

Iowa Department of Public Health



2013



Annual Report &
Budget Summary

Promoting and protecting the health of Iowans

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Department Director's Office

Mariannette Miller-Meeks, B.S.N., M.Ed., M.D., Director
515-281-7689

- State Board of Health
- Dental Board
- Board of Medicine
- Board of Nursing
- Board of Pharmacy
- Office of the State Medical Examiner

Division of Acute Disease Prevention & Emergency Response and Environmental Health

Ken Sharp, Division Director
515-281-5099

- Center for Acute Disease Epidemiology
- Center for Disaster Operations and Response
- Bureau of Emergency Medical Services (EMS)
- Bureau of Environmental Health Services
- Bureau of Immunization and TB
- Bureau of Lead Poisoning Prevention
- Bureau of Radiological Health
- Office of the Plumbing and Mechanical Systems Board

Division of Administration and Professional Licensure

Marcia Spangler, Division Director
515-281-4955

- Bureau of Finance
- Bureau of Health Statistics
- Bureau of Information Management
- Bureau of Professional Licensure

Division of Behavioral Health

Kathy Stone, Division Director
515-281-4417

- Bureau of HIV, STD, and Hepatitis
- Bureau of Substance Abuse
- Office of Disability, Injury, and Violence Prevention
- Office of Gambling Treatment and Prevention

Division of Health Promotion and Chronic Disease Prevention

Gerd Clabaugh, Deputy Director, Division Director

515-281-7996

- Bureau of Chronic Disease Prevention and Management
- Bureau of Communication and Planning
- Bureau of Family Health
- Bureau of Local Public Health Services
- Bureau of Nutrition and Health Promotion
- Bureau of Oral and Health Delivery Systems
- Center for Congenital and Inherited Disorders
- Office of Health Care Transformation
- Office of Health Information Technology
- Office of Minority and Multicultural Health

Division of Tobacco Use Prevention and Control

Jerilyn Oshel, Interim Division Director

515-281-6225

- Support for tobacco control efforts: Community partnerships
- Support for tobacco cessation: Quitline Iowa
- Reduce secondhand smoke exposure: Smokefree Air Act
- Promote youth prevention
- Surveillance, evaluation, and statistics

Go to www.idph.state.ia.us for more information about the department, including health statistics, publications, and program information.

A Message from the Director



I am pleased to present the 2013 Iowa Department of Public Health Annual Report and Budget Summary. 2013 was a year full of challenges and accomplishments. Changes implemented as a result of the Affordable Care Act forced all of us in public health to closely examine our core services and what the future of public health will look like.

IDPH was at the epicenter of what became the nationwide Cyclospora outbreak in the summer of 2012. The investigation of the outbreak is a glowing example of the diligent work of public health and our partners. IDPH staff and local public health partners worked together interviewing ill individuals to determine what and where they had eaten. An example of the complexity of this investigation is the identification of more than 100 restaurants and 80 grocery stores which were patronized by cases during the time they could have been exposed to Cyclospora. The staff at the State Hygienic Laboratory deserves recognition for the hundreds of tests conducted during the outbreak. Iowa was truly the leader in the investigation of this outbreak, identification of its source, and commitment to protecting the public health.

IDPH's collaboration with the Governor's Healthiest State Initiative continued and grew in 2013. A highlight was our booth at the Iowa State Fair, where we were able to visit with thousands of Iowans about their health and how to improve it. We spoke with many individuals about tobacco cessation through Quitline Iowa and our nicotine replacement therapy offers. I personally administered blood pressure tests to hundreds of visitors. Iowans had the opportunity to sign up on-site for the Healthiest State Walk and once again, the October walk to promote a commitment to fitness was a success, with nearly 300,000 pledging and participating – including more than 250 students, adults, IDPH staff and other partners who joined my IDPH Director's Walk.

Another highlight of the year was the announcement, and then extension through the year, of four weeks of free nicotine replacement therapy through Quitline Iowa. This tool has helped many Iowans who have made the decision to be tobacco-free. Funding approved by the legislature and signed by Governor Branstad allowed the extension of the NRT offer.

The shutdown of the federal government made October a month of questions and challenges. Because the IDPH budget is largely funded by federal grants, the shutdown had the potential to affect many of our programs. The WIC program took quick action to advise our providers about any necessary steps as the shutdown began and progressed. The timely communication was helpful to IDPH staff, WIC agencies, grocers, and especially to clients! The bureau was prepared and disseminated information immediately prior to and during the shutdown.

2014 brings with it a number of questions about the changing face of public health. What effect will the Accountable Care Act have on our core services? Will these services change? How will we address the growing problem of replacing retiring local public health agency directors? What will the role of local public health be as the face of public health changes? Whatever the questions and answers will be, our commitment remains the same – to promote and protect the health of all Iowans.

In this Annual Report and Budget Summary, you will find detailed descriptions of the programs and services that help IDPH achieve our mission of promoting and protecting the health of Iowans. I urge you to take a moment to read about the good work being done by each division, bureau and program. I believe public health's everyday contribution to the lives of Iowans is both significant and necessary to the future of our state.

Sincerely,

Dr. Mariannette Miller-Meeks, B.S.N., M.Ed., M.D.
Director, Iowa Department of Public Health

Vision

Healthy Iowans living in healthy communities.

Mission

Promoting and protecting the health of Iowans.

Guiding Principles

We strive for INNOVATION and CONTINUOUS IMPROVEMENT in our activities to promote and protect the health of Iowans.

With a collective sense of SOCIAL JUSTICE, our activities reflect an understanding and acceptance of DIVERSITY among Iowans.

We encourage COLLABORATION in our activities and in our decision-making so that we respond more effectively to emerging issues and assure the highest QUALITY of services we can provide.

We recognize the value of a healthy COMMUNITY in developing healthy Iowans. We encourage our employees, Iowa's communities, and individual Iowans to work together as PARTNERS to build a healthy Iowa.

We are committed to using EVIDENCE-BASED strategies to assure our programs focus on creating RESULTS that improve the health of Iowans.

What does Public Health do?

Public health is a partnership of local public health, the Iowa Department of Public Health (IDPH), non-profit organizations, health care providers, policymakers, businesses, and many others working together to promote and protect the health of Iowans. Public health strives to improve the quality of life for all Iowans by assuring access to quality population-based health services related to the following goals:

- Preventing injuries;
- Promoting healthy behaviors;
- Protecting against environmental hazards;
- Strengthening the public health infrastructure;
- Preventing epidemics and the spread of disease; and
- Preparing for, responding to, and recovering from public health emergencies.



How does Iowa's Public Health System meet these goals?

In Iowa, local boards of health are responsible for protecting the public's health. County boards of supervisors appoint the members of the local boards of health. Iowa law gives broad authority to local boards of health to decide what public health services to provide within their jurisdictions and how to provide them. Thus, the size and structure of local public health agencies and the services they provide varies greatly throughout the state. Local boards of health work with agencies, businesses, health care providers, and others to assure public health services are being provided in their jurisdiction.

The Iowa Department of Public Health (IDPH) partners with local public health, policymakers, health care providers, business and many others to fulfill our mission of promoting and protecting the health of Iowans. IDPH's primary role is to support Iowa's 98 county boards of health, 2 city boards of health, and 1 district board of health in this mission. To do this, IDPH provides technical support, consultation, and funding. IDPH also provides a variety of direct services such as licensing health professionals; regulating emergency medical services and substance abuse treatment providers; regulating radioactive materials; and collecting birth, death, and marriage records. The State Board of Health is the policymaking body for IDPH. Iowa's governor appoints State Board of Health members and the department's director.

How the Iowa Department of Public Health is Organized

Iowa has had a state public health agency since 1880 when the Eighteenth General Assembly formed the State Board of Health to “provide for the collecting of vital statistics and to assign certain duties to local boards of health.” Since then, its duties have greatly expanded. Today’s IDPH serves as the state’s leader in administering and funding public health, overseeing more than 85 programs and employing more than 425 people.

The State Board of Health is IDPH’s legally designated policy-making body. The Board has the power and the duty to adopt, promulgate, amend, and repeal administrative rules and regulations. The Board also advises and makes recommendations to the governor, General Assembly, and the IDPH director, on public health, hygiene, and sanitation. The IDPH director works closely with the State Board of Health to develop state health policy.

IDPH is organized into six units.

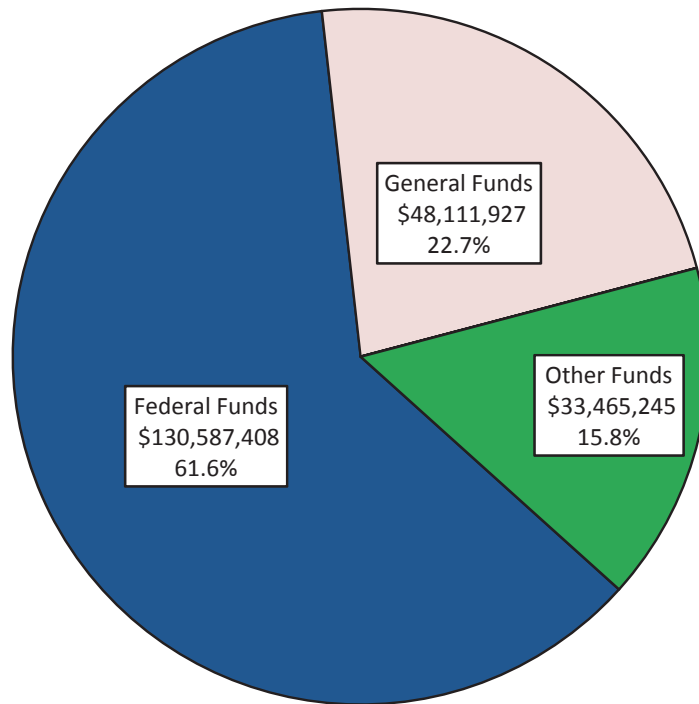
1. Director’s Office
2. Division of Acute Disease Prevention & Emergency Response and Environmental Health
3. Division of Administration and Professional Licensure
4. Division of Behavioral Health
5. Division of Health Promotion and Chronic Disease Prevention
6. Division of Tobacco Use Prevention and Control

IDPH provides administrative support for 24 professional licensure boards that regulate and license various health professions. IDPH also provides staff for several consumer-oriented councils and task forces. Many Iowans serve on these various boards and commissions. They provide regular input into the department’s policy development, program planning, implementation, and evaluation efforts.

Contracting is done with more than 1,165 entities, in all 99 counties, to provide population-based health services and a limited number of personal health services. These contractors include county boards of health and boards of supervisors, community-action programs, public health nursing agencies, maternal and child-health agencies, substance abuse prevention agencies, emergency medical service providers, HIV/AIDS prevention and care providers, and many others.

Iowa Department of Public Health – Budget Summary

Total expenditures in State Fiscal Year (SFY) 2013 were \$212,164,580. The following chart shows the breakdown for expenditures by funding source:



“Other Funds” refer to fees collected and retained by individual programs or via memoranda of understanding that have been established with other state agencies, grants received from private organizations, and state technology reinvestment funds (2014 only).

Table 1 shows SFY 2012, 2013, and estimated 2014 expenditure information for the department as a whole. This Annual Report and Budget Summary also includes SFY 2012, 2013, and estimated 2014 expenditure information for individual department programs and services.

Table 1. Iowa Department of Public Health Budget Summary

	SFY2012 Actual	SFY2013 Actual	SFY2014 Estimate
State General Fund	\$46,841,842	\$48,111,927	\$58,234,424
Federal funds	\$126,178,562	\$130,587,408	\$137,977,040
Other funds	\$32,934,184	\$33,465,245	\$53,304,247
Total funds	\$205,954,588	\$212,164,580	\$249,515,711
FTEs	427.19	426.89	464.50

Note: Total funds may not equal sum of individual funding sources due to rounding.

The following pages provide details about department programs and services. These profiles include

- the name of the program/service,
- a main telephone number and Internet address,
- the division overseeing the program/service,
- why the program/service is important to promoting and protecting the health of Iowans,
- a description of services,
- at least one measure of progress toward program goals, and
- state fiscal year 2012, 2013, and estimated 2014 expenditure information.

Not all programs will have 2013 data for the measures of progress. In these cases, the data for the most recent year available is reported for the measure. Overall, programs met targets or showed progress toward meeting targets for 70 (67%) of the 104 reported measures in the profiles for which there were targets, an increase from last year in which 56% of targets were met. More detailed information about how we are doing is available in the *How do we measure our progress?* section of each profile.

In addition, several expenditures cannot be assigned to individual programs and are not included in the profiles. These expenditures (Table 2) include the following: department director; director’s office staff and supplies; division director salaries; the Iowa Donor Registry; epilepsy education; coordinated chronic disease planning and evaluation; and other department-wide activities, including billings paid to the Department of Administrative Services (association fees, ITE, worker’s compensation charges, utilities, etc.), Attorney General’s Office (legal counsel), and Auditor of State’s Office (auditing).

Table 2. Department-wide Activities Budget Summary

General funds, federal direct funds, federal indirect funds, technology reinvestment funds*, & indirect from private grants*: K07-0773; K09-0985; K21-2101/2221/2226; K22-0K22; 0153-0704/0726/2102/2152/2154/2156/2158/2160/2220

	SFY2012 Actual	SFY2013 Actual	SFY2014 Estimate
State General Fund	\$714,519	\$753,950	\$947,615
Federal funds	\$1,032,062	\$1,446,326	\$2,213,025
Other funds*	\$547,951	\$582,327	\$942,521
Total funds	\$2,294,532	\$2,782,603	\$4,103,161
FTEs	9.70	13.21	11.05

To take a virtual tour of IDPH and view the most recent versions of the profiles, go to www.idph.state.ia.us/WhatWeDo.

Access to Quality Rural Health Services

Phone: 1-800-308-5986

www.idph.state.ia.us/OHDS/RuralHealthPrimaryCare.aspx

Promoting & Protecting the Health of Iowans



Rural Iowa has charming towns and productive farmlands. Residents are known for their strong work ethics and mid-west rural way of life. However, for residents in rural areas, it sometimes means a lack of timely access to necessary health care services. There are 82 critical access hospitals, 10 rural hospitals, 144 federally certified rural health clinics, 18 AgriSafe clinics, and several other medical clinics and public health offices offering health and safety services to rural residents.

IDPH's Rural Health programs have a number of projects with key partners to coordinate strategies that best ensure rural Iowans access to quality health care, occupational safety programs, disease prevention services; and help promote physician recruitment and retention. The program also supports community transportation for rural residents, especially the elderly, to reach health services. In the most recent IDPH Community Health Needs Assessment and Health Improvement Plan (CHNA & HIP), access to health care was ranked as the top need by Iowa counties.

Did you know?

According to the 2012 Census, approximately 43% of Iowans live in rural areas with 78 of the 99 Iowa counties considered rural. While farmers comprised on 7% of the Iowa workforce in 2011, they accounted for 37% of all occupational fatalities. Hospitals, clinic providers, EMS, and several Iowa agricultural organizations are working aggressively to decrease farm accidents and improve the safety and health status of farmers, farm workers, and farm families.

Why is Access to Quality Rural Health Services important to promoting and protecting the health of Iowans?

- All Iowans need timely emergency health care services.
- With the Affordable Care Act, Iowa is transforming to new systems of care. IDPH is assisting facilities in addressing these changes.
- All Iowans need access to primary health care services and required medications to prevent serious health consequences and to reduce unnecessary emergency room visits.
- IDPH can effectively speak on behalf of rural health issues at the national and state levels.
- No other state entity provides a high level of assistance and advocacy for health care access.
- Collaborative actions to support statewide health workforce recruitment and retention strategies.
- The Bureau of Oral and Health Delivery Systems programs maintain Iowa's commitment to become the healthiest state in the nation.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

What do we do?

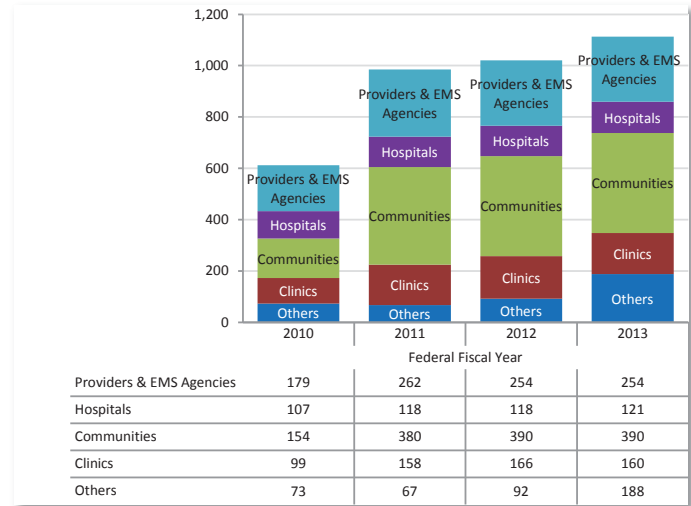
- Provide funding to rural hospitals, organizations, and health systems to assist with implementing projects that will: improve the quality of healthcare, collect data, improve financial and operational performance, and develop collaborative regional and local health delivery systems.
- Provide technical assistance for variety of improvement activities including: project management, staffing, education, technology purchases, and community engagement initiatives.
- Collect and disseminate information on local, state, and national levels rural health issues.
- Develop projects and activities that serve as models for communities throughout Iowa.
- Three rural health delivery system programs (State Office of Rural Health, Medicare Rural Hospital Flexibility Program, and Small Rural Hospital Improvement Program) collaborate with federal-state partnerships to identify and solve problems regarding rural health care access.
- Collaborate with stakeholders and partners to deliver educational offerings and training for health care providers, clinical/clerical staff, local EMS and public health staff.

▶ How do we measure our progress?

- 1. Number of unduplicated technical assistance encounters (substantive information, advice, education, and training) provided to Iowa communities, agencies, networks, clinics, hospitals, providers and others.

Data Source: Bureau progress reports. Data are available annually.

How are we doing? We continue annually to increase encounters and assistance with a total of 1,113 communities, clinics, hospitals, providers, and others in FY2013.



▶ What can Iowans do to help?

1. Learn more about the Bureau of Oral and Health Delivery Systems and the importance of rural health care access by visiting www.idph.state.ia.us/OHDS/RuralHealthPrimaryCare.aspx.
2. Take part in rural health and local community planning for health services.
3. Live a healthful life, get preventive health screenings, exercise and eat nutritiously to stay well.

