



# Stakeholder Collaboration Report

Summary of IDPH Funding and Related Activities

As directed by 2019 Iowa Acts, HF 766, Division III, Sec. 3(9)(b) and Division III, Sec. 4  
December 2019

**Iowa Department of Public Health**  
Protecting and Improving the Health of Iowans



## Acknowledgements

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Thank you to our stakeholder partners who submitted information for Appendix A of this report.

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## Executive Summary

During the 2019 legislative session, the General Assembly directed the Iowa Department of Public Health (IDPH) to collaborate with applicable stakeholders to review the allocations, grants and other distributions of funds appropriated to IDPH under Division III, Sec. 3 of 2019 Iowa Acts, HF 766.

It directed the department to submit a report by Dec. 15, 2019, regarding a proposal for the distribution of funds that more clearly reflects the department's stated priorities and goals, provides increased flexibility in the distribution of funds to meet these priorities and goals, and ensures stakeholder accountability and a discernable return on investment.

This report presents information about each IDPH budget unit, including descriptions of IDPH's goals and priorities for each budget unit, and provides recommendations for flexibility so IDPH can more effectively direct existing resources for the purpose of addressing Iowa's most critical public health needs. Overall, allocating funds to IDPH and giving the department the ability over time to select contractors through a competitive process provides greater opportunity to establish and monitor performance metrics to ensure the state is receiving measurable outcomes for its investments.

As part of its 2019 directive to collaborate with stakeholders, IDPH gathered progress reports from entities that receive directed allocations of state funds through IDPH appropriation language. These contractor reports are included Appendix A.

In Appendix B, this report addresses the requirements HF 766, Division III, Sec. 4 by providing outcomes of programs or activities for which the bill specifically requires IDPH to use a request for proposals process to find the most qualified contractors to provide the requested services.

Appendix C provides sample language from the IDPH general conditions for all service contracts that demonstrates how IDPH is complying with the requirement in HF 766, Division III, Sec. 4 to prohibit the use of general funds for the compensation of a lobbyist.

For additional information about the contents of this report, please contact Amy McCoy, IDPH Legislative Liaison and Policy Advisor, amy.mccoy@idph.iowa.gov or 515-240-0530.

## IDPH Budget Unit Reports

### Addictive Disorders

#### Budget Unit Background

The Addictive Disorders \$25,110,000 appropriation for SFY19 was intended to reduce the use of tobacco, alcohol and other drugs; reduce problem gambling; provide treatment services for tobacco use, problem gambling and substance use disorders; and support related services and activities, such as public education and program evaluation.

Allocation Title	Allocation Purpose	Allocation Recipient	FY20 Allocation	Reach
Tobacco control including ABD underage sales enforcement	Tobacco use prevention and control initiatives	IDPH	\$4,021,000	Statewide
Problem gambling and substance use disorders	Problem gambling and substance use disorder prevention, treatment and recovery services	IDPH	\$21,089,000	Statewide

The flexibility IDPH has within this appropriation provides IDPH the ability to fund evolving priorities identified throughout the budget period. IDPH was able to collapse separate contracts for substance use disorders and problem gambling helplines into a single agreement, [Your Life Iowa](#) (YLI), reducing overall cost and contract administration time. IDPH continues to fund the integrated YLI project that merged three distinct helpline and website contracts (Drugfreeinfo.org, 1-800-BETS OFF and Your Life Iowa) into one competitively procured contract that was awarded in June 2017. The YLI project provides a website and call center for Iowans seeking information and help for alcohol, drugs, gambling, mental health or suicide. During SFY19, The Department of Human Services (DHS) partnered with IDPH to expand YLI to include resources for adult and children’s mental health, and become the statewide crisis line for Iowans.

#### Reports of Non-IDPH Entities Receiving Direct Allocations of FY20 State Funds

The General Assembly directed IDPH to request reports from contractors that have historically received state funds through earmarks in IDPH’s appropriation language. The only non-IDPH entity receiving state

funds through this IDPH appropriation is another state agency; therefore, no reports were requested for this budget unit.

### How Are We Doing?

The current Addictive Disorders flexible appropriation language allows IDPH to advance the General Assembly’s directives of preventing and reducing tobacco use, problem gambling and substance use disorders. Notable achievements include:

1. Success with tobacco cessation services. Thirteen months following enrollment in the Quitline program, 27% of tobacco cessation service participants indicated he or she had not used tobacco products in the past 30 days.
2. Coordination of services to address correlated health conditions. IDPH recognizes the connection between tobacco use, behavioral health conditions and other chronic conditions, and is using funding flexibility to coordinate services, resulting in more comprehensive treatment for correlated behaviors and conditions.<sup>1</sup>
3. A problem gambling treatment evaluation found that patients receiving IDPH-funded treatment and with disordered gambler diagnoses decreased from 67% at admission to 4% at discharge.<sup>2</sup>
4. More than 45,000 Iowans received treatment services for substance use disorders in FY19.<sup>3</sup> The 2018 outcomes monitoring report showed reductions in substance use, arrests and hospitalizations following treatment, as well as increases in employment and attendance at voluntary recovery support groups.<sup>4</sup>

### What Are IDPH’s Goals?

Additional work in the areas of tobacco control, problem gambling and treatment of substance use disorders will continue to be a primary focus of IDPH. The department’s measurable goals for work funded by the Addictive Disorders appropriation include:

1. Maintain the number of retailers in compliance with policies prohibiting the sale of tobacco product to minors. The current compliance rate is 91%.<sup>5</sup>
2. Decrease the adult smoking prevalence rate from 17.1% to 16.7%.

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<sup>1</sup> Lasser, K., Boyd, W., Woolhandler, S., Himmelstein, D. U., McCormick, D., & Bor, D. H. (2000). Smoking and mental illness: A population based prevalence study. *Journal of the American Medical Association*, 284, 2606–2610.) (U.S. Department of Health and Human Services. National Institute on Alcohol Abuse and Alcoholism (2007). Alcohol and Tobacco. Alcohol Alert, 71. <http://pubs.niaaa.nih.gov/publications/AA71/AA71.htm>. Accessed December 2, 2016).

<sup>2</sup> Park, K.H., Losch, M.E., & Muilenburg, R. (2018). 2018 Iowa Gambling Treatment Outcomes System: B Treatment Services. Cedar Falls, IA: Center for Social and Behavioral Research, University of Northern Iowa. (<https://idph.iowa.gov/igtp/reports>).

<sup>3</sup> Iowa Department of Public Health, Central Data Repository

<sup>4</sup> (Hedden, S. & Arndt, S. (2018). State of Iowa Outcomes Monitoring System: Year 20 Annual Outcome Evaluation Trend Report. (Iowa Department of Public Health contract 5888YM50B). Iowa City, IA: Iowa Consortium for Substance Abuse Research and Evaluation. <http://iconsortium.subst-abuse.uiowa.edu/>)

<sup>5</sup> Iowa Alcoholic Beverages Division

3. Continue the overall downward trend in youth substance use and continue work to reduce underage alcohol use.<sup>6</sup>
4. Expand availability of co-occurring services within substance use disorder treatment agencies for Iowans of all ages.

**Addictive Disorders Budget Unit Recommendations**

IDPH recommends continuation of the current bill language for the Addictive Disorders appropriation.

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<sup>6</sup> [2018 Iowa Youth Survey: State Report](#)

## Healthy Children and Families

### Budget Unit Background

The Healthy Children and Families FY19 appropriation provided \$5,820,625 in funding to a number of local service providers to promote optimum health status for children, adolescents through 21 years of age, and families. Programs funded by this budget unit specifically target at-risk individuals or families and are identified by household income, social-emotional development or other family risk factors.

Allocation Title	Allocation Purpose	Allocation Recipient	FY 19 Allocation	Reach
<b>Donated dental services</b>	Coordination of donated dental services for underserved adults	Delta Dental	\$64,640	231 adults served at a value of \$616,000 in donated services
<b>Dental services to children</b>	Provide primary dental services for underserved children up to 21 years of age	University of Iowa College of Dentistry	\$23,000	111 children served
<b>HOPES - HFI</b>	Home visiting program provides in-home family support beginning during pregnancy through age 4	IDPH	\$734,841	FY19 Results – 73 families served – 723 children served – 8,767 home visits provided – 47.3 percent caregivers enrolled prenatally
<b>1<sup>st</sup> Five</b>	Health provider early detection of social-emotional and developmental delays, including family risk factors and associated referrals for intervention services	IDPH	\$3,075,101	3,109 children from birth to 5 years were referred to 1st Five by 650 health care providers in 344 health care practices in FY19
<b>Childhood Obesity</b>	Childhood obesity	IDPH	\$494,993	The number of Iowans impacted by the 5-2-1-0

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	prevention programming			<p>efforts in the FY19 funded communities:</p> <ul style="list-style-type: none"> <li>– Child Care = 1,772 children</li> <li>– Schools = 12,432 students</li> <li>– Out of School = 500 students</li> <li>– Health Care = 15,100 patients</li> </ul> <p>As of September 2019, the number of 5-2-1-0 registered sites:</p> <ul style="list-style-type: none"> <li>– 88 Child Care Sites</li> <li>– 116 Schools</li> <li>– 29 Out of School Programs</li> <li>– 70 Health Care Clinics</li> <li>– 64 Workplaces</li> </ul>
<b>Audiological services and hearing aids for children</b>	Provide audiological services and hearing aids for underserved children	IDPH	\$156,482	111 children received assistance paying for hearing aids, accessories, and audiological services in FY19 at an average cost of \$1,025.18 per child
<b>Youth suicide prevention</b>	Prevent youth suicide	IDPH	\$50,000	Statewide
<b>Adverse Childhood Experiences (ACEs)</b>	Support Iowa effort to address ACEs. Supports data collection through the BRFSS.	IDPH	\$40,511	Statewide

## Reports of Non-IDPH Entities Receiving Direct Allocations of FY20 State Funds

**Donated Dental Services Program (DDS)** – provides access to comprehensive dental treatment for low-income residents who have disabilities or who are elderly or medically fragile, and cannot otherwise afford or access dental treatment. A volunteer network of 250 dentists and 37 dental laboratories provided comprehensive oral health treatment to 231 adults including extractions, restorations, dentures, crowns, bridges and implants to address severe dental needs.

**University of Iowa College of Dentistry Children’s Oral Health for Underserved Populations Program (COHUP)** – The COHUP program provides preventive and restorative dental treatment to children and young adults under 21 years of age who have no dental insurance or inadequate oral health coverage. In FY19, the program served 111 children and young adults whose family’s income was at or below 302% of the federal poverty level.

### How we are doing?

The General Assembly’s Healthy Children and Families appropriation allows IDPH to provide evidence-based service provision to support positive health outcomes among children, adolescents and families throughout the state. Notable successes in FY19 include:

1. Access to oral health services for underserved residents. In FY19, 250 dentists provided services to 231 adults, at a value of \$616,000 in donated services in 2019. In addition, 111 children were seen at the University of Iowa College of Dentistry surpassing their goal to provide services to 90 children.
2. All programs providing HOPES-HFI home visits are evidence-based and have national accreditation by Healthy Families America, a national child abuse prevention program.
3. 1st Five – Healthy Mental Development (in the First Five Years) program operated in 88 counties in FY19. Approximately 40% of referrals received by 1st Five were based on the results of a standardized, validated screening tool. Since the program's inception, referrals from developmental screenings of children birth to 5 years from participating 1<sup>st</sup> Five providers have resulted in over 50,000 connections with local community services for assistance to address social-emotional and developmental delays, as well as family risk-related factors.
4. 5-2-1-0 is a public-private partnership and the first statewide effort to provide consistent strategies to address childhood obesity. The program continues to reach more Iowa kids, parents, teachers and childcare centers, and now even Iowa employers. The number of Iowans impacted by the 5-2-1-0 efforts in FY19 are 12,432 students in k-12 school, 1,772 children in childcare, 500 students attending out of school programs and 15,100 patients in health care clinics. In partnership with the Healthiest State Initiative, more registered sites are making the commitment to 5-2-1-0. There were 103 early care sites, 137 schools, 36 out of school programs, 77 health care clinics and 113 workplaces registered near the end of the fiscal year. 5-2-1-0 messages were shared through social marketing, partnerships, resources, events and trainings. There were 540 video spots that promoted 5-2-1-0 that aired during IPTV programming in FY19 and 1.3 million people watched 5-2-1-0 Healthy Choices Count! ads on YouTube, driving traffic to learn more at the 5-2-1-0 website.

### **What Are Our Goals?**

Supporting positive health outcomes in Iowa’s children and families remains a priority for the department. Goals regarding the work of the Healthy Children and Families appropriation include:

1. Continue the current trend of increasing the proportion of children screened for being at risk for developmental, behavioral and social delays through providing the 1<sup>st</sup> Five program in all Iowa counties (it currently operates in 88 counties). This goal directly aligns with the Children’s Behavioral Health System State Board’s recommendations for universal screening.
2. Increase the number of primary care providers administering a standardized developmental screening tool as part of regular, well-child care. In FY19, 650 providers (37% of primary care providers that see children 0-5 in the counties where 1<sup>st</sup> Five has been implemented) made a referral to 1<sup>st</sup> Five based upon the use of a standardized developmental screening tool.
3. Ensure that home visiting and parent education services are available to Iowa’s most vulnerable families.
4. Reduce obesity rates by increasing the number of local communities receiving direct support to:
  - Improve awareness of the importance of healthy habits;
  - Create healthier environments where kids live, learn and play; and
  - Increase healthy habits among kids, families and worksites.
5. Increase support for access to oral health services for underserved populations. In FY19, 260 applications were received and 64 people remain on the waitlist to be referred to a volunteer dentist.

### **Budget Recommendations**

1. Ensure full support of the 1<sup>st</sup> Five program in support of the Children’s Behavioral Health work happening across the state.

## Chronic Conditions

### Budget Unit Background

The Chronic Conditions FY19 \$4,528,109 appropriation funds services for individuals identified as having chronic conditions or special health care needs.

Allocation Title	Allocation Purpose	Allocation Recipient	FY 19 Allocations	Reach
<b>Brain Injury Services Program: Resource Facilitation Services</b>	Educate, serve and support Iowans with brain injury and their families, for resource facilitator services	Brain Injury Alliance of Iowa	\$1,055,291	5,330 individuals with brain injury, family, caregivers, professionals
<b>Brain Injury Services Program: Provider Training</b>	Enhance brain injury training and recruitment of service providers on a statewide basis	Brain Injury Alliance of Iowa	\$95,000	1,325 professionals
<b>Child Health Specialty Clinics (UI)</b>	Services and supports to children with special health care needs and their families through a network of 14 regional centers and 4 satellite locations	University of Iowa Department of Pediatrics – Child Health Specialty Clinics	\$809,550	In 2019, 7,490 children and youth with special health care needs were provided direct health care or enabling services.
<b>Epilepsy</b>	Support education programs, support groups and one-one case consultations with individuals and families living with epilepsy	Epilepsy Foundation of Iowa	\$144,097	<ul style="list-style-type: none"> <li>– 133 attendees at Iowa Epilepsy Smart Conference</li> <li>– 26 support group meetings with 387 attendees</li> <li>– 103 epilepsy education</li> </ul>

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				<p>programs for 3,061 individuals</p> <p>– 350 one-on-one consultation to individuals/families living with epilepsy</p>
<b>Melanoma Research</b>	Support a melanoma research symposium, a melanoma biorepository and registry, basic and translational melanoma research and clinical trials	University of Iowa Holden Comprehensive Cancer Center	\$150,000	17 individuals convened as Melanoma Working Group; biorepository maintained with samples from 1,316 melanoma patients; 2 research projects and 1 project in pilot stage; 372 patients participated in clinical trials
<b>Comprehensive Cancer Control Program</b>	Reduce the burden of cancer in Iowa through prevention, early detection, effective treatment and ensuring quality of life	IDPH	\$427,375	Statewide
<b>Cervical and colorectal cancer screening</b>	Support cervical and colorectal cancer screening	IDPH	\$97,532	115 individuals were screened for cervical cancer by 6 programs covering 33 counties in FY19. 90 individuals from 15 counties were screened for colorectal cancer in FY19. Nine

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				individuals had precancerous polyps removed; preventing cancer from developing.
<b>Cervical cancer screening – capacity building</b>	Enhance the capacity of cervical cancer screening to serve a broader range of low-income women	IDPH	\$177,720	351 individuals from 35 counties were screened for cervical cancer and/or provided HPV immunization to prevent cervical cancer in FY19
<b>Regional Autism Assistance Program</b>	Supports educational, medical and other services and supports for children and youth with Autism Spectrum Disorder (ASD), their families and their providers	University of Iowa Hospitals and Clinics – Child Health Specialty Clinics	\$384,552	In addition to serving the families referred by DHS, in fiscal year 2019:  -1,922 Iowa children who have ASD or are suspected of having ASD and their families received information, care coordination, and family- to-family support through RAP  -99 Iowa counties had families served  -11 months through age 21 were the ages of children served  -80% of the children served were boys, 20% were girls

				-38% of those served were age 5-years-old or younger
<b>Congenital and Inherited Disorders</b>	Funding for the center for congenital and inherited disorders	Center for congenital and inherited disorders - UIHC	\$506,355	Statewide
<b>Metabolic Necessary Foods and Formula</b>	Provides grants to individuals with inherited metabolic disorders to assist with purchase of medically necessary foods and formula	IDPH	\$153,755	139 individuals served in SFY19

**Reports of Non-IDPH Entities Receiving Direct Allocations of FY19 State Funds**

**Brain Injury Alliance of Iowa (BIA-IA)** – BIA-IA works to improve the lives of the ~ 100,000 Iowans living with long-term disability from brain injury. State funding supports NeuroResource Facilitation (a nationally recognized service for supporting individuals with brain injury) and the Iowa Brain Injury Resource Network.

**University of Iowa Department of Pediatrics - Child Health Specialty Clinics (CHSC)** – CHSC serves Iowa children with special health care needs and their families. Access to pediatricians, child psychiatrists and other pediatric specialists continues to be the top need. CHSC provides gap-filling clinical services and care coordination to connect families with specialists to which they may not otherwise have access. In FY19, 7,490 children with special health care needs were served through CHSC.

**Epilepsy Foundation of Iowa** – State funds support epilepsy educational programs, conferences and seminars; one-on-one consultation with individuals and families; and information and resources for professionals. The allocation language requires a 1:1 match by the recipient entity for all state funds received in excess of \$100,000. Since 2008, the program reports receipts of \$1,114,631 in state funds to conduct 480 educational programs, reaching 16,679 participants.

**University of Iowa Holden Comprehensive Cancer Center** – State funds supported the convening of scientists, researchers, clinicians and research coordinator in a Melanoma Working Group, the maintenance of the melanoma biorepository with 1,316 patient tumor samples, two current research projects and the developmental pilot stage of one additional project; and melanoma-related clinical trial

participation by over 372 patients. Since 2013, \$850,000 in state funds has been allocated to support melanoma research activity in Iowa.

**University of Iowa Hospitals and Clinics - Regional Autism Assistance Program (RAP)** – RAP coordinates educational, medical and other services for children and youth with autism spectrum disorder, their families and providers. RAP teams provide regional screening for toddlers and youth, and coordinate referrals for assessment and diagnostic services through the 14 CHSC Regional Centers serving all 99 counties. Approximately 12,394 children in Iowa have an Autism Spectrum Disorder diagnosis. Since 2013, the program reports receipts of \$2,384,552 in state funds.

### How Are We Doing?

IDPH is working to advance the General Assembly’s goal of serving individuals identified as having chronic conditions or special health care needs. Notable concerns, statistics, programs and achievements include:

1. In FY19, CHSC served 7,490 children with special health care needs. This is an increase of 7% from FY17, and a modest 0.5% increase from FY18.
2. Diabetes remains the seventh leading cause of death in Iowa<sup>7</sup>. In 2017, approximately 231,984 adult Iowans had diabetes, with 9.6% of Iowans having ever been told by a physician that they have diabetes (not including during a pregnancy)<sup>8</sup>.
3. According to the most recent data available from the National Institutes of Health, the five-year incidence rate of cervical cancer in Iowa has decreased by 1.6% from 2012-2016.<sup>9</sup> In Iowa in 2016, 114 new cases of cervical cancer were detected and 37 women died of cervical cancer.<sup>10</sup>
4. Heart disease and cancer remain the leading causes of death in Iowa.<sup>11</sup> Since 1973, cancer mortality rates in Iowa have decreased 13%, while heart disease mortality has decreased 63%.<sup>12</sup> Heart disease and cancer share risk factors including tobacco use, obesity and physical inactivity. Programming efforts focused on reducing these risk factors can impact both heart disease and cancer incidence, and mortality in Iowans.
5. Over 92% of newborn screening specimens were received by the State Hygienic Lab within 65 hours (2+ days). Iowa’s standard for receipt by the SHL within 65 hours is the fastest in the country.

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<sup>7</sup> Iowa Department of Public Health, Vital Statistics of Iowa in Brief 2018 Data. Provisional Data. 3/1/19.

<sup>8</sup> Iowa Department of Public Health, 2017 Behavioral Risk Factor Surveillance System Annual Report. October 2019.

<sup>9</sup> [www.statecancerprofiles.cancer.gov](http://www.statecancerprofiles.cancer.gov). 10/29/19.

<sup>10</sup> U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on November 2018 submission data (1999-2016): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; [www.cdc.gov/cancer/dataviz](http://www.cdc.gov/cancer/dataviz), June 2019.

<sup>11</sup> Iowa Department of Public Health, Vital Statistics of Iowa in Brief 2018 Data. Provisional Data. 3/1/19.

<sup>12</sup> University of Iowa, College of Public Health. Iowa Cancer Registry. 2019 Cancer in Iowa Report. February 2019.

### **What Are Our Goals?**

Additional work in the areas of chronic disease prevention and management will continue to be a primary focus of IDPH. The department’s goals for work funded by the Chronic Conditions appropriation include:

1. Continue to implement evidence-based statewide and targeted initiatives for prevention of heart disease, diabetes and cancer through behavior change, screening and early detection, including integration of activities with health systems and community-based partner organizations. For example, 15 organizations in Iowa have achieved CDC recognition as National Diabetes Prevention Program sites.
2. Continue to support lower rates of heart disease, stroke and cancer reducing the burden of these chronic diseases in Iowans.
3. Continue to provide leadership and resources for cancer control programming using innovative, evidence-based interventions and promising practices throughout the span of the cancer continuum (prevention, detection, treatment, survivorship and research). Currently, over 40 organizations across the state participate as members in the Iowa Cancer Consortium.
4. Continue to increase the number of children with special health care needs served through Child Health Specialty Clinics. In FY19, CHSC served approximately 6% of the estimated 128,000 Iowa children with special health care needs, including those with chronic physical, developmental, behavioral and emotional needs.

### **Budget Unit Recommendations**

1. Move \$30,000 of the Cervical and Colorectal Cancer Screening allocation to the Cervical Cancer Screening – Capacity Building allocation to consolidate the cervical cancer focus, leaving \$67,000 within a single-focused colorectal cancer screening allocation.
2. Remove the requirement to distribute funding in its entirety on July 1 for the Epilepsy program, first introduced in the FY20 budget. The department reimburses expenses to contractors to ensure proper use of the funds, but by pre-paying for services, there is not a mechanism to ensure funding is being used appropriately until the end of the contract.

