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Introduction

What is Healthy Iowans?

Healthy Iowans 2017-2021, Iowa’s health improvement plan, sets the public health agenda for the next five years. Many organizations, advisory groups, and programs have contributed to the plan 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 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 of individuals, private and public groups; 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 (Appendix B). Throughout 2016, the Iowa Department of Public Health (IDPH) Bureau of Planning Services solicited public input, compiled recommendations, analyzed data, and performed gap analysis to identify the issues demanding attention over the next five years. Iowa’s top health issues that emerged from this assessment include the 3 following 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. Iowa’s Top Health Issues. 2016.

<table>
<thead>
<tr>
<th>Issue Rank</th>
<th>Issue Category: specific sub-issues mentioned in the assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td><strong>Obesity, Nutrition &amp; Physical Activity:</strong> 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><strong>Mental Health, Illness &amp; Suicide:</strong> 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><strong>Substance Abuse:</strong> alcohol &amp; binge drinking, prescription, illegal, &amp; other drugs</td>
</tr>
<tr>
<td>4.</td>
<td><strong>Tobacco/Nicotine Use:</strong> smoking &amp; other tobacco use</td>
</tr>
<tr>
<td>5.</td>
<td><strong>Transportation:</strong> transportation to health services &amp; to other daily activities</td>
</tr>
<tr>
<td>6.</td>
<td><strong>Water Quality:</strong> surface &amp; ground water/storm &amp; waste water</td>
</tr>
<tr>
<td>7.</td>
<td><strong>Cancer:</strong> all types, breast, &amp; colorectal</td>
</tr>
<tr>
<td>8.</td>
<td><strong>Diabetes:</strong> prevention, education, &amp; living with it</td>
</tr>
<tr>
<td>9.</td>
<td><strong>Lack of Oral Health/Dental Services:</strong> providers/facilities</td>
</tr>
<tr>
<td>10.</td>
<td><strong>Falls:</strong> prevention &amp; older adults</td>
</tr>
<tr>
<td>11.</td>
<td><strong>Adolescent Immunizations:</strong> recommended vaccines (Human papillomavirus [HPV] &amp; others)</td>
</tr>
<tr>
<td>12.</td>
<td><strong>Motor Vehicle Crashes:</strong> all, alcohol-related, &amp; rural</td>
</tr>
<tr>
<td>13.</td>
<td><strong>Disaster Preparedness:</strong> network infrastructure, planning, &amp; notification</td>
</tr>
<tr>
<td>14.</td>
<td><strong>Income/Poverty:</strong> all ages</td>
</tr>
<tr>
<td>15.</td>
<td><strong>Sexually Transmitted Diseases:</strong> chlamydia, gonorrhea, &amp; syphilis</td>
</tr>
<tr>
<td>16.</td>
<td><strong>Radon:</strong> awareness &amp; mitigation, rural</td>
</tr>
<tr>
<td>17.</td>
<td><strong>Adverse Childhood Experiences:</strong> foster care, juvenile detention rates, child abuse, domestic violence, &amp; trauma-informed care</td>
</tr>
<tr>
<td>18.</td>
<td><strong>Heart Disease:</strong> prevention &amp; living with it</td>
</tr>
<tr>
<td>19.</td>
<td><strong>Safe, Affordable Housing:</strong> dilapidated/nuisance properties &amp; affordability</td>
</tr>
<tr>
<td>20.</td>
<td><strong>Insurance Affordability &amp; Coverage:</strong> uninsured &amp; underinsured</td>
</tr>
<tr>
<td>21.</td>
<td><strong>Lack of Primary Care Services:</strong> providers/facilities</td>
</tr>
<tr>
<td>22.</td>
<td><strong>Flu Immunizations:</strong> all ages</td>
</tr>
<tr>
<td>23.</td>
<td><strong>Occupational &amp; Farm Safety:</strong> 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 (Appendix A) 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 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 have 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 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 affects diabetes, heart disease, and cancer. The interrelatedness of the top health issues will be depicted as the plan is revised.

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 and a list of the goals for each issue. Details for each health issue (Appendix A) include a list of counties with strategies in their community health improvement plans, goal statements, alignment with national, state, or other plans, 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 will be tracked, reported, and revisions made as needed. Developmental objectives (objectives that lack an accessible data source at the time of publication of this plan) will be placed on a data collection agenda for tracking purposes. Strategies will be updated annually to reflect the most current efforts to improve the health of Iowans. The process will culminate in a five-year progress report that will lay the groundwork for the continuous, focused effort to address new and continuing health issues from 2021 to 2025. Moreover, as coordinator of Healthy Iowans, the IDPH Bureau of Planning Services recommends sustained 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, and build on current efforts by setting new goals and objectives, and by implementing multiple strategies.
Acknowledgments

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, Appendix A lists the counties with goals, objectives, and strategies in their HIPs for each health issue in Healthy Iowans. We encourage contacting these 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, Table 2 is a list of organizations, programs, and advisory groups, along with their partners, that have committed to goals, objectives, and strategies they will undertake during the next five years.

Table 2. Healthy Iowans Contributors.

<table>
<thead>
<tr>
<th>Organization/Group Name</th>
<th>Iowa Department of Corrections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Living Iowa Committee</td>
<td>Iowa Department of Corrections</td>
</tr>
<tr>
<td>Advisory Council on Brain Injuries</td>
<td>Iowa Department of Education</td>
</tr>
<tr>
<td>Alzheimer’s Association</td>
<td>Iowa Department of Human Services - hawk-i</td>
</tr>
<tr>
<td>American Heart Association</td>
<td>Iowa Department of Natural Resources</td>
</tr>
<tr>
<td>American Lung Association</td>
<td>Iowa Department of Public Safety Governor’s Traffic Safety Bureau</td>
</tr>
<tr>
<td>American Stroke Association</td>
<td>Iowa Department of Transportation</td>
</tr>
<tr>
<td>Arthritis Foundation</td>
<td>Iowa Department on Aging</td>
</tr>
<tr>
<td>Clean Air for Everyone Iowa Citizen Action Network</td>
<td>Iowa Economic Development Authority</td>
</tr>
<tr>
<td>Center for Rural Health &amp; Primary Care Advisory Committee</td>
<td>Iowa Environmental Council</td>
</tr>
<tr>
<td>Child and Family Policy Center</td>
<td>Iowa Falls Prevention Coalition</td>
</tr>
<tr>
<td>Community HIV and Hepatitis Advocates of Iowa Network</td>
<td>Iowa Healthcare Collaborative</td>
</tr>
<tr>
<td>Delta Dental of Iowa Foundation</td>
<td>Iowa Healthiest State Initiative</td>
</tr>
<tr>
<td>Easter Seals of Iowa</td>
<td>Iowa Hospital Association</td>
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<tr>
<td>Family Planning Council of Iowa</td>
<td>Iowa Immunization Coalition</td>
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<tr>
<td>Healthier Iowa Coalition</td>
<td>Iowa KidSight</td>
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<tr>
<td>IDPH Brain Injury Program</td>
<td>Iowa Medicaid Enterprise</td>
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<td>IDPH Breastfeeding Program</td>
<td>Iowa Medical Society</td>
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<tr>
<td>IDPH Bureau of Chronic Disease &amp; Management</td>
<td>Iowa Million Hearts Initiative Partners</td>
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<td>IDPH Bureau of Emergency and Trauma Services</td>
<td>Iowa Nurses Association</td>
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<td>IDPH Bureau of Family Health</td>
<td>Iowa Office of the State Medical Examiner</td>
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<td>IDPH Bureau of Health Statistics</td>
<td>Iowa Pharmacy Association</td>
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<td>IDPH Bureau of HIV, STD, and Hepatitis</td>
<td>Iowa Primary Care Association</td>
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<td>IDPH Bureau of Nutrition and Health Promotion</td>
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<td>IDPH Bureau of Oral and Health Delivery Systems</td>
<td>Iowa Stroke Task Force</td>
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<td>IDPH Bureau of Substance Abuse</td>
<td>Iowa Tobacco Prevention Alliance</td>
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<td>IDPH Data Management Program</td>
<td>Iowa Water &amp; Land Legacy Coalition</td>
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<tr>
<td>Organization/Group Name</td>
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<tr>
<td>IDPH Division of Tobacco Use Prevention &amp; Control</td>
<td>ISU Extension and Outreach</td>
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<td>IDPH Health Information Network</td>
<td>Lions Clubs of Iowa</td>
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<td>IDPH Heart Disease and Stroke Prevention Program</td>
<td>Patient-Centered Health Advisory Council</td>
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<td>IDPH Immunization Program</td>
<td>Polk County Medical Society</td>
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<td>IDPH Occupational Health and Safety Surveillance Program</td>
<td>Prevent Child Abuse Iowa</td>
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<td>IDPH Office of Disability, Injury &amp; Violence Prevention</td>
<td>Public Health Advisory Council</td>
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<td>IDPH Office of Gambling Treatment and Prevention</td>
<td>State Hygienic Laboratory</td>
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<td>IDPH Suicide Prevention Program</td>
<td>State Innovation Model State Plan Work Groups</td>
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<td>IDPH Title V Child Health and Adolescent Health Program</td>
<td>Susan G. Komen Iowa</td>
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<tr>
<td>IDPH Trauma Informed Workgroup</td>
<td>University of Iowa Center for Health Effects of Environmental Contamination</td>
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<tr>
<td>Iowa Army National Guard</td>
<td>University of Iowa Child Health Specialty Clinics</td>
</tr>
<tr>
<td>Iowa Association of Business and Industry</td>
<td>University of Iowa Children’s Hospital Child Protection Program</td>
</tr>
<tr>
<td>Iowa Association of Health Physical Education Recreation and Dance</td>
<td>University of Children’s Hospital, Department of Ophthalmology &amp; Visual Sciences</td>
</tr>
<tr>
<td>Iowa Cancer Consortium</td>
<td>University of Iowa Division of Child and Community Health</td>
</tr>
<tr>
<td>Iowa Caregivers</td>
<td>University of Northern Iowa Center for Energy &amp; Environmental Education</td>
</tr>
<tr>
<td>Iowa Department of Administrative Services</td>
<td>Wellmark Blue Cross &amp; Blue Shield</td>
</tr>
</tbody>
</table>

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Health Equity/Social Determinants of Health

What Health Issues Are Included

Health Equity & the Social Determinants of Health
Safe, Affordable Housing
Income/Poverty

Goals

Health Equity & the Social Determinants of Health

Goal 1. Address health access and barriers in rural and agricultural communities.
Goal 2. Continue to promote and support efforts to address social determinants of health.
Goal 3. Ensure that Federally Qualified Health Center patients receive an assessment that includes socioeconomic factors affecting their health.
Goal 4. Assure access to high quality family planning services for low-income Iowans.
Goal 5. Increase health equity and quality of life for people with disabilities.
Goal 6. Improve health equity among Iowans in low and moderate-income communities by increasing access to healthy foods.
Goal 7. Reduce arthritis-related disparities in health and health care.
Goal 8. Reduce HIV-related disparities and health inequities.
Goal 9. Increase access to care and improve health outcomes for persons living with HIV.
Goal 10. Increase health literacy among Iowans.
Goal 12. Continue to provide specialty care to Iowans 200% below poverty level through the Polk County Medical Society Volunteer Physician Network Program.

Safe, Affordable Housing

Goal 1. 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.

Objectives & Strategies

See Appendix A.

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Life Course

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

Goals
- **Goal 1.** Assure that children have a healthy start.
- **Goal 2.** Protect child health and water quality through pesticide reduction.
- **Goal 3.** Address all aspects of transition to adulthood for youth with special health care needs through transition planning.
- **Goal 4.** Increase awareness about Alzheimer's disease and the importance of early detection to increase early detection.

Objectives & Strategies
See Appendix A.
Health System Improvement

What Health Issues Are Included

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

Goals

Health System Improvement & Evidence-Based Decision Making
Goal 1. Increase person and family engagement in decision-making.
Goal 2. Improve care provided by critical access hospitals and emergency medical service providers to patients presenting with sudden cardiac arrest.
Goal 3. Increase the use of standardized methods to assess the development of young children.
Goal 4. Increase the percentage of Iowa school districts and accredited non-public schools with concussion management protocol supporting students returning to the classroom following concussion.
Goal 5. Improve the quality of cause of death data collected on mortality records.
Goal 6. Assure equitable public health services across the state.
Goal 7. Use data governance to ensure consistent practices at the Iowa Department of Public Health related to data.
Goal 8. 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.
Goal 9. Integrate services for Children and Youth with Special Health Care Needs.
Goal 11. Increase participation in all services of the Iowa Health Information Network to create a complete network for health information exchange.
Goal 12. Develop, sustain, and enhance laboratory-testing capabilities to detect and confirm novel antimicrobial resistance mechanisms to prevent transmission of difficult-to-treat pathogens.
Goal 13. Increase the laboratory workforce in Iowa to meet future demands.

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

Lack of Primary Care Services
Goal 1. Coordinate care for children and youth with special health care needs through a medical home.
Goal 2. Increase in the number of young children who receive a vision screening.
Goal 3. Improve access to preventive care and chronic care management services through pharmacists in Iowa communities.
Goal 4. Ensure a stable health and long-term care direct care workforce prepared to provide quality care and support to Iowans.

Objectives & Strategies
See Appendix A.
Acute Disease

What Health Issues Are Included
Adolescent Immunizations
Flu Immunizations

Goals

Adolescent Immunizations
Goal 1. Increase the number of adolescents 13 to 17 years of age who have received human papillomaviruses (HPV) vaccine.
Goal 2. Increase the number of adolescents in 7th and 12th grades who receive meningococcal vaccine.
Goal 3. Increase adolescent immunization rates by increasing access to adolescent vaccines administered by pharmacists.

Flu Immunizations
Goal 1. Increase the number of health care workers who receive the influenza vaccine annually.
Goal 2. Increase influenza vaccinations in adults 65 years of age and older.

Objectives & Strategies
See Appendix A.
Addictive Behaviors

What Health Issues Are Included
Substance Abuse
Tobacco/Nicotine Use

Goals

Substance Abuse
Goal 1. Decrease opioid-related overdoses/deaths.
Goal 2. Increase the availability of opioid reversal agents for patients at pharmacies across the state.
Goal 3. At the local level, share resources and education with multiple stakeholders addressing their issues of substance abuse.
Goal 4. Reduce excessive and disordered use of alcohol and other drugs, through prevention, treatment, and recovery supports.
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 through urinalysis testing at the unit level, substance abuse screening, and prevention education/training.

Tobacco/Nicotine Use
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.

Objectives & Strategies
See Appendix A.
Chronic Disease

What Health Issues Are Included

Cancer
Diabetes
Heart Disease

Goals

Cancer
Goal 1. Increase colorectal cancer screening rates in Iowa.
Goal 3. Follow nationally recognized guidelines to increase vaccination rates for all vaccines demonstrated to reduce the risk of cancer.
Goal 4. Increase protective behaviors from sun/ultraviolet exposure.
Goal 5. Decrease late stage breast cancer diagnoses to reduce deaths due to breast cancer.
Goal 6. Increase the percentage of Iowa women receiving breast cancer and cervical cancer screening.

Diabetes
Goal 1. Prevent diabetes from occurring in Iowans.
Goal 2. Reduce the complications of type 2 diabetes.

Heart Disease
Goal 1. Decrease the rate of coronary heart disease as the primary cause of death.
Goal 2. Achieve a 75% blood pressure control rate at the Federally Qualified Health Centers.

Objectives & Strategies

See Appendix A.
Disaster Preparedness

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

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

Objectives & Strategies
See Appendix A.
Environmental Health

What Health Issues Are Included

Water Quality
Radon

Goals

Water Quality

Goal 1. Ensure a healthy and safe environment for work and play.
Goal 2. Provide clean water to Iowa citizens and reduce health risks by eliminating contaminants.
Goal 3. Ensure that Iowans using private wells for water supply have a safe water supply.
Goal 4. Develop a public health workforce that is knowledgeable about the intersection of water quality and health.
Goal 5. 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.

Radon

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

Objectives & Strategies

See Appendix A

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Healthy Living

What Health Issues Are Included

Obesity, Nutrition, & Physical Activity
Lack of Oral Health/Dental Services
Sexually Transmitted Diseases

Goals

Obesity, Nutrition & Physical Activity

Goal 1. Increase the number of Iowans living active and healthy lifestyles.
Goal 2. Reduce the number of Iowa children, youth, and adults who are obese.
Goal 3. Improve access to nutritious meals, including access to fresh produce, for older Iowans ultimately empowering them to stay active and healthy.
Goal 4. During the summer when school is not in session, increase the availability of meals for children.
Goal 5. At a minimum, maintain the current level of participation in the Healthy Opportunities State employee wellness program.
Goal 6. Increase fruit and vegetable consumption among low-income Iowans.
Goal 7. Increase breastfeeding rates.
Goal 8. Increase the percentage of Iowans who engage in the recommended amounts of physical activity.
Goal 9. Improve the healthy weight status of all Iowans by creating supportive policy, systems, or environments for healthy eating and physical activity.
Goal 10. Reduce the total number of Iowa Army National Guard soldiers flagged for not meeting the Army physical fitness standards, creating a healthier and ready force.

Lack of Oral Health/Dental Services

Goal 1. All Iowans will have access to optimally fluoridated water.
Goal 2. By 2020, assure optimal oral health for aging Iowans.
Goal 3. Iowans will have improved access to preventive oral health services through I-Smile™ Program expansion.

Sexually Transmitted Diseases

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

Objectives & Strategies

See Appendix A.
Injury & Violence

What Health Issues Are Included

Falls
Motor Vehicle Crashes
Adverse Childhood Experiences (ACES)/Trauma Informed Care
Occupational & Farm Safety

Goals

Falls
Goal 1. Decrease patient falls in the healthcare setting.
Goal 2. Reduce falls in the elderly population.
Goal 3. Reduce injuries and deaths from falls by expanding the availability of evidence-based programs.

Motor Vehicle Crashes
Goal 1. Increase traffic safety.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care
Goal 1. Reduce the number of Iowa children reporting risk factors associated with adverse childhood experiences.
Goal 2. Build capacity at the local and state levels to recognize and respond to trauma\(^1\) across the lifespan.
Goal 3. Assure that children and their caretakers affected by adverse childhood experiences receive relevant services.

Occupational & Farm Safety
Goal 1. By 2020, reduce deaths from work-related injuries.

Objectives & Strategies

See Appendix A.

\(^1\) 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.
Mental Health, Illness, & Suicide

What Health Issues Are Included

Mental Health, Illness, & Suicide

Goals

Mental Health, Illness, & Suicide

Goal 1. Prevent suicide deaths.
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.
Goal 3. Increase access to behavioral health services across the continuum.
Goal 4. Educate pharmacists to provide services to evaluate mental health pharmacotherapy and make referrals as appropriate.
Goal 5. Reduce the use of prisons in Iowa to house individuals with chronic mental health issues.
Goal 6. Improve state employees' health and wellbeing.
Goal 7. By 2020, increase the number of Iowans who receive problem gambling treatment.

Objectives & Strategies

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

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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: http://idph.iowa.gov/chnahip/health-improvement-plans

---

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

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

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 Social Determinants of Health <a href="https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health">link</a></td>
<td>N/A</td>
</tr>
</tbody>
</table>
Health Equity & the Social Determinants of Health

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>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

Heath Equity & the Social Determinants of Health

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](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 State / Other Plans: Iowa Social Determinants of Health Statewide Strategy Plan (in development) [http://idph.iowa.gov/SIM](http://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>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.

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, 2017

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


Alignment with State / Other Plans: Iowa Social Determinants of Health Statewide Strategy Plan (in development) [http://idph.iowa.gov/SIM](http://idph.iowa.gov/SIM)
**Goal #4**  Assure access to high quality family planning services for low-income Iowans.

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020, Family Planning <a href="https://www.healthypeople.gov/2020/topics-objectives/topic/family-planning">https://www.healthypeople.gov/2020/topics-objectives/topic/family-planning</a></td>
<td>N/A</td>
</tr>
</tbody>
</table>

**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.

<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>31,000</td>
<td>2021</td>
<td>32,553</td>
</tr>
</tbody>
</table>

**Data Source & Location**  Family Planning Annual Report [https://fpar.opa.hhs.gov/Public/ReportsAndForms](https://fpar.opa.hhs.gov/Public/ReportsAndForms)

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

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
</table>

**Strategy Type**

- Professional/provider-focused
- Individual/interpersonal-focused

**Strategy 4.1.1**  As required by the Federal Title X, provide culturally sensitive and age-appropriate outreach to make individuals aware of where, when, and how they can access family planning services in their community.

**Strategy Source & Location**


**Who’s Responsible**  Iowa Department of Health and the Family Planning Council of Iowa

**Target Date**  Jan 1, 2021
### Objective 5-1
Increase the percentage of public health staff exhibiting cultural competency for disability.

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>2016</td>
<td>Baseline</td>
<td>Unknown</td>
</tr>
<tr>
<td>Target</td>
<td>2021</td>
<td>Target</td>
<td>85%</td>
</tr>
</tbody>
</table>

**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.

### 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.
[http://www.aucd.org/docs/Competencies%20Draft%20_VERSION%201.8_updated%203.3.16.pdf](http://www.aucd.org/docs/Competencies%20Draft%20_VERSION%201.8_updated%203.3.16.pdf)

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

**Target Date:** Dec 31, 2017

### Objective 5-2
Increase the proportion of people with disabilities who report doing physical activity or exercise during the past 30 days other than their regular job.

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>2014</td>
<td>Baseline</td>
<td>63.8%</td>
</tr>
<tr>
<td>Target</td>
<td>2018</td>
<td>Target</td>
<td>70%</td>
</tr>
</tbody>
</table>

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

### Strategy 5-2.1
Identify and distribute health risk factor knowledge awareness training materials.

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

**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, 2017

### Strategy 5-2.2
Develop Iowa disability service organization capacity using the Easter Seals Iowa WE wellness empowerment model.

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

**Strategy Source & Location:**
Iowa Department of Public Health Improving the Health of People with Disabilities grant work plan.
<table>
<thead>
<tr>
<th>Health Equity &amp; the Social Determinants of Health</th>
<th>Who’s Responsible</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy 5-2.3</strong></td>
<td>University of Iowa Center for Disabilities and Development and Easter Seals Iowa</td>
<td>Dec 31, 2017</td>
</tr>
<tr>
<td><strong>Strategy Type</strong></td>
<td>Professional/provider-focused</td>
<td></td>
</tr>
<tr>
<td><strong>Strategy Source &amp; Location</strong></td>
<td>Iowa Department of Public Health Improving the Health of People with Disabilities grant work plan.</td>
<td></td>
</tr>
</tbody>
</table>

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

**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)

<table>
<thead>
<tr>
<th>Health Equity &amp; the Social Determinants of Health</th>
<th>Who’s Responsible</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy 5-3.1</strong></td>
<td>Easter Seals Iowa health and wellness committee</td>
<td>Jan 1, 2018</td>
</tr>
<tr>
<td><strong>Strategy Type</strong></td>
<td>Community-focused</td>
<td></td>
</tr>
<tr>
<td><strong>Strategy Source &amp; Location</strong></td>
<td>Easter Seals Iowa (unpublished)</td>
<td></td>
</tr>
</tbody>
</table>

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

**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)

<table>
<thead>
<tr>
<th>Health Equity &amp; the Social Determinants of Health</th>
<th>Who’s Responsible</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy 5-4.1</strong></td>
<td>Wellness Coordinator, Easter Seals Iowa</td>
<td>Jan 1, 2018</td>
</tr>
<tr>
<td><strong>Strategy Type</strong></td>
<td>Individual/interpersonal-focused</td>
<td></td>
</tr>
<tr>
<td><strong>Strategy Source &amp; Location</strong></td>
<td>Easter Seals Iowa (unpublished)</td>
<td></td>
</tr>
</tbody>
</table>

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

**Strategy 5-4.2**

*Develop and/or strengthen community partnerships to increase awareness.*

**Strategy Type**

Community-focused

<table>
<thead>
<tr>
<th>Health Equity &amp; the Social Determinants of Health</th>
<th>Who’s Responsible</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy 5-4.2</strong></td>
<td>Wellness Coordinator, Easter Seals Iowa</td>
<td>Jan 1, 2018</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Objective 6-1</th>
<th>Secure public funding to create or expand healthy food financing initiatives to increase the number of healthy food retail outlets in under-served communities.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline Year</td>
<td>2016</td>
</tr>
<tr>
<td>Data Source &amp; Location</td>
<td>To be developed.</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Strategy Source &amp; Location</th>
<th>ChangeLab Solutions. Health on the Shelf</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><a href="http://www.changelabsolutions.org/publications/health-on-the-shelf">http://www.changelabsolutions.org/publications/health-on-the-shelf</a></td>
</tr>
</tbody>
</table>

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  
http://thefoodtrust.org/what-we-do/administrative/healthy-corner-stores-network

The Food Trust. Moving From Policy to Implementation  

Who’s Responsible  
Healthier Iowa Coalition, American Heart Association, Healthiest State Initiative  
Target Date  
07/01/2020

Goal #7  Reduce arthritis-related disparities in health and health care.
### Health Equity & the Social Determinants of Health

#### Objective 7-1
Increase prevention and treatment efforts that focus on rural and ethnic/minority at-risk populations with arthritis.

