



# 2013 Progress Report

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# Introduction

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

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

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

To maintain the plan's relevance in responding to challenges that have emerged since 2012 publication, in February 2013, the Iowa Department of Public Health asked contributing partners to report 2012 progress, identify barriers impeding the progress, and suggest changes in the objectives/strategies in the improvement plan. The plan has been revised to reflect those changes: ([www.idph.state.ia.us/adper/healthy\\_iowans.asp](http://www.idph.state.ia.us/adper/healthy_iowans.asp)). Because measures of progress are slated to be achieved over a five-year period (2012-2016), a report on these measures will be issued in 2016. When available, data for the measures have been updated to reflect the most current information available.

When asked to assess progress in achieving the objective/strategy, respondents said that they were making progress in taking action (57%) or had completed taking the action (12%). About 16% reported that they were making some progress, but it was behind schedule; nearly 15% reported no progress.

Based on answers to the question about how Healthy Iowans has been used in their agency, respondents considered coordinating efforts with other groups most valuable (72%) followed by preparing grants or other funding requests (32%), linking to other planning documents (30%), and guiding policy development (30%). Other responses (17%) were so varied they could not be classified.

The following highlights a number of advances that have been made in implementing objectives and strategies in the plan and some of the roadblocks inhibiting progress in 2012.

## **Significant Advances to Improve Iowans' Health**

### **Access to Health Services and Support**

- About 850 safety net and rural health services providers are connected to the Iowa Health Information Network, a system that will allow electronic health record data to be securely shared among providers. Service providers are using Direct Service Messaging, a confidential communication network.
- A number of advances in health reform strategies have been made in establishing a health benefit exchange, accountable care organizations, patient-centered medical home/health homes, prevention and chronic care management initiatives, and community utility and care coordination.
- Community hospitals are improving patient safety, communication, and teamwork through TeamSTEPPS quality improvement training.

### **Acute Disease**

- An administrative rule change requires that students receive a one-time booster dose of tetanus, diphtheria, and acellular pertussis-containing vaccine for students in grades 7 and above, if born on or after September 15, 2000, regardless of the interval since the last tetanus/diphtheria-containing vaccine.
- A new system to remind patients of upcoming immunization appointments and recall patients who have missed appointments has been implemented.

## **Addictive Behaviors**

- Twenty-three of the highest need counties have received funding to address underage drinking, adult binge drinking, and a combined legal consequences rate.
- Narcotics enforcement agents in the Iowa Department of Public Safety have been responsible for disrupting or dismantling 130 drug trafficking organizations.
- The 2012 legislation outlawing 43 compounds plus five “classes” of synthetic drugs under Schedule 1 Controlled Substances appears to have reduced accessibility and use of synthetic drugs by youth.
- The number of patient referrals to Quitline Iowa, a tobacco cessation support service, has doubled.

## **Chronic Disease**

- Because of training and additional resources, there has been a small but meaningful decrease in antipsychotic medication use in Iowa nursing homes.
- A Native American Cancer Support Group Leadership Advisory Committee has been organized to work with Native Americans.

## **Environmental Health**

- The number of working smoke alarms that have been installed by state and local agencies in predetermined homes with children has increased from 21,000 to 33,600.
- A major educational effort is underway to inform private well users about the potential problems with nitrates and overall well water quality.

## Healthy Living

- The Iowa Economic Development Authority has awarded funds to 30 communities to support green infrastructure such as storm water projects and rehabilitating homes; funding a study of changes in attitudes and behavior in two communities is underway.
- Nearly 2,000 more children took advantage of the IDPH school-based dental sealant programs in school year 2011-2012 than in 2010-2011.
- A bill to mandate vision screening or examination for children prior to entering kindergarten and third grade has been introduced in the Iowa State Legislature.
- The number of one-month-old children screened for hearing loss has increased by 7%; there also has been an increase of 7% in the number of children receiving diagnosis by three months of age.

## Injury and Violence

- A Grassroots Advocacy Network has been organized to encourage the strengthening of Iowa's Graduated Driver's License system.
- Although it is too early to determine a trend, preliminary data show a decline in the number of work-related fatalities greater than 10% compared with the 2011 data.

## Mental Health and Mental Disorders

- Redesigning the mental health service system to be administered in 5 to 15 regional groups of counties is moving forward with the goal of regional management plans fully functioning by June 30, 2014.
- A report on establishing a comprehensive jail diversion program to reduce jail bed usage by those who suffer from mental illness has been issued.

## **Preparedness and Response**

- Nine counties have established accessible general emergency shelters. Resources, tools, and training are available to assist in establishing additional shelters.
- Public health agencies and health care entities have successfully demonstrated their ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders.

## **Major Roadblocks to Improving Public Health**

### **Acute Disease**

- The State Hygienic Laboratory has been unable to develop the capacity to detect and confirm novel anti-microbial resistance mechanisms due to lack of funding.

### **Chronic Disease**

- Barriers to staying in care for HIV-infected patients continue. Planning and implementation around retention and re-engagement in care to address the issue are underway.

### **Environmental Health**

- Federal funding for all state childhood lead programs has been cut requiring staff consolidation and a reduction in data analysis.

## Healthy Living

- Significant anti-fluoridation and fiscal challenges and lost rural water systems are constraints that stymie efforts to increase the proportion of Iowans receiving fluoridated water.
- 33.5% (n=7,095) of women who had a previous live birth, gave birth to another infant in 18 or less months after a previous birth.
- No progress has been made in decreasing the preterm birth rate in the African-American population; 17.4% of births were pre-term.

## Injury and Violence

- The number of motor vehicle crashes causing injury and death has not decreased.
- Progress has not been made in reducing the percent of Iowa youth who report being bullied in the past 30 days.

# Acknowledgments

Approximately 100 staff members from private and public sector groups worked on the plan and completed 2012 progress reports. Their efforts are greatly appreciated. The following is a list of contributing organizations and advisory groups:

- [1st Five Healthy Mental Development Initiative](#)
- [Advisory Council on Brain Injuries](#)
- [Alzheimer's Association](#)
- [American Lung Association in Iowa Asthma Coalition](#)
- [American Lung Association in Iowa COPD Coalition](#)
- [Arthritis Foundation](#)
- [Center for Disabilities and Development, U of Iowa Hospitals and Clinics](#)
- [Center for Rural Health and Primary Care Advisory Committee](#)
- [Child Health Specialty Clinics](#)
- [Congenital and Inherited Disorders Advisory Committee](#)
- [Delta Dental of Iowa Foundation](#)
- [Direct Care Worker Advisory Council](#)
- [Early Childhood Iowa](#)
- [Early Hearing Detection Advisory Committee](#)
- [Easter Seals of Iowa](#)
- [Family Planning Council of Iowa](#)
- [Farm Safety 4 Just Kids](#)
- [Health Literacy Iowa](#)
- [Healthiest State Initiative](#)
- [Healthy Homes and Lead Poisoning Prevention Advisory Committee](#)
- [Iowa Immunization Coalition](#)
- [Iowa Academy of Ophthalmology](#)
- [Iowa Antibiotic Task Force](#)
- [Iowa Army National Guard](#)
- [Iowa Breastfeeding Coalition](#)
- [Iowa Cancer Consortium](#)
- [Iowa Cardiovascular and Stroke Task Force](#)
- [Iowa Department of Agriculture and Land Stewardship](#)
- [Iowa Department of Corrections](#)
- [Iowa Department of Education](#)
- [Iowa Department of Human Services](#)
- [Iowa Department of Natural Resources](#)
- [Iowa Department of Public Health](#)

- [Iowa Department of Public Safety](#)
- [Iowa Department of Transportation](#)
- [Iowa Department on Aging](#)
- [Iowa Economic Development Authority](#)
- [Iowa e-Health Executive Committee and Advisory Council](#)
- [Iowa Emergency Medical Services Advisory Council](#)
- [Iowa Falls Prevention Workgroup](#)
- [Iowa Healthcare Collaborative](#)
- [Iowa KidSight](#)
- [Iowa Medicaid Enterprise](#)
- [Iowa Office of the State Medical Examiner, Iowa Department of Public Health](#)
- [Iowa Optometric Association](#)
- [Iowa Physician Orders on Scope of Treatment \(IPOST\) Coalitions in Linn and Jones Counties](#)
- [Iowa's Center for Agricultural Safety and Health](#)
- [Iowa Statewide Poison Control Center](#)
- [Iowa Tobacco Prevention Alliance](#)
- [Iowa's Intimate Partner Violence/Sexual Violence Prevention Advisory Group](#)
- [Iowans Fit for Life](#)
- [March of Dimes](#)
- [Maternal and Child Health Advisory Committee](#)
- [Medical Home/Prevention and Chronic Care Management Advisory Council](#)
- [National Association of Addiction Treatment Providers](#)
- [Office of Drug Control Policy](#)
- [Office of Minority and Multicultural Health Advisory Council](#)
- [Prevent Blindness Iowa](#)
- [Prevention of Disabilities Policy Council](#)
- [Project Launch](#)
- [Reach Out and Read Iowa](#)
- [State Hygienic Laboratory at U of Iowa](#)
- [Tobacco Use Prevention and Control Commission](#)
- [University of Iowa College of Public Health](#)
- [University of Iowa Department of Emergency Medicine](#)

# Access to Quality Health Services and Support

## What Critical Needs Are Included

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



## Measures of Progress

- 1-1 An increase in the proportion of people with health insurance.**  
Target: 100%.  
Baseline: 88.4% (2009-2010).  
Most recent data: 88.9% (2010-2011).  
Data Source: [U.S. Census Bureau. Number and Percentage of People without Health Insurance Coverage by State.](#)
- 1-2 An increase in the number of direct care professionals<sup>1</sup> in the state.**  
Revised Target: 83,000. Original Target: 60,000. Revised due to change in baseline.  
Revised Baseline: 73,214 (2012). Original baseline: 47,488 (2009). Target: 60,000.  
Data Source: [Direct Care Worker Advisory Council's Interim Report](#), p. 8.
- 1-3 An increase in the proportion of people who have one person as a health provider.**  
Revised Target: 82.5%. Original Target: 87%. Revised due to change in baseline.  
Revised Baseline: 75% (2011). Original baseline: 79% (2010) revised due to changes in data collection and analysis methodology.  
Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 16.

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

**1-4 An increase in the proportion of children whose parents report adequate<sup>2</sup> health insurance.**

Target: 86%.

Baseline: 78% (2007).

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

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

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

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

Baseline: 4% (2010).

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

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

Revised Target: 1.14%. Original Target: 1.02%. Revised due to change in baseline.

Revised Baseline: 1.14% (FY 2011). Original baseline: 1.02% (FY 2011) revised due to corrected baseline.

