationships in order to increase cross-sector collaboration efforts to address trauma across the lifespan of Iowans.

**Strategy Source & Location**
To be developed.
Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Goal #3  Assure children and their caretakers that are affected by adverse childhood experiences receive relevant services.

### Alignment with National Plans

- **Healthy People 2020, Injury and Violence Prevention (IVP) IVP-38 & 42**

### Alignment with State / Other Plans

- N/A

### Data Source & Location

- University of Iowa Children's Hospital Child Protection Clinic clientele, University of Iowa Children's Hospital Child Protection Clinic records

### Objective 3-1

**Identify children and their caretakers affected by adverse childhood experiences (ACEs).**

<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>0</td>
<td>2021</td>
<td>TBD</td>
</tr>
</tbody>
</table>

### Strategy 3-1.1

**Conduct trauma, resiliency, and needs surveys on every child and their immediate caregivers assessed in a child protection clinic. The same should be conducted in select children (i.e. with developmental, behavioral, and mental health problems) and their caretakers in primary care clinics, hospital inpatient units, pediatric specialty clinics.**

**Strategy Type**

- Individual/interpersonal-focused

**Strategy Source & Location**

- University of Iowa Children's Hospital Child Protection Clinic patients and family members
- University of Iowa Children's Hospital Child Protection Inpatient Unit

**Who’s Responsible**

- University of Iowa Children's Hospital Child Protection Inpatient Unit

**Target Date**

- Dec 31, 2021
### Objective 3-2

Refer families to relevant needed services.

<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>0</td>
<td>2021</td>
<td>TBD</td>
</tr>
</tbody>
</table>

**Data Source & Location:** University of Iowa Children's Hospital Child Protection Program Inpatient and Outpatient clientele.

### Adverse Childhood Experiences (ACEs)/Trauma Informed Care

#### Strategy 3-2.1

Conduct face-to-face interviews with family members following the trauma, resiliency, and needs surveys.

**Strategy Type:** Individual/interpersonal-focused

**Strategy Source & Location:**

University of Iowa Children's Hospital Child Protection Inpatient Unit

**Who's Responsible:**

University of Iowa Children's Hospital Child Protection Inpatient Unit

**Target Date:** Dec 31, 2021

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### Iowa Health Issue: Occupational & Farm Safety

#### Iowa Counties with Local Strategies

N/A

#### Goals, Objectives & Strategies

**Occupational & Farm Safety**

**Goal #1** By 2020, reduce deaths from work-related injuries.

**Alignment with National Plans**

Healthy People 2020, Occupational Safety & Health


**Alignment with State / Other Plans**


---

#### Occupational & Farm Safety

**Objective 1-1** Reduce the 5-year rolling average rate of fatal occupational injuries in Iowa from 5.8 per 100,000 full-time workers to no more than the national rate of 3.4 by 2020.

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010-14</td>
<td>5.8</td>
<td>2020</td>
<td>3.4</td>
</tr>
</tbody>
</table>

**Data Source & Location**

Iowa Burden of Occupational Injury

[https://idph.iowa.gov/lpp/occupational-health](https://idph.iowa.gov/lpp/occupational-health)

---

**Strategy 1-1.1** Conduct data collection and analysis annually to track and trend occupational health indicators, including those for fatalities in high-risk industries and occupations, older worker fatalities, and self-employed or small business worker fatalities.

**Strategy Type** Policy-focused

**Strategy Source & Location**

IDPH Occupational Health & Safety Surveillance Program 2015-2020 work plan

Who’s Responsible

Iowa Department of Public Health, OHSSP

Target Date

Jul 28, 2019

---

**Strategy 1-1.2** Disseminate findings to workers, employers, safety and health professionals, policy makers, and the public.

**Strategy Type** Community-focused

**Strategy Source & Location**

IDPH Occupational Health & Safety Surveillance Program 2015-2020 work plan

Who’s Responsible

Iowa Department of Public Health, OHSSP

Target Date

Jul 28, 2019

---

**Strategy 1-1.3** Maintain and coordinate a network of stakeholders that can develop data-driven recommendations, materials, and resources for dissemination to key contacts.