## Community Capacity

### Budget Unit Background

The Community Capacity FY19 appropriation of \$4,970,152 is intended to strengthen the local health care delivery system. Allocations designated for specific entities or purposes include:

Allocation Title	Allocation Purpose	Allocation Recipient	FY19 Allocations	Reach
Access to Healthcare Services for Underserved	Inform and educate Iowans about availability of rural health clinics and provide technical assistance to those clinics	Iowa Association of Rural Health Clinics	\$25,000	3 Conferences; Several webinars; and website development, maintenance and hosting, FY17 – SF19
Access to Healthcare Services for Underserved	Funds direct service support to free clinics and supports administrative and membership functions of the not-for-profit organization	Free Clinics of Iowa	\$334,870	162,110 patient visits, FY05 – FY19
Donated Medications	Manage the donated medications repository created by Iowa Code 135M	Iowa Prescription Drug Corporation Repository	\$542,829	94,991 Iowans served and saved \$38.5M for medications FY07 – FY19
Volunteer Physician Network	Support operational costs of referral system and services	Volunteer Physician Network (Polk County Medical Society)	\$205,493	23,559 referrals for free specialty care with \$24.8M in donated care

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				since FY08
Iowa Donor Registry	Promote awareness of the Iowa Donor Registry created by Iowa Code 142C.18	Iowa Donor Network	\$100,000	Targeted focus campaigns in Black Hawk, Johnson, Jasper, Henry and Polk counties and the Latino population
Child vision screening	Provide vision screening for children 6 months of age through kindergarten	University of Iowa - Iowa Kidsight!	\$95,575	529,801 Children screened with 31,501 (5.9%) requiring referral and follow-up, FY05 – FY19
Child vision screening	Train school nurses, lay volunteers, public health staff and others to provide vision screening for children preschool through 12 <sup>th</sup> grade.	Prevent Blindness Iowa	\$96,138	1,451 individuals trained, FY09- FY19
Psychology Workforce	Rotate intern psychologists in placements in urban and rural mental health professional shortage areas	Iowa Psychological Association	\$48,069	1 psychological trainee saw 64 individual clients, completed 113 hours of psychotherapy and 192.5 hours of psychological assessment

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Direct Care Workforce	Strengthen direct care workforce in Iowa, including reporting on IDPH established performance and outcomes measures	Iowa Caregivers	\$176,188	
Direct Care Workforce	Support for Prepare-to-Care Curriculum	IDPH	\$15,000	
Dental Workforce	Dental education loan forgiveness	Delta Dental	\$96,138	4 dentists awarded loan repayment in FY19
Physician workforce	Medical residency training state matching grants	IDPH	\$2,000,000	
Health care workforce	Establish a provider education project to provide primary care physicians with training to identify mental illness	Des Moines University	\$250,000	210 3rd year DO students trained in NAMI provider program curriculum  24 new instructors trained to provide NAMI provider program

### **Reports of Non-IDPH Entities Receiving Direct Allocations of FY19 State Funds**

**Iowa Kidsight** - A joint vision screening project of the University of Iowa Children’s Hospital, the Lions Club of Iowa and Early Childhood Iowa. The targeted population is children 6 months of age through kindergarten. In FY18 49,905 children received a comprehensive vision screening and 3,190 were identified for referral and follow up. General funds supported approximately 30% of the operating budget in FY18. The program reports receipts of \$1,405,398 in state funds since 2005.

**Prevent Blindness Iowa** - Vision Screening provides training and support materials to school nurses and public health professionals regarding vision screening activities for children preschool through 12th grade. Since 2009, Prevent Blindness Iowa reports receipts of \$1,002,138 in state funds. During that time, Prevent Blindness Iowa reports training 1,451 individuals.

**Iowa Association of Rural Health Clinics (IARHC)** - A primary goal of the association is to identify and address gaps in access to health care for underserved rural Iowans. IARHC was a sub grantee of the Iowa Primary Care Association until FY19. Support to Iowa’s rural health clinics consists of training and educational opportunities. The following allocations have been distributed to the organization since the 2016 IDPH report, FY17 – 25,000; FY18 – 21,000; FY19 – 25,000.

**Iowa Prescription Drug Corporation SafeNetRx** - Manages five programs that provide free and low cost medications to vulnerable Iowans. In 2018, SafeNetRx served 10,187 Iowans and generated \$6,515,146 in medication savings. In total, 94,991 Iowans have saved \$38,511,299 in prescription drug costs through Safety Net Pharmaceutical Infrastructure programs. The program reports receipts of \$4,910,664 in state funds since 2007.

**Free Clinics of Iowa (FCI)** - Consists of an administrative office and 28 member clinics serving patients from 88 Iowa counties. The state funds are split, a portion of which are given to the free clinics to support operations and the remainder stays with FCI for administrative costs. In 2018, there were 11,286 total patient visits to the free clinics. The program reports receipt of \$3,536,675 in state funds since 2005.

**Volunteer Physician Network (VPN) Polk County Medical Society** - Uses these funds to provide specialty care for Iowans who require specialty care and are uninsured, or underinsured and below 200% of the federal poverty level, thus ineligible for government funded programs. In 2018, the VPN provided 3,570 specialty care referrals. The VPN provides donated specialty care to Iowans who are vetted to qualify for free specialty healthcare from a volunteer network of 484 Polk County Medical Society volunteer physician specialists, Des Moines hospitals and surgery centers. The program reports receipts of \$1,732,404 in state funds since 2008.

**Iowa Donor Registry** – Uses its allocated funding to create targeted campaigns and activities to educate and promote the donor registry in southeast Iowa. Targeted online and social media marketing campaigns encouraging donation. The program started receiving state funds in 2016. FY19 – \$100,000.

**Des Moines University** – Uses its allocated funding to provide mental health training to students. The program received funds for the first time in FY19.

**Iowa Psychological Association** – Uses its allocated funding to expand and improve the mental health workforce engaged in mental health treatment and services to Iowans. The program establishes one-

year mental health training program placements in urban and rural mental health professional shortage areas, and rotates licensed, eligible doctoral level psychologists in these placement sites.

### **How Are We Doing?**

IDPH is working to advance the General Assembly’s goal of strengthening the health care delivery system. Notable programs and achievements include:

1. In partnership with the Iowa Department of Education, Iowa Workforce Development and other health industry partners, a Work-Based Learning Toolkit was launched to increase the number of high-quality, work-based learning opportunities for high school students who may be interested in a health science career to mitigate a workforce shortage. As this was a recent launch, metrics will be used to provide impact and outreach data in the near future.
2. Developed a strategic plan to address opioid use disorder prevention, treatment, and recovery barriers in rural and underserved areas.
3. Supported creation of 4 accredited medical residency training programs offering a total of 13 residency slots through Medical Residency Training State Matching Grants Program awards through contracts covering February 1, 2016 to June 30, 2019.

### **What Are Our Goals?**

Additional work in the area of strengthening the health care delivery system will continue to be a primary focus of IDPH. The department’s goals for work funded by the Community Capacity appropriation include:

1. Develop a greater understanding of specific health care workforce needs and provide a roadmap for future investments in Iowa’s health care workforce.
2. Continue IDPH’s partnership with the Department of Education and Iowa Workforce Development in encouraging Iowans to explore careers in health care.
3. Continue to provide administrative support and oversight for the expansion of access to basic primary care, specialty medical care and donated health care services aimed at addressing the needs of medically underserved Iowans.

### **Community Capacity Budget Unit Recommendations**

1. Allocate all vision screening funding in this budget unit (\$191,000 for FY20) to IDPH for vision screening programs.
2. Continue to provide flexibility in health care workforce funding that IDPH can use to invest in areas of strategic importance as identified in the health care workforce strategic plan, due by the end of FY20.
3. Allow IDPH to retain a portion of the funding used to support providing services to the medically underserved in Iowa for the purpose of monitoring performance and outcomes.
4. Remove the requirement to distribute funding in its entirety on July 1 of the fiscal year for the prescription drug donation program, the free clinics and free clinics of Iowa, the association of rural health clinics, and the Polk County medical society, first introduced in the FY20 budget. The department reimburses expenses to contractors to ensure proper use of the funds, but by

pre-paying for services, there is not a mechanism to ensure funding is being used appropriately until the end of the contract.

## Essential Public Health Services

### Budget Unit Background

The Essential Public Health Services FY19 appropriation provided \$7,662,464 in funding that IDPH granted to local boards of health to pay for services that reduce health risks and promote good health over time. Each local board of health determined its priority areas for use of these funds in an annual application submitted to IDPH. Funding in this budget unit has traditionally been used for programs benefiting older Iowans and members of vulnerable populations. Many of the activities or services paid for by these funds enable Iowans to maintain and improve health status and to live independently. This appropriation was used to fund the following local programs and activities in FY19:

- Home care aide services
- Nursing services
- Disease outbreak and health hazard investigations
- Collaborative relationships
- Health education, resource navigation, referrals and case management
- Community health needs assessment
- Screening and assessment, including injury prevention and foot care clinics
- Local boards of health support and member education
- Immunizations
- Alternative plans for services based on community need
- Public health system development
- Family support home visiting

The Essential Public Health Services dollars are funding of last resort and used only when no other funding source exists to pay for necessary health care services. Iowa Administrative Code 641—80 sets forth the formula IDPH uses to allocate these funds to local agencies. There are no specifically directed allocations in this budget unit.

### Reports of Non-IDPH Entities Receiving Direct Allocations of FY20 State Funds

The General Assembly requested information about stakeholders that have historically received state funds through earmarks in IDPH's appropriation language. There are no contractors receiving funds through direct allocations in this budget unit.

### How Are We Doing?

1. Iowa's overall ranking increased from 19<sup>th</sup> to 10<sup>th</sup> place in America's Health Ranking Senior Report for 2018.<sup>13</sup>

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<sup>13</sup> United Health Foundation. American's Health Ranking Senior Report, 2018.

2. Iowa ranks in the bottom 10 states for percentage of adults 65 years and older who are obese based on self-reported height and weight.<sup>14</sup>
3. Johnson County Public Health, Cerro Gordo County Department of Public Health and Scott County Health Department achieved national accreditation and two other health departments (Black Hawk County Public Health and Siouxland District Health Department) have started the Public Health Accreditation Board (PHAB) process.
4. Turnover with local public health administrators and boards of health members continues to be a challenge at the local level. In 2017-2018, 116 new board of health members were appointed and 27 new public health administrators were hired.<sup>15</sup>

### **What Are Our Goals?**

Additional work in the areas of reducing health risks, promoting good health and strengthening the public health system will continue to be a primary focus of IDPH. The department has the following goals for work funded by this budget unit:

1. Enhance activities for public health system development including community health needs assessment, health improvement plans, collaborative relationships, integration with clinical health care and accreditation.
2. Provide gap-filling direct services for vulnerable individuals as the payer of last resort and as related to community needs.

### **Essential Public Health Services Budget Unit Recommendations**

IDPH recommends continuation of the current bill language for the Essential Public Health Services appropriation.

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<sup>14</sup> United Health Foundation. American's Health Ranking Senior Report, 2018.

<sup>15</sup> IDPH Bureau of Public Health Performance Data, FFY 2018 Interim Annual Report.

## Infectious Disease

### Budget Unit Background

The Infectious Diseases FY19 appropriation provided \$1,796,426 in funding to IDPH for programs that reduce the incidence and prevalence of communicable diseases. This appropriation is heavily supplemented with federal funding to support the following programs:

- Communicable disease surveillance, investigation of acute disease outbreaks, and education and consultation with health care workers, public health partners and the public about infectious diseases.
- Reduction, and ultimately elimination of the incidence of vaccine-preventable diseases in Iowa.
- Minimization of the spread of tuberculosis in Iowa by promoting effective diagnosis and treatment for persons diagnosed with tuberculosis.
- Provide education, prevention and treatment services for persons diagnosed with viral hepatitis.
- Maintain a community-based screening services program at public clinics across Iowa, targeting screening services for those most at risk for adverse outcomes of undetected disease infection.
- Provide free prescription medications to Iowans diagnosed with HIV, other sexually transmitted diseases or tuberculosis to stop the spread of the diseases.

There are no specifically directed allocations in this budget unit.

### Reports of Non-IDPH Entities Receiving Direct Allocations of FY20 State Funds

The General Assembly requested information about stakeholders that have historically received state funds through earmarks in IDPH's appropriation language. There are no contractors receiving funds through direct allocations in this budget unit.

### How Are We Doing?

The current lack of specifically directed allocations in the Infectious Diseases appropriation allows IDPH to make progress in advancing the Iowa General Assembly's directive to reduce the incidence and prevalence of communicable diseases in Iowa. Notable achievements include:

1. Continued protection of Iowans through IDPH's infectious disease surveillance program and investigation of acute outbreaks. In 2018, public health officials in Iowa investigated 7,246 individual infectious disease case reports and 184 outbreaks. The most common organisms associated with outbreaks in 2018 include norovirus, influenza, salmonella and Cyclospora.
2. Increasing hepatitis C screening to at-risk Iowans at 10 integrated testing services sites and all federally qualified health centers throughout Iowa from 1,774 tests in 2016 to 5,017 tests in 2018 (183% increase).
3. A 6% increase in the immunization coverage for all universally recommended vaccines for children 19 to 35 months of age from 2016 - 2018.
4. From 2016 – 2018, a 9% increase in the immunization coverage for all universally recommended vaccines for Iowa's adolescents.

5. A 16.2% increase in the number of Iowa adolescents with a complete HPV vaccination series from 2016 – 2018.
6. A 7% increase in pneumonia and 2% increase in influenza vaccinations among Iowa's adults between 2016 – 2018.
7. In 2018, 27,836 tests for chlamydia and gonorrhea at community-based screening services clinics were provided.

### **What Are Our Goals?**

Additional work in the area of reducing the incidence and prevalence of communicable diseases will continue to be a primary focus of IDPH. The department's measurable goals for work funded by the Infectious Diseases appropriation include:

1. Increase the HPV vaccination rates among Iowa adolescents 13 to 17 years of age to the national goal of 80%.
2. The immunization rate among Iowa children 24 months of age will reach or exceed the national goal of 90% for the 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 varicella, 4 pneumococcal conjugate vaccine series (4-3-1-3-3-1-4).
3. Increase the proportion of reported hepatitis C cases that include information about patient race and ethnicity to 100% (baseline 30 percent in 2015).
4. Increase the proportion of reported hepatitis C cases with RNA confirmatory testing to 98% (baseline 63 percent in 2015).
5. Investigate 100% of reported infectious disease outbreaks in alignment with department policies and procedures (118 outbreaks investigated in 2015).
6. Provide medications and health insurance coverage for 100% of low-income Iowans living with HIV (750 people were served in 2018).
7. Maintain a safety-net testing program for Iowans in need of testing for sexually transmitted diseases (58 community-based screening services clinics participated in 2018).

### **Infectious Diseases Budget Unit Recommendations**

IDPH recommends continuation of the current bill language for the Infectious Diseases appropriation.

## Public Protection

### Budget Unit Background

The Public Protection FY19 appropriation provided \$4,095,139 in funding for protecting the health and safety of the public by directing IDPH to establish standards and enforce regulations that reduce the risk of injuries and prevent environmental exposures to harmful substances and practices. Public Protection funding is used for the following activities:

- Administering the Iowa Childhood Lead Poisoning Prevention Program and lead professional certification.
- Development, implementation, coordination and evaluation of Iowa’s Emergency Medical Services (EMS) System. State funds are allocated through this budget unit to the Emergency Medical Services Fund established by Iowa Code section 135.25. The EMS Fund provides a 1:1 match for counties, which is used for acquisition of equipment, and provision of EMS education and training.
- Supporting the operations of the Iowa Office of the State Medical Examiner (SME). SME conducts a high volume of complex forensic autopsies and medical legal death investigations cases referred by county medical examiners. SME also provides support, guidance, education, consultation, and training to county medical examiners and investigators.
- Administration of the Certificate of Need (CON) program. CON is a regulatory review process required for proposed new or changed institutional health services.

Allocation Title	Allocation Purpose	Allocation Recipient	FY19 Allocation	Reach
EMS Fund	To provide support for EMS system development including training, education and equipment purchase	Local boards of health	\$304,700	11 of 12 eligible coalitions applied for funding, representing 93 counties
Sexual violence prevention	Sexual violence prevention programming	Iowa Coalition Against Sexual Assault	\$243,260	IowaCASA: contracted with 6 local sexual assault programs to conduct prevention programming; provided 60 scholarships for Sexual Assault Nurse Examiner (SANE) training

Poison control center	To provide support for Iowa’s State Poison Control Center	Iowa Poison Control Center	\$500,000	25,651 human exposure calls taken in FY19
Childhood Lead Poisoning Prevention	To support state and local childhood lead poisoning prevention activities	Local boards of health	\$504,796	64,673 children under 6 years old were tested in 2017

**Reports of Non-IDPH Entities Receiving Direct Allocations of FY19 State Funds**

**Iowa Poison Control Center (IPCC)** - Is the only poison control center in Iowa, serving residents in all 99 counties. In FY19, IPCC answered 25,651 human exposure calls. In FY19, this allocation provided 22% of the funding for the IPCC.

**Iowa Coalition Against Sexual Assault (ICASA)** - Uses the Public Protection funds allocated in this budget unit to help prevent first-time perpetration or victimization of sexual violence in areas of the state that do not receive federal Rape Prevention Education (RPE) dollars. Additionally, funds are used to increase the number of trained Sexual Assault Nurse Examiners (SANEs), particularly in rural areas, and other Sexual Assault Response Team (SART) members. A portion of this funding is retained by the organization to partially support two FTE.

**How Are We Doing?**

1. Lead exposure testing - in 2017, 27%, or 64,673 children under the age of 6 were tested for lead exposure. Of those tested, 349 had at least one confirmed elevated blood-lead test.
2. In FY19, the State Medical Examiner’s office performed 834 forensic autopsies, 96 of which involved drug intoxication. Of the drug intoxication cases, 42 involved one or more opioids as the cause of death. Office staff also provided expert testimony in 42 homicide trials or depositions, and conducted over 900 consultations with county medical examiners, law enforcement officers and attorneys.
3. The Iowa Poison Control Center (IPCC) handled 25,561 human exposure calls in FY19; 43% of the calls involved children less than 5 years of age and over 70% of the pediatric poisonings were safely managed by phone consultation, avoiding unnecessary visits to a medical provider. The estimated cost savings of eliminating unnecessary ambulance dispatches, transports and emergency department visits related to human exposure calls handled by the IPCC in FY19 is at

least \$12 million. In addition, for every dollar invested in the IPCC, an estimated \$13.39 is saved in medical costs.

4. In FY19, the Iowa Coalition Against Sexual Assault (IowaCASA) provided 40 scholarships for new Sexual Assault Nurse Examiners (SANEs); 5 scholarships for SANE refresher course to sustain current SANEs; 11 SANEs trained by the International Association of Forensic Nurses; contracted with 6 local sexual assault programs to conduct primary prevention; organized 2 mandatory in-person trainings and 4 web-based trainings for subcontractors; and conducted minimum of 1 in-person site visit/subcontractor.

### **What Are Our Goals?**

Additional work in the area of protecting the health and safety of the public will continue to be a primary focus of IDPH. The department has the following measurable goals for work funded by the Public Protection appropriation:

1. School reporting for the childhood lead program will increase to 98% of all districts reporting.
2. Complete at least three of the EMS system categorical recommendations provided to the State of Iowa from the National Highway Traffic Safety Administration (NHTSA) State of Iowa Reassessment of EMS Report (April 2015).
3. Pass annual inspections and achieve re-accreditation with the National Association of Medical Examiners (NAME), due in November 2021.
4. Meet increased demands for autopsy services (842 autopsies completed by SME in calendar year 2018, over 1,000 autopsies expected in 2019).
5. Contract with IowaCASA to develop new subcontracts, support community prevention capacity through targeted training and technical assistance, and provide 20 additional scholarships for training new SANEs and the ongoing training of SANEs to increase retention, particularly in rural areas

### **Public Protection Budget Unit Recommendations**

1. Eliminate the specific allocation paragraph for childhood lead poisoning and incorporate funding into the overall Public Protection appropriation, allowing for greater flexibility to support childhood lead poisoning prevention programs.
2. Transfer the Poison Control Center \$500,000 allocation to the Department of Human Services (DHS). Currently, the DHS also contributes CHIP funding to the Iowa Poison Control Center (IPCC). The DHS contracts with the IDPH, who then in turn contracts with IPCC for both the IDPH and DHS budget allocations. This method is inefficient and can result in contract delays for the IPCC. By transferring the \$500,000 to DHS, there is only one state agency involved in the contracting process.
3. Provide additional flexibility in this budget unit to allow for greater financial support for the Office of the State Medical Examiner to match growth in demand for services.

## Resource Management

### **Budget Unit Background**

The FY20 appropriation of \$971,215 for Resource Management is used to partially fund administrative functions necessary to ensure IDPH’s ability to deliver services to the public.

Resource Management funds are used to support the State Board of Health (statutory body responsible for development of public health policy); the department director and his or her executive secretary; human resources staff; department wide costs (examples include attorney general reimbursements; state auditor reimbursements; DAS billings (for capitol complex building rent); and OCIO billings (for IT related services)).

Overall, administrative expenses account for 3.5% of the department’s total budget (as of 10/01/19). The Iowa general fund only contributes 10% of the department’s annual administrative expenses. The remaining 90% of IDPH’s administrative expenses (i.e., finance, information management, policy and performance services, deputy director, etc.) are paid using federal indirect funds.

### **Reports of Non-IDPH Entities Receiving Direct Allocations of FY20 State Funds**

The General Assembly requested information about stakeholders that have historically received state funds through earmarks in IDPH’s appropriation language. There are no contractors receiving funds through direct allocations in this budget unit.

### **Resource Management Budget Unit Recommendations**

IDPH recommends continuation of the current bill language for the Resource Management appropriation.

## Appendix A – Contractor Reports

## University of Iowa College of Dentistry Children’s Oral Health for Underserved Populations (COHUP) Program – Healthy Children and Families

### Target Population

To be eligible for the Children's Oral Health for Underserved Populations (COHUP) Program, children and young adults must be under 21 years of age, reside in Iowa, and have no dental insurance or inadequate coverage to meet their needs. The family’s income must be at or below 302% of the federal poverty level.

### Services Provided Through State Funding

Dental services covered by the COHUP Program include preventive and restorative treatment, as outlined in Iowa's Medicaid program.

### Continuing Needs to Meet Objectives

The Department of Pediatric Dentistry's mission is to improve the oral health of infants, children, adolescents and their families with special emphasis given to improving the oral health of children with special health care needs and children of low-income backgrounds or with limited access to oral health services. The COHUP Program enables us to help meet this mission while easing the financial burden for these families.

### Continuing Needs of Target Population to Improve Health Outcomes

The need for the Children's Oral Health for Underserved Populations Program remains very high. Without the COHUP Program, these low-income families may have chosen not to seek dental treatment due to the cost. Oral health is an integral component of overall health and untreated oral disease can affect health status and daily life activities. This program provides a vital safety net for meeting the dental needs of this underserved population.

### Funding, Objectives and Results

Fiscal Year	State Funding	Objectives & Results
SFY2017	\$25,000	Objectives: Provide primary dental services to 100 underserved children and young adults throughout the state. Results: 151 children and young adults received dental care.
SFY2018	\$0	
SFY2019	\$23,000	Objectives: Provide primary dental services to 90 underserved children and young adults throughout the state. Results: 111 children and young adults received dental care.

## Iowa Donated Dental Services Program DDS – Healthy Children and Families

### Target Population

The Iowa Donated Dental Services (DDS) program makes oral health care accessible to low-income Iowa residents who have disabilities or who are elderly or medically fragile and cannot afford or otherwise access comprehensive dental treatment to address severe dental problems. The DDS program works to ensure that all such individuals receive necessary, substantive and maintainable dental care that restores their oral health and enhances their overall quality of life.

### Services Provided Through State Funding

Through the DDS program, vulnerable Iowa residents receive comprehensive dental treatment donated by a statewide volunteer network of 250 dentists and 37 dental laboratories. Most of these volunteers help one or two eligible patients per year. On average, each patient completing treatment receives nearly \$4,100 worth of donated care, which may include extractions, restorations, dentures, crowns, bridges, implants, etc. Treatment plans typically last several months to a year or more. Dental laboratories donate or discount the fabrications that most DDS patients need and several manufacturers donate materials needed for the lab fabrications. A coordinator who works 28 hours per week manages program activities: determines eligibility, monitors patient progress, arranges for lab services and specialists, resolves any problems that may interfere with care and ensures all parties have a positive experience.

Patients often come to the DDS program in excruciating pain from severe dental problems, in addition to the other physical and financial challenges they are already experiencing due to their ages, disabilities or health conditions. For some, their poor oral health prevents them from pursuing life-saving medical treatment such as organ transplants or chemotherapy. In addition, many have endured humiliation and embarrassment due to the condition of their teeth. Their health, confidence, ability to eat and communicate, and overall quality of life can be impacted. The DDS program enables these vulnerable individuals to access thousands of dollars in free, comprehensive, life-changing dental services that restores their oral health, relieves their suffering, and enhances their overall health and quality of life.