Most Recent Data: 1.26% (FY 2012).

Potential Data Source: Iowa Medicaid Program Data.

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

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

Affordability / Insurance	Lead Organizations
<p>1-1.1 By 2013, achieve health benefit exchange<sup>3</sup> certification for a state-based exchange.</p> <p>Completed: The State of Iowa has decided on a partnership model with the federal government and the potential to move toward a state-based exchange in the future.</p>	<p>Iowa Insurance Division; Iowa Department of Human Services; Iowa Department of Public Health</p>
Availability and Quality of the Health Care Workforce	Lead Organizations
<p>1-1.2 By 2012, recommend three policy directions for expanding retention and recruitment of the health workforce.</p> <p>Completed: Three policy directions include 1) support of innovative education models that focus on patient-centered care by transforming from acute and episodic care to population-based and value-added delivery models; 2) support of loan repayment programs and other incentive programs to recruit and retain health professionals and health professional educators in all disciplines, particularly in underserved areas; and 3) development of more in-state opportunities for health professionals to complete the required clinical/practice component of their education and enable professionals to move into practice.</p>	<p>Health and Long-Term Care Access Advisory Council</p>

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

1-1.3 Provide state-recognized credentials to at least 60,000 professionals.

Direct Care Worker Advisory Council

Progress: The Iowa Department of Public Health (IDPH) has established a standardized curriculum and is piloting training and credentials with direct care professionals in two regions. However, the main barrier to providing state-recognized credentials is that legislation has not yet been passed to establish the Board of Direct Care Professionals for issuing the credentials.

1-1.4 Increase training for students in direct care programs to work with persons with disabilities.

Prevention of Disabilities Policy Council

Some progress but behind schedule: Coursework offered at the University of Iowa College of Medicine to pre-service medical and nursing professionals on how to improve communication with people with disabilities in clinical settings continues. Efforts to expand this training to Des Moines University and Palmer Chiropractic have started, but will take more time due to the time it takes to establish course offerings.

1-1.5 By 2013, analyze the supply and distribution of oncologists.

U of Iowa College of Public Health

Completed: The supply and distribution of oncologists practicing in Iowa were analyzed by examining the Iowa Physician Information System for the supply and location of oncologists. Iowa Cancer Registry data was used to identify the location of cancer patients. GIS mapping was used to determine how far patients traveled to receive chemotherapy or radiation therapy. The majority of cancer patients traveled 30 minutes to receive treatment; thus, access could be considered adequate for most Iowans. However, children, residents of isolated rural areas, and patients with more complex treatment needs traveled much further, indicating that access to oncology treatment is not uniformly distributed.

## Health Care Quality

## Lead Organizations

1-1.6 Develop a statewide, coordinated long-term care information and service system.

Iowa Department on Aging

Progress: In 2012, the Iowa Department of Human Services was awarded a Balancing Incentive Program grant. The Department on Aging is a partner in the grant and will collaborate and coordinate, as appropriate. The Iowa Department on Aging has also partnered with the Department of Transportation on a “One Click/One Call” grant.

1-1.7 Increase the number of safety net and rural providers connected to the Iowa Health Information Network<sup>4</sup> from 0 to 50<sup>5</sup> so that service providers can communicate with each other in exchanging health records electronically.

Iowa e-Health Executive Committee  
and Advisory Council

Progress: 850 safety net provider organizations are signed up and are using the network’s first service, Direct Secure Messaging.

1-1.8 Adopt a protocol in all 99 counties providing patient autonomy for making a final treatment choice.

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

Some progress but behind schedule: The legislatively mandated activity progressed well through the pilot stages at the local level, but when the initiative was taken statewide and given to IDPH and the Iowa Healthcare Consortium (IHC) to build awareness, outreach, and spread, the movement stopped due to lack of funding. IHC is doing some training, but, essentially, communities are responsible for initiating the activity.

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

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

1-1.9 Produce policy recommendations and strategies to reform the health care payment system. Rather than be reimbursed by the volume of services they provide, providers will be reimbursed for providing care coordination and delivering quality services that are proven to keep people healthy, reduce errors, and help avoid unnecessary care.

Medical Home/Prevention and Chronic  
Care Management Advisory Council

Progress: A number of health reform strategies have advanced including the Health Benefit Exchange, Accountable Care Organizations, Patient-Centered Medical Home/Health Homes, prevention and chronic care management initiatives, and community utility and care coordination. The Office of Health Care Transformation is a key point of contact for these initiatives, advancing the initiatives by convening stakeholders, building relationships and partnerships, streamlining efforts, presenting and offering technical assistance to a variety of stakeholders and partnership organizations.

1-1.10 By 2013, evaluate approaches used to implement the TeamSTEPPS<sup>6</sup> quality improvement program in Iowa community hospitals.

U of Iowa College of Public Health

Progress: To date, retrospective interviews were conducted with 17 hospitals that previously received TeamSTEPPS training. Six Iowa critical access hospitals underwent TeamSTEPPS training in June 2011 and eight Iowa critical access hospitals underwent Team STEPPS training in June 2012 for the prospective portion of the project. Webinars and quarterly on-site interviews tracked progress. Another set of critical access hospitals will undergo training this year. The goal is to track each hospital's progress at implementing TeamSTEPPS for at least two years. In the prospective portion of the study, 13 or 14 hospitals have conducted training at their hospitals and/or implemented TeamSTEPPS tools aimed at enhancing patient safety.

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

1-1.11 Establish a statewide, patient-centered medical home<sup>7</sup> system.

Medical Home/Prevention and Chronic  
Care Management Advisory Council

Progress: Establishing a statewide patient-centered medical home system continues to develop. Initiatives to advance the concept include the Accountable Care Organizations and the Primary Care Health Home State Plan Amendment (SPA). Additionally, there has been a focus on the development of Community Utilities in Iowa which are centered on care coordination—a key aspect of the patient-centered medical home. Eleven clinics have become nationally certified medical homes through the National Committee for Quality Assurance.

1-1.12 Assist local boards of health and local public health agencies to develop quality and effective services that are community-driven, culturally appropriate, and responsive to their Community Health Needs Assessment and Health Improvement Plans (CHNA & HIP).\*

Iowa Department of Public Health

Progress: A changing workforce (local boards of health members and new administrators) along with emerging public health issues and changes in the health care delivery system are major challenges. Changes have become more frequent and more encompassing. Progress is measured by both objective and subjective feedback that includes but is not limited to attendance at local board of health meetings, review of board minutes, performance by administrators, and surveys.

1-1.13 By 2013, 28 counties will have completed an EMS Systems Standards self-assessment.\*

Emergency Medical Services Advisory  
Council

Completed: All 28 counties have completed the EMS System Standards self-assessment. Analysis of the information submitted is ongoing. At this time, 50% of the counties have met 50% of the EMS System Standards.

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

## Transportation

## Lead Organizations

1-1.14 Increase awareness of the availability of public transit service for accessing health care in all counties.

Iowa Department of Transportation

Progress: The Iowa DOT Office of Public Transit worked with the IDPH Bureau of Oral and Health Delivery Systems to update the Health Care and Public Transit brochure to make health professionals more aware of public transit options in the community.

1-1.15 Promote the non-emergency medical transportation services that are available for Medicaid members through training, presentations, and other channels.

Iowa Medicaid Enterprise

Progress: Two letters were sent to case managers clarifying services. Presentations were given at meetings, forums, and conferences.

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

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

[Iowa Cancer Plan](#)

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

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

# Acute Disease

## What Critical Needs Are Included

**Immunization and Infectious Disease  
Outbreak Management and Surge Capacity**

## Measures of Progress

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

Target: 95%.

Baseline: 92% (2010-2011).

Most Recent Data: 93.8% (2011-2012).

Data Source: [Iowa Health Care Collaborative](#).

**2-2 An increase in the immunization coverage for all universally recommended vaccines for the following populations:**

**Children 19-35 months of age.**

Target: 90%.

Baseline: 77% coverage of 4:3:1:3:3:1:4<sup>8</sup> series (2009).

Most Recent Data: 77% (2011).

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



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

**Adolescents.**

Target: 90%.

Baseline: 71% coverage for 1 dose of Td or Tdap; 61.2% coverage for Tdap; 46.4% coverage for MCV; 42% coverage for HPV (2009).<sup>9</sup>

Most Recent Data: 78% coverage for 1 dose of Td or Tdap; 75% coverage for Tdap; 60.5% coverage for MCV; 53.5% coverage for HPV (2011).

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

**All adults.**

Target: 90%.

Revised Baseline: 46.8% received an influenza immunization in the last 12 months; 30.6% had ever received a pneumonia vaccination (2011). Original baseline revised due to changes in data collection and analysis methodology.

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 69.

**Adults age 65 and over.**

Target: 90%.

Revised Baseline: 70.9% reported ever having a pneumonia vaccine (2011). Original baseline revised due to changes in data collection and analysis methodology.

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 69.

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

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

### Immunization and Infectious Disease

### Lead Organizations

2-1.1 By 2012, implement immunization reminder/recall activities.<sup>10</sup>

Iowa Department of Public Health

Completed: On June 4, 2012, the immunization program implemented a new version of the Immunization Registry Information System (IRIS), which included additional patient reminder recall functionality. Providers use the functionality to remind patients of upcoming immunization appointments, and recall patients who have missed appointments or who are not age-appropriately immunized. IRIS staff conducted webinars and on-site trainings for providers and how to generate the reports. IDPH will continue to educate providers regarding the benefits of conducting reminder/recall activities.

2-1.2 Work with health care providers to reduce by 50% indigenous<sup>11</sup> cases of vaccine-preventable diseases.

Iowa Department of Public Health; Iowa Immunization Coalition

Progress: The IDPH Immunization Program, vaccine manufacturers, and medical organizations provide ongoing immunization education to health care providers and the public. IDPH held 10 Vaccine University trainings across Iowa and trained more than 500 health care providers. The program evaluates immunization coverage levels for 2-year-olds and adolescents ages 13-15 for providers in the Vaccines for Children Program. In addition, health insurance plans evaluate immunization coverage levels of individual health care provider sites via Healthcare Effectiveness Data and Information Set (HEDIS) measurements. As of January 1, 2013, administrative rules require that students in grades 7 and above, if born on or after September 15, 2000, get a one-time booster dose of tetanus, diphtheria, and acellular pertussis-containing vaccine regardless of the interval since their last vaccination.

<sup>10</sup> These processes serve to remind patients of upcoming immunization appointments and recall patients who either have missed appointments or who are not age-appropriately immunized.

<sup>11</sup> Indigenous diseases are diseases that occur in the United States and are not brought in from other countries.

2-1.3 Increase the use of the Iowa Health Information Network<sup>12</sup> to report disease and immunization records.