▶ Expenditures

FLEX: federal grant: 0153-0914. State Office of Rural Health: federal grant: 0153-0902. SHIP: federal grant: 0153-0916. Health Delivery Systems: general fund & intra state receipts*; State funds are used for a 3:1 match for the Office of Rural Health Grant: K07-0767; K09-0905/0979(40%).

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$412,844	\$455,383	\$408,155
Federal funds	\$1,547,809	\$1,220,316	\$1,348,071
Other funds*	\$53,686	\$50,993	\$0
Total funds	\$2,014,339	\$1,726,692	\$1,756,226
FTEs	7.05	6.81	8.00

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Health Promotion & Chronic Disease Prevention ♦ Access to Quality Rural Health Services

Phone: 1-800-308-5986 ♦ Fax: 515-242-6384 ♦ www.idph.state.ia.us/OHDS/RuralHealthPrimaryCare.aspx

4th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

FLEX – Phone: 515-331-2402 ♦ www.idph.state.ia.us/OHDS/FLEX.aspx?prog=FLEX&pg=Home

SHIP – Phone: 515-233-2831 ♦ www.idph.state.ia.us/OHDS/RuralHealthPrimaryCare.aspx?prog=RHPC&pg=SHIP

State Office of Rural Health – Phone: 515-281-7224 ♦ www.idph.state.ia.us/OHDS/RuralHealthPrimaryCare.aspx?prog=RHPC&pg=SORH

Acute Disease Epidemiology

Phone: 1-800-362-2736

www.idph.state.ia.us/Cade/Default.aspx

Promoting & Protecting the Health of Iowans



It began with a few cases in eastern Iowa. Cases that had spent time in both the Mississippi River and county swimming pools. Within a matter of weeks, there were hundreds of cases of the parasitic disease, cryptosporidiosis. Resistant to chlorine, crypto thrives in water environments. Those who ingest the parasite experience profuse diarrhea, stomach cramps, and low-grade fevers. The crypto outbreak of 2007 was the largest in Iowa history with nearly 1,000 cases reported to the Center for Acute Disease Epidemiology (CADE).

CADE works to keep Iowans healthy by studying the causes, determining the risks, and controlling the spread of diseases. By continually monitoring, tracking, and testing for diseases, CADE works to prevent future disease outbreaks.

Did you know? The majority of food-borne illness originates from food eaten and prepared at home.

Why is CADE important to promoting and protecting the health of Iowans?

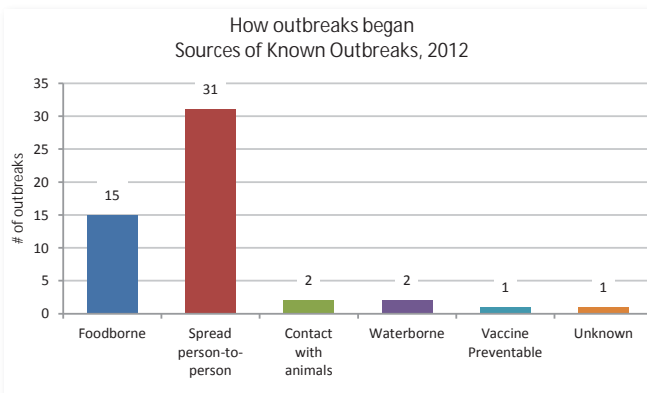
- All Iowans are affected by disease. CADE receives an average of 20 disease reports daily (about 5,000 per year) that must be investigated.
- Epidemiology (the study of disease) helps track illness to determine when there is a widespread threat to your health.
- Disease is spread in many ways. With the help of county health agencies and providers, CADE investigated and/or referred nearly 4,000 cases of infectious disease.

Which Iowa Public Health Goals are we working to achieve?

Prevent epidemics & the spread of disease

Prepare for, respond to, & recover from public health emergencies

Promote healthy behaviors

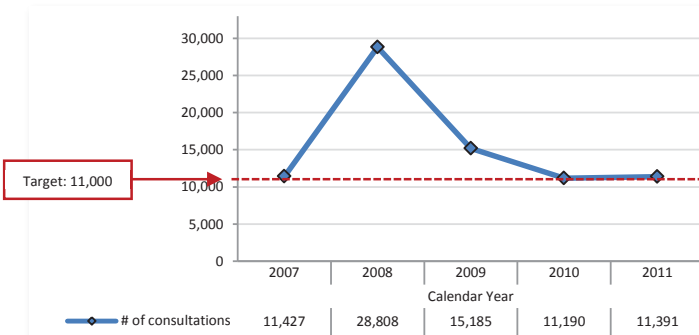


What do we do?

- Monitor and control infectious diseases.
- Plan and prepare for public health emergencies through training exercises.
- Epidemiologists work with counties to fight diseases and outbreaks.
- Develop and use ways to prevent and control diseases.
- Provide advice, equipment, and assistance to health care providers.

How do we measure our progress?

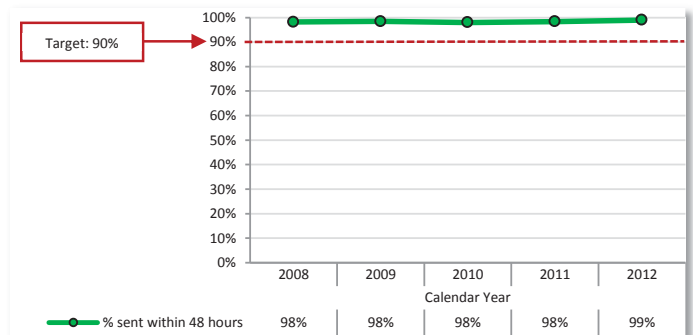
- 1 Number of infectious disease consultations provided to clinicians, local public health officials, hospital infection control staff, and the public.



Data Source: CADE staff logs, email accounts. Data are available annually. 2012 data not yet available.

How are we doing? CADE continues to provide thousands of consultations each year.

- 2 Percent of disease reports that are sent out for follow-up by local public health within 48 hours of receiving them.



Data Source: CADE disease report processing system. Data are available annually.

How are we doing? CADE refers disease reports to local public health agencies for follow up investigation. In addition, and as a reminder for investigations that remain open, CADE sends an “outstanding reports” notification to counties on a routine basis. This is one indication that local public health agencies are more aware of the importance of complete and timely disease investigation and reporting.

What can Iowans do to help?

1. All Iowans can help stay well and prevent the spread of illness with good health habits: eat healthy foods, exercise, keep your vaccinations up-to-date, and remember to wash your hands!
2. Public health officials and health care providers should be aware of infectious diseases and remember the importance of reporting those diseases to IDPH by phone at 1-800-362-2736 or fax at 515-281-5698.
3. All Iowans can learn about diseases and the way diseases are spread by getting information and advice from trustworthy sources www.idph.state.ia.us/Cade/Default.aspx

Expenditures

General fund, federal funds, & private grants*: K15-1501; 0153-1506/1514/1516/1518/1606/AR20.

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$418,389	\$415,070	\$414,870
Federal funds	\$2,489,405	\$2,321,986	\$3,242,366
Other funds*	\$165,528	\$250,522	\$37,172
Total funds	\$3,073,322	\$2,987,578	\$3,694,408
FTEs	10.29	11.18	13.15

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Adolescent Health

Phone: 515-281-6924

www.idph.state.ia.us/hpcdp/adolescent_health.asp

Promoting & Protecting the Health of Iowans



Behaviors of young people are influenced at individual, peer, family, school, community, and societal levels. Because many societal factors contribute to adolescent health, safety, and well-being, a collaborative effort engaging multiple partners and sectors is necessary. Such joint efforts can also help to promote a more comprehensive approach to addressing adolescent health – one that views adolescents as whole persons, recognizing and drawing upon their assets and not just focusing on their risks.

Did you know? Adolescents and young adults are youth between the ages of 10 and 24 years old.

They make up 21% of the population in Iowa. This time of life is characterized by significant change and transition (second only to the 1st year of life). It provides a great opportunity to build the capacity and strength of youth to lead healthy, productive lives.

Why is the Adolescent Health program important to promoting and protecting the health of Iowans?

- Adolescence is a period where patterns are established and lifestyle choices have both current and future implications for health and well-being.
- The investment that Iowans make in the health and well-being of young people impacts our state now and for the future, by engaging youth with community leaders.
- Risk factors in adolescent's lives include: unplanned pregnancy; homelessness; suicide; motor vehicle crashes, including those caused by drinking and driving; substance use and abuse; smoking; sexually transmitted infections (STIs) including human immunodeficiency virus (HIV); and lack of connections to caring and supportive adults, families, schools, and communities.
- Supporting young people to make positive choices – such as eating nutritiously, engaging in physical activity, and avoiding substance abuse, will decrease their risk of sustaining serious injuries or developing chronic diseases in adulthood.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy behaviors

Prevent epidemics & the spread of disease

What do we do?

Education for Adolescents

- Healthy relationships
- Adolescent development
- Educational and career services
- Community Service Learning
- Healthy life skills
- Sexual health
- Reproductive Life Planning
- Bullying
- Suicide prevention
- Adolescent health website—IAMincontrol.org
- TEEN Line resource and referral

Pregnancy Prevention

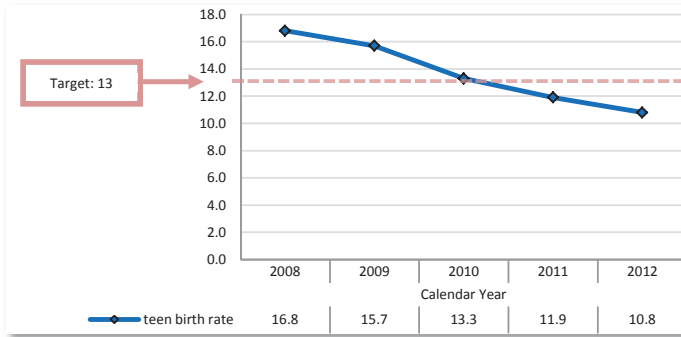
- Personal Responsibility Education Program
- Abstinence Education Grant Program

Health Promotion

- All youth have safe and supportive families, schools, and communities
- All youth are healthy and socially competent
- All youth are successful in school
- All youth are prepared for a productive adulthood
- All youth have access to health care services for their physical, mental, sexual, emotional, and spiritual well-being

How do we measure our progress?

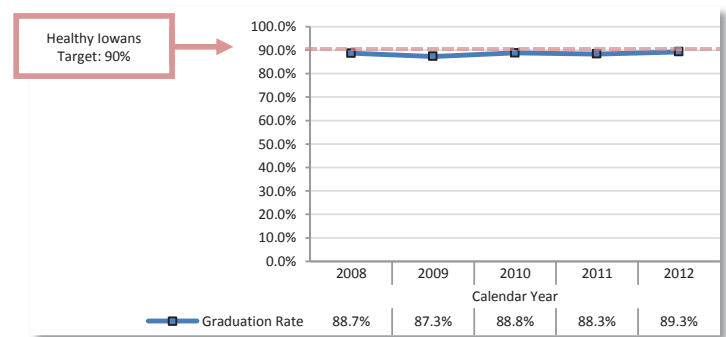
- ❶ Number of births to teens ages 15 to 17 (per 1,000 females ages 15 to 17).



Data Source: IDPH Vital Records Birth Data. Data are available annually. 2012 data not yet available.

How are we doing? The teen birth rate has been trending down since 2008. In 2012, Iowa continued its target to 10.8 births to teens per 1,000 females from age 15-17.

- ❷ Percent of Iowa high school students who graduate in four years.



Data Source: Iowa Department of Education. 2012 data not yet available.

How are we doing? The statewide graduation rate is 89.3%, an increase from the 88.3% rate for Iowa's class of 2011, which led the nation in state four-year graduation rates.

What can Iowans do to help?

1. Learn more about adolescent health by going to www.idph.state.ia.us/hpcdp/adolescent_health.asp.
2. Share with friends and colleagues how prevention, early intervention and timely treatment improve health status for adolescents, prepare them for healthy adulthood, and decrease the incidence of many chronic diseases in adulthood.
3. Encourage routine health care visits for adolescents to receive recommended immunizations.
4. Encourage young people to visit the adolescent health website by going to www.IAMincontrol.org.
5. Physicians and other health care providers can provide anticipatory guidance during the adolescent well visit by reviewing various risk factors that teens may encounter.

Expenditures

Federal funds: 0153-0606/0616

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$0	\$0	\$0
Federal funds	\$200,393	\$753,431	\$808,739
Total funds	\$200,393	\$753,431	\$808,739
FTEs	0.70	2.61	2.00

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health Division of Health Promotion & Chronic Disease Prevention Adolescent Health

Phone: 515-281-6924 Fax: 515-242-6384 www.idph.state.ia.us/hpcdp/adolescent_health.asp

5th Floor, Lucas Building 321 E. 12th Street Des Moines, IA 50319-0075

Brain Injury

Phone: 515-281-8465
www.idph.state.ia.us/ACBI/

Promoting & Protecting the Health of Iowans



You can't always see it, but it is all around you. Brain injuries can be the result of something as minor as a slip on an icy sidewalk or as major as a head-on car crash. Brain injury affects children and adults all over Iowa. Whatever the cause, brain injuries can result in physical, mental, and social changes. Individuals with brain injury and their families need proper diagnosis and treatment to deal with the daily challenges they face.

The Brain Injury program works to improve the lives of Iowans living with brain injuries and their families by linking people with services, promoting safety to prevent brain injuries from happening and to train providers to best work with individuals who have sustained a brain injury. A life may be changed by a brain injury – but that life goes on and the Brain Injury program works to ensure that life is the best and most productive it can be.

Did you know?

According to the Centers for Disease Control and Prevention (CDC), nearly 1.7% of people in Iowa or approximately 50,000 Iowans are currently living with long-term disabilities caused by a brain injury (CDC, 2008).

Why is the Brain Injury program important to promoting and protecting the health of Iowans?

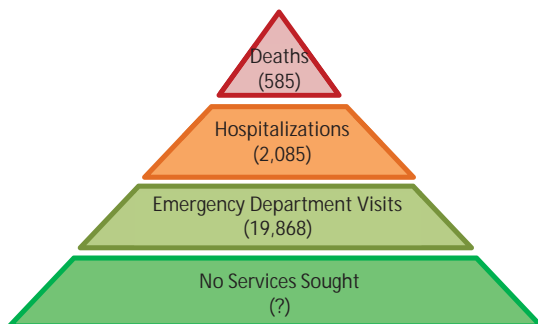
- In 2012, there nearly 20,000 emergency department visits resulting in a diagnosis of traumatic brain injury (TBI) in Iowa; over 2,000 Iowans were hospitalized because of TBI; and 585 individuals lost their lives.
- Brain injuries happen in a wide variety of ways. The top causes include falls, vehicle crashes, being hit by an object, and assaults.
- Falls, which can result in brain injury, are the leading cause of injury to elderly Iowans.
- Brain injury can cause changes in thinking, language, learning, emotions, and behavior. It can also increase the risk of epilepsy, Parkinson's disease, and other brain disorders.

Which Iowa Public Health Goals are we working to achieve?

Prevent injuries

Promote healthy behaviors

TBI cases in Iowa, 2012

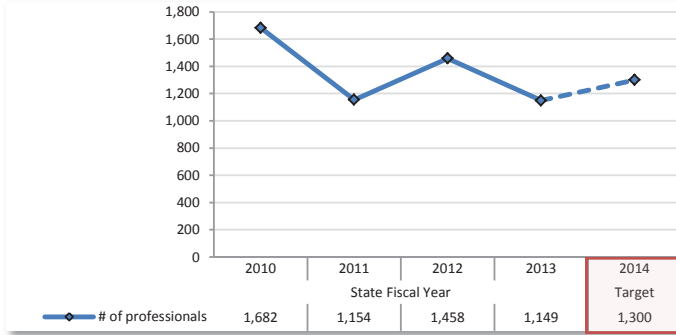


What do we do?

- Promote and carry out brain injury prevention activities.
- Provide brain injury information, awareness, and learning opportunities.
- Work through the Brain Injury Alliance of Iowa to match Iowans with brain injury and their families to supports and services.
- Study the needs of people with brain injury and their families to better meet their needs.
- Make recommendations to other state departments to support a comprehensive statewide service delivery system.
- Administer contracts for provider training through the Iowa Association of Community Providers.

How do we measure our progress?

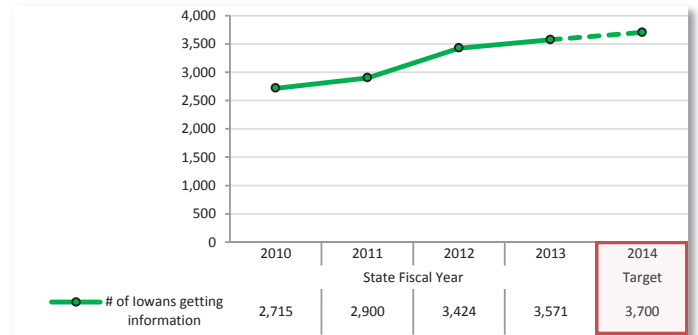
1 Number of health professionals receiving brain injury training.



Data Source: Iowa Association of Community Providers. Data are available annually.

How are we doing? Over 1,000 Iowa healthcare professionals continue to be trained on an annual basis.

2 Number of Iowans that get information and support about living healthy after brain injury..



Data Source: Brain Injury Alliance of Iowa. Data are available annually.

How are we doing? The number of Iowans with brain injury receiving information about living with brain injury has more than doubled since 2006.

What can Iowans do to help?

1. Iowans and family members experiencing brain injury can advocate for increased and appropriate brain injury related services. For more information, contact the Brain Injury Alliance of Iowa at www.biaia.org or call 1-855-444-6443.
2. Healthcare professionals can provide appropriate services to Iowans with brain injury. For more information on special training opportunities, go to www.iowaproviders.org/brain_injury/bi_index.html.
3. All Iowans can help prevent the likelihood of brain injury by using seat belts and helmets. To learn more about injury prevention, go to <http://www.idph.state.ia.us/ACBI/PreventionTaskForce.aspx>

Expenditures

General fund & federal funds: K07-0853/0854; 0153-1802.