<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>TBD</td>
</tr>
</tbody>
</table>

Data Source & Location: To be developed

#### Strategy 7-1.1
Create guidance and information hubs to assist rural and ethnic/minority individuals with arthritis find resources and appropriate care.

**Strategy Type**
Individual/interpersonal-focused

**Strategy Source & Location**
Arthritis Foundation Strategic Plan

Who’s Responsible
Arthritis Foundation

Target Date
Dec 31, 2021

### Health Equity & the Social Determinants of Health

#### Goal #8
Reduce HIV-related disparities and health inequities.

**Alignment with National Plans**
- National HIV/AIDS Strategy
  [https://www.aids.gov/federal-resources/national-hiv-aids-strategy/overview/](https://www.aids.gov/federal-resources/national-hiv-aids-strategy/overview/)
- 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)

#### 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 Type**
Individual/interpersonal-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 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>
**Health Equity & the Social Determinants of Health**

**Goal #9**  
Increase access to care and improve health outcomes for persons living with HIV (PLWH).

**Alignment with National Plans**
- National HIV/AIDS Strategy
  https://www.aids.gov/federal-resources/national-hiv-aids-strategy/overview/
- 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/hivstdhep/hiv

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

**Baseline**
- Year: 2015
- Value: 76%

**Target**
- Year: 2021
- Value: 90%

**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%.

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

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

#### Alignment with National Plans
- National Action Plan to Improve Health Literacy
- CMS Person and Family Engagement Strategy
- Healthy People 2020, Health Communication and Health Information Technology (HC/HIT) Objective 1

#### Alignment with State / Other Plans
- State Innovation Model, Statewide Strategy Plans
- Iowa Person and Family Engagement
- Iowa Care Coordination
- Iowa 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>TBD</td>
<td>2021</td>
<td>5% increase</td>
</tr>
</tbody>
</table>
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.  
Strategic 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

**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.  
Strategic 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

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Health Equity & the Social Determinants of Health

Goal #11  
Reduce African-American infant mortality rate.

Alignment with National Plans


Alignment with State / Other Plans

| N/A |

---

Objective 11-1  
Reduce mortality rate in African-American Infants from 8.8 to 6.0 by 2021.

<table>
<thead>
<tr>
<th>Data Source &amp; Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iowa Department of Public Health, Bureau of Health Statistics, Vital Statistics of Iowa, Table 4B</td>
</tr>
</tbody>
</table>

Baseline

<table>
<thead>
<tr>
<th>Year</th>
<th>Baseline Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>8.8</td>
</tr>
</tbody>
</table>

Target

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

---

Strategy 11-1.1  
Increase safe sleep education of new parents through education of child care providers on safe sleep.  
Strategic 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 11-1.2** 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](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](http://idph.iowa.gov/family-health/resources)

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

**Target Date**  
Jan 1, 2021

---

**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  
[https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services](https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services)

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

**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>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>2,400</td>
<td>2017</td>
<td>2,400</td>
</tr>
</tbody>
</table>

**Data Source & Location**  
Polk County Medical Society (unpublished report)

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

**Strategy Source & Location**  
Polk County Medical Society

**Who's Responsible**  
Polk County Medical Society

**Target Date**  

**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: [http://idph.iowa.gov/chnahip/health-improvement-plans](http://idph.iowa.gov/chnahip/health-improvement-plans)

### Safe, Affordable Housing

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

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020, Social Determinants of Health</td>
<td>State of Iowa Consolidated Plan for Housing and Community Development</td>
</tr>
</tbody>
</table>

#### 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>

**Data Source & Location**
State of Iowa Consolidated Plan for Housing & Community Development Consolidated Annual Performance Report (CAPER) Program Year 2015

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

**Strategy Type**
Demographic/socioeconomic-focused

**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

#### 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 Program Year 2015

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

**Strategy Type**
Demographic/socioeconomic-focused

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

**Who’s Responsible**
Iowa Economic Development Authority and communities receiving funding

**Target Date**
Jan 1, 2019
### Income/Poverty

#### Goal #1

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

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
</table>

#### Objective 1-1

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

<table>
<thead>
<tr>
<th>Data Source &amp; Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

#### Strategy 1-1.1

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

<table>
<thead>
<tr>
<th>Strategy Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategy Source &amp; Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Who’s Responsible</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Iowans</td>
<td>March 2017</td>
</tr>
</tbody>
</table>
Iowa Counties with Local Strategies

- Benton (vaccination of 2-year olds)
- Buchanan (asthma among youth, childhood lead testing, adult vaccination, vaccination of 2-year olds)
- Calhoun (chronic disease prevention in all age groups, youth/adult smoking & alcohol use, unintentional injury rates for adults/children, immunization & infectious disease, medical homes)
- Carroll (fall prevention in older adults & those with disabilities)
- Cerro Gordo (aging in place, asthma ages 5-64)
- Clinton (teenage pregnancy)
- Davis (senior care option & teen health),
- Delaware (vaccination of 19-35-month olds, pneumonia vaccination for 65+)
- Des Moines (violence prevention for youth)
- Fayette (resources for parents)
- Floyd (resources for parents)
- Greene (First Five program, low birthweight infants, teen births, access to elderly care, access to affordable child care)
- Hardin (lead screenings for children ages 6 & under)
- Henry (vaccination of 19-35-month olds)
- Howard (family wellness)
- Iowa (immunization rate of 24-month olds)
- Keokuk (home care for elderly, frail residents)
- Marshall (teenage pregnancy)
- Mills (positive parenting)
- Muscatine (early child development teenage births)
- Palo Alto (vaccination of 24-month olds)
- Pottawattamie (teenage pregnancy)
- Ringgold (prenatal care)
- Scott (school wellness policy)
- Taylor (children’s immunization and older adults with disabilities)
- Van Buren (elderly services, prenatal care, well baby visits, lead screening for children ages 6 & under, immunization rates of 24-month olds)
- Wayne (preventive services for residents 50 & older)
- Webster (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)
- Winnebago (physical activity for older adults & those with physical limitations)
- Woodbury (dental screening for kindergartners)
- Worth (supportive in-home services for elders)

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: [http://idph.iowa.gov/chnahip/health-improvement-plans](http://idph.iowa.gov/chnahip/health-improvement-plans)

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

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020, Family Planning <a href="https://www.healthypeople.gov/2020/topics-objectives/topic/family-planning">https://www.healthypeople.gov/2020/topics-objectives/topic/family-planning</a></td>
<td>N/A</td>
</tr>
</tbody>
</table>
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%.

Baseline
Year 2014
Baseline Value 33.4%
Target Year 2021
Target Value 30%

Data Source & Location Iowa Department of Public Health, Vital Records special data request.

Strategy 1-1.1
By 2017, 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

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

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.

Baseline Year 2016
Baseline Value 10
Target Year 2021
Target Value 100

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

Strategy 2-1.1
Launch a statewide public education campaign to reduce children’s exposure to lawn pesticides (herbicides, insecticides, 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
Goal #3  Address all aspects of transition to adulthood for youth with special health care needs through transition planning.

Alignment with National Plans

<table>
<thead>
<tr>
<th>Title V National Priority Measure</th>
<th>Iowa Title V CYSHCN Program Goal</th>
</tr>
</thead>
</table>

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

Objective 3-1  By 2020, complete a transition readiness assessment and comprehensive plan of care, including a medical summary and emergency care plan beginning by age 14 for 60% of youth with special health care needs (YSHCN).

<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: Chart reviews (unpublished)

Strategy 3-1.1  In collaboration with YSHCN and family members, identify transition tools that appeal to youth and families of all cultures and 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>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>1</td>
</tr>
</tbody>
</table>

Data Source: 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

Objective 3-3  Create a comprehensive, regionally-based resource directory of transition services for YSHCN.

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

Data Source: Child Health Specialty Clinics, University of Iowa Division of Child and Community Health Transition Workgroup
**Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle, and Older Adulthood**

### Strategy 3-3.1

Document transition resources available for YSHCN in their communities in the web portal to be created through the Systems Integration Grant (SIG) and Regional Autism Assistance Program (RAP), including resources on shared decision-making, self-advocacy, and the inclusion of health in specialized education plans.

**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.

### Objective 4-1

Increase the Medicare Annual Wellness visits which include an assessment of cognitive function.

<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>58,392</td>
<td>2021</td>
<td>116,784</td>
</tr>
</tbody>
</table>

**Data Source & Location**

CMS tracks the number of Medicare eligible Iowans who have use the Annual Wellness Visit and received a cognitive screen. [https://www.cms.gov/outreach-and-education/outreach/cmsnewmedia/preventive.html](https://www.cms.gov/outreach-and-education/outreach/cmsnewmedia/preventive.html)

### 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 Source & Location**

Alzheimer’s Association website [http://www.alz.org/greateriowa/](http://www.alz.org/greateriowa/)

**Who’s Responsible**

Alzheimer’s Association

**Target Date**

Dec 31, 2018

---

### 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</td>
<td>2021</td>
<td>1,500</td>
</tr>
</tbody>
</table>

**Data Source & Location**


### 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 Source & Location**

Healthy Iowans   March 2017
Health System Improvement

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: http://idph.iowa.gov/chnahip/health-improvement-plans

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

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Iowa Care Coordination <a href="https://idph.iowa.gov/SIM">https://idph.iowa.gov/SIM</a></td>
</tr>
</tbody>
</table>

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

<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>41.5</td>
<td>2018</td>
<td>50</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Strategy Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional/provider-focused</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategy Source &amp; Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iowa Healthcare Collaborative HIIN program strategy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Who’s Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iowa Healthcare Collaborative</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sep 29, 2018</td>
</tr>
</tbody>
</table>

Goal #2  Improve care provided by critical access hospitals and emergency medical service providers to patients presenting with sudden cardiac arrest (SCA).

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
</table>

Healthy Iowans  March 2017
### 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>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

### 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:** 12/31/2019

### Objective 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>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</td>
</tr>
</tbody>
</table>

**Data Source & Location:** Bureau of Emergency and Trauma Services spreadsheet

### 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

### Objective 2-3

**Improve data systems to track the equipment and report usage and performance of the equipment.**

<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>2019</td>
<td>1</td>
</tr>
</tbody>
</table>

**Data Source & Location:** Iowa Department of Public Health, Bureau of Emergency and Trauma Services

### Strategy 2.3.1

**Continue to improve on process to track usage and number of lives saved while using the devices.**

**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
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>Objective 3-1</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline Year</td>
<td>2012</td>
</tr>
<tr>
<td>Target Year</td>
<td>2021</td>
</tr>
</tbody>
</table>

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

Health System Improvement & Evidence-Based Decision Making

Objective 3-1  Bureau of Family Health will promote parent and caregiver awareness of developmental screening.

<table>
<thead>
<tr>
<th>Strategy Type</th>
<th>Individual/interpersonal-focused</th>
</tr>
</thead>
</table>

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

Who's Responsible: Iowa Department of Public Health, Bureau of Family Health

Target Date: July 1, 2017

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>Objective 4-1</th>
<th>By 2018, 25% of school districts will have a concussion management protocol for supporting students returning to the classroom following concussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline Year</td>
<td>2017</td>
</tr>
<tr>
<td>Target Year</td>
<td>2018</td>
</tr>
</tbody>
</table>

Data Source & Location: To be developed.

Health System Improvement & Evidence-Based Decision Making

Objective 4-1  By June 2017, develop and conduct a baseline survey for school districts and accredited non-public schools to determine whether or not they have a protocol in place.

<table>
<thead>
<tr>
<th>Strategy Type</th>
<th>Professional/provider-focused</th>
</tr>
</thead>
</table>

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

Who's Responsible: Iowa Department of Public Health, Brain Injury Program

Target Date: Aug 1, 2017

Health System Improvement & Evidence-Based Decision Making

Objective 4-1  By August 2017, concussion management guidelines will be drafted and distributed to all Iowa school districts and accredited non-public schools.

<table>
<thead>
<tr>
<th>Strategy Type</th>
<th>Professional/provider-focused</th>
</tr>
</thead>
</table>

Healthy Iowans  March 2017
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

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

Target Date
Aug 1, 2017

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

Target Date
Jun 30, 2018

Strategy 4-1.3 Through June 2018, 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

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

Target Date
Jun 30, 2018

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

Target Date
Apr 1, 2018

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

Alignment with State / Other Plans
CDC Technical Grant

Baseline Year | Baseline Value | Target Year | Target Value
--- | --- | --- | ---
2015 | 1.0% | 2018 | 0.3%

Baseline Year | Baseline Value | Target Year | Target Value
--- | --- | --- | ---
2015 | 5.825% | 2018 | 5%

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

Strategy 5-1.1 Create an on-line training module for deaths certifiers.

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

Health System Improvement & Evidence-Based Decision Making

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.

Baseline Year | Baseline Value | Target Year | Target Value
--- | --- | --- | ---
2015 | 5.825% | 2018 | 5%

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 on-line training module for deaths certifiers.

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

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.

Baseline Year 2015 Baseline Value 0.91% Target Year 2018 Target Value 0.3%

Data Source & Location

Iowa Department of Public Health, Bureau of Health Statistics

Health System Improvement & Evidence-Based Decision Making

Strategy 5-3.1 Create an on-line training module for deaths certifiers.

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

Health System Improvement & Evidence-Based Decision Making

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

Healthy Iowans March 2017
### Health System Improvement & Evidence-Based Decision Making

#### Goal 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 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

#### Goal 7

**Use data governance to ensure consistent practices at the Iowa Department of Public Health related to data.**

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
</table>

#### Objective 7-1

**Improve the cycle time from request to data sharing for Iowa Department of Public Health Data Sharing Agreements (DSAs) and Research Agreements (RAs).**

<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>54 days</td>
<td>2018</td>
<td>30 days</td>
</tr>
</tbody>
</table>

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

#### Strategy 7-1.1

**Conduct a quality improvement project to review the data sharing process and identify areas for improvement.**

**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

#### 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.**

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
</table>

#### Objective 8-1

**Increase the number of new DSAs by 10 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>76</td>
<td>2020</td>
<td>116</td>
</tr>
</tbody>
</table>

**Data Source & Location**
Iowa Department of Public Health, Data Management Program
<table>
<thead>
<tr>
<th>Health System Improvement &amp; Evidence-Based Decision Making</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy 8-1.1</strong> Educate Iowa Department of Public Health staff on the need for DSAs for data sharing through trainings and bureau meeting presentations.</td>
</tr>
<tr>
<td><strong>Strategy Type</strong> Professional/provider-focused</td>
</tr>
<tr>
<td><strong>Strategy Source &amp; Location</strong> Iowa Department of Public Health, Data Management Program</td>
</tr>
<tr>
<td><strong>Who’s Responsible</strong> Iowa Department of Public Health, Data Management Program</td>
</tr>
<tr>
<td><strong>Target Date</strong> Dec 31, 2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health System Improvement &amp; Evidence-Based Decision Making</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy 8-1.2</strong> 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.</td>
</tr>
<tr>
<td><strong>Strategy Type</strong> Professional/provider-focused</td>
</tr>
<tr>
<td><strong>Strategy Source &amp; Location</strong> Iowa Department of Public Health, Data Management Program</td>
</tr>
<tr>
<td><strong>Who’s Responsible</strong> Iowa Department of Public Health, Data Management Program</td>
</tr>
<tr>
<td><strong>Target Date</strong> Dec 31, 2020</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health System Improvement &amp; Evidence-Based Decision Making</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal #9</strong> Integrate services for Children and Youth with Special Health Care Needs (CYSHCN).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title V State Priority Measure</td>
<td>Iowa Title V CYSHCN Program Goal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health System Improvement &amp; Evidence-Based Decision Making</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 9-1</strong> 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.</td>
</tr>
<tr>
<td><strong>Baseline</strong> Year</td>
</tr>
<tr>
<td>------------------</td>
</tr>
<tr>
<td>2015</td>
</tr>
</tbody>
</table>

| Data Source & Location | National Survey of Children's Health, Quality of Care Composite [http://www.census.gov/programs-surveys/nsch.html](http://www.census.gov/programs-surveys/nsch.html) |

<table>
<thead>
<tr>
<th>Health System Improvement &amp; Evidence-Based Decision Making</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy 9-1.1</strong> 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.</td>
</tr>
<tr>
<td><strong>Strategy Type</strong> Professional/provider-focused</td>
</tr>
<tr>
<td><strong>Strategy Source &amp; Location</strong> Iowa Title V Maternal and Child Health State Action Plan, 2016. <a href="https://mchbtvis.hrsa.gov/Print/StateActionPlanTable/556e4c7f-a47f-4a72-938c-3e24b58034d6">https://mchbtvis.hrsa.gov/Print/StateActionPlanTable/556e4c7f-a47f-4a72-938c-3e24b58034d6</a></td>
</tr>
<tr>
<td><strong>Who’s Responsible</strong> Child Health Specialty Clinics, Division of Child and Community Health Integration Strategy Team</td>
</tr>
<tr>
<td><strong>Target Date</strong> Jan 1, 2020</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health System Improvement &amp; Evidence-Based Decision Making</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 9-2</strong> By 2020, increase the percent of CYSHCN that report having access at the community level to pediatric specialty and ancillary therapies and other follow-up services needed for CYSHCN.</td>
</tr>
<tr>
<td><strong>Baseline</strong> Year</td>
</tr>
<tr>
<td>------------------</td>
</tr>
<tr>
<td>2015</td>
</tr>
</tbody>
</table>

| Data Source & Location | National Survey of Children's Health, Quality of Care Composite [http://www.census.gov/programs-surveys/nsch.html](http://www.census.gov/programs-surveys/nsch.html) |

Healthy Iowans   March 2017   Page 45 of 158
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.

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

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

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

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

Baseline Year  Baseline Value  Target Year  Target Value
2016  16,159  2020  23,658

Data Source & Location
Piwik Web Analytics - annual report, page views sum for PHT and PHT_Secure
*Note* Baseline value for Jan1-Nov18, 2016. Need to update at end of year and to calculate target value.

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.

Baseline Year  Baseline Value  Target Year  Target Value
2016  14  2020  18

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

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

**Strategy 10-2.2**
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.

**Target Date**
Oct 31, 2017

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

---

Health System Improvement & Evidence-Based Decision Making

**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>Baseline 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

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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.

**Target Date**
Dec 31, 2018

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

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Health System Improvement & Evidence-Based Decision Making

**Strategy 10-3.2**
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.

**Target Date**
Dec 31, 2020

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

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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
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>Data Source &amp; Location</th>
<th>IHIN Executive Summary</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Objective 11-1</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline Year</td>
<td>2016</td>
</tr>
<tr>
<td>Baseline Value</td>
<td>178</td>
</tr>
<tr>
<td>Target Year</td>
<td>2018</td>
</tr>
<tr>
<td>Target Value</td>
<td>225</td>
</tr>
</tbody>
</table>

**Strategy 11-1.1**
Connect all hospitals for submission of ADTs to the alert engine for ER/Admit/Discharge/Transfer.

<table>
<thead>
<tr>
<th>Strategy Type</th>
<th>Professional/provider-focused</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy Source &amp; Location</td>
<td>Event notification (alerting) is part of the Statewide Innovation Model grant program plan. <a href="https://dhs.iowa.gov/ime/about/initiatives/newSIMhome">https://dhs.iowa.gov/ime/about/initiatives/newSIMhome</a></td>
</tr>
<tr>
<td>Who's Responsible</td>
<td>Iowa Department of Public Health, Iowa Health Information Network Team</td>
</tr>
<tr>
<td>Target Date</td>
<td>Feb 1, 2019</td>
</tr>
</tbody>
</table>

**Strategy 11-1.2**
Increase providers connected to query function of the IHIN by leveraging EHR vendors.

<table>
<thead>
<tr>
<th>Strategy Type</th>
<th>Professional/provider-focused</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy Source &amp; Location</td>
<td>Iowa Health Information Network Strategic and Operational Plan</td>
</tr>
<tr>
<td>Who's Responsible</td>
<td>Iowa Department of Public Health, Iowa Health Information Network Team</td>
</tr>
<tr>
<td>Target Date</td>
<td>Dec 29, 2017</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Cooperative Agreement - Antimicrobial-resistant bacteria <a href="https://www.cdc.gov/ncezid/dpei/epidemiology-laboratory-capacity.html">https://www.cdc.gov/ncezid/dpei/epidemiology-laboratory-capacity.html</a></td>
</tr>
</tbody>
</table>

|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------|

**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>Data Source &amp; Location</th>
<th>Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Grant, Iowa Department of Public Health Contract #5887EL23</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Objective 12-1</th>
<th>Develop, sustain, and enhance laboratory testing capabilities to detect and confirm novel anti-microbial resistance mechanisms to prevent transmission of difficult-to-treat pathogens.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline Year</td>
<td>2016</td>
</tr>
<tr>
<td>Baseline Value</td>
<td>0</td>
</tr>
<tr>
<td>Target Year</td>
<td>2020</td>
</tr>
<tr>
<td>Target Value</td>
<td>1</td>
</tr>
</tbody>
</table>
### 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

### 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](https://www.cdc.gov/drugresistance/biggest_threats.html)

**Who’s Responsible:** State Hygienic Laboratory Microbiology staff  
**Target Date:** Jan. 1, 2019

### Objective 12-2

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

<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

### 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
### 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 Type**: Community-focused

**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

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

**Strategy Type**: Community-focused

**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

#### 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

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

**Alignment with State / Other Plans**
Kirkwood Community College Plan

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

#### 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)

#### Strategy 13-1.1
Utilize educational and technical expertise from SHL staff to develop adjunct instructors and increase professional development.

**Strategy Type**: Professional/provider-focused
**Strategy Source & Location**
Develop training and case based scenarios for the HS science academy students. Develop staff educational training.

**Who's Responsible**
State Hygienic Laboratory

**Target Date**
Jan. 1, 2019

---

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

**Strategy 13-1.2**
Work with state legislators to develop a bill to reinstate or reauthorize and fund HRSA's Allied Health Special Projects Program (D37) in order to recruit and retain faculty and students, develop curriculum, support the distribution of clinical laboratory personnel practitioners in underserved areas, or support the continuing development of these professions.

**Strategy Type**
Policy-focused

**Strategy Source & Location**
Health Resources and Services Administration (HRSA) grants listing

**Who's Responsible**
State Hygienic Laboratory

**Target Date**
Jan 1, 2019

---

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

**Strategy 13-1.3**
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

---

**Iowa Health Issue:** Transportation

**Iowa Counties with Local Strategies**
Dallas, Davis, 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: [http://idph.iowa.gov/chnahip/health-improvement-plans](http://idph.iowa.gov/chnahip/health-improvement-plans)

**Transportation**

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

**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

**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.

**Baseline Year**
2016

**Baseline Value**
TBD

**Target Year**
2021

**Target Value**
5

**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

**Strategy Type**
Community-focused

---

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

**Strategy Type**
Professional/provider-focused

---

Iowa Health Issue: Insurance Affordability & Coverage

Iowa Counties with Local Strategies
Calhoun, Louisa, Poweshiek, Ringgold, Scott, Sioux

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

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](https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services)

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

**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>Baseline</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td></td>
<td>2020</td>
<td>64,019</td>
</tr>
<tr>
<td>2015</td>
<td>58,199</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Data Source & Location**

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

**Strategy Type**
Community-focused
**Insurance Affordability & Coverage**

**Objective 1-2**

Increase the number of children approved for presumptive eligibility by 10% by 2020.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>5,753</td>
<td>2020</td>
<td>6,328</td>
<td></td>
</tr>
</tbody>
</table>

**Data Source & Location**


---

**Iowa Health Issue: Lack of Primary Care Services**

**Iowa Counties with Local Strategies**

Davis, Keokuk, Linn, Muscatine, Scott

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: [http://idph.iowa.gov/chnahip/health-improvement-plans](http://idph.iowa.gov/chnahip/health-improvement-plans)

---

**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

---

**Lack of Primary Care Services**

**Objective 1-1**

By 2020, 20% of CYSHCN served by the University of Iowa, Division of Child and Community Health (DCCH) will have a Shared Plan of Care.

<table>
<thead>
<tr>
<th>Objective</th>
<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>20%</td>
<td></td>
</tr>
</tbody>
</table>

**Data Source & Location**

DCCH Chart Reviews
Lack of Primary Care Services

**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 Type*  
Policy-focused  
*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

**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*  
Professional/provider-focused  
*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

**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*  
DCCH Medical Home Workgroup  
*Target Date*  
Jan 1, 2021

**Objective 1-2**  
By 2020, 20% of primary care practices who serve children are educated about use of the Shared Plan of Care to share information and coordinate care with specialists and the care team serving CYSHCN.  
*Baseline Year*  
2015  
*Baseline Value*  
0  
*Target Year*  
2020  
*Target Value*  
20%  
*Data Source & Location*  
DCCH program records

**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*  
DCCH 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**  
DCCH Medical Home Workgroup

**Target Date**  
Jan 1, 2021

---

**Strategy 1-2.3**  
Develop or select a tool that increases provider's, teacher's and family's knowledge on shared decision making practices. Knowledge of shared decision-making practices will enhance and promote the use of the Shared Plan of Care.