Iowa e-Health Executive Committee and Advisory Council

Progress: Staff members in Iowa e-Health, IRIS, and the Iowa Disease Surveillance System (IDSS) are working to identify business requirements and technical specifications for interoperability between IRIS/IDSS and the Iowa Health Information Network. Emerging technical issues have slowed progress, but connectivity is expected in early 2013. The State Hygienic Laboratory and several other laboratories are serving as pilot organizations for reportable disease reporting.

2-1.4 Continue to annually measure the influenza vaccination coverage of hospital employees.

Iowa Healthcare Collaborative

Progress: The IDPH Immunization Program educates health care providers and the public about adult immunizations. The program is working to incorporate an adult benchmark tool to evaluate adult vaccine coverage levels in IRIS. Annually, the Iowa Healthcare Collaborative (IHC) measures the influenza vaccination coverage level of hospital employees. Effective for the 2012-2013 influenza season, IDPH and IHC are collaborating to expand a vaccination coverage measure to health care workers at long-term care and ambulatory centers.

2-1.5 Promote the appropriate use of antibiotics.\*

Iowa Antibiotic Resistance Task Force

Some progress but behind schedule: The Iowa Antibiotic Task Force has not been involved in any activity, but the healthcare-associated infection coordinator has undertaken preliminary work through a CDC grant with long-term care facilities.

2-1.6 Develop the capacity to detect and confirm novel anti-microbial resistance<sup>13</sup> mechanisms to prevent transmission of difficult-to-treat pathogens.

State Hygienic Laboratory at U of Iowa

No progress: The State Hygienic Laboratory has been unable to develop the capacity to detect and confirm novel anti-microbial resistance mechanisms due to lack of funding.

<sup>12</sup> The Iowa Health Information Network is a system that allows electronic health record data to be securely shared among health care providers.

<sup>13</sup> Anti-microbial resistance results from the misuse of antibiotics and occurs when microbes develop ways to survive the use of medicines meant to kill or weaken them.

## Outbreak Management and Surge Capacity

## Lead Organizations

2-1.7 Improve the food-borne outbreak reporting system.

Iowa Department of Public Health

Progress: IDPH has worked with the Department of Inspections and Appeals to implement a food-borne illness reporting hotline that has resulted in at least 10% more outbreaks in 2012 than in 2011.

2-1.8 By 2015, provide training on food-borne outbreak responses that reach all city and county health departments.

Iowa Department of Public Health

Progress: In 2012, IDPH provided three food-borne outbreak response training opportunities for all city and county health departments.

2-1.9 By 2013, evaluate food-borne outbreak investigations through an after-action review process.\*

Iowa Department of Public Health

Progress: in 2012, IDPH evaluated two outbreaks, one small-scale and one large-scale with an after action report (AAR). In the future, AAR will be conducted as needed.

## Other Plans Relating to Acute Disease

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

[Iowa Cancer Plan](#)

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

# Addictive Behaviors

## What Critical Needs Are Included

Alcohol and Binge Drinking  
Drugs  
Tobacco

## Measures of Progress

**3-1 A reduction in youth alcohol use (grades 6, 8, and 11)**

Target: 16%.

Baseline: 17% (2010).

Most Recent Data: 13% (2012).

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

**3-2 A reduction in adult binge drinking.**

Revised Target: 21%. Original target: 16%. Revised due to change in baseline.

Revised Baseline: 23% (2011). Original baseline: 17% (2010) revised due to changes in data collection and analysis methodology.

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 60.

**3-3 A reduction in over-the-counter drug abuse among 11<sup>th</sup> grade students.**

Target: 4%.

Baseline: 5% (2010).

Most Recent Data: 3% (2012).

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



**3-4 A reduction in prescription drug abuse among 11<sup>th</sup> grade students.**

Target: 6%.

Baseline: 7% (2010).

Most Recent Data: 6% (2012).

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

**3-5 A reduction in current marijuana use among 11<sup>th</sup> grade students.**

Target: 12%.

Baseline: 13% (2010).

Most Recent Data: 11% (2012).

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

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

Target: 15.5%.

Baseline: 17% (2010).

Most Recent Data: 12% (2012).

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

**3-7 A reduction in current smoking among adults.**

Target: 17%. Original target: 15% revised due to change in baseline.

Revised Baseline: 20% (2011). Original baseline: 16% (2010) revised due to changes in data collection and analysis methodology.

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 55.

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

Target: 87%.

Revised Baseline: 83% (2011). Original baseline: 79% (2010) revised due to changes in data collection and analysis methodology.

Data Source: Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 57.

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

Alcohol and Binge Drinking	Lead Organizations
<p>3-1.1 Fund 23 counties with the highest need for improvement, based on indicators for underage drinking, adult binge drinking, and a combined legal consequences rate.</p> <p>Progress: Twenty-three highest need counties are being funded through the Strategic Prevention Framework State Incentive Grant, which is provided, by the Substance Abuse and Mental Health Services Administration. These counties are in the process of implementing environmental strategies that focus on reducing underage drinking and adult binge drinking. The funding ends June 30, 2014; IDPH is working to assist these counties with sustainability so the positive outcomes can continue.</p>	Iowa Department of Public Health
<p>3-1.2 By 2013, select a task force to create a five-year strategic plan for substance abuse prevention that includes substance abuse prevention in rural areas.</p> <p>Progress: A policy consortium of state and local professionals was created in December 2011 to assist in the creating of a five-year strategic plan for substance abuse prevention. This plan was completed in the fall of 2012 and is in the process of being implemented.</p>	Iowa Department of Public Health
<p>3-1.3 Create a community-based services network and support for all aspects of addictions continuum with clear linkages to services for other complex issues.</p> <p>Progress: IDPH continues to support and fund a network of services through community-based providers that focus on substance abuse prevention and treatment as well as gambling prevention and treatment.</p>	Iowa Department of Public Health
<p>3-1.4 Support statewide efforts that align with the federal Mental Health Parity and Addiction Equity Act.*</p> <p>No progress: The National Association of Addiction Treatment Providers did not take action.</p>	National Association of Addiction Treatment Providers

## Drugs

## Lead Organizations

3-1.5 Disrupt and dismantle 100 drug trafficking organizations.\*

Iowa Department of Public Safety

Completed: The agents with the Division of Narcotics Enforcement track the number of drug trafficking organizations (DTO) disrupted or dismantled as a result of their investigations. Based on this tracking, 130 DTOs have been disrupted or dismantled since 2012.

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

Office of Drug Control Policy

Some progress but behind schedule: Agency reorganization slowed the process of training. However, Drug Endangered Children (DEC) training has been provided in Hamilton County via a recertification training for Iowa trainers in Johnston, and the National DEC Conference in Des Moines. Additional trainings are scheduled in Sioux City and Ames, and quarterly regional trainings are being planned in coordination with the Iowa National Guard's Midwest Counterdrug Training Center to begin later in 2013.

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

Office of Drug Control Policy

Progress: In 2012, methamphetamine lab incidents reported by the Iowa Department of Public Safety numbered 382, down 7% from 412 in 2011 and 75% below the high water mark of 1,500 in 2004. The 2012 decline follows four consecutive years of modest upticks in numbers. Smaller "one pot" labs make up an increasing share of labs.

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

Office of Drug Control Policy

Progress: 2012 legislation to outlaw 43 compounds plus 5 “classes” of synthetic drugs classified as Schedule 1 Controlled Substances appears to be helping to reduce the amount of available synthetic drugs. The Division of Criminal Investigation laboratory identified 159 synthetic drug compounds in January 2013, down 17% from 192 in January 2012. Drug enforcement task forces also reported a drop in synthetic drug seizures so far in FY 2013 (13.2 kg) vs. FY 2012 (66.2 kg) and the Iowa Statewide Poison Control Center reported a reduction in exposure calls involving synthetic drugs in 2012 vs. 2011. These indicators are neither conclusive nor exact, and the fast-changing nature of synthetic drugs requires ongoing diligence.

## Tobacco

## Lead Organizations

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

Iowa Department of Public Health

Progress: According to Quitline Fax Referral Reports, the number of referrals is 8,911.

3-1.10 Increase from 159 to 500 the number of multi-unit housing complexes that have at least one building with a voluntary 100% smoke-free policy.\*

Iowa Department of Public Health

The Community Transformation Grants (CTG) program resulted in an opportunity to develop materials, trainings, a website, and a statewide Smoke-Free Housing Registry, a new source for reporting information from community partnerships, the CTG and the Division of Tobacco Use, Prevention, and Control. This effort will lay the groundwork for a revised objective.

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

Tobacco Use Prevention and Control Commission

No progress reported.

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

Iowa Tobacco Prevention Alliance

No progress reported.

### **Other Plans Relating to Addictive Behaviors:**

[2012 Iowa Drug Control Strategy](#)

[Iowa Cancer Plan](#)

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

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

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

# Chronic Disease

## What Critical Needs Are Included

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



## Measures of Progress

**4-1 A decrease in the number of persons with doctor-diagnosed arthritis who experience limitations in activity due to arthritis and other joint symptoms.**

Revised Target: 39%. Original target: 38% revised due to change in baseline.

Revised Baseline: 44% (2011). Original baseline: 42% (2009) revised due to changes in data collection and analysis methodology.

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System 2009](#), p. 67.

**4-2 A decrease in the age-adjusted rate<sup>14</sup> of all cancer deaths.**

Target: 160.4/100,000 (2017).

Baseline: 177/100,000 (2007).

Most Recent Data: 172/100,000 (2010).

Data Source: [CDC Wonder Underlying Cause of Death Online Database](#).

<sup>14</sup> An age-adjusted rate is a way of making fairer comparisons between groups with different age distributions.

**4-3 A decrease in the age-adjusted incidence of all cancers.**

Target: 465.6/100,000.

Revised Baseline: 489.1/100,000 (2007).

Most Recent Data: 493.4/100,000 (2009).

Data Source: [Iowa Cancer Registry, Invasive Cancer Incidence Rates](#).

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

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

Target: 88%.

Baseline: 77.3% (2010).

Data Source: [Information for Healthy Iowans from Behavioral Risk Factor Surveillance System](#).

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

Target: 70%.

Baseline: 64.1% (2010).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 57.

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

Target: 92%.

Baseline: 83.9% (2010).

Data Source: [Information for Healthy Iowans from Behavioral Risk Factor Surveillance System](#).

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

Target: 35%.

Baseline: 44% (2009).

Most Recent Data: 47% (2010).

Data Source: [IDPH HIV/AIDS Slide Sets](#), slide 31.