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$506,543	\$499,573	\$915,291
Federal funds	\$211,056	\$246,982	\$55,860
Total funds	\$717,599	\$746,555	\$971,151
FTEs	1.31	1.16	1.20

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Behavioral Health ♦ Brain Injury

Phone: 515-281-8465 ♦ Fax: 515-281-4535 ♦ www.idph.state.ia.us/ACBI/

6th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

Cancer

Phone: 515-281-5616; 1-866-227-9878 Fax: 515-242-6384
www.idph.state.ia.us/hpcdp/chronic_disease_prevention_management.asp

Promoting & Protecting the Health of Iowans



Nearly 17,300 Iowans will be diagnosed with cancer this year and 6,400 will lose their lives to cancer. But cancer statistics are more than numbers. They represent real people. The Iowa Department of Public Health's cancer programs educate, prevent, detect and treat cancer, one person at a time.

An Iowa woman from Clinton County lost her job and her private health insurance. With nowhere to turn, she visited her health care provider for her annual mammogram and the physician referred her to the *Care for Yourself* program. Her mammogram indicated she needed additional procedures and testing. With encouragement and assistance from the *Care for Yourself* program, she was diagnosed with breast cancer and is currently receiving treatment to live a healthy life.

Did you know? Cancer is the second leading cause of premature death for Iowans.

Why are cancer programs important to promoting and protecting the health of Iowans?

- Cancer touches nearly all Iowans.
- Many types of cancer can be prevented, or when detected early through screening, can be successfully treated through the various cancer programs offered by the Iowa Department of Public Health.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy living

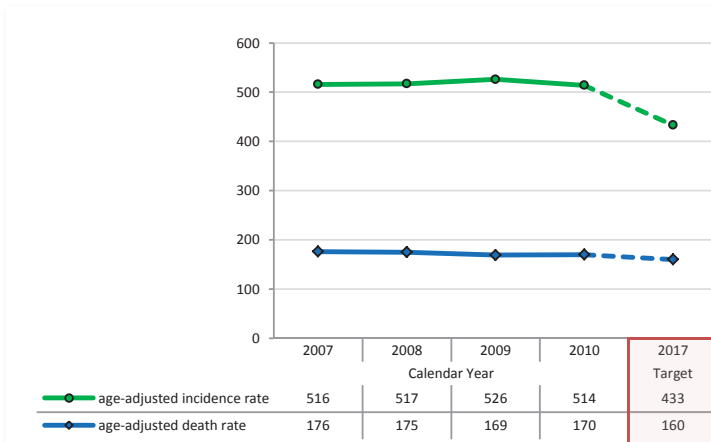
Strengthen the public health infrastructure

What do we do?

- *Iowa Comprehensive Cancer Control Program* collaborates with the Iowa Cancer Consortium and state partners to develop the state cancer control plan and put it into action by:
 - ✓ Providing financial support to the Iowa Cancer Consortium to reduce the burden of cancer. A revised state cancer plan and more information are located at www.canceriowa.org and www.idph.state.ia.us/CCC/.
 - ✓ Funding projects that educate Iowans on cancer screenings, prevention, and quality of life.
- *Iowa Care for Yourself Breast and Cervical Cancer Early Detection Program* helps underserved women access breast and pelvic exams, mammograms and Pap tests. The program reimburses health care providers for screening and diagnostic services provided to eligible women. The program also works to increase awareness across the state of the importance of early detection, diagnosis and treatment. For more information please visit www.idph.state.ia.us/CFY/.
- *Iowa Get Screened: Colorectal Cancer Program* works with community partners, local public health offices, health care providers and Federally Qualified Health Centers to provide colorectal cancer screening services to Iowans who are uninsured or underinsured, at or below 250 percent of the federal poverty level, 50 to 64 years of age and those who are at average or an increased risk for colorectal cancer. Additional program goals include:
 - ✓ Providing public education to increase colorectal cancer awareness;
 - ✓ Offering screenings to prevent or detect colorectal cancer in earlier more treatable stages to lower mortality rates;
 - ✓ Educating health care providers about screening options and the availability of the IGS program; and
 - ✓ Encouraging system changes to increase screening rates and access to services.
- Please visit www.idph.state.ia.us/IGS/ for more information.

How do we measure our progress?

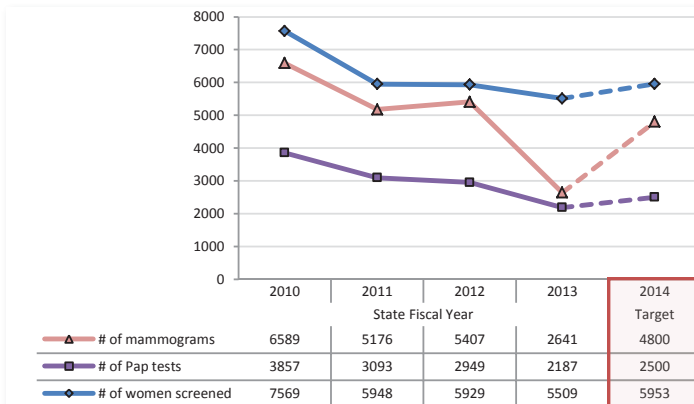
- 1 Cancer incidence and death rates (age-adjusted per 100,000 Iowans).



Data Source: State Health Cancer Registry. Data are available annually. Visit www.public-health.uiowa.edu/shri/Index.html for information about age-adjusted rates. 2011 & 2012 data is not yet released.

How are we doing? The number of cancer deaths in Iowa have declined since 2007.

- 2 Number of women screened, and number of mammograms and Pap tests provided.



Data Source: BCCEDP Data Set. Data are available annually.

How are we doing? In 2013, the *Care for Yourself* program screened 5,509 women and provided 2,641 mammograms and 2,187 pap tests.



What can Iowans do to help?

- Learn more about cancer risks and symptoms, prevention, early detection, treatment and survivorship.
- Live healthier lives:
 - ✓ Do not use tobacco or quit if you do;
 - ✓ Maintain a reasonable weight;
 - ✓ Get physically active;
 - ✓ Eat a diet with at least five servings of fruits and vegetables per day; and
 - ✓ Avoid too much sun.
- Have regular age and risk-appropriate cancer screenings (Pap test, mammogram, skin check, colonoscopy, etc.).
- Join the Iowa Cancer Consortium and help reduce the burden of cancer in Iowa.

Visit www.idph.state.ia.us/CCC/ and www.canceriowa.org.

Expenditures

Iowa Comprehensive Cancer Control Program: general fund, and federal funds: K07-0865/0867; 0153-0416/594/598

Breast & Cervical Cancer Early Detection: federal funds, private grant*, and intra-state receipts* (Dept of Transportation – License Plate Sales): 0153-0408/0426/0596/0624; K07-0775/0852

Iowa Get Screened Colorectal Cancer Program: federal funds: 0153-0762/0769

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$610,770	\$802,906	\$1,220,993
Federal funds	\$3,351,348	\$3,027,171	\$3,746,462
Other funds*	\$240,303	\$281,427	\$295,015
Total funds	\$4,202,421	\$4,111,504	\$5,262,470
FTEs	8.66	7.06	12.05

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health Division of Health Promotion & Chronic Disease Prevention Cancer Control & Prevention

321 E. 12th Street Des Moines, IA 50319-0075

Iowa Comprehensive Cancer Control Program: Phone: 515-281-5616 www.idph.state.ia.us/CCC/

Iowa Care for Yourself Breast & Cervical Cancer Early Detection Program: Phone: 515-281-5616 www.idph.state.ia.us/CFY/

Iowa Get Screened: Colorectal Cancer Program: Phone: 515-281-5616 www.idph.state.ia.us/IGS/

Child Health

Phone: 1-800-383-3826

http://www.idph.state.ia.us/hpcdp/family_health.asp

Promoting & Protecting the Health of Iowans



Successful promotion of children's health is rooted in a partnership of families, communities, health care providers, and public health providers. Iowa's Child Health programs promote the development of local systems of health care to ensure that all Iowa children have regular, preventive health care. Child Health programs strive to make family-centered, community-based, and culturally-sensitive health services available to all Iowa children.

Did you know? Research shows that for every \$1 invested in early health care and education of a young child, Iowa will see an economic return of \$17 per child.

Why are Child Health programs important to promoting and protecting the health of Iowans?

- Child Health programs provide access to regular preventive health services that affect a child's physical and mental health, success in school, and health in later years.
- Child Health programs advocate for medical homes that provide a consistent source of comprehensive primary care and facilitate partnerships between families and providers.
- Child Health programs reach out to underserved populations, who are least likely to access preventive health services. Programs serve low-income children, adolescents, and minorities.
- Child Health programs address barriers to accessing preventive health services including health care coverage, transportation, and interpretation.
- Child Health programs link families to community-based services based upon family needs.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy behaviors

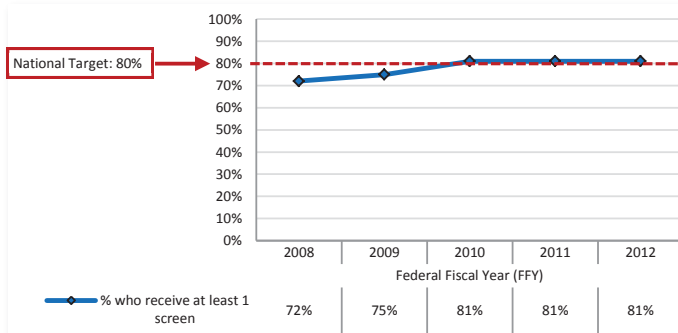
Strengthen the public health infrastructure

What do we do?

- Provide funding for 22 Child Health centers that assure child health services are available in all 99 counties for children and youth ages birth to 22. In FFY 2013, 186,583 Iowa children accessed health care services through Iowa's community-based Child Health centers.
- Encourage community-based Child Health agencies to work closely with medical providers to ensure family-centered, community-based, and culturally-sensitive preventive health services are offered.
- Provide access to community-based health resources through the toll free Healthy Families Line, a 24-hour information and referral phone line.
- Assist with developing local health care systems that meet present and future health needs.
- Support community-based child health agencies that link clients to medical and dental providers and other needed services.

How do we measure our progress?

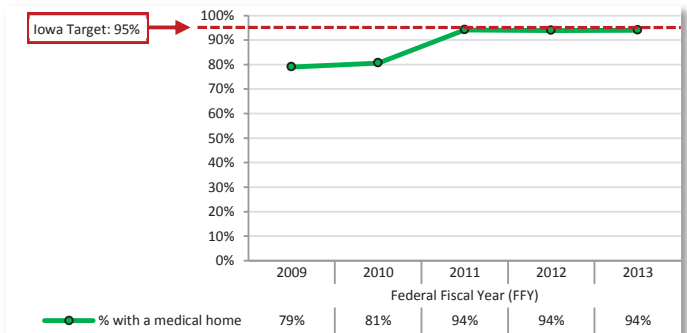
- 1 Percent of Medicaid enrolled children who receive at least one recommended well child exam.



Data Source: Federal CMS 416 report. Data are available annually. Beginning with federal fiscal year (FFY) 2010 data, the report is based upon the number of children continuously enrolled in Medicaid for a minimum of 90 days who receive at least one well child exam during the year. FFY 2013 data not yet available.

How are we doing? Medicaid enrolled children receiving at least one well child exam per year remained stable at 81% for FFY 2012. This is slightly higher than the minimum 80% expectation for all states set by the national Centers for Medicare and Medicaid Services (CMS).

- 2 Percent of children served in Child Health programs who report a medical home.



Data Source: Child & Adolescent Reporting System (CAREs). Annual unduplicated counts are based upon the federal fiscal year (FFY) October-September. Beginning with FFY 2011, this data is based upon the number of children that received services where their medical home status could be assessed.

How are we doing? There has been steady improvement in assuring children served by Child Health programs have a medical home.

What can Iowans do to help?

- Learn more about community-based child health services by going to www.idph.state.ia.us/hpcdp/family_health.asp, www.idph.state.ia.us/hpcdp/child_health_centers.asp, or www.idph.state.ia.us/hpcdp/epsdt_care_for_kids.asp
- Learn more about the healthy development of children. Go to www.iowaepsdt.org.
- Refer uninsured or underinsured families to Child Health centers by contacting the Healthy Families toll free line at 1-800-369-2229.

Expenditures

General fund, RIFF funds, federal funds, & intra state receipts* (Dept of Human Services); State funds are used for a 75% match for the Title V Block Grant: K05-0505/0521/0552/0554; K09-0987; 0153-0506/0622/0654.

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$748,966	\$661,882	\$770,712
Federal funds	\$1,756,994	\$1,528,926	\$1,877,532
Other funds*	\$3,673,256	\$3,860,413	\$4,168,972
Total funds	\$6,179,216	\$6,051,222	\$6,817,216
FTEs	11.83	10.47	11.40

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Child Health Specialty Clinics

Phone: 319-356-1117
www.chsciowa.org

Promoting & Protecting the Health of Iowans



Erin's Story (as told by her mother)*

When we first adopted Erin, it was difficult for our family to get answers or help for her complex behavioral and developmental concerns. Our adoption specialist at DHS suggested that we call Child Health Specialty Clinics. At CHSC, the Advanced Registered Nurse Practitioner and Staff Nurse conducted a complete developmental and health assessment. Along with the Family Navigator, they made recommendations, helped with paperwork, and coordinated support services.

Through CHSC, our family utilized a variety of services including dietician services, physical therapy, occupational therapy, speech therapy, respite, and parenting classes, all of which have contributed to the growth and development of our daughter.

CHSC has helped us become more understanding about Erin's developmental disabilities and special health care needs. If I'm ever feeling overwhelmed or frustrated, I know I can call my Family Navigator, even if I don't have an appointment. We are now able to anticipate our daughter's needs and have become better equipped to deal with her behaviors at home and in public. Her overall development has progressed greatly and we hope that she continues to get the help she needs at school and in the community.

*Name has been changed



Did you know? 144,410 Iowa children have some degree of a special health care need.
(National Survey on Children's Health, 2007)

Why is Child Health Specialty Clinics important to promoting and protecting the health of Iowans?

- Research suggests that about 15 to 20% of all children 0 to 18 years of age have some type of special health care need.
- Children and youth with special health care needs require services that are more intensive and comprehensive than children and youth without special care needs require. These specialty services are often not available or accessible throughout Iowa.
- Research shows that specialty services are an important addition to primary care services for children and youth who have chronic illnesses or developmental delays.
- Federal rules require that at least 30% of each state's Title V Maternal and Child Health Block Grant be used to focus on children and youth with special health care needs.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

Promote healthy behaviors

What do we do?

- Improve access to direct-care pediatric specialty services, including behavioral consultations and nutrition services through telehealth technology.
- Provide community-based expertise and guidance about specialty care.
- Offer policy and planning expertise to improve the service system for all children and youth with special health care needs and their families.
- Provide care coordination to help families organize needed services so that they can be used easily.
- Provide family support through a statewide family navigator network and partnering family advocacy groups.
- Promote spread of the medical/health home model among community-based primary care providers, especially for improving quality of care for children and youth with special health care needs.

How do we measure our progress?

1. Percent of children with special health needs (CSHCN) ages 0-18 years whose families' partner in decision-making at all levels and are satisfied with the services they receive.

Data Source: National CSHCN Survey. Data are available approximately every 5 years.

How are we doing?

In 2010, Iowa – 75.8%; National – 70.3%.

2. Percent of CSHCN ages 0-18 years who receive coordinated, ongoing, comprehensive care within a medical home.

Data Source: National CSHCN Survey. Data are available approximately every 5 years.

How are we doing?

In 2006, Iowa – 57.4%; National – 47.1%.

In 2010, Iowa – 47.0%; National – 43.0%.

3. Percent of CSHCN ages 0-18 years whose families have adequate private and/or public insurance to pay for the services they need.

Data Source: National CSHCN Survey. New data are available approximately every 5 years.

How are we doing?

In 2006, Iowa – 68.6%; National – 62.0%.

In 2010, Iowa – 64.6%; National – 60.6%.

4. Percent of CSHCN ages 0-18 years whose families report the community-based service systems are organized so they can use them easily.

Data Source: National CSHCN Survey. Data are available approximately every 5 years.

How are we doing?

In 2010, Iowa – 68.0%; National – 65.1%.

5. Percent of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Data Source: National CSHCN Survey. Data are available approximately every 5 years.

How are we doing?

In 2006, Iowa – 47.3%; National – 41.2%.

In 2010, Iowa – 45.0%; National – 40.0%.

What can Iowans do to help?

1. Iowans who have or know of children or youth with special needs can contact CHSC by visiting www.chsciowa.org.
2. All Iowans can recognize the essential public health role CHSC plays as Iowa's Title V program for children and youth with special health care needs.
3. All Iowans can tell their state legislators about the importance of a system of care for children and youth with special health care needs and their families.
4. All Iowans can be inclusive of children with special health care needs and their families.

Expenditures

General fund & federal grant: K07-0703/0871; 0153-0706

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$788,303	\$791,441	\$1,185,114
Federal funds	\$1,906,555	\$2,051,147	\$2,193,946
Total funds	\$2,694,858	\$2,842,587	\$3,379,060
FTEs	0.00	0.00	0.00

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Health Promotion & Chronic Disease Prevention ♦ Child Health Specialty Clinics

Phone: 319-356-1117 ♦ Fax: 319-356-3715 ♦ www.chsciowa.org

100 Hawkins Drive ♦ Room 247 CDD ♦ Iowa City, IA 52242-1011

Child Protection Centers

Phone: 515-281-4816
www.nca-online.org

Promoting & Protecting the Health of Iowans



Child abuse. No one wants to imagine the mental and physical pain an abused child must endure. Unfortunately, the pain can sometimes be prolonged by the very systems designed to protect the victims. Child Protection Centers provide a safe environment where all exams and interviews can occur in one place.

It took great courage for "Allen," a 16-year old boy, to reveal that his stepfather had sexually abused him for years. It was extremely difficult and embarrassing for Allen to share the details of his abuse. With the non-threatening environment of the Child Protection Center, he was able to give authorities enough details to take his case to trial, resulting in a guilty conviction and prison time for his stepfather.

Child Protection Centers work to ease the pain of abuse through understanding and awareness.

Did you know?

In state fiscal year 2013, 3,581 children were served in Child Protection Centers funded by the Iowa Department of Public Health (IDPH).

Why are Child Protection Centers important to promoting and protecting the health of Iowans?

- Children who are victims of alleged child abuse are often further victimized by the numerous interviews and exams they undergo. At a Child Protection Center, all investigations can occur in one place.
- IDPH works with five Child Protection Centers in Iowa: Allen Child Protection Center in Waterloo, Mercy Child Advocacy in Sioux City, Mississippi Valley Child Protection Center in Muscatine, Regional Child Protection Center (Blank) in Des Moines, and St. Luke's Child Protection Center in Hiawatha.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

What do Child Protection Centers do?