**Strategy Type**  
Professional/provider-focused

**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

---

**Goal #2**  
Increase in the number of young children who receive a vision screening.

**Alignment with National Plans**  
Healthy People 2020, Vision  
[https://www.healthypeople.gov/2020/topics-objectives/topic/vision](https://www.healthypeople.gov/2020/topics-objectives/topic/vision)

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

---

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

**Baseline Year**  
2015  
**Baseline Value**  
46,025  
**Target Year**  
2018  
**Target Value**  
50,000

**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
### Lack of Primary Care Services

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

<table>
<thead>
<tr>
<th>Objective 3-1</th>
<th>Expand Iowa Community Pharmacy Enhanced Services Network (CPESN) and development of quality assurance, network requirements, and outcome measures.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Baseline</strong></td>
<td><strong>Baseline Value</strong></td>
</tr>
<tr>
<td>Year</td>
<td>2016</td>
</tr>
</tbody>
</table>

**Data Source & Location**
Internal data from CPESN and Iowa Pharmacy Association

<table>
<thead>
<tr>
<th>Strategy 3-1.1</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy Type</strong></td>
<td>Professional/provider-focused</td>
</tr>
<tr>
<td><strong>Strategy Source &amp; Location</strong></td>
<td>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: <a href="https://www.communitycarenc.org/population-management/pharmacy/community-pharmacy-enhanced-services-network-cpesn/">https://www.communitycarenc.org/population-management/pharmacy/community-pharmacy-enhanced-services-network-cpesn/</a></td>
</tr>
<tr>
<td><strong>Who’s Responsible</strong></td>
<td>Iowa Pharmacy Association</td>
</tr>
<tr>
<td><strong>Target Date</strong></td>
<td>Jan 1, 2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategy 3-1.2</th>
<th>Iowa Pharmacy Association will continue to encourage our members to advocate to pass federal provider status legislation for pharmacists.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy Type</strong></td>
<td>Policy-focused</td>
</tr>
<tr>
<td><strong>Who’s Responsible</strong></td>
<td>Iowa Pharmacy Association</td>
</tr>
<tr>
<td><strong>Target Date</strong></td>
<td>Jan 1, 2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objective 3-2</th>
<th>Expand preventive care and chronic care management services that are covered at local pharmacies by their health plan.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Baseline</strong></td>
<td><strong>Baseline Value</strong></td>
</tr>
<tr>
<td>Year</td>
<td>2016</td>
</tr>
<tr>
<td>Value</td>
<td>0 payers</td>
</tr>
</tbody>
</table>

**Data Source & Location**
New objective, to be developed.
Lack of Primary Care Services

**Strategy 3-2.1** 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**
Dec 31, 2017

---

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.

<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>No common agenda</td>
<td>2018</td>
<td>1 common agenda</td>
</tr>
</tbody>
</table>

**Data Source & Location**
Iowa Caregivers

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Lack of Primary Care Services

**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 Type** Community-focused

**Strategy Source & Location**
Iowa Caregivers

**Who's Responsible**
Iowa Caregivers

**Target Date**
Jun 30, 2017
Adolescent Immunizations

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

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>President's Cancer Panel</td>
<td>Iowa Cancer Plan 2012-2017</td>
</tr>
<tr>
<td>U.S. National Vaccine Plan</td>
<td></td>
</tr>
<tr>
<td>Healthy People 2020, Immunization and Infectious Diseases, Objective 11</td>
<td></td>
</tr>
</tbody>
</table>

**Objective 1-1** By December 31, 2017, increase HPV vaccination rates* among Iowa female adolescents 13-17 years of age to 80%.

* ≥ (greater than or equal to) 3 HPV doses

<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>49.8%</td>
<td>2017</td>
<td>80%</td>
</tr>
</tbody>
</table>


**Strategy 1-1.1** Increase the number of HPV vaccine Assessment Feedback Incentive eXchange (AFIX) visits completed at Vaccines for Children (VFC) Program provider sites by 25%.

**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

**Target Date**: Dec 31, 2017

**Strategy 1-1.2** Increase the number of VFC Program providers that select and implement a quality improvement strategy to increase adolescent HPV vaccination rates.

**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

**Target Date**: Dec 31, 2017
Adolescent Immunizations

**Strategy 1-1.3** Educate providers about recommendations on and benefits of the HPV vaccine.

**Strategy Type**
Professional/provider-focused

**Strategy Source & Location**
Iowa Cancer Plan 2012-2017: Goal 1, Priority IV, Strategy C

**Who's Responsible**
Iowa Cancer Consortium members and partners

**Target Date**
Dec 31, 2017

---

**Strategy 1-1.4** Implement office-based reminder systems to increase the number of patients who complete the HPV vaccination series.

**Strategy Type**
Professional/provider-focused

**Strategy Source & Location**
Iowa Cancer Plan 2012-2017: Goal 1, Priority IV, Strategy C

**Who's Responsible**
Iowa Cancer Consortium members and partners

**Target Date**
Dec 31, 2017

---

**Strategy 1-1.5** Support school-based clinics that offer the HPV vaccine series.

**Strategy Type**
Professional/provider-focused

**Strategy Source & Location**
Iowa Cancer Plan 2012-2017: Goal 1, Priority IV, Strategy C

**Who's Responsible**
Iowa Cancer Consortium members and partners

**Target Date**
Dec 31, 2017

---

**Objective 1-2**
By December 31, 2017, increase HPV vaccination rates* among Iowa male adolescents 13-17 years of age to 80%.

<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>23.9%</td>
<td>2017</td>
<td>80%</td>
</tr>
</tbody>
</table>

* ≥ (greater than or equal to) 3 HPV doses

**Data Source & Location**

---

**Strategy 1-2.1** Increase the number of HPV vaccine AFIX visits completed at VFC Program provider sites by 25%.

**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

**Target Date**
Dec 31, 2017

---

**Strategy 1-2.2** Increase the number of VFC Program providers that select and implement a quality improvement strategy to increase adolescent HPV vaccination rates.

**Strategy Type**
Professional/provider-focused

**Strategy Source & Location**
Iowa Department of Public Health, Immunization Program Strategy
Adolescent Immunizations

**Strategy 1-2.3** Educate providers about recommendations on and benefits of the HPV vaccine.

- **Who's Responsible**: Iowa Department of Public Health, Immunization Program
- **Target Date**: Dec 31, 2017

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

**Strategy Source & Location**: Iowa Cancer Plan 2012-2017: Goal 1, Priority IV, Strategy C

---

**Strategy 1-2.4** Implement office-based reminder systems to increase the number of patients who complete the HPV vaccination series.

- **Who's Responsible**: Iowa Cancer Consortium members and partners
- **Target Date**: Dec 31, 2017

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

**Strategy Source & Location**: Iowa Cancer Plan 2012-2017: Goal 1, Priority IV, Strategy C

---

**Strategy 1-2.5** Support school-based clinics that offer the HPV vaccine series.

- **Who's Responsible**: Iowa Cancer Consortium members and partners
- **Target Date**: Dec. 31, 2017

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

**Strategy Source & Location**: Iowa Cancer Plan 2012-2017: Goal 1, Priority IV, Strategy C

---

**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

---

**Objective 2-1** For the 2017-18 school year, increase the percent of adolescents who receive meningococcal vaccine upon entry into 7th and 12th grades to 90%.

- **Baseline Year**: 2016-17
- **Baseline Value**: 0%
- **Target Year**: 2017-18
- **Target Value**: 90%

**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

---
Adolescent Immunizations

Strategy 2-1.2  Assess school meningococcal immunization coverage levels for 7th and 12th grade students annually.

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, 2017

Strategy Type
Professional/provider-focused

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

Baseline
Year
2016
Baseline Value
No legislation
Target Year
2018
Target Value
Legislation passed

Data Source & Location
Iowa Code: https://www.legis.iowa.gov/law/iowaCode
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

Strategy 3-1.1  Partner with key stakeholders to determine best strategies for expanding access to adolescent immunizations.

Strategy Source & Location
IPA’s 2017/2018 legislative priorities.

Who’s Responsible
Iowa Pharmacy Association

Target Date
Jun 1, 2018

Strategy Type
Community-focused

Strategy 3-1.2  Develop and disseminate educational resources to the public regarding pharmacist administered vaccinations.

Strategy Source & Location
New proposed strategy

Strategy Type
Individual/interpersonal-focused
Iowa Health Issue: Flu Immunizations

Iowa Counties with Local Strategies
Buchanan, Calhoun, Greene, Iowa, Louisa, Madison, Mitchell, Sioux, Van Buren, 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: http://idph.iowa.gov/chnahip/health-improvement-plans

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
https://health.gov/hcq/pdfs/hai-action-plan-hcp-flu.PDF


Objective 1-1 Each flu season (October-March), achieve a 90% influenza vaccination rate among health care workers at hospitals.

Baseline Year 2009-10 Baseline Value 79% Target Year 2016-17 Target Value 90%

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

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

Strategy Source & Location Iowa Department of Public Health, Immunization Program Strategy

Who's Responsible Iowa Department of Public Health, Immunization Program

Target Date Sep 30, 2017

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

Strategy Source & Location Iowa Healthcare Collaboration Strategy

Who's Responsible Iowa Healthcare Collaborative

Target Date Jul 31, 2017
**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:**

### Alignments with State / Other Plans

N/A

**Flu Immunizations**

<table>
<thead>
<tr>
<th>Objective 2-1</th>
<th>Anually, achieve a influenza vaccination rate of 80% among Iowans 65 years of age and older.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Baseline</strong></td>
<td><strong>Target</strong></td>
</tr>
<tr>
<td>Year</td>
<td>Value</td>
</tr>
<tr>
<td>2014</td>
<td>66.8%</td>
</tr>
</tbody>
</table>

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

**Flu Immunizations**

- **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, 2017

- **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](http://www.iowanurses.org/PublicPolicy/Resolutions.aspx)
  - **Who’s Responsible:** Public Policy Committee of the Iowa Nurses Association
  - **Target Date:** Dec 31, 2017
## Iowa Health Issue: Substance Abuse

### Iowa Counties with Local Strategies

<table>
<thead>
<tr>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</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: [http://idph.iowa.gov/chnahip/health-improvement-plans](http://idph.iowa.gov/chnahip/health-improvement-plans)

### Substance Abuse

#### Goal #1
Decrease opioid-related overdoses/deaths.

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
</table>

#### Objective 1-1
Reduce the annual number of deaths by heroin and other opioid overdoses in Iowa by 20%, from 38 (2015) to 30 by 2020.

<table>
<thead>
<tr>
<th>Data Source &amp; Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iowa Department of Public Health, Bureau of Health Statistics estimate</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>38</td>
<td>2020</td>
<td>30</td>
</tr>
</tbody>
</table>

#### 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

#### 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 1-1.4 Enhance opioid abuse prevention, intervention, treatment, recovery and enforcement activities utilizing new and existing delivery systems in communities statewide.

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 Poison Control Center

Target Date
Jul 1, 2021

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 Source & Location
New strategy

Who’s Responsible
Iowa Office of Drug Control Policy

Target Date
Jan 1, 2020

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 Source & Location
Polk County Medical Society Legislative Priorities for the 2017 Iowa Legislature
https://www.iowamedical.org/iowa/News/2016/2017_IMS_Legislative_Agenda.aspx

Who’s Responsible
Polk County Medical Society

Target Date
Jan 16-Jan 17

Goal #2 Increase the availability of opioid reversal agents for patients at pharmacies across the state.

Objective 2-1 Educate pharmacies on the process to utilize the new opioid antagonist statewide standing order.

Baseline Year | Baseline Value | Target Year | Target Value
--- | --- | --- | ---
2016 | 0 | 2017 | 1

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

Alignment with National Plans
N/A
### Substance Abuse

#### 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 Source & Location**
New strategy

**Who’s Responsible**
Iowa Pharmacy Association, Iowa Board of Pharmacy, Iowa Department of Public Health

**Target Date**
Dec 31, 2017

#### Strategy 2-1.2
Increase public knowledge of which pharmacies are participating in the standing order for the opioid antagonist.

**Strategy Source & Location**
New strategy

**Who’s Responsible**
Iowa Pharmacy Association

**Target Date**
Dec 31, 2017

### Goal #3
At the local level, share resources and education with multiple stakeholders addressing their issues of substance abuse.

**Alignment with National Plans**
N/A

**Alignment with State / Other Plans**
Strategic Prevention Framework for Prescription Drugs
http://idph.iowa.gov/substance-abuse/programs/spfrx

#### Objective 3-1
Partner with other statewide organizations to host 8 local meetings to address the substance abuse issues and strategies to overcome these issues.

**Baseline Year**
2016

**Baseline Value**
0

**Target Year**
2017

**Target Value**
8

#### Strategy 3-1.1
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 Source & Location**
Iowa Pharmacy Association

**Who’s Responsible**
Iowa Pharmacy Association

**Target Date**
Dec 31, 2017
### Goal #4
Reduce excessive and disordered use of alcohol and other drugs, through prevention, treatment, and recovery supports.

<table>
<thead>
<tr>
<th>Substance Abuse</th>
<th>Objective 4-1</th>
<th>Increase the number of Iowa 11th grade students who have never used alcohol.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline Year</td>
<td>Target Year</td>
<td>Baseline Value</td>
</tr>
<tr>
<td>2014</td>
<td>2018</td>
<td>48%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Substance Abuse</th>
<th>Strategy 4-1.1</th>
<th>Provide substance abuse prevention in all 99 counties through funding of and coordination with prevention providers.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy Source &amp; Location</td>
<td>Iowa Department of Public Health Program Profile for Substance Use Disorders <a href="http://idph.iowa.gov/About/Program-Profiles">http://idph.iowa.gov/About/Program-Profiles</a></td>
<td></td>
</tr>
<tr>
<td>Who’s Responsible</td>
<td>Iowa Department of Public Health, Bureau of Substance Abuse</td>
<td></td>
</tr>
<tr>
<td>Strategy Type</td>
<td>Community-focused</td>
<td></td>
</tr>
<tr>
<td>Target Date</td>
<td>Dec 1, 2018</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Substance Abuse</th>
<th>Objective 4-2</th>
<th>Reduce prescription drug abuse among 11th grade students.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline Year</td>
<td>Target Year</td>
<td>Baseline Value</td>
</tr>
<tr>
<td>2014</td>
<td>2018</td>
<td>5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Substance Abuse</th>
<th>Strategy 4-2.1</th>
<th>Implement Strategic Prevention Framework (SPF) for Prescription (Rx) Drugs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who’s Responsible</td>
<td>Iowa Department of Public Health, Bureau of Substance Abuse</td>
<td></td>
</tr>
<tr>
<td>Strategy Type</td>
<td>Community-focused</td>
<td></td>
</tr>
<tr>
<td>Target Date</td>
<td>9/30/2021</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Substance Abuse</th>
<th>Objective 4-3</th>
<th>Increase the number of Iowans who are abstinent at the six-month follow-up compared to their admission into substance use disorder treatment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Source &amp; Location</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>
</tr>
<tr>
<td>Baseline Year</td>
<td>Target Year</td>
<td>Baseline Value</td>
</tr>
<tr>
<td>2014</td>
<td>2020</td>
<td>45%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Substance Abuse</th>
<th>Strategy 4-3.1</th>
<th>Ensure access to substance abuse treatment and recovery supports through funding and coordination of treatment and recovery providers across the state.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy Type</td>
<td>Professional/provider-focused</td>
<td></td>
</tr>
</tbody>
</table>

### 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

**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

<table>
<thead>
<tr>
<th>Source</th>
<th>Description</th>
</tr>
</thead>
</table>

#### Alignment with State / Other Plans

<table>
<thead>
<tr>
<th>Source</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening, Brief Intervention, and Referral to Treatment, Iowa Department of Public Health</td>
<td><a href="http://www.idph.iowa.gov/sbirt">http://www.idph.iowa.gov/sbirt</a></td>
</tr>
</tbody>
</table>

---

### Substance Abuse

**Objective 5-1** Reduce illicit drug positives by 10%, from 99 positives in training year 2016 to 89 positives in training year 2017.

<table>
<thead>
<tr>
<th>Year</th>
<th>Baseline Value</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>99</td>
<td>89</td>
</tr>
</tbody>
</table>

**Data Source & Location**

IA ARNG Substance Abuse Drug Testing Database, JFHQ

---

**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, 2017

---

**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, 2017

---

**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
Substance Abuse

Objective 5-2
Increase soldiers' self referrals (to their commanders) for substance abuse (alcohol and drug) from 15 in 2016 to 30 in 2017 in the IA ARNG.

<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>25</td>
<td>2017</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 Source & Location
Training Year 2017 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, 2017

Substance Abuse

Strategy 5-2.2
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 Source & Location
Iowa Department of Public Health, Bureau of Substance Abuse

Who's Responsible
Commanders supported by SBIRT provider/ Army Medical Detachment

Target Date
10/1/2017

Substance Abuse

Strategy 5-2.3
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 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
10/1/2017
**Tobacco/Nicotine Use**

**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

- Pharmacists and Action on Tobacco

- 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 Use, Prevention, & Control 2014-2018 Strategic Plan

- State Innovation Model (SIM) Statewide Strategy Plans
  http://idph.iowa.gov/SIM

**Tobacco/Nicotine Use**

**Objective 1-1**  Decrease current tobacco use among youth under 18 from 6% to 5%.

<table>
<thead>
<tr>
<th>Objective 1-1</th>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease current tobacco use among youth under 18 from 6% to 5%</td>
<td>2014</td>
<td>6%</td>
<td>2020</td>
<td>5%</td>
</tr>
</tbody>
</table>

**Data Source & Location**


**Tobacco/Nicotine Use**

**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
### Tobacco/Nicotine Use

#### 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.**

**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

#### 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.**

**Strategy Source & Location**
- CDC recommendation for effective tobacco control
- Campaign for Tobacco Free Kids, American Cancer Society, American Heart Association research

**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, Tobacco Use, Prevention, and Control Commission

**Target Date**
- Jul 1, 2020

#### Strategy 1-1.4
**Encourage nurse-parents and all other nurses to be role models for all children.**

**Strategy Source & Location**
- Iowa Nurses Association
- [http://www.tobaccofreenurses.org/](http://www.tobaccofreenurses.org/)

**Who’s Responsible**
- Iowa Nurses Association (INA) Public Policy Committee

**Target Date**
- Jan 1, 2018

#### 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.**

**Strategy Source & Location**
- 2016 Iowa Nurses Association Resolutions.

**Who’s Responsible**
- Iowa Nurses Association (INA) Public Policy Committee

**Target Date**
- Jan 1, 2018

#### 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.**

**Strategy Source & Location**
- [Healthy Iowans](http://www.tobaccofreenurses.org/)

**Who’s Responsible**
- Iowa Nurses Association (INA) Public Policy Committee

**Target Date**
- Jan 1, 2018
### Tobacco/Nicotine Use

#### Objective 1-2

**Objective 1-2** Decrease adult smoking prevalence from 18.1% to 17.5%.

<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>18.1%</td>
<td>2020</td>
<td>17.5%</td>
</tr>
</tbody>
</table>

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

#### Strategy 1-2.1

**Strategy 1-2.1** Pursue legislation to allow pharmacists to prescribe smoking cessation medication under a statewide protocol.

**Strategy Source & Location**: 2017 IPA legislative priority (unpublished)

**Who's Responsible**: Iowa Pharmacy Association

**Target Date**: Dec 31, 2020

#### Strategy 1-2.2

**Strategy 1-2.2** Create and disseminate patient education materials to assist in public knowledge of pharmacist-provided services and medication availability under state-wide protocol.

**Strategy Source & Location**: Iowa Pharmacy Association new strategy

**Who's Responsible**: Iowa Pharmacy Association

**Target Date**: Dec 31, 2017

---

#### Objective 1-3

**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>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

**Strategy 1-3.1** Promote health systems changes to support tobacco cessation.

**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
Tobacco/Nicotine Use

**Objective 1-4**  
By March 31, 2018, increase the number of properties (low-income, affordable, Public Housing Authority, and market rate) that adopt a smoke-free policy from 905 to 1,000.

<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>905</td>
<td>2018</td>
<td>1,000</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

**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

Tobacco/Nicotine Use

**Objective 1-5**  
Increase the adoption of 100% tobacco-free and nicotine-free campus policies from 280 to 350 school districts, private school systems, and colleges/universities by March 30, 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>280</td>
<td>2018</td>
<td>350</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  
Dec 31, 2018
## 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: [http://idph.iowa.gov/chnahip/health-improvement-plans](http://idph.iowa.gov/chnahip/health-improvement-plans)

### Cancer

#### Goal #1

Increase colorectal cancer screening rates in Iowa.

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Colorectal Cancer Roundtable:</td>
<td>Iowa Cancer Plan 2012-2017</td>
</tr>
</tbody>
</table>

#### Objective 1-1

Increase the percentage of men and women ages 50 to 75 who are up to date on their colorectal cancer screening* from 70% (2014) to 80% by 2018.

* 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.

<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>70%</td>
<td>2018</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 1-1.1

Increase public knowledge about colorectal cancer screening options.

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


**Who’s Responsible**: Iowa Cancer Consortium members and partners

**Target Date**: Dec 31, 2017

#### Strategy 1-1.2

Work with Iowa communities to identify and address barriers to screening.

**Strategy Type**: Community-focused


**Who’s Responsible**: Iowa Cancer Consortium members and partners

**Target Date**: Dec 31, 2017

#### Strategy 1-1.3

Offer training and tools to providers regarding how to educate patients about recommended screenings and their value.

**Strategy Type**: Professional/Provider-focused
Strategy Source & Location
Iowa Cancer Plan 2012-2017: Goal 2, Priority III, Strategy A

Who's Responsible
Iowa Cancer Consortium members and partners

Target Date
Dec 31, 2017

---

**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 Department of Public Health, American Cancer Society

Target Date
Jun 29, 2020

---

**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

Target Date
06/29/2020

---

**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

Target Date
07/01/2020

---

**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>Baseline 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

Target Date
Jun 30, 2017
Cancer

Goal #2  Decrease incidence of lung cancer.

Alignment with National Plans

Healthy People 2020, Cancer https://www.healthypeople.gov/2020/topics-objectives/topic/cancer

Healthy People 2020, Tobacco Use
https://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use


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

Iowa Cancer Plan 2012-2017
http://canceriowa.org/Iowa-Cancer-Plan.aspx

Cancer

Objective 2-1  Increase the percent of current smokers ages 18 and older, all races, both sexes, who reported they quit smoking for a day or more during the past year from 56.4% to 57.9% by 2017.

<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>56.4%</td>
<td>2017</td>
<td>57.9%</td>
</tr>
</tbody>
</table>

Data Source & Location
Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System
http://idph.iowa.gov/brfss

Cancer

Strategy 2-1.1  Increase the proportion of smokers who are aware of smoking cessation services available to them.
Strategy Type
Individual/interpersonal-focused

Strategy Source & Location
Iowa Cancer Plan 2012-2017: Goal 1, Priority II, Strategy C

Who's Responsible
Iowa Cancer Consortium members and partners
Target Date
Dec 31, 2017

Cancer

Strategy 2-1.2  Increase the number of insurance plans covering cessation services, Nicotine Replacement Therapy (NRT), and counseling.
Strategy Type
Policy-focused

Strategy Source & Location
Iowa Cancer Plan 2012-2017: Goal 1, Priority II, Strategy C

Who's Responsible
Iowa Cancer Consortium members and partners
Target Date
Dec 31, 2017

Cancer

Strategy 2-1.3  Eliminate the sale of e-cigarettes in malls, drug stores, and pharmacies.
Strategy Type
Policy-focused
Cancer

**Objective 2-2**

Decrease the percentage of Iowa 6th, 8th, and 11th grade students reporting current use of any tobacco from 6% to 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>2014</td>
<td>6%</td>
<td>2020</td>
<td>5%</td>
</tr>
</tbody>
</table>

**Data Source & Location**


**Strategy 2-2.1**

Increase the proportion of public/private schools and school districts implementing 100% comprehensive tobacco-free policies.

**Strategy Type**

Policy-focused

**Strategy Source & Location**

Iowa Cancer Plan 2012-2017: Goal 1, Priority II, Strategy A

**Who's Responsible**

Iowa Cancer Consortium members and partners

**Target Date**

Dec 31, 2017

**Strategy 2-2.2**

Maintain or increase funding to the Iowa Department of Public Health, Division of Tobacco Use Prevention and Control at CDC recommended levels.

**Strategy Type**

Policy-focused

**Strategy Source & Location**

Iowa Cancer Plan 2012-2017: Goal 1, Priority II, Strategy A

**Who's Responsible**

Iowa Cancer Consortium members and partners

**Target Date**

Dec 31, 2017

**Strategy 2-2.3**

Explore increasing the tobacco tax.

**Strategy Type**

Policy-focused

**Strategy Source & Location**

Iowa Cancer Plan 2012-2017: Goal 1, Priority II, Strategy A

**Who's Responsible**

Iowa Cancer Consortium members and partners

**Target Date**

Dec 31, 2017

**Objective 2-3**

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>2006 - 2008</td>
<td>68.5</td>
<td>2017</td>
<td>63.7</td>
</tr>
</tbody>
</table>

**Data Source & Location**

Cancer

**Strategy 2-3.1** Educate the public about radon and its link to lung cancer.

*Strategy Type* Individual/interpersonal-focused

**Strategy Source & Location**
Iowa Cancer Plan 2012-2017: Goal 1, Priority VI, Strategy A

**Who’s Responsible**
Iowa Cancer Consortium members and partners

**Target Date**
Dec 31, 2017

---

**Strategy 2-3.2** Advocate for and support comprehensive legislation requiring newly constructed homes and buildings to be built according to radon control methods in the 2000 International Residential Building Code.