- 4-6 An increase in the proportion of persons with diabetes who report receiving a dilated eye examination in the last year.**  
Target: 85%.  
Baseline: 76% (2010).  
Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p.35.
- 4-7 An increase in the proportion of persons with high blood pressure who are taking their medication.**  
Target: 75%.  
Baseline: 66% (2009).  
Data Source: [CDC Division for Heart Disease and Stroke Prevention: Data Trends & Maps, Iowa](#).
- 4-8 A decrease in coronary heart disease deaths.**  
Target: 111/100,000 (age-adjusted rate).  
Baseline: 126/100,000 (2010 age-adjusted rate).  
Most Recent Data: 118/100,000 (2011 age-adjusted rate).  
Data Source: [Heart Disease & Stroke Prevention program profile](#), p. 2.
- 4-9 A decrease in deaths attributed to stroke.**  
Target: 35/100,000 population (age-adjusted rate).  
Baseline: 38/100,000 population (2010 age-adjusted rate).  
Most Recent Data: 35/100,000 population (2011 age-adjusted rate).  
Data Source: [Heart Disease & Stroke Prevention program profile](#), p. 2.
- 4-10 (Developmental) An increase in the number of persons with Alzheimer’s disease and other dementias who receive a comprehensive diagnosis.**  
Target: 37,950.  
Baseline: 34,500.  
Potential Data Source: Estimate from the National Center for Health Statistics based on Medicare data.
- 4-11 A reduction in the rate of emergency department visits for children with asthma, ages 0 to 15.**  
Target: 48/10,000.  
Baseline: 55/10,000 (average annual rate, 2003-2008).  
Data Source: [Asthma in Iowa: A Plan to Improve the Health of Iowans with Asthma, 2010-2015](#), p. 46.

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

<b>Arthritis, Osteoporosis, and Chronic Back Conditions</b>	<b>Lead Organizations</b>
<p>4-1.1 Increase the number of evidence-based arthritis interventions offered through the Arthritis Foundation Life Improvement Series Program from 26 program locations to 45.*</p> <p>Progress: The program, renamed Programs for Better Living, has been offered in 17 locations. Plans are underway to continue expansion.</p>	Arthritis Foundation
<p>4-1.2 Collaborate with other groups to address the importance of physical activity, self-management, and proper nutrition to reduce limitations in activity related to arthritis and other chronic diseases.</p> <p>Progress: In collaboration with the American Diabetes Association, the Arthritis Foundation has made a number of presentations in assisted living facilities and offered resources at health fairs and other events.</p>	Arthritis Foundation
<b>Cancer</b>	<b>Lead Organizations</b>
<p>4-1.3 Decrease cancer incidence by building and sustaining coalitions with key stakeholders to enhance cancer prevention activities including educating policy makers and key stakeholders on the chronic disease burden and evidence-based interventions for effective primary-prevention health policies.</p> <p>Progress: A radon coalition was formed to educate providers, legislators, and the public about radon and to advocate for increased radon testing and mitigation. At a summit meeting, participants learned how to enhance collaboration and shared best practices.</p>	Iowa Cancer Consortium

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

Iowa Cancer Consortium

Progress: Several initiatives address screening rates including the Raise the Rates group, a collaborative team focused on increasing mammography rates using coordinated awareness messaging, working with provider groups to implement a toolkit, and launching an educational series for providers to underscore screening.

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

Iowa Cancer Consortium

Progress: St. Luke's Hospital in Cedar Rapids held a conference, *Cancer Care for the Whole Patient: Importance of Psychosocial Care*, which focused on sexuality issues and on spirituality, palliative care, hospice, and integrative therapies. Another initiative seeks to increase colorectal cancer screening by implementing toolkits at medical practices. This effort will address screening for the general public as well as screening issues that survivors can face.

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

Office of Minority and Multicultural Health Advisory Council

Progress: Native American Cancer support group leadership training and support for the formation of a Native American Cancer Support Group Leadership Advisory Committee were offered. These efforts will continue as funds remain available. The Office of Minority and Multicultural Health Advisory Council members built awareness and educational outreach activities via the Latino Males 50+ Soccer Leagues in two regions of the state. Cancer health disparities information was distributed to African-American faith-based groups. Pre-post surveys along with qualitative responses were used in collaborative activities.

## Chronic Infectious Diseases: HIV and Viral Hepatitis

## Lead Organizations

4-1.7 Continue the HIV prevention training for 80 participants who work with high-risk youth in school districts and community-based organizations.

Iowa Department of Education

Progress: Three 2-day HIV prevention curriculum trainings were held for 85 participants from 30 schools and 20 community-based organizations working with high-risk youth. Funding is not available to continue the training, so this strategy is being removed from *Healthy Iowans*.

4-1.8 By 2013, use GIS<sup>15</sup> mapping to analyze the correlations between late diagnoses<sup>16</sup> of HIV and specific social determinants of health, such as income, education, and proximity to testing or other health care facilities.

Iowa Department of Public Health

Some progress but behind schedule: A geocoding project with CDC linking data to US Census information did not materialize on schedule but is expected to be completed in 2013.

4-1.9 Increase from 66% to 75% HIV-infected individuals who receive regular HIV medical care.

Iowa Department of Public Health

No progress: Barriers to staying in care for patients have not changed. Significant planning and re-engagement in care over the last year are expected to improve the situation.

4-1.10 Increase from 600 to 800 high-risk individuals who are aware of his or her hepatitis C virus status.

Iowa Department of Public Health

Progress: 519 individuals were screened for hepatitis C. It is expected that screening will increase with the use of rapid testing.

<sup>15</sup> A geographic information system allows data to be displayed visually in a way that reveals patterns, trends, and relationships to other data.

<sup>16</sup> Late diagnoses refer to persons diagnosed with AIDS within a year of their HIV diagnoses.

## Diabetes

## Lead Organizations

4-1.11 By 2012, continue to distribute Diabetic Communication reports to optometrists, primary care providers, and diabetes educators to enhance communication between primary care physicians and eye-care providers.\*

Iowa Optometric Association

Progress: About 18,000 Diabetic Screening Reports were distributed to optometry offices diabetes educators.

4-1.12 Improve health outcomes for diabetic Medicaid members by increasing A1C compliance<sup>17</sup> by 3% each year. By June 30, 2012 increase from 81.84% for members of Medicaid to 84.29%, and increase by 3% each additional year.\*

Iowa Medicaid Enterprise

Some progress, but behind schedule: The diabetic Medicaid member A1C compliance rate decreased from 82.1% in 2011 to 81.65% in 2012, a .45% decrease. Conversely, for members in care management programs, the rate of A1C compliance increased from 85% in 2011 to 86.7% in 2012, a 1.7% increase. There has been an increase in A1C compliance for members in care management programs. However, it is more difficult to impact the entire Medicaid population. Members in care management receive follow-up reminders on A1C completion. Motivational interviewing techniques also are being used in health coaching.

4-1.13 Improve outcomes for diabetic Medicaid members by increasing low-density lipoprotein compliance by 3% each year. By June 30, 2012, increase from 60.03% to 61.83% for members of Medicaid and increase by 3% each additional year.\*

Iowa Medicaid Enterprise

Some progress but behind schedule: The diabetic Medicaid member low-density lipoprotein compliance rate increased from 60% in 2011 to 61.2% in 2012, a 1.2% increase. For members enrolled in care management, the low-density lipoprotein compliance rate increased from 63.2% in 2011 to 65.2% in 2012, a 2% increase. In the care management program, an increase in compliance was achieved through member health coaching as well as sending testing reminders to members by mail and contacting them by phone.

<sup>17</sup> The A1C test measures the average blood glucose control for the past two months.

4-1.14 Increase by 10% health literacy-based interventions for managing diabetes among target outpatient settings.

Health Literacy Iowa

Progress: The health literacy-based Living with Diabetes Guides are being provided and discussed with patients with diabetes at River Hills Community Health Clinic in Ottumwa.

## Heart Disease and Stroke

## Lead Organizations

4-1.15 Inform the public through social marketing about the importance of blood pressure screening and medication adherence and the national Million Hearts Initiative.

Iowa Cardiovascular and Stroke Task Force

Progress: Blood Pressure Screening and Million Hearts Initiative: The IDPH Heart Disease and Stroke Program (HDSP) has implemented an awareness campaign using Twitter. The IDPH HDSP Webpage is maintained up to date and has various applicable tool kits. The IDPH Community Transition Grants program (CTG) has implemented a statewide blood pressure screening awareness campaign using billboards, posters, brochures, magnets, jelly bracelets targeting health care providers and the public. Local public health agencies are helping to distribute the posters. IDPH HDSP uses its Cardiovascular Collaborative Healthcare Provider 4-Network to publicize ways that practices and healthcare organizations can help spread the word. IDPH HDSP and the Cardiovascular and Stroke Taskforce have continued to promote awareness throughout Iowa through health fairs, media, and any other medium.

4-1.16 By 2012, pilot a program for obese women at the Iowa Correctional Institution for Women to reduce the risk of cardiovascular disease.\*

Iowa Department of Corrections

Progress: Participants have experienced weight loss and a reduction in body fat and metabolic age as well as an increased consciousness of their health.

## Neurological Disorders

## Lead Organizations

- 4-1.17 Encourage Medicare beneficiaries to use their annual wellness visits to assess their cognitive function to create a personalized prevention plan.

Alzheimer's Association

Some progress but behind schedule: Progress is delayed in achieving this objective because the guidelines for detecting cognitive impairment were not available until December 2012. These guidelines are now available and are being distributed to physicians for use in their practices with Medicare beneficiaries. Efforts to encourage beneficiaries to use their annual visit for an assessment of cognitive function will begin in 2013.

- 4-1.18 Increase awareness about Alzheimer's disease and the importance of early detection through promoting the "Know the Ten Signs: Early Detection Matters" program.

Alzheimer's Association

Progress: The education program "Know the Ten Signs: Early Detection Matters" was offered 25 times during the fiscal year ending June 30, 2012. 365 people participated in these programs. Information was also widely distributed at conferences, health fairs, and fundraising events and via the Association's website.

- 4-1.19 Improve the appropriateness of prescribing anti-psychotic medications in dementia and monitoring their helpful and adverse effects.

U of Iowa College of Public Health

Progress: The College of Public Health has provided an educational intervention to improve anti-psychotic medication use in dementia through a training and resource website, dissemination of laminated guides and other resources, and a number of in-person presentations at conferences. Feedback has been very positive. Overall, there was a small but meaningful decrease in antipsychotic medication use in Iowa nursing homes during 2012, as reported to the Iowa Partnership to Improve Dementia Care by CMS. However, we have yet to evaluate the impact of our specific intervention on patient outcomes due to lags in data availability to researchers.

4-1.20 By 2015, offer a program for 700 people with disabilities who, with increased knowledge and resources, can live a healthier lifestyle.