**Strategy Type** Community-focused

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Strategy Source & Location
IDPH Occupational Health & Safety Surveillance Program 2015-2020 work plan

Who’s Responsible                      Target Date
Iowa Department of Public Health, OHSSP  Jul 28, 2019

<<Rest of Page Intentionally Left Blank>>
Iowa Health Issue: Mental Health, Illness & Suicide

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

Goals, Objectives & Strategies

<table>
<thead>
<tr>
<th>Mental Health, Illness &amp; Suicide</th>
<th>Goal #1</th>
<th>Prevent suicide deaths.</th>
</tr>
</thead>
</table>

Alignment with National Plans
2012 National Strategy for Suicide Prevention

Alignment with State / Other Plans

<table>
<thead>
<tr>
<th>Mental Health, Illness &amp; Suicide</th>
<th>Objective 1-1</th>
<th>Reduce the annual number of deaths by suicide by 10% from an average of 406 each year (2012-14) to 365 by 2018.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Baseline Year</td>
<td>Baseline Value</td>
</tr>
<tr>
<td></td>
<td>2012-14</td>
<td>406</td>
</tr>
</tbody>
</table>

Data Source & Location

<table>
<thead>
<tr>
<th>Mental Health, Illness &amp; Suicide</th>
<th>Strategy 1-1.1</th>
<th>Identify, coordinate, and establish suicide prevention activities across multiple sectors and settings by 2021.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy Type</td>
<td>Community-focused</td>
<td></td>
</tr>
</tbody>
</table>

Who’s Responsible
Iowa Suicide Prevention Planning Group

Target Date
Dec 31, 2021

<table>
<thead>
<tr>
<th>Mental Health, Illness &amp; Suicide</th>
<th>Strategy 1-1.2</th>
<th>Provide care and support to individuals affected by suicide attempts and deaths to promote healing, and implement community strategies to help prevent further suicides.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy Type</td>
<td>Individual/interpersonal-focused</td>
<td></td>
</tr>
</tbody>
</table>

Who’s Responsible
Iowa Suicide Prevention Planning Group

Target Date
Dec 31, 2021
**Strategy 1-1.3** Provide de-identified data from the Iowa Office of the State Medical Examiner’s Case Management System to policy makers in an effort to support suicide prevention efforts, initiatives, and policy change.

**Strategy Source & Location**
Iowa Plan for Suicide Prevention 2015-2018

**Who's Responsible**
Iowa Office of the State Medical Examiner and the Iowa Department of Public Health, Bureau of Behavioral Health

**Target Date**
Dec 31, 2020

---

**Goal #2** Reduce the bi-annual numbers of suicidal ideation (thoughts of engaging in suicide behavior) and the number of deaths by suicide in the Iowa Army National Guard.

**Alignment with National Plans**
Army Regulation 600-63, Army Health Promotion, 14 April 2015; Army Regulation 350-53, Comprehensive Soldier and Family Fitness (unpublished)

**Alignment with State / Other Plans**
N/A

**Objective 2-1** Reduce the number of suicidal ideations by 25% over the next two years, from 46 (2018) to 35 by the end of 2020.

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>46</td>
<td>2020</td>
<td>35</td>
</tr>
</tbody>
</table>

**Data Source & Location**
Commanders Critical Information Requirement (CCIR) tracker (unpublished)

**Strategy 2-1.1** Ensure that at least one Master Resilience Trainer (MRT) is trained at each unit in the Iowa Army National Guard. The Adjutant Generals policy orders all units to have one MRT trained by the end of October 2017. As of 24 October 2016, 39 are trained out of 53 required.

**Strategy Source & Location**
Training Year 2019 Unit Level Ready and Resilient Suicide Prevention Program Requirements Plan, JFHQ (unpublished)

**Who's Responsible**
Unit commanders supported by Iowa Army National Guard Resilience team

**Target Date**
Oct 1, 2019

**Strategy 2-1.2** Provide Applied Suicide Intervention Skills Training (ASIST; aka gatekeepers) to at least 10% of each unit in the Iowa Army National Guard annually.