### Continuing Needs to Meet Objectives

While the volunteer dentists and many of the dental laboratories donate their services, we need funding to support their efforts. Expenses include the cost of the coordinator, lab fabrications when we cannot find labs to donate, office supplies and other program expenses.

In addition to needing some monies, we must continue to recruit volunteers. Although 250 dentists volunteer, most treat just one patient at a time and due to the comprehensive nature of the treatment provided, usually help only one patient annually. Nearly one-third of the volunteers are specialists who may not be called upon every year, leaving 183 general dentists who develop and implement treatment plans, and collaborate with specialists and laboratories as needed. Complicating the referral process, the geographic distribution of applicants and available dentists are not always aligned. With 231

patients served during the recent fiscal year and 64 individuals on the waitlist, the volunteers are well-utilized and efforts to recruit more must continue.

**Continuing Needs of Target Population to Improve Health Outcomes**

Despite having helped more than 1,800 Iowa residents since 2005, an overwhelming need remains among individuals with disabilities or who are elderly or medically fragile. For example, we received 260 applications during the recent fiscal year, and 64 people are on a wait list to be referred to volunteer dentists. Despite all the patients we have helped over the years, a huge void remains among some of Iowa's most vulnerable populations in terms of accessing treatment for serious dental problems.

As a result of their ages or disabilities, many of these individuals cannot work and depend on government assistance for health care. Yet, Medicare does not provide dental coverage and Iowa's Medicaid program offers limited dental benefits for adults and does not cover all procedures. Further, many individuals with disabilities or who are aged or medically fragile and can work earn just over the income threshold to qualify for Medicaid, but cannot afford costly dental care. Public health clinics have dental programs, but have exceedingly long waiting lists and only provide basic services. As a result, many people with disabilities or who are aged or medically fragile suffer in agonizing pain from severe dental problems and have nowhere else to turn for help. Thankfully, the DDS program is able to help these individuals access the care they need to restore their oral health and improve their overall health and quality of life.

**Funding, Objectives and Results**

<b>Fiscal Year</b>	<b>State Funding</b>	<b>Objectives &amp; Results</b>
SFY2017	\$64,640	Objectives: Help 195 patients access \$700,000 in donated treatment. Results: Served 276 patients and generated \$743,025 in donated treatment.
SFY2018	\$62,701	Objectives: Help 210 patients access \$740,000 in donated treatment. Results: Served 257 patients and generated \$804,403 in donated treatment.
SFY2019	\$64,640	Help 263 patients access \$754,000 in donated treatment. *Subsequently reduced due to staffing reduction. Results: Served 231 patients and generated \$616,010 in donated treatment.

We served slightly fewer patients in SFY 18 than SFY 17 but generated more donated treatment. More complex cases take longer to coordinate and reduce the number of individuals we can serve. In May 2018, we reduced staff hours to align with the number of volunteer dentists which resulted in us serving fewer individuals in SFY 19 and generating less donated treatment. We renewed efforts to recruit more volunteers during SFY 19.

## Holden Comprehensive Cancer Center Melanoma Symposium – Chronic Conditions

### Target Populations

Skin Melanoma is a public health concern in Iowa. The rate of new skin melanoma cancers in Iowa exceeds the national rate. Skin melanoma is one of the only cancer types that continues to have increases in rates of new diagnosis. In Iowa, skin melanoma is one of the top 5 new cancer types for both men and women. Skin melanoma ranks in the top 4 cancer types for both men and women in Iowa living with cancer. New advances in treatment have reached Iowans in the form of clinical trials that offer greater opportunities for cancer survival.

### Services Provided Through State Funding

Support from this grant provides research grant funding, support for biorepository infrastructure, collaboration forums to share results and design new treatment options for patients, and translates these advances into patient treatment options for Iowans through participation in clinical trials with the newest and most advanced treatment designs.

Melanoma Working Group (MWG) comes together at least once a year to discuss research projects, results, publications, potential funding sources, collaborations and other ways to grow advance research in promising areas to design and deliver better treatment options for patients. The MWG is a comprehensive group of melanoma researchers at the University of Iowa (UI) that includes faculty with expertise in anatomy and cell biology, molecular physiology, medical science, molecular pathology, medical oncology, surgical oncology and dermatology.

A tremendous resource for this reach is a large melanoma bio-repository and registry created and maintained with support from this grant. Created in April of 2008 with the goal of collecting tumor samples and clinical data to better understand characteristics of melanoma cancers, how they spread and what targeted treatments work best against them, contributes to the success of multidisciplinary and translational research projects. As of June 2019, the repository has samples, with correlating clinical information, on 1,316 melanoma patients. Specimens collected include ocular, lymph node and metastatic tumor from patients with proliferative disorders of the skin and ocular tumors, mucosal (vaginal), acral lentiginous melanomas and serum.

This biorepository has proven to be a vital resource to the discovery of new diagnostic/prognostic markers and therapeutic approaches for both UI researchers and researchers from outside institutions.

Over the course of the last year, there have been new advancements in basic and translational research. The following three projects were made possible due to funding by this grant.

-Metabolic reprogramming and melanoma drug resistance

One characteristic of cancer cells, including melanoma cells that make up melanoma tumors, is that they are somehow rewired to grow uncontrollably. For certain types of melanomas, identified by specific

genetic signatures, drugs have been developed that block the rewired cell proliferation mechanisms (sometimes referred to as pathways). However, as the melanoma cells recognize that these pathways toward uncontrolled growth and proliferation have been blocked or inhibited, the cancer establishes a workaround that allows the cancerous tumor cells to re-establish uncontrolled growth. At this point, drugs that had previously been successful in slowing or almost eliminating the cancer lose their effectiveness. In this project, the investigators discovered that an underlying cellular mechanism has been identified that represents a key melanoma cell protein molecule called glutathione (aka GSH) that signals the melanoma cell to initiate the workaround to re-establish uncontrolled growth in direct response to the FDA approved drug. In this project, the investigators utilized a relatively non-toxic molecular compound called buthionine sulfoximine (aka BSO) in combination with FDA approved drugs to prevent melanoma cells from synthesizing GSH. The use of BSO prevented the acquisition of resistance to the FDA approved drugs in cells as well as in mice bearing melanoma tumors. To advance this new treatment paradigm to human patients, the investigators will seek funds to identify an optimum form of BSO or substitute molecular entity that has the same effect to establish the potential of this new combination treatment for human clinical use.

#### -Strategies for improving efficacy of BRAF inhibitor therapy in cutaneous melanoma

There were an estimated 91,270 cases of cutaneous melanoma in the United States in 2018. This estimate marks an ongoing trend of increasing melanoma incidence observed over the past 40 years. Although the average age at diagnosis is ~63 years of age, melanoma incidence is showing an alarming increase in young adults.

Fortunately, the introduction of targeted and immune therapies has begun to increase survival, even among patients with advanced disease. Immunotherapy is often used as the front-line therapy, given that it generally provides a longer response compared to targeted therapy and is FDA-approved to be used on virtually any cutaneous melanoma. However, immunotherapy only works in ~50% of cases, and many patients still experience disease progression at some point. FDA-approved targeted therapies can be used in ~50% of melanoma patients and are generally effective greater than 80% of the time. However, melanoma cells develop resistance to targeted therapies relatively quickly and this is a major clinical problem. Recent work has identified a number of genetic mechanisms within melanoma cells that provide resistance to targeted therapies, but these mechanisms can only explain resistance in ~50% of cases. The goal of this project is to identify the mechanisms of resistance in the remaining 50% of cases. We are using a novel genetic screening technique to perform these experiments. Our long-term goal is to identify novel drug combinations with current targeted therapies to improve outcomes in melanoma patients. This knowledge will directly inform clinical trials using novel combinations of targeted therapy to improve response time and survival of patients with advanced cutaneous melanoma.

#### Publications

A simplified transposon mutagenesis method to perform phenotypic forward genetic screens in cultured cells

Charlotte R. Feddersen<sup>1</sup>, Lexy, S. Wadsworth<sup>1</sup>, Eliot Y. Zhu<sup>1</sup>, Hayley R. Vaughn<sup>1</sup>, Andrew P. Voigt<sup>1</sup>, Jesse D. Riordan<sup>1</sup> and Adam J. Dupuy<sup>1,2,3</sup>.

Src-dependent DBL family members drive resistance to vemurafenib in human melanoma  
Charlotte R. Feddersen<sup>1</sup>, Jacob L. Schillo<sup>1</sup>, Afshin Varzavand<sup>2</sup>, Hayley R. Vaughn<sup>1</sup>, Lexy S. Wadsworth<sup>1</sup>, Andrew P. Voigt<sup>1</sup>, Eliot Y. Zhu<sup>1</sup>, Brooke M. Jennings<sup>2</sup>, Sarah A. Mullen<sup>2</sup>, Jeremy Bobera<sup>2</sup>, Jesse D. Riordan<sup>1</sup>, Christopher S. Stipp<sup>2,3\*</sup>, Adam J. Dupuy<sup>1,3\*</sup>.

<sup>1</sup>Department of Anatomy & Cell Biology, Carver College of Medicine, University of Iowa;

<sup>2</sup>Department of Biology, College of Liberal Arts and Sciences, University of Iowa; <sup>3</sup>Holden Comprehensive Cancer Center, University of Iowa; Iowa City, IA, 52246 USA.

-Identify drivers of brain metastasis for cutaneous melanoma

While there have been recent advances for treating advanced cutaneous melanoma, such as immunotherapy and targeted inhibitors, melanoma patients whose tumors spread to the brain (i.e., brain metastasis) are generally unresponsive to these treatments. Moreover, patients with brain metastasis are typically excluded from clinical trials because of the difficulty in treating melanoma in the brain. Unfortunately, little is known about the biological factors that allow melanoma cells to spread and grow in the brain. We have designed an experimental approach that we will use to identify mutations that cause melanoma to grow in the brain using a mouse model of melanoma. While this project is still in the pilot stage, its success could have a major impact on melanoma patients if it leads to the identification of treatment strategies to target melanoma that has spread to the brain.

As of June 2019, over 372 patients were accrued to melanoma-related clinical trials. The melanoma research group is a NCI-designated Phase I site, bringing cutting-edge scientific research from the laboratory and converting the findings into innovative therapies for our melanoma patients in the clinic.

### **Continuing Needs to Meet Objectives**

Significant progress has been made in the treatment of skin melanoma through the advanced understanding originating from this research. Still more is required to continue to learn how melanoma mutates and becomes metastatic or spreads in the body. Support from the IDPH is critical for the continued basic and translational research to bring options to patients who previously faced limited options for survival. The death rate from melanoma in Iowa still exceeds the national rate. More progress is needed to reduce the cancer burden in Iowa.

### **Continuing Needs of Target Population to Improve Health Outcomes**

The incidence rate (new cases) of melanoma in Iowa continues to exceed national rates. Multiple efforts related to awareness, prevention and early detection are ongoing, but despite this focus, it remains a public health problem for Iowans. Continued research is needed through this support to better understand the mechanisms of this type of cancer and to continue to develop targeted therapies that improve survival for Iowans. Progress has been made, but more rapid advancements are still needed to remove melanoma as the fourth deadliest type of cancer in Iowa.

Iowa Department of Public Health

HHS Budget Bill Stakeholder Update As Directed by 2019 Iowa Acts, HF766 Sec. 3 & Sec. 4  
Dec. 15, 2019

**Funding, Objectives and Results**

Fiscal Year	State Funding	Objectives & Results
SFY2017	\$100,000	<p>Objectives: Host melanoma symposium, maintain melanoma bio-repository and registry, advance basic and translational melanoma research projects, provide clinical trial treatment options to patients to provide the most current therapeutic agents and approaches to treatment</p> <p>Result: Mid-year budget reduction required changes to staffing and scope of research services addressing melanoma in Iowa. This limited planned activities and slowed progress. The melanoma symposium was held and quarterly calls conducted. The repository has bio-specimen samples and corresponding clinical information on 1,243 melanoma participants. The goal of enrolling a minimum of 125 patients during this contract year was exceeded. A basic laboratory has transplanted a total of 16 melanomas, resulting in the successful generation of 12 PDX models. These models have proven valuable to better understand the biology of melanomas as well as the mechanisms underlying therapeutic response and resistance. As of June 9, 2017, the melanoma clinical trials program has 450 accruals and 35 active clinical trials specific to melanoma.</p>
SFY2018	\$0	<p>Result: State budget reductions impacted staffing and continuation of research projects addressing melanoma in Iowa.</p>
SFY2019	\$150,000	<p>Objectives: Host melanoma symposium, maintain melanoma bio-repository and registry, advance basic and translational melanoma research projects, provide clinical trial treatment options to patients to provide the most current therapeutic agents and approaches to treatment.</p> <p>Result: Melanoma symposium brought together researchers and clinicians to present findings on how this cancer type develops and advances in the body and targeted therapies that are and will be developed to address patient treatment and survival. This translational forum is essential for bringing the best advances to patient care through clinical trials.</p> <p>As of June 2019, the repository has samples, with correlating clinical information, on 1,316 melanoma patients. Specimens collected include ocular, lymph node and metastatic tumor from patients with proliferative disorders of the skin and ocular tumors, mucosal (vaginal), acral lentiginous melanomas and serum. Three research projects were initiated exploring drug resistance of certain types of melanoma, improvements in targeted therapy for cutaneous melanoma and research on brain metastasis for cutaneous melanoma.</p> <p>As of June 2019, over 1,300 patients were accrued to melanoma-related clinical trials.</p>

## University of Iowa Mobile Regional Child Health Specialty Clinics – Chronic Conditions

### Target Populations

Child Health Specialty Clinics (CHSC) is a community-based public health agency that serves Iowa children and youth with special health care needs and their families. There are an estimated 128,000 Iowa children with special health care needs including those with chronic physical, developmental, behavioral, and emotional needs. The University of Iowa Division of Child and Community Health oversees CHSC and administers Iowa's Maternal and Child Health (MCH) Title V Program for Children and Youth with Special Health Care Needs in partnership with the Iowa Department of Public Health.

### Services Provided Through State Funding

CHSC provides gap-filling clinical services and care coordination for children and youth with special health care needs and their families. These services include telehealth appointments, connecting families with specialists they may not otherwise have access to. CHSC also provides family to family support through its team of Family Navigators, all of whom are the parent or caregiver of a child with special health care needs. CHSC has a network of 14 regional centers and 4 satellite locations across Iowa, employing over 100 public health professionals, clinical providers, and Family Navigators who work with communities to build partnerships and improve the System of Care for Iowa families.

### Continuing Needs to Meet Objectives

CHSC continues to expand its telehealth network to increase access for children and families to specialists, including those in psychiatry, nutrition, genetics, neurology, and behavioral pediatrics. In addition to these gap-filling services, CHSC continues to provide care coordination for children and youth with special health care needs and their families in coordination with the child's medical home.

### Continuing Needs of Target Population to Improve Health Outcomes

In Iowa, there is a shortage of pediatricians, child psychiatrists, and other pediatric specialists in many parts of the state. The 2015 Iowa Maternal and Child Health Title V Needs Assessment identified access to specialists as the number one need for the state's maternal and child health population, including children and youth with special health care needs. The Health Resources and Services Administration has identified 86 of Iowa's 99 counties as Mental Health Professional Shortage Areas.

### Funding, Objectives and Results

Fiscal Year	State Funding	Objectives & Results
SFY2017	\$754,793	Objective: Assure community-based clinical consultation and care coordination to Iowa children with special health care needs and their families. Result: CHSC provided services and supports to approximately 7,000 Iowa children and their families.

Iowa Department of Public Health HHS Budget Bill Report – Stakeholder Collaboration Update

SFY2018	\$754,163	Objective: Assure community-based clinical consultation and care coordination to Iowa children with special health care needs and their families. Result: CHSC provided services and supports to approximately 7,460 Iowa children and their families.
SFY2019	\$809,550	Objective: Assure community-based clinical consultation and care coordination to Iowa children with special health care needs and their families. Result: CHSC provided services and supports to approximately 7,490 Iowa children and their families.

## University of Iowa Child Health Specialty Clinics Regional Autism Assistance Program – Chronic Conditions

### Target Population

Child Health Specialty Clinics (CHSC) is a community-based health agency that serves Iowa children and youth with special health care needs and their families. The Division of Child and Community Health oversees CHSC and administers the Iowa Regional Autism Assistance Program (RAP). RAP supports children and youth, birth to 21 years of age and their families who have a suspected or confirmed diagnosis of Autism Spectrum Disorder (ASD). It is presumed that the prevalence of ASD among Iowa children is the same as the estimated national rates, approximately 1 in 59. Using data from the 2010 United States Census, this totals to an estimated 12,394 Iowa children and youth 0-18 years old with ASD.

### Services Provided Through State Funding

RAP coordinates educational, medical and community-based services and supports for Iowa children and youth with or suspected of having ASD, their families and providers. RAP teams include Advanced Registered Nurse Practitioners, Registered Nurses and Family Navigators and are located at all 14 CHSC Regional Centers. RAP teams also help families apply for the Autism Support Program, a legislative fund to provide Applied Behavior Analysis to eligible children and collaborate with Pediatric Integrated Health Home providers to make appropriate referrals. RAP convenes an expert panel at least quarterly to provide expert opinion on clinically relevant practice and to provide guidance on program implementation and administration.

### Continuing Needs to Meet Objectives

RAP funding continues to support RAP team members at the 14 CHSC Regional Centers and their efforts to support children with suspected or confirmed diagnosis of ASD and their families. RAP continues to enhance inter-agency collaboration and coordinate educational, medical and other services for persons with ASD, their families, primary caregivers and providers of services to persons with ASD. RAP also continues to deliver regionalized services by offering care coordination, family navigation and integration of services through the 14 CHSC Regional Centers utilizing the community child health team model.

### Continuing Needs of Target Population to Improve Health Outcomes

It is estimated that 79% of Iowa children with ASD reside in a county that includes at least one medically underserved area. Iowa has a significant shortage of clinicians, specialists and service providers, resulting in significant gaps in resources available to children and youth with ASD in rural areas compared to those available in urban areas.

### Funding, Objectives and Results

Fiscal Year	State Funding	Objectives & Results
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Iowa Department of Public Health HHS Budget Bill Report – Stakeholder Collaboration Update

SFY2017	\$400,000	Objectives: Assure 75% of children eligible for ASP and care coordination services will be served by RAP; Expert Panel meets quarterly. Results: RAP provided care coordination and family support to 100% of the families approved for the ASP; Expert Panel met at least quarterly.
SFY2018	\$0	N/A
SFY2019	\$384,552	Objectives: Assure 75% of children eligible for ASP and care coordination services will be served by RAP; Expert Panel meets quarterly. Results: RAP provided care coordination and family support to 100% of the families approved for the ASP; Expert Panel met at least quarterly.

## Brain Injury Alliance of Iowa – Chronic Conditions

### Target Populations:

Brain Injury is now well understood as a chronic disease process. The Brain Injury Alliance of Iowa (BIAIA) is a not-for profit organization with offices and chapters in nine communities, serving clients in all of Iowa's 99 counties. Our target population includes the more than 100,000 Iowans with long-term disability from acquired brain injury (BI) incurred by trauma, stroke and other causes. Improvements in emergency transportation, medical imaging and treatment have resulted in decreasing mortality from BI and this, combined with decreasing support for extended treatment and rehabilitation, has resulted in individuals experiencing brain injury surviving in increasing numbers. However, insurance and other medical systems have at the same time decreased the scope, intensity and duration of rehabilitation such that this injury population is being discharged from acute and post-acute medical services quicker and sicker than in years past. As a result of the cognitive, emotional, psychological and physical impact of BI, this population experiences significant secondary conditions including unemployment, depression, mental illness, substance use disorders, incarceration, homelessness and poverty. They also face significant barriers to information access, medical and community based services, employment and living independently. As an organization, BIAIA has nearly 40 years of experience serving Iowans with brain injury. With a team of highly trained staff to deliver secondary and tertiary interventions with individuals and families with BI, we have developed and grown a trusted set of services as well as a statewide referral network with hospitals, clinics, health centers, shelters, schools, case managers, MCOs and others. BIAIA has emerged as Iowa's hub for navigating the complex physical, emotional, behavioral, cognitive, occupational, financial and other challenges from BI, and access to services improving the prevention of secondary disability from brain injury.

### Types of Services Provided by State Funding:

Across four decades BIAIA has focused on a mission to create a better future through education, support, prevention, research and advocacy. We do this with, and based upon, the expressed needs of Iowans with brain injury and their families. Our services and supports are historically grounded in the volunteer efforts of thousands of individuals with brain injury and family members with a shared vision to improve outcomes for future survivors of BI in support of recovery from and/or adapting to the consequences of brain injury. BIAIA remains supported, in large part by a volunteer network of more than 400 individuals in eight chapter locations across the state that coordinate local support groups and awareness events. With state funding, BIAIA provides a number of essential services including:

**Objective:** Statewide Neuro-Resource Facilitation Services (NRF): a nationally recognized “best practice” for individuals with BI actively supports clients in navigating access to, and maintenance of access to medical, rehabilitation, treatment and other services. NRF is an essential link for those with challenges from BI thereby preventing or reducing long-term disability.

**Results:** Serving 5,330 clients in 2019 with five full-time staff.

**Objective:** Maintain and grow a statewide resource and Neuro-Resource Facilitation Services referral network (The Iowa Brain Injury Resource Network / IBIRN) which includes over 350 medical, health and

disability service organizations. IBIRN links clients to NRF services maximizing medical and post-medical recovery, rehabilitation and adaptation to life with BI.

**Results:** Increased IBIRN network by 52% over this reporting period to 350 sites with an associated increase in referrals.<sup>16</sup>

**Objective:** Distribute the Iowa Brain Injury Tote Bag Program and Resource Guide Publication, which are produced and made available at all IBIRN locations as well as via internet-based versions (biaia.org). The specialized BI information and resource packet (referred to as the “*BI Tote Bag*”) and Resource Guide provide rapid, relevant and reliable information and linkages to clients who reach an IBIRN partner or who contact BIAIA.

**Results:** 2,800 distributed across IBIRN sites and to clients over this reporting period, with more than 25,000 distributed to date.

**Objective:** Provide brain injury specialty training to both IBIRN sites as well as to and with lowans with brain injury and their families through ongoing education programming. These specialized brain injury educational trainings address the complex sequela of brain injury within the area of focus (i.e., mental health, substance use, law enforcement) of IBIRN staff as well as with a focus to support individuals with BI and their families to live well after brain injury. BIAIA’s service provision supports its mission to provide help, hope and healing for individuals with BI in the state of Iowa.

**Results:** 209 trainings in this reporting period, with 28,500 individuals over the past decade

#### **Continuing Needs of the Organization to Meet Its Objectives:**

The Brain Injury Alliance of Iowa (BIAIA) is the only statewide organization serving lowans with brain injury, their families and communities. With more than 100,000 lowans with long-term disability from brain injury, demand is significant and has been increasing. This is due to a number of co-occurring factors, including 1) increased survival of individuals with brain injury as a result of improved medical interventions; 2) increased awareness by the general public of the impact of brain injury from media reports of military and sports related brain injury and 3) service waiting lists (i.e., Medicaid Waiver) and the ongoing re-organization of systems providing medical treatment, rehabilitation services and community based supports (e.g., Medicaid Managed Care). Such changes in access to care exacerbate the fact that brain injury often results in extreme difficulty navigating any “system of care.” In addition, our organization has been at the center of outreach to two increasing areas of service demand related to *concussion and stroke*. For the past five years BIAIA has been the hub for the *Iowa Concussion Consortium* whose mission is to mitigate the impact of this type of brain injury in Iowa’s children and their families. Thus, we have seen increased demand from families with children with concussion as well as the range of athletic, medical and educational professionals that serve them. In addition, as deaths from cardiovascular disease (including stroke) have decreased nationwide over the past decade, we have seen our service demands increase from younger and younger survivors of this type of BI. Overall, our staff are being stretched thinner with higher and more complex caseloads. As incidence and awareness has increased, so has demand for services and support. Consequently, our organization has an increased need for staff who are highly trained in both brain injury symptomology, treatment,

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<sup>16</sup> NRF program established a soft, two-year service limit for clients in 2018 thus modestly reducing staff caseloads.

rehabilitation and recovery combined with the range of service systems, payors and providers that create access to needed services.