Easter Seals of Iowa

Some progress but behind schedule: Staff has gathered information for the curriculum and toolkits. The toolkits are being shared. Because staff training is not completed, a new target date for completion is August 2013.

## Respiratory Conditions

## Lead Organizations

4-1.21 Improve outcomes of asthmatic Medicaid members by increasing controller medication compliance by 3% each year. By June 30, 2012, increase from 74.99% for members of Medicaid to 77.23%, and increase by 3% each additional year. Increase members in the Care Management Programs by 2% each year.\*

Iowa Medicaid Enterprise

Some progress but behind schedule: The proportion of asthmatic Medicaid members receiving controller medications increased from 74.99% in 2011 to 75.83% in 2012. This marks a .84% increase. For members enrolled in care management and receiving controller medications, the rate increased from 73.7% (in 2011) to 76.1% (in 2012). This marks a 2.4% increase.

4-1.22 By 2013, train staff in 30 local health departments to identify environmental triggers in the homes, schools, and workplaces of patients with asthma.

American Lung Association in Iowa  
Asthma Coalition

Progress: Through training webinars, 65 staff members in 15 local health departments have been trained on environmental triggers in the homes, school, and workplaces.

4-1.23 By 2013, conduct in-home environmental assessments and modifications using a tracking tool.

American Lung Association in Iowa  
Asthma Coalition

Completed: The strategy will not be included in the revised *Healthy Iowans*.

4-1.24 By 2015, incorporate tobacco use assessments and treatment options in an educational curriculum for health professionals.\*

American Lung Association in Iowa  
COPD Coalition

Progress: Staff and funding changes have put this priority to the side.

4-1.25 By 2014, develop an education tool, “Managing Your COPD: What you need to know,” for patients and caregivers to manage and control COPD.

American Lung Association in Iowa  
COPD Coalition

Progress: Tool is in development and is being edited. Pilot project testing is scheduled to begin summer of 2013.

4-1.26 Monitor asthma trends and determine focus areas for a strategic state plan with asthma surveillance data.

American Lung Association in Iowa  
Asthma Coalition

Progress: Monitoring of trends is a continuing activity.

### Other Plans Relating to Chronic Disease:

[Iowa Cancer Plan](#)

[Asthma in Iowa](#)

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

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

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

# Environmental Health

## What Critical Needs Are Included

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



## Measures of Progress

- 5-1 (Developmental) An increase in the number of lives saved from fires by smoke detectors.**  
Target: 204 Lives Saved.  
Baseline: 186 Lives Saved (2011).  
Most Recent Data: 217 Lives Saved (2012).  
Data Source: [Reports to the State Fire Marshal](#).
- 5-2 A decrease in the number of children who are lead-poisoned before they are age 6.**  
Target: 1,100.  
Baseline: 1,405 (2010).  
Most Recent Data: 1,244 (2011).  
Data Source: [Current Annual Report of Iowa Notifiable and Other Diseases, IDPH Childhood Blood Lead Level Data](#), p. 42-43.
- 5-3 An increase in the number of private drinking water wells tested for arsenic.**  
Target: 150 wells tested per year.  
Baseline: 473 wells tested from 2006 to 2008.  
Data Source: [Arsenic in Iowa's Water Sources: Surveillance, Research, Education, and Policy](#).

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

### Air Quality

### Lead Organizations

- 5-1.1 By 2013, complete a plan for controlling fine particulate emissions to assure that the National Ambient Air Quality Standards for PM<sub>2.5</sub><sup>18</sup> are met statewide.

Iowa Department of Natural Resources

Some progress but behind schedule: New sources of fine particulate air pollution being constructed in the state are now undergoing environmental review. Some limited restrictions on exemptions from permitting are now under informal public review.

### Healthy Homes

### Lead Organizations

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

Iowa Economic Development Authority

Progress: Each year, a competitive Community Development Block Grant (CDBG) program provides funding for housing, water and sewer, and community facilities and services.

- 5-1.3 Increase the number of homes with a working smoke detector from 21,000 to 31,000 along with 100 detectors for those with hearing impairments.\*

Iowa Department of Public Safety

Completed: Through grant funding, 33,600 smoke alarms have been installed in homes with children and meeting financial criteria. An additional 3,000 smoke alarms also have been installed.

<sup>18</sup> PM<sub>2.5</sub> refers to fine particles in the air. At 11 of the 17 fine particle air monitoring sites in Iowa, air pollution levels are at or exceed 80% of the federal public health air pollution [standards](#) for fine particles.

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

Iowa Department of Public Safety

Progress: The fire departments are conducting education while installing smoke alarms and working with the Red Cross to create an application that can help print out an emergency plan for homes while participating in the smoke alarm installation program.

5-1.5 Increase the number of homes associated with a lead-poisoned child where remediation is complete from the current 118 to 500 each year.\*

Lead Poisoning Prevention Stakeholders' Group

No progress: Congress cut funding for all state childhood lead programs. Due to this cut and subsequent consolidation of the staff, there is no time to analyze the data needed for this data element.

5-1.6 By 2012, develop a plan to assess and improve healthy housing.\*

Healthy Homes and Lead Poisoning Prevention Advisory Committee

Completed: IDPH and its stakeholders have developed a strategic plan to address healthy housing in Iowa.

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

Iowa Department of Public Health

Progress: The Iowa Department of Public Health has initiated conversations with the University of Iowa College of Public Health and the American Cancer Society. The department is monitoring the activities of the Iowa Radon Coalition and providing input when requested. Obstacles or barriers slowing progress include waiting for the program changes that will occur due to potential legislation. The department also is awaiting the outcome of the federal continuing resolution to determine if there will be federal funding for the radon program.

## Lead Poisoning and Screening

## Lead Organizations

5-1.8 Continue the blood lead-testing rate of 98% for the 2004 birth cohort<sup>19</sup> through the 2009 birth cohort.

Iowa Department of Public Health

Progress: The percentage of children in the 2004 birth cohort who were tested at least once before the age of 6 years is 97.9%.

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

State Hygienic Laboratory at U of Iowa

Some progress but behind schedule: The State Hygienic Laboratory is working at validating ICP-MS<sup>20</sup> methods for additional metals in blood.

<sup>19</sup> A birth cohort is a group of children born during a given period of time; e.g., children born in 2004 are part of the 2004 birth cohort.

<sup>20</sup> ICP-MS is an acronym for inductively coupled plasma mass spectrometry, an instrument capable of detecting metals and several non-metals.

## Water Quality

## Lead Organizations

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

Iowa Department of Natural Resources;  
Iowa Department of Public Health

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

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

Iowa Economic Development Authority

Progress: Progress is determined by the fact that we fund approximately 30 to 35 projects annually, depending on the amount of funding available through the Community Development Block Grant program.

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

State Hygienic Laboratory at U of Iowa

Progress: Limited groundwater monitoring was performed for a set routine list of analytes for two months. Some limited monitoring of emerging contaminants, pharmaceutical compounds, may be performed this year. Neither program is sustainable at current funding levels.

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

State Hygienic Laboratory at U of Iowa

Progress: Cerro Gordo County Public Health is leading the project through support from the Centers for Disease Control and Prevention's Environmental Health Specialist Network award. However, there is very limited progress on a statewide program. The laboratory has received support from an Environmental Fellow from the Association of Public Health Laboratories to assist with this effort.

## Other Plans Relating to Environmental Health:

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

[Iowa Cancer Plan](#)

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

# Healthy Living

## What Critical Needs Are Included

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



## Measures of Progress

- 6-1 An increase in the proportion of public high school students who graduate in 4 years or less.**  
Target: 90%.  
Baseline: 88.8% (2010).  
Most Recent Data: 89.3% (2012).  
Data Source: [Annual Condition of Education Report](#).
- 6-2 A reduction in the African-American infant mortality rate.**  
Target: 9 per 1,000 live births.  
Baseline: 12 per 1,000 live births (2010).  
Most Recent Data: 14 per 1,000 live births (2011).  
Data Source: [Vital Statistics of Iowa](#), p. 34.
- 6-3 An increase in the percentage of persons who eat five or more servings of fruits and vegetables each day.**  
Target: 20%.  
Revised Baseline: 13.5% (2011). Original baseline: 19% (2009) revised due to changes in data collection and analysis methodology.  
Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 52.

- 6-4 An increase in the proportion of Iowa infants breastfed at birth.**  
Target: 80.0%.  
Baseline: 74.5% (2011).  
Data Source: [Iowa Breastfeeding Incidence](#), p. 3.
- 6-5 An increase in the proportion of adults who get the recommended levels of aerobic physical activity.**  
Target: 55%.  
Revised Target: 53%. Original target: 55%. Revised due to changes in baseline.  
Revised Baseline: 48% (2011). Original baseline: 50% (2009) revised due to changes in data collection and analysis methodology.  
Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 49.
- 6-6 An increase in the proportion of low-income children, adolescents, and young adults aged 1 to 20 on Medicaid who receive any preventive dental service.**  
Target: 45%.  
Baseline: 40% (2010).  
Most Recent Data: 40% (2012).  
Data Source: [EPSDT Preventive Dental Services Report](#).
- 6-7 An increase in the number of pre-kindergarten children who receive a comprehensive eye vision screening.**  
Target: 48,172.  
Baseline: 32,272 (2010-2011).  
Most Recent Data: 33,252 (2011-2012).  
Data Source: [Iowa KidSight. A Statewide Vision Screening Program for Infants and Children](#).
- 6-8 An increase in the proportion of births that are intended.**  
Target: 75%.  
Baseline: 66%.  
Most Recent Data: 67% (2011).  
Data Source: [Iowa's Barriers to Prenatal Care Project](#), p. 20.

- 6-9 A reduction in the proportion of adults who are obese.**  
Target: 27%.  
Baseline: 29% (2011).  
Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 27.
- 6-10 A stop in the rise in elementary school children considered overweight and obese.**  
Target: 37%.  
Baseline: 37% (2009).  
Data Source: [Body Mass Index Assessment Project Comprehensive Report](#).
- 6-11 A decrease in the proportion of participants in the Women, Infants, and Children (WIC) program who have low or very low food security.<sup>21</sup>**  
Target: 39%.  
Baseline: 41% (2011).  
Data Source: [Iowa WIC Food Security Survey](#), p. 4.
- 6-12 A reduction in the rate of reported cases of chlamydial infection.**  
Target: 300 cases/100,000 population.  
Baseline: 350 cases/100,000 population (2010).  
Most Recent Data: 363 cases/100,000 population (2011).  
Data Source: [Iowa STD Statistics, Iowa Reportable Sexually Transmitted Disease Data](#), p. 1.