- Provide a comprehensive, culturally competent, multidisciplinary team response to allegations of child abuse in a dedicated, child-friendly setting.
- Provide a multidisciplinary team that includes law enforcement, county attorneys, physicians and nurses, mental health professionals, family advocates, and child protection center staff to ensure children and families are not subjected to duplicated exams and interviews.
- Provide a comfortable, private, child-friendly setting that is both physically and psychologically safe for children.
- Build community awareness and understanding of child abuse.
- Coordinate and track investigation efforts so cases do not "fall through the cracks."
- Improve prosecution of child abuse cases; holding offenders accountable.

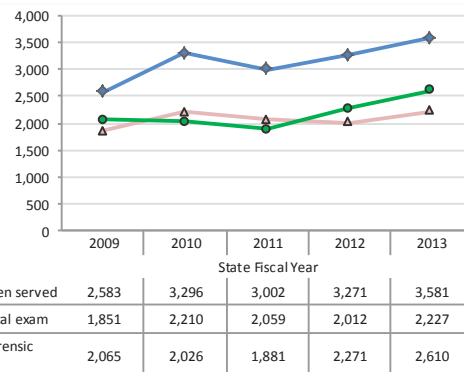
How do we measure our progress?

- ❶ Number of new children served.
- ❷ Number of children who had a medical exam.
- ❸ Number of children who had a forensic interview.

Data Source: CPC Reports to IDPH. Data are available annually.

How are we doing?

Child protection centers (CPCs) first received state funding in state fiscal year (SFY) 2005. The CPCs have used this funding to increase capacity and infrastructure. Based on a comprehensive assessment of needs for additional CPC services throughout the state, the Iowa Chapter of National Children's Alliance is actively working with areas determined to have the highest need to form full service CPCs or satellite centers.



What can Iowans do to help?

1. Iowans who are abused or suspect that a child is being abused should seek help. If you suspect a child is being abused or neglected,
 - ✓ CALL a DHS local office 8:00 AM - 4:30 PM Monday-Friday. For an interactive map of county office locations and contact information, go to www.dhs.state.ia.us/Consumers/Find_Help/MapLocations.html or
 - ✓ CALL Iowa's Child Abuse Hotline at 1-800-362-2178.

For more information, go to

www.dhs.state.ia.us/Consumers/Safety_and_Protection/Abuse_Reporting/ChildAbuse.html.

2. All Iowans can support Child Protection Centers and outreach efforts in new communities.
3. Public health professionals can build awareness of the Child Protection Centers and encourage use and support of their services. Go to www.nca-online.org to learn more.

Expenditures

Intrastate receipts* (Dept of Human Services): K17-1764

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
Other funds*	\$973,729	\$1,334,692	\$1,608,285
Total funds	\$973,729	\$1,334,692	\$1,608,285
FTEs	0.00	0.00	0.00

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Behavioral Health ♦ Child Protection Centers
 Phone: 515-281-4816 ♦ Fax: 515-281-4535 ♦ www.nca-online.org
 6th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

Communication & Planning

Phone: 515-242-5224
www.idph.state.ia.us/adper/cap.asp

Promoting & Protecting the Health of Iowans



Loss of cognitive functioning—thinking, remembering, and reasoning to such an extent that it interferes with a person’s life—exacts a tremendous toll on Iowans with Alzheimer’s disease and family caregivers. An estimated 34,500 Iowans have been diagnosed with the disease; with the steady increase in baby boomers turning 65, the number is expected to grow substantially in the next 20 years. Lack of early diagnosis and treatment of those with the disease may create such serious issues as safety, failure to follow prescribed medications, and fall-related injuries. Through collaboration among all 99 Iowa counties, and more than 500 members of organizations in the public and private sectors, Iowa is one of four states that identified this unique need and included strategies to address the disease in its state health improvement plan, *Healthy Iowans*.

In developing *Healthy Iowans*, the Bureau of Communication is responsible for facilitating discussions about the health needs of Iowa, documenting critical health needs identified by Iowa partners, and monitoring progress towards meeting those needs. There are 39 critical needs within *Healthy Iowans* with 60 organizations providing data and strategies they will use to improve the health of Iowans.

Did you know?

Healthy Iowans is Iowa’s 5-year health improvement plan and has more than 50 health improvement goals and nearly 150 strategies.

Why is Communication and Planning (CAP) important to promoting and protecting the health of Iowans?

- CAP facilitates local, state, and department assessment and planning activities that improve the function of public health for all Iowans.
- Clear and accurate information helps Iowans stay healthy, live with diseases like cancer or arthritis, and be ready for and cope with public health threats or emergencies.
- CAP works on modernizing the public health system, quality improvement, and performance improvement. These activities contribute to increasing our ability to meet the health needs of Iowans.
- A highly trained and competent workforce strengthens the public health infrastructure. This infrastructure allows IDPH to prevent epidemics and the spread of disease; protect against environmental hazards; promote healthy behaviors; prevent injuries; and prepare for, respond to, and recover from public health emergencies.

Which Iowa Public Health Goals are we working to achieve?

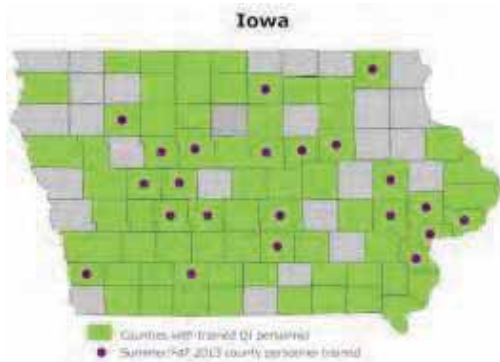
Strengthen the public health infrastructure

What do we do?

- Help set health goals, create plans to meet them, and then track the progress toward meeting those goals.
- Provide information to the public about the department’s administrative rules.
- Make sure that public health data are available to make decisions about what public health services are provided.
- Use state of the art technology to increase data access and use among general public and health professionals.
- Provide accurate information to the public about health-related issues.
- Manage and provide data to researchers and local agencies to promote data integration.
- Help IDPH programs set targets and measure their progress in meeting their program goals.
- Coordinate planning for changes in Iowa’s public health system.
- Provide technical assistance to communities in assessing their needs and writing health improvement plans.
- Recruit and work to retain qualified public health professionals.
- Handle all human resources issues including benefits, payroll, and employee relations.
- Offer trainings that improve performance of IDPH employees and enhance their knowledge base.
- Coordinate a state process to make sure that the planning for a new or changed institutional health service will be cost-effective.

How do we measure our progress?

- Local public health agencies within Iowa that have staff trained in quality improvement activities.



Data Source: Program Training Records.

How are we doing? Since 2010, IDPH has been training local public health employees on how to implement quality improvement within their agencies. With a goal of 60% by 2012, currently 73% of local public health agencies have had staff complete training in quality improvement as of 2013.

- The number of IDPH employees that participate in internal training and find it useful in their daily work.

Performance Measure	Calendar Year				
	2009	2010	2011	2012	2013
# of employees attending training	505	531	574	765	687
% of employees rating training as useful	96.0%	97.5%	99.5%	99.3%	99.6%
Target	90%	90%	90%	90%	90%

Data Source: IDPH Employee Development Surveys. Data are available annually. 2013 data not yet available.

How are we doing? IDPH has more than 400 employees. Training coverage has increased substantially. More than 700 employees participated in training in 2012, indicating some employees attended more than one training. About 99.3% of those who participate rate the trainings as useful in their daily work or potentially useful in their future work. Internal trainings utilize the unique skills and experience of department staff. The trainings convey skills to other employees with little to no cost and with large benefits in productivity and efficiency. The training also improves employee satisfaction and performance, reducing turnover.

What can Iowans do to help?

- All Iowans should learn about important public health issues and policies. Visit the IDPH homepage at www.idph.state.ia.us.
- All Iowans should be aware of the public health services they can expect from local and public health, no matter where they live. For more information, go to www.idph.state.ia.us/mphi/.
- All Iowans can participate in assessing health needs and planning improvements. To learn more, go to www.idph.state.ia.us/chnhip/ and www.idph.state.ia.us/adper/healthy_iowans.asp.
- All Iowans can learn more about public health and the wide variety of careers and services in the field. To learn more, go to www.idph.state.ia.us/Employment/.

Expenditures

General fund, federal indirect funds, private grants,* private donations,* & registration fees*: K09-0969; K19-1963; K21-2211; 0153-2110/2242

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$349,260	\$328,265	\$335,618
Federal funds	\$1,343,509	\$1,160,324	\$1,129,100
Other funds*	\$36,105	\$0	\$0
Total funds	\$1,728,874	\$1,488,589	\$1,464,718
FTEs	16.55	14.71	15.15

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Health Promotion & Chronic Disease Prevention ♦ Communication & Planning

Phone: 515-242-5224 ♦ Fax: 515-281-3121 ♦ www.idph.state.ia.us/adper/cap.asp

5th & 6th Floors, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

Congenital & Inherited Disorders

Promoting & Protecting the Health of Iowans

Division of Health Promotion & Chronic Disease Prevention
Phone: 1-800-383-3826
www.idph.state.ia.us/genetics/default.asp



Brody's Story...

We were overjoyed at the birth of our first child, Brody. With a full-term pregnancy and a successful natural delivery, we took our newborn home from the hospital believing he was completely normal. However, we were shocked when Brody was diagnosed with profound Biotinidase deficiency at one week of age. Without Iowa's newborn screening test, we wouldn't have known about Brody's genetic deficiency. Never did we imagine as healthy adults that we both carried this recessive gene. It has been passed down unknowingly for generations on both sides, as Brody is the first child in either of our families to have the genetic deficiency. Biotinidase deficiency is 100% treatable with early detection and continuous treatment. We expect Brody to live a completely normal and healthy life. Without early detection, Brody could have had developmental delays, hearing loss, vision loss, coma, or might have even died. We are grateful to live in a state that offers newborn screening. He now has a chance to live a quality life full of joy, health, and opportunity. Thank you so much for believing in the importance of providing this screening to Brody and all Iowa newborns. Families like ours are testimonies of how this screening positively affects our lives. We are thankful and most appreciative of Iowa's newborn screening program.

Did you know?

Each year, an average of 1,850 Iowa children are born with a congenital or inherited disorder, and approximately 200 babies are stillborn. Three of every 1,000 newborns or 120 babies in Iowa are diagnosed with hearing loss each year and another 2 to 3 per 1,000 children will develop hearing loss after birth. Childhood hearing loss is the most common birth defect. Most babies born with hearing loss are born to parents with normal hearing.

The Center for Congenital and Inherited Disorders (CCID) programs serve all phases of the life cycle: prenatal, neonatal, pediatric, and adult.

Why is the Center for Congenital and Inherited Disorders important to promoting and protecting the health of Iowans?

- Screening programs for the early detection of inherited or congenital disorders help assure earlier interventions to eliminate or reduce disability and provide family support.
- Early detection and treatment can prevent mental retardation and even death in children born with an inherited or congenital disorder.
- Children born with a hearing loss who are identified early and given appropriate intervention before 6 months of age demonstrated significantly better speech and reading comprehension than children identified after 6 months of age (Yoshinaga-Itano, et al., 1998).
- By the time a child with hearing loss graduates from high school, more than \$400,000 per child can be saved in special education costs if the child is identified early and given appropriate educational, medical, and audiological services (White & Maxon, 1995).

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

Promote healthy behaviors

What do we do?

CCID administers 8 programs that promote and improve access to comprehensive genetic health care services, laboratory services, early hearing detection and intervention, and surveillance. CCID assures statewide education is provided and develops policies and programs that assure the availability of and access to quality genetic health care, newborn screening, and laboratory services.

- Early Hearing Detection and Intervention (EHDI) program – provides universal newborn hearing screening, short-term follow up, and referrals to early intervention and family support services.
- Regional Genetics Consultation Services – regional clinics provide statewide medical consultation and counseling to people with a diagnosed genetic disorder.
- Neuromuscular & Related Disorders – provides medical consultation and counseling to those with a diagnosed neuromuscular disorder, such as muscular dystrophy.
- Iowa Neonatal Metabolic Screening Program (INMSP) – conducts newborn testing and follow-up for metabolic disorders and cystic fibrosis. Testing is done for Iowa, North Dakota, and South Dakota. INMSP also provides metabolic formula and medical foods for people diagnosed with PKU and other inherited metabolism disorders that require medically necessary foods.
- Iowa Registry for Congenital and Inherited Disorders – conducts surveillance for congenital and inherited disorders and stillbirth on children born in Iowa.
- Stillbirth Surveillance Program – supports stillbirth surveillance activities of the Iowa Registry for Congenital and Inherited Disorders. Promotes stillbirths awareness initiatives.
- Family Health History Initiative – provides resources to explore and compile family health history to determine the risk of inheriting disease. Provides resources for lifestyle/behavior changes and screening tests based on the results of the family health history.
- Maternal Prenatal Screening Program – conducts prenatal testing to screen for congenital/inherited disorders of the fetus.

How do we measure our progress?

1. Percent of screen positive newborns who get timely follow up to definite diagnosis and clinical management for condition(s) mandated by their state-sponsored newborn screening programs.

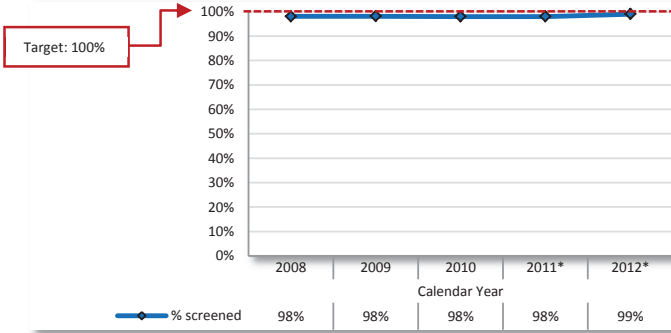
Data Source: INMSP/UHL database. Data are available annually.

How are we doing? In 2012, 100% of children with a presumptive positive screen received timely follow-up services (Target – 100%).

2. Percent of children, who do not have a parent-signed waiver, that are screened for disorders tested through the Iowa newborn screening panel. Data Source: INMSP/UHL database. Data are available annually.

How are we doing? Nearly all, 99.97%, Iowa newborns are screened using the Iowa newborn screening panel (Target – 100%). There were 10 NBS waivers signed in CY2012.

3. Percent of infants screened at birth for hearing loss.

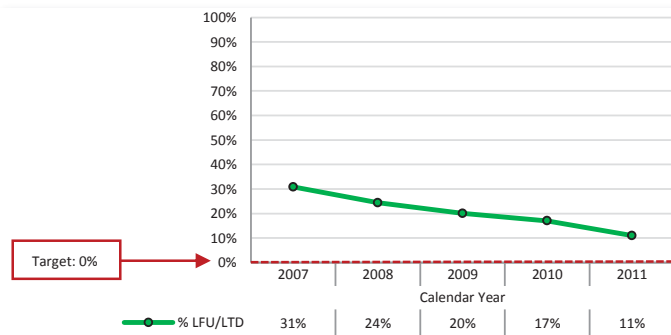


Data Source: IDPH/EHDI database. Data are available annually.

*Not eligible children data removed (families who refused screening and deceased).

How are we doing? Nearly all Iowa newborns are screened (99%) for hearing loss. Those not eligible for screening included infant deaths and parent refusals. There were 288 families who refused the hearing screen at birth; 243 (84%) were home birth families. An additional 114 children were considered lost at birth, 113 of those were home birth families that did not respond to repeated hearing screening requests.

4. Percent of infants lost to follow up or documentation (LFU/LTD) among all infants who did not pass their initial birth hearing screen.



Data Source: IDPH/EHDI database. Data are available annually. 2012 data are not yet available as some children may still be receiving follow up.

How are we doing? The number of infants that do not return for a hearing re-screen is steadily decreasing which means that a greater percentage of children are receiving recommended follow up.

What can Iowans do to help?

- Go to www.idph.state.ia.us/genetics/ to learn about CCID programs, and www.idph.state.ia.us/iaehdi/default.asp to learn more about EHDI programs.
- Support and promote newborn screenings by having your children screened, and encouraging others to do the same.
- Conduct your own family health history and talk to your health care provider about the results.
- Talk to your legislators about funding for newborn screening and genetic programs.
- Contact the CCID advisory committee (www.idph.state.ia.us/genetics/common/pdf/committee_roster.pdf) with questions or issues.
- Contact the EHDI advisory committee (www.idph.state.ia.us/iaehdi/advisory_committee.asp) with questions or issues.

Health care professionals can

- Teach patients about the benefits of newborn screening.
- Provide information to pregnant women about monitoring fetal activity.
- Help patients gather their family health history and discuss the results with them.
- Learn more about science-based genetic research.

Policymakers can

- Learn about science-based genetic research and genetic programs.
- Provide funding for public health-based genetic programs, including public health surveillance.

Expenditures

General fund, tobacco fund, federal funds, private grants*, & retained fees*: K07-0705/0709/0765; 0830-0830; 0153-0722/0724. EHDI: general fund & federal funds: K05-0611; 0153-0544/0558/0682

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$1,052,837	\$1,111,642	\$1,162,083
Federal funds	\$477,911	\$448,761	\$458,112
Other funds*	\$74,344	\$48,952	\$134,777
Total funds	\$1,605,092	\$1,609,354	\$1,754,972
FTEs	3.21	3.41	3.55

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health Division of Health Promotion and Chronic Disease Prevention Congenital and Inherited Disorders

Phone: 1-800-383-3826 Fax: 515-242-6013 www.idph.state.ia.us/genetics/default.asp

5th Floor, Lucas Building 321 E. 12th Street Des Moines, IA 50319-0075

Early Hearing Detection and Intervention program: www.idph.state.ia.us/iaehdi/default.asp

Iowa Dental Board

Phone: 515-281-5157
www.dentalboard.iowa.gov

Promoting & Protecting the Health of Iowans



Did you know the practice of dentistry dates back to Egyptian times? A tomb from 2600 BC marks the death of Hsy-Re, known as the “greatest to deal with teeth.” We’ve come a long way since those ancient days. Today, dentistry involves not only the repair of damaged teeth, but preventive care and even appearance-related treatments, like teeth whitening.