**Continuing Needs of the Target Population to Improve Health Outcomes:**

A majority of Iowans with brain injury and their families still navigate the complex landscape of brain injury alone - without the specialized resources, services and supports needed to avoid significant secondary physical, mental health, financial and social outcomes. With modest state funding the programs of the Brain Injury Alliance of Iowa have grown in scope and impact resulting in improved accessibility, availability, appropriateness and acceptability of tens of thousands of Iowans to information, supports, services and service coordination across multiple clinical services as well as across local community, state and federal services.

More than a decade of such efforts has resulted in significant savings to private and public budgets as a wide range of secondary conditions and disabilities are avoided and/or ameliorated. These cost savings have been documented in detail showing economic impact via avoidance of incarceration, psychiatric inpatient stays, utilization of Medicaid and expensive out of state placements.

Yet individuals with brain injury and their families remain one of the most unserved and underserved populations. This population continues to need increased access and availability of specialized home and community based supports, improved education and training of community based professionals, and guidance on navigating the complex physical, behavioral, cognitive and emotional changes that emerge from this chronic condition. Meeting such needs will result in a marked increase in avoidance of and/or recovery from incarceration, homelessness, unemployment, and subsequent physical and mental health conditions.

**Funding, Objectives and Results**

Fiscal Year	State Funding	Objectives & Results
SFY2017	\$815,200	A. Production and distribution of 1200 IBIRN Tote Bags annually. B. Provide Neuro-Resource Facilitation (NRF) statewide. C. Maintain a network and grow the IBIRN distribution sites. D. Provide at least 12 brain injury specialty trainings to IBIRN sites, individuals with brain injury and their families.  A. 135% of goal achieved with production and distribution of 1624 IBIRN Tote Bags. B. Achieved with 7 staff and 4945 active clients. C. Grew the IBIRN network by 16%.

		D. 458% of goal achieved with 55 trainings to IBIRN staff, individuals with brain injury and/or their families.
SFY2018	\$840,000	<p>A. Production and distribution of 800 IBIRN Tote Bags and Resource Guides annually.</p> <p>B. Provide Neuro-Resource Facilitation (NRF) statewide.</p> <p>C. Maintain a network and grow the IBIRN distribution sites by 5percent.</p> <p>D. Provide at least 12 brain injury specialty trainings to IBIRN sites, individuals with brain injury and their families.</p> <p>A. 121% of goal achieved with production and distribution of 1064 IBIRN Tote Bags and Resource Guides.</p> <p>B. Achieved with 5 NRF staff and 5505 active clients.</p> <p>C. Grew the IBIRN network by 19%.</p> <p>D. 608% of goal achieved with 73 trainings to IBIRN staff, individuals with brain injury and/or their families</p>
SFY2019	\$878,100	<p>A. Production and distribution of 800 IBIRN resource tote bags and resource guides annually.</p> <p>B. Provide Neuro-Resource Facilitation (NRF) statewide.</p> <p>C. Grow the IBIRN distribution sites.</p> <p>D. Provide at least 12 brain injury specialty trainings to IBIRN sites, individuals with brain injury and their families.</p> <p>A. 213% of goal achieved with production and distribution of 1706 IBIRN Tote Bags and Resource Guides.</p> <p>B. Achieved with 5 staff and 5330 active clients.</p> <p>C. Grew the IBIRN network by 11%.</p> <p>D. 675% of goal achieved with 81 trainings to IBIRN staff, individuals with brain injury and/or their families</p>

## The Epilepsy Foundation Iowa – Chronic Conditions

### Target Population

Epilepsy is a chronic neurological disorder defined by recurring seizures that are not provoked by another reversible medical problem. Epilepsy is among the least understood of major chronic conditions, even though 1 of 3 adults knows someone with the disorder.

Epilepsy is made up of many different types of seizures or syndromes, affects people throughout the lifespan, and can have many different causes and associated conditions. Approximately 31,400 people live in the state of Iowa with active epilepsy. It is estimated that 1 in 26 people will develop epilepsy at some point in their lifetime. Epilepsy is the fourth most common neurological disorder in the United States after migraine, stroke and Alzheimer’s disease. Its prevalence is greater than that of cerebral palsy, multiple sclerosis and Parkinson’s disease combined. Epilepsy imposes an annual economic burden of \$15.5 billion in the nation in associated health care costs and losses in employment, wages and productivity.

Epilepsy and its treatment may impact someone’s quality of life with side effects such as pain from seizure-related injuries, depression, anxiety, sleep disorders or insufficient sleep or rest, or injuries—similar to arthritis, heart problems, diabetes and cancer. These quality of life factors result in higher costs associated with epilepsy that are difficult to quantify. The mortality rate among people who have epilepsy is 1.6 to 3 times higher than that of the general population.

The most common cause of death is SUDEP, or sudden unexpected death in epilepsy. More people die from SUDEP each year than from sudden infant death syndrome (SIDS) and accidental exposure to fires, flames and smoke combined. A major issue of concern is stigma: stigma manifests itself in the form of discrimination against people who have epilepsy as it relates to their education, employment and even social acceptance.

Epilepsy is typically treated by medications first. If medications do not control seizures, other treatments may be tried, including: brain surgery, vagus nerve stimulation, responsive neurostimulator and dietary therapies. New approaches to medications, surgeries, devices and other therapies are being explored to try and close the treatment gap for people with uncontrolled epilepsy. As much as 30-40% of people with epilepsy have seizures that do not respond to medication or their medications are not working well enough.

The association between epilepsy and depression is especially strong. More than 1 of every 3 persons with epilepsy are also affected by a mood disorder, with rates as high as 1 in 2 for people with poorly controlled seizures. People with a history of depression also are 3 to 7 times more likely to develop epilepsy than the average person.

Other common comorbidities include migraine headaches and anxiety in adults and behavioral problems in children, such as attention deficit disorder and learning disorders.

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- 2 <https://www.cdc.gov/epilepsy/data/index.html>
- 3 Introduction." Epilepsy Across the Spectrum: Promoting Health and Understanding. Washington, DC: The National Academies Press, 2012 Page 24.
- 4 Cerebral palsy (207,000), multiple sclerosis (266,000), plus Parkinson’s disease (349,000)" 1 Introduction." Epilepsy Across the Spectrum: Promoting Health and Understanding. Washington, DC: The National Academies Press, 2012. Page 25.
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### **Services Provided Through State Funding**

The Epilepsy Foundation of Iowa is a Chapter of the National Epilepsy Foundation, which serves all 99 counties in the state of Iowa, employs two program staff, provides direct support and education to persons with epilepsy, members of their families, caregivers, professionals and the general public. These services work to minimize the social stigma and misunderstanding that excludes persons with epilepsy from employment and community activities and work to increase individual and family understanding of epilepsy and its treatment, thereby allowing persons to maximize control of their seizures and minimize the human and financial burden of epilepsy, including decreasing unnecessary emergency department visits. The Iowa program also provides valuable linkages to community resources that assist persons with epilepsy.

The Epilepsy Foundation's Iowa office organizes an annual statewide epilepsy education conference for all parties impacted by epilepsy, provides information and referrals, facilitates epilepsy empowerment support group meetings, and conducts epilepsy education and seizure first aid training programs for a variety of audiences across the state. Individuals with uncontrolled seizures are not able to drive a car and therefore have difficulties obtaining/maintaining employment and accessing medical care. Our programs and services address these challenges to help improve outcomes, such as helping with access to transportation resources in order to get to work when they can no longer have a driver’s license and

connecting with disability resource employment counselors so the proper accommodations can be in place in order to obtain/maintain employment.

We provide education and develop partnerships with the following entities to help this underserved population: daycare centers so they know how to recognize and respond to seizures in children so parents are able to go to work and not be unemployed; physicians to help improve patient access and outcomes; school nurses and teachers so they know how to write plans for a safe environment for students with seizures while in school in order to get an education; first responders/law enforcement officers so they are able to distinguish, identify, recognize seizures from drunkenness/drug abuse to respond appropriately to decrease injury, wrongful arrests and death; caregivers/direct support staff of the senior population so they can recognize if an episode is a senior moment or a seizure moment; agency direct support staff for the mental health and disability population in order to recognize and respond appropriately to seizures in the group homes, pre vocational programs and community outings; and transportation providers/bus drivers so they can recognize and respond to seizures appropriately when transporting consumers with epilepsy. Our programs and services are critical helping the approximately 31,400 Iowans who have active epilepsy and the professionals who serve them.

As a Chapter of the National Epilepsy Foundation, we are able to conduct the following CDC supported Epilepsy Education Programs in the state of Iowa, which is standardized curriculum delivered across the country: School Personnel, School Nurses, Take Charge Programs for Students, Law Enforcement, First Responders, Senior Caregivers and Childcare Providers. These education programs are critical for seizure safety and appropriate seizure first aid, which decrease unnecessary calls to 911 every time someone has a seizure (which is typically what happens when someone hasn't been educated).

We are the “go to” resource for numerous state agencies, organizations, medical clinics and providers to help Iowans access meaningful resources with their challenges that often accompany their epilepsy. Many agencies struggle with helping epilepsy patients, because this chronic condition involves seizures, which can be unpredictable which can cause potential injury or loss of life.

We equip Iowa neurology clinics with epilepsy information, safety and seizure first aid brochures, additional education materials, packets for those newly diagnosed with the condition, and patient assistance program reference sheets for accessing anti-seizure medications, so physicians can better serve their patients. These support items lead to decreased emergency department visits.

### **Continuing Needs to Meet Objectives**

With limited capacity, we can't meet all the needs of this patient population and the professionals who serve them. With additional staff, we could continue to decrease emergency room visits, decrease costs to the Medicaid program, as well as decrease wrongful incarceration and wrongful termination of employment if we had more resources to educate to improve outcomes. Having additional staff placed regionally across the state would allow us to increase our CDC supported epilepsy education programs in more counties for a variety of groups. This is critically important, because many individuals with epilepsy get wrongfully terminated from employment during or after a seizure, but don't meet the

eligibility criteria for the following: disability, case management, waiver services, mental health and disability regional services, and SSI/SSDI.

EF Iowa serves this unique population of people of which many fall through the gaps in the system for services. When we provide education and programs to professionals, they are better able to serve the epilepsy population seeking help and when we educate individuals/families, they are able to access resources, which they didn't realize were available to them, as well as implement self-management strategies with their epilepsy.

We are the only resource filling this need across the state for the epilepsy population; thus, the program needs additional staffing capacity so that we can continue to reduce the impact of epilepsy in the state of Iowa and with additional resources we could save the state of Iowa thousands of dollars in (1) preventing emergency room visits billable to Medicaid; (2) preventing unemployment or underemployment in persons with epilepsy; and (3) saving lives in persons with uncontrolled seizures.

**Continuing Needs of Target Population to Improve Health Outcomes**

The Institute of Medicine Epilepsy Across the Spectrum Report provides objective, evidence-based advice to policymakers, health professionals, the private sector and the public. Effective treatments for epilepsy are available but access to treatment and timely referrals to specialized care are often lacking. Reaching rural and underserved populations, as well as providing state-of-the-art care for people with persistent seizures, is particularly crucial. Living with epilepsy can affect employment, driving ability and many other aspects of quality of life.

The report stresses the importance of improved access to a range of community services, including vocational, educational, transportation, transitional care and independent living assistance, as well as support groups. The committee urged collaboration among federal agencies, state health departments, and relevant epilepsy organizations to improve and integrate these services and programs, particularly at state and local levels. Misperceptions about epilepsy persist and a focus on raising public awareness and knowledge is needed, the report adds. Educating community members such as teachers, employers and others on how to manage seizures could help improve public understanding of epilepsy.

The report suggests several strategies for stakeholders to improve public knowledge of the disorder, including forming partnerships with the media, establishing advisory councils, and engaging people with epilepsy and their families to serve as advocates and educators within their communities.

**Funding, Objectives and Results**

Fiscal Year	State Funding	Objectives & Results
SFY2017	\$144,037 (\$149,823 initial appropriation, but due to mid-year	Objectives: <ul style="list-style-type: none"> <li>• Facilitate a Statewide Education Conference for all parties impacted by epilepsy to ensure coordination of care and provide access to community resources throughout the state.</li> <li>• Facilitate at least 12 support group meetings</li> </ul>

	<p>budget cuts, we received \$144,037.)</p>	<ul style="list-style-type: none"> <li>• Provide at least 15 epilepsy education programs for a variety of audiences, which may include direct care worker providers, educators, medical providers, community organizations and/or other target groups to increase education and responsiveness in managing persons with epilepsy.</li> <li>• Refer patients and caregivers to providers in the statewide network for services.</li> <li>• Ensure patients are informed of options available to them for medical coverage and services.</li> <li>• Provide education, which may include the distribution of educational materials, such as literature/handouts and patient safety items such as epilepsy identification bracelets to the public and neurology clinics in the state of Iowa to recognize and manage people with epilepsy.</li> <li>• Provide improved access to care for people with epilepsy, which may include providing information or funding to arrange para-transit services or other door-to-door transportation such as cab transportation to epilepsy support groups, meetings with employment counselors or other appointments/meetings related to supporting patients with epilepsy</li> <li>• Develop relationships with health care providers and networks across the state to reduce the human and financial burden of epilepsy while reducing the prevalence of seizures.</li> <li>• Network with educators, school nurses and personnel to ensure children have individual health care plans and appropriate education services and accommodations in place to ensure access to resources needed to maximize their learning and safety.</li> <li>• Create a system to increase access to the epilepsy referral program.</li> <li>• Provide a network for epilepsy patients and their caregivers for addressing employability issues.</li> <li>• Utilize a curriculum for public safety and law enforcement professionals to help educate them in providing services to improve the quality of life of people with epilepsy.</li> </ul> <p>Results:</p> <ul style="list-style-type: none"> <li>• Facilitated the Iowa Seizure Smart Conference with 207 attendees.</li> <li>• Facilitated 52 support group meetings with 648 attendees providing education to overcome challenges with employment, transportation, housing and access to treatments/medications.</li> <li>• Conducted 88 epilepsy education programs for 2,818 individuals, to school personnel, school nurses, students, law enforcement, first responders, childcare providers, agencies, community resource providers, agencies and social service organizations.</li> </ul>
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		<ul style="list-style-type: none"> <li>• Provided one-on-one consultation to 373 individuals/families living with epilepsy to help overcome challenges with medical, employment, transportation, housing, schools and legal issues.</li> <li>• Provided information/resources to 375 Iowa professionals who work with those with epilepsy, including neurology clinics, hospitals, agencies, state departments and businesses.</li> <li>• Attended 351 networking meetings to advocate, inform and educate on epilepsy needs.</li> <li>• Refer to FY17 Final Report for complete results.</li> </ul>
SFY2018	<p>\$0</p> <p>Appropriated \$144,097 through HHS budget, but funds were eliminated through contract manager cuts; therefore, EF didn't receive any state funding.</p>	<p>Operated on cash reserves and changed organization structure from an affiliate to a chapter of the National Epilepsy Foundation office in order to continue serving Iowans with epilepsy.)</p> <p>Results achieved with completely depleting cash reserves:</p> <ul style="list-style-type: none"> <li>• Facilitated the Iowa Seizure Smart Conference with 140 attendees.</li> <li>• Facilitated 28 support group meetings with 445 attendees providing education to overcome challenges with employment, transportation, housing and access to treatments/medications.</li> <li>• Conducted 89 epilepsy education programs for 3,987 individuals, to school personnel, school nurses, students, law enforcement, first responders, childcare providers, agencies, community resource providers, agencies and social service organizations.</li> <li>• Provided one-on-one consultation to 383 individuals/families living with epilepsy to help overcome challenges with medical, employment, transportation, housing, schools and legal issues.</li> <li>• Provided information/resources to 455 Iowa professionals who work with those with epilepsy, including neurology clinics, hospitals, agencies, state departments and businesses.</li> <li>• Attended 279 networking meetings to advocate, inform and educate on epilepsy needs.</li> </ul>
SFY2019	\$144,097	<p>Objectives:</p> <ul style="list-style-type: none"> <li>• Facilitate a Statewide Education Conference</li> <li>• Facilitate at least 10 support group meetings</li> <li>• Provide at least 12 epilepsy education programs for a variety of audiences, which may include direct care worker providers, educators, medical providers, community organizations and/or other target groups to increase education and responsiveness in managing persons with epilepsy.</li> <li>• Refer patients and caregivers to providers in the statewide network for services.</li> </ul>

		<ul style="list-style-type: none"> <li>• Ensure patients are informed of options available to them for medical coverage and services.</li> <li>• Provide education, which may include the distribution of educational materials, such as literature/handouts and patient safety items such as epilepsy identification bracelets to the public and neurology clinics in the state of Iowa to recognize and manage people with epilepsy.</li> <li>• Provide improved access to care for people with epilepsy, which may include providing information or funding to arrange para-transit services or other door-to-door transportation such as cab transportation to epilepsy support groups, meetings with employment counselors or other appointments/meetings related to supporting patients with epilepsy</li> <li>• Develop relationships with health care providers and networks across the state to reduce the human and financial burden of epilepsy while reducing the prevalence of seizures.</li> <li>• Network with educators, school nurses and personnel to ensure children have individual health care plans and appropriate education services and accommodations in place to ensure access to resources needed to maximize their learning potential.</li> <li>• Create a system to increase access to the epilepsy referral program.</li> <li>• Provide a network for epilepsy patients and their caregivers for addressing employability issues.</li> <li>• Utilize a curriculum for public safety and law enforcement professionals to help educate them in providing services to improve the quality of life of people with epilepsy.</li> </ul> <p>Results:</p> <ul style="list-style-type: none"> <li>• Facilitated the Iowa Seizure Smart Conference with 133 attendees.</li> <li>• Facilitated 26 support group meetings with 387 attendees providing education to overcome challenges with employment, transportation, housing and access to treatments/medications.</li> <li>• Conducted 103 epilepsy education programs for 3,061 individuals, to school personnel, school nurses, students, law enforcement, first responders, childcare providers, agencies, community resource providers, agencies and social service organizations.</li> <li>• Provided one-on-one consultation to 350 individuals/families living with epilepsy to help overcome challenges with medical, employment, transportation, housing, schools and legal issues.</li> <li>• Provided information/resources to 373 Iowa professionals who work with those with epilepsy, including neurology clinics, hospitals, agencies, state departments and businesses.</li> <li>• Attended 257 networking meetings to advocate, inform and educate on epilepsy needs.</li> <li>• Raised \$80,000+ from our Walk to End Epilepsy events in Iowa.</li> </ul>
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## Polk County Medical Society Volunteer Provider Network – Community Capacity Target Population

Iowans who require specialty care and are uninsured, underinsured and below 200% of federal poverty guidelines. They are not eligible for any other government funded programs, or do not qualify for programs at 138 to 200% below federal poverty level, or are under insured or uninsured or cannot afford their high deductible to receive the specialty care they need.

### Services Provided Through State Funding

The VPN provides donated specialty care to Iowans who are vetted by 54 referring safety net clinics to qualify for free specialty healthcare from a volunteer network of 484 Polk County Medical Society volunteer physician specialists, Des Moines hospitals and surgery centers. The VPN coordinates specialty care appointments, lab work, imaging, procedures, surgery and hospitalizations. The VPN also provides free interpretive services to meet the federal law mandated that non-English speaking patients must have an interpreter for each medical appointment.

### Continuing Needs to Meet Objectives

The VPN requires funding to provide the operational referral services to a growing number of Iowans in need from the 54 free clinics in Iowa. This funding allows for administrative, employee and operational expenses to administer the only free specialty care program in Iowa for those who meet the needs for this service. Without the government funding we receive each year we would not be able to sustain administer or coordinate the VPN program.

### Continuing Needs of Target Population to Improve Health Outcomes

The continuing need for Iowans at risk is access to donated free specialty care including: lab, x-ray, pre and post op care, follow-up, an interpreter when needed, to continue to improve their health, diagnose and address their specialty health needs and provide care plans to elevate their quality of life. These patients continue to be provided, through the VPN, education about their health care conditions, risk, how to manage their health, which allows them to return to a productive and healthier life with dignity and return to work or school and contribute positively to their communities..

### Funding, Objectives and Results

Fiscal Year	State Funding	Objectives & Results
SFY2017	\$202,000	Objective: Deliver access and specialty healthcare to Iowans in need. Result: 3,685 patient referrals served.
SFY2018	\$163,748	Objective: Deliver access and specialty healthcare to Iowans in need. Result: 3,570 patient referrals served.
SFY2019	\$205,493	Objective: Deliver access and specialty healthcare to Iowans in need. Result: 3,520 patient referrals served.

## Delta Dental of Iowa - Fulfilling Iowa's Needs for Dentists – FIND – Dental Loan Repayment – Community Capacity

### Target Populations

The Fulfilling Iowa's Needs for Dentists (FIND) Project connects dentists and underserved communities with the resources needed to overcome Iowa's dentist shortage and ensure dental care is close to home. The target population for the FIND Project includes all Iowans, with a focus on those who live in designated dental shortage areas and lack access to care. Examples of this underserved population would include those who are elderly, nursing home patients, children birth to age 3, Medicaid-enrolled, and the uninsured. Eighty-nine of Iowa's 99 counties are designated as high priority areas for the FIND Project.

### Services Provided Through State Funding

In combination with Delta Dental of Iowa (DDIA) funding and local community match, the state funding is used to provide dental education loan repayment to at least two eligible Iowa dentists per year. The FIND project award recipients each receive a minimum of \$80,000 in loan repayment funds in return for a five-year commitment. Each award includes approximately \$25,000 in state funding, \$50,000 in DDIAF funding, and community contributions of at least \$5,000, with an option for local organizations to contribute an additional \$20,000 toward loan repayment. Dentists who receive FIND awards are required to be a partner or owner of the dental practice, allocate at least 35% of their practice to vulnerable populations, and work full-time (a minimum of 32 hours/week). These dentists provide critical gaps in access to care in their communities. To date, the 13 dentists who received FIND awards between SFY17 - SFY19 have provided more than 90,500 services to 31,000 underserved patients.

### Continuing Needs to Meet Objectives

The public-private partnership between the state of Iowa, Delta Dental of Iowa and local communities is critical to the continued success of the FIND Project. Since 2012, Delta Dental of Iowa has coordinated the FIND project and provided a minimum of 2:1 match against state funding to support the FIND project and improve the oral health of Iowans. All of the state and match funds are provided directly to the dentist awardees, and all costs for project coordination are provided in-kind by DDIA.

### Continuing Needs of Target Population to Improve Health Outcomes

Access to care and recruitment of dental providers to rural communities continues to be a challenge, and worsens each year as older dentists retire and are unable to sell their practices. For new dental graduates, initial investments in a dental practice are significant. On average, dentists invest more than \$300,000 in new equipment and technology, including new construction or remodeling an existing facility. Educational debt for most dentists averages more than \$240,000. This program engages new dentists to establish dental practices in Iowa communities, while devoting at least 35% of their practice to underserved populations such as Medicaid, very young children and the elderly. Iowa Department of Human Services data indicates that only 54% of Medicaid-enrolled children 0-20 years received a dental or oral health service in FFY2018 – and for children 0-5 years, access to care was worse with only 50%

receiving a service. In addition, 1 in 5 older adults who participated in a 2017 state oral health screening indicated that they had unmet dental treatment needs, and only 1 in 2 had visited a dentist in the previous year.

**Funding, Objectives and Results**

FIND is established in Iowa Code Section 135.179 with funding allocated through the Health Care Workforce Shortage fund governed by IDPH in section 135.175. The Workforce Shortage fund is a revolving account. The revolving account allows flexibility in granting awards based on the number of eligible applicants each year.