*Strategy Type* Policy-focused

**Strategy Source & Location**
Iowa Cancer Plan 2012-2017: Goal 1, Priority VI, Strategy A

**Who’s Responsible**
Iowa Cancer Consortium members and partners

**Target Date**
Dec 31, 2017

---

**Strategy 2-3.3** Support financial assistance and incentives for radon mitigation.

*Strategy Type* Individual/interpersonal-focused

**Strategy Source & Location**
Iowa Cancer Plan 2012-2017: Goal 1, Priority VI, Strategy A

**Who’s Responsible**
Iowa Cancer Consortium members and partners

**Target Date**
Dec 31, 2017

---

**Goal #3** Follow nationally recognized guidelines to increase vaccination rates for all vaccines demonstrated to reduce the risk of cancer.

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
</table>

---

**Objective 3-1** Increase percent of female adolescents and male adolescents ages 13-17 who have received the complete HPV vaccine series recommended for full protection.

**Baseline**

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>49.8% (females) 23.9% (males)</td>
</tr>
</tbody>
</table>

**Target**

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>80%</td>
</tr>
</tbody>
</table>

**Data Source & Location**
### Strategy 3-1.1

**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 Type**
Professional/provider-focused

**Strategy Source & Location**
Iowa Cancer Plan

**Who's Responsible**
Iowa Cancer Consortium and partners

**Target Date**
Dec. 31, 2017

### Goal #4

**Increase protective behaviors from sun/ultraviolet exposure.**

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guide to Community Preventive Services</td>
<td>2012-2017 Iowa Cancer Plan</td>
</tr>
</tbody>
</table>

### Objective 4-1

**Decrease the age-adjusted incidence per 100,000 for skin melanoma through programs and policies that discourage and prohibit use of tanning beds.**

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 - 2008</td>
<td>20.7</td>
<td>2017</td>
<td>19.7</td>
</tr>
</tbody>
</table>

**Data Source & Location**

### Strategy 4-1.1

**Provide public education about the harm of exposure to ultraviolet rays from tanning beds.**

**Strategy Type**
Individual/interpersonal-focused

**Strategy Source & Location**
Iowa Cancer Plan 2012-2017: Goal 1, Priority V, Strategy B

**Who's Responsible**
Iowa Cancer Consortium members and partners

**Target Date**
Dec 31, 2017

### Strategy 4-1.2

**Advance policy that minimizes, if not eliminates, the use of tanning beds.**

**Strategy Type**
Policy-focused

**Strategy Source & Location**
Iowa Cancer Plan 2012-2017: Goal 1, Priority V, Strategy B

**Who’s Responsible**
Iowa Cancer Consortium members and partners

**Target Date**
Dec 31, 2017
## Cancer

### Goal #5
Decrease late stage breast cancer diagnoses to reduce deaths due to breast cancer.

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
</table>

### Objective 5-1
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**

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>18</td>
</tr>
</tbody>
</table>

**Target**

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>9</td>
</tr>
</tbody>
</table>

**Data Source & Location**
Komen Iowa Community Profile Report [Link](http://komeniowa.org/grants/applying-for-community-grants/funding-priorities-2/) p. 45-46

### Strategy 5-1.1
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

**Strategy Source & Location**
Komen Iowa 2015 Community Profile Report [Link](http://komeniowa.org/grants/applying-for-community-grants/funding-priorities-2/)

**Who’s Responsible**
Susan G. Komen Iowa's Mission Initiatives Committee

**Target Date**
Dec 31, 2017

### Objective 5-2
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**

<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>2017</td>
<td>4</td>
</tr>
</tbody>
</table>

**Data Source & Location**
Komen Iowa Community Profile Report [Link](http://komeniowa.org/grants/applying-for-community-grants/funding-priorities-2/)

### Strategy 5-2.1
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

**Strategy Source & Location**
Komen Iowa 2015 Community Profile Report [Link](http://komeniowa.org/grants/applying-for-community-grants/funding-priorities-2/)

**Who’s Responsible**
Susan G. Komen Iowa's Mission Initiatives Committee

**Target Date**
Jan 1, 2017

### Objective 5-3
Accept applications that make breast cancer screenings, diagnosis, and treatment more accessible to all women by providing financial support.

**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>2018</td>
<td>TBD</td>
</tr>
</tbody>
</table>
## Cancer

### Strategy 5-3.1
**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 2015 Community Profile Report.

**Who’s Responsible**
Susan G. Komen Iowa's Mission Initiatives Committee

**Target Date**
Apr 1, 2017

### Goal #6
**Increase the percentage of Iowa women receiving breast cancer and cervical cancer screening.**

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
</table>

### Cancer

#### Objective 6-1
**Increase the percent of women between 50 and 74 years of age who have had a mammogram in the past two years from 81% to 88% 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>2014</td>
<td>81%</td>
<td>2020</td>
<td>88%</td>
</tr>
</tbody>
</table>

**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)

#### Strategy 6-1.1
**Maintain collaboration with key cancer partners to focus on public education to raise the breast cancer screening rates in Iowa.**

**Strategy Source & Location**
Iowa Cancer Plan 2012-2017 Goal #2: Priority 1: Strategy B

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

**Target Date**
Jan 1, 2020

#### Objective 6-2
**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.**

<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>84.5%</td>
<td>2020</td>
<td>92%</td>
</tr>
</tbody>
</table>

**Data Source & Location**

#### Strategy 6-2.1
**Maintain collaboration with key cancer partners to focus on public education to raise the cervical cancer screening rates in Iowa.**

**Strategy Source & Location**
Iowa Cancer Plan 2012-2017 Goal #2: Priority 1: Strategy B
**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 (CHNAaHIP) website: [http://idph.iowa.gov/chnahip/health-improvement-plans](http://idph.iowa.gov/chnahip/health-improvement-plans)

### Diabetes

**Goal #1** Prevent diabetes from occurring in Iowans.

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Iowa Department of Public Health work plan for 1305 grant (unpublished)</td>
</tr>
</tbody>
</table>

#### 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 8% to 10% by 2017.

<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>8%</td>
<td>2017</td>
<td>10%</td>
</tr>
</tbody>
</table>

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

- **Strategy 1-1.1** Increase participation in the National Diabetes Prevention Program (NDPP).
  - **Strategy Source & Location:**
  - **Who’s Responsible:** Iowa Department of Public Health
  - **Target Date:** Jan 1, 2021

- **Strategy 1-1.2** Increase health care providers screening for prediabetes.
  - **Strategy Type:** Professional/provider-focused
  - **Strategy Source & Location:**
  - **Who’s Responsible:** Iowa Department of Public Health
  - **Target Date:** Jan 1, 2021
Diabetes

Goal #2  Reduce the complications of type 2 diabetes.

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDC &quot;1305 grant&quot;: State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health (DP13-1305) [<a href="http://www.cdc.gov/chronicdisease/about/state-public-health-actions.htm">http://www.cdc.gov/chronicdisease/about/state-public-health-actions.htm</a>]</td>
<td>Diabetes Statewide Strategic Plan [<a href="http://idph.iowa.gov/diabetes">http://idph.iowa.gov/diabetes</a>]</td>
</tr>
</tbody>
</table>

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.

Baseline Year | Baseline Value | Target Year | Target Value |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</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.

<table>
<thead>
<tr>
<th>Strategy Type</th>
<th>Strategy Source &amp; Location</th>
</tr>
</thead>
</table>

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

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: [http://idph.iowa.gov/chnahip/health-improvement-plans]

Heart Disease

Goal #1  Decrease the rate of coronary heart disease as the primary cause of death.

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020, Heart Disease and Stroke [<a href="https://www.healthypeople.gov/2020/topics-objectives/topic/heart-disease-and-stroke">https://www.healthypeople.gov/2020/topics-objectives/topic/heart-disease-and-stroke</a>]</td>
<td></td>
</tr>
</tbody>
</table>

Objective 1-1
Decrease the coronary heart disease mortality rate for adults 18 and older from 107.5 to 103.4 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>2014</td>
<td>107.5</td>
<td>2020</td>
<td>103.4</td>
</tr>
</tbody>
</table>
### 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 Source & Location**  
Iowa Department of Public Health Million Hearts Action Plan; 2015 through 2017 (Million Hearts, Phase 2 will go beyond 2017 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**  
TBD

---

**Strategy 1-1.2**  
Implement cardiovascular screenings and healthy lifestyle programs for uninsured or under-insured, 40-64 year old women.

**Strategy Source & Location**  
Iowa Code Chapter 8: Iowa Care for Yourself Program  

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

**Target Date**  
6/29/2018

---

**Strategy 1-1.3**  
Provide and promote hypertension control guidelines to health care providers.

**Strategy Source & Location**  
Iowa Code Chapter 8: Iowa Care for Yourself Program  

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

**Target Date**  
6/29/2018

---

**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 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

---

**Strategy 1-1.5**  
Enact statewide standards for the development and utilization of STEMI (a serious type of heart attack) registries.

**Strategy Source & Location**  
American Heart Association, American Stroke Association, Stroke Task Force, STEMI Task Force, American College of Cardiology, Million Hearts Initiative partners

**Strategy Type**  
Policy-focused
### Heart Disease

**Strategy 1-1.6** Enact food and beverage service and vending standards for units of government and institutional feeding consistent with those developed by the American Heart Association (AHA), or by the U.S. Department of Health and Human Services/General Services Administration (HHS/GSA), or by the National Alliance for Nutrition and Activity (NANA).

**Strategy Source & Location**
- American Heart Association
- Center for Science in the Public Interest, [https://cspinet.org/nutritionpolicy/Healthy-Meeting-Guidelines.pdf](https://cspinet.org/nutritionpolicy/Healthy-Meeting-Guidelines.pdf)

**Who’s Responsible**
- Iowa Department of Public Health, American Heart Association, and Healthier Iowa Coalition

**Target Date**
- Jun 29, 2018

---

**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](https://millionhearts.hhs.gov)

**Alignment with State / Other Plans**

**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>Baseline 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)

**Strategy 2-1.1** Support the 11 FQHCs through the Iowa Primary Care Association’s (Iowa PCA) Performance Improvement Learning Collaborative.

**Strategy Source & Location**
- Iowa PCA Performance Improvement Team (unpublished)

**Who’s Responsible**
- Iowa PCA Performance Improvement Team

**Target Date**
- Jun 30, 2017
**Disaster Preparedness**

**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: [http://idph.iowa.gov/chnahip/health-improvement-plans](http://idph.iowa.gov/chnahip/health-improvement-plans)

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**Disaster Preparedness**

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

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020, Preparedness <a href="https://www.healthypeople.gov/2020/topics-objectives/topic/preparedness">https://www.healthypeople.gov/2020/topics-objectives/topic/preparedness</a></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Data Source &amp; Location</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Strategy Source &amp; Location</th>
</tr>
</thead>
</table>

**Who's Responsible**

<table>
<thead>
<tr>
<th>Target Date</th>
</tr>
</thead>
</table>

<<Rest of Page Intentionally Left Blank>>
**Environmental Health**

**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: [http://idph.iowa.gov/chnahip/health-improvement-plans](http://idph.iowa.gov/chnahip/health-improvement-plans)

### Water Quality

**Goal #1** Ensure a healthy and safe environment for work and play.

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
</table>

**Objective 1-1** Build stewardship of Iowa’s water resources by increasing technical assistance related to animal feeding operations.

<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>18,514 technical assistance contacts</td>
<td>2017</td>
<td>19,000 technical assistance contacts</td>
</tr>
</tbody>
</table>

Data Source & Location: Iowa Department of Natural Resources Annual Agricultural Work Plan and Compliance (to be posted on the DNR website)

**Strategy 1-1.1** Spread awareness of how water quality impacts Iowans’ health, the environment, and the economy through all water programs.

**Strategy Type** Individual/interpersonal-focused

**Strategy Source & Location** Iowa Department of Natural Resources Strategic Plan

**Who’s Responsible** DNR Environmental Services

**Target Date** Jul 1, 2017

**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 Type** Community-focused

**Strategy Source & Location** Iowa Department of Natural Resources Strategic Plan

**Who’s Responsible** DNR Environmental Services

**Target Date** Jul 1, 2017
**Water Quality**

**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 Type**  Individual/interpersonal-focused

**Strategy Source & Location**  
Iowa Department of Natural Resources Strategic Plan

**Who's Responsible**  
DNR Environmental Services

**Target Date**  Jul 1, 2017

---

**Water Quality**

**Goal #2**  Provide clean water to Iowa citizens and reduce health risks by eliminating contaminants.

<table>
<thead>
<tr>
<th><strong>Alignment with National Plans</strong></th>
<th><strong>Alignment with State / Other Plans</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>National Water Quality Initiative</td>
<td>Cleanwater Iowa</td>
</tr>
</tbody>
</table>

**Water Quality**

**Objective 2-1**  Reduce the health risk across the state by assessing and managing heavy metal exposure (arsenic and lead).

<table>
<thead>
<tr>
<th><strong>Data Source &amp; Location</strong></th>
<th><strong>Baseline Year</strong></th>
<th><strong>Baseline Value</strong></th>
<th><strong>Target Year</strong></th>
<th><strong>Target Value</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>New objective, to be developed.</td>
<td>2017</td>
<td>0</td>
<td>2021</td>
<td>1</td>
</tr>
</tbody>
</table>

**Water Quality**

**Strategy 2-1.1**  Engage partners to identify heavy metal exposure in water resources.

**Strategy Type**  Professional/provider-focused

**Strategy Source & Location**  
New strategy

**Who's Responsible**  
State Hygienic Laboratory, Center for Health Effects of Environmental Contamination

**Target Date**  Jul 1, 2017

**Water Quality**

**Strategy 2-1.2**  Provide outreach and educate communities for a monitoring program and best practices.

**Strategy Type**  Professional/provider-focused

**Strategy Source & Location**  
New strategy

**Who's Responsible**  
State Hygienic Laboratory

**Target Date**  July 1, 2018

**Water Quality**

**Strategy 2-1.3**  Develop a mitigation plan and remediation practices.

**Strategy Type**  Policy-focused

**Strategy Source & Location**  
New strategy
### Water Quality

**Objective 2-2** Mitigate health risk across the state by monitoring pesticide and pharmaceutical residue in drinking water and human bodies.

| Data Source | New objective, to be developed. |

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>0</td>
</tr>
<tr>
<td>2020</td>
<td>1</td>
</tr>
</tbody>
</table>

**Goal #3** Ensure that Iowans using private wells for water supply have a safe water supply.

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Water Quality

Objective 3-1

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>2017</td>
<td></td>
</tr>
<tr>
<td>Bacteria</td>
<td>8,800</td>
<td>Bacteria</td>
<td>10,000</td>
</tr>
<tr>
<td>Nitrate</td>
<td>6,700</td>
<td>Nitrate</td>
<td>6,500</td>
</tr>
<tr>
<td>Arsenic</td>
<td>1,040</td>
<td>Arsenic</td>
<td>1,150</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)

---

Water Quality

Strategy 3-1.1

Promote the use of Grants to Counties money for private well testing.

Strategy Type: Individual/interpersonal-focused


Who's Responsible: Iowa Department of Public Health, Environmental Health Services Bureau

Target Date: Jun 1, 2017

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Water Quality

Strategy 3-1.2

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, 2017

---

Water Quality

Goal #4

Develop a public health workforce that is knowledgeable about the intersection of water quality and health.

Alignment with National Plans: N/A

Alignment with State / Other Plans: N/A

---

Water Quality

Objective 4-1

Create a Water Quality Workshop.

<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: New objective, to be developed.

---

Water Quality

Strategy 4-1.1

Participate with other agencies in creating a Water Quality Workshop in Spring 2017.

Strategy Type: Professional/provider-focused

Strategy Source & Location: Water Quality Workshop in conjunction with Iowa Governor’s Public Health Conference
## Water Quality

### Goal #5

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.

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Iowa Nutrient Reduction Strategy (2013) <a href="http://www.nutrientstrategy.iastate.edu/">http://www.nutrientstrategy.iastate.edu/</a></td>
</tr>
</tbody>
</table>

### Objective 5-1

Secure passage of a long-term, sustainable and accountable source of funding to address Iowa's water quality and quantity challenges.

| Data Source & Location | Legislative tracking, [http://www.iowaswaterandlandlegacy.org/](http://www.iowaswaterandlandlegacy.org/) |

<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>

### Strategy 5-1.1

Advocate for passage of a 3/8ths cent sales tax to fund the Iowa Natural Resources and Outdoor Recreation Trust Fund or other source of new, dedicated, sustainable funding.

**Strategy Type**: Policy-focused

**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

**Target Date**

May 1, 2017

### Strategy 5-1.2

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 Type**: Policy-focused

**Strategy Source & Location**


**Who's Responsible**

Iowa Environmental Council

**Target Date**

Jul 1, 2017
### Water Quality

**Objective 5-2**

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.

### Water Quality

**Strategy 5-2.1**

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

### Water Quality

**Objective 5-3**

Support expansion of water quality monitoring for drinking and recreational waters with monitoring results available to the public.

<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: Iowa’s Ambient Water Quality Monitoring and Assessment Program

http://www.iowadnr.gov/Environmental-Protection/Water-Quality/Water-Monitoring

### Water Quality

**Strategy 5-3.1**

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
**Iowa Health Issue: Radon**

Iowa Counties with Local Strategies

Buchanan, Chickasaw, Greene, Mitchell, Plymouth, Pocahontas, Pottawattamie, Sioux, Winnebago, 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: [http://idph.iowa.gov/chnahip/health-improvement-plans](http://idph.iowa.gov/chnahip/health-improvement-plans)

<table>
<thead>
<tr>
<th>Radon</th>
<th>Goal #1</th>
<th>See Chronic Disease: Cancer, Goal 2, Objective 2-3, Strategies 2-3.1, 2-3.2, and 2-3.3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Alignment with National Plans</td>
<td>Alignment with State / Other Plans</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Radon</th>
<th>Objective 1-1</th>
<th>See Chronic Disease: Cancer, Goal 2, Objective 2-3.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Data Source &amp; Location</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Radon</th>
<th>Strategy 1-1.1</th>
<th>See Chronic Disease: Cancer, Goal 2, Objective 2-3, Strategies 2-3.1, 2-3.2, and 2-3.3.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strategy Source &amp; Location</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Radon</th>
<th>Strategy Type</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Radon</th>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
</table>

<<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: [http://idph.iowa.gov/chnahip/health-improvement-plans](http://idph.iowa.gov/chnahip/health-improvement-plans)

### Goal #1

Increase the number of Iowans living active and healthy lifestyles.

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020, Physical Activity <a href="https://www.healthypeople.gov/2020/topics-objectives/topic/physical-activity">https://www.healthypeople.gov/2020/topics-objectives/topic/physical-activity</a></td>
<td>N/A</td>
</tr>
</tbody>
</table>

#### Objective 1-1

Increase the percentage of adults engaged in some sort of physical activity for exercise during the past month.

<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>73.7%</td>
<td>2020</td>
<td>77.7%</td>
</tr>
</tbody>
</table>


#### Strategy 1-1.1

Pilot the Iowa Walking College, an interactive, online educational program for walkable community advocates based on the America Walks National Walking College.

**Strategy Source & Location**


**Who’s Responsible**

Iowa Healthiest State Initiative in partnership with Active Living Iowa Committee

**Target Date**

Dec 31, 2019

#### Strategy 1-1.2

Increase the number of complete street policies in Iowa.

**Strategy Source & Location**


**Who’s Responsible**

Iowa Healthiest State in partnership with Active Living Iowa Committee

**Target Date**

Dec 31, 2019
Obesity, Nutrition & Physical Activity

**Objective 1-2**  
Increase adult consumption of at least one fruit and one vegetable each day by 10%.

<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>fruits 58.3%</td>
<td>2021</td>
<td>fruits 64.1%</td>
</tr>
<tr>
<td></td>
<td>vegetables 73.1%</td>
<td></td>
<td>vegetables 80.4%</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 1-2.1**  
Increase availability of the Double Up Food Bucks at farmers’ markets.

**Strategy Type**  
Community-focused

**Strategy Source & Location**  
Iowa Healthiest State Initiative  
http://www.iowahealthieststate.com/

Who’s Responsible  
Iowa Healthiest State and Community Farmers Markets

Target Date  
Dec 31, 2019

Obesity, Nutrition & Physical Activity

**Goal #2**  
Reduce the number of Iowa children, youth, and adults who are obese.

**Alignment with National Plans**

- Healthy People 2020, Leading Health Indicators Topics, Nutrition, Physical Activity, & Obesity  

- Million Hearts Initiative  
http://publications.iowa.gov/22069/

**Alignment with State / Other Plans**

- Iowa State University Extension & Outreach 2014-2018 Work Plan  

Obesity, Nutrition & Physical Activity

**Objective 2-1**  
Decrease the obesity rates for youth and adults in Iowa by at least three percentage points by 2020, thus helping prevent heart disease and stroke.

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth</td>
<td>13.2%</td>
<td>2020</td>
<td>Youth 10%</td>
</tr>
<tr>
<td>Adults</td>
<td>32.1%</td>
<td></td>
<td>Adults 29%</td>
</tr>
</tbody>
</table>

Data Source & Location:  
http://stateofobesity.org/statess/ia/

- America’s Health Rankings  

Obesity, Nutrition & Physical Activity

**Strategy 2-1.1**  
Require that all road construction and reconstruction create complete streets that are safe and convenient for all users and all modes of transportation.

**Strategy Type**  
Community-focused

**Strategy Source & Location**  
Smart Growth America  
https://www.cdc.gov/physicalactivity/resources/state-action-guides.html

Who's Responsible
American Heart Association, Healthier Iowa Coalition, local cities, Metro Planning Organizations and Regional Planning Associations

Target Date
Jul 1, 2018

**Obesity, Nutrition & Physical Activity**

**Strategy 2-1.2** Codify safe routes to the school program and secure funding (federal dollars, state revenue, or local revenue) for programs.

Strategy Type
Policy-focused

Strategy Source & Location
Safe Routes to School Partnership http://www.saferoutespartnership.org/

American Heart Association http://www.heart.org/HEARTORG/General/FAST-Act_UCM_480915_Article.jsp#.WB1hD_KQzIU

Who’s Responsible
American Heart Association, Healthier Iowa Coalition, local cities and schools

Target Date
Jul 1, 2020

**Strategy 2-1.3** Include physical education (PE) as an indicator in the education accountability plans and accountability reporting of schools for quality physical education based on required and optional assessment measures. (Required measures include 225 minutes per week of physical education in middle school and a minimum of 150 minutes per week of physical education in elementary school.)

Strategy Source & Location


Who’s Responsible
American Heart Association, Partners in Healthier Iowa Coalition, IAHPERD

Target Date
Jul 1, 2020

**Objective 2-2** 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 2-2.1** Increase the percent of childcare training participants reporting preparedness to apply or teach health promoting dietary behaviors.

Strategy Type
Professional/provider-focused

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

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

Target Date
Sep 30, 2021
Obesity, Nutrition & Physical Activity

**Strategy 2-2.2**  
Incorporate nutrition, active play, and screen time standards into the state child care licensing structure for licensed home-based child care providers, child care centers or outside the provider’s home.

**Strategy Type**  
Policy-focused

**Strategy Source & Location**  
American Heart Association national guidelines for physical activity [http://www.heart.org/HEARTORG/HealthyLiving/PhysicalActivity/Physical-Activity_UCM_001080_SubHomePage.jsp](http://www.heart.org/HEARTORG/HealthyLiving/PhysicalActivity/Physical-Activity_UCM_001080_SubHomePage.jsp)

**Who’s Responsible**  
American Heart Association, Healthier Iowa Coalition, YMCA, and more TBD

**Target Date**  
Jul 1, 2020

---

Obesity, Nutrition & Physical Activity

**Strategy 2-2.3**  
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 Type**  
Demographic/socioeconomic-focused

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

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

**Target Date**  
Sep 30, 2021

---

Obesity, Nutrition & Physical Activity

**Strategy 2-2.4**  
Increase the percent of EFNEP and SNAP-Ed adults reporting increasing minutes of physical activity.

**Strategy Type**  
Demographic/socioeconomic-focused

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

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

**Target Date**  
Sep 30, 2021

---

Obesity, Nutrition & Physical Activity

**Goal #3**  
Improve access to nutritious meals, including access to fresh produce, for older Iowans ultimately empowering them to stay active and healthy.