**Strategy Source & Location**
Training Year 2019 Unit Level Ready and Resilient Suicide Prevention Program Requirements Plan, JFHQ (unpublished)

**Who's Responsible**
Commanders identify individuals and Suicide Prevention Office provides training.

**Target Date**
Oct 1, 2019
Mental Health, Illness & Suicide

**Strategy 2-1.3**

Provide/train Ask, Care, Escort-Suicide Intervention (ACE-SI) to at least 10% each of each unit in the Iowa Army National Guard annually.

**Strategy Type**

Individual/interpersonal-focused

**Strategy Source & Location**

Training Year 2019 Unit Level Ready and Resilient Suicide Prevention Program Requirements Plan, JFHQ (Unpublished)

**Who's Responsible**

Commanders identify individuals, and Suicide Prevention Office provides training.

**Target Date**

Oct 1, 2019

---

Mental Health, Illness & Suicide

**Objective 2-2**

Reduce the total number of deaths by suicide in the Iowa Army National Guard by 50% from 8 (2014-16) to 4 (2017-2019).

<table>
<thead>
<tr>
<th>Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014-16</td>
<td>8</td>
<td>2017-19</td>
<td>4</td>
</tr>
</tbody>
</table>

**Data Source & Location**

Commanders Critical Information Requirement (CCIR) tracker (unpublished)

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Mental Health, Illness & Suicide

**Strategy 2-2.1**

Ensure that at least one Master Resilience Trainer (MRT) is trained at each unit in the Iowa Army National Guard. The Adjutant General's policy orders all units to have one MRT trained by the end of October 2017. As of 24 October 2016, 39 are trained out of 53 required.

**Strategy Type**

Policy-focused

**Strategy Source & Location**

Training Year 2019 Unit Level Ready and Resilient Suicide Prevention Program Requirements Plan, JFHQ (unpublished)

**Who's Responsible**

Unit commanders supported by Iowa Army National Guard Resilience Team

**Target Date**

Oct 1, 2019

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Mental Health, Illness & Suicide

**Strategy 2-2.2**

Provide/train Applied Suicide Intervention Skills Training (ASIST; aka gatekeepers) to at least 10% of each unit in the Iowa Army National Guard annually.

**Strategy Type**

Individual/interpersonal-focused

**Strategy Source & Location**

Training Year 2019 Unit Level Ready and Resilient Suicide Prevention Program Requirements Plan, JFHQ (unpublished)

**Who's Responsible**

Commanders identify individuals and Suicide Prevention Office provides training.

**Target Date**

Oct 1, 2019

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Mental Health, Illness & Suicide

**Strategy 2-2.3**

Provide/train Ask, Care, Escort-Suicide Intervention (ACE-SI) to at least 10% each of each unit in the Iowa Army National Guard annually.

**Strategy Type**

Individual/interpersonal-focused

**Strategy Source & Location**

Training Year 2019 Unit Level Ready and Resilient Suicide Prevention Program Requirements Plan, JFHQ (Unpublished)

**Who's Responsible**

Commanders identify individuals, Suicide Prevention Office provides training

**Target Date**

Oct 1, 2019
Mental Health, Illness & Suicide

Goal #3  Increase access to behavioral health services across the continuum.

Alignment with National Plans
Healthy People 2020, Mental Health & Mental Disorders

Alignment with State / Other Plans
N/A

Mental Health, Illness & Suicide

Objective 3-1  Build a care continuum that includes sub-acute services, crisis intervention, crisis homes, nursing facility care, community-based services, and more hospital inpatient beds for acutely-ill behavioral health patients.

Baseline Year  Baseline Value  Target Year  Target Value
2016  0  2021  1 continuum of care

Data Source & Location  Iowa Hospital Association 2017 Position Paper
https://www.ihaonline.org/Advocacy/Legislative-Agenda

Mental Health, Illness & Suicide

Strategy 3-1.1  Advocate for the following: increase crisis stabilization services in local communities, increase utilization of "transitional level of care units," increase sub-acute services, decrease days waiting placement.