Fiscal Year	State Funding	Objectives & Results
SFY2017	\$100,000	<p>Objectives: Implement the education loan repayment program, providing funding to a minimum of two eligible Iowa licensed dentists who will establish practices in designated dental shortage areas as identified by the Iowa Department of Public Health. Additional awards may be made within the contract period, up to four awards.</p> <p>Results: Two dentists were awarded: Kaci Vela (Mt. Pleasant); Jarod Johnson (Muscatine)</p> <p>SFY17 Recipients                      Dr. Kaci Vela                      State of Iowa \$25,000; DDIA \$50,000; Community Match \$5,000; Total Loan Repayment \$80,000                      Dr. Jarod Johnson                      State of Iowa \$25,000; DDIA \$50,000; Community Match \$5,000; Total Loan Repayment \$80,000</p>
SFY2018	\$96,138	<p>Objectives: Implement the education loan repayment program, providing funding to a minimum of two eligible Iowa licensed dentists who will establish practices in designated dental shortage areas as identified by the Iowa Department of Public Health. Additional awards may be made within the contract period, up to seven awards.</p> <p>Results: Seven dentists were awarded: Ryan Hajek (Council Bluffs); Steve Leifker (Dubuque); Kathryn Handtke (Greenfield); Melanie Norton (Keosauqua); Dan Scarrow (Jewell); Alison Shields (Harlan); Matthew Wettach (Mt. Pleasant).</p> <p>SFY18 Recipients                      Dr. Ryan Hajek                      State of Iowa \$23,712; DDIA 51,828; Community Match \$5,000; Total Loan Repayment \$80,000                      Dr. Steve Leifker                      State of Iowa \$23,712; DDIA 51,828; Community Match \$5,000; Total Loan Repayment \$80,000                      Dr. Kathryn Handtke</p>

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		<p>State of Iowa \$23,712; DDIA 51,828; Community Match \$5,000; Total Loan Repayment \$80,000                  Dr. Melanie Norton                  State of Iowa \$23,712; DDIA 51,828; Community Match \$5,000; Total Loan Repayment \$80,000                  Dr. Dan Scarrow                  State of Iowa \$23,712; DDIA 51,828; Community Match \$5,250; Total Loan Repayment \$80,250                  Dr. Alison Shields                  State of Iowa \$23,712; DDIA 51,828; Community Match \$5,000; Total Loan Repayment \$80,000                  Dr. Matthew Wettach                  State of Iowa \$25,000; DDIA 50,000; Community Match \$5,000; Total Loan Repayment \$80,000</p>
SFY2019	\$96,138	<p>Objectives: Implement the education loan repayment program, providing funding to a minimum of two eligible Iowa licensed dentists who will establish practices in designated dental shortage areas as identified by the Iowa Department of Public Health. Additional awards may be made within the contract period, up to four awards.                  Results: Four dentists were awarded: Michael Hemming (Charles City); Bryn Johnson (Iowa Falls); Kali Kircher (Keokuk); Matthew Merideth (Algona/Emmetsburg).</p> <p>SFY19 Recipients                  Dr. Michael Hemming                  State of Iowa \$24,034.50; DDIA \$50,965.50; Community Match \$5,000; Total Loan Repayment \$80,000                  Dr. Kali Kircher                  State of Iowa \$24,034.50; DDIA \$50,965.50; Community Match \$5,000; Total Loan Repayment \$80,000                  Dr. Matthew Merideth                  State of Iowa \$24,034.50; DDIA \$50,965.50; Community Match \$5,000; Total Loan Repayment \$80,000                  Dr. Bryn Johnson                  State of Iowa \$24,034.50; DDIA \$50,965.50; Community Match \$5,000; Total Loan Repayment \$80,000</p>

## Free Clinics of Iowa – Community Capacity

### Target Populations

Patients visiting Iowa's free clinics are predominantly Caucasian, un/underinsured, working, aged 18-64 years and struggle to access traditional healthcare services or establish health/medical homes. Through the efforts of more than 1,600 volunteers, 2019 marks Free Clinics of Iowa's (FCI) 25th year of serving Iowa's most vulnerable populations with primary care services. FCI is a not-for-profit organization, consisting of a central administrative office and 28 member clinics in 24 various communities, serving patients from 88 of Iowa's 99 counties. Providing well over 10,000 patient visits annually, Iowa's free clinics have extensive expertise in serving Iowa's safety net populations and are well versed in creating referral systems to help people address various determinants of health. Affordability/financial hardship is the top determinant of health currently reported by free clinic patients.

### Services Provided Through State Funding

State funding for Iowa's free clinics offers support for both essential statewide infrastructure as well as patient service provisions within community-based free clinics. In rural and urban settings, Free Clinics of Iowa's clinics provide basic health care services through volunteer physicians, nurses and other health professionals, at no cost to patients. Patient services may include but are not limited to general illness and minor injury care, wellness and preventative care, immunizations, physicals for school/work/sports, and referrals to other community providers. Provisions of associated medical supplies/equipment use, pharmaceutical support and lab services are included as well. Free clinics are generally located within host sites such as community or social service centers, and typically operate 2-5 hours per week. FCI's model of offering shared essential services to be utilized across free clinics is efficient, effective and has successfully stood the test of time. FCI strives to ease the administrative burden from free clinics so that community-based efforts are focused entirely on patient care services. As such, FCI offers shared accounting services, tax filing processes, conference/meeting support, property/general liability/professional liability insurance provisions, standardized volunteer application facilitation, marketing/web branding/presence, educational efforts, custom/web-based patient/volunteer database system, technology/workstations, as well as clinical service support. All told, these efforts put into effect FCI's mission to facilitate the initiation, operation and collaboration of free clinics in the state of Iowa. State funding in support of Iowa's free clinics continues to be a sound investment in consideration of both the charitable market rate value of medical services provided and the estimated costs avoided in unnecessary/uncompensated emergency room visits.

### Continuing Needs to Meet Objectives

Free Clinics of Iowa serves the gaps of Iowa's healthcare delivery system and does so through a charitable, volunteer-based workforce.

Fluctuating barriers from being uninsured or underinsured, to facing a variety of determinants of health, mean for many Iowans, free clinics are the last thread in the healthcare safety net. Funds provided through the state of Iowa allow continuation of the necessary infrastructure, statewide coordination,

provider recruitment, service delivery and patient assistance toward increases in health home utilization.

Research supports the notion that an administrative core is crucial to the success of volunteer-based initiatives. It is what enables the capture and reporting of where free clinics are, what they are doing and how they impact the delivery system. FCI knows there is strength in numbers in terms of collaboration, education, awareness and impact.

Greater resources are continuously required to enable Free Clinics of Iowa and its membership to persistently adjust services and operations to the evolving and unmet needs of the delivery system, to leverage its unique experience and expertise with the most vulnerable populations in maximized service impact, and to capitalize on new programs/partnerships toward greater utilization of health homes and in addressing various determinants of health. For more detailed information and per the requirements of the Iowa Department of Public Health, Free Clinics of Iowa provides specific goals, objectives, rationale, activities, measures, progress reports and annual final reports within the IowaGrants.gov system.

**Continuing Needs of Target Population to Improve Health Outcomes**

For Iowa's most vulnerable populations, living without affordable and accessible healthcare services is risky and expensive. Free clinics provide basic, primary care services to those who may otherwise go without. Many Iowans are increasingly facing higher health insurance premiums, out-of-pocket and/or deductible expenses relative to their income, and are falling into an emerging underinsured status.

Health insurance literacy issues lead to confusion and struggle in understanding health insurance terms, options and choices in securing a plan that best provides needed coverage, access and affordability. As it relates to both the un/under-insured, free clinics address primary care needs that, left unmet, may escalate to very expensive emergent care. Compounding the access issue, barriers to healthcare often don't have much to do with insured status.

Iowans facing limitations in housing, food security, transportation, childcare, employment and other determinants of health significantly contribute toward access difficulties. Free clinics possess a unique opportunity to serve as a gateway toward medical/health home establishment and to ancillary programs that drive better health and promote behavior changes.

**Funding, Objectives and Results**

Fiscal Year	State Funding	Objectives & Results
SFY2017	\$334,870 - (Mid-year reduction from appropriated \$348,322)	Objectives: FCI support legislatively specified for necessary free clinic infrastructure, statewide coordination, provider recruitment, service delivery and patient assistance toward increases in health home utilization. Results: FCI Membership: 29 free clinics FCI Volunteer Workforce: ~1,400

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		<p>FCI Volunteer Hours: 23,928  FCI Annual Total Patient Visits: 10,602  Patients Traveling from 95 of 99 Iowa Counties to visit a free clinic  FCI’s In-Kind Contribution to Iowa’s Healthcare Delivery System: \$2,460,625  Return on Investment: \$6.35 for every state dollar  (2,460,625-334,870/334,870=6.35)</p>
SFY2018	\$240,872 - (IDPH discretionary reduction from appropriated \$348,322)	<p>Objectives: FCI support legislatively specified for necessary free clinic infrastructure, statewide coordination, provider recruitment, service delivery and patient assistance toward increases in health home utilization.  Results:  FCI Membership: 30 free clinics  FCI Volunteer Workforce: ~1,500  FCI Volunteer Hours: 33,485  FCI Annual Total Patient Visits: 11,286  Patients Traveling from 89 of 99 Iowa counties to visit a free clinic  FCI’s In-Kind Contribution to Iowa’s Healthcare Delivery System: \$2,078,326  Return on Investment: \$7.63 for every state dollar  (2,078,326-240,872/240,872=7.63)</p>
SFY2019	\$334,870	<p>Objectives: FCI support legislatively specified for necessary free clinic infrastructure, statewide coordination, provider recruitment, service delivery and patient assistance toward increases in health home utilization.  Results:  FCI Membership: 29 free clinics  FCI Volunteer Workforce: ~1,650  FCI Volunteer Hours: 36,488  FCI Annual Total Patient Visits: 12,730  Patients Traveling from 88 of 99 Iowa counties to visit a free clinic  FCI’s In-Kind Contribution to Iowa’s Healthcare Delivery System: \$2,169,570  Return on Investment: \$5.48 for every state dollar  (2,169,570-334,870/334,870=5.48)</p>

## Iowa Coalition Against Sexual Assault - Comprehensive Sexual Assault Programs – Community Capacity

### Target Populations

This funding is used to help prevent first-time perpetration or victimization of sexual violence in areas of the state that do not receive federal Rape Prevention Education (RPE) dollars. The target population is Iowans aged birth-20, based on data that most sexual assaults occur before the victim is 20 years old, and the understanding that the earlier prevention messages are received, the more likely they are to change behavior. To effect change in that target population, programs focus on parents, caregivers, teachers and mentors, as well as on supporting healthy relationships between peers. Between July 2016 and June 2019, funding supported programs who work in Regions 1, 2, 4, 5 and 6 of the Victim Service Regions, as well as culturally specific programs providing appropriate services to minority communities. Prevention work in other areas of the state and with other minority communities was funded with federal Rape Prevention Education (RPE) funds.

### Services Provided Through State Funding

The majority of the state funding is subcontracted to Comprehensive Sexual Assault Programs, who employ sexual violence preventionists to carry out activities with and for the target populations listed above. Those activities are varied, but include the following: training school teachers, counselors, nurses and volunteers on research-based and evidence-informed curricula to prevent sexual violence; working with staff and administrators at schools, childcare facilities, residential treatment centers, and other youth-serving organizations on policies to prevent sexual violence and support survivors; teaching parents and caretakers how to protect their children from sexual violence; training high school and college students, as well as bars and other business owners on how to recognize sexual harassment and other behaviors that precede sexual violence and how to notice and respond before violence occurs (bystander intervention); and facilitating peer mentoring programs that support students in being healthy relationship role models for their peers. A portion of the state funding is retained at the Iowa Coalition Against Sexual Assault, to support approximately one FTE to provide training and technical assistance to the subcontractors, assist with evaluation and reporting, and manage fiscal claims.

### Continuing Needs to Meet Objectives

The biggest need for both Iowa CASA and our subcontractors to meet our objectives is more dedicated staff positions. State funding has consistently been more than 90% dedicated to staff salary and benefits; however, there are no full-time positions anywhere in the state funded by this source. All of our subcontractors are awarded between \$15,000 and \$20,150 each, which pays for between 10-20 hours per week of time. One state funded subcontractor serves 19 counties in Northeast Iowa, but receives only enough funding for 15 hours per week of staff time. Because of the large geographic area covered by our subcontractors, they will sometimes split funding between several staffers to minimize travel time. This means that more of their service area gets covered, but that each preventionist then spends only 5 hours or less a week on prevention activities. Because we know that changing people's attitudes and behaviors takes time and repetition, and investment of a whole community, limited staff can only effect change in a limited area. The more staff we could have working on prevention activities,

the more communities could benefit. Additional needs are evaluation and data collection support. Most sexual assaults are not reported to law enforcement, and many are not reported to sexual assault crisis centers. It is difficult to measure the impact of prevention services on the rate of assaults because we don't have a good handle on how many assaults are happening at any given time. Increased support for collecting sexual assault data from existing collection mechanisms like YRBS and BRFSS would be very helpful.

**Continuing Needs of Target Population to Improve Health Outcomes**

More institutional support is needed for people who interact with children and young adults to learn sexual violence prevention messages and strategies. Parents, caregivers, daycare providers, teachers and coaches all often learn these lessons only after some kind of violence has occurred. Over and over again, young people say that they wish they had been taught messages about consent, healthy sexuality, and their rights in relationships by a trusted adult. They need the adults in their lives to learn how to have these conversations, and to be supported in doing so by the institutions and communities where they live and work. For professionals with a certification, encouraging training on sexual violence prevention to become part of their continued education would make a difference, as would clear guidelines for developmentally appropriate sexual health curriculum that includes consent and sexual violence prevention information across the lifespan.

**Funding, Objectives and Results**

Fiscal Year	State Funding	Objectives & Results
SFY2017	\$203,032	<p>Objectives: Develop subcontracts to implement sexual violence prevention strategies in communities of the state that receive comprehensive sexual assault services funds through the Iowa Department of Justice’s Victim Services Support Program. Funded communities shall be those who do not receive federal sexual violence prevention funds. The purpose of the subcontracts shall be to conduct strategies that prevent the first-time perpetration and/or victimization of sexual violence by addressing the risk and protective factors that contribute to it. Support and expand community prevention capacity by offering targeted training and technical assistance to subcontractors.</p> <p>Results: Subcontracted with eight (8) programs to support prevention staff salary and benefits, as well as mileage and supplies needed to conduct prevention programming with target population in their respective service areas. Organized two (2) mandatory trainings for subcontractors, and conducted a minimum of one in-person site visit with each subcontractor, as well as provided additional technical assistance by phone, email, and in person visits as needed. Also added prevention page to coalition website with resources and tools for subcontractors.</p>

<p>SFY2018</p>	<p><b>\$195,191</b></p>	<p>Objectives: Develop subcontracts to implement sexual violence prevention strategies in communities of the state that receive comprehensive sexual assault services funds through the Iowa Department of Justice’s Victim Services Support Program. Funded communities shall be those who do not receive federal sexual violence prevention funds. The purpose of the subcontracts shall be to conduct strategies that prevent the first-time perpetration and/or victimization of sexual violence by addressing the risk and protective factors that contribute to it. Support and expand community prevention capacity by offering targeted training and technical assistance to subcontractors.</p> <p>Results: Subcontracted with seven (7) programs to support prevention staff salary and benefits, as well as mileage and supplies needed to conduct prevention programming with target population in their respective service areas. Organized two (2) mandatory trainings for subcontractors, three (3) web-based virtual meetings, and conducted a minimum of one in-person site visit with each subcontractor, as well as provided additional technical assistance by phone, email, and in person visits as needed. Additionally, 100percent of subcontractors integrated elements of the Nine Principles of Effective Prevention Programming into their work, and almost 50percent of subcontractors were able to expand their work to include some community-level prevention strategies.</p>
<p>SFY2019</p>	<p><b>\$195,191</b></p>	<p>Objectives: Develop subcontracts to implement sexual violence prevention strategies in communities of the state that receive comprehensive sexual assault services funds through the Iowa Department of Justice’s Victim Services Support Program. Funded communities shall be those who do not receive federal sexual violence prevention funds. The purpose of the subcontracts shall be to conduct strategies that prevent the first-time perpetration and/or victimization of sexual violence by addressing the risk and protective factors that contribute to it. Support and expand community prevention capacity by offering targeted training and technical assistance to subcontractors.</p> <p>Results: Subcontracted with six (6) programs to support prevention staff salary and benefits, as well as mileage and supplies needed to conduct prevention programming with target population in their respective service areas. Organized two (2) mandatory in-person trainings for subcontractors, four (4) web-based virtual group subcontractor meetings, monthly phone/web based proactive technical assistance, and conducted a minimum of one in-person site visit with each subcontractor, as well as provided additional technical assistance by phone, email, and in person visits as needed. Additionally, 100 percent of subcontractors integrated elements of the Nine Principles of Effective Prevention Programming into their work, and 100percent of subcontractors were able to expand their work to include some community-level prevention strategies. 100 percent of programs also participated in a statewide evaluation</p>

		capacity building program to improve their ability to measure and report on the impact of their work in their communities.
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## Des Moines University Mental Health Training - Community Capacity

### Target Population

The primary target population is third-year Des Moines University Doctor of Osteopathic Medicine (DO) students after their clinical rotations to patients with psychiatric illnesses. Each year the target population is expected to include a new cohort of approximately 200 students. The 2019 class included 209 students who were required to take the course with a 100percent participation rate. The targeted 2020 class is projected to be 221 students. The program expects to expand the target population to additional medical disciplines in future cycles.

### Services Provided Through State Funding

Des Moines University (DMU) improves access to healthcare by educating diverse groups of highly competent and compassionate health professionals. In collaboration with the National Alliance on Mental Illness (NAMI), the Provider Education Program is a 15-hour program designed to increase student understanding of the experience of being diagnosed with a mental illness and treated for it, and the experiences of family members of individuals with a mental illness. The program combines didactic information, small group activities, and time for reflection to allow students to increase their understanding and comfort in treating individuals with mental illness. The course is taught as a part of medical school curriculum each May.

DMU also provides, in collaboration with NAMI, an instructor training for the NAMI Provider Program. This training brings together medical providers, family members of a person living with a mental illness and a person in recovery to receive training on teaching the course to medical students. This training is conducted two times a year.

DMU provided testing of the curriculum and is modifying it for use in academic settings and tailored to the specific needs of the target population's instructional styles.

### Continuing Needs to Meet Objectives

DMU needs continued funding in the amount of \$250,000 per year to conduct the annual teacher training, student training and improve upon the instructional delivery of the curriculum. DMU collaborates with the National and State NAMI organizations to achieve objectives and optimize resources. Continued funding also enables the program to expand to other medical professionals and schools of medicine.

### Continuing Needs of Target Population to Improve Health Outcomes

Students need specialized training in the recognition and treatment of patients with mental illness and their families. Studies show that students enter medical school with attitudes/beliefs/behaviors toward mental illness similar to the general public. They leave the third year after psychiatric rotations with attitudes/beliefs/behaviors statistically worse than the general public. The target population of third year DO students' changes annually and each group of students needs additional training to be able to

improve care for individuals with mental health concerns. This training meets student needs by supplementing current instruction in diagnosis and treatment with a chance to learn about the patient and family experience of mental illness, and how to provide more collaborative, empathetic care. Meeting the students’ additional training needs improves the experience and outcomes of patients with mental illnesses and their families as they access health care.

Fiscal Year	State Funding	Objectives & Results
SFY2017	N/A	N/A
SFY2018	N/A	N/A
SFY2019	\$250,000	<p>Objectives:</p> <ul style="list-style-type: none"> <li>• Train 3rd year DO students in NAMI Provider Program Curriculum</li> <li>• Train Instructors to provide NAMI Provider Program</li> <li>• Evaluate Curriculum</li> <li>• Prepare curriculum for expansion to other professions and schools of medicine</li> </ul> <p>Results:</p> <ul style="list-style-type: none"> <li>• 210 3rd year DO students trained</li> <li>• 24 new instructors trained</li> <li>• Curriculum evaluated, and recommendation made for 2020 curriculum</li> <li>• Discussions with the DMU physical therapy department have begun. Discussions with the University of Iowa Carver College of Medicine have begun.</li> </ul>

## Iowa Prescription Drug Corporation SafetyNetRx – Community Capacity

### Target Populations

SafeNetRx serves indigent Iowans that cannot access needed medications. To be eligible for assistance individuals must be residents of the state of Iowa; individual income cannot exceed 200% of the Federal Poverty Level; and individual must be uninsured with no prescription coverage or underinsured with no prescription coverage. Persons covered through Medicaid are not eligible. SafeNetRx services are available to Iowans in all 99 counties.

### Services Provided Through State Funding

SafeNetRx administers programs to connect indigent Iowans with access to free and low-cost medications as described in 2007 Iowa Acts, chapter 218, section 108 and for the drug donation repository created in chapter 135M.

Through the Iowa Drug Donation Repository, indigent Iowans can access donated medications and supplies at no cost. Unused medicines are recovered from health systems and patients, inspected by pharmacists, and safely redistributed to clinics and pharmacies providing care to qualifying patients. This program operates under a limited distributor license in the state of Iowa and is regulated by the Iowa Board of Pharmacy. SafeNetRx serves as charitable distributor by providing supplies of donated medicines to clinics and pharmacies in the state. The participating clinics and pharmacies qualify patients for participation in the program and dispense the needed medications to the indigent patients.

SafeNetRx also administers a charitable pharmacy where patients are directly provided access to free and low-cost prescriptions. The SafeNetRx Pharmacy is a unique pharmacy model where indigent patients are qualified for a variety state and national pharmaceutical safety net programs including Direct Relief, Americares USA Access, Dispensary of Hope and Iowa's Drug Donation Repository. Patients are qualified for each program based on residency status, income level and insurance status. The goal of the pharmacy is to match indigent patients with programs that provide free supplies of medication. If the patient requires a medication not available through one of the pharmaceutical safety net programs, a traditional retail pharmacy inventory may be accessed. In most instances, a patient only pays a small dispensing fee and the cost of the medication is free. In the event the retail inventory must be accessed, the patient pays a small dispensing fee plus the pharmacy's acquisition cost of the medication. There is no mark-up.

If medication assistance cannot be provided through the Drug Donation Repository or the SafeNetRx Pharmacy, SafeNetRx can provide a patient with the SafeNetRx Drug Discount Card. The Drug Discount Card provides significant discounts to cash paying patients purchasing prescriptions at a retail pharmacy. The SafeNetRx Drug Discount Card may be used at any community pharmacy across the state.

### Continuing Needs to Meet Objectives

The Iowa Drug Donation Program has been growing at an exceptional rate. In the last five years, SafeNetRx has increased donated medicines from \$2.5 million to \$3.8 million, \$5.1 million, \$6.5 million

\$7.4 million in FY2015 through FY2019 respectively. In addition, the number of outgoing orders has increased from 2,725 in FY2015 to 4,228 in FY2019. As the volume of donated medications increases, so do the operating expenses associated with the program. In recent years, the state appropriated funds have not sufficiently covered the growing costs of the Drug Donation Repository. As a result, SafeNetRx must backfill the operating loss with grant funds, gifts, and revenue from other services. SafeNetRx has developed plans to expand the Drug Donation Program outside of Iowa. Doing so would provide SafeNetRx access to additional funding streams outside of Iowa’s legislative appropriations. A combined, multi-state drug donation program would also significantly increase the volume and breadth of the prescription formulary available to clinics and pharmacies in Iowa. A larger volume of donated medicines could be obtained, alternative funding streams outside of Iowa’s state appropriations could be developed, and a larger number of indigent patients could be served by expanding drug donation services outside of Iowa.

**Continuing Needs of Target Population to Improve Health Outcomes**

The medication needs of indigent Iowans continually changes. In recent years, the demographic of patients requesting assistance has demonstrated a reduction in uninsured patients and an increase in underinsured patients. The Drug Donation Repository has proven to be an effective medication solution for indigent patients in Iowa as it provides greater flexibility than other national pharmaceutical safety net programs. For example, medications available through Direct Relief and the Dispensary of Hope can only be provided to uninsured patients and both programs offer limited formulas. The Drug Donation Repository serves both uninsured and underinsured patients and includes medicines not available through other safety net programs. Assistance for behavioral health medications including antipsychotics and antidepressants remains exceptionally high. In addition, medication assistance for persons with diabetes is very high. Many patients in Iowa require an affordable solution for insulin, however this product remains unavailable through the Drug Donation Program due to the need for refrigeration. SafeNetRx welcomes the opportunity to explore options with the state of Iowa to address the growing insulin needs of indigent patients. Further, access to inhalers such as Advair and Symbicort remains very high. Inhalers received through the Drug Donation Repository are immediately distributed. The ability to develop a drug donation donor network in another state would help address the increased demand for items that are currently in limited supply.