The Iowa Dental Board helps keep Iowans healthy by making sure only qualified dentists, dental hygienists, and dental assistants practice in Iowa. By licensing health professionals, Iowans can be confident they are receiving competent care.

Did you know?

There are 10,012 licensed dentists, dental hygienists, dental assistants, and permit holders (sedation/anesthesia/faculty/resident) in Iowa.

Why is the Iowa Dental Board important to promoting and protecting the health of Iowans?

- All Iowans deserve ethical and safe care from competent, qualified practitioners.
- Setting standards for licensure ensures that minimum standards are met.
- Licensing is an effective way to keep untrained and dishonest individuals from practicing dentistry, dental hygiene, or dental assisting in Iowa.

Which Iowa Public Health Goals are we working to achieve?

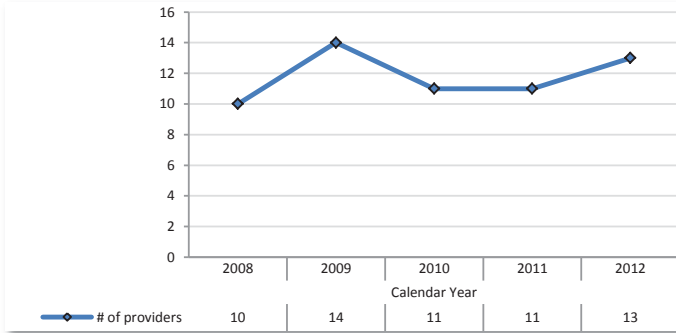
Strengthen the public health infrastructure

What do we do?

- License health professionals.
- Investigate complaints about health professionals.
- Discipline health professionals who break the law.
- Monitor disciplined and impaired (e.g., substance abuse, mental health problems) professionals so they can return to practice as soon as it is safe.
- Provide licensure and discipline data to the public.
- Educate professional groups, students, and the public.
- Watch national health care trends to see how they might apply to Iowa.

How do we measure our progress?

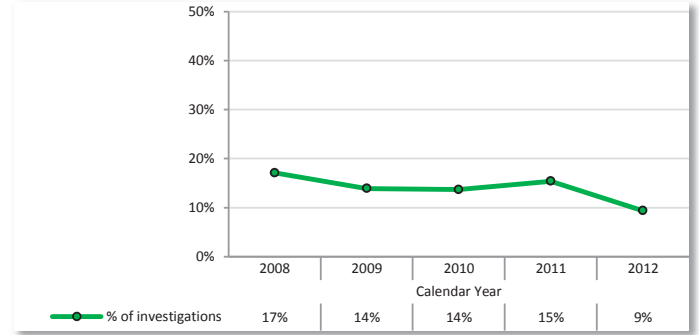
- ① Number of providers participating in the Iowa practitioner recovery program.



Data Source: Manual counts. Data are available annually.

How are we doing? As of October 2012, there were 13 providers participating in our IPRC program.

- ② Percent of investigations resulting in formal discipline.



Data Source: Board manual counts. Data are available annually.

How are we doing? Out of 192 complaints filed in 2012, 18 resulted in formal discipline.

What can Iowans do to help?

1. All Iowans can learn more about the Iowa Dental Board by going to www.dentalboard.iowa.gov.
2. Health professionals should learn how to comply with Iowa laws.
3. Health professionals can learn how to use the programs created to help impaired or potentially impaired professionals. For more information, go to www.dentalboard.iowa.gov/iprc/index.html.

Expenditures

Retained fees*: K19-2062

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$0	\$0	\$0
Other funds*	\$802,406	\$925,775	\$1,186,722
Total funds	\$802,406	\$925,775	\$1,186,722
FTEs	7.03	7.00	8.00

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Iowa Dental Board

Phone: 515-281-5157 ♦ Fax: 515-281-7969 ♦ www.dentalboard.iowa.gov

400 SW 8th Street, Suite D ♦ Des Moines, IA 50309-4687

Diabetes Prevention & Control

Phone: 515-242-6204
www.idph.state.ia.us/hpcdp/diabetes.asp

Promoting & Protecting the Health of Iowans



Finding out that you or someone you love has diabetes is scary. You may feel sad, frustrated, or even angry. Diabetes is a serious health condition, but it can be controlled. The IDPH works with partners to help Iowans learn how to prevent and control diabetes and its complications.

A male with newly diagnosed type 2 diabetes, with a history of other health conditions, attended a diabetes education program in Southeast Iowa. Through the ten hour group class, he became motivated to start taking care of his chronic illness. He has now lost over 100 pounds and has significantly lowered his A1c and risk for complications. The family is following a healthy meal plan and is making lifestyle changes.

Diabetes is preventable and controllable. IDPH helps Iowans learn how.

Did you know?

Strict diabetes control can prevent or reduce complications, including heart disease, stroke, high blood pressure, blindness, kidney disease, nervous system disease, amputations, dental disease, and pregnancy complications.

Why is Diabetes Prevention & Control important to promoting and protecting the health of Iowans?

- Approximately 227,000 (9.7%) adult Iowans have been told by a doctor that they have diabetes.
- Another 6.2% of all adults have been diagnosed with prediabetes but have not yet developed diabetes.
- The likelihood of having diabetes increases as we age.
- Awareness of diabetes can help prevent or delay the onset of the disease.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy behaviors

Strengthen the public health infrastructure

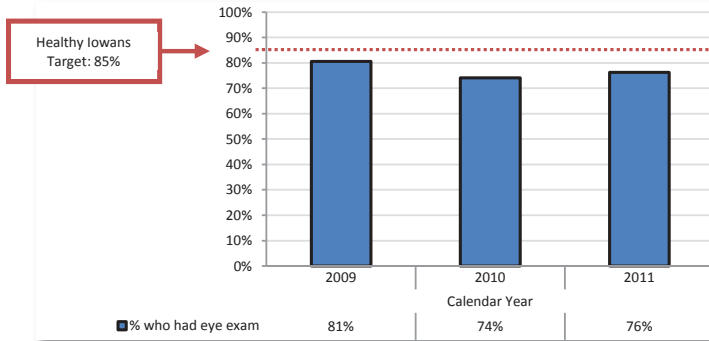
What do we do?

The Health Promotion and Chronic Disease Control Partnership, which includes diabetes, collaborates with private and public agencies and organizations throughout the state to:

- provide education about diabetes prevention and control through training for health care professionals.
- provide educational materials for communities, health care providers, and certified outpatient diabetes education programs.
- certify community-based outpatient diabetes education programs.
- maintain involvement with diabetes care providers and educators statewide.
- monitor, evaluate and report diabetes-related data.
- promote and support community-based self-management programs for people with chronic disease.

How do we measure our progress?

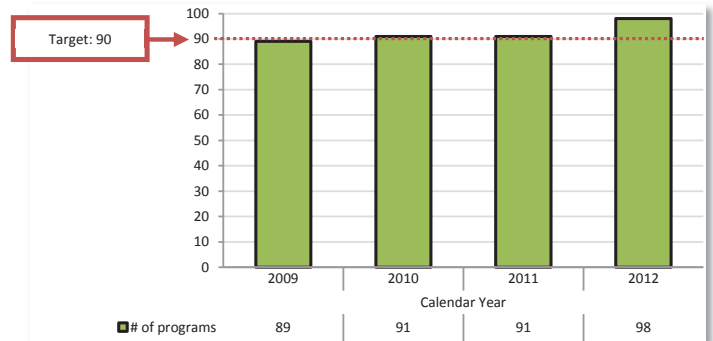
- ❶ Percent of Iowa adults with diabetes who had a dilated eye exam in the last year.



Data Source: Behavioral Risk Factor Surveillance System (BRFSS). Data are available annually*. 2009 & 2010 data recalculated using current raking methodology but do not include cell phone users. *Data for this measure was not collected during the 2012 BRFSS survey.

How are we doing? Since setting the *Health Iowans* target of 85% in 2010, there has been a slight increase in Iowa adults with diabetes receiving a dilated eye exam.

- ❷ Number of state-certified outpatient diabetes education programs.



Data Source: IDPH program records as of December 31 annually.

How are we doing? December 2009 baseline was 89 programs. We have set a target of maintaining 90 programs annually. In 2012, we exceeded our target.

What can Iowans do to help?

- Iowans can learn about diabetes and how to prevent or manage it by visiting www.diabetes.org (American Diabetes Association), www.yourdiabetesinfo.org (National Diabetes Education Program), and www.jdrf.org (Juvenile Diabetes Research Foundation International).
- Health care professionals working with people with diabetes can learn about quality education and resources available from the Iowa Department of Public Health at www.idph.state.ia.us/hpcdp/diabetes.asp.

Expenditures

Federal funds: 0153-0728(33%)/1966(FY12 & FY13 only)

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$0	\$0	\$0
Federal funds	\$153,887	\$202,257	\$436,842
Total funds	\$153,887	\$202,257	\$436,842
FTEs	1.26	1.83	1.91

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Health Promotion & Chronic Disease Prevention ♦ Diabetes Prevention and Control

Phone: 515-242-6204 ♦ Fax: 515-242-6384 ♦ www.idph.state.ia.us/hpcdp/diabetes.asp

4th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

Disability & Health

Phone: 515-242-6336

www.idph.state.ia.us/bh/disability_health.asp

Promoting & Protecting the Health of Iowans



The Iowa Department of Public Health (IDPH) Disability and Health Program (DHP) is in the second year of a three year grant cycle. One of the priorities of this first year was to increase disability awareness and disability participation in IDPH programs. Establishing and maintaining the Disability Community Planning Group (DCPG) has made significant progress in achieving this priority. DHP was able to provide technical assistance and guidance on creating 508 compliance webpages, program materials and Power Points. In turn, DCPG partners have begun promoting accessibility and 508 compliance with their local public health partners. This project achieved sustainability with public health partners by providing them the skills to include accessibility in their programs.

Did you know?

People with disabilities make up the largest minority group in the US, and it is the only group in which any one of us can become a member at anytime. About half of Iowans with a disability have a job, and according to the US Census, 5.5 of all Iowans in the workforce have some type of disability. Approximately one third of Iowans 65 and older report having some type of disability, that includes mobility, hearing or vision disability along with the inability to care for themselves independently.

Why is the Disability & Health Program important to promoting and protecting the health of Iowans?

- Over 380,000 Iowans over the age of five report having some sort of disability according to the State Data Center. The DHP is working to ensure that policies are in place that promote the inclusion of Iowans with disabilities in public health planning, health promotion programs, healthcare services and in emergency planning and response.

Which Iowa Public Health Goals are we working to achieve?

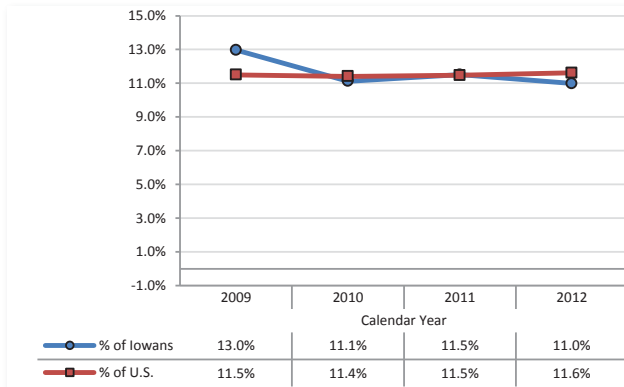
- Prevent injuries
- Promote healthy behaviors
- Strengthen the public health infrastructure

What do we do?

- Increase health promotion opportunities through informational resources, providing training regarding 508 compliance for websites, accessible program materials including Power Points.
- Provide site surveys on request to increase accessibility by using the Americans with Disabilities Act Accessibility Guidelines (ADAAG). Written guidance on how to meet minimum compliance is provided.
- Train professionals regarding communication and accommodation for patients with disabilities.
- Provide Continuity of Operations Planning to community providers to maintain essential services during an emergency or disaster.
- Advocate and promote inclusion of people with disabilities on councils, boards, committees, and to lawmakers.
- Complete a public needs assessment of Iowans with disabilities and maintain current data to promote policy change to increase health and wellbeing.
- Provide technical assistance to emergency managers and responders to include people with disabilities in all phases of disaster planning.

How do we measure our progress?

- 1. Percent of lowans older than five years of age who reported a disability



How are we doing? The ACS disability prevalence represents lowans 5 years and older who screened positive to any of the six disability questions. From 2009 to 2012, ACS data showed a decrease in the proportion of lowans older than five years who reported a disability from 13% in 2009 to 11% in 2012. The disability prevalence remained stable in the general US population.

What can lowans do to help?

1. lowans with disabilities, family members, response personnel, and planners should know the importance of emergency preparedness. Accessible general population shelters need to meet minimum American's with Disabilities Act compliance and have access to durable medical equipment and consumable medical goods to meet access and functional needs. To learn more, go to www.idph.state.ia.us/bh/disability_emergency_prep.asp or call 515-242-6336.
2. Technical assistance, site visits, and accessibility audits are available to meet minimum ADA compliance. An access survey is available at www.idph.state.ia.us/bh/disability_livable_communities.asp or by calling 515-242-6336.

Expenditures

Federal funds: 0153-0988/1706

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$0	\$0	\$0
Federal funds	\$404,157	\$201,174	\$263,615
Total funds	\$404,157	\$201,174	\$263,615
FTEs	1.45	1.28	1.40

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Disaster Operations & Response

Phone: 515-281-5604

www.idph.state.ia.us/cdor

Promoting & Protecting the Health of Iowans



Mark Twain has been quoted as saying, "If you don't like the weather, just wait five minutes. It'll change" That old quote rings true here in the Hawkeye state with tornadoes, flooding, ice storms, and record heat and cold – sometimes all in the same week! The Center for Disaster Operations and Response (CDOR) works to protect the health of Iowans by preparing for these natural phenomena and other public health emergencies like pandemic influenza, an intentional release of an infectious disease, or other disasters that disrupt health care systems and affect the health of Iowans.

CDOR doesn't work alone in this task. The bureau works with Iowa's 99 community based public health agencies, 118 hospitals, and other federal, state, and local public and private entities by providing guidance, tools, and resources to help prepare for, respond to, and recover from disasters.

No one can predict the next disaster, but CDOR's work with local partners helps to enhance Iowans' ability to quickly return to normal when disaster strikes.

Did you know?

CDOR administers Iowa's Health Alert Network (HAN), a web-based alerting system that can notify all local public health agencies and hospitals in Iowa, as well as emergency medical services, emergency management, law enforcement, and other key stakeholders of a public health emergency within minutes. For more information, see www.idph.state.ia.us/cdor.

Why is the Center for Disaster Operations and Response important to promoting and protecting the health of Iowans?

- Public health emergencies, from human threats such as terrorism, to natural disasters like floods and tornadoes, to disease outbreaks like pandemic flu, can affect all Iowans.
- Emergencies can happen at any time and anywhere. During such emergencies, public health and healthcare professionals are among the first responders.
- Coordinating communications, plans, and systems, helps make disaster response more effective at the federal, state, and local levels.

Which Iowa Public Health Goals are we working to achieve?

- Prepare for, respond to, & recover from public health emergencies
- Prevent epidemics & the spread of disease

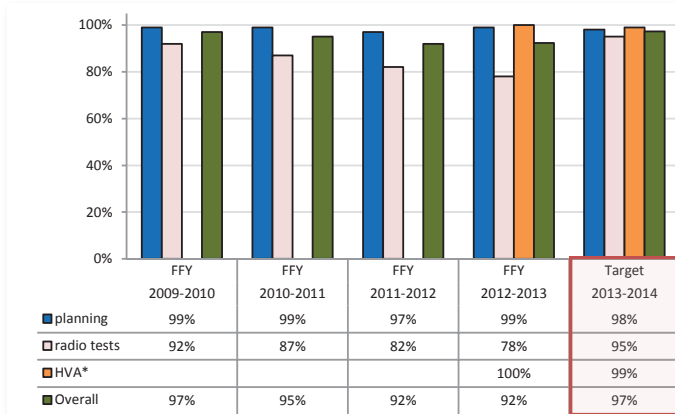
What do we do?

Administer federal preparedness grants that allow us to:

- Enable a more coordinated response due to integration of public health and health care preparedness planning.
- Operate a communications system that links critical disaster response partners.
- Work to improve plans and processes to inform the public about disaster-related health risks and ways to be protected.
- Recruit and register medical volunteers to assist overwhelmed health care systems during an emergency.
- Recruit and maintain the Public Health Response Teams, which respond to disasters in a matter of hours and relieve overwhelmed locals until other resources can arrive on scene.
- Provide disaster planning and personal preparedness information to individuals and families in Iowa.

How do we measure our progress?

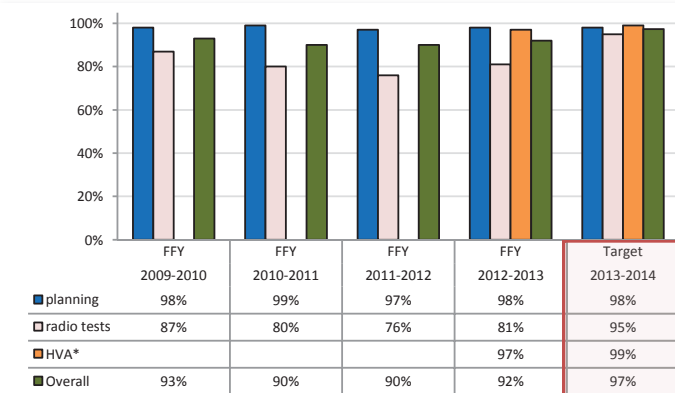
- 1 Percent of local public health agencies that complete preparedness activities.



Data Source: Reports from Local Public Health Agencies. Data are available annually. Hazard Vulnerability Assessment (HVA) collected starting FFY2012-2013.

How are we doing? In FY2012-2013, Iowa's local public health agencies partnered with hospitals and other agencies to ensure their communities are prepared for a disaster. Agencies were asked to complete plans, conduct a hazard vulnerability assessment to identify hazards in their community, and respond to monthly radio checks to ensure redundant, interoperable communications in the event of an emergency.

- 2 Percent of hospitals that complete preparedness activities.



Data Source: Reports from Iowa Hospitals. Data are available annually. Hazard Vulnerability Assessment (HVA) collected starting FFY2012-2013.

How are we doing? In FY2012-2013, Iowa's hospitals partnered with local public health agencies and other partners to ensure their communities are prepared for a disaster. Hospitals were asked to complete plans, conduct a hazard vulnerability assessment to identify hazards in their community, and respond to monthly radio checks to ensure redundant, interoperable communications in the event of an emergency.