Strategy Type  Policy-focused

Strategy Source & Location  Iowa Hospital Association 2017 Position Paper

Who's Responsible  Iowa Hospital Association

Target Date  Dec 31, 2021

Mental Health, Illness & Suicide

Goal #4  Educate pharmacists to provide services to evaluate mental health pharmacotherapy and make referrals as appropriate.

Alignment with National Plans
N/A

Alignment with State / Other Plans
N/A

Mental Health, Illness & Suicide

Objective 4-1  Pharmacists are educated to provide and utilize the PHQ-9 and assessing the appropriateness of anti-depressant treatment.

Baseline Year  Baseline Value  Target Year  Target Value
2016  0 training session  2019  74 pharmacies offering depression screenings

Data Source & Location  New objective, to be developed.
Mental Health, Illness & Suicide

**Strategy 4-1.1**  Hold education and training meetings with pharmacists involved in treatment of patients with mental health care needs.

**Strategy Type**  Professional/provider-focused

**Strategy Source & Location**  Iowa Pharmacy Association

**Who's Responsible**  Iowa Pharmacy Association

**Target Date**  Jan 1, 2021

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Mental Health, Illness & Suicide

**Objective 4-2**  Train pharmacists, pharmacy technicians, and student pharmacists with the skills to recognize mental health condition exacerbations or crises developing and refer to appropriate professional help.

**Baseline**  
- **Year**  2017
- **Value**  0

**Target**  
- **Year**  2020
- **Value**  100

**Data Source & Location**  Iowa Pharmacy Association

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Mental Health, Illness & Suicide

**Strategy 4-2.1**  At least 100 pharmacists, pharmacy technicians, and student pharmacists across Iowa are trained in Mental Health First Aid.

**Strategy Type**  Professional/provider-focused

**Strategy Source & Location**  Iowa Pharmacy Association

**Who's Responsible**  Iowa Pharmacy Association

**Target Date**  Jan 1, 2020

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Mental Health, Illness & Suicide

**Goal #5**  Reduce the use of prisons in Iowa to house individuals with chronic mental health issues.

**Alignment with National Plans**  N/A

**Alignment with State / Other Plans**  Iowa Department of Corrections Strategic Plan  [http://publications.iowa.gov/21093/](http://publications.iowa.gov/21093/)

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Mental Health, Illness & Suicide

**Objective 5-1**  Reduce the number of individuals in prison who have chronic and serious mental health issues by 25%.

**Baseline**  
- **Year**  2018
- **Value**  8,371

**Target**  
- **Year**  2021
- **Value**  6,278

**Data Source & Location**  Iowa Corrections Offender Network and ICON-Medical module.

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Mental Health, Illness & Suicide

**Strategy 5-1.1**  Educate service providers in the community on addressing the needs of persons reentering the community from prison.

**Strategy Type**  Professional/provider-focused

**Strategy Source & Location**  Department of Corrections series of scheduled meetings in each of the eight judicial districts (unpublished)
### Mental Health, Illness & Suicide

#### Strategy 5-1.2

**Under the direction of the National Alliance on Mental Illness (NAMI), educate individuals with mental health issues so they may manage their mental health issues on a daily basis. This includes an apprenticeship program for peer to peer.**

**Strategy Source & Location**

Ongoing programs/trainings in each Iowa Department of Corrections institution (unpublished)

<table>
<thead>
<tr>
<th>Who’s Responsible</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Corrections Statewide Reentry Coordinator</td>
<td>Mar 31, 2017</td>
</tr>
</tbody>
</table>

#### Strategy 5-1.3

**Begin Medicaid sign-up while individuals are still in prison, as part of the reentry process.**

**Strategy Source & Location**

Each Iowa Department of Corrections institution (unpublished)

<table>
<thead>
<tr>
<th>Who’s Responsible</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Corrections executive officer for mental health</td>
<td>Dec 31, 2018</td>
</tr>
</tbody>
</table>

### Mental Health, Illness & Suicide

#### Goal #6

By 2020, increase the number of Iowans who receive problem gambling treatment.