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<sup>21</sup> Food security is defined as access by all people at all times to enough food for an active, healthy life. Low food security means that individuals may go hungry. Very low food security means that hunger is an even greater problem.

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

### Healthy Growth and Development

### Lead Organizations

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

Healthiest State Initiative; Iowa Department of Public Health

Progress: The Healthiest State Initiative (HSI) has formed committees with participants from organizations and stakeholders across Iowa to focus on tobacco use and healthy eating. They will deliver action plans to the HSI board by May 1, 2013. The plans will align resources and focus efforts to decrease smoking and increase fruits and vegetable consumption.

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

Iowa Department of Education

Progress: The 2010-2011 average daily attendance rate was 95.6%. Communities understand the educational benefits of having their children in school on a consistent basis; the data show they are acting on this understanding.

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

Iowa Economic Development Authority

Progress: The Iowa Economic Development Authority dedicated an extensive amount of additional funding to support green infrastructure and sustainable development practices such as infiltration-based green infrastructure for storm water projects and rehabilitation funding for hundreds of buildings in 13 Iowa communities, thus shoring up that portion of community infrastructure. In addition, 17 local governments were awarded funding to rehabilitate 142 owner-occupied homes to provide safer and healthier homes. The agency conducted training for more than 300 local officials and design professionals on green infrastructure best practices. The agency is currently funding a study evaluating the impact of infrastructure improvements made in 2 Iowa towns on the behavior and attitudes of the towns' citizens.

<p>6-1.4 Decrease the preterm birth rate in the African-American population by 2%.</p> <p>No progress: In 2010, 16.6% (n=293) of births to non-Hispanic Black women were pre-term. In 2011, 17.4% (n=311) of births to non-Hispanic Black women were pre-term.</p>	<p>Iowa Department of Public Health; Iowa Medicaid Enterprise; March of Dimes</p>
<p>6-1.5 Develop an understanding by all local boards of health of the importance of genomics<sup>22</sup> and family health history in planning the provision of local health services.</p> <p>No progress: No human resources are available to conduct this activity.</p>	<p>Congenital and Inherited Disorders Advisory Committee</p>
<p>6-1.6 Distribute 1,000 copies of a health literacy series of books, “What to Do,” along with training to targeted pediatric populations.</p> <p>Progress: The Child Health Specialty Clinics (CHSC) have completed distributing books through a study established with the University of Iowa Institutional Review Board office. Because of study restrictions, not as many books were distributed as planned. However, by targeting the families who received the books, the families provided feedback and considered the books useful, a study objective.</p>	<p>Health Literacy Iowa; Child Health Specialty Clinics</p>
<p>6-1.7 Increase the number of children served by Reach Out and Read Iowa from 55,000 to 75,000, with a focus on children and families at highest risk for low literacy and low health literacy.</p> <p>Some progress but behind schedule: Reach Out and Read Iowa continues to welcome new programs. The number of children served has increased slightly and shifted among clinics in certain geographic areas as the number of programs increase. Information used to determine the progress includes information received from bi-annual reporting completed by Reach Out and Read Iowa programs.</p>	<p>Health Literacy Iowa; Reach Out and Read Iowa</p>

<sup>22</sup> Genomics is the study of all the genes of a cell or tissue at the DNA (genotype), mRNA (transcriptome) or protein (proteome) levels.

6-1.8 Increase policy participation by the Maternal and Child Health Advisory Council through strategic plan development.

Progress: Throughout 2012, the Maternal and Child Health Advisory Council participated in a strategic planning process to create a renewed structure and breathe new energy into efforts to address issues that affect pregnant women and children. A strategic plan is the culmination of this work and will serve as the plan for 2013 as well as the foundation for work in future years.

6-1.9 By 2013, increase by 5% the number of policies, practices, and incentives, which promote healthy eating and physical activity.

Iowans Fit for Life

Progress: The number of policies, practices, and incentives promoting healthy eating and physical activity increased from the baseline of 25 in 2012 to 50 in 2013, a 100% increase. New examples include: Councils of Government community systems and environmental change (at least one per funded community), each Nutrition Environment Measures Survey-Vending (NEMS-V) mini-grant funded community, each Iowans Fit for Life mini-grant funded community (for NEMS-V, walkability, or screen time), the Baby Friendly Hospital Initiative mini-grant hospitals, and the Healthy Hospital Initiative locations.

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

Iowans Fit for Life

Progress: The facilities/environments that are promoting healthy eating and physical activity increased from a baseline of 45 in 2012 to 52 in 2013, a 15% increase. These figures cover programs funded through Iowans Fit for Life mini-grants (and some Iowans Fit for Life projects in partnership with the Iowa Cancer Consortium).

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

Iowans Fit for Life

Progress: Based on an estimated number of partnerships in 2012, there was a 16-20% increase in statewide partnerships. Recent partnership additions include the Sodium Task Force, Community Transition Grant (CTG) partnerships, and the American Heart Association's Obesity Coalition.

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

Iowans Fit for Life

Progress: The number of local community coalitions increased from 31 to 36, a 16% increase. Coalitions include 10 newly funded Council of Government communities using coalitions as well as 26 CTG community coalitions.

6-1.13 Increase the breastfeeding knowledge of health care professionals in Iowa by conducting breastfeeding trainings in at least six communities.\*

Iowa Breastfeeding Coalition

Completed: Evaluations showed that participants in the trainings plan to use the training information in working with mothers.

## Nutrition and Food

## Lead Organizations

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

Iowa Department of Education

Progress: The number of breakfasts claimed by school food authorities during the 2011-2012 school year was 14,910,664.

6-1.15 Improve access to locally grown fresh fruits and vegetables by increasing the redemption rate of checks used for buying food at farmers markets from 52% to 55% for Women, Infants, and Children (WIC) participants.\*

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

No progress: The original rate was measured from June 1, 2012 to October 31, 2012. The next measurement period is scheduled for June 1, 2013 to October 31, 2013.

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

Iowa Department of Agriculture and Land Stewardship (IDALS); Iowa Department of Public Health

Some progress but behind schedule: IDALS continued to provide nutrition education and voucher distribution through Area Agencies on Aging. Promotion activities included development of a smartphone application and printing 12,000 posters to increase awareness of market location. The drop in redemption rate to 81.6% was due primarily to lack of sufficient produce, from late spring planting and the drought.

6-1.17 Improve access to locally grown fresh fruits and vegetables by increasing Food Assistance EBT<sup>23</sup> purchases for food at farmers markets by 15% each year for those enrolled in the Food Assistance Program (baseline \$85,282 in 2011).

Iowa Department of Human Services; Iowa Department of Public Health

No progress: The amount and quality of fresh produce was affected by Iowa's severe drought.

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

Iowa Department of Agriculture and Land Stewardship

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

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

Iowa Department on Aging

Some progress but behind schedule: Progress has been made with home-delivered meals with an increase of 4% of high, nutrition-risk meal participants maintaining or improving nutrition risk scores. Statewide congregate meal participation decreased 21% from FY 2011 to 2012. There was a 4% decrease in high nutrition-risk, congregate meal participants who improved or maintained the nutrition risk scores over the past year. Older adults have many meal options to choose from and have not elected to participate in the congregate nutrition program. Additionally, some of the small, rural meal sites have had to close due to a variety of reasons.

<sup>23</sup> Food Assistance EBT purchases are purchases made through Food Assistance debit cards.

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

Iowa Department on Aging

Some progress but behind schedule: The home-delivered nutrition program participation increased 4%. The congregate meal participant rate decreased by 21%. The decrease in congregate meal participation may be reflected in closure of several small, rural meal sites and the seniors 60-75 years of age have many other options for obtaining their meals. We are hoping this has leveled off and with the increasing numbers of older adults, the objective will be appropriate to continue.

## Oral Health

## Lead Organizations

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

Delta Dental of Iowa Foundation

Progress: Funds are continuing to be provided to Iowa communities to support community water fluoridation. A grant was awarded to the Iowa Public Health Association (IPHA) to gather data on the status of water fluoridation and attitudes and awareness regarding water fluoridation. A stakeholder meeting was held in July 2012 to disseminate data analysis and begin discussion on strategic initiatives for supporting water fluoridation. A second grant was provided to IPHA to develop a share site and begin a plan for a coalition or communication strategy among stakeholders. The work on this project has been started.

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

Center for Rural Health and Primary Care Advisory Committee

No progress: We are facing significant anti-fluoridation and fiscal challenges and lost some rural water systems in the past year. On the positive side, a community water fluoridation coalition is in the early development process.

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

Center for Rural Health and Primary Care Advisory Committee

Progress: Nearly 2,000 more children were seen via the IDPH school-based, dental sealant programs in school year 2011-2012 than in 2010-2011. The I-Smile program serving Clarke County also began a school-based sealant program in that county.

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

Iowa Department of Public Health

Progress: In collaboration with the IPHA and Delta Dental of Iowa, a new oral health coalition focused on increasing community water fluoridation has emerged. This may serve as the core of a developing overarching oral health coalition.

## Physical Activity

## Lead Organizations

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

Iowa Department of Natural Resources

Progress: The public surveys by the Department of Natural Resources for SCORP and the Iowa Parks Foundation's Strategic Plan have been completed. The data collected in these surveys serve as benchmarks to assess progress. DNR will begin developing and implementing specific programs directed at increasing awareness.

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

Prevention of Disabilities Policy Council

No progress: The objective is tied to work done by programs at IDPH and the University of Iowa Center for Disabilities and Development. Work is underway to get strategies in place in communities that will target people with disabilities to participate in physical activity/nutrition programs. Progress is expected in 2013. Measurements of change may be available in 2014.

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

Iowa Department of Natural Resources

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

## Reproductive and Sexual Health

## Lead Organizations

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

Iowa Department of Public Health

Some progress but behind schedule: IDPH is working with Black Hawk County Health Department (BHCHD) on this objective. Staff at BHCHD will meet with the school nurse at the alternative high school, which would be the first site chosen for the screening. If the school nurse is receptive and feels the principal will be supportive, then a meeting with the assistant superintendent for the Waterloo School District will be set. Barriers include the time it took to build some community support in Black Hawk County.

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

Iowa Department of Public Health

No progress: The rate increased to 65/100,000 in 2011 and 66/100,000 in 2012. The increase in cases is coming solely from the private sector. This most likely signals an increase in testing in the private sector (or perhaps a switch to a better test, although this seems unlikely). An increase in testing would be a positive development, even though it leads to higher case numbers instead of lower case numbers. A significant proportion of gonorrhea cases are asymptomatic, so an increase in testing (and cases) will be needed before the numbers can start declining again.

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

Family Planning Council of Iowa

Some progress but behind schedule: Stagnant funding and increased costs resulted in the closure of several family planning clinic sites and reduced hours at other sites. There are no restrictions on the types of providers for publicly funded family planning clinics.