What can Iowans do to help?

1. Create a family disaster plan and family disaster kit. Review the plan at least once a year. For help creating a disaster plan and more information on what should be included in the kit, go to www.idph.state.ia.us/cdor.
2. Hospitals and emergency medical services should hold practice drills and exercises with local and state partners.
3. Healthcare and public health professionals should remain vigilant with emerging infectious diseases that pose a threat to the public's health.

Expenditures

Antiviral Program: general fund, intra state receipts* (Executive Council – Iowa Code 7D.29): K19-1938. Hospital Preparedness: federal funds: 0153-1934. Public Health Preparedness: federal funds & intra state receipts*: 0153-1932.

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$78,272	\$75,375	\$75,375
Federal funds	\$12,135,938	\$10,863,452	\$9,622,055
Other funds*	\$15,000	\$0	\$0
Total funds	\$12,229,210	\$10,938,827	\$9,697,430
FTEs	19.70	19.64	18.50

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Early Childhood

Phone: 1-800-383-3826 or 515-281-4911
www.idph.state.ia.us/hpcdp/family_health.asp

Promoting & Protecting the Health of Iowans



Ellen's Story...

Our daughter, Ellen, was attending preschool at Heartland Child Development Center. They indicated that the Lions Club would be giving a free vision screening at the school and asked for permission to have her screened. We hadn't noticed any problems with her vision whatsoever, but thought it was a good idea to have her vision checked. Even though I am a nurse, I never detected any problems. I would not have had her vision checked until just before kindergarten.

Her results suggested that she be evaluated for a possible astigmatism. I made an appointment and her doctor was very surprised that her left eye had not turned in, as her vision was so poor in that eye. She wanted her in corrective lenses immediately to prevent any strabismus. When Ellen got her first pair of glasses, she cried; so did we! She was so surprised that she could see things that were far away. It was just before Christmas and when she saw the Christmas lights on the trees during the ride home, she said, "I never knew there were separate lights on the trees!" Initially, her vision would only correct to 20/40 with lenses. During the next year, we began patching her right eye in an effort to force the left eye to work harder. She progressed well and under the constant direction of her doctor, she was finally able to correct to 20/20. Also, both eyes have remained conjugate. She looks so cute in her little glasses.

Thank you for the work the Iowa KidSight Program does. If not for the screening, we may have waited too long, and her vision would have been forever impaired.

Did you know? In Iowa, there are over 240,000 young children ages 0-5. Of these approximately:

- 20% live in poverty¹.
- 16% have parents with compromised mental health status including depression or anxiety².
- 40% have mothers with less than "excellent or very good" physical or mental health³.

Why are Early Childhood programs important to promoting and protecting the health of Iowans?

- Research shows that the first five years of a child's life have a profound and lifelong impact on physical and emotional wellbeing, readiness to learn and succeed, and ability to become a productive citizen.
- Despite a recent decline, 2009 data reported an 11% increase of reported child abuse.
- 21% of Iowa children ages four months to five years old are at moderate to high risk of developmental, behavioral or social delays.
- Unintended injury is the leading cause of death and disability for children over age 1. Preventing injuries in early child care and education settings has a large impact on the health, school readiness, and lifelong potential of Iowa's children.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

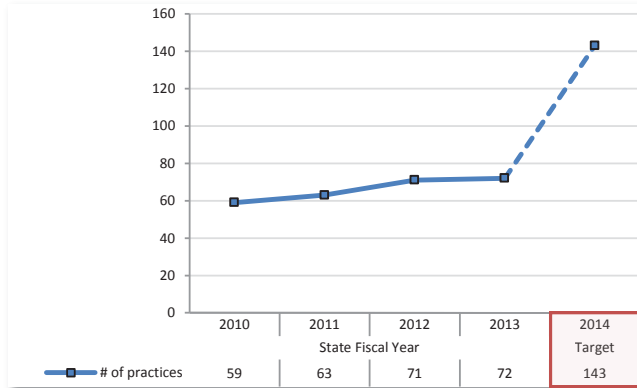
Promote healthy behaviors

What do we do?

- Early Childhood Iowa (ECI) has developed a comprehensive plan that serves as the framework for Iowa's early childhood system.
- The 1st Five program partners with primary healthcare providers to ensure quality social, emotional, and developmental screenings of children under age 5 and helps practices by offering enhanced care coordination to families in need of diverse community resources.
- Healthy Child Care Iowa (HCCI) supports the health and safety of children enrolled in early care and education programs through nurse consultation, health education, and facilitating health services referrals.
- Project LAUNCH seeks to develop the necessary infrastructure and system integration to assure Iowa children from birth to age 8 are thriving in safe, supportive environments, enter school ready to learn, and are able to succeed. Project LAUNCH targets traditionally underserved children and their families in Des Moines with a focus on low-income and minority populations.
- With the Iowa Department of Education, IDPH coordinates the Early ACCESS program, providing developmental evaluations and services for children from birth to age 3, and coordinates services for children with or at risk for developmental delays.

▶ How do we measure our progress?

1 Number of medical practices engaged in 1st Five screenings.



Data source: 1st Five Title V Child Health Agencies. Data are available annually.

How are we doing? Between FY06 to FY13, the number of known practices in Iowa working to integrate a standardized surveillance tool during well child exams that includes assessing for social/emotional development and family risk factors increased from two to 72. During this same timeframe, the number of children ages birth to 5 served by this surveillance method increased from approximately 3,000 in FY06 to more than 80,000 in FY13. As a result of state appropriations, it is estimated that approximately 143 additional practices will be targeted in 2014. Evaluation of referrals shows that for every one referral from a medical practice, three additional referrals are identified when care coordinators work with families.

2 Number of onsite visits in early childhood and education settings by a Child Care Nurse Consultant

Data Source: ECI Annual Reports and HCCI records. Data are available annually.

How are we doing? In state fiscal year 2012, there were 5,931 onsite visits in early childhood and education settings by a Child Care Nurse Consultant. This is up from 4,154 onsite visits in SFY2011.

A new baseline measure for HCCI is the number of children with special health care needs who have a special needs care plan in the early care and education setting. In SFY2012, only 37% of children with special needs had a care plan. Care plans, such as asthma action plans, diabetic care plan, allergy and anaphylaxis plans, etc. ensure caregivers are aware of the health needs of the infants and young children in their care and how to care for these children on a daily and emergency basis.

▶ What can Iowans do to help?

1. Go to www.earlychildhoodiowa.org and the parent's page (www.earlychildhoodiowa.org/parents/index.html) to learn more about Early Childhood Iowa.
2. Check www.idph.state.ia.us/1stfive/ for information on children's social-emotional development and to search a current statewide map of clinics partnering with 1st Five.
3. All Iowans can make sure their babies are screened for hearing loss. Iowa law requires screening all babies before leaving the hospital. To learn more, go to www.idph.state.ia.us/iaehdi/default.asp.
4. If you have a concern about a child's development, make a referral to Early ACCESS by calling 1-888-IAKIDS1 or an email to earlyaccessia@vnsdm.org.
5. All Iowans can support and encourage funding for quality evidence-based early childhood programs.

▶ Expenditures

Federal funds & intra state receipts* (Dept of Human Services & Education): 0153-0548/0676/0980. 1st Five: general fund, health care trust, & intra state receipts* (Dept of Human Services): K05-0691. Early ACCESS: federal funds & intra state receipts* (Dept of Education): 0153-0708/AR18. HCCI: intra state receipts* (Dept of Human Services & Management): 0153-0662. Vision Screening: general fund K09-0931

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$427,707	\$425,186	\$1,427,301
Federal funds	\$969,937	\$920,558	\$940,045
Other funds*	\$553,175	\$328,955	\$1,137,349
Total funds	\$1,950,819	\$1,674,700	\$3,504,695
FTEs	5.59	6.47	8.40

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health Division of Health Promotion & Chronic Disease Prevention Early Childhood

Phone: 1-800-383-3826 or 515-281-4911 www.idph.state.ia.us/hpcdp/family_health.asp

4th & 5th Floors, Lucas Building 321 E. 12th Street Des Moines, IA 50319-0075

Early ACCESS (4th floor)
Phone: 515-242-6167 Fax: 515-242-6013
<http://www.idph.state.ia.us/iaehdi/>

1st Five (5th floor)
Phone: 515-281-8284 Fax: 515-242-6013
www.iowaepsdt.org

Healthy Child Care Iowa (5th floor)
Phone: 281-7519 Fax: 515-242-6013
www.idph.state.ia.us/hcci

¹ Kids Count Data Center, Annie E. Casey Foundation.

² Iowa Child and Family Household Health Survey, 2005.

³ Maternal and Child Health Bureau. (2007). The health and well-being of children: A portrait of states and the nation. *US Department of Health and Human Services*. Retrieved from: <http://mchb.hrsa.gov/nsch07/state/iowa.html>

Emergency Medical Services (EMS)

Phone: 515-281-0620
www.idph.state.ia.us/ems

Promoting & Protecting the Health of Iowans



A broken leg, a heart attack, a stroke, or an injured child – whatever the emergency, Iowa’s Emergency Medical Services (EMS) system is ready to respond. Iowans rely on the EMS system to provide efficient, well-trained, and reliable out-of-hospital care. The EMS system must ensure this care is available to all Iowans, whether urban or rural, even when resources are scarce.

The Emergency Medical Services system works to ensure medical help is there when Iowans need it.

Did you know?

In 2012, 71% of authorized EMS services in Iowa describe themselves as volunteer and respond to approximately 11% of calls for service. The 29% of EMS services staffed by paid EMS providers respond to 89% of calls for service.

Iowa’s Trauma System is one of the most comprehensive and established trauma systems in the nation. If an injury occurs anywhere in Iowa, there are thousands of trained providers ready to respond in a timely manner and take the victim to one of the 118 trauma care facilities where life-saving care is immediately available.

In 2012, 15,225 pediatric patients used the EMS system for either a medical or trauma emergency.

Why are EMS programs important to promoting and protecting the health of Iowans?

- In 2012, Iowa ambulance services received 244,011 calls, resulting in 207,823 patients being transported to a healthcare facility.
- According to the Web-based Injury Statistics Query and Reporting System (WISQARS), unintentional injury is the leading cause of death for Iowans from age one to 34 and the 6th leading cause of death for all age groups combined (Centers for Disease Control and Prevention; National Center for Injury Prevention and Control, 2010).
- Iowa’s Trauma System works to decrease the incidence and severity of trauma, and prevent unnecessary deaths and disabilities.
- Iowa’s Trauma System works to keep costs down while improving efficiency.
- Early CPR and defibrillation usually result in a greater than 50% long-term survival rate for witnessed cardiac arrests.

Which Iowa Public Health Goals are we working to achieve?

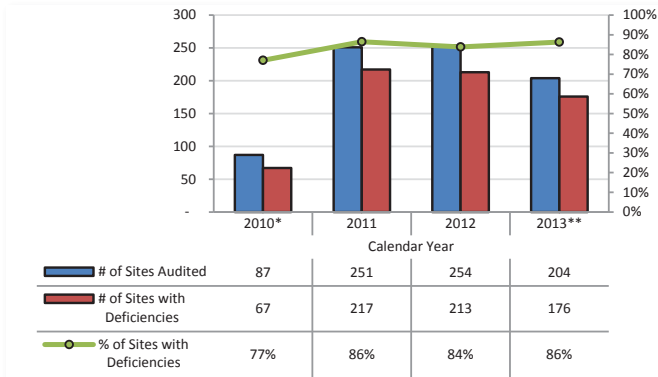
- Prevent injuries
- Strengthen the public health infrastructure
- Prepare for, respond to, & recover from public health emergencies
- Promote healthy behaviors

What do we do?

- Regulate EMS training programs, individual providers, and patient care services. Regulation ensures baseline standards for training, certification, and service authorizations are met.
- Help county EMS associations by providing funds for training and system development, and by serving as a resource for local EMS services.
- Iowa’s Trauma System certifies hospitals at a level of trauma care based on what resources are available in the community.
- Administer the Coverdell National Acute Stroke Project to measure, track, and improve the quality of care and access to care for stroke patients. Distribute injury prevention and child healthcare resources and information to local public health departments and EMS services.

How do we measure our progress?

1 Number of EMS service onsite inspections with deficiencies



Data Source: Onsite inspection reports. Data are available annually. SFY 2012 data is preliminary.
 *2010 data 7/1/2012 through 12/31/2010
 **2013 is preliminary

How are we doing? The Bureau of EMS inspects each of Iowa's 776 emergency medical services every three years, or more often when deficiencies are found. For the years noted in the chart above, inspectors found an average of 6.6 deficiencies per onsite inspection.

What can Iowans do to help?

1. Authorized EMS service providers should make sure that all required data is submitted to the Bureau of EMS.
2. Emergency medical care providers must understand the EMS system and the rules that regulate providing emergency medical care.
3. Understand the signs and symptoms of stroke such as trouble walking and talking, and numbness or paralysis in the face, arms, or legs; and summoning emergency care.
4. All Iowans can help create public access defibrillation programs in their communities.
5. All Iowans can learn how to keep children safe from injury, including learning how to properly install child safety seats, and the importance of wearing bicycle helmets.

Expenditures

General fund and federal funds: General funds are used for maintenance of effort match for the PHHS Block Grant: K19-1941/1943; 0153-1942; Coverdell Stroke Project: 0153-0986; EMS for Children: 0153-1714; Injury Prevention "Love Our Kids" license plate sales*: K19-1948; 0163-1722.

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$1,084,461	\$1,058,285	\$1,058,285
Federal funds	\$479,070	\$725,053	\$737,576
Other	\$117,919	\$83,954	\$195,600
Total funds	\$1,681,450	\$1,867,292	\$1,991,461
FTEs	9.12	9.38	9.90

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ◆ Division of Acute Disease Prevention & Emergency Response and Environmental Health

◆ Emergency Medical Services (EMS)

Phone: 1-800-728-3367 ◆ Fax: 515-281-0488 ◆ www.idph.state.ia.us/ems

5th Floor, Lucas Building ◆ 321 E. 12th Street ◆ Des Moines, IA 50319-0075

Environmental Epidemiology

Phone: 515-281-7462
www.idph.state.ia.us/LPP/Default.aspx

Promoting & Protecting the Health of Iowans



Iowans may be exposed to environmental conditions that cause disease at home, outdoors, and in the workplace. Environmental Epidemiology helps protect the health of all Iowans by watching for and investigating diseases and illnesses caused by environmental conditions such as food borne illnesses, arsenic in private water wells, carbon monoxide poisonings, lead poisoning, and concerns about diseases during floods or other natural disasters. Environmental Epidemiology also seeks to prevent illnesses that are caused by environmental conditions through activities such as using data about environmental exposures more effectively to prevent disease and illness, assuring children are tested for lead poisoning, reducing exposure for lead-poisoned children, and providing information about ways to prevent harmful exposures at home, work, and play.

By working to understand and prevent harmful environmental exposures, Environmental Epidemiology helps keep Iowans safe.

Did you know?

2.7% of Iowa children will be lead-poisoned by their 6th birthday. This means about 1,100 Iowa children born each year will become lead poisoned by their 6th birthday.

In 2012, there were 84 traumatic work-related deaths reported in Iowa. Iowa has a higher percentage of older worker deaths (55 years of age or older) than the US with a 2010-2012 3-year average of 44% compared to a US average of 32%. (Source: IA FACE & CFOI data).

Why is Environmental Epidemiology important to promoting and protecting the health of Iowans?

- Everyone is at risk for developing an environmental or occupational disease.
- Nearly 40% of Iowa houses were built before 1950, and most of these homes contain lead-based paint. Young children who live in pre-1950 houses are lead-poisoned when they put paint chips or exterior soil in their mouths or when they get house dust and soil on their hands and put them in their mouths.
- In 2012, Iowa had 818 adults (27% of those tested) with an elevated blood lead test of 10 micrograms per deciliter or higher, with 94% occurring from workplace exposure. The Iowa rate is approximately double the most recent US rate estimates for adult lead exposure.
- In 2011, there was one reported death from carbon monoxide poisoning in Iowa.
- IDPH averages over 3,800 pesticide reports annually.

Which Iowa Public Health Goals are we working to achieve?

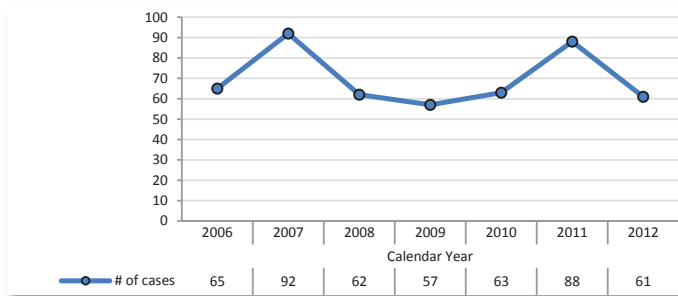
- Protect against environmental hazards
- Prepare for, respond to, & recover from public health emergencies
- Prevent epidemics & the spread of disease
- Prevent injuries
- Strengthen the public health infrastructure

What do we do?

- The Lead Poisoning Prevention program works to prevent childhood lead poisoning by assuring children are tested for lead poisoning, reducing exposure for lead-poisoned children, and educating Iowans about prevention. In 72 counties, local boards of health provide childhood lead poisoning prevention services; IDPH provides funding and technical assistance. IDPH provides direct services in the remaining 27 counties.
- Provide guidance and assistance to local public health officials and other state agencies on environmental exposures when needed.
- Work with other state and local agencies to investigate illnesses caused by food and water.
- The Occupational Health and Safety Surveillance program tracks, analyzes, and reports work-related illnesses, injuries, and deaths, and cases of adult lead and pesticide poisoning. It also provides information to workers, employers, and other public health programs.
- The Environmental Public Health Tracking program involves the ongoing collection, integration, analysis, interpretation, and dissemination of data on environmental hazards, exposures to those hazards, and health effects that may be related to the exposures.

How do we measure our progress?