**Funding, Objectives and Results**

Fiscal Year	State Funding	Objectives & Results
SFY2017	\$596,861	<p>Objectives: Connect vulnerable Iowans with access to free and low-cost medications; establish a statewide safety net pharmacy to serve the medication needs of uninsured or underinsured Iowans.</p> <p>Results: 10,187 Iowans accessed medications valued at \$5,093,068. SafeNetRx completed the build-out of a statewide non-profit pharmacy to serve indigent Iowans.</p>

Iowa Department of Public Health HHS Budget Bill Report – Stakeholder Collaboration Update

SFY2018	\$424,694	<p>Objectives: Connect vulnerable Iowans with access to free and low-cost medications.</p> <p>Results: 10,187 Iowans accessed medications valued at \$6,515,146.</p>
SFY2019	\$542,829	<p>Objectives: Connect vulnerable Iowans with access to free and low-cost medications.</p> <p>Results: 9,534 Iowans accessed medications valued at \$7,689,598.</p>

## Iowa Association of Rural Health Clinics – Community Capacity

### Target Populations

Rural Health Clinics (RHCs) are the primary target population of the Iowa Association of Rural Health Clinics (IARHC). By providing support, training and technical assistance to rural health clinics, IARHC subsequently serves Iowans in rural communities. IARHC members ensure all individuals who live in rural Iowa have access to quality, affordable, coordinated and comprehensive health care.

### Services Provided Through State Funding

IARHC was formed in 1995 to collectively raise the level of awareness of policy makers about issues facing RHCs in Iowa. Support from the state to IARHC helps to ensure rural health clinics receive the training, technical assistance, and support necessary to maintain and expand access to care, deliver quality care and that RHCs have a forum for peer networking, learning, and sharing of best practices.

The board and clinics provide training and educational opportunities via webinars to rural health clinics. IARHC members and the board find that the best opportunity to learn from experts and the best opportunity to network with other rural health clinics in the state, region and nation continues to be through training, educational and technical assistance webinars provided by the National Association of Rural Health Clinics, the National Rural Health Association and other statewide or national groups, such as the managed care organizations or coding and billing groups. The IARHC board members and staff research continuing education webinar opportunities for members and share them via monthly newsletters.

The annual conference continues to be of high value for rural health clinics. This two-day conference is held in the Des Moines area. Educational sessions related to billing and coding and trainings that relate directly to the day-to-day operations of the clinic, as well as the opportunity to share ideas and network among clinics regarding issues they face has proven valuable for attendees. The conference is offered to clinics at a very low cost, as many clinics do not have a sufficient budget to attend state or national conferences for continued education.

The IARHC board and staff provide individual and group technical assistance to members, frequently regarding billing and coding, compliance assistance for surveys and managed care organizations issues. IARHC communicates with partners at the Iowa Hospital Association (IHA) to discuss how issues particularly relating to managed care can be understood and remedied. The National Association of Rural Health Clinics also manages a technical assistance listserv that is promoted to IARHC members. This has been valuable to Iowa rural health clinics; however, it can be challenging to navigate this as it is a national listserv of different state's interpretations or implementations of federal law. Varying state laws cause confusion or incorrect information may be shared. The Iowa based technical assistance from IARHC is still needed.

Offering assistance to attend the National Association of Rural Health Clinics conference has been invaluable for the association and rural health clinic employees who attend. Not only does it give the attendees the opportunity to network and learn, but they also bring back ideas for speakers, national

trends and issues rural health clinics should be watching and ensure the national organization is aware of issues being faced in Iowa. In 2019, the attendees also received their rural health clinic manager certification which will be valuable not only to the clinics they manage but also to others in the state who they can assist with the new training they have received.

The IARHC website is primary used by members registering for Annual Conference and viewing details related to Annual Conference registration, members renewing membership and viewing information related to membership renewal and outside groups or clinic managers contacting either staff or board members via the website contact listing. The website also serves as a contact point for managed care organizations, rural issue driven panels and forums and other state and national groups that have reached out or visit the website to learn more about rural health clinics.

### **Continuing Needs to Meet Objectives**

IARHC staff and board members have done a great deal of work during the last several years to meet the needs of the rural health clinics and individuals living in rural Iowa. Overall, as with any health care related industry, the rural health clinics and board have, and continue to need to, evolve. The instability in managed care organizations in Iowa has caused additional time and resource constraints on the rural health clinics which makes directing time and resources to more innovative issues a challenge. Another issue which continues to need to be explored is the relationship of rural health clinics to critical access hospitals and the challenges critical access hospitals and their communities face. Anecdotally, there are stories about how rural health clinics are significantly supporting critical access hospitals. This may not be a long-term solution or a fair expectation on rural health clinics.

Overall, the IARHC board feels the state funding helps ensure rural health clinics are in compliance with state and federal standards and supports the ability to be more innovative and provide better care for patients.

### **Continuing Needs of Target Population to Improve Health Outcomes**

Individuals living in rural communities in Iowa face unique health challenges and require unique health care needs due to environment, workforce, culture and economic status. A shortage of healthcare professionals, including primary care, dental care and mental health result in limited access to quality healthcare services. Lack of quality services causes a decline in the health and quality of life of individuals in rural communities.

Rural health clinics rely heavily on the training, technical assistance and networking opportunities provided by IARHC. In a 2018 survey, IARHC members identified the following list of priority topics they would like IARHC to provide:

- 1) Iowa Medicaid billing
- 2) Customer service training
- 3) More extensive policy and regulatory training
- 4) Eliminating waste in clinics
- 5) Patient engagement related to wellness exams

**Funding, Objectives and Results**

Fiscal Year	State Funding	Objectives & Results
SFY2017	\$25,000	<p>Objective: Maintain and update IARHC website and database</p> <p>Results: IARHC staff developed and maintained the IARHC website with input from the board and membership. A database of RHCs was maintained and enhanced by IARHC staff. An e-newsletter was also developed and disseminated to all IARHC members.</p> <p>Objective: Provide at least 3 educational opportunities</p> <p>Results: IARHC provided or facilitated webinars about emergency preparedness, wrap payments within the Iowa Medicaid program, and behavioral health care and integration.</p> <p>Objective: Conduct a multiple day educational conference with networking opportunities</p> <p>Results: The IARHC Board and staff hosted a state conference that was accessible to stakeholders by offsetting speaker fees and other costs. The agenda focused on value-based care, billing issues, policy and regulatory updates, and managed care. Over 80 participants attended the two-day conference.</p> <p>Objective: Provide scholarships to educational events</p> <p>Results: IARHC supported rural health clinic attendance at the National Association of Rural Health Clinics Annual Conference held March of 2017.</p>
SFY2018	\$21,000	<p>Objective: Continue and improve the information on the website including a searchable urgent updates and monthly news section, links to state and federal updates of relevance, link to the NARHC newsletter, and updated links to free RHC and 340B training. The current infrastructure of the website will allow for these updates with some work and design from staff. This will be an ongoing project, updated at least monthly. This website capability has been requested by the board and members.</p> <p>Results: IARHC worked with the website vendor to make these enhancements to the website. Staff did face challenges with updating the website given a shift in the priorities of the website vendor away from smaller clients. However, IARHC did experience an increase in website traffic this year. The addition of an intern who devoted some hours over this summer to IARHC helped update</p>

	<p>some information more quickly, but a conversation was held with the IARHC board as to whether the difficulties with continuing to use this website host.</p> <p>Objective: To provide a comprehensive annual conference at no more than \$175 for one day and no more than \$250 for the full conference to all RHCs. This amount was agreed upon by the board by talking with other RHCs and looking at the costs of similar events. Funds will support the costs of several speakers and offset inflationary costs of the conference space. These funds also allow for new speakers on improving health outcomes, reducing clinic costs and improving clinic efficiency.</p> <p>Results: After issues with the hotel from 2017 forgetting to book our dates for 2018, IARHC moved the Annual Conference to a new hotel and new date. Discussion will be held with the board to decide if we will return to the former date at the new hotel. A couple of new sessions were tried with the conference this year: legal/social media implications, behavioral health integration, care coordination, and “Ask the Expert.” The legal/social media and Ask the Expert were very well received and will be continued in 2019. While the board believed the behavioral health and care coordination would be good for RHCs as they move into the value based purchasing and integration spaces more, those in attendance either felt too overwhelmed with other clinic needs for those discussions or noted their clinic was not ready to move in that direction. The board will discuss how to best continue innovation discussions with RHCs while still proving the technical assistance and state/federal regulatory and billing updates which continually are requested at Annual Conference.</p> <p>Objective: For use by both IARHC and IDPH, IARHC staff will build upon the Iowa RHC database and improve the accuracy of the contact information. IARHC will work to have accurate address, emails and phone numbers for 75% of the rural health clinics by the end of the funding period. IARHC staff and board members will use current contacts and the 2017 CMS list to improve the current data base.</p> <p>Results: This task proved to be more time consuming than expected, but we were able to procure all addresses and phone numbers for the RHCs in Iowa, and significantly increase the number of email addresses. After talking with other RHC associations and the national association, the email issue is pervasive as clinic managers often turn over regularly and RHCs owned by hospital systems often are not willing to share email addresses outside of their system. IARHC board members have been helpful in filling in some information within their system. As this is an important means of communication, IARHC will continue to keep the list updated and look for ways to get additional contact information.</p>
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		<p>Objective: As part of an effort to expose Iowa RHCs to national leaders, innovative ideas and networking opportunities, IARHC will sponsor two scholarships to attend a national level conference. The two awardees will be chosen by the board. In January, notice will be sent to rural health clinics to apply. The board will select based on clinic type (independent v. system based), financial hardship and geographic location.</p> <p>Results: The national conference continues to be a valuable event for Iowa rural health centers and two scholarships were provided by IARHC this year. The opportunity to network with other RHCs and hear updates tailored specifically to RHCs has been helpful to those who attend and to all Iowa RHCs as we share that information in a couple of statewide venues. The sessions that were specifically helpful to attendees was sharing Medicaid managed care experiences with Illinois and Kansas RHC clinic managers and learning more about emergency preparedness.</p> <p>Objective: In response to member requests on specific RHC regulatory issues, IARHC will offer more individualized technical assistance. This will lead to an improvement in quality, quantity and response time over the current technical assistance offered in the areas of billing, coding, wrap payments, HRSA designation, and federal compliance and allow technical assistance to be offered to non-members. Common topics will be shared on the website and listserv as well.</p> <p>Results: This service has been greatly valued by RHCs, both members and non-members, this year and IARHC has seen a large increase in the number of requests. Not only is IARHC one of the few places RHCs can get answers tailored directly to their clinics and patients, but the informal listserv used for technical questions has also proven to be a good learning and networking opportunity for even veteran RHC clinic managers. Upon reflection over the year, it seems one area which could be improved would be working with other healthcare associations and the state. Staff and board members have reached out to groups, such as the Iowa Hospital Association, and the Iowa Medicaid Enterprise to ensure they are aware that information can be shared through IARHC and to note the differences in compliance and billing. However, we have received little response during this fiscal year and noticed some instances, particularly with other associations and healthcare groups, where the information sent to RHCs has actually been incorrect. IARHC will continue to work on those relationships and educating others regarding the unique billing and federal compliance requirements of RHCs.</p> <p>Objective: This notes the general goal/theme of the state funding from IDPH from the IARHC Board. The board and members have seen a need for an</p>
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		<p>organization dedicated to RHC for over two decades as no other organization in Iowa fills this need and RHCs often do not have individual resources to afford these resources. The board looks for not only specific, operational assistance to offer RHCs, but also forward thinking, practice transformation focused ideas. The other goals support this overarching goal.</p> <p>Results: IARHC was pleased to see many new persons and new clinic involvement over the last year. While the needs of RHCs differed this year from the previous fiscal year due to decreased difficulties with the transition to Medicaid managed care during its second year, there continued to be many questions and needs in an ever-changing healthcare world. New questions arose around legal and social media, secondary and crossover billing, use of scribes, workforce needs, growing numbers of patients with complex healthcare issues, new Medicare cards, to name a few. A number of regulatory changes came from state and federal entities, which staff were able to track and report to RHCs. We are pleased to continue to assist RHCs, which are vital to our rural communities. The IARHC staff and board also hope to continue to foster the partnership with the IDPH.</p> <p>Objective: With changes to Medicaid, Medicare and state and federal policies, the members have requested technical assistance and information from IARHC more frequently on these topics. In order to reach the needs of more members and use staff time more efficiently, two webinars will be offered this year (fall and winter) on member requested topics. Funds will support the expert speakers requested and the technology costs to keep the webinars free of charge</p> <p>Results: One webinar on emergency preparedness was offered and attended by around 30 clinics in the fall. In the September and October newsletters the request for webinar topics was made and received good response. In order to make the most of resources, IARHC staff was able to find free webinars through national groups and networks to share with RHCs at no cost. RHCs were pleased with the relationships IARHC has formed with other groups and the free webinars we were able to share due to those relationships.</p>
SFY2019	\$25,000	<p>Objective: Continue and improve the information on the website including a searchable urgent updates and monthly news section, links to state and federal updates of relevance, link to the NARHC newsletter, and updated links to free RHC and 340B training. The current infrastructure of the website will allow for these updates with some work and design from staff. This will be an ongoing project, updated at least monthly. This website capability has been requested by the board and members.</p> <p>Results: Over the last year, website use has primarily been by members registering for Annual Conference and viewing details related to annual</p>

		<p>conference registration, members renewing membership and viewing information related to membership renewal and outside groups or clinic managers contacting either staff or board members via the website contact listing. As has been noted in previous reports, the website’s capabilities for event registration and membership renewal are still not as user friendly as they should be to best interface with rural health clinics. The combined issues with the website and the changed use has led the board to put on the agenda for the next board meeting to discuss what the main purpose of the website is (information dissemination to members v. outward facing to partners), how the website can be revamped to best serve this purpose and whether launching social media, continued use of the listserv and newsletters or another communication mechanism would be best to use for rural health clinics, both members and non-members. We do value the growing number of non-members reaching out to the staff and board for technical assistance via the website so will not change pages relating to that. The board also expressed value in the website for the contacts from managed care organizations, rural issue driven panels and forums and other state and national groups which have reached out or learned more about rural health clinics via the website.</p> <p>Objective: To provide a comprehensive annual conference at no more than \$200 for one day and no more than \$275 for the full conference to all RHCs. This amount was agreed upon by the board by talking with other RHCs and looking at the costs of similar events. Funds will support the costs of several speakers and offset inflationary costs of the conference space. These funds also allow for new speakers on improving health outcomes and reducing clinic costs and improving clinic efficiency.</p> <p>Results: Annual Conference continues to be a major draw for rural health clinics. This year approximately 85 persons attended the conference, about two-thirds were returning attendees or attendees from a rural health clinic which has attended in the past and one-third were new attendees from clinics which had not attended before. Major draws continue to be billing and coding segments and training that relates directly to the day to day operations of the clinic. Also well received this year was the presentation by Donna Tweeten of HyVee on branding and name recognition. Members continue to appreciate the Ask the Experts panel which allows a safe space to discuss and share ideas on issues, usually related to compliance, which a rural health clinic may be having difficulty with. Second to billing and coding, the topic which most rural health clinics would like to see increased training at annual conference on is the periodic compliance survey which they must participate in to remain a rural health clinic. This is a topic which will be explored more in the future, but also features some difficulties in providing. First, there is some concern that certain types of training being sought by rural health clinics could cross some legal lines due to anti-competition and the reliance on the training and how rural health</p>
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	<p>clinics interpret that to their survey compliance. Secondly, while some excellent national trainers, board members who have attended national conferences lately have noted some discrepancies in the information presented by various national trainers and have found that information is not always specific enough to regulations in Iowa. These topics will be explored more in the board’s review of Annual Conference and changes as appropriate for the next grant period.</p> <p>Objective: For use by both IARHC and IDPH, IARHC staff will build upon the Iowa RHC database and improve the accuracy of the contact information. IARHC will work to have accurate address, emails and phone numbers for 75% of the rural health clinics by the end of the funding period. IARHC staff and board members will use current contacts and the 2018 CMS list to improve the current data base.</p> <p>Results: Unfortunately, CMS is still not providing updates of the listing of certified rural health clinics publicly, so we are still unable to fully update the list of rural health clinics in Iowa. However due to increased work during the membership renewal period, updates from annual conference and assistance the list has been cleaned up and developed significantly in the last year.</p> <p>Objective: As part of an effort to expose Iowa RHCs to national leaders, innovative ideas and networking opportunities, IARHC will sponsor two scholarships to attend a national level conference. The two awardees will be chosen by the board. In January, notice will be sent to rural health clinics to apply. The board will select based on clinic type (independent v. system based), financial hardship and geographic location.</p> <p>Results: Offering assistance to attend the National Association of Rural Health Clinics conference has been invaluable for the association and rural health clinic employees which attend. Not only does it give the attendees the opportunity to network and learn, but they also bring back ideas for speaker, national trends and issues rural health clinics should be watching and ensure the national organization is aware of issues being faced in Iowa. This year the attendees also received their rural health clinic manager certification which will be valuable not only to the clinic they manage but also to others in the state who they can assist with the new training they have received.</p> <p>Objective: In response to member requests on specific RHC regulatory issues, IARHC would like to offer more individualized technical assistance. This will lead to an improvement in quality, quantity and response time over the current technical assistance offered in the areas of billing, coding, wrap payments, HRSA designation, and federal compliance and allow technical assistance to be offered to non-members. Common topics will be shared on the website and listserv as well.</p>
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		<p>Results: Individual and group technical assistance also are a major draw and use for rural health clinics. As noted in the annual conference section, major draws continue to be billing and coding and compliance assistance for surveys. The other most frequently requested area is managed care organization issues. Over the last year hospital based rural health clinics have been urged to reach out to the hospital system which owns their clinic and to the Iowa Hospital Association (IHA). While we appreciate the interest of systems to track the issues their clinics are experiencing and better understand why aging and payment issues occur, we also are finding that hospitals bill in a very different manner from rural health clinics which has sometimes led to confusion and misinformation. IARHC and IHA have already had some initial discussions to see what can be done to remedy this issue. The National Association of Rural Health Clinics also has improved their technical assistance listserv and effort over the last year.</p> <p>Objective: This notes the general goal/theme of the state funding from IDPH from the IARHC Board. The board and members have seen a need for an organization dedicated to RHC for over two decades as no other organization in Iowa fills this need and RHC often do not have individual resources to afford these resources. The board looks for not only specific, operational assistance to offer RHCs, but also forward thinking, practice transformation focused ideas. The other goals support this overarching goal.</p> <p>Results: Overall, as with any health care related industry, the rural health clinics and board have, and continue to need to, evolve. The instability in managed care organizations in Iowa has caused additional time and resource constraints on the rural health clinics which at times feels like a bit of stifling to moving toward more innovative issues. Another issue which will need to be explored more over the next year is the relationship of rural health clinics to critical access hospitals and the challenges critical access hospitals and their communities face. We are hearing stories about how rural health clinics as essentially propping up the work of critical access hospitals but know that is not a long-term solution or a fair expectation on rural health clinics. Overall the IARHC board feels this funding helps ensure rural health clinics are in compliance with state and federal standards and can be more innovative and provide better care for patients.</p> <p>Objective: With changes to Medicaid, Medicare and state and federal policies, the members have requested technical assistance and information from IARHC more frequently on these topics. In an attempt to reach the needs of more members and use staff time more efficiently, two webinars will be offered this year (fall and winter) on member requested topics. Funds will support the</p>
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		<p>expert speakers requested and the technology costs to keep the webinars free of charge.</p> <p>Results: While the board and Iowa Association of Rural Health Clinics continues its commitment to providing training and educational opportunities throughout the year via webinars to rural health clinics, we continue to find that the best opportunity to hear from experts and the best opportunity to network with other rural health clinics in the state, region and nation continues to be training, educational and technical assistance webinars provided by the National Association of Rural Health Clinics, the National Rural Health Association and other statewide or nation groups, such as the managed care organizations or coding and billing groups. For the most part due to our IARHC relationships with the national associations, billing experts and others we can provide these webinars to all rural health clinics for free or low cost. Two additional areas that have been highlighted as areas of interest (request for board member and individual RHC member) include continuing education opportunities for nurses and transitioning to value and data driven practices. We have not found a cost-effective manner to offer continuing education in a manner which we would feel is appropriate and of the quality we would want to offer. As to discussions on value and data, two areas have prohibited continuing that conversation: first a lack of interest and resources by many clinics and second, for the clinics owned by large health care systems, the large system tend to want those clinics to participate in the programs they are working to establish.</p>
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## Prevent Blindness Iowa – Community Capacity

### Target Populations:

School nurses, healthcare professionals, volunteers and children to provide vision screening.

### Services Provided Through State Funding

Vision screening training, certification and recertification program, increase awareness and knowledge on children's eye health issues, provide necessary vision screening materials, information regarding Iowa vision care resources, and gift certificates for an eye exam and eyeglasses to qualifying families not covered by other vision insurance.

### Continuing Needs to Meet Objectives

Vision plays an important role in children's physical, cognitive, and social development. Uncorrected vision problems can impair child development, interfere with learning, and even lead to permanent vision loss; early detection and treatment are critical. Visual functioning is a strong predictor of academic performance in school-age children. Vision disorders of childhood may continue to affect health and well-being throughout the adult years. Children with uncorrected visual acuity of more than 20/20 are three times more likely to fail a grade in school.

There is a continuing need to provide a vision screening training, certification and recertification program. In addition to providing a standardized valid vision screening school nurse and healthcare positions have turnover and there is a need to reach additional school districts and healthcare professionals with the training. School nurses and healthcare professionals may be unaware of the proper screening techniques or referral criteria, which impacts the accuracy of the vision screening. Research has shown that a vision screening training and certification program improves the accuracy of vision screening. The children's vision screening program not only assists in preparing individuals to vision screen, the organization provides vision screening, resources available to parents/guardians on children detected with a vision problem to assist in getting a child to care, and increasing awareness and knowledge on children's eye health issues.

Finances to cover the costs of vision screening training and certification and hands on vision screening are needed to continue the children's vision screening program.

### Continuing Needs of Target Population to Improve Health Outcomes

Undetected and untreated vision problems affect a child's ability to learn and their social development. Vision is identified as a Health Barrier to Learning (HBLs), health conditions that when untreated or unmanaged can interfere with a child's ability to learn and succeed in school. Routine vision screening using a standardized and validated approach provides an opportunity for Iowa children to receive a vision screening to detect vision problems and have them treated prior to impairing their vision, which could impact their learning. It is important that a child be provided a vision screening routinely throughout their school years since children do not complain that they are not seeing clearly and there

may not be outward symptoms of a vision problem. Children’s vision changes while they are in school, one in four school age children has a vision problem, so it is important that their vision is checked routinely to make sure a vision problem does not affect their learning and development.

**Funding, Objectives and Results**

Fiscal Year	State Funding	Objectives & Results
SFY2017	\$96,138	<p>Objectives: To increase statewide vision screening programs to children through volunteers and nurses by providing a vision screening training and certification program. Increase awareness and knowledge about the importance of children’s eye health.</p> <p>Results: Provided vision screening training and certification to 171 school nurses, health care professionals and volunteers that conduct children’s vision screening from preK through grade 12. Provided vision screening training to 62 individuals who assist certified vision screeners conduct the screenings. It is estimated that at least 45,000 children received a vision screening from school districts that attended a vision screening training and received vision screening certification.</p>
SFY2018	\$0	
SFY2019	\$96,000	<p>Objectives: To increase statewide vision screening programs to children through volunteers and nurses by providing a vision screening training and certification program. Increase awareness and knowledge about the importance of children’s eye health.</p> <p>Results: Provided vision screening training and certification to 147 school nurses, health care professionals and volunteers that conduct children’s vision screening from preK through grade 12. Provided vision screening training to 25 individuals who assist certified vision screeners conduct screenings. An estimated 51,000 children received a vision screening from school districts that attended a vision screening training and received vision screening certification. Provided vision screenings to 10,350 Polk County elementary students, referring 1,575 to an eye doctor for further evaluation, diagnosis and treatment if prescribed.</p>

## University of Iowa KidSight – Community Capacity

### Target Populations

All children living in Iowa who are 6 months of age through kindergarten are the target population for vision screening through the Iowa KidSight program.