6-1.31 Reduce the number of pregnancies conceived within 18 months of a previous birth from 15% to 13%.\*

Family Planning Council of Iowa; Iowa  
Department of Public Health

No progress: In calendar year 2011, 38% (n=14,537) were births to first-time moms. 62% of births were to women who had at least one prior birth (n=23,667). Inter-pregnancy intervals can be calculated for the 61% of women who had prior births. The inter-pregnancy interval is based on the woman's last menstrual period (LMP) for the 2011 birth and the date of her last live birth prior to 2011. However, because of missing LMP data or data on the last live birth, data are missing from the inter-pregnancy interval result. Overall, 34% (n=7,095) of women who had a previous live birth, gave birth to another infant in 18 or less months after a previous birth. 77% of women 17 and under conceived in less than 18 months, while this was the case for only 25% of women 30 and over.

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

Family Planning Council of Iowa; Iowa  
Department of Public Health

Progress: Data for 2012 on pregnancy rates will not be available until the fall of 2013.

## Vision and Hearing

## Lead Organizations

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

Iowa Optometric Association; Prevent Blindness Iowa; and Iowa KidSight

Progress: The Iowa Optometric Association continues to send out vision cards to all public and private schools in Iowa as well as to state-licensed preschools licensed. In 2012, the association sent out 174,300 vision cards. The cards contain a message about the importance of vision as it relates to learning and an encouragement for parents and guardians to get a comprehensive eye exam for their children prior to their entering kindergarten.

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

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

Progress: A bill was signed into Iowa law in April 2013 mandating vision screening or examination prior to kindergarten and third grade.

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

Iowa Academy of Ophthalmology;  
Prevent Blindness Iowa

Progress: Awareness is difficult to measure, but the Iowa Academy of Ophthalmology participated in a statewide radio campaign with the American Academy of Ophthalmology. Interviews with retina specialists regarding age-related macular degeneration resulted in 328 airings on 41 stations with 629,400 total verified gross impressions, including airings on a statewide network and the #1 news/talk stations in the Des Moines/Ames area. The academy also distributed monthly press release templates to its member practices for their newsletters as well as provided a link to Eyesmart (information for the public) on the academy's website.

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

Early Hearing Detection Advisory  
Committee

Progress: Data show a 7% increase in the number of one-month old children screened and a 7% increase in the number of children receiving diagnosis by three months of age.

## Other Plans Relating to Healthy Living:

[Iowans Fit for Life State Plan](#)

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

[Iowa Cancer Plan](#)

[Iowa Economic Development Authority Strategic Plan](#)

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

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

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

# Injury and Violence

## What Critical Needs Are Included

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



## Measures of Progress

- 7-1 A decrease in the hospitalization rate related to falls for those who are ages 65 and over.**  
Target: 1,013/100,000 population.  
Baseline: 1,125/100,000 population (Average annual rate, 2006-2010).  
Data Source: [Falls in Iowa by County](#), p.2.
- 7-2 A reduction in deaths from work-related injuries.**  
Target: 5.4/100,000 FTE workers.  
Baseline: 6/100,000 FTE workers (2008).  
Most Recent Data: 5.2/100,000 FTE workers (2010).  
Data Source: [U.S. Department of Labor, Bureau of Labor Statistics, State Occupational Injuries, Illnesses, and Fatalities](#).
- 7-3 An increase in seatbelt usage to reduce injuries and deaths from motor vehicle crashes.**  
Target: 96%.  
Baseline: 93% (2011).  
Most Recent Data: 92% (2012).  
Data Source: [Iowa Department of Public Safety, Governor's Traffic Safety Bureau, Iowa Seat Belt Use Survey](#), p 7.

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

Revised Target: 49.5/100,000 population (age-adjusted rate). Original target: 50/100,000 population (age-adjusted rate). Revised due to change in baseline.

Revised Baseline: 52/100,000 population (age-adjusted rate, 2010). Original Baseline: 53/100,000 population (age-adjusted rate, 2010). Revised to reflect change in data source.

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

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

Target: 6%.

Baseline: 6.3% (2007).

Most Recent Data: 6.9% (2011).

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

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

Falls	Lead Organizations
<p>7-1.1 Decrease by 10% the death rate related to falls for those aged 55 and over.</p> <p>Progress: The Iowa Falls Prevention Coalition, a partnership of the Iowa Dept. of Public Health, the Iowa Dept. on Aging, and community partners made up of hospital systems, long-term care agencies, area agencies on aging and other advocacy groups, has been meeting at least quarterly. This group has written a strategic plan that focuses on public awareness, professional education, and promoting evidence-based fall prevention programs for older adults. One activity included hosting a fall prevention education summit day in June 2012.</p>	Advisory Council on Brain Injuries
<p>7-1.2 Establish a falls prevention coalition to coordinate programs across the state.*</p> <p>Progress: A mission statement for the Iowa Falls Prevention Coalition with goals and objectives is completed; action steps and timeline are in progress. The group is still identifying high-level leadership.</p>	Iowa Falls Prevention Workgroup

## Interpersonal Violence

## Lead Organizations

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

U of Iowa College of Public Health

Progress: the University of Iowa College of Public Health has worked with IDPH to expand training in primary prevention of violence, and IDPH has integrated this with their activities in the Rape Prevention Education program. The College of Public Health has developed a policy brief identifying barriers to accessing care for rural women. A manuscript describing a clinic-based intervention program is currently in review.

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

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

Progress: The IDPH Office of Disability, Injury and Violence Prevention has partnered with the Bureau of Family Health to incorporate healthy relationships into curricula being used by the following programs: Personal Responsibility and Education Program (PREP). Abstinence Education, Home Visitation, Title X, and Title V. Staff members are using an educational brochure to inform clients/patients about how relationships can affect their health and ways they can reduce harm. Additionally, healthy relationships have also become an educational strategy for the sexual violence prevention program.

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

Iowa Department of Education

No progress: In the 2012 Iowa Youth Survey, 57% of students reported being bullied in the past 30 days. Increased social media and other media have brought attention to the issue of bullying, as well as increased access to cyber bullying. The increased awareness is positive and important. However, increased social media is an area for further consideration in teaching responsibility and responsiveness to cyber bullying.

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

Iowa Department of Public Health

Progress: There have been two policy changes within the past year related to the objective. One is the revision of the Title V Administrative Manual to add “awareness of intimate partner violence and reproductive coercion” as a component of education, referral, and training for providers. Second is the addition of reproductive coercion questions to the Pregnancy Risk Assessment Monitoring Survey (PRAMS), a survey of all new mothers in Iowa. The data will be used to guide programming for women seeking reproductive health services in Iowa.

## Motor Vehicle Injuries and Death

## Lead Organizations

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

Iowa Department of Public Safety

No progress: 2012 statistics show that there was less than 1% decrease in seat belt usage, and traffic fatalities increased slightly from 360 in 2011 to 362 in 2012.

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

Iowa Department of Transportation

Some progress but behind schedule: A public education campaign for highway safety requires many agencies to be in sync with the critical areas to be addressed and then to decide on the proper communication message. The process of identifying critical areas is being done through the development of Iowa's Strategic Highway Safety Plan (SHSP). That plan has an anticipated completion date of 5/31/2013. Work to date has indicated that a public education plan will be a foundation element of the SHSP. The department is moving forward in selecting a marketing firm to promote a traffic safety message.

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

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

Some progress but behind schedule: Efforts from other partners working on this objective, including EMS and the University of Iowa Emergency Medicine program, are uncertain. Through its IDPH contract, the University of Iowa Fatalities, Assessment and Control Evaluation (FACE) program has added personnel working on this issue to the advisory and investigation team for work-related ATV fatalities.

7-1.10 Reduce alcohol-related fatalities through continued, strong enforcement and legislative initiatives that may include passage of stronger interlock<sup>24</sup> system usage.

Iowa Department of Public Safety

Progress: Preliminary 2012 alcohol-related fatalities numbers have decreased slightly from 93 to 84. Strong enforcement efforts will continue in effort to continue decreasing the number of alcohol-related fatalities.

7-1.11 Provide endpoint data<sup>25</sup> on annual deaths resulting from motor vehicle crashes.

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

Progress: The Iowa Office of the State Medical Examiner keeps a statewide database of medical examiner cases and updates the database regularly when medical examiner cases are reported from county medical examiners/investigators using the ME-1 Form (Preliminary Report of Investigation By County Medical Examiner). Deaths resulting from motor vehicle crashes are deemed medical examiner cases. The database is updated as cases are reported.

<sup>24</sup> An interlock device measures the driver's blood alcohol content and disables the vehicle's ignition if the driver's breath contains alcohol.

<sup>25</sup> Data details about the causes and manners of fatal motor vehicle collisions.

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

U of Iowa College of Public Health

Progress: Under the leadership of the Center for Advocacy and Outreach at Blank Children's Hospital in Des Moines, a statewide Grassroots Advocacy Network (<http://www.blankchildrens.org/grassroot-network.aspx>) has been organized to encourage the strengthening of Iowa's Graduated Driver's License (GDL) system. While the objective of forming a task force has been completed, the work of the task forces continues. During the 2013 Iowa Legislative Session, bills have been introduced in both the House and Senate that address components of Iowa's existing GDL system. The task force is actively engaged in efforts to support these legislative proposals.

## Occupational Health and Safety

## Lead Organizations

7-1.13 Reduce the proportion of adults who have elevated blood lead levels from work or other exposure sources by 10%.\*

Iowa Department of Public Health

Some progress but behind schedule: Preliminary data for 2012 show that while the number of adults with elevated blood lead levels remains higher than the past 3-year average, the degree of exposure is lessening (fewer adults with blood lead levels of 25 micrograms per deciliter or higher). IDPH is continuing to have more adults tested every year through raised awareness of the risks from exposure; by identifying new cases, the case numbers are high in the short term. IDPH also is pursuing additional partnerships to address exposures in the workplace.

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

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

Some progress but behind schedule: IDPH remains committed to partnering in the development of this objective, and discussions are occurring across various divisions and programs on how to proceed.

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

Iowa Department of Public Health

No progress: The Center for Rural Health and Primary Care Advisory Committee felt that this issue needed to be raised, but it was out of the advisory committee's scope. Although discussions are taking place with other stakeholder groups, funding and resources are not available to produce any measurable results.

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

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

No progress: The Center for Rural Health and Primary Care Advisory Committee felt that this issue needed to be raised, but it was out of the advisory committee's scope. Although discussions are taking place with other stakeholder groups, funding and resources are not available to produce any measurable results.

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

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

No progress: The Center for Rural Health and Primary Care Advisory Committee felt that this issue needed to be raised, but it was out of the advisory committee's scope. Although discussions are taking place with other stakeholder groups, funding and resources are not available to produce any measurable results.