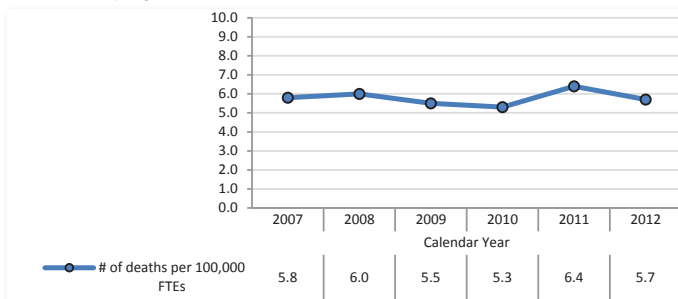
- 1 Annual number of occupational associated pesticide illness and injury cases of lowans age 16 or older.



Data Source: NIOSH and the American Association of Poison Control Centers. Data are available annually. 2010 and 2011 data are not yet available.

How are we doing? Numbers of pesticide cases and the corresponding rates per employed persons continue to vary from year to year, somewhat due to reporting patterns or exposures due to crop duster over-spraying.

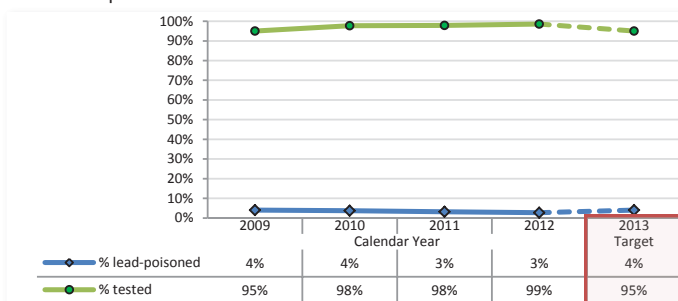
- 2 Rate of fatal work-related injuries occurring in Iowa per 100,000 full time employees (FTEs).



Data Source: IDPH Occupational Surveillance Program and U.S. Department of Labor. Preliminary data are available annually, with a 2-year delay for final data. 2012 data is provisional.

How are we doing? The 2012 preliminary rate is the same as the average for 2007-2011. Roadway transportation incidents accounted for 59% of the work-related deaths in 2011.

- 3 Percent of Iowa children who get a blood lead test by age six.
4 Percent of Iowa children getting a blood lead test who are identified as lead-poisoned.



Data Source: IDPH Childhood Blood Lead Surveillance Database. Data are available annually.

How are we doing? Virtually all Iowa children are now tested for lead poisoning. The percentage of children tested for lead who are lead-poisoned is steadily decreasing. However, there is still a need to teach providers and parents about the need for testing.

What can lowans do to help?

- If you have been diagnosed with an environmental-related disease, make sure your physician reports it to IDPH. For a list of reportable environmental diseases, go to www.idph.state.ia.us/eh/reportable_diseases.asp.
- All lowans should be aware of the dangers of pesticides. Report all human pesticide exposures by calling the Iowa Statewide Poison Control Center at 1-800-972-2026. To learn more, go to www.idph.state.ia.us/LPP/Pesticide.aspx.
- Local public health should consult the Environmental Epidemiology program for help and guidance on possible environmental exposures and health concerns.
- Iowa parents should be aware of possible exposure to lead hazards and have their children tested for lead poisoning. All lowans should be aware of lead poisoning risks. To learn more, go to www.idph.state.ia.us/LPP/Default.aspx. Adults who work with lead should be aware that they can become lead-poisoned, their children can be poisoned by lead brought home on their clothes, and their unborn children can be exposed to lead if they are pregnant. www.idph.state.ia.us/LPP/ABLES.aspx
- Follow laws requiring training and certification of those who identify or abate lead-based paint, and those who perform renovation, remodeling, and repainting in pre-1978 housing or child-occupied facilities. www.idph.state.ia.us/LPP/Default.aspx
- Iowa workplaces should adopt safety practices to prevent fatal injuries. www.idph.state.ia.us/LPP/OHSSP.aspx

Expenditures

Funding Sources: General fund, federal funds, & retained fees*. K13-1351; 0153-0402/0984/1362/1708/1912/1954

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$503,585	\$537,750	\$537,750
Federal funds	\$1,338,023	\$1,408,505	\$1,185,468
Other funds*	\$304,237	\$532,341	\$920,396
Total funds	\$2,145,845	\$2,478,596	\$2,643,614
FTEs	10.67	10.86	11.25

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Acute Disease Prevention & Emergency Response and Environmental Health ♦ Environmental Epidemiology
Phone: 515-281-7462 ♦ Fax: 515-281-4529 ♦ www.idph.state.ia.us/adper/env_epi.asp ♦ www.idph.state.ia.us/LPP/Default.aspx
5th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

Lead Poisoning Prevention – Phone: 800-972-2026 ♦ Fax: 515-281-4529 ♦ www.idph.state.ia.us/LPP/Default.aspx
Occupational Health & Safety Surveillance – Phone: 800-972-2026 ♦ Fax: 515-281-4529 ♦ www.idph.state.ia.us/LPP/OHSSP.aspx

Environmental Health Engineering

Phone: 515-281-0921
www.idph.state.ia.us/eh/default.asp

Promoting & Protecting the Health of Iowans



Every summer in Iowa, hundreds of thousands of Iowans cool off with a dip in a pool. IDPH works to make sure people are the only thing swimming in that pool; not tiny critters that can make people sick. Cryptosporidiosis (“Crypto”) is a disease caused by a parasite that results in diarrhea. People get sick when they swallow the parasite. The not-so-appetizing explanation: People get sick when they swallow swimming pool water someone else swam in when they had diarrhea.

That’s just what happened in 2005, when a group of Crypto cases was traced to an Iowa wading pool. Pool operators worked fast, closing the pool for special cleaning, and reopening as fast as possible. The Swimming Pools and Spas program helps keep Iowans healthy by helping keep the waters they swim in healthy, too!

Did you know? The IDPH Swimming Pools and Spas program inspects about 1,300 pools, more than 420 spas, 260 wading pools, and 260 water slides at about 1,260 locations in Iowa.

Why are Environmental Health Engineering programs important to promoting and protecting the health of Iowans?

- Environmental health engineering principles are fundamental to ensuring public health measures are in place to keep Iowans safe.
- Iowans use public swimming pools and spas at a variety of locations: municipal pools, YMCA/YWCA, hotels and motels, health clubs, and water parks.
- There are many health concerns related to swimming pools and spas, including transmission of disease, injuries, and the potential for drowning.
- Plentiful safe drinking water is important to public health.
- Improperly installed plumbing poses a risk to drinking water systems by potentially allowing drinking water and wastewater to mix.
- Proper fluoridation of water is extremely important to good oral health.

Which Iowa Public Health Goals are we working to achieve?

Protect against environmental hazards

Prevent epidemics & the spread of disease

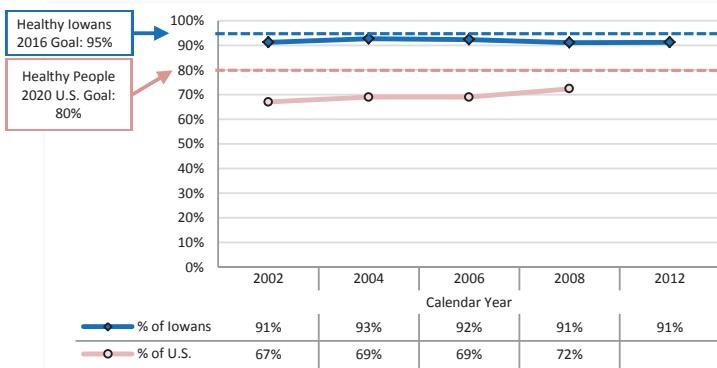
Prevent injuries

What do we do?

- Contract with local health departments to do inspections at public swimming pools and spas.
- Register about 2,200 pools and spas in Iowa.
- Issue construction permits and approve plans for new facilities or renovations to old ones.
- Iowa law requires that a water treatment system that claims to reduce health-related contaminants from drinking water be tested to show that the system achieves the reduction. IDPH maintains a registry of systems that comply.
- The Fluoridation program monitors the fluoridation of public water supplies, assists and trains water system operators, and helps communities with fluoridation projects.
- The Backflow Prevention Assembly Tester Registration program sets training standards for technicians who test backflow prevention devices and maintains a registry of qualified technicians.
- IDPH maintains the Iowa State Plumbing Code and Iowa State Mechanical Code, the minimum standards for plumbing and mechanical work in Iowa cities.

How do we measure our progress?

- 1 Percent of lowans served by community water systems who are receiving optimally fluoridated water*.



Data Source: IDPH Fluoride Database and Iowa DNR Safe Drinking Water Information System. Data are available annually. 2012 U.S. data are not yet available.

* Optimally fluoridated water is water with natural fluoride levels or adjusted fluoride levels of at least 0.7 milligrams of fluoride per liter of water (0.7 mg/L).

How are we doing? The proposed national standard for optimally fluoridated water is 0.7 mg/L. Currently, 91% of lowans who get their water from a community water system receive water with fluoride concentrations that meet this standard. This is much higher than the national rate of 72% getting fluoridated water that meets this standard.

- 2 Number of plumbing and mechanical professional licenses issued by the Plumbing and Mechanical Systems Board.

Data Source: IDPH Licensing Database. Data are available annually.

How are we doing? As of May, 2013, 17,665 plumbing and mechanical professionals were licensed in the state.

What can lowans do to help?

1. Stay away from swimming pools, wading pools, and spas/hot tubs if you have or recently had diarrhea. Keep sick children away from these facilities.
2. Practice good pool hygiene. Take a shower and wash your child thoroughly before swimming.
3. You can find out about the status of your community's public water fluoridation by visiting www.idph.state.ia.us/hpcdp/fluoride_search.asp.
4. Make sure only registered professionals test or repair your backflow prevention assemblies.
5. Use "Licensed in Iowa" to find a licensed professional to perform plumbing and mechanical systems work www.licensediniowa.gov.

Expenditures

General fund & retained fees*: K19-1901(42%)/1903/1905/2041

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$0	\$17,548	\$173,394
Other funds*	\$1,202,567	\$1,012,542	\$1,426,334
Total funds	\$1,202,567	\$1,030,090	\$1,443,882
FTEs	9.03	10.12	12.45

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Environmental Health Services & Outreach

Phone: 515-281-0921
www.idph.state.ia.us/eh/env_health.asp

Promoting & Protecting the Health of Iowans



We live in a time when it's easy to take many things for granted. Clean water, safe food, and proper waste disposal are things we expect. However, it takes properly trained people at the local level to carry out the work needed to ensure the basics we've come to expect are there consistently. IDPH works to ensure the same services and knowledge are delivered statewide, regardless the size of the community.

IDPH supports local boards of health and their employees in providing environmental health programs. Since 2001, over 1,375 attendees from local public health agencies have participated in more than 40 training programs. That's an estimated 7,960 hours of professional training! These trained individuals are key in performing routine inspections on regulated facilities as well as providing technical assistance and guidance to local public health officials and Iowans who have concern regarding environmental exposures and their health.

Did you know? In state fiscal year 2013, over 6,200 private wells in Iowa had their water tested for coliform bacteria and nitrate through the Grants to Counties program.

Why is Environmental Health Services and Outreach important to promoting and protecting the health of Iowans?

- Concerns about environmental conditions continue to increase, but the level of environmental health services is not consistent across the state.
- Environmental health affects every Iowan every day. The environmental health workforce is vital to making sure Iowans are safe where they live, work, and play.
- Environmental hazards may affect Iowans in a public health emergency or natural disaster. These include food safety, availability of clean drinking water, management of waste, and air quality.
- Iowa's environmental health workforce is aging and it is important to recruit new graduates to the field of environmental health.
- During public health emergencies and natural disasters, federal resources are typically not available for the first 72 hours. Local health agencies must be prepared to respond until additional assistance arrives.

Which Iowa Public Health Goals are we working to achieve?

- Strengthen the public health infrastructure
- Protect against environmental hazards
- Prepare for, respond to, & recover from public health emergencies

What do we do?

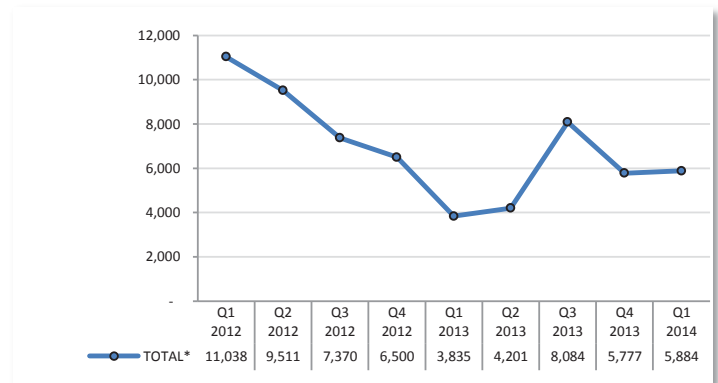
- Offer consultation to local boards of health and boards of supervisors on their role in providing environmental health services. This includes finding and hiring qualified environmental health specialists.
- Provide training and consultation services to local environmental health staff and public on issues including indoor air quality, water quality, tattoo inspections, and more.
- Provide technical assistance and consultation during a food or water related illness outbreak investigation.
- Facilitate coordination between state agencies and local public health agencies.
- Provide equipment, assistance, and back-up staff for local emergency response plans.
- The Grants to Counties Water Well program provides funding to local health departments for private well testing, plugging abandoned wells, and renovating existing wells.

How do we measure our progress?

- 1. Number of consultations provided on environmental health related issues.

Data Source: Division tracking logs. Data are available monthly.

How are we doing? The Division of Environmental Health implemented a new tracking system in July 2011. During the first 18 months, the division provided over 42,000 consultations to Iowans and others on issues such as indoor air quality, water quality, lead poisoning, and radiological health and safety, which is an average of approximately 2,300 per month.



*Values based on State Fiscal Year

What can Iowans do to help?

1. All Iowans should develop a personal or family disaster plan. For more information, go to www.ready.gov.
2. Iowans can contact their county environmental health office if they would like a free water test for their private well, or if they need help paying for the cost of plugging a well.
3. Local public health officials, elected officials and board of health members should call 515-281-0921 with questions about the delivery of environmental health services in Iowa.
4. Public health administrators, local boards of health, environmental health directors, and practitioners should attend regional trainings. For more information, go to www.idph.state.ia.us/EHS/Calendar.aspx.

Expenditures

General fund, federal funds, & intra state receipts* (Dept of Natural Resources): K09-0963; K13-1303/1402/1404; K19-1901(40%); 0153-1904.

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$351,181	\$314,314	\$464,245
Federal funds	\$21,783	\$0	\$0
Other funds*	\$1,614,845	\$1,605,538	\$2,080,000
Total funds	\$1,987,809	\$1,919,852	\$2,544,245
FTEs	4.07	3.86	6.70

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Family Planning

Phone: 515-321-8159

www.idph.state.ia.us/hpcdp/family_health_family_planning.asp

Promoting & Protecting the Health of Iowans



A client from Western Iowa who is pursuing a career in health care sent the following thank you note to her provider: "Words cannot explain how grateful I am to have a caring woman like you as my provider. You went out of your way to take care of me on a Saturday. I appreciate the things you do." Family Planning services help men and women reach their educational and career goals.

A woman from Southern Iowa wrote, "I really appreciate that I have somewhere to go for a reasonable price. Unfortunately, I couldn't come in with a payment today. I am grateful to know that I was still welcome."

The Iowa Department of Public Health (IDPH) Family Planning Program provides medical services, health education, and information to Iowans to promote reproductive health in Iowa.

Did you know? In 2012, 44% of pregnancies in Iowa were unintended.

Why is the Family Planning program important to promoting and protecting the health of Iowans?

- There are about 322,270 women in Iowa ages 13-44 that need contraceptive services. Increasingly men are seeking family planning services. Improving birth outcomes and promoting healthy families and communities are essential to promoting public health.
- The social and economic circumstances facing low-income or minority families may result in decreased access to family planning services.
- Between 2001 and 2007, the number of Iowa pregnancies steadily increased to 48,305. From 2008 to 2011, the number of Iowa pregnancies dropped to 38,204. Women with intended pregnancies modify their lifestyles and obtain prenatal care earlier than do women with unintended pregnancies.
- Iowa's adolescents have higher rates of unintended pregnancy, low birth weight babies, and sexually transmitted infections (STI) than any other age cohort does. The national teen birth rate for 15 to 19 year olds is 34.3 per 1000 population. The birth rate for all Iowa teens is 25.5, but disparities do exist. In 2010, the birth rate for Non-Hispanic Black youth was 80.9 and for Hispanic youth, it was 70.1.
- In 2012, Title X providers in Iowa served 62,941 women and 4,051 men. Almost 55,000 of those individuals had an annual income less than 250% of the federal poverty level. Title X providers also provided cervical cancer screenings, 19% of which required additional follow up for abnormal findings, 68,255 STI tests, and 7,696 HIV tests.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy behaviors

Strengthen the public health infrastructure

What do we do?

Medical Services

- Birth control exams and supplies
- Tests and treatment for sexually transmitted diseases
- Cancer screening: pap smears and breast exams
- Infertility exams, counseling, and referral
- Tests for high blood pressure and anemia
- Pregnancy tests

Information

- How to plan a healthy pregnancy
- How to talk with parents and others about sexuality
- How to make responsible sexual decisions, avoiding reproductive coercion
- How to make a reproductive life plan

Health Education

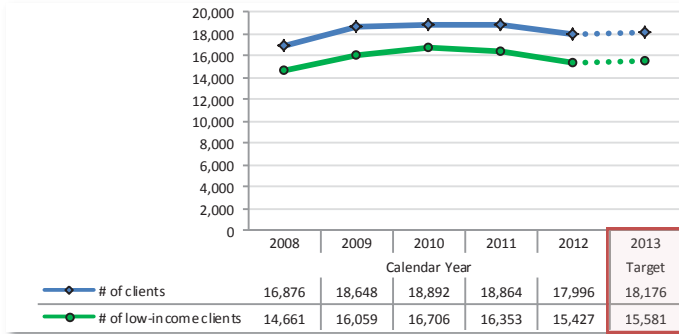
- Birth control methods
- Reproductive health and reproductive life planning
- Self-exams for breast or testicular cancer
- Sexually transmitted infections and HIV/AIDS
- Importance of nutrition
- Effects of alcohol, drugs, and tobacco on reproductive health

Community Education

- Public speakers and educational materials
- Parent-child communication
- Reproductive health
- Birth control
- Other family planning-related issues, including HIV/AIDS and STI prevention

How do we measure our progress?