**Alignment with National Plans**

Healthy People 2020, Nutrition & Weight Status  

**Alignment with State / Other Plans**

Iowa State Plan on Aging  
[https://www.iowaaging.gov/about](https://www.iowaaging.gov/about)

---

Obesity, Nutrition & Physical Activity

**Objective 3-1**  
Increase consumption of fruits and vegetables in high nutrition-risk congregate meal participants by three percentage points by 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>2015</td>
<td>Fruits 26%</td>
<td>2018</td>
<td>Fruits 29%</td>
</tr>
<tr>
<td></td>
<td>Vegetables 39%</td>
<td></td>
<td>Vegetables 42%</td>
</tr>
</tbody>
</table>

**Data Source & Location**  
Iowa Department on Aging Social Assistance Management Software (SAMS) database
<table>
<thead>
<tr>
<th>Strategy 3-1.1</th>
<th>Increase access through distribution of fresh produce at congregate meal sites by August 2018.</th>
<th>Strategy Type</th>
<th>Community-focused</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy Source &amp; Location</strong></td>
<td>Growing Bolder Plan and Iowa Nutrition Network SNAP-Ed Plan SF2017 (to be posted on the website)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Who’s Responsible</strong></td>
<td>Growing Bolder Coordinator and Iowa Nutrition Network SNAP-Ed Program Manager, Iowa Department on Aging and Iowa Department of Public Health</td>
<td><strong>Target Date</strong></td>
<td>Aug 1, 2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategy 3-1.2</th>
<th>Monitor fruit and vegetable intake of high nutrition-risk congregate meal participants receiving fresh produce and report to Growing Bolder stakeholders and area agencies on aging to facilitate process improvement.</th>
<th>Strategy Type</th>
<th>Professional/provider-focused</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy Source &amp; Location</strong></td>
<td>Growing Bolder Plan (to be posted on the website)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Who’s Responsible</strong></td>
<td>Iowa Department on Aging Policy and Planning Division and Growing Bolder Coordinator, Iowa Department on Aging and Iowa Department of Public Health</td>
<td><strong>Target Date</strong></td>
<td>Aug 1, 2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategy 3-1.3</th>
<th>Collaborate with state agencies, area agencies on aging, community leaders, and Growing Bolder stakeholders to develop a sustainability plan for the Growing Bolder produce box.</th>
<th>Strategy Type</th>
<th>Community-focused</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy Source &amp; Location</strong></td>
<td>Growing Bolder Plan (to be posted on the website)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Who’s Responsible</strong></td>
<td>Growing Bolder Coordinator, Iowa Department on Aging</td>
<td><strong>Target Date</strong></td>
<td>Sep 30, 2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objective 3-2</th>
<th>Increase nutrition risk scores of congregate and home-delivered meal participants in Iowa by one percentage point by 2018.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Baseline Year</strong></td>
<td>2015</td>
</tr>
<tr>
<td><strong>Baseline Value</strong></td>
<td>30%</td>
</tr>
<tr>
<td><strong>Target Year</strong></td>
<td>2018</td>
</tr>
<tr>
<td><strong>Target Value</strong></td>
<td>31%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategy 3-2.1</th>
<th>Monitor nutrition risk scores of meal participants and provide technical assistance to area agencies on aging to maximize services to those at high nutrition risk.</th>
<th>Strategy Type</th>
<th>Professional/provider-focused</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy Source &amp; Location</strong></td>
<td>IDA Performance Plan SFY 2017 and Area Plan on Aging 2018-2021 (to be posted on the website)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Who’s Responsible</strong></td>
<td>Iowa Department on Aging</td>
<td><strong>Target Date</strong></td>
<td>Jun 30, 2019</td>
</tr>
</tbody>
</table>
## Goal #4
During the summer when school is not in session, increase the availability of meals for children.

Alignment with National Plans

- U.S. Department of Agriculture Strategic Plan 2014-2018
  - Strategic Goal 4: Ensure that all of America's children have access to safe, nutritious, and balanced meals.

Alignment with State / Other Plans

- Central Iowa Opportunity Community Plan (Dallas, Polk & Warren counties) Performance Measure #4
  - [http://www.unitedwaydm.org/blog/opportunity-creating-prosperity-for-all](http://www.unitedwaydm.org/blog/opportunity-creating-prosperity-for-all)

### Objective 4-1
Increase the number of meal sites by 12% from 504 (2016) to 565 by 2021.

<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>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](https://www.educateiowa.gov/documents/summer-food-service-program/2016/06/2016-open-feeding-sites-county)

### Strategy 4-1.1
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](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

### Strategy 4-1.2
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](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

## Goal #5
At a minimum, maintain the current level of participation in the Healthy Opportunities state employee wellness program.

Alignment with National Plans

- N/A

Alignment with State / Other Plans

- N/A

### Objective 5-1
Improve/enhance communications to Executive Branch Non-Contract wellness-eligible employees with the intention of maintaining current participation levels.

<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>87%</td>
<td>2017</td>
<td>87%</td>
</tr>
</tbody>
</table>

Data Source & Location
- State of Iowa Healthy Opportunities Program Summary/Wellmark
**Obesity, Nutrition & Physical Activity**

**Strategy 5-1.1** In partnership with Wellmark Blue Cross Blue Shield, use results from the state employee 2016 Workplace Assessment to develop a defined communication strategy incorporating public relations strategies to engage eligible employees.

**Strategy Type** Individual/interpersonal-focused

**Strategy Source & Location**
Iowa Department of Administrative Services (Unpublished assessment)

**Who’s Responsible**
Iowa Department of Administrative Services, Wellmark Blue Cross Blue Shield

**Target Date**
Mar 31, 2017

---

**Objectives**

**Objective 5-2**
Improve/enhance communications to State Police Officers Council employees with the intention of maintaining current participation levels.

<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>93%</td>
<td>2017</td>
<td>93%</td>
</tr>
</tbody>
</table>

**Data Source & Location**
State of Iowa Healthy Opportunities Program Summary/Wellmark

---

**Goal #6**
Increase fruit and vegetable consumption among low-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 Innovation Model, Statewide Strategy Plans, Nutrition & Physical Activity
https://idph.iowa.gov/SIM

---

**Objective 6-1**
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 6-1.1** 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 Type** Individual/interpersonal-focused
Obesity, Nutrition & Physical Activity

Objective 6-2
Increase the number of children that participate in the Supplemental Nutrition Assistance Program Education (SNAP-Ed).

<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>25,689</td>
<td>2021</td>
<td>28,258</td>
</tr>
</tbody>
</table>

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

Strategy 6-2.1
Increase the number of communities that participate in the Iowa Nutrition Network School Grant Program. (Eligible communities must have one or more elementary school where more than 50% of the students participate in free and reduced price meals.)

Strategy Source & Location
Iowa Department of Public Health, Iowa Nutrition Network (INN)
https://idph.iowa.gov/inn/school-grants

Who’s Responsible
Iowa Nutrition Network (INN)

Target Date
Dec 31, 2021

Strategy Type
Community-focused

Strategy 6-2.2
Target Iowa Nutrition Network School Grant Program communities with the Pick a better snack social marketing campaign using multiple channels.

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

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

Target Date
Dec 31, 2021

Strategy Type
Community-focused

Objective 6-3
By 2021, increase consumption of fruit and vegetables by low income older Iowans (SNAP-Ed).

<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>13.8%</td>
<td>2021</td>
<td>14.5%</td>
</tr>
</tbody>
</table>

Data Source & Location

Strategy 6-3.1
Increase access to fruits and vegetables by distributing produce boxes (donated produce); distribute to a minimum of 36 locations the first year of distribution.

Strategy Source & Location
Box coordinators in six Area Agencies on Aging (Unpublished)

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

Target Date
Sep 30, 2018

Strategy Type
Demographic/socioeconomic-focused
### Goal #7  Increase breastfeeding rates.

<table>
<thead>
<tr>
<th>Objective 7-1</th>
<th>Increase access to breastfeeding friendly environments.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Baseline</strong></td>
<td><strong>Target</strong></td>
</tr>
<tr>
<td>Year</td>
<td>Value</td>
</tr>
<tr>
<td>2015</td>
<td>75 composite</td>
</tr>
</tbody>
</table>

Data Source & Location: Maternity Practices in Infant Nutrition and Care (mPINC) - State composite score

http://www.cdc.gov/breastfeeding/data/mpinc/state_reports.html

### Strategy 7-1.1  Increase the number of birthing hospitals adhering to the evidence-based 10 Steps to Successful Breastfeeding as indicated in the maternity Practices in Infant Nutrition and Care Survey.

Strategy Type: Professional/provider-focused

Strategy Source & Location: Maternity Practices in Infant Nutrition and Care (mPINC)

http://www.cdc.gov/breastfeeding/data/mpinc/state_reports.html

Who’s Responsible: Iowa Department of Public Health Breastfeeding Program

Target Date: Jun 29, 2018

### Strategy 7-1.2  Develop or enhance partnerships between WIC Breastfeeding Peer Counseling Programs and local hospitals.

Strategy Type: Professional/provider-focused

Strategy Source & Location: WIC Nutrition Services Standards

https://wicworks.fns.usda.gov/wicworks/Topics/WICnutStand.pdf

Who’s Responsible: Iowa Department of Public Health Breastfeeding Program

Target Date: Sep 28, 2018

### Goal #8  Increase the percentage of Iowans who engage in the recommended amounts of physical activity.

<table>
<thead>
<tr>
<th>Objective 8-1</th>
<th>Increase the number of complete streets policies.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Baseline</strong></td>
<td><strong>Target</strong></td>
</tr>
<tr>
<td>Year</td>
<td>Value</td>
</tr>
<tr>
<td>2016</td>
<td>19</td>
</tr>
</tbody>
</table>

Data Source & Location: National Complete Streets Coalition

https://smartgrowthamerica.org/program/national-complete-streets-coalition/policy-development/policy-atlas/
**Strategy 8-1.1**  
Contract with Metropolitan Planning Organizations (MPOs) to educate member municipalities and encourage them to enact complete streets policies.

**Strategy Type**  
Policy-focused

**Strategy Source & Location**  
Iowa Department of Public Health, CDC-funded 1305 project

**Who’s Responsible**  
Iowa Department of Public Health, Bureau of Nutrition and Health Promotion  
**Target Date**  
Jun 29, 2018

---

**Goal 9**  
Improve the healthy weight status of all Iowans by creating supportive policy, systems, or environments for healthy eating and physical activity.

**Baseline**  
<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>0</td>
<td>2021</td>
<td>20</td>
</tr>
</tbody>
</table>

**Data Source & Location**  
Hispanic retailers participating in the Shop Healthy Iowa Hispanic retail intervention in six Iowa communities

---

**Strategy 9-1.1**  
Organize market strategy trainings and identification of store-layouts for Hispanic retailers so they can implement increased produce options and sales.

**Strategy Type**  
Professional/provider-focused

**Strategy Source & Location**  
A Shop Healthy Iowa Toolkit (to be published summer 2017)

**Who’s Responsible**  
Iowa Department of Public Health, Bureau of Nutrition and Health Promotion  
**Target Date**  
Sep 28, 2018

---

**Objective 9-2**  
By 2021, increase the number of educational settings (0-18 years) that adopt nutrition and physical activity policies, systems, and environmental change.

**Baseline**  
<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>61</td>
<td>2021</td>
<td>73</td>
</tr>
</tbody>
</table>

**Data Source & Location**  
Iowa Nutrition Network School Grant Program (INNSGP) reporting  
Iowa Department of Public Health, CDC-funded 1305 Annual Performance Report (Unpublished)

---

**Strategy 9-2.1**  
By 2021, increase the number of SNAP-Ed schools implementing Farm to School strategies.

**Strategy Type**  
Policy-focused

**Strategy Source & Location**  
Iowa Nutrition Network- SNAP-Ed funded

**Who’s Responsible**  
Iowa Nutrition Network (INN)  
**Target Date**  
Jan 1, 2021
**Obesity, Nutrition & Physical Activity**

**Strategy 9-2.2** Contract with Child Care Resource and Referral (CCR&R) to implement Nutritional and Physical Activity Self Assessment for Child Care (NAP SACC) in Early Care and Education settings.  

- **Strategy Type:** Policy-focused  
- **Strategy Source & Location:** Iowa Department of Public Health, CDC-funded 1305 project (unpublished)  
- **Who’s Responsible:** Iowa Department of Public Health, Bureau of Nutrition and Health Promotion  
- **Target Date:** Jun 29, 2018

**Obesity, Nutrition & Physical Activity**

**Strategy 9-2.3** Target seven school districts funded through the CDC Chronic Disease, Nutrition, Physical Activity and Obesity, and School Health Grant to develop policies supporting the school nutrition and physical activity environment.  

- **Strategy Type:** Policy-focused  
- **Strategy Source & Location:** CDC Chronic Disease, Nutrition, Physical Activity, and Obesity, and School Health Grant (Unpublished)  
- **Who’s Responsible:** Iowa Department of Public Health, Bureau of Nutrition and Health Promotion  
- **Target Date:** Jun 29, 2018

**Obesity, Nutrition & Physical Activity**

**Objective 9-3** Increase the number of Iowa communities that implement CDC-recommended Community Strategies to Prevent Obesity.  

<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>38</td>
<td>2021</td>
<td>68</td>
</tr>
</tbody>
</table>

- **Data Source & Location:** 0609 State of Iowa Childhood Obesity funds (unpublished)

**Obesity, Nutrition & Physical Activity**

**Strategy 9-3.1** Contract with Iowa Association of Regional Councils to identify and target communities that identified obesity, nutrition, and physical activity in their county 2016 Community Health Needs Assessment and Health Improvement Plan.  

- **Strategy Type:** Policy-focused  
- **Strategy Source & Location:** 0609 State Childhood Obesity Funds, CDC Recommended Community Strategies to Reduce Obesity, 2016 Iowa Community Health Needs Assessment and Health Improvement Plans (See list of counties identifying initiatives to reduce obesity.)

- **Who’s Responsible:** Iowa Department of Public Health, Bureau of Nutrition and Health Promotion  
- **Target Date:** Jun 29, 2021

**Obesity, Nutrition & Physical Activity**

**Goal #10** Reduce the total number of Iowa Army National Guard (IA ARNG) soldiers flagged for not meeting the Army physical fitness standards, creating a healthier and ready force.  

- **Alignment with National Plans:** 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:** N/A
Obesity, Nutrition & Physical Activity

**Objective 10-1**
Reduce the annual number of Soldiers who are flagged in the IA ARNG for not passing the Army's physical fitness standards by 20% from 764 (2016) to 611 by 2019.

<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>764</td>
<td>2019</td>
<td>611</td>
</tr>
</tbody>
</table>

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

---

**Strategy 10-1.1**
Assign one health promotion non-commissioned officer/officer to be trained by special staff on healthy eating/nutrition, physical fitness, leadership, and additional resources.

**Strategy Type**
Professional/provider-focused

**Strategy Source & Location**
Lean in '17: Pushing for Change Campaign Letter of Instruction, JFHQ (unpublished)

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

**Target Date**
Oct 1, 2017

---

**Strategy 10-1.2**
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 '17: Pushing for Change Campaign Letter of Instruction, JFHQ (unpublished)

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

**Target Date**
Oct 1, 2017

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**Strategy 10-1.3**
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, 2017
**Iowa Health Issue:** Lack of Oral Health/Dental Services

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: [http://idph.iowa.gov/chnahip/health-improvement-plans](http://idph.iowa.gov/chnahip/health-improvement-plans)

### Lack of Oral Health/Dental Services

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

<table>
<thead>
<tr>
<th>Lack of Oral Health/Dental Services</th>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 1-1</strong></td>
<td>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%.</td>
<td><strong>Baseline</strong>&lt;br&gt;Year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2016</td>
</tr>
</tbody>
</table>

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

**Strategy Source & Location**<br>Delta Dental of Iowa Strategic Plan<br>[https://www.deltadentalia.com/foundation/strategic-goals](https://www.deltadentalia.com/foundation/strategic-goals)

**Who’s Responsible**<br>Delta Dental of Iowa Foundation<br>**Target Date** Jan 1, 2020

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

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

**Who’s Responsible**<br>Iowa Department of Public Health<br>**Target Date** Jan 1, 2020

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

**Strategy Source & Location**<br>Iowa Oral Health Plan 2016-2020
Lack of Oral Health/Dental Services

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

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020, Oral Health, Objectives 3-2 &amp; 3-3</td>
<td>Iowa Oral Health Plan 2016-2020</td>
</tr>
</tbody>
</table>

### Lack of Oral Health/Dental Services

**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.

---

#### Lack of Oral Health/Dental Services

**Strategy 2-1.1**  Advocate for licensed dental hygienists performing educational and oral screening services without supervision of a licensed dentist and without restriction on the location of those services.

Strategy Type: Policy-focused

Strategy Source & Location: New strategy

Who’s Responsible: Iowa CareGivers  Target Date: Jun 30, 2017

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#### Lack of Oral Health/Dental Services

**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, 2017

---

#### Lack of Oral Health/Dental Services

**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

Who’s Responsible: Iowa CareGivers  Target Date: Dec 31, 2017
### Lack of Oral Health/Dental Services

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

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
</table>

#### 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%.

| Data Source & Location | 2016 Iowa Third Grade Oral Health Survey Report [http://idph.iowa.gov/ohds/oral-health-center/reports](http://idph.iowa.gov/ohds/oral-health-center/reports) |

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

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

<table>
<thead>
<tr>
<th>Strategy Type</th>
<th>Professional/provider-focused</th>
</tr>
</thead>
</table>

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

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

| Target Date | Jan 1, 2020 |

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


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

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

<table>
<thead>
<tr>
<th>Strategy Type</th>
<th>Professional/provider-focused</th>
</tr>
</thead>
</table>

| 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 |
Lack of Oral Health/Dental Services

**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

---

**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**  

---

**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

---

**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 Health Issue:** Sexually Transmitted Diseases

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: [http://idph.iowa.gov/chnahip/health-improvement-plans](http://idph.iowa.gov/chnahip/health-improvement-plans)

**Sexually Transmitted Diseases**

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

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) Strategic Plan <a href="https://www.cdc.gov/nchhstp/strategicpriorities/">https://www.cdc.gov/nchhstp/strategicpriorities/</a></td>
<td>Iowa’s work plan for Improving Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development, and Prevention Strategies (STD AAPPS) <a href="https://idph.iowa.gov/Portals/1/Files/HIVSTDHEP/Final%20Narrative%20203-22.pdf">https://idph.iowa.gov/Portals/1/Files/HIVSTDHEP/Final%20Narrative%20203-22.pdf</a></td>
</tr>
</tbody>
</table>

**Sexually Transmitted Diseases**

**Objective 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>

**Data Source & Location**


**Strategy Type**

Professional/provider-focused

**Strategy Source & Location**


**Who's Responsible**

Iowa Department of Public Health, Bureau of HIV, STD, and Hepatitis

**Target Date**

Dec 31, 2021

**Sexually Transmitted Diseases**

**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>

**Data Source & Location**


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

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

**Strategy Type**
Community-focused

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

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

**Target Date**
Dec 31, 2021

---

Sexually Transmitted Diseases

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

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

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

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

---

Sexually Transmitted Diseases

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

**Strategy Type**
Community-focused

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

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

**Target Date**
Dec 31, 2021

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**Iowa Health Issue:** Falls

**Iowa Counties with Local Strategies:**
Audubon, Buchanan, Calhoun, Cerro Gordo, Emmet, Hardin, Ida, Jackson, Jasper, Keokuk, Louisa, Lyon, Pocahontas, Union, 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: [http://idph.iowa.gov/chnahip/health-improvement-plans](http://idph.iowa.gov/chnahip/health-improvement-plans)

**Falls**

**Goal #1**
Decrease patient falls in the healthcare setting.

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centers for Medicare &amp; Medicaid Services (CMS), Hospital Improvement Innovation Network (HIIN) <a href="https://partnershipforpatients.cms.gov/about-the-partnership/hospital-engagement-networks/">https://partnershipforpatients.cms.gov/about-the-partnership/hospital-engagement-networks/</a></td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Objective 1-1**
Decrease the number of falls per 1,000 in the healthcare setting by 20%.

<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>3.27</td>
<td>2018</td>
<td>2.61</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

**Target Date:**
Dec 31, 2019

**Falls**

**Goal #2**
Reduce falls in the elderly population.

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
</table>

**Objective 2-1**
Increase the number of collaborative practice agreements in long-term care facilities related to fall prevention.

<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>0</td>
<td>2019</td>
<td>TBD</td>
</tr>
</tbody>
</table>

**Data Source & Location:** To be developed.
### Falls

**Goal #3** Reduce injuries and deaths from falls by expanding the availability of evidence-based programs.

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
</table>
| 2015 Falls Free National Action Plan  

#### 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.

#### Strategy 3-1.1
 By 2018, increase the number of local health departments participating in county or regional falls prevention coalitions.

**Strategy Source & Location**: Survey of local health departments - conducted annually

**Who’s Responsible**: Iowa Department of Public Health, Office of Disability, Injury & Violence Prevention

**Target Date**: Jan 1, 2018

#### Strategy 3-1.2
 Analyze and provide updated data on trends related to deaths and hospitalizations from falls by county.

**Strategy Source & Location**: Policy briefs developed by program staff (Iowa Department of Public Health, Office of Disability, Injury & Violence Prevention)

**Who’s Responsible**: Iowa Department of Public Health, Office of Disability, Injury & Violence Prevention & Iowa Falls Prevention Coalition

**Target Date**: Jul 1, 2017

#### Objective 3-2
 Increase the number of health clinics conducting routine screening for falls and referral to evidence-based programs to 20.

<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>20</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**  
Develop a 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**  
New strategy to be developed jointly by the Iowa Department of Public Health & Iowa Healthcare Collaborative

**Who’s Responsible**  
Iowa Department of Public Health and Iowa Healthcare Collaborative  

**Target Date**  
Sept 1, 2017

---

**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, 2017

---

**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).

**Who’s Responsible**  
Iowa Department of Public Health, Iowa Department on Aging, Iowa Healthcare Collaborative

**Target Date**  
July 31, 2018

<<Rest of Page Intentionally Left Blank>>
### 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: [http://idph.iowa.gov/chnahip/health-improvement-plans](http://idph.iowa.gov/chnahip/health-improvement-plans)

---

**Motor Vehicle Crashes**

#### Goal #1 Increase traffic safety.

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
</table>

#### 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>


#### Strategy 1-1.1 Increase the statewide safety belt usage rate 0.032% from the 2015 observational survey rate of 92.96% to 92.99% for the 2017 survey.

<table>
<thead>
<tr>
<th>Strategy Type</th>
<th>Individual/interpersonal-focused</th>
</tr>
</thead>
</table>

**Strategy Source & Location**


<table>
<thead>
<tr>
<th>Who's Responsible</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>Jun 30, 2017</td>
</tr>
</tbody>
</table>

#### 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.

<table>
<thead>
<tr>
<th>Strategy Type</th>
<th>Policy-focused</th>
</tr>
</thead>
</table>

**Strategy Source & Location**

Iowa Office of the State Medical Examiner, Iowa DOT, and Iowa DPS

<table>
<thead>
<tr>
<th>Who's Responsible</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iowa Office of the State Medical Examiner, Iowa DOT, and Iowa DPS</td>
<td>Dec 31, 2020</td>
</tr>
</tbody>
</table>
Motor Vehicle Crashes

**Strategy 1-1.3** Reduce alcohol-impaired fatalities 1.08% from the 2010-2014 average of 92 to 91 by December 31, 2017.

**Strategy Type** Individual/interpersonal-focused

**Strategy Source & Location** Highway Safety Plan

**Who's Responsible** Agencies under contract with the Governor's Traffic Safety Bureau and Iowa Impaired Driving Coalition.

**Target Date** Dec 31, 2017

---

**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: [http://idph.iowa.gov/chnahip/health-improvement-plans](http://idph.iowa.gov/chnahip/health-improvement-plans)

---

**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**

Healthy People 2020, Injury & Violence Prevention, Objectives 37, 38, & 42


**Alignment with State / Other Plans**

ACEs 360 Iowa


University of Iowa Child Protection Program

[https://uichildrens.org/medical-services/child-protection-program](https://uichildrens.org/medical-services/child-protection-program)

---

**Adverse Childhood Experiences (ACEs)/Trauma Informed Care**

**Objective 1-1** Increase the number of policy makers and state department officials who are aware of ACEs.

**Baseline**

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>20</td>
</tr>
</tbody>
</table>

**Target**

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>50</td>
</tr>
</tbody>
</table>

**Data Source & Location**

ACEs Policy Coalition will track this number based on interactions with state policy makers and department officials during the 2017 legislative session.

---

**Adverse Childhood Experiences (ACEs)/Trauma Informed Care**

**Strategy 1-1.1** Host two lobby days during the 2017 legislative session to raise awareness regarding the impact of ACEs.

**Strategy Type** Individual/interpersonal-focused

**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, 2017

---

**Adverse Childhood Experiences (ACEs)/Trauma Informed Care**

**Objective 1-2** Adopt strategies focused on preventing and mitigating childhood adversity.

**Baseline**

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

**Target**

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</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 Type** Policy-focused

**Strategy Source & Location**
Child and Family Policy Center legislative priorities

Who’s Responsible
Child and Family Policy Center

**Target Date**
Jun 30, 2017

---

**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.

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**Alignment with National Plans**


**Alignment with State / Other Plans**

- 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)

---

**Objective 2-1** 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>

---

**Healthy Iowans**  March 2017
<table>
<thead>
<tr>
<th>Adverse Childhood Experiences (ACEs)/Trauma Informed Care</th>
</tr>
</thead>
</table>

**Strategy 2-1.1** Recruit applicants with a foundational understanding of the 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

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

**Target Date** Mar 1, 2017

**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>2017</td>
<td>1</td>
</tr>
</tbody>
</table>

**Data Source & Location** Work Group records.

**Strategy 2-2.1** Develop mission and vision statements for the work group.

**Strategy Type** Professional/provider-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

**Who's Responsible**
Iowa Department of Public Health Trauma Informed Work Group

**Target Date** Dec 31, 2021

**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</td>
</tr>
</tbody>
</table>

Data Source & Location: To be developed.