Parents, care providers and educators are the target population for public education on the importance of early detection and treatment of vision problems in young children and on Iowa’s Child Vision Screening Program.

### Services Provided Through State Funding

In collaboration with Early Childhood Iowa areas, objective vision screening for infants and young children throughout all of Iowa’s 99 counties is offered at no cost to the public:

- Through Club visits and various publications, encourage Iowa Lions Club Volunteers to participate.
- Provide training for Iowa Lions Club Volunteers who adopt Iowa KidSight as a local community service project and extend the screenings.
- Assure that screening images taken are analyzed by appropriate medical specialists at the University of Iowa Hospitals and Clinics.
- Report screening results to parents and collaborators.

Educational services and materials are extended to the public about the risk of undetected/untreated vision loss:

- Provide informational brochures for parents to keep.
- Participate in various Fairs (i.e., health, county, state).
- Assure that the parents of any child with an abnormal vision-screening result are sent a referral letter with details about the need for a referral to an eye care professional.
- Conduct follow-up on any child with a screening result requiring referral.
- Work with Iowa Lions Clubs to help meet needs identified through follow-up.

Increasing Iowans’ knowledge about children’s eye health issues and to promote Iowa’s Child Vision Screening Program:

- Develop relationships with child care providers and school nurses to ensure that children entering kindergarten have access to KidSight vision screening services.
- Include information pertaining to Iowa’s Child Vision Screening Program in Iowa KidSight correspondence, literature and presentations.
- Upload vision screening results into IRIS.

Support of community-based services and follow up:

- Communicate with collaborators on screening requests and results.
- Provide a referral list of local optometrists and ophthalmologists in referral packets.

### Continuing Needs to Meet Objectives

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Iowa KidSight operates on an incredibly small budget for the size and scope of the program--\$389,515 in total for FY 2018-2019 (State funding=\$95,575), serving 51,352 children across Iowa. For this growing and successful public health program that does not generate revenue, funding is essential to meet current objectives. An increase in state funding would help us reach higher goals.

The most important aspect of a quality vision screening program is that children identified with a vision problem actually get to an eye doctor. As more children are screened, the number of children referred also increases. Staffing needs consequently increase to manage follow-up duties, as well as to manage all other aspects of carrying out the program. Iowa KidSight currently has two staff members dedicated to follow-up efforts, and two additional staff members who redirect efforts to follow-up when they are not processing screening results. When follow-up staff was added in 2003, that staff person was working with 449 cases. Currently, follow-up staff are working with 3,190 cases.

For 19 consecutive years, Iowa KidSight has achieved increasing the proportion of young children who receive a vision screening. In addition, an effective volunteer-based infrastructure has been built throughout the state to be able to conduct vision screenings at low cost.

For less than \$8 per child, vision problems are detected that might otherwise go unnoticed or untreated. If common vision problems are not detected and treated during early stages of development, amblyopia can result—causing permanent vision loss, impacting learning and quality of life.

### **Continuing Needs of Target Population to Improve Health Outcomes**

The American Optometric Association reports the prevalence of vision problems that will develop in children:

- 1 in 10 children is at risk from undiagnosed vision problems
- 1 in 30 children will be affected by amblyopia (leading cause of vision loss in young children)
- 1 in 25 will develop strabismus (a risk factor for amblyopia)
- 1 in 33 will show significant refractive error such as near-sightedness, far-sightedness and astigmatism (also risk factors for amblyopia)

The American Association for Pediatric Ophthalmology and Strabismus recommends vision screening as an efficient and cost-effective method to identify children with visual impairment or eye conditions that are likely to lead to vision loss so that a referral can be made to an appropriate eye care professional for further evaluation and treatment.

A cost analysis of therapy for amblyopia published in the Journal of Ophthalmology showed that untreated amblyopia costs the U.S. nearly \$7.4 billion in earning power each year. There is a return of \$22 for each dollar spent on amblyopia diagnosis and treatment.

A child may not tell you that he or she has a vision problem because they may think the way they see is the way everyone sees. Likewise, parents may not recognize a child’s vision problem. As many as 9750 children living in Iowa under the age of 5 need screening services to detect a vision problem that might otherwise go unnoticed until it is too late to successfully treat. If vision problems are detected and treated early in childhood, success rates increase markedly, and vision loss can be prevented.

**Funding, Objectives and Results**

Fiscal Year	State Funding	Objectives & Results
SFY2017	\$95,575	<p>Objective: Increase the number of preschool-aged children who receive a comprehensive vision screening.</p> <p>Results: 49,008 = Number of children screened. 3,429 = Number of children requiring referral and follow-up.</p>
SFY2018	\$92,708	<p>Objective: Increase the number of preschool-aged children who receive a comprehensive vision screening.</p> <p>Results: Increase the number of preschool-aged children who receive a comprehensive vision screening. 49,905 = Number of children screened. 3,190 = Number of children requiring referral and follow-up.</p>
SFY2019	\$95,575	<p>Objective: Increase the number of preschool-aged children who receive a comprehensive vision screening.</p> <p>Results: Increase the number of preschool-aged children who receive a comprehensive vision screening. 51,352 = Number of children screened. 3,071 = Number of children requiring referral and follow-up.</p>

## Iowa Donor Network – Community Capacity

### Target Populations

Iowa Donor Network (IDN) is a non-profit organization that operates as the primary contact for organ, eye and tissue donation services for the state of Iowa. IDN serves all 99 counties with a current target focus in specific counties (Polk, Johnson, Story, Jasper, Black Hawk, Dallas, Marshall) as well as southeast Iowa counties and Iowa’s Latino population.

### Services Provided Through State Funding

State funding is primarily used to support three areas of service. These include awareness and educational activities to increase understanding of donation and registering as an organ, eye and tissue donor, outreach to increase Iowa’s registry rate to reduce the organ transplant waitlist to zero (currently over 113,000 individuals waiting nationwide and over 620 waiting in Iowa), and technical support, development and security of the Iowa Donor Registry. Funds support the entire state of Iowa with a specific focus in counties stated above in target populations. Funded outreach and activities vary but include the following: Educational materials in El Heraldo publication; “Life. Love. Legacy. Mark Yes.” OR “Be a Hero: Any age is the right age to become an organ donor” campaigns to increase registry rates; events to reach targeted groups such as NASCAR Xfinity Series racing; volunteer recruitment and trainings to increase the number of donation ambassadors for community and driver education sessions and events; partnership with tech consulting firm QCI to work on report development, enhancement of IT support to protect data, and refinement of processes and systems to use additional data provided by the Iowa Department of Transportation; increased security measures to protect our servers and registry data from outside threats; downloads of death records monthly to keep registry data up to date; and technical development of a new way to register as a donor when Logan’s Law (SF 86) passed in FY19. Individuals may now register when obtaining their hunting, fishing and fur-harvesting license. A portion of state funding is used to partially support four staff members’ time. Those staff members are responsible for providing outreach, awareness activities and technical support for the Iowa Donor Registry and awareness initiatives.

### Continuing Needs to Meet Objectives

IDN requires ongoing, sustainable funding to provide essential education and resources to continue growing the Iowa Donor Registry and ultimately, save and transform more lives. When educating the public about donation and transplantation, there can be confusion about who can donate and receive organs, as well as the complexities of the organ donation and transplantation process. Thus, it is not uncommon to encounter individuals who are unwilling to register as donors because of variables such as assumed cultural and religious objections to donation and mistrust/lack of confidence in the medical profession. Over the last three years, of all white potential organ donors, 54% were registered donors. Of all non-white potential donors, 32% were registered donors. Iowa has one of the highest registration rates in the country (75%). However, there is a large disparity between white and non-white Iowans registering to be organ, eye and tissue donors. IDN requires continued funding to bridge that gap and ensure all Iowans have the information to make informed decisions on registering as a donor. New, informative campaigns are needed to reach Iowans who have not registered as donors. This also includes individuals aged 45-75. Additional needs include funding that supports death record downloads

from IDPH vital records, enhanced reporting to identify low registry counties, constant improvement of IT security to protect registry data from breaches, and dedicated staff time to analyze registry data and develop targeted campaigns to increase the number of Iowans registered.

**Continuing Needs of Target Population to Improve Health Outcomes**

Kidney disease was the ninth-leading cause of death in the United States in 2017. Approximately 37 million Americans have chronic kidney disease and more than 726,000 have end-stage renal disease (ESRD). Currently, over 113,000 Americans are waiting for an organ transplant. Over 94,000 of those individuals are waiting to receive a kidney transplant. In Iowa alone, 546 of the 620 individuals awaiting an organ transplant are waiting for a kidney transplant. Organ transplants save lives of patients affected by terminal organ failure and improve quality of life. Kidney transplants increase patient survival over dialysis, and lifesaving transplants are indispensable to treating patients with irreversible liver, heart, pancreas or lung diseases. The number of organs transplanted each year continues to grow. However, that number is still far from local and national needs. Organ procurement and transplantation systems are essential for developed and mature health care systems to decrease mortality rates and improve quality of life outcomes. Continued education and outreach to targeted populations is necessary to spread awareness and increase the number of individuals registered as organ, eye and tissue donors. Non-English speaking populations often lack exposure and understanding of this end-of-life decision or may have distrust in the medical system. It is imperative to the donation process that individuals have the opportunity to learn about donation in a neutral, stress-reduced environment to make informed decisions about becoming a donor. Donor families report that knowing their loved ones’ wishes prior to their moment of crisis significantly reduced the stress in making this decision on behalf of their loved one. IDN aims to educate and address donation barriers before a family is in crisis and to ultimately meet the needs of our donor families and save and enhance the lives of those waiting for a transplant.

**Funding, Objectives and Results**

Fiscal Year	State Funding	Objectives & Results
SFY2017	<b>\$240,345</b>	Decrease the numbers of Iowans waiting for a transplant. 2. Improve and enhance the website to increase online registration and education for organ, tissue and eye donation. 3. Increase the security of the website and registry data on servers to protect integrity and to reduce the risk of outside threats. 4. Increase the number of Iowan's registered as an organ, tissue and eye donor to reduce the number of Iowans waiting for a lifesaving and/or enhancing gift. 5. Promote the registration of Iowans as organ, tissue and eye donors. 6. Keep registry data up to date so that reports generated can be used to identify areas within the state that have low registry numbers. Results: 1. The Joey Gase NASCAR campaign at Iowa Speedway has increased registration rates among targeted populations. Registry numbers show an increase of 15% in the 45-64 age group in over the past two years. Registered Iowans increased by 8.9% as of June 2017 compared to Jan 2016. Iowa is currently ranked at #9 in the country per capita. 2. Updated website homepage to enhance visual appeal and ease of registering as a donor. In the second quarter of 2017 there was a 17% increase in registry page visits. 3.

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		<p>Installed an Endpoint Security Manager software and firewall protection to secure registry data from outside cyber threats. 4. IDN now has the top Facebook page among all OPOs in the nation. The top referral source to our registry page is from Facebook. There were 2,907 online registrations in FY17. 5. 15,000 registry brochures were distributed to Iowa DOT offices. Educational materials were placed in El Heraldo Hispano twice a month to promote donation to the Latino communities in Iowa. Digital videos and ads were also produced and displayed to targeted populations. 6. Death records are downloaded monthly from IDPH Vital Records. QCI provided support for report development related to the registry as well as IT support to ensure that data is secure and reliable.</p>
SFY2018	\$124,000	<p>2018 \$124,000 Objectives: 1. Increase the number of Iowans registered as organ and tissue donors to ultimately reduce the number of Iowans waiting for a lifesaving and/or enhancing gift. 2. Improve and enhance Iowa Donor Network's website and social media outlets to increase awareness and educate Iowans about organ and tissue donation. 3. Protect the integrity and increase security of the registry data from ever-evolving cyber threats. 4. Continue to keep registry data up to date to ensure that reports accurately reflect areas with low registry numbers. 5. To increase public awareness in the state of Iowa about organ, tissue and eye donation so that more Iowans register to be a donor. Results: 1. Eleven counties targeted with the largest populations and lowest registry rates had registry increases. Overall Iowa's registry rate increased by 2percent in 2017. 2. IDN's Facebook page is the largest of any OPO in the nation. Overall IDN has the seventh largest donation related page in the world. Our Faces of Donation campaign in April reached over 100,000 people. 3. TRAPS End Point security is installed to protect the integrity of the registry data from external threats. IDN's firewalls are also up to date and secure. 4. Death record downloads continue to keep registry data up to date. 5. Over 74 hospital and professional partner events occurred during Donate Life Month. Many more occurred throughout the year to promote donation.</p>
SFY2019	\$115,000	<p>Objectives: 1. To increase public awareness in the state of Iowa about organ, eye and tissue donation so that more Iowans register to be a donor. 2. To increase donation awareness among culturally diverse populations in Iowa. 3. Improve and enhance Iowa Donor Network's website and social media outlets to increase awareness and educate Iowans about organ and tissue donation. 4. Protect the integrity and increase security of the registry data from ever-evolving cyber threats. 5. Increase the number of Iowan's registered as organ and tissue donors to ultimately reduce the number of Iowans waiting for a lifesaving and/or enhancing gift. 6. Increase donor registrations by allowing Iowans to register through the DNR when obtaining hunting, fishing and fur-harvesting licenses. Results: 1. Twenty volunteer orientations took place in FY19, with 71 new active volunteers. USB devices containing all donation related education materials were handed out to Driver's Education</p>

		<p>Instructors. Campaigns such as with NASCAR driver Joey Gase continue to raise awareness each year through racing events and target populations. 2. Ads published monthly in El Heraldo Hispano. On average, counties with higher non-white populations increased new or renewal registration rates through the DMV by 1-2%. Overall county registration rates (total percentage of those in the county registered) also increased. Marshall county, which is targeted through El Heraldo and has a high non-white population, has seen a county wide registration increase of 37% to 52% between FY18 and FY19. 3. IDN's Facebook page continues to be the largest of any OPO in the US. IDN had a social media reach of 15,125,576 with engagement from 1,186,097 people in FY19. 4. Software continues to protect the registry from external threats. 5. There has been an increase in registered donors in the five largest counties in the state. Overall, Iowa's registration rate increased by 2% in 2018. 6. IDN and QCI contracted to implement and design the DNR registry.</p>
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## Psychologist Internship Program – Community Capacity

### Target Population

The purpose of the Psychologist Internship Program is to expand and improve the mental health workforce engaged in mental health treatment and services to Iowans. The program will establish and maintain one-year mental health training program placements in urban and rural mental health professional shortage areas, and rotate licensed eligible doctoral level psychologists in these placement sites. For the purpose of this contract, “mental health professional shortage area” means a geographic area in Iowa that has been designated by the United States Department of Health and Human Services, Health Resources Services Administration, Bureau of Health Professionals as having a shortage of mental health professionals.

### Services Provided Through State Funding

The Psychologist Internship Program allows for a trainee to provide psychological services including psychotherapy, psychological testing, and consultation to various individuals in Iowa. The purpose of this training is to expand the number of psychologists in Iowa while increasing the overall mental health services for Iowans in underserved populations. By doing so, trainees gain the necessary training towards licensure. In addition, not only do Iowans receive mental health services, following the training of the intern or post-doctoral resident, the desire and emphasis is retaining the trainee to practice in Iowa as a psychologist.

### Continuing Needs to Meet Objectives

Iowa continues to fall short on the number of psychologists needed to provide services to its citizens. A 2010 IPA review of the Bureau of Professional Licensure statistics shows that 53% of Iowa psychologists are now age 55 or older. The successful partnership between the IDPH, IPA, IPF and other organizations like the Telligen Community Initiative to develop and implement training programs has allowed an estimated 13,000 Iowans in need of psychological treatment to receive those services. As the early career psychologists supported by this program continue to live and work in Iowa, even more citizens will benefit from the collaborative effort to train psychologists in our state. Since 2008, 26 pre-doctoral interns or post-doctoral interns have been able to serve Iowans during their training. Of that number, nearly three-quarters have stayed in Iowa, either currently practicing as a licensed psychologist or completing their pre-doctoral internship. One of the barriers that continues is the ability to market and promote our training sites to schools outside of the state. The University of Iowa and Iowa State University only train roughly 10-20 graduate trainees per year. Because of a lack of predoctoral internships (training year needed before graduation), most of these graduate students at the state universities leave the state of Iowa for their training. Increasing revenue and overall training initiatives would help in retaining these graduate students while also increasing out exposure to other state graduate school programs with the aim to train and retain future psychologists here in Iowa. Another area is expanding the types of sites that can be eligible for grant funds. We have found a number of sites that have created post-doctoral residencies, but are within counties that are not considered underserved. Nonetheless, the trainee provides mental health services to Iowans who travel from underserved counties.

### Continuing Needs of Target Population to Improve Health Outcomes

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One of the needs is to expand the definition of underserved populations. Rural Iowa is underserved and it is common for Iowans to travel to larger cities to receive services. There are few licensed psychologists in rural Iowa which makes it harder to create internships in these areas. What typically occurs is people travel to places like the University of Iowa Hospitals which serve various demographics including those defined within this grant. However, because the hospital is within a county that is not deemed underserved by definition, they are ineligible to receive grant funds. The University of Iowa in particular have expressed enormous interest in expanding training here in Iowa, but like most organizations require some financial assistance with startup costs. Although the focus would remain the same, that is for the intern or post-doctoral resident to serve Iowans who are underserved, a barrier is finding an organization in a rural area to host a trainee. In addition, it is difficult to find trainees that have a desire to reside in a rural community. Expanding the definition and allowing for willing training sites that are within other counties would increase the potential for the initial initiative, to train psychological trainees to become licensed here in Iowa. The more trainees we train here in Iowa, regardless of the location and site, the more licensed psychologists we are able to retain in Iowa.

**Funding, Objectives and Results**

Fiscal Year	State Funding	Objectives & Results
<b>SFY2017</b>	\$46,069.00 *(estimate)	To create and retain psychological trainees in Iowa while providing mental health services to underserved populations. Within 2017 3 total psychological trainees were able to be supported by this initiative, with 1 site receiving funding that met grant qualifications. Within these trainees, hundreds of Iowans were seen for mental health services. * the amount is an estimate as the current training director does not have funding numbers for this year as he took over in 2018-2019 contract year.
<b>SFY2018</b>	\$48,069.00	To create and retain psychological trainees in Iowa while providing mental health services to underserved populations. Within 2018, 2 total psychological trainees were able to be supported by this initiative, with 1 site receiving funding meeting grant qualifications. Within these trainees, hundreds of Iowans were seen for mental health services.
<b>SFY2019</b>	\$46,069.00	To create and retain psychological trainees in Iowa while providing mental health services to underserved populations. Within 2019 1 psychological trainee was able to be supported by this initiative and received grant funding. This trainee served Iowans in NW Iowa and provided mental health services to underserved populations. From August 2018 to June 2019, the trainee saw 64 individual clients ranging in age from 3 to over 65 years. He completed 113 hours of psychotherapy and 192.5 hours of psychological assessment (with 51 written psychological reports). The trainee treated a wide range of diagnoses, including neurodevelopmental disorders, schizophrenia spectrum disorders, depressive disorders, anxiety disorders, trauma disorders, substance use disorders, neurocognitive disorders, and personality disorders. The trainee has participated in 93.5 hours of didactic training and 145 hours of supervision.

## Iowa Statewide Poison Control Center - Public Protection

### Target Population

The Iowa Statewide Poison Control Center (ISPCC) is the single accredited poison control center designated by the Iowa Department of Public Health to serve the entire state of Iowa. The ISPCC provides immediate, free and expert poison information and treatment advice to all Iowans. Translation services are available in over 100 languages. While there are 55 poison control centers serving the entire U.S., there is a federally funded single toll-free telephone number, 1-800-222-1222 that connects callers with the poison center serving their area.

### Services Provided Through State Funding

As one of 55 nationally accredited poison control centers in the United States, the Iowa Statewide Poison Control Center (ISPCC) provides the people of Iowa with poison information and treatment advice, free of charge, through a 24-hour helpline, 1-800-222-1222. Calls are answered by nurses and pharmacists with specialized toxicology training and national certification, working under the direction of a board-certified physician toxicologist. In FY 2019, the ISPCC managed 25,651 individual cases from across Iowa involving an accidental or intentional poisoning from medications (prescriptions, over-the-counter, herbal, illegal/recreational, veterinary), household and automotive products, plants and mushrooms, pesticides, bites and stings, and many other substances.

ISPCC staff placed 42,342 follow-up calls to monitor patient progress, provide ongoing recommendations, determine medical outcome and provide poison prevention education. Children <6 years of age comprised 43% of the cases but the more serious cases occurred in adolescents and adults. In addition to providing life-saving assistance, poison control centers (PCCs) have a significant impact on reducing health care costs primarily through reduction of health care utilization.

More than 70% of people who call the PCC get the help they need over the telephone without having to go to a doctor or the hospital, saving residents of Iowa at least \$12 million in unnecessary ER visits and ambulance transports. Last year, Medicare, Medicaid and SCHIP were the primary payers in 44.4% of cases, saving \$5.5 million to state and federal governments. The ROI is \$13.39 for every dollar invested in the PCC.

Health care providers throughout Iowa also depend on the ISPCC to provide state-of-the-art emergency advice and treatment information. More than 30% of calls to the ISPCC come from physicians, nurses, EMS providers, pharmacists and physician assistants. Hospital ER and ICU staff especially rely on immediate access to the ISPCC to provide optimal care for poisoned and overdosed patients. Consultation with the PCC improves the quality of care, significantly decreases the patient's length of stay in a hospital and decreases hospital costs. Other users of the service include clinics, public health agencies, schools, EMS, law enforcement, jails, nursing homes, health advice lines and others. Public education is a significant component of the ISPCC and serves the dual role of promoting poison prevention and fostering awareness of ISPCC services. The ISPCC educator partners with community organizations to reach residents across the state with poison prevention education. The ISPCC has a variety of multilingual educational materials available free of charge by calling the ISPCC or downloading

from its website, [www.iowapoisson.org](http://www.iowapoisson.org). Efforts for reaching a wider audience include health and safety fairs, airing videos and PSAs, and the use of social media platforms.

The ISPCC also provides continuing medical education for health care providers including physicians, medical students, residents, nurses, public health practitioners, pharmacists and EMS responders through lectures, online presentations and on-site elective rotations in clinical toxicology. Invited lectures are also given at local, regional and statewide conferences. The ISPCC publishes a monthly e-newsletter for health professionals containing educational, relevant and timely information to over 700 subscribers.

Data collected by the nation's 55 poison centers is an important tool for public health surveillance. Roughly every 8 minutes, call data from PCCs across the country is uploaded to the National Poison Data System, a near-real-time surveillance system used to monitor and track emerging public health hazards and environmental threats. The data is used by state and federal agencies and manufacturers to identify risks, adverse drug events, monitor product safety and provide situational awareness. Poison center data has been used to identify hotspots for opioid misuse and overdose or other drugs of abuse.

### **Continuing Needs to Meet Objectives**

Poison centers save lives, protect the public's health, and save millions of taxpayer dollars every year. Ensuring an ongoing, sustainable funding base is critical to continue to provide high quality poison center services for all Iowans.

Our lean structure reflects our strategic focus. Calls to the ISPCC from acute care hospitals in Iowa have increased 74% in the past decade. These complex and high acuity cases have led to an increase in the average time spent on calls and require high levels of expertise and experience from our talented team.

Attracting and retaining the most capable nurses, pharmacists and physicians is critical to our success. Personnel costs comprise 86% of total operating costs. This expense is due to the 24/7/365 labor-intensive nature of services, increasingly difficult cases, and the requirement for highly-trained expert staff.

Facing outright closure in 2014 due to inadequate funds, provisions of 2014 Iowa Acts chapter 1140, directed DHS to implement a new health services initiative under CHIP to provide additional funding to the ISPCC. The ISPCC currently is funded through a combination of state and private sources, as well as congressionally mandated federal funds. FY 2019 state appropriation for the ISPCC, through the IDPH, provided 22% of its operating budget; federal CHIP funding 49%; and a federal HRSA grant 7%. All Iowa hospitals contribute to the ISPCC and comprise 19% of revenue.