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

Farm Safety 4 Just Kids

Progress: Farm Safety 4 Just Kids currently has 15 chapters in the State of Iowa. In addition, two outreach coordinators conduct farm safety programs, one in the eastern part of the state, and one in the western side.

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

Iowa Department of Public Health

Progress: Preliminary data for 2012 show a decline in the number of work-related traumatic fatalities greater than 10% compared to the 2011 data gathered by the Iowa Fatality Assessment and Control Evaluation (FACE) program. While the preliminary 2012 data also show a number below the 3-year average, it is too early to determine if this trend will continue or be an anomaly.

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

Center for Rural Health and Primary Care Advisory Committee

Some progress but behind schedule: The Center for Rural Health and Primary Care Advisory Committee considered this issue very significant but recognized that it required statewide collaboration with a number of partners. Lack of funding and staff resources were barriers to achieving any measurable results.

## Poisoning

## Lead Organizations

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

U of Iowa College of Public Health

Progress: Included in the University of Iowa Injury Prevention Research Center's successful five-year competitive renewal is a project led by Dr. James Torner entitled: "Poisoning: Improved Surveillance for Determining Control Measures." The specific aims of the project follow: Specific Aim 1: Develop and implement an enhanced and integrated state surveillance poisoning system Specific Aim 2: Compare different existing surveillance methods based on poisoning definition, case inclusion/exclusion, and variables collected Specific Aim 3: Identify risk factors for poisoning based on intent and mechanism. This project is a collaboration with the Iowa Department of Public Health Emergency Medical System (which houses the Iowa State Trauma System), the Iowa Poison Control Center, the University of Iowa Department of Emergency Medicine, and the Injury Prevention Research Center, which manages the Iowa Trauma Registry. This unique team oversees the major sources for poisoning information in Iowa and serves as leading advocacy agencies for injury surveillance and prevention. This part of the five-year project cycle will begin in 2015.

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

Some progress but behind schedule: The control center is working on a method to automatically obtain death certificates coded for poisonings from the IDPH Bureau of Vital Statistics. The control center also is trying to determine a method for using national data from the CDC to validate Iowa-based findings.

### Other Plans Relating to Injury and Violence:

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

[Iowa Comprehensive Highway Safety Plan](#)

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

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

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

# Mental Health and Mental Disorders

## What Critical Needs Are Included

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



## Measures of Progress

- 8-1 A reduction in the percent of 11th graders who seriously consider attempting suicide.**  
Target: 13%.  
Baseline: 14% (2010).  
Most Recent Data: 15% (2012).  
Data Source: [Iowa Youth Survey](#), p. 39.
  
- 8-2 An increase in the proportion of children screened for being at risk for developmental, behavioral, and social delays using a parent-reported, standardized screening tool.**  
Target: 23%.  
Baseline: 19% (2007).  
Most Recent Data: 34% (2011-2012).  
Data Source: [Indicator 4.16, National Survey on Children's Health](#).

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

Co-occurring Disorders	Lead Organizations
<p>8-1.1 Align the Iowa Department of Public Health’s addictions service system transition with the Iowa Department of Human Services’ Mental Health and Disability Services System Redesign.<sup>26</sup></p> <p>Progress: IDPH continues to consider, participate in, and monitor the Mental Health and Disability Services System Redesign to support alignments of IDPH's addictions system transition.</p>	Iowa Department of Public Health and Iowa Department of Human Services

Mental and Emotional Well-being	Lead Organizations
<p>8-1.2 Develop an infrastructure that includes the following: a) establishment of a state professional association; b) a public awareness campaign; and c) implementation of evidence-based programs and practices to improve the social, emotional, and behavioral health of young children and their families in Iowa.</p> <p>Progress: The Iowa Association for Infant and Early Childhood Mental Health has been officially formed. Articles of Incorporation were filed with Iowa’s secretary of state by the Iowa Chapter of the American Academy of Pediatrics. Infrastructure is being developed with membership recruitment scheduled for June. Other related activities include developing a logo, branding theme, and website with a kick-off event scheduled for June. Promoting the use of evidence-based practices among all early childhood professionals to enhance children’s social/emotional well-being is a continuing effort.</p>	Early Childhood Iowa; Project Launch; 1st Five Healthy Mental Development Initiative

<sup>26</sup> In 2011, the Iowa State Legislature passed legislation requiring a [regional administrative system](#) to deliver a set of services to replace the current system by the summer of 2013.

8-1.3 By 2012, use lessons learned from the 1<sup>st</sup> Five Healthy Mental Development Initiative to make recommendations to Early Childhood Iowa, Project Launch, and the Medical Home/Prevention and Chronic Care Management Advisory Council, for supporting a statewide partnership system of care between medical providers and community-based agencies around mental and behavioral services for children ages birth to 5.\*

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

Some progress but behind schedule: Two factors have delayed progress on recommendations using lessons learned from 1st Five Health Mental Development Initiative for supporting a statewide partnership system of care between medical providers and community-based agencies around mental and behavioral services for children ages birth to 5. These factors are the following: 1) Current legislative efforts related to Children's Mental Health Redesign will be establishing recommendations for moving forward with a model of care. These decisions will influence how to engage the groups identified in this objective. Therefore, it was determined that it is best to wait, pending these final recommendations. 2) A 1st Five site is currently piloting a Health Home partnership with a medical practice that was recently granted approval as a Health Home. Since these efforts are so early in the process of implementation, it will take more time for lessons learned to be fully realized before they can be shared with various stakeholders. In the interim, 1st Five lessons learned were shared with the Project LAUNCH Health & Wellness Subcommittee. Based on this discussion, it was decided that the scope of the subcommittee will include developing recommendations for a coordinated system among care coordination programs serving young children and their families to supporting a statewide system of care.

## Mental Illnesses

## Lead Organizations

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

Iowa Department of Human Services

Progress: Redesign continues to move forward. Counties are forming into regions. Letters of intent to form into a region are due to the Department of Human Services (DHS) by April 1, 2013. 96 counties are in discussions about forming into regions. DHS has received letters of intent for 5 potential regions. Three counties are considering submitting an application for an exemption to joining a region. Counties forming into a region will develop 28E agreements and regional management plans to be fully functioning by June 30, 2014.

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

Iowa Department of Corrections

Progress: In April 2012, the governor signed SF 2312, which required the Iowa Division of Criminal & Juvenile Justice Planning (CJJP) to study possible establishment of a comprehensive jail diversion program, including mental health courts, for nonviolent criminal offenders who suffer from mental illness. CJJP formed a multi-agency group to provide input that included human services, public health, the judicial branch, state public defender, citizen's aide/ombudsman, National Alliance on Mental Illness, American Civil Liberties Union of Iowa, county attorneys, and the law enforcement academy. The final report was issued in December 2012 and contained recommendations regarding research, statewide collaboration and partnerships, prevention, criminal justice diversion, mental health court considerations, funding, and responsibilities.

8-1.6 Reduce jail bed usage by those who suffer from pathological gambling by 25%.\*

Iowa Department of Public Health

No progress: Lack of data prevents assessing progress.

## Suicide

## Lead Organizations

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

Iowa Army National Guard

Some progress but behind schedule: For 2.5 years, the Iowa National Guard had no suicides, but between December 2012 and January 2013, there were three suicide completions within about 40 days of each other. There is progress on providing ASIST (Applied Suicide Intervention Skills Training) to the units.

### Other Plans Relating to Mental Health and Mental Disorders:

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

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

# Preparedness and Response

## What Critical Needs Are Included

- Human Resource Capacity
- Planning
- Technical and Communication Capacity

## Measures of Progress

- 9-1 An increase in the number of public health emergency volunteers.**  
Target: 1,515 volunteers.  
Baseline: 1,210 volunteers (2011).  
Most Recent Data: 1,404 volunteers (2012).  
Data Source: [Iowa Department of Public Health Center for Disaster Operations and Response Annual Status Report](#).
- 9-2 At least one general shelter that is fully accessible to persons with disabilities in 25% of the counties.**  
Target: 25 counties.  
Baseline: 0 (2011).  
Most Recent Data: 2 (2012).  
Data Source: Iowa Department of Public Health Disability and Health Program Assessment Data.



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

### Human Resource Capacity

### Lead Organizations

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

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

Progress: The Iowa Mortuary Operations Response Team (IMORT) continues to recruit additional volunteers. As of 2/11/2013, IMORT has 45 members, some of which are at various stages of being vetted onto the Team. Recruitment will continue.

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

Iowa Department of Public Health

Progress: From 2011 to 2012, the number of volunteers increased from 1,210 to 1,404, a 16% increase.

### Planning

### Lead Organizations

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

U of Iowa College of Public Health

Progress: The Upper Midwest Preparedness and Emergency Response Learning Center is in the process of updating the Volunteer Management curriculum to reflect lessons learned from recent public health emergencies. Once updated, the course will be marketed through a variety of mechanisms including social media.

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

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

Progress: County Emergency Managers were surveyed. Out of 63 respondents, nine reported having at least one accessible general population shelter in their county. A template has been completed for ESF #6 Mass Care, Housing, and Human Services for the county emergency managers, which includes resources and tools to assist with establishing accessible shelters. The process of scheduling training is underway.

9-1.5 Provide evidence in all 99 county public health agencies that they are engaging and coordinating with other relevant entities in preparing for, withstanding, and recovering from public health incidents.\*

Iowa Department of Public Health

Completed: By contract, all public health agencies are required to develop multi-disciplinary groups and coalitions.

### Technical and Communication Capacity

### Lead Organizations

9-1.6 Demonstrate the ability of public health agencies and health care entities to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders.\*

Iowa Department of Public Health

Completed: All contract recipients are required to show that they are capable of performing this important function.

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

Completed: The Upper Midwest Preparedness and Emergency Response Learning Center included curriculum from "Risk Communication for Special Populations" into a newly released scenario entitled, "Don't Panic: Principles of Crisis and Risk Communication." This resulted in a more than 50% increase in the number of individuals completing this content on the Prepare Iowa Learning Management System.

### **Other Plans Relating to Preparedness and Response:**

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

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

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

## Appendix A. 39 Critical Health Needs

### Access to Quality Health Services and Support

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

### Acute Disease

- Immunization and Infectious Disease
- Outbreak Management and Surge Capacity

### Addictive Behaviors

- Alcohol and Binge Drinking
- Drugs
- Tobacco

### Chronic Disease

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

### Environmental Health

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

### Healthy Living

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

### Injury and Violence

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

### Mental Health and Mental Disorders

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

### Preparedness and Response

- Human Resource Capacity
- Planning
- Technical and Communication Capacity