---

**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 Type**

Professional/provider-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

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>2017</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 Type**

Individual/interpersonal-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

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>2017</td>
<td>1</td>
</tr>
</tbody>
</table>

Data Source & Location: To be developed.
### Adverse Childhood Experiences (ACEs)/Trauma Informed Care

#### 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 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)
- The Washington State's ACEs Public-Private Initiative: [http://www.appi-wa.org/about/guiding-principles](http://www.appi-wa.org/about/guiding-principles)

**Who's Responsible**
Iowa Department of Public Health, Prevent Child Abuse Iowa

**Target Date**
Dec 31, 2021

#### Strategy 2-5.2
Establish a procedure for collaboration and coordination between the Iowa Department of Public Health and other agencies developing and utilizing trauma-informed care practices.

**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)
- The Washington State's ACEs Public-Private Initiative: [http://www.appi-wa.org/about/guiding-principles](http://www.appi-wa.org/about/guiding-principles)

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

**Target Date**
Dec 31, 2021

---

### Goal #3
Assure that children and their caretakers affected by adverse childhood experiences receive relevant services.

#### Alignment with National Plans

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

#### 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>

**Data Source & Location**
University of Iowa Children's Hospital Child Protection Clinic clientele, University of Iowa Children's Hospital Child Protection Clinic records

---

#### 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
### Adverse Childhood Experiences (ACEs)/Trauma Informed Care

**Objective 3-2**  Refer families to relevant needed services.

<table>
<thead>
<tr>
<th>Data Source &amp; Location</th>
<th>University of Iowa Children's Hospital Child Protection Program Inpatient and Outpatient clientele.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Objective</th>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>2016</td>
<td>0</td>
<td>2021</td>
<td>TBD</td>
</tr>
</tbody>
</table>

**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

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### Iowa Health Issue:  Occupational & Farm Safety

**Iowa Counties with Local Strategies**  N/A

**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 Injury Occupational sub-report. Pending final review and publication on OHSSP web page: [http://idph.iowa.gov/lpp/occupational-health](http://idph.iowa.gov/lpp/occupational-health)

**Occupational & Farm Safety**

**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**  OHSSP 5-year plan, which will be posted on the program web page
<table>
<thead>
<tr>
<th>Occupational &amp; Farm Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy 1-1.2</strong> Disseminate findings to workers, employers, safety and health professionals, policy makers, and the public.</td>
</tr>
<tr>
<td><strong>Strategy Type</strong> Community-focused</td>
</tr>
</tbody>
</table>

**Strategy Source & Location**
Iowa Department of Public Health, OHSSP 5-year plan, which will be posted on the program web page

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

**Target Date**
Jul 28, 2017

<table>
<thead>
<tr>
<th>Occupational &amp; Farm Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy 1-1.3</strong> Maintain and coordinate a network of stakeholders that can develop data-driven recommendations, materials, and resources for dissemination to key contacts.</td>
</tr>
<tr>
<td><strong>Strategy Type</strong> Community-focused</td>
</tr>
</tbody>
</table>

**Strategy Source & Location**
Iowa Department of Public Health, OHSSP 5-year plan, which will be posted on the program web page

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

**Target Date**
Jul 28, 2017

<<Rest of Page Intentionally Left Blank>>
## Mental Health, Illness, & Suicide

**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: [http://idph.iowa.gov/chnahip/health-improvement-plans](http://idph.iowa.gov/chnahip/health-improvement-plans)

### Mental Health, Illness & Suicide

#### Goal #1

**Prevent suicide deaths.**

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
</table>

**Objective 1-1**

Reduce the annual number of deaths by suicide by 10% from an average of 406 each year (2012-14) to 365 by 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>2012-14</td>
<td>406</td>
<td>2018</td>
<td>365</td>
</tr>
</tbody>
</table>


**Strategy 1-1.1**

Identify, coordinate, and establish suicide prevention activities across multiple sectors and settings by 2021.

Strategy Type: Community-focused

**Strategy Source & Location**

Iowa Suicide Prevention Plan 2015-2018, Goal #1.

Who's Responsible: Iowa Suicide Prevention Planning Group

Target Date: 12/31/2021

**Strategy 1-1.2**

Provide care and support to individuals affected by suicide attempts and deaths to promote healing, and implement community strategies to help prevent further suicides.

Strategy Type: Individual/interpersonal-focused

**Strategy Source & Location**

Iowa Suicide Prevention Plan 2015-2018, Goal #5.

Who's Responsible: Iowa Suicide Prevention Planning Group

Target Date: 12/31/2021

**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 Type: Policy-focused

Who's Responsible: Iowa Suicide Prevention Planning Group
Mental Health, Illness & Suicide

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.

<table>
<thead>
<tr>
<th>Objective 2-1</th>
<th>Reduce the number of suicidal ideation's by 25% over the next two years, from 67 (2015-2016; as of Oct. 24, 2016) to 50 by the end of 2018.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline Year</td>
<td>2015-16</td>
</tr>
<tr>
<td>Baseline Value</td>
<td>67</td>
</tr>
<tr>
<td>Target Year</td>
<td>2018</td>
</tr>
<tr>
<td>Target Value</td>
<td>50</td>
</tr>
</tbody>
</table>

Data Source & Location: Commanders Critical Information Requirement (CCIR) tracker (unpublished)

Mental Health, Illness & Suicide

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 2017 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, 2017

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 2017 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, 2018

Strategy 2-1.3  Provide/train Ask, Care, Escort-Suicide Intervention (ACE-SI) to at least 10% each of unit in the Iowa Army National Guard annually.

Strategy Source & Location: Training Year 2017 Unit Level Ready and Resilient Suicide Prevention Program Requirements Plan, JFHQ (Unpublished)
Mental Health, Illness & Suicide

Objective 2-2

Reduce the total number of deaths by suicide by 50% from 8 (2014-16) to 4 (2017-2019) in the Iowa Army National Guard.

Baseline | Baseline Value | Target Year | Target Value
---|---|---|---
2014-16 | 8 | 2017-19 | 4

Data Source & Location: Commanders Critical Information Requirement (CCIR) tracker (unpublished)

Who's Responsible: Commanders identify individuals, and Suicide Prevention Office provides training.

Target Date: Oct 1, 2018

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.

Strategy Type: Policy-focused

Strategy Source & Location: Training Year 2017 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, 2017

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 2017 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, 2018

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 2017 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, 2018

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 | Baseline Value | Target Year | Target Value
---|---|---|---
2016 | 0 | 2017 | 1
### 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 Source & Location**
Iowa Hospital Association 2017 Position Paper

**Who's Responsible**
Iowa Hospital Association

**Target Date**
Dec 31, 2017

**Goal #4** Educate pharmacists to provide services to evaluate mental health pharmacotherapy and make referrals as appropriate.

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

**Objective 4-1** Pharmacists are educated to provide and utilize the PHQ-9 and assessing the appropriateness of anti-depressant treatment.

<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 training session</td>
<td>2017</td>
<td>TBD</td>
</tr>
</tbody>
</table>

**Data Source & Location**
New objective, to be developed.

**Strategy 4-1.1** Hold education and training meetings with pharmacists involved in treatment of patients with mental health care needs.

**Strategy Source & Location**
Iowa Pharmacy Association

**Who’s Responsible**
Iowa Pharmacy Association

**Target Date**
Jan 1, 2021

**Goal #5** Reduce the use of prisons in Iowa to house individuals with chronic mental health issues.

<table>
<thead>
<tr>
<th>Alignment with National Plans</th>
<th>Alignment with State / Other Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Iowa Department of Corrections Strategic Plan <a href="http://publications.iowa.gov/21093/">http://publications.iowa.gov/21093/</a></td>
</tr>
</tbody>
</table>

**Objective 5-1** Reduce the number of individuals in prison who have chronic mental health issues by 25% over the next five years.

<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>4,698</td>
<td>2021</td>
<td>3,523</td>
</tr>
</tbody>
</table>

**Data Source & Location**
Iowa Corrections Offender Network and ICON-Medical module.
**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)

*Who's Responsible*  Department of Corrections Statewide Reentry Coordinator

*Target Date*  Mar 31, 2017

**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.

*Strategy Type*  Individual/interpersonal-focused

*Strategy Source & Location*
Ongoing programs/trainings in each Iowa Department of Corrections institution (unpublished)

*Who's Responsible*  Department of Corrections executive officer for mental health

*Target Date*  Dec 31, 2017

**Strategy 5-1.3** Begin Medicaid sign-up while individuals are still in prison, as part of the reentry process.

*Strategy Type*  Individual/interpersonal-focused

*Strategy Source & Location*
Each Iowa Department of Corrections institution (unpublished)

*Who's Responsible*  Department of Corrections Statewide Reentry Coordinator

*Target Date*  Ongoing

---

**Mental Health, Illness & Suicide**

**Goal #6** Improve state employees' health and wellbeing.

**Alignment with National Plans**

**Alignment with State / Other Plans**

N/A

---

**Objective 6-1** Improve/enhance communications to Executive Branch Non-Contract wellness-eligible employees to increase the use of Employee Assistance Services.

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
<th>Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>1,669</td>
<td>2017</td>
<td>2,000</td>
</tr>
</tbody>
</table>

*Data Source & Location*  New objective

---

**Strategy 6-1.1** In partnership with Wellmark Blue Cross and Blue Shield, use the results from the state employees' 2016 Workplace Assessment to develop a defined communication strategy incorporating Public Relations strategies to engage eligible employees.

*Strategy Type*  Individual/interpersonal-focused
Mental Health, Illness & Suicide

Goal #7  By 2020, increase the number of Iowans who receive problem gambling treatment.

Alignment with National Plans  | Alignment with State / Other Plans
--- | ---
N/A | N/A

Mental Health, Illness & Suicide

Objective 7-1  Increase admissions by Iowa Gambling Treatment Program-funded providers by 10% each year.

<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>2015</td>
<td></td>
<td>268</td>
<td>2020</td>
<td>390</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

Mental Health, Illness & Suicide

Strategy 7-1.1  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 Source & Location: Iowa Department of Public Health, Office of Problem Gambling Treatment and Prevention, funded providers, and ZLR (contractor)

Who’s Responsible: Office of Problem Gambling Treatment and Prevention, funded providers, and ZLR (contractor)  
Target Date: Jun 30, 2017

Mental Health, Illness & Suicide

Strategy 7-1.2  Release an RFP for an integrated call center.

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.

Who’s Responsible: Iowa Department of Public Health, Bureau of Substance Abuse, Office of Problem Gambling and Prevention  
Target Date: Feb 1, 2017

Mental Health, Illness & Suicide

Strategy 7-1.3  Allocate a minimum 10% of the General Appropriation for Health Promotion activities.

Strategy Source & Location: Iowa Department of Public Health, Office of Problem Gambling and Prevention

Who’s Responsible: Iowa Department of Public Health, Office of Problem Gambling and Prevention  
Target Date: Jul 1, 2017
Appendix B. Healthy Iowans: 2016 State Health Assessment

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Executive Summary

In April 2015, a team from the Iowa Department of Public Health (IDPH) Bureau of Planning Services established a framework for Healthy Iowans, a statewide health assessment leading to a state health improvement plan. A series of meetings involved the IDPH director, executive management, and the Iowa State Board of Health in discussing and approving the framework. Following these meetings, the team began to take steps with IDPH advisory committees, external stakeholders, local public health agencies, and concerned Iowans. Overall, more than 20,000 individuals participated in the state health assessment, either as part of a local process or in statewide activities. The assessment was inclusive so there would be broad ownership of the results and a commitment to action to make improvements in Iowans’ health.

The foundation for the statewide health assessment was the Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) work underway at the same time in Iowa’s 99 counties. In each county, an average of around 200 Iowans took part in identifying important health issues and building a plan of action to make improvements. From these local processes, nearly 2,500 specific issues were identified. An analysis of these revealed 25 issue categories that were identified most frequently and two overarching themes that relate to nearly all issues: 1 Healthy Equity and the Social Determinants of Health, and 2 Life Course.

In addition, about 200 statewide stakeholder groups and 38 advisory committees with 700 members were asked directly for input on Iowa’s top health issues. All Iowans also were invited via social media and the IDPH website to participate. Those providing input completed a form for submitting recommendations that included the rationale for the recommended issue; specific groups affected more than others; assets and resources available to address the issue; and current efforts or plans to address the issue. IDPH staff analyzed 285 health issues submitted by 140 advisory groups, stakeholders, and key informants. The analysis revealed 18 issues that were identified at least five times overall and by multiple stakeholders, the two previously identified overarching themes, and a third overarching theme: 3 Health System Improvement and Evidence-Based Decision Making.

To assess how Iowa ranked with other states, IDPH staff reviewed more than 1,000 health-related indicators in national databases, reports, and scorecards to find 86 specific indicators in which Iowa ranked 40th or lower among the states in national rankings. Grouping these indicators into similar issue categories yielded additional quantitative support for 45 health issues.

To gain a fuller picture of Iowans’ health issues, IDPH staff collaborated with the University of Iowa, College of Public Health, Center for Public Health Statistics in publishing the 2015 State Health Profile. The profile revealed important demographic, infrastructure, and disease trends that need to be addressed, particularly among rural counties and in the growing racial/ethnic population. The profile also was an important source of data used by stakeholder groups and advisory committees to support their recommendations.

Finally, objectives from Healthy Iowans: Iowa’s Health Improvement Plan 2012-2016 were used as a yardstick for determining where improvements had been made, the overall results of the plan, and what issues still need to be addressed in the next five years. Out of 61 objectives evaluated, 66% were either achieved or moving toward the target. This means that work on 34%, or 21 objectives, needs to continue.

The four components of the Healthy Iowans state health assessment process were combined to identify Iowa’s top 26 health issues and form the basis for developing a health improvement plan for 2017-2021. While this assessment represents Iowa’s top health issues in 2016, it is not a static document. At least annually, wider feedback including reviews and suggested revisions by all the participants that submitted recommendations, as well as others from across the state will be used to produce a revised assessment summary.
Iowa’s Top Health Issues

Identification of Iowa’s top health issues evolved through a synthesis of the components of the state health assessment described below—local community health needs assessments (CHNA) analysis, an analysis of advisory groups and stakeholder recommendations; Iowa’s rankings among the states; and demographics, current progress, assets, and resources. Criteria for inclusion as a top health issue required that the issue meet at least one of the following:

- At least 30 counties mentioned the issue in their CHNA reports.
- In the CHNA reports, it was one of the top 20 issues when weighted by population.
- It was mentioned at least five times overall and by multiple advisory groups/stakeholders as a top health issue.
- It had both at least one data indicator showing poor performance (national ranking of 40th or below) and at least one indicator not moving or moving in the wrong direction in the previous Healthy Iowans plan.

In addition, three overarching issues were selected due to frequent themes revealed in the four components of the assessment. Following is an infographic depicting the top health issues in Iowa in 2016 along with the overarching themes:

![Infographic](image)

*Figure 2. 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.*
Overarching Themes & Iowa’s Top Health Issues

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

Healthy Iowans, Iowa’s comprehensive state health assessment, entailed casting a wide net to determine Iowa’s top health issues. Overall, more than 20,000 individuals participated in the state health assessment, either as part of a local process or in statewide activities. The assessment included the 99-county identification of health issues through Community Health Needs Assessments (CHNA); the concerns of a wide range of stakeholders and advisory groups; Iowa rankings on health-related indicators compared with other states; demographic, infrastructure, and disease characteristics; progress during the last five years in achieving the health improvement goals in Healthy Iowans 2012-2016; and stakeholder assessments of assets and resources. This report presents findings from each assessment component as integral parts of the total assessment process.

The following graphic depicts the assessment components that were used to arrive at Iowa’s 26 top health issues:

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**Figure 3. Healthy Iowans: Iowa’s State Health Assessment Process.**

---
Local Community Health Needs Assessments (CHNA) Analysis Summary

In 2015 and 2016, under the leadership of local boards of health, Iowa’s 99 counties successfully completed a comprehensive analysis of their top health issues, prioritized the issues to be included in a community health improvement plan, and submitted reports to the Iowa Department of Public Health (IDPH). Based on a follow-up survey, an average of 13 staff members from each local health agency along with 198 members of the community were involved in participation in community meetings, responding to surveys, and/or developing or reviewing documents. This democratic, collaborative Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) process has more than a 30-year history and has become a driving force for advancing public health. Because of its primary role in coalescing action to improve the health of Iowans at the local level, CHNA&HIP was the foundation for Iowa’s state health assessment. (For a full description of CHNA&HIP along with resources and reports, see http://idph.iowa.gov/chnahip).

Focus Areas

Overall, counties identified 2,479 health issues in their CHNA reports. As part of the state health assessment, IDPH staff used multiple levels of categorization to group health issues according to common themes. First, issues were categorized according to the following six public health focus areas:

- Promote Healthy Living (Healthy Living)
- Prevent Injuries and Violence (Injuries and Violence)
- Prepare for, Respond to, and Recover from Public Health Emergencies (Preparedness)
- Protect Against Environmental Hazards (Environmental Hazards)
- Prevent Epidemics and the Spread of Disease (Epidemics and Spread of Disease)
- Strengthen the Health Infrastructure (Health Infrastructure)

Healthy Living and Health Infrastructure were the most common focus areas counties used to categorize health issues, with lesser emphasis on the other four focus areas (Table 1).

Table 4. Focus Areas by Number of CHNA Mentions and Number of Counties.

<table>
<thead>
<tr>
<th>FOCUS AREA</th>
<th># of mentions</th>
<th># of counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Infrastructure</td>
<td>701</td>
<td>99</td>
</tr>
<tr>
<td>Healthy Living</td>
<td>962</td>
<td>98</td>
</tr>
<tr>
<td>Environmental Hazards</td>
<td>179</td>
<td>86</td>
</tr>
<tr>
<td>Injuries &amp; Violence</td>
<td>277</td>
<td>84</td>
</tr>
<tr>
<td>Epidemics &amp; Spread of Disease</td>
<td>224</td>
<td>81</td>
</tr>
<tr>
<td>Preparedness</td>
<td>136</td>
<td>76</td>
</tr>
<tr>
<td>TOTALS</td>
<td>2,479</td>
<td>99</td>
</tr>
</tbody>
</table>

2 Number of mentions refers to the number of issues mentioned within a category. Counties could mention multiple issues per category.
3 Number of counties is the number of unique counties that mentioned any topic in a category. The maximum is 99.
Top Health Issues

Issues also were categorized according to topics. The topics were developed using a combination of topics from the 2011-2012 Healthy Iowans assessment and planning process, Healthy People 2020, and common themes derived from the county CHNAs. Based on an analysis of the CHNAs, counties identified obesity, nutrition, and physical activity as nearly universal issues, followed by mental health, illness, and suicide. When combined with access to mental health services, the counties considered mental health issues as even more critical. Similarly, alcohol and binge drinking was the third most common issue identified, but when combined with another addiction, tobacco/nicotine use, these behavioral health issues also assumed more salience. The three highest identified issues also are risk factors linked to such chronic diseases as cancer, diabetes, and heart disease, which were often mentioned separately as well.

Adjusting for county population showed that several issues were more likely to be mentioned by rural counties with smaller populations. For example, emergency response ranked 11th in the number of counties mentioning it as an issue, but only 28th when weighted by county population. On the other hand, several issues related to social determinants of health (SDH) ranked in the top 10 when weighted by county population, suggesting these issues were more common in urban counties. This was not universally the case, however, with SDH related to access to mental and oral health providers/facilities ranking in the top 10 by both methods of analysis. Table 2 lists the top 25 health issues that were identified either by at least 30 counties or that ranked in the top 20 issues when weighted by county population.

Table 5. Top 25 Health Issues Identified by Iowa Counties.

<table>
<thead>
<tr>
<th>HEALTH ISSUES IDENTIFIED BY 30+ COUNTIES OR TOP 20 BY POPULATION</th>
<th># mentions</th>
<th># counties</th>
<th>Population Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. NWS*: Obesity, Nutrition &amp; Physical Activity</td>
<td>229</td>
<td>87</td>
<td>1</td>
</tr>
<tr>
<td>2. Mental Health, Illness &amp; Suicide</td>
<td>158</td>
<td>70</td>
<td>2</td>
</tr>
<tr>
<td>3. SDH*: Access HS**: Mental Health (Lack of Providers and/or Facilities)</td>
<td>76</td>
<td>69</td>
<td>3</td>
</tr>
<tr>
<td>4. Substance Abuse: Alcohol &amp; Binge Drinking</td>
<td>96</td>
<td>56</td>
<td>6</td>
</tr>
<tr>
<td>5. Tobacco/Nicotine Use</td>
<td>77</td>
<td>52</td>
<td>12</td>
</tr>
<tr>
<td>6. SDH: Transportation</td>
<td>89</td>
<td>49</td>
<td>14</td>
</tr>
<tr>
<td>7. Cancer</td>
<td>80</td>
<td>42</td>
<td>16</td>
</tr>
<tr>
<td>8. SDH: Access HS: Oral Health/Dental (Lack of Providers and/or Facilities)</td>
<td>63</td>
<td>42</td>
<td>8</td>
</tr>
<tr>
<td>9. Chronic Disease: Diabetes</td>
<td>46</td>
<td>42</td>
<td>13</td>
</tr>
<tr>
<td>10. Substance Abuse: Prescription, Illegal, &amp; Other Drugs</td>
<td>63</td>
<td>40</td>
<td>17</td>
</tr>
<tr>
<td>12. Income/Poverty / SDH: Economic Stability</td>
<td>63</td>
<td>38</td>
<td>15</td>
</tr>
<tr>
<td>13. Immunizations - Unspecified Youth (ages 6-17) &amp; HPV***</td>
<td>52</td>
<td>38</td>
<td>19</td>
</tr>
<tr>
<td>15. Injury: Motor Vehicle Crashes</td>
<td>51</td>
<td>37</td>
<td>30</td>
</tr>
<tr>
<td>16. Environmental Health: Radon</td>
<td>38</td>
<td>37</td>
<td>26</td>
</tr>
<tr>
<td>17. Environmental Health: Surface and Ground Water Quality- Drinking Water, Wells, Lakes/Rivers</td>
<td>38</td>
<td>36</td>
<td>21</td>
</tr>
<tr>
<td>18. Infectious Disease: Sexually Transmitted Disease (STD)</td>
<td>41</td>
<td>35</td>
<td>11</td>
</tr>
<tr>
<td>19. Chronic Disease: Heart Disease</td>
<td>39</td>
<td>34</td>
<td>20</td>
</tr>
<tr>
<td>21. SDH: Access HS: Insurance, Uninsured and Underinsured</td>
<td>37</td>
<td>31</td>
<td>4</td>
</tr>
<tr>
<td>22. Safe, Affordable Housing / SDH: Economic Stability</td>
<td>35</td>
<td>28</td>
<td>5</td>
</tr>
</tbody>
</table>
HEALTH ISSUES IDENTIFIED BY 30+ COUNTIES OR TOP 20 BY POPULATION

<table>
<thead>
<tr>
<th>Rank</th>
<th>Issue</th>
<th># mentions</th>
<th># counties</th>
<th>Population Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>23.</td>
<td>SDH: Community Education--Community Awareness of Health Issues, Health Literacy</td>
<td>30</td>
<td>28</td>
<td>7</td>
</tr>
<tr>
<td>24.</td>
<td>SDH: Access HS: Primary Care (Lack of Providers and/or Facilities)</td>
<td>32</td>
<td>28</td>
<td>18</td>
</tr>
<tr>
<td>25.</td>
<td>NWS: Access to outlets for physical activity / SDH: Neighborhood and Built Environment</td>
<td>32</td>
<td>27</td>
<td>9</td>
</tr>
</tbody>
</table>

*Nutrition and Weight Status (NWS). **Social determinant of health (SDH). ***Health services (HS). **** Human papilloma virus (HPV).

**Overarching Theme: Life Course**

County CHNAs also revealed a strong focus on issues for different life stages. Groups that were specifically identified in the CHNAs included needs related to youth; maternal, infant, and child health; and elders. Thus, while some of the individual issues were not mentioned frequently enough to make it into the top 25 by topic, the theme of health through the life course clearly was evident and was selected as an overarching theme. Tables 3, 4, and 5 provide lists of the top issues (mentioned at least 10 times) for these stages of life.

**Table 6. Top Youth-Related Health Issues by Number of Mentions and Number of Counties.**

<table>
<thead>
<tr>
<th>Youth-Related Health Issue</th>
<th># of mentions</th>
<th># of counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunizations</td>
<td>86</td>
<td>44</td>
</tr>
<tr>
<td>Mental Health, Illness &amp; Suicide</td>
<td>50</td>
<td>32</td>
</tr>
<tr>
<td>Alcohol &amp; Binge Drinking</td>
<td>40</td>
<td>30</td>
</tr>
<tr>
<td>NWS*: Obesity, Nutrition &amp; Physical Activity</td>
<td>49</td>
<td>30</td>
</tr>
<tr>
<td>Tobacco/Nicotine Use</td>
<td>28</td>
<td>28</td>
</tr>
<tr>
<td>Family Planning/Reproductive Health</td>
<td>24</td>
<td>23</td>
</tr>
<tr>
<td>Child Abuse &amp; Neglect</td>
<td>24</td>
<td>23</td>
</tr>
<tr>
<td>Prescription, Illegal &amp; Other Drugs Abuse</td>
<td>26</td>
<td>21</td>
</tr>
<tr>
<td>Income/Poverty</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td>Environmental Health: Lead</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>Family/Parenting Support</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Totals</td>
<td>460</td>
<td>88</td>
</tr>
</tbody>
</table>

*Nutrition and Weight Status (NWS).