Remaining funding comes from private grants and in-kind support from UnityPoint Health. This public-private partnership allows the ISPCC to provide 24/7/365 vital services to all Iowans. And, it saves the state millions of dollars by preventing unnecessary emergency room visits and hospitalizations.

### **Continuing Needs of Target Population to Improve Health Outcomes**

Drug overdose is the leading cause of accidental death in the United States, with opioids being the most common drug (CDC). Poison control centers are already on the frontlines of the opioid epidemic, handling over 500,000 cases of opioid misuse and abuse since 2011 – approximately 192 per day, every day. Drug overdose deaths are the third leading cause of injury deaths in Iowa (IDPH Vital Statistics, 2017). Since 2010, drug overdose deaths have increased 38%. The greatest rise occurred among heroin-involved deaths, and, increasingly methamphetamine. Data from the Iowa Statewide Poison Control Center shows teen overdoses, particularly among females, have risen at an alarming rate. As reflected by patient outcomes, the overall severity and complexity of ISPCCC cases have increased 94% in the past decade. It is widely accepted that consultation with a PCC, provided by experts at the time of a poison emergency, is both life-saving and cost-saving. The majority of poisonings occur in the home (91percent). Last year, 43%of ISPCCC calls involved children <6 years of age while 6% involve 6-12 year olds; 10% involve 13-19 year olds; and 40% involve adults 20 years and over. The ISPCCC manages >90% of calls involving young children at home. Lower socioeconomic status is associated with higher incidences of most injuries including poisoning. Non-English populations often lack awareness of poison center services. Adults over 65 years of age are at risk for medication errors and accidental poisoning and national data shows this age group is involved in approximately 10% of fatal toxic exposures. ISPCCC outreach efforts focus on poison prevention, including medication safety and safe storage of poisons, and awareness of ISPCCC services and the 1-800 number. Enhanced utilization of poison center services improves patient care and saves healthcare dollars by preventing unnecessary use of EMS and emergency department services.

**Funding, Objectives and Results**

Fiscal Year	State Funding	Objectives & Results
SFY2017	Total State Funding: \$1,600,346 State: \$575,627  Other: \$1,024,719 (DHS) based upon the federal matching rate of 92.4percent from the available funds using the Health Services Initiatives under the Healthy and Well Kids in Iowa program.	Objective: Ensure adequate staff to meet increasing call volume of high-acuity complex cases from hospitals. Results: Hired RN to fill staffing vacancy.  Objective: Manage at least 80% of calls from the public at home. Results: Managed 87.8% of calls at home preventing unnecessary ER visits and saving millions of dollars.  Objective: Promote ""text 'POISON' to 797979 to save the Poison HELP number 1-800-222-1222 into mobile phones. Results: 170 individuals in Iowa saved the number to their mobile phone since launched March 2017.  Objective: Participate in professional conferences as an exhibitor and/or speaker. Results: Exhibited at 6 and spoke at 34 professional conferences.  Objective: Expand on-site toxicology rotations for medical students (previously offered to only pharmacy students).

		<p>Results: First medical students from UI and DMU began clinical rotations at ISPCC in spring 2017.</p> <p>Objective: Alert PH authorities and other stakeholders of events of public health significance. Results: Collaborated with ODCP and IDPH to send out a statewide alert regarding potent synthetic opioids being sold as heroin.</p> <p>Objective: Revise or create guidelines for ISPCC's management of exposures. Results: 29 guidelines or charts were created or revised during the year.</p> <p>Objective: Submit abstract to national and/or state meetings. Results: Abstract was submitted, accepted and poster presented at North American Congress of Clinical Toxicology and Governor's Conference on Public Health.</p>
<p>SFY2018</p>	<p>Total State Funding: \$1,589,391 State: \$500,000</p> <p>Other: \$1,089,391 (DHS). Based upon the federal matching rate of 93.64percent from the available funds using the Health Services Initiatives under the Healthy and Well Kids in Iowa program.</p>	<p>Objective: Manage at least 90% of pediatric cases at home. Results: 94% of pediatric poisonings were safely managed at home over the phone, eliminating the expense of unnecessary trips to an ER. The estimated cost savings from this benefit is over \$12.5 million.</p> <p>Objective: Educate the public about poisonings, including how to prevent them as well as what to do if one occurs. Results: Provided 59 education programs to the public, educating &gt;2,000 people of all ages. Over 94,000 poison prevention materials (stickers, magnets, brochures and posters) were distributed in Iowa's 99 counties via partnerships with Head Start, daycare providers, Child Care Resource &amp; Referral, WIC clinics, Red Cross, pharmacies, hospitals, physician clinics, Rural Health Clinics and Community Health Clinics.</p> <p>Objective: Provide health-care providers with targeted education about treatment of the poisoned patient through onsite rotations for health care students and residents and educational programs at universities and health care facilities throughout Iowa. Results: Gave 19 presentations and exhibited at 10 professional conferences, educating &gt;2,400 healthcare providers on subjects of drugs of abuse (prescription medicines, opioids, and synthetics), drug trends, pediatric poisonings, one pill can kill, general toxicology, and the role of the PCC.</p> <p>Objective: Collaborate with public health authorities and other local, state and federal agencies on matters of public health significance.</p>

		<p>Results: Worked with IDPH to alert the state about severe coagulopathy from smoking synthetic cannabinoids. Sent out alert about the dangers of the laundry detergent ""pod challenge." Provided feedback regarding mandatory reporting of naloxone use.</p> <p>Objective: Provide poison center staff and other stakeholders with new or updated best practices in toxicology and poisoning treatments.</p> <p>Results: Created or revised 22 PCC guidelines, provided three education sessions and monthly Quality Improvement feedback during staff meetings.</p> <p>Objective: Contribute to research and/or the scientific literature in the realm of clinical toxicology.</p> <p>Results: Article published in Journal of Pediatrics on the increase in teenage female overdoses; abstract accepted for poster presentation at the North American Congress of Clinical Toxicology</p>
<p>SFY2019</p>	<p>Total State Funding: \$1,620,830 State: \$500,000</p> <p>Other: \$1,120,830 (DHS). This amount is based upon the federal matching rate of 94.70percent from the available funds using the Health Services Initiatives under the Healthy and Well Kids in Iowa program.</p>	<p>Objective: Provide immediate, free and expert treatment advice 24/7/365 through the Poison Help Line at 1-800-222-1222.</p> <p>Results: Calls are answered 24/7/365 by nurses, pharmacists and physicians with specialized training in clinical toxicology.</p> <p>Objective: Maintain accreditation status by the American Association of Poison Control Centers (AAPCC).</p> <p>Results: The ISPC was reaccredited in 2019 for the maximum 7-year period.</p> <p>Objective: Conduct public education and community outreach to teach safe product and medicine storage practices and provide awareness of ISPC services and the 1-800 number.</p> <p>Results: Provided 39 education programs to the public, educating over 800 people of all ages. Over 113,000 poison prevention materials were distributed in Iowa’s 99 counties via partnerships with Head Start, schools and daycare providers, Child Care Resource &amp; Referral, WIC clinics, Area Agencies on Aging, Red Cross, pharmacies, hospitals, clinics, Rural Health Clinics, Community Health Clinics and community health fairs.</p> <p>Objective: Provide targeted education to health care providers regarding best-practices in toxicology and emerging trends such as opioid overdoses, loperamide abuse, etc.</p> <p>Results: Gave 16 presentations and exhibited at 6 professional conferences in Iowa, educating over 1,000 health care providers</p>

		<p>including onsite rotations for 55 students from many health care disciplines.</p> <p>Objective: Perform surveillance of poison center data for unusual trends or events, and notify public health authorities and other appropriate local, state and federal agencies of events of possible public health significance.</p> <p>Results: Seventy-four anomalies were found through poison center surveillance. State public health authorities were alerted to an increasing incidence of alkali burns related to beer tap cleaning solutions that had not been properly cleared from the dispensing lines before the beverage was given to customers.</p>
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## Iowa Coalition Against Sexual Assault – Sexual Assault Response Teams – Public Protection

### **Target Population**

These funds are primarily used to increase the number of trained Sexual Assault Nurse Examiners (SANEs) in Iowa, particularly in rural Iowa. These funds may also be used to provide training to other members of Sexual Assault Response Teams (SARTs). SART members commonly include advocates, law enforcement, nurses, and attorneys. The IowaCASA Rural SART Coordinator currently oversees these grant funds.

### **Services Provided Through State Funding**

These funds are primarily used to provide scholarships to nurses to attend SANE training. These scholarships cover the cost of training and mileage reimbursement, as well as hotel and meals if the participants live over 60 miles away. SANE nurses are nurses who go through a 40+ hour training to learn best practices for patient treatment following a sexual assault. The 40+ hour training is a hybrid course that utilizes an online platform, live webinars, in-person didactic, and hands on mock exams that are precepted with experienced SANEs and model patients. The training we provide scholarships for is one of only 10 internationally recognized courses throughout the nation with a seal of approval from the International Association of Forensic Nurses (IAFN). The course covers the medical and forensic evaluation of a patient and also multi-discipline key team members and their roles, all while incorporating and understanding the impact of trauma. The 40+ hour course includes a range of topics related to sexual assault, sexual assault exams, evidence collection, legal requirements/proceedings, and trauma, in addition to considerations for special populations (LGBTQ communities, older adults, children etc.). This course is available to nurses who hold an active Registered Nurse license or higher-level care provider with a minimum of two years practical experience. Additionally, since the course does meet international IAFN approved guidelines, those who successfully complete and pass the course are international board exam eligible.

### **Continuing Needs to Meet Objectives**

There continues to be an ongoing need to fund SANE trainings especially for those working in rural areas. Some of these areas do not have access to a SANE nurse and those who do often have only one or two SANEs trained to cover 24/7. In order to continue to award out these scholarships IowaCASA needs to use a small amount of these funds to pay a portion of staff salaries to do both the programmatic and fiscal parts of the project.

### **Continuing Needs of Target Population to Improve Health Outcomes**

Continuing to build the SANE network and provide on-going training will be important in supporting the nurses who are currently trained, and any nurses who come through SANE training in the future. The lack of rural SANEs combined with the stress of being continuously on-call adds to the burnout that our current SANEs experience. As a result, we continue to struggle to keep SANEs trained and practicing. In

addition, many of the current rural SANEs in Iowa have difficulty finding trainings to help them strengthen the skills they learned in their original SANE training. In particular they have a difficult time finding trainings that will help them stay current on the best evidence-based practices, technologies and techniques related to sexual assault examination. In the past few years we have been able to also provide scholarships for a refresher course for previously trained SANEs so they can keep up on their skills and knowledge. We are hoping this refresher course improves the confidence and the retention of Iowa SANEs.

Iowa will see an increase in burnout among current SANEs if lack of training continues to be an obstacle for them. In many areas of our state, especially rural areas, access to trained nurses and other SART members can be limited and sparse. Increasing the number of critical responders with specialized training allows community members access to services and important health care needs, such as prophylactic medications for infections all while understanding the effects of trauma. While protocols vary across our state on direct services provided to patients who experience sexual assault, this training and education allows for best practices in standards of care to be accessible at a time when patients are most vulnerable.

**Funding, Objectives and Results**

Fiscal Year	State Funding	Objectives & Results
SFY2017	\$48,069	<p>Objective: Provide a minimum of 20 SANE scholarships to support training for new SANEs. Results: 32 scholarships awarded for SANE training; scholarships include training fee plus hotel, mileage, and/or meals as applicable</p> <p>Objective: Provide ongoing support and training to SANEs to increase retention including a minimum of 20 scholarships for hand-on practicum as well as webinars and other continuing education and maintenance of SANE listserv Results: 20 scholarships awarded for Refresher Course; plus a webinar on Human Trafficking was provided to 46 people; a webinar on Victims in Later Life was provided to 28 people; a webinar on the new consent forms in the sexual assault kits was provided to 96 people 170 people total participated in the webinars</p> <p>Objective: Provide training and consultation to respond in a culturally sensitive manner Results: As part of the overall training 37 nurses received training regarding the needs/considerations for LGBTQ survivors and 17 nurses received training regarding the needs/considerations for older adult survivors</p> <p>Objective: Organize information regarding currently trained SANEs to facilitate consultation Results: IowaCASA merged their listserv with the University of Iowa School of Nursing’s listserv to keep information centralized</p>

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		<p>Objective: Train stakeholders by holding three trainings (in regional meetings or by attendance to the National Sexual Assault Conference)</p> <p>Result: 17 nurses were provided training on Rape Culture and Perpetrator Stereotypes, and 20 nurses were provided training on self-care and vicarious trauma</p> <p>Objective: Devote IowaCASA staff time to facilitating connections and privileges between hospitals and clinics to ensure SANEs are able to promptly examine victims.</p> <p>Results: IowaCASA staff review and approve scholarship applications. We are still waiting for the Department of Public Health to hire a SANE Coordinator who can work directly with hospitals and clinics.</p>
SFY2018	\$40,771	<p>Objective: Continue to provide financial support for training of sexual assault response team (SART) members.</p> <p>Results:</p> <ul style="list-style-type: none"> <li>• 28 scholarships awarded for SANE training; Scholarships include training fee plus hotel, mileage, and/or meals as applicable</li> <li>• Two SART Summits were held in June 2018 with a total of 145 participants including advocates, law enforcement, and SANEs</li> <li>• As part of the SANEs continued education the following training materials were purchased and disbursed -- <ul style="list-style-type: none"> <li>○ 47 copies of Trauma Stewardship and The Body Keeps the Score</li> <li>○ 25 copies of Forensic Nursing Scope and Standards of Practice and the Atlas of Sexual Violence</li> </ul> </li> </ul>
SFY2019	\$48,069	<p>Objective: Continue to provide financial support for training of sexual assault response team (SART) members to enhance the capacity of SARTs in Iowa to effectively engage in coordinated, multidisciplinary, and victim-centered response to victims of sexual assault.</p> <p>Results: 60 scholarships awarded for SANE training; Scholarships include training fee plus hotel, mileage, and/or meals as applicable.</p>

## Appendix B – RFP Outcomes

## HOPES – Healthy Opportunities for Parents to Experience Success

### About the Program

Families participating in HOPES-HFI services must have a family member who is pregnant, or have a child ages birth to 5 years. In addition, they must be eligible as determined by a universal risk assessment defined by Healthy Families America standards and approved by IDPH. Those who receive services are typically first time moms, mothers who are pregnant, lower income families, those with substance use histories, and other high risk behaviors that place children at risk for abuse or neglect. Those with higher risk behaviors are given higher priority for participation in the program.

HOPES-HFI funded programs must provide family support by offering intense services approved and in line with the Healthy Families America (HFA) model. HFA is an evidence based model that is monitored by the HFA National office and requires regular onsite peer reviews to assure all standards of care are being met. These services must also be culturally competent with well-defined criteria for increasing or decreasing frequency of service and over the long-term. Programs should be advocating for and linking families to appropriate community resources. In addition, all families must be linked to a medical home to assure optimal health and development. Additional services and linkages such as financial, food, housing assistance programs, school readiness programs, child care, job training, family support centers, substance abuse treatment programs and domestic violence shelters may also be provided by the program and home visitor. Finally, each program will promote nurturing parent-child interactions, including teaching parents appropriate behaviors and methods of discipline. This includes focusing on supporting the parent as well as supporting parent-child interaction and child development.

Individuals and families enrolled in HOPES-HFI services need several services to assure improved health outcomes. Those services include the following: health care coverage, knowledge of child development, establishment of a medical home, adequate housing, substance use disorder treatment, access to community referrals, access to transportation, child-safe environment, improved parenting skills, reduced social isolation, etc. Specifically, this target population benefits greatly from the interactions, education, and support provided by home visitation.

An RFP was conducted in the spring of 2019 to fund the current contractors beginning July 1, 2019. Iowa's home visiting programs are currently conducting a needs assessment to identify the highest risk counties that could benefit from evidence based home visitation programs. Based on the results of the needs assessment, IDPH will conduct an RFP in the spring of 2020 to fund high-risk counties identified. The new contracts will begin with funding allocated for SFY2021 (July 1, 2020). While the department is out of compliance with the January 1, 2020 effective date in HF 766, for issuing a competitive RFP, delaying the RFP issuance will allow the department to take full advantage of the needs assessment, thus strengthening our services in those counties with populations at highest risk.

For FY21, the department is requesting to maintain a portion of the allocation (no more than 8% of the total allocation) to support 0.5 FTE for facilitation of the RFP process and ongoing contract management. This administrative expense was previously allowed, and eliminated in the FY20 budget.

## Sexual Violence Prevention

### About the Programs

The Public Protection appropriation unit provides funds for protecting the health and safety of the public through establishing standards and enforcing regulations. To meet the new directive under House File 766, IDPH has completed a competitive RFP for the following:

- Sexual violence prevention programming through a statewide organization representing programs serving victims of sexual violence through the department's sexual violence prevention program;
- Continuation of a training program for sexual assault response team (SART) members, including representatives of law enforcement, victim advocates, prosecutors, and certified medical personnel

More Details:

RFP 58820004 – Sexual Violence Prevention and Rape Prevention and Education - \$505,000 (\$243,000 State Appropriation, \$262,000 Federal). This RFP was awarded to the Iowa Coalition Against Sexual Assault.

Summary:

- RFP created to select (1) most qualified applicant:
  - To provide community-level strategies that prevent rape, sexual violence, sexual harassment, sexual abuse and sexual misconduct;
  - For continuation of a training program for sexual assault response team (SART) members;
  - To provide training and technical assistance to build local-level prevention and evaluation capacity
- Purpose: to create environments that reduce risk factors for causing harm or perpetrating violence and increase protective factors that promote health equity, and to provide current best-practice education to SART team members
- Focus: Ensure that work aligns with the Centers for Disease Control and Prevention's best practices for sexual violence prevention and with department's efforts to promote health equity
- Applicants could apply for up to \$505,000 for the total 13 month contract period
- Required activities:
  - Provide training and technical assistance to support programs, individuals and communities to prevent sexual violence;
  - Identify local-level sexual assault programs with capacity to conduct data-driven, comprehensive sexual violence prevention activities focused on primary prevention at the outer layers of the Social Ecological Model and develop subcontracts;
  - Support the implementation of ongoing program evaluation in community sexual violence prevention programs;
  - Conduct state-level primary prevention activities in collaboration with department;

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- Provide financial support for training of sexual assault response team (SART) members to enhance the capacity of SARTs in Iowa to effectively engage in coordinated, multidisciplinary, and victim-centered response to victims of sexual assault
- Timeline:
  - RFP issued: 08/30/2019
  - Applications due: 10/10/2019
  - Notice of Intent to Award posted: 10/15/2019
- One (1) application received

Award issued to the Iowa Coalition Against Sexual Assault for: the provision of training and technical assistance to build local-level prevention and evaluation capacity; to subcontract with local sexual assault programs to conduct data-driven, comprehensive sexual violence prevention activities focused on primary prevention at the outer layers of the Social Ecological Model and develop subcontracts; to provide financial support for training of sexual assault response team (SART) members to enhance the capacity of SARTs in Iowa to effectively engage in coordinated, multidisciplinary, and victim-centered response to victims of sexual assault. Contract will begin 01/01/2020 and the contract period will be 01/01/2020 - 01/31/2021.

## Health Care Workforce

### About the Programs

IDPH New and Continuing Workforce Efforts - To meet the new directive under House File 766, IDPH has proposed developing a strategic plan for Iowa's entire health care workforce, as well as continuing other work to support the direct care workforce.

- Strategic Planning and Stakeholder Engagement, \$90,000: Create a strategic plan for the health care workforce. Conduct research and analysis of Iowa's healthcare workforce data to identify current and anticipated health care workforce shortages in Iowa, by both provider type and geography.
- Strengthening Direct Care Workforce, \$75,000: Similar to current work related to direct care workers only. One application was received and a contract awarded to Iowa Caregivers.
- University of Iowa Prepare to Care Development, \$9,500: Continues work developing programming for the Prepare to Care curriculum with the community colleges and Iowa Workforce Development training initiatives. This program provides free, high quality, easy-to-access training to employers of direct care workers.
- University of Iowa Prepare to Care Program Support, \$14,000: Supports costs related to maintaining and providing hosting, maintenance, and technical assistance for the core training module of Prepare to Care: Iowa's Direct Care and Support Training.

More Details:

RFP 58820008 – Iowa Health Care Workforce Strategic Planning and Stakeholder Engagement, \$90,000. This RFP was awarded to the Iowa Medical Society.

Summary:

- Design and provide subject matter expert support to the department in establishing an actionable strategic planning process and final report.
- Create and maintain a project work plan, including but not limited to, a timeline for completion of the project broken out by tasks/milestones and deliverables.
- Conduct research and analysis of Iowa's healthcare workforce data to identify current and anticipated health care workforce shortages in Iowa, by both provider type and geography.
- Conduct a SWOT Analysis (Strengths, Weaknesses, Opportunities, Threats) of current activities related to workforce development in Iowa.
- Create and maintain a communication plan that includes essential stakeholders and interest group involvement in strategy development and implementation.
- Engage key stakeholders in the strategic planning process by facilitating a leadership work group to provide input into the strategic plan comprised of key public and private organizational leaders.
- Coordinate and facilitate regional meetings with key healthcare stakeholders across Iowa to solicit input and feedback in the strategic plan.
- Conduct workforce skills panels (focus groups).
- Prepare an "Iowa Healthcare Workforce Strategic Plan" final report.

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- Final reports (deliverables) will meet Public Health Accreditation Board standards
- Ensure activities align with the department’s healthcare workforce initiatives and recognize efforts by other state departments and programs including the Iowa Department of Education, Iowa Department of Aging, Iowa Workforce Development and Future Ready Iowa.

RFP 58820005 - Strengthening Iowa's Direct Care Workforce, \$75,000 - Notice of Intent to Award was posted with Iowa Caregivers awarded the grant. IDPH is currently working on the contract.

### Summary:

- Build and maintain relations with Iowa direct care provider (DCP) community by conducting a minimum of 12 outreach and leadership development opportunities.
- Coordinate, in collaboration with the department two workforce skills panels (focus groups) with Iowa's direct care providers to solicit strategies for recruitment and retention of the profession.
- Work on program quality improvement strategies of Prepare to Care including the tracking of Prepare to Care training and participants. Emphasis will be placed on creating and implementing strategies, in collaboration with the University of Iowa, to track Prepare to Care training conducted by Iowa's community colleges and Iowa Workforce Development programs
- Develop, implement and evaluate a plan to provide a minimum of two training and professional development opportunities for Iowa's DCP workforce – and evaluations of the training.
- Maintain a direct working relationship with the University of Iowa and provide collaboration and development of the Prepare to Care curriculum with community colleges, Iowa Workforce Development training initiatives and emerging local and regional opportunities in Iowa.
- Ensure activities align with the department's efforts to create a statewide healthcare workforce strategic plan.

University of Iowa Prepare to Care, \$9,500 plus a \$500 bonus possible for additional accomplishments.

Summary: To collaborate, promote and develop programming for the Prepare to Care curriculum with the community colleges and Iowa Workforce Development training initiatives.

University of Iowa Direct Care Worker Learning Management System Online Training Management, \$14,500 plus a \$500 bonus possible for additional accomplishments. Summary: To support costs related to maintaining and providing hosting, maintenance, and technical assistance for the core training module of Prepare to Care: Iowa’s Direct Care and Support Training.

## Appendix C – Contractor Awards Language Related to Lobbying

This requirement was added to IDPH’s General Conditions for contracts effective July 1, 2019.

See Section 30, Pages 18-19 (30)(b)

b. No State appropriated funds or Other funds originating as State appropriated funds shall be used for the compensation of a lobbyist. For purposes of this section, “lobbyist” means the same as defined in Iowa Code Section 68B.2; however, “lobbyist” does not include a person employed by a state agency of the executive branch of state government who represents the agency relative to the passage, defeat, approval, or modification of legislation that is being considered by the general assembly.

The IDPH General Conditions document is posted on the IDPH website here:

[http://idph.iowa.gov/Portals/1/userfiles/66/IDPHpercent20Generalpercent20Conditionspercent20Effectivepercent2007\\_01\\_19.pdf](http://idph.iowa.gov/Portals/1/userfiles/66/IDPHpercent20Generalpercent20Conditionspercent20Effectivepercent2007_01_19.pdf)