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th></th>
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<tbody>
<tr>
<td>N/A</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Alignment with State / Other Plans</th>
<th></th>
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<tbody>
<tr>
<td>N/A</td>
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</tbody>
</table>

### Mental Health, Illness & Suicide

#### Objective 6-1

Increase admissions by Iowa Gambling Treatment Program-funded providers by 10% each year.

<table>
<thead>
<tr>
<th>Baseline Year Value</th>
<th>Target Year Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>268</td>
</tr>
</tbody>
</table>

**Data Source & Location**

I-SMART - Problem Gambling Domain, Office of Problem Gambling Treatment and Prevention

http://www.idph.iowa.gov/igtp/reports

#### Strategy 6-1.1

**Develop Annual Targeted Health Promotion Plan/Strategy to drive call to action by Iowans who are struggling with gambling related behaviors or their loved ones.**

**Strategy Type**

Individual/interpersonal-focused

**Strategy Source & Location**

Iowa Department of Public Health, Office of Problem Gambling Treatment and Prevention, funded providers, and ZLR (contractor)

<table>
<thead>
<tr>
<th>Who’s Responsible</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office of Problem Gambling Treatment and Prevention, funded providers, and ZLR (contractor)</td>
<td>Jun 30, 2020</td>
</tr>
</tbody>
</table>
Mental Health, Illness & Suicide

**Strategy 6-1.2** COMPLETE: Release an RFP for an integrated call center.

<table>
<thead>
<tr>
<th>Strategy Type</th>
<th>Policy-focused</th>
</tr>
</thead>
</table>

**Strategy Source & Location**
Iowa Department of Public Health, Bureau of Substance Abuse, Office of Problem Gambling and Prevention. RFP will focus on Suicide Prevention, assistance for substance and gambling related issues, including value added services until decision to engage or not engage in services.

<table>
<thead>
<tr>
<th>Who's Responsible</th>
<th>Iowa Department of Public Health, Bureau of Substance Abuse, Office of Problem Gambling and Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target Date</strong></td>
<td>Feb 1, 2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Report Date</th>
<th>Feb 19, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Progress on Strategy</td>
<td>Complete</td>
</tr>
</tbody>
</table>

Progress notes: BETS OFF helpline and website merged with Your Life Iowa (YLI) as of 7/1/17, with YLI website going live on 10/23/17. [https://yourlif eiowa.org/](https://yourlif eiowa.org/)

Mental Health, Illness & Suicide

**Strategy 6-1.3** Annually, allocate a minimum 10% of the General Appropriation for Health Promotion activities.

<table>
<thead>
<tr>
<th>Strategy Type</th>
<th>Policy-focused</th>
</tr>
</thead>
</table>

**Strategy Source & Location**
Iowa Department of Public Health, Office of Problem Gambling and Prevention

<table>
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<tr>
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<th>Iowa Department of Public Health, Office of Problem Gambling and Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target Date</strong></td>
<td>June 30, 2020</td>
</tr>
</tbody>
</table>

Mental Health, Illness & Suicide

**Strategy 6-1.4** Ensure that each month a minimum of 85% of the "warm-hand-offs" attempted for problem gambling by the Your Life Iowa Call Center are successful.

<table>
<thead>
<tr>
<th>Strategy Type</th>
<th>Individual/interpersonal-focused</th>
</tr>
</thead>
</table>

**Strategy Source & Location**
Iowa Department of Public Health, Office of Problem Gambling and Prevention; Foundation 2 (Your Life Iowa contractor); IDPH funded problem gambling providers

<table>
<thead>
<tr>
<th>Who's Responsible</th>
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<tbody>
<tr>
<td><strong>Target Date</strong></td>
<td>Jun 30, 2020</td>
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</tbody>
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