**Table 7. Top Maternal, Infant, and Child Health Issues by Number of Mentions and Number of Counties.**

<table>
<thead>
<tr>
<th>Maternal, Infant &amp; Child Health Issue</th>
<th># of mentions</th>
<th># of counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Planning &amp; Reproductive Health</td>
<td>30</td>
<td>24</td>
</tr>
<tr>
<td>Prenatal Health &amp; Obstetrics</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td>Family/Parenting Support</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Single-Parent Headed Households</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Totals</td>
<td>101</td>
<td>52</td>
</tr>
</tbody>
</table>
Table 8. Top Elderly Related Health Issues by Number of Mentions and Number of Counties

<table>
<thead>
<tr>
<th>Elderly Related Health Issue</th>
<th># of mentions</th>
<th># of counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>Aging in Place: Support Services</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>Mental Health, Illness &amp; Suicide including Alzheimer’s/Dementia</td>
<td>15</td>
<td>13</td>
</tr>
<tr>
<td>Flu Immunizations</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>SDH: Transportation</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>120</strong></td>
<td><strong>58</strong></td>
</tr>
</tbody>
</table>

*Social determinant of health (SDH).

Overarching Theme: Social Determinants/Health Equity

According to *Healthy People 2020*, social determinants of health are conditions in which people are born, live, learn, work, play, worship, and age; they have a profound impact on a wide range of health functioning and quality of life. In effect, conditions in which Iowans live help explain why some Iowans are healthier than others. Closely related to social determinants of health is the principle of health equity, a principle that all Iowans deserve the opportunity to achieve their optimal health. In assessing their health needs, counties paid considerable attention to social determinants/health equity. Access to health and health care, a key component of social determinants/health equity was among the top identified health issues; access included lack of mental health service providers/services, lack of oral health/dental providers/services, and lack of transportation to health services (Table 6). Another important social determinant/health equity is economic stability, which included income/poverty, general transportation, access to healthy food, and safe, affordable housing as top needs (Table 7). Other such issues as access to physical activity outlets and social/community support also were mentioned (Table 8).

Table 9. Access to Health and Health Care by Number of Mentions and Number of Counties

<table>
<thead>
<tr>
<th>Top Issues: Access to Health and Health Care</th>
<th># of mentions</th>
<th># of counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of Mental Health Providers/Services</td>
<td>76</td>
<td>69</td>
</tr>
<tr>
<td>Lack of Oral Health/Dental Providers/Services</td>
<td>63</td>
<td>42</td>
</tr>
<tr>
<td>Lack of Transportation to Health Services</td>
<td>47</td>
<td>36</td>
</tr>
<tr>
<td>Insurance, Uninsured, &amp; Underinsured</td>
<td>37</td>
<td>31</td>
</tr>
<tr>
<td>Lack of Primary Care Providers/Services</td>
<td>32</td>
<td>28</td>
</tr>
<tr>
<td>Community Education--Community Awareness of Health Issues, Health</td>
<td>30</td>
<td>28</td>
</tr>
<tr>
<td>Literacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality Healthcare &amp; Services</td>
<td>32</td>
<td>26</td>
</tr>
<tr>
<td>Other Lack of Providers/Services (unspecified)</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>Other Health Services (specialists, hours of operation, pharmacy)</td>
<td>27</td>
<td>19</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>450</strong></td>
<td><strong>96</strong></td>
</tr>
</tbody>
</table>

Table 10. Economic Stability by Number of Mentions and Number of Counties

<table>
<thead>
<tr>
<th>Top Issues: Economic Stability</th>
<th># of mentions</th>
<th># of counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income/Poverty</td>
<td>63</td>
<td>38</td>
</tr>
<tr>
<td>Transportation (other than to Health Services)</td>
<td>42</td>
<td>35</td>
</tr>
<tr>
<td>Healthy Food Access</td>
<td>45</td>
<td>32</td>
</tr>
<tr>
<td>Safe, Affordable Housing</td>
<td>35</td>
<td>28</td>
</tr>
<tr>
<td>Affordability of Health Services</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Single-Parent Headed Households</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>239</strong></td>
<td><strong>77</strong></td>
</tr>
</tbody>
</table>
### Table 11. Other Social Determinant Issues by Number of Mentions and Number of Counties.

<table>
<thead>
<tr>
<th>Other Issues: Social Determinants</th>
<th># of mentions</th>
<th># of counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Outlets for Physical Activity</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Built Environment Unspecified/General</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Climate Change/Global Warming</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Built Environment-Disability</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Neighborhood &amp; Built Environment Totals</strong></td>
<td><strong>36</strong></td>
<td><strong>29</strong></td>
</tr>
<tr>
<td>Education Attainment Level</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Access to Quality Childcare</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td><strong>Education Totals</strong></td>
<td><strong>17</strong></td>
<td><strong>14</strong></td>
</tr>
<tr>
<td>Social &amp; Community Support</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>Cultural Competence</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Health Policy/Laws</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>Social &amp; Community Context Totals</strong></td>
<td><strong>17</strong></td>
<td><strong>13</strong></td>
</tr>
</tbody>
</table>

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Stakeholder/Key Informant Input Summary

The second step in the Healthy Iowans state health assessment process was to solicit and analyze input from statewide stakeholders and key informants. A list of more than 200 stakeholders and key informants was drawn from private and public organizations and advisory groups involved in the previous five-year Healthy Iowans plan and recommendations from IDPH staff and advisory groups. These prospective partners were invited to identify the top health issues confronting Iowans. Additionally, IDPH issued a press release to solicit input from the public. An invitation to submit recommendations accompanied with a recommendation form was e-mailed to the Healthy Iowans listserv, an information channel with about 200 members. The invitation and form were placed on the Healthy Iowans website. The form contained questions about why the issue was a priority, what indicators could be used to measure progress, what specific population groups were affected more than others, what assets and resources were available to address the issue, what existing efforts address the issue, and any specific plans to address the issue. Each recommendation form included a meeting record worksheet to capture the decision-making processes used by the stakeholders.

Department advisory committees received special attention because these committees play an important role in shaping programs and related policies; input from 38 advisory committees with a diverse membership of about 700 influential stakeholders was critical to the assessment effort. Committee facilitators received orientation to the Healthy Iowans needs assessment process and their role in identifying priority issues. Another focused-effort related to data. To assist individuals and groups in identifying priority health issues and their relationship to demographics, IDPH staff worked with the University of Iowa, College of Public Health’s Center for Public Health Statistics staff in compiling and publishing the 2015 State Health Profile for Iowa available on the Healthy Iowans website at http://idph.iowa.gov/healthy-iowans.

IDPH staff analyzed more than 120 recommendation forms and 285 recommended priority health issues submitted by the following:

Advisory Groups, Stakeholders, & Key Informants Submitting Healthy Iowans Recommendations

- Adolescent Health Collaborative, IDPH
- AgriWellness, Inc.
- AIDS Drug Assistance Program Advisory Committee
- Alzheimer’s Association
- American Association of Retired Persons
- American Cancer Society
- American Diabetes Association
- American Federation of State, County, and Municipal Employees
- American Heart Association, Midwest Affiliate
- American Lung Association in Iowa
- American Planning Association, Iowa Chapter
- AmeriHealth Caritas
- Antibiotic Resistance Task Force
- Arthritis Foundation
- Behavioral Risk Factor Surveillance System Program, IDPH
- Bureau of Chronic Disease Prevention & Management, IDPH
- Bureau of Family Health/Adolescent Health Team, IDPH
- Bureau of Planning Services, IDPH
- Bureau of Substance Abuse, IDPH
- Center for Agricultural Safety and Health
- Center for Disabilities and Development
- Center for Energy & Environmental Education
- Child and Family Policy Center
- Child Health Specialty Clinics
- Comprehensive Cancer Control Program, IDPH
- Congenital & Inherited Disorders Advisory Committee
- Curry, Susan
- Delta Dental of Iowa Foundation
- Des Moines Affiliate of Susan G. Komen for the Cure
- Des Moines University
- Division of Tobacco Use Prevention & Control, IDPH
- Domestic/Sexual Violence Prevention Advisory Committee
- Early Hearing Detection Intervention Advisory Committee
- East Central Intergovernmental Association
- Easter Seals of Iowa
- Economic Development Authority
- Emergency Medical Services Advisory Council
Falls Prevention Coalition
Family Planning Council of Iowa
Farm Safety 4 Just Kids
Food Access and Health Collaborative
Food Safety Task Force
Governor’s Office of Drug Control Policy
Greene County Board of Health
Harris, April
Health Promotion & Chronic Disease Control Partnership
Health-Associated Infections (HAI) Advisory Group
Healthiest State Initiative
Healthy Siouxland Initiative
HIV & Hepatitis Community Planning Group
IDPH Immunization Advisory Committee
Interagency Advisory Council
Immunization Program, IDPH
Iowa Advisory Council on Brain Injuries
Iowa Antibiotic Resistance Task Force
Iowa Association of Business and Industry
Iowa Association of Regional Councils
Iowa Association of Water Agencies
Iowa Asthma Coalition
Iowa Behavioral Health Association/Training Resources
Iowa Bicycle Association
Iowa Board of Pharmacy
Iowa Breastfeeding Coalition
Iowa Business Council
Iowa Cancer Control Consortium
Iowa Caregivers Association
Iowa Department of Administrative Services
Iowa Department of Corrections
Iowa Department of Education
Iowa Department of Natural Resources
Iowa Department of Transportation
Iowa Department on Aging
Iowa Department of Human Rights
Iowa Dept. of Human Rights, Office of Latino Affairs
Iowa Dept. of Human Rights, Office of the Status of Women
Iowa Developmental Disabilities Council
Iowa Domestic Abuse Death Review Team
Iowa Domestic and Sexual Violence Prevention Advisory Committee
Iowa DOT Wellness Team
iowa eHealth Advisory Council
Iowa Emergency Medical Services Advisory Council
Iowa Environmental Council
Iowa Environmental Health Association
Iowa Falls Prevention Coalition
Iowa Finance Authority
Iowa Food Bank Association
Iowa Gambling Treatment Program (IGTP) Stakeholders
Iowa HIV and Community Planning Group
Iowa Hospital Association
Iowa Immunization Coalition
Iowa Kidsight
Iowa Maternal and Child Health Advisory Council
Iowa Medical Examiner’s Advisory Council
Iowa Medical Society
Iowa National Guard
Iowa Nurses Association
Iowa Osteopathic Medical Association
Iowa Pharmacy Association
Iowa Poison Control Center
Iowa Prevention of Disabilities Policy Council
Iowa Primary Care Association
Iowa Sexual Violence Prevention Planning Committee
Iowa State Public Defender
Iowa State University Extension Service
Iowa Statewide Independent Living Council
Iowa Suicide Prevention Planning Group
Iowa Tobacco Prevention Alliance
Iowa Trauma Services Advisory Council
Iowa Veterinary Medical Association
ISTEP Executive Council
ISU Extension, Outreach Local Foods Team
Lifelong Smiles Coalition
McMahon, Julia
National Alliance on Mental Illness Iowa
Occupational Health & Safety Surveillance Program, IDPH
Office of Family Planning, IDPH
Oral Health Center, IDPH
Patient-Centered Health Advisory Council
Polk County Medical Society
PRAMS Steering Committee
Preparedness Advisory Committee
Prescription Monitoring Advisory Council
Prevent Blindness Iowa
Prevent Child Abuse Iowa
Public Health Advisory Council
Public Health Evaluation Committee
Reach Out and Read Iowa
Regional Food Systems Working Group
State Board of Health, Substance Abuse/Gambling Program
Licensure Committee
Schleiger, Julia
Shelby County
Spear, Cari
State Child Death Review Team
State Coalition Safe Kids Iowa
State Hygienic Laboratory
State Medical Examiner Advisory Council
State Public Policy Group
University of Iowa College of Dentistry
University of Iowa, Division of Child & Community Health
University of Iowa Public Policy Center
Wayne County Child & Family Abuse Council
The health issues these various groups and individuals identified reflected the overarching themes of social determinants/health equity, life course approach, and health system improvement and evidenced-based decision-making. In addition, the recommendations included many of the same topics identified in the CHNA reports and analysis. Using the criterion of issues mentioned at least five times by multiple stakeholders, staff compiled a list of the most frequently mentioned health issues (Table 9). Similar to the CHNA rankings, stakeholders and advisory groups gave top ranking to obesity, nutrition, and physical activity, mental health, and tobacco/nicotine use. The CHNA ranking for substance abuse: alcohol and binge drinking needs was higher.

Table 12. Most Frequently Mentioned Health Issues from Stakeholders.

<table>
<thead>
<tr>
<th>Health Issue Category</th>
<th># of mentions</th>
<th># of unique stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>NWS*: Obesity, Nutrition &amp; Physical Activity</td>
<td>23</td>
<td>17</td>
</tr>
<tr>
<td>Mental Health, Illness &amp; Suicide</td>
<td>19</td>
<td>16</td>
</tr>
<tr>
<td>SDH**: Access HS***: Mental Health (Lack of Providers and/or Facilities)</td>
<td>13</td>
<td>12</td>
</tr>
<tr>
<td>Tobacco/Nicotine Use</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>Environmental Health: Water Quality &amp; Safety</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>SDH: Food Access; Food Deserts; Healthy Food; Affordability; Food Security</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Substance Abuse: Prescription, Illegal &amp; Other Drugs</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Cancer</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Chronic Disease: Diabetes</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Injury: Falls</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Safe, Affordable Housing</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Substance Abuse: Alcohol and Binge Drinking</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Health Infrastructure: Communication, IT and Data</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>SDH: Access to Outlets for Physical Activity--Parks, Sidewalks, Workout Facilities</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Immunizations: Unspecified</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Chronic Disease: Heart Disease &amp; Stroke</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>SDH: Access HS: Oral Health/Dental (Lack of Providers and/or Facilities)</td>
<td>5</td>
<td>3</td>
</tr>
</tbody>
</table>

*Nutrition and Weight Status (NWS). **Social determinants of health (SDH). ***Health services (HS).
Data Indicators Review Summary

To assess how Iowa ranked with other states, IDPH staff reviewed over 2,000 indicators in national databases, reports, and scorecards and found 86 specific indicators in which Iowa ranked 40th or lower in comparison to other states. This review yielded quantitative support for 45 health issues. Following is a list of the data sources that were reviewed (Table 10), an example of how indicators were classified into health topic areas (Table 11), and a list of the health topic areas in which there was at least one indicator where Iowa ranked 40th or lower nationally (Table 12).

Table 13. Review of Report or Data Source by the Number of Indicators.

<table>
<thead>
<tr>
<th>Report or Data Source</th>
<th># of indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>America’s Health Rankings</td>
<td>66</td>
</tr>
<tr>
<td>Trust for America’s Health</td>
<td>50</td>
</tr>
<tr>
<td>Center for American Progress</td>
<td>31</td>
</tr>
<tr>
<td>2015 State Health Profile for Iowa</td>
<td>83</td>
</tr>
<tr>
<td>County Health Rankings</td>
<td>69</td>
</tr>
<tr>
<td>BRFSS</td>
<td>72</td>
</tr>
<tr>
<td>National Healthcare Quality &amp; Disparities Report</td>
<td>177</td>
</tr>
<tr>
<td>Trust for America’s Health Injury Prevention Policy Report</td>
<td>10</td>
</tr>
<tr>
<td>Health Indicators Warehouse</td>
<td>350</td>
</tr>
<tr>
<td>KIDS COUNT Data Center</td>
<td>290</td>
</tr>
<tr>
<td>Climate Threats: States at Risk: America’s Preparedness Report Card</td>
<td>7</td>
</tr>
<tr>
<td>National Health Security Preparedness Index</td>
<td>7</td>
</tr>
<tr>
<td>The Commonwealth Fund State Health System Ranking</td>
<td>50</td>
</tr>
<tr>
<td>Raising Expectations: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers. AARP, The Commonwealth Fund, The Scan Foundation</td>
<td>30</td>
</tr>
<tr>
<td>National Fire Department Census quick facts (1)/Fire death and injury rates (2)/ Specialized Services by State (15). U.S. Fire Administration.</td>
<td>18</td>
</tr>
<tr>
<td>Surveillance for Foodborne Disease Outbreaks United States Annual Report, CDC.</td>
<td>3</td>
</tr>
<tr>
<td>2011/12 National Survey of Children’s Health, Data Resource Center for Child and Adolescent Health</td>
<td>106</td>
</tr>
<tr>
<td>2009/10 National Survey of Children with Special Health Care Needs, Data Resource Center for Child and Adolescent Health</td>
<td>23</td>
</tr>
<tr>
<td>State Health Facts, Henry J. Kaiser Family Foundation</td>
<td>Over 500</td>
</tr>
</tbody>
</table>
### Table 14. Indicator Classification Examples.

<table>
<thead>
<tr>
<th>Full Indicator</th>
<th>Issue Category</th>
<th>Data Source</th>
<th>Iowa Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board-certified emergency physicians per 100,000 pop.</td>
<td>SDH: Access HS: Emergency Medical Services (Lack of Providers and/or Facilities)</td>
<td>America's Emergency Care Environment, A State-by-State Report Card - 2014, American College of Emergency Physicians</td>
<td>51</td>
</tr>
<tr>
<td>Rate of reported foodborne disease outbreaks per 1 million population</td>
<td>Environmental Health: Food Safety</td>
<td>Surveillance for Foodborne Disease Outbreaks United States Annual Report, CDC</td>
<td>41</td>
</tr>
<tr>
<td>Choice of Setting and Provider: Home health and personal care aides per 1,000 population age 65+</td>
<td>SDH: Access HS: Direct Care--Home Care (Lack of Providers and/or Facilities)</td>
<td>Raising Expectations: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers, The Commonwealth Fund</td>
<td>48</td>
</tr>
<tr>
<td>Percent of Smokers who Attempt to Quit Smoking</td>
<td>Tobacco/Nicotine Use</td>
<td>State Health Facts, Henry J. Kaiser Family Foundation</td>
<td>50</td>
</tr>
<tr>
<td>Percentage of Persons Aged 18-64 Who Reported Ever Receiving an HIV Test</td>
<td>Chronic Disease: HIV and Viral Hepatitis</td>
<td>State Health Facts, Henry J. Kaiser Family Foundation</td>
<td>50</td>
</tr>
<tr>
<td>Number of persons with diabetes (ICD-10 codes E10-E14) as the underlying cause of death per 100,000 age-adjusted</td>
<td>Chronic Disease: Diabetes</td>
<td>Health Indicators Warehouse</td>
<td>46</td>
</tr>
</tbody>
</table>

### Table 15. Health Issue Categories for Indicators Ranked 40th or Lower.

Health Issue Categories in which Iowa ranked 40th or lower nationally for at least one Indicator

- Cancer: Breast
- Cancer: Colorectal
- Cancer: Leukemia
- Cancer: Non-Hodgkin's Lymphoma
- Cancer: Skin
- Chronic Disease: Alzheimer's/Dementia
- Chronic Disease: Diabetes
- Chronic Disease: HIV and Viral Hepatitis
- Chronic Disease: Atherosclerosis
- Chronic Disease: High Cholesterol
- Emergency Medical Services
- Emergency Response: Network Infrastructure, Plan, Notification
### Health Issue Categories in which Iowa ranked 40th or lower nationally for at least one Indicator

<table>
<thead>
<tr>
<th>Category</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Response: Personnel-Volunteers, Training</td>
<td></td>
</tr>
<tr>
<td>Environmental Health: Food Safety</td>
<td></td>
</tr>
<tr>
<td>Health Infrastructure: Care Transitions</td>
<td></td>
</tr>
<tr>
<td>Immunizations: Flu</td>
<td></td>
</tr>
<tr>
<td>Immunizations: Adolescent</td>
<td></td>
</tr>
<tr>
<td>Injury: Falls</td>
<td></td>
</tr>
<tr>
<td>Injury: Occupational Health and Safety (Includes Farming)</td>
<td></td>
</tr>
<tr>
<td>Maternal and Child Health: Children with Special Healthcare Needs and Missed Days of School</td>
<td></td>
</tr>
<tr>
<td>Maternal and Child Health: Adverse Childhood Experiences/Trauma Informed Care</td>
<td></td>
</tr>
<tr>
<td>Maternal and Child Health: Breastfeeding</td>
<td></td>
</tr>
<tr>
<td>Maternal and Child Health: Prenatal Health and Obstetrics-Low Birth Weight; Elective Cesareans; Substance Use</td>
<td></td>
</tr>
<tr>
<td>Mental Illness: Depression and Anxiety</td>
<td></td>
</tr>
<tr>
<td>Mental Illness: Unspecified</td>
<td></td>
</tr>
<tr>
<td>NWS*: Nutrition</td>
<td></td>
</tr>
<tr>
<td>NWS: Obesity</td>
<td></td>
</tr>
<tr>
<td>NWS: Other: Underweight Children 10-17</td>
<td></td>
</tr>
<tr>
<td>NWS: Physical Activity</td>
<td></td>
</tr>
<tr>
<td>SDH**: Access HS***: Affordability of HS, Lack of Financial Resources</td>
<td></td>
</tr>
<tr>
<td>SDH: Access HS: Direct Care--Home Care (Lack of Providers and/or Facilities)</td>
<td></td>
</tr>
<tr>
<td>SDH: Access HS: Emergency Medical Services (Lack of Providers and/or Facilities)</td>
<td></td>
</tr>
<tr>
<td>SDH: Access HS: Mental Health (Lack of Providers and/or Facilities)</td>
<td></td>
</tr>
<tr>
<td>SDH: Access HS: Specialists</td>
<td></td>
</tr>
<tr>
<td>SDH: Access HS: Primary Care (Lack of Providers and/or Facilities)</td>
<td></td>
</tr>
<tr>
<td>SDH: Education Attainment Level (High School, College, etc.)</td>
<td></td>
</tr>
<tr>
<td>SDH: Juvenile Detention, Correctional And/or Residential Facilities Rate</td>
<td></td>
</tr>
<tr>
<td>SDH: All Available Parents in Workforce</td>
<td></td>
</tr>
<tr>
<td>SDH: Children 12-17 Working Outside the Home</td>
<td></td>
</tr>
<tr>
<td>SDH: Foster Care Rate</td>
<td></td>
</tr>
<tr>
<td>SDH: Single-Parent Headed Households</td>
<td></td>
</tr>
<tr>
<td>SDH: Unemployment Insurance Coverage</td>
<td></td>
</tr>
<tr>
<td>Substance Abuse: Binge Drinking</td>
<td></td>
</tr>
<tr>
<td>Tobacco/Nicotine Use</td>
<td></td>
</tr>
<tr>
<td>Violence: Child Abuse and Neglect</td>
<td></td>
</tr>
</tbody>
</table>

* Nutrition and weight status (NWS). **Social determinant of health (SDH). ***Health services (HS).
Iowa Demographic Overview

Demographics, along with changes over time, are important because they give context to health issues as well as suggest possible interventions or strategies to address them. In addition to analyzing indicators for specific health issues as part of Component 3 of the state health assessment, the 2015 State Health Profile for Iowa on the Healthy Iowans website (http://idph.iowa.gov/healthy-iowans) offers a detailed analysis of general Iowa demographic trends. A summary of several important demographic shifts in Iowa follows. In particular, the analysis of demographic changes provides additional support for the overarching themes of health equity and life course, especially related to aging, diversity, and urban/rural populations.

Population Shift Toward Urbanized Areas

Based on data from the U.S. Census Bureau and its American Community Survey, from April 1, 2010 to July 1, 2013, Iowa had an overall increase of 1.5% in population, compared to a national average increase of 2.5%. Although there was an overall increase in population, only 36 of Iowa’s 99 counties increased in population, while 63 counties experienced a decrease in population. The greatest decrease in population, by percentage, has occurred in the western half of the state and mostly rural areas. The following map depicts population change for each county. (See http://www.iowadatcenter.org/data for an updated map.)

![Percent Population Change from 2004-2013](http://www.iowadatcenter.org/data)
Increasing Diversity

Also important to the future of Iowa’s health is the age distribution by race/ethnicity showing increased diversity among younger Iowans. This increasing diversity calls attention to the need for maternal, infant, and child services as well as for health equity and life course approaches. Overall, 92.5% of Iowans are White Non-Hispanic or Latino, with 5.5% specifying Hispanic or Latino. Only 3.3% are Black or African American, 2.0% Asian, and 1.6% two or more races. However, much broader diversity is evident when broken down by age. Even though White still holds the largest percentage, younger Iowans are increasingly more diverse.

![Age Distribution by Race/Ethnicity](image)

*Figure 5. Age Distribution by Race/Ethnicity. Iowa Department of Public Health, University of Iowa, College of Public Health. 2015 State Health Profile for Iowa, p10.*

Increasing Aging

The graph (figure 4) on Iowans age 65 and older by county population size indicates that smaller-sized, rural counties have a larger proportion of elderly Iowans and, therefore, a substantial need for services to this age group, and, again, for attention to health equity and life course approaches. The percentage of Iowans who are 65 and older living in a county is inversely related to the population size of the county. Those with larger total populations have a smaller proportion that are over the age of 65.
Current Healthy Iowans Plan Summary of Progress

*Healthy Iowans: Iowa’s Health Improvement Plan 2012-2016: Are We Making Progress?* documents the progress being made in solving the health issues identified in *Healthy Iowans: Iowa’s Health Improvement Plan 2012-2016*. Objectives in the measures of progress section of the plan were used as a yardstick for determining where improvements were made, the overall results of the plan, and what action will be needed in the next five-year improvement plan. Sixty-six percent of the 61 objectives were either achieved (23) or moved toward the target\(^4\) (17). The rest of the objectives did not move at all\(^5\) (13) (Table 14) or moved away from the target\(^6\) (8) (Table 15). Because there has been no measurable improvement, work on these objectives needs to continue. The progress report also provides details on the extent of progress including each target, baseline, most recent data, and data sources along with a chart depicting trends, the target, and, if available, an Iowa comparison with the best state, the worst state, and the national status.

Table 16. Healthy Iowans 2012-2016. Health Improvement Objectives by Achievement of Target.

<table>
<thead>
<tr>
<th>Target Achieved</th>
<th>Moving Toward the Target</th>
<th>Not Moving at All</th>
<th>Moving Away from the Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 (38%)</td>
<td>17 (28%)</td>
<td>13 (21%)</td>
<td>8 (13%)</td>
</tr>
</tbody>
</table>

\(^4\) An indicator was considered as moving toward a target if it changed in the direction of the target, when compared to the baseline, by more than 5%.

\(^5\) An indicator was considered not moving if it did not change by more than 5% when compared to the baseline.

\(^6\) An indicator was considered as moving away from a target if it changed in the opposite direction of the target, when compared to the baseline, by more than 5%.
## Progress Measures by Status

### Not Moving

Table 17. Healthy Iowans 2012-2016. Health Indicators that Did Not Change by at Least 5%.

<table>
<thead>
<tr>
<th>Indicator Number</th>
<th>HI Indicator</th>
<th>Issue Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-3</td>
<td>An increase in the proportion of people who have one person as a health provider.</td>
<td>Primary Care Physician--Rate/Use, Medical Home, Care Coordination</td>
</tr>
<tr>
<td>1-4</td>
<td>An increase in the proportion of children whose parents report adequate health insurance.</td>
<td>SDH: Access HS: Insurance, Uninsured and Underinsured</td>
</tr>
<tr>
<td>2-1</td>
<td>An increase in the annual influenza coverage levels for all Iowa hospital employees.</td>
<td>Immunizations: Flu</td>
</tr>
<tr>
<td>2-2</td>
<td>An increase in the immunization coverage for all universally recommended vaccines for the following populations: Adults ages 65+ influenza.</td>
<td>Immunizations: Flu: Elderly</td>
</tr>
<tr>
<td>3-3</td>
<td>A reduction in over-the-counter drug abuse among 11th grade students.</td>
<td>Substance Abuse: Other: OTC Drugs; Adolescents</td>
</tr>
<tr>
<td>3-8</td>
<td>An increase in the proportion of homes that have rules against smoking.</td>
<td>Tobacco/Nicotine Use</td>
</tr>
<tr>
<td>4-4</td>
<td>An increase in cancer screenings for breast, colorectal, and cervical cancer for the following populations: Women aged 50 and older having a mammogram in the past two years.</td>
<td>Cancer: Breast</td>
</tr>
<tr>
<td>4-4</td>
<td>An increase in cancer screenings for breast, colorectal, and cervical cancer for the following populations: Women aged 21 and older having a Pap test within the past three years.</td>
<td>Cancer: Cervical</td>
</tr>
<tr>
<td>6-3</td>
<td>An increase in the percentage of persons who eat five or more servings of fruits and vegetables each day.</td>
<td>NWS: Nutrition (Choice Not Access Related)</td>
</tr>
<tr>
<td>6-5</td>
<td>An increase in the proportion of adults who get the recommended levels of aerobic physical activity.</td>
<td>NWS: Physical Activity (Choice Not Access Related)</td>
</tr>
<tr>
<td>6-8</td>
<td>An increase in the proportion of intended births</td>
<td>Maternal and Child Health: Family Planning or Reproductive Health--Pregnancy Intention</td>
</tr>
<tr>
<td>7-2</td>
<td>A reduction in deaths from work-related injuries.</td>
<td>Injury: Occupational Health and Safety (Includes Farming)</td>
</tr>
<tr>
<td>7-3</td>
<td>An increase in seatbelt use to reduce injuries and deaths from motor vehicle crashes.</td>
<td>Injury: Motor Vehicle Crashes Rate Unspecified</td>
</tr>
</tbody>
</table>
Moving Away from the Target

Table 18. Healthy Iowans 2012-2016. Health Indicators That Moved Away from the Target by at Least 5%.

<table>
<thead>
<tr>
<th>Indicator Number</th>
<th>HI Indicator</th>
<th>Issue Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-6</td>
<td>An increase in the proportion of persons with diabetes who report receiving a dilated eye examination in the last year.</td>
<td>Chronic Disease: Diabetes</td>
</tr>
<tr>
<td>6-9</td>
<td>A reduction in the proportion of adults who are obese.</td>
<td>NWS: Obesity</td>
</tr>
<tr>
<td>6-11</td>
<td>A decrease in the proportion of participants in the Women, Infants, and Children (WIC) program who have low or very low food security.</td>
<td>SDH: Food Access; Food Deserts; Healthy Food; Affordability; Food Security</td>
</tr>
<tr>
<td>6-12</td>
<td>A reduction in the rate of reported cases of chlamydial infection.</td>
<td>Infectious Disease: STD</td>
</tr>
<tr>
<td>7-1</td>
<td>A decrease in the hospitalization rate related to falls for those who are ages 65 and over.</td>
<td>Injury: Falls</td>
</tr>
<tr>
<td>7-4</td>
<td>A 5% reduction in the rate of all intentional and unintentional fatal injuries.</td>
<td>Injury: Unspecified and Violence: Unspecified</td>
</tr>
<tr>
<td>7-5</td>
<td>A 5% reduction in the percent of Iowa high school student youth who report forced sexual experience.</td>
<td>Violence: Sexual Abuse</td>
</tr>
<tr>
<td>8-1</td>
<td>A reduction in the percent of 11th graders who seriously consider attempting suicide.</td>
<td>Suicide</td>
</tr>
</tbody>
</table>

Assets & Resources

Advisory groups and stakeholders completing recommendation forms responded to a question about assets and resources available to address their recommended issues. Following are samples of the responses to the top health issues and three overarching themes.

By Health Issue Category

NWS: Obesity, Nutrition & Physical Activity

- Association of Business and Industry is collaborating with Healthiest State Initiative.
- Iowa Department of Natural Resources Parks, Wildlife, Fisheries and Law Enforcement Bureaus and lands for increased physical recreation activities in the outdoors. County Conservation Boards and City Parks & Recreation Departments.
- ISU Extension, faith-based institutions; farmers markets; food banks; local chefs, county conservation groups, YMCAs, cities, local interest groups.
- Concern about older Iowans: IDPH, Iowa Department on Aging, Iowa Food Bank Association, Iowa’s Association of Area Agencies on Aging, numerous church and local community groups, AARP in Iowa and AARP Foundation, Iowa State University Extension, Food Access the World Food Prize, Iowa Food and Health Systems Collaborative, Cultivate Iowa, Iowa farmer and agricultural organizations, county groups, and hunger coalitions.
Mental Health, Illness & Suicide

- Family counseling services, counseling services at local clinics and hospitals (i.e., cancer centers), suicide prevention hotlines, and other state and national resources: IDPH and the American Association of Suicidology.
- Second Chance Act recidivism reduction grant. Iowa Department of Corrections (IDOC) is working with the National Alliance on Mental Illness to implement more peer-to-peer mentoring programs and staff training on relevant issues to help increase the success rates for those offenders with mental illnesses who are returning to their communities.
- Iowa’s 1st Five Healthy Mental Development, The Adverse Childhood Experiences (ACEs) study, Iowa’s Title V Maternal and Child Health Programs, Maternal, Infant and Early Childhood Home Visiting Program, Pediatric Integrated Health Homes.
- Iowa’s Center for Agricultural Safety and Health, the Iowa State University Extension, the Great Plains Center for Agricultural Health, AgriSafe Clinic Network

Substance Abuse

- State alcohol licensing authority. Motor vehicle enforcement.
- The Iowa Prescription Monitoring Program (PMP), efforts of law enforcement and administrative regulators to identify abusers, Iowa Drug Courts, the Iowa Office of Drug Control Policy, educational efforts, and many local and regional activities aimed at educating the public and professionals of the problems surrounding prescription drug abuse and misuse, resources to assist in treating the problem and addicted patients including treatment programs and counselors.
- IDPH ‘What Do You Throw Away’ Underage Drinking Prevention Media Campaign [http://www.whatdoyouthrowaway.org/]
- IDPH substance abuse prevention, treatment, and medication assisted treatment grants; Iowa Board of Medicine continuing education requirements for physician-prescribers; controlled prescription drug ‘Take Back’ efforts by local, state and federal law enforcement agencies and pharmacies, to properly dispose of unused medicines and prevent drug diversion and abuse; the Centers for Disease Control and Prevention (CDC), American Medical Association, Iowa Medical Society, Iowa Pharmacy Association, and other health care prescriber/dispenser affiliated member organizations working on revisions to guidance for prescribing opioids; Iowa Alliance of Coalitions for Change network of community coalitions, working on local level opioid reduction efforts; Iowa Office of Drug Control and Prevention grants and initiatives.
- Iowa Hospital Association, Iowa Medical Society, Alliance for Change, Iowa Healthcare Collaborative.
- Increased education on prescribing drugs that have the potential for high abuse at the University of Iowa Medical School and at Des Moines University School of Osteopathic Medicine.
- Community pharmacists can play a critical role in the return of unused medications, identifying potential medication abuse, and referring patients to treatment programs when needed.

Tobacco/Nicotine Use

- Iowa Tobacco Prevention Alliance, American Cancer Society, American Heart Association. American Lung Association, Clean Air for Everyone Citizen Action Network (CAFE IOWA CAN)
- Power of Iowa’s cancer coalition, the Iowa Cancer Coalition, to communicate and receive feedback for Iowa cancer centers.
- Quitline Iowa is a powerful tool for Iowans to use to promote tobacco cessation.

Transportation

- Iowa has 35 public transit agencies covering all 99 counties. These transit agencies are able to assist in providing transportation to health appointments.
Environmental Health: Water Quality & Safety

- Local public health Grants to Counties Program for private water well services.
- Drinking water monitoring data is available through the Iowa Department of Natural Resources. The drinking water industry has participated, through monitoring projects, with various studies in the past, and would be interested in being a partner on future projects.
- Iowa Department of Natural Resources water programs including water quality monitoring, water quality protection, animal feeding operations, geological and water survey, and GIS information for watersheds.
- U.S. Department of Agriculture - Natural Resources Conservation Service (NRCS) - Iowa Funding including the Regional Conservation Partnership Program (RCPP), Environmental Quality Incentives Program (EQIP), Agricultural Conservation Easement Program (ACEP), and Conservation Stewardship Program (CSP).
- U.S. Department of Housing and Urban Development (HUD) Disaster Resilience grant (that includes nutrient reduction and other water quality efforts).
- Local environmental health specialists/sanitarians.
- State Hygienic Laboratory water quality monitoring testing. Other university, college, public and private college laboratories throughout the state could provide analytical testing services if needed.

Cancer

- Partnership of vested health care providers, public health professionals, caregivers, researchers, cancer survivors, volunteers, and other Iowans who work together to reduce the burden of cancer in Iowa.
- Tobacco cessation programs, youth prevention programs including e-cigarettes, and increasing programs to support radon education, testing and mitigation across the state.

Diabetes

- National and local American Diabetes Association advocacy and IDPH Diabetes Prevention & Control program.

Lack of Oral Health/Dental Services

- IDPH Bureau of Oral and Health Delivery Systems health workforce development programs.
- Existing successful I-Smile Program for children that can be expanded to other populations (adults, older adults). Existing local I-Smile @ School programs.

Injury: Falls

- Iowa Department on Aging currently has a grant to increase the number of trainers in Iowa teaching evidence based falls prevention classes. The Iowa Falls Prevention Coalition has hosted an annual symposium on this topic. The Advisory Council on Brain Injuries has provided financial support to increase the number of trainers statewide as well as sponsorship for the symposium, and maintains a prevention task force, which could dedicate some time to this issue.
- Trauma System Advisory Council sub-committees including the System Evaluation and Quality Improvement Sub-committee (SEQIS) and the Prevention and Outreach sub-committee.

Immunizations

- Managed care organizations have multiple resources available to affect HPV vaccination rates, including member and provider education, targeted telephonic outreach, and mailings.
- Federal funds for immunization programming and the Iowa Healthcare Collaborative.
- Vaccines for children programs. Provider recommendation trainings and resources.
- Adult Immunization Plan, National Vaccine Plan, U.S. Department of Health and Human Services Strategic Plan.
• Immunization resources, stakeholder knowledge and expertise, stakeholders include: medical organizations, Iowa health care providers, Centers for Disease Control and Prevention, health insurance plans.
• Iowa Nurses Association state legislative agenda.
• Community-clinical linkages; Iowa Cancer Consortium.
• Community pharmacists are available to provide many immunizations.

Motor Vehicle Crashes
• There are nearly 400 Certified Child Passenger Safety Technicians (CPST) throughout Iowa. Even in rural areas, a Certified CPST is accessible. The Governor’s Traffic Safety Bureau allots funds for statewide education, materials, and devices for technicians and families.
• The Iowa Department of Public Safety (DPS) and the Department of Transportation (DOT) have federal funds to address roadway fatalities and impaired driving.

Disaster Preparedness
• System development grants and technical assistance from IDPH.
• Preparedness planning efforts at the local public health and coalition level.
• Emergency Medical Services Advisory Council and Trauma System Advisory Council.

Sexually Transmitted Diseases
• The National Committee for Quality Assurance (NCQA) recognizes chlamydia screening among sexually active females ages 16-24 as a Healthcare Effectiveness Data and Information Set (HEDIS) measure. HEDIS measures are used to assess the quality of care within health plans and provider networks.
• The United States Preventive Services Task Force (USPSTF) recommends chlamydia screening for sexually active females 24 years of age and younger with a grade "B" recommendation. Therefore, it is covered with no cost sharing under most health plans.
• Family planning providers and other healthcare professionals are strong advocates of screening.
• USPSTF recommends gonorrhea screening for sexually active females 24 years of age and younger with a grade "B" recommendation. Screening is also recommended for sexually active females over 24 years of age who are at increased risk. Therefore, it is covered with no cost sharing under most health plans.

Adverse Childhood Experiences
• ‘ACEs Too High’ www.acestoohigh.com
• Centers for Disease Control and Prevention www.cdc.gov/ace
• Harvard Center on the Developing Child www.developingchild.harvard.edu
• Iowa ACEs 360 www.iowaaces360.org
• Zero to Three www.zerotothree.org
• There is state funding to support collection of data on ACEs in Iowa; Iowa’s substance abuse programs are required to implement systems of trauma-informed care; training is available through Iowa Coalition Against Sexual Assault (IowaCASA)/Iowa Coalition Against Domestic Violence (ICADV); the curriculum “Seeking Safety” equips service providers to address trauma in clientele served by their programs.
• Development of “Lemonade for Life” curriculum for home visitors and other helping professionals to educate families on the impact of trauma on health and wellbeing and to suggest strategies for prevention, mitigation of trauma, and development of resiliency.

Heart Disease
• Healthiest State Initiative and American Heart Association policy initiatives.
• Training networks for health care providers.
• The State of Iowa’s insurance carrier, Wellmark Blue Cross and Blue Shield, provides educational information and telephone health coaching calls to address this issue.
Safe, Affordable Housing
- Because of inspection of combustion appliances, the Iowa Department of Human Rights Weatherization Assistance Program (WAP) repaired or replaced unsafe furnaces in 61%, water heaters in 56%, and installed carbon monoxide detectors in 79% of homes receiving WAP services.
- American Planning Association-Iowa Chapter, Iowa Economic Development Authority, Iowa Finance Authority, Iowa Department of Human Rights, Iowa Environmental Health Association.

Insurance Affordability & Coverage
- Polk County Medical Society (PCMS) Volunteer Physician Network (VPN) offers free specialty care, hospitalization, labs, x-rays, follow up care, all without charge to the patient. Patients must be referred to the PCMS VPN from the 59 free clinics throughout Iowa. Des Moines hospitals and surgery centers provide that free care. The PCMS VPN also provides free interpreters to assure that the patient can convey their medical condition correctly, understand the course of treatment, and the follow up they will receive. All of the specialty care is given in the specialist own office, treated as any other paying patients, with dignity. The patient is educated on the follow up on the care that is needed when they go home, so that they can heal and return to school, work, and be productive.

Lack of Primary Care Services
- IDPH Bureau of Oral and Health Delivery Systems health workforce development programs.

Occupational & Farm Safety
- Farm Safety For Just Kids: Iowa has a statewide outreach coordinator and several volunteer chapters conducting educational programs.
- Iowa’s Center for Agricultural Safety and Health (I-CASH) is a collaborative organization that includes representatives from four key institutions: U of Iowa, ISU, IDALS, and IDPH, as well as farmers, health care providers, extension personnel, researchers, and non-profit organizations.
- IDPH Occupational Health and Safety Surveillance Program (OHSSP) currently has federal funding for basic surveillance and data analysis. OHSSP is awaiting funding application results that would restore the Iowa Fatalities Assessment and Control Evaluation (FACE) program through a sub-contract to the University of Iowa College of Public Health. OHSSP partners with many government, academic, and non-profit groups to address these issues.

By Overarching Theme

Health Equity/Social Determinants of Health
- The IDPH Office of Disability, Injury, and Violence Prevention is committed to addressing accessibility of public health programs and services at the state and community level.
- The IDPH Bureau of Nutrition and Health Promotion develops and promote statewide inclusive health policies using the strategies outlined in the nine Guidelines for Disability Inclusion.
- Seventeen local public health agencies include people with disabilities in their CHNA-HIP plans. Two local public health agencies have successfully piloted a model to improve health promotion for citizens with disabilities. They are involved with a NACDD/CDD pilot project that will assess five community venues, identify priorities, and implement strategies to improve the inclusion of people with disabilities in health promotion activities. These models and activities can be replicated in additional local areas.
- One community disability service provider has developed, piloted, and implemented a successful program to improve nutrition, increase physical activity, and decrease obesity among its clients.
- Several other disability service organizations in the state have expressed an interest in developing health and wellness activities for their clients.
- Four of Iowa’s major health provider associations have committed to participating in an initiative to improve access to and the quality of preventive care for their patients.
- Five statewide consumer organizations have expressed an interest in helping to improve preventive care and health promotion for Iowa citizens with disabilities.
Life Course

- Two federal grants support the work of the IDPH Early Hearing Detection and Intervention (EHDI) program. The grants support the collection of screening and assessment results for all children under the age of 3. They support program evaluation and quality improvement initiatives. The grants also provide for direct follow-up with families of infants that were missed or did not pass their hearing screen/diagnostic assessment and need further testing or referrals for early intervention or family support, and for technical assistance from an audiologist to a birthing facility to decrease refer rates/increase screening skills. The EHDI program also has bilingual (Hispanic) staff to assist with follow-up. The EHDI Advisory Committee consists of diverse membership that can work with their associations or member groups to communicate need areas and provide education and outreach.
- Iowa is piloting a comprehensive self-assessment tool to review health centers environment, policies, and practices at three sites specific to adolescents and young adults. Iowa is conducting focus groups to create communication materials to raise awareness on the importance of an adolescent well visit.
- Two Chapters of the Alzheimer’s Association have statewide reach with over 30 staff members.
- Managed Medicaid health plans have multiple resources that may be used to improve the frequency of prenatal care visits for Iowa Medicaid members. Each plan has member and provider-directed educational materials, conducts care coordination of pregnant members, and may conduct in-person, community-based outreach.
- Federal funding through the Personal Responsibility Education Program (PREP) and the Abstinence Education Grant Program (AEGP); State funding for the Community Adolescent Pregnancy Prevention Program managed by EyesOpenIowa; Title X Family Planning clinics; www.IAMincontrol.org.
- Saving sight is a Lions Club mission worldwide. Lions Club members can volunteer to conduct vision screenings for young children in their communities. For 15 consecutive years, Iowa KidSight, www.IowaKidSight.org, has reached more children each year. The program plans to continue public education about the risk of undetected vision loss and identify ways to sustain vision screening programs of this type.
- Maternal and Child Health Family/Parenting Support; Sleep Environment; Developmental Milestones; Postpartum Support: Federally, the Birth to 5: Watch me Thrive! Initiative and in Iowa the 1st Five Healthy Mental Development Initiative are both leveraging existing resources to tackle this issue.
- Reach Out and Read Iowa is the only known Iowa-specific plan that addresses ACEs and early brain development through the promotion of book sharing in the home by medical providers to decrease the effects of toxic stress in those children most at risk for downstream adverse educational and health outcomes. Reach Out and Read is a grass roots organization, with partners in the communities of its 102 locations. These partners include local schools, Rotary, Lions Clubs, business, churches, and other communication organizations.
- American Academy of Pediatrics issued a Safe Sleep Campaign and recommendations to reduce SIDS and other sleep-related events.
Health System Improvement & Evidence-Based Decision Making

- Title V Child and Adolescent Health Agencies; IDPH Adolescent Health Collaborative; Iowa Chapter of the American Academy of Pediatrics; School nurses; Managed Care Organizations, Healthiest State Initiative and American Heart Association policy initiatives, MCH Title V Program, Child Health Specialty Clinics.
- The Iowa Gaining Ground Coalition, Preventive Health and Health Services (PHHS) Block Grant funding, and the Public Health Modernization Fund support consistent public health services across the state.
- Heartland Regional Genetics Collaborative Transition Project; University of Iowa Division of Medical Genetics.
- State Innovation Model (SIM) project; existing healthcare systems of practice and community-based service agencies; established statewide strategy plans developed by multi-stakeholder groups.
- Patient and Family Engagement (PFE) strategies through CMS-funded initiatives, such as the Hospital Engagement Network (HEN) and Transforming Clinical Practice Initiative (TCPI). PFE is further supported through patient-centered health strategies. Many resources are available to assist healthcare systems, providers, and other partners initiate practices to engage patients and their families as partners in care.
- The Iowa Primary Care Association has been part of a national pilot project to test an evidence-based and peer-reviewed tool (PRAPARE) to assess non-clinical risk and social factors at two Federally Qualified Health Centers in Iowa. We have access to national resources involved with this project as well.
- Association of State and Territorial Health Officials (ASTHO) has developed resources to assist in the development of workforce development plans. The Midwestern Public Health Training Center is revising curriculum in a new public health administrator's course.
- Pharmacists are capable of managing and reconciling a patient's medications while a patient is transferring back to the care of their primary care physician after a hospital admission.
- The Board of Pharmacy has proposed legislation that would authorize the Board to adopt rules regarding the safe operation of telepharmacy locations within Iowa.
- Federal funding for surveillance and improvement of electronic reporting.
- State and federal funding for public health laboratories and infectious disease investigators.
- Communication, IT, and Data: IDPH data management work group, Tracking Portal User Group, Tracking Portal Administration Team, Environmental Public Health Tracking Grant, National Environmental Health Public Health Tracking Network, Public Health Informatics Institute, Iowa Hospital Association.

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Engaging Iowans in the Health Improvement Plan

The next step is to set the health agenda (Healthy Iowans) for the period from 2017-2021 with a focus on the themes and issues identified in the needs assessment. In a similar, inclusive fashion characterizing the needs assessment process, a wide net has been cast inviting everyone concerned with advancing the health of Iowans to submit goals, objectives, and strategies related to the 26 critical issues, which include the three themes. The IDPH director sent e-mail invitations to state agency directors, programs within the department, and the department’s advisory committee facilitators, and included an invitation in the director’s monthly Quick Reads for public health partners and stakeholders. Special sessions were held for advisory committee facilitators. One of the sessions was videotaped, posted on the Healthy Iowans website, and e-mailed to local public health agencies and stakeholders. The Iowa Public Health Association sent an announcement to its members inviting contributions. The IDPH communications director included an announcement on Facebook and Twitter and highlighted the invitation on the IDPH home page. Other outreach methods included invitations through the Healthy Iowans’ listserv that reached hospitals and clinics, a website posting, and the list of prospective partners.

Healthy Iowans Plan Submissions

The invitation to participate in Healthy Iowans: Iowa’s State Health Improvement Plan 2017-2021 contained a link to a submission form that stakeholders could use to document action toward addressing Iowa's top health issues. After selecting one of the top health issues, participants were instructed to complete a goal for the issue or theme and document the alignment with national/state plans. Goals required at least one objective to achieve the goal's outcome including a baseline year, baseline value, target year, and target value. If the objective was one included in another plan, grant, or report, this information also was requested so the improvement plan could contain links to other resources. Each objective required at least one documented strategy including the selection of strategy types—individual/interpersonal-focused, professional/provider focused, community-focused, policy-focused, or demographic and socio-economic focused; who’s responsible, and due dates. The form also includes space for progress reports that will be used for annual progress reporting on objectives and strategies.

Time Line

Healthy Iowans: Iowa’s State Health Improvement Plan 2017-2021 is expected to be completed in early 2017 and adopted after public comments and any subsequent revisions.