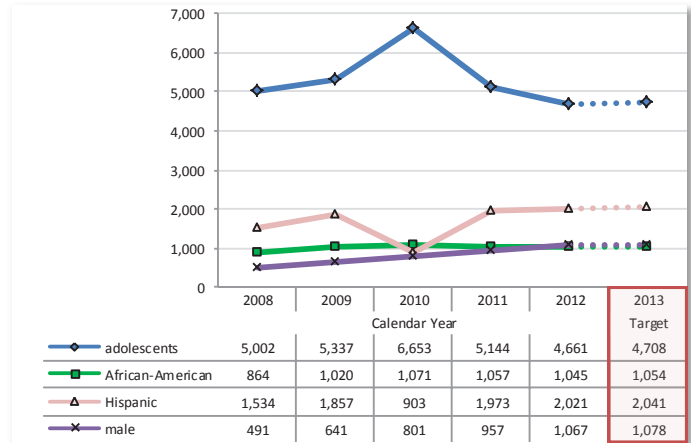
- Number of unduplicated clients served.
- Number of low-income clients served (below 150% of the federal poverty level).



Data Source: Family Planning Annual Report.

How are we doing? In 2012, Family Planning Clinics saw a 1% decrease in the number of low-income clients seen over 2011.

- Number of adolescents (under 20 years old) served.
- Number of African-American clients served.
- Number of Hispanic clients served.
- Number of male clients served.



Data Source: Family Planning Annual Report.

How are we doing? The number of adolescent clients increased between 2008 and 2011, then dropped slightly in 2012. The number of male clients increased annually from 2007 to 2012. The number of African-American clients decreased slightly in 2007, and increased from 2008 to 2011 and has remained stable. The number of Hispanic clients served increased to its highest level in 2012.

What can Iowans do to help?

- Learn more about the Family Planning Program by going to www.idph.state.ia.us/hpcdp/family_health_family_planning.asp.
- Share with friends and colleagues how important it is that pregnancies are planned.
- Share with friends, colleagues, and other health professionals that no-cost or low-cost reproductive health care screening and contraception is available by calling 1-800-369-2229.

Expenditures

Federal funds: 0153-0302

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$0	\$0	\$0
Federal funds	\$1,604,167	\$1,443,808	\$936,927
Total funds	\$1,604,167	\$1,443,808	\$936,927
FTEs	1.44	1.48	1.85

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Finance

Phone: 515-281-6645
www.idph.state.ia.us/apl/finance.asp

Promoting & Protecting the Health of Iowans



Who does the bookkeeping in your family? Who pays the bills and makes sure the money is spent wisely? It's an important task and one that requires a great deal of responsibility and attention to detail. Now, imagine keeping the books for a family of 470. The IDPH Bureau of Finance provides all accounting, budgeting, contractual, and purchasing services for the 470 employees of IDPH and the department's 65 program areas. That's a lot of beans to count!

By improving the processes and procedures for service contracts, the Bureau of Finance has been able to manage scarce resources more effectively. By handling all the financial matters for IDPH, program staff members can devote their time to promoting and protecting the health of Iowans.

The Bureau of Finance works hard to ensure the department spends every dollar as effectively and efficiently as possible.

Did you know? The Bureau of Finance paid 12,748 bills for different contracts to over 1,165 different contractors that provided services to Iowans in their local communities in state fiscal year (SFY) 2013.

Why is the Bureau of Finance important to promoting and protecting the health of Iowans?

- The Bureau of Finance ensures scarce resources are spent effectively so the 65 program areas and 470 employees of IDPH can work to promote and protect the health of Iowans.
- Centralizing administrative support services in the Bureau of Finance is an effective and efficient way to monitor and assure accountability in the use of taxpayer money.

Which Iowa Public Health Goals are we working to achieve?

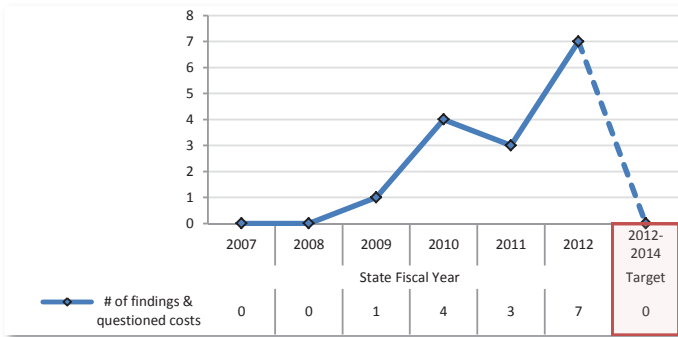
Strengthen the public health infrastructure

What do we do?

- The Bureau of Finance provides all accounting, budgeting, contractual, and purchasing services for IDPH.
- The Bureau works to improve the service contracting process by standardizing and simplifying procedures throughout the department.
- Contractors use an electronic document library system for service contract management including the submission of requests for funding, execution of contractual documents, submission of required reports, and reimbursement requests.

How do we measure our progress?

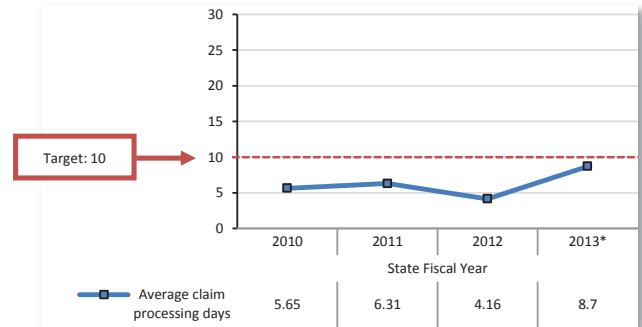
① Audit Reports: Number of findings and questioned costs.



Data Source: State Audit Report. Data are available annually. SFY 2013 data are not yet available.

How are we doing? The number of audit findings has been consistently low over the past several years.

② Claim processing: Average processing time from receipt of an account payable document to submission to DAS for payment.



Data Source: Program records. Data are available annually. *2013 data is preliminary.

How are we doing? We have consistently met our goal for claim turnaround time since SFY 2010 helping to ensure timely payment to our numerous vendors/contractors.

What can lowans do to help?

1. All IDPH service contractors must follow the terms and conditions of financial management, confidentiality, staff qualifications, contract performance, and contract administration. For more information on IDPH terms and conditions, go to "Funding Opportunities" at www.idph.state.ia.us/IdphGBP/IdphGBP.aspx.
2. IDPH employees must ensure that the state gets the highest quality service from providers at the most reasonable cost.
3. All lowans can recommend ways the bureau can improve its services by e-mailing the Finance Bureau Chief at cheryl.christie@idph.iowa.gov.

Expenditures

Federal indirect funds, & indirect funds from private grants*: 0153-2202

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$0	\$0	\$0
Federal funds	\$1,128,536	\$1,220,350	\$608,384
Other funds*	\$0	\$0	\$822,616
Total funds	\$1,128,536	\$1,220,350	\$1,431,000
FTEs	17.22	16.54	16.75

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Administration & Professional Licensure ♦ Finance

Phone: 515-281-6645 ♦ Fax: 515-281-3789 ♦ www.idph.state.ia.us/apl/finance.asp

6th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

Accounts Payable – Phone: 515-281-8539

Accounts Receivable and Service Contracting – Phone: 515-281-6645

Administrative Services (Fleet, Mail, Purchasing, etc.) – Phone: 515-281-3699

Gambling Prevention & Treatment

Phone: 515-281-8802
www.1800betsoff.org

Promoting & Protecting the Health of Iowans



For the vast majority of people, office pools, lottery tickets or a trip to the casino are harmless entertainment. For some, however, gambling leads to serious problems that also harm people close to them and the wider community. For problem gamblers, the Iowa Gambling Prevention and Treatment Program is here to help.

Gambling had taken control of Jeff's life two years ago. In that short time, he amassed nearly \$110,000 in credit card debt and was on the verge of bankruptcy. He spent hours away from his family and work to be at the casino. He opened extra credit cards and maxed them out. As the bills began to catch up, he knew he needed to stop but couldn't put the brakes on his habit himself. "I didn't know what I was going to do," he said. "Without Allen Hospital's gambling treatment program, I wouldn't have been able to quit. Treatment hasn't been easy but I've learned to cope with stress and the urges to gamble. I've got a long ways to go to be out of debt but I know I have the skills to do it.... I have hope."

Did you know? Over the past 20 years, Iowa has seen a dramatic increase in gaming opportunities. Iowans can choose from 18 casinos licensed by the Iowa Racing and Gaming Commission, three tribal casinos, 2,400 lottery outlets, 3,350 social and charitable gaming licenses, as well as numerous internet and other illegal gaming opportunities. The cumulative effect of this increase is easy access to gambling in every county of the state.

Why is Gambling Prevention & Treatment important to promoting and protecting the health of Iowans?

- From the UNI-CSBR report *Gambling Attitudes and Behaviors: A 2011 Survey of Adult Iowans*, we have learned:
 - Approximately 12% of all adult Iowans experienced a symptom of problem gambling in the past 12 months.
 - More than 1 in 5 (22%) of adult Iowans have been negatively affected by the gambling behavior of a family member, friend, or someone else they know.
- Iowans with gambling problems report money spent gambling led to financial, personal, family, and work problems.
- Treatment is effective in reducing or eliminating gambling and associated problems like debt and employment problems.
- The 1-800-BETS-OFF helpline and website offer Iowans help and information.
 - In SFY 2013 over 4,000 calls were logged to the helpline and over 14,000 visits were made to www.1800betsoff.org.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy behaviors

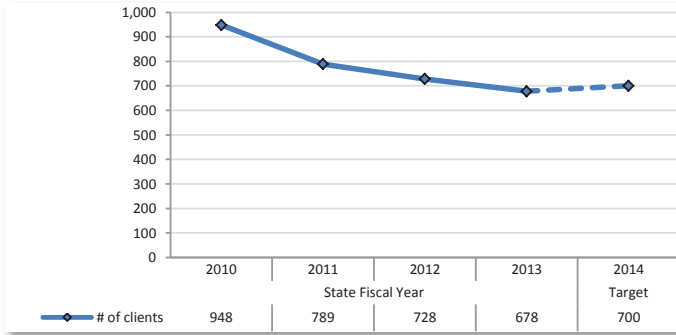
Strengthen the public health infrastructure

What do we do?

- Fund counseling for problem gamblers and those affected by the gambling of a family member.
- Fund Recovery Support Services to provide support and assistance for persons receiving problem gambling treatment.
- Fund primary prevention and education services on the risks and responsibilities of gambling.
- Fund secondary prevention services for groups at increased risk of problem gambling.
- Fund helpline referral and education services through 1-800-BETS-OFF and www.1800betsoff.org.
- Fund training and professional development for counselors providing treatment for problem gambling and common co-occurring disorders.
- Promote a Recovery Oriented System of Care that supports long-term recovery efforts of Iowans.

How do we measure our progress?

- ❶ Number of clients admitted for counseling services to a state funded provider.



Data Source: Gambling Services Reporting System (GSRS). Data are available annually.

How are we doing? In SFY2013, 678 clients received counseling services.

- ❷ Percent of discharged clients who successfully completed treatment who report no gambling in the past 30 days.



Data Source: CY 2006-2010 - Iowa Gambling Treatment Outcome System. CY 2011-2012 - Gambling Services Reporting System (GSRS).

How are we doing? Of clients who successfully completed treatment in calendar year 2012, 86% reported no gambling in the past 30 days.

What can Iowans do to help?


1. If you or someone you care about is struggling with problem gambling, call 1-800-BETS-OFF for help.
2. Problem gambling often co-occurs with and can elevate other mental health, substance use or health problems. Understand the signs and symptoms of problem gambling and how to treat it or where to refer people for help. Training, education and information on problem gambling is available through Training Resources at www.trainingresources.org and the Iowa Substance Abuse Information Center at www.drugfreeinfo.org.
3. All Iowans can find more information about problem gambling at www.1800betsoff.org.

Expenditures

General fund: K01-0222

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$3,066,989	\$2,740,089	\$3,111,614
Total funds	\$3,066,989	\$2,740,089	\$3,111,614
FTEs	2.41	2.28	2.40

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.



Karen is a single, working mom who needed health insurance for her child. She couldn't afford it, but heard about the *hawk-i* insurance program for children in working families. She heard about the program from a *hawk-i* outreach coordinator in her community. She completed and submitted an online application, and soon after her *hawk-i* coverage began, her daughter broke her arm on the playground at school. No problem. Her daughter saw the doctor and all turned out well. This story shows how the *hawk-i* program works.

Did you know? Over 300,000 eligible Iowa children are enrolled in Medicaid and *hawk-i*.

The *hawk-i* program offers dental-only coverage for children who have health insurance but may not have dental coverage.

Why is *hawk-i* Outreach important to promoting and protecting the health of Iowans?

- The Iowa Department of Human Services estimates that about 40,000 uninsured Iowa children under the age of 19 are below 300% of the poverty level.
- Research overwhelmingly shows that access to health care coverage increases a child's readiness to learn, improves school performance by nearly 70%, increases focus in class by 68%, and improves school attendance.
- Nearly one-third of all Americans (about 90 million people) have trouble understanding and using health information.
- According to the 2010 Iowa Child and Family Household Health Survey:
 - 3% of Iowa children are uninsured, and most of these children are eligible for *hawk-i* or Medicaid. If all *hawk-i* and Medicaid eligible children were enrolled, 99% of Iowa children would have health insurance coverage.
 - Almost a quarter of uninsured children have an unmet healthcare need.
 - 18% of Iowa children do not have dental insurance. This has decreased from 20% in 2005. However, the majority of these children are also eligible for *hawk-i*, *hawk-i* dental only coverage, or Medicaid.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy behaviors

Strengthen the public health infrastructure

hawk-i outreach in 2014

- Beginning December 1st, families will use the streamlined application through HealthCare.gov or the state eligibility portal to apply for *hawk-i*.
- Effective January 1st, the *hawk-i* income guidelines will also increase to 302% of the federal poverty level. Under the new income limits, a family four can make up to \$71,121.
- Outreach coordinators will continue to promote *hawk-i* to eligible families, and assist them in accessing the new application. The local coordinators will also provide information to families about local navigators and Certified Application Counselor Organizations for applications to the Health Insurance Marketplace.

What do we do?

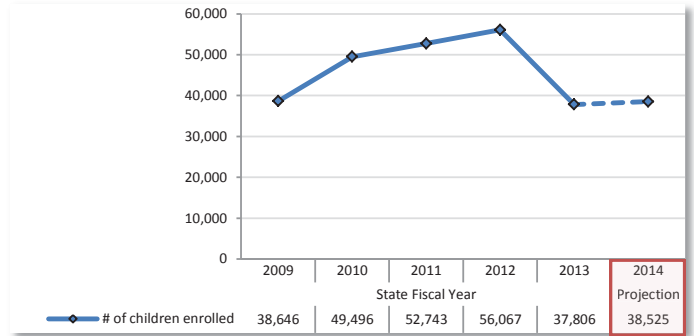
- Work with other organizations and agencies to provide information and *hawk-i* applications to families at various locations.
- Help families navigate the Medicaid and *hawk-i* enrollment process.
- Develop and deliver timely, culturally-correct education and materials to Iowans through conferences, health fairs, and trainings.
- Encourage policy and procedure changes in the Medicaid and *hawk-i* programs to increase the number of people who stay in the programs.
- Consult with other programs, such as Oral Health, to create effective outreach and communication materials for health insurance, and overall child and family health and wellness.
- Plan meetings and trainings to discuss ways to expand health care coverage outreach and education, simplify coverage programs, and coordinate coverage.

How do we measure our progress?

1 Number of children enrolled in Medicaid expansion & *hawk-i*.

Data Source: Iowa Department of Human Services. Data are available monthly.

How are we doing? During fiscal year 2013, 37,806 children were enrolled in Iowa's *hawk-i* program. Of these, 4,331 were enrolled in the *hawk-i* Dental-Only program. It is projected that by end of fiscal year 2014, the total number of children enrolled in Iowa's *hawk-i* program will reach approximately 38,525, and 4,653 in the *hawk-i* Dental-Only program. With the continuation of expanded outreach efforts and expanded coverage of children in families with countable income up to 302% of the FPL, it is expected that enrollment will continue to grow.



What can Iowans do to help?

1. All parents, health care providers, community members, policy makers, and employers can learn about the *hawk-i* program at www.hawk-i.org.
2. Parents with questions about their eligibility for the *hawk-i* insurance program should contact *hawk-i* customer service at 1-800-257-8563. For more information, go to www.hawk-i.org.

Expenditures

Federal funds & Intra state receipts* (Dept of Human Services): 0153-0534/0618/0688

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
Federal funds	\$61,214	\$332,051	\$356,619
Other funds*	\$380,874	\$336,405	\$380,000
Total funds	\$442,088	\$668,456	\$736,619
FTEs	1.00	1.46	1.10

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health Division of Health Promotion & Chronic Disease Prevention *hawk-i* Outreach

Phone: 515-725-2856 Fax: 515-725-1760 www.hawk-i.org

5th Floor, Lucas Building 321 E. 12th Street Des Moines, IA 50319-0075

Health Care Safety Net

Phone: 515-954-5674
www.iowasafetynet.com

Promoting & Protecting the Health of Iowans



If you watch a high-wire circus act closely, you'll notice that not only do the performers have a cable attached from the wire to their body, but there's also a safety net below. If the performer falls and the cable malfunctions, the safety net is there to protect the performer. That's a lot like the way the Health Care Safety Net works. It is intended to "catch" Iowans in danger of falling through the cracks in the health care system.

By focusing on community health centers, rural health clinics, small rural hospitals, and free clinics, IDPH Safety Net partners are able to reach over 400,000 Iowans who would otherwise lack access to health care because of where they live, cultural differences, or having little or no health insurance. Iowa has 14 federally qualified community health centers, 144 Certified Rural Health Clinics, 42 free clinics and 98 small rural hospitals across the state.

Good health should not be a tightrope walk for any Iowan. The Health Care Safety Net partners IDPH engages provide the assurance of access to care.

Did you know? According to the 2010 Census, 40% of Iowans live in rural areas where the *population to provider ratio* is twice as high as in urban areas. The disparity in the number of providers makes it difficult to get health care quickly, especially in case of an emergency.

Why is the Health Care Safety Net important to promoting and protecting the health of Iowans?

- All Iowans need to be able to get health care within a reasonable time, using primary care services in a timely fashion to prevent more serious health consequences and reduce unnecessary emergency room visits.
- Safety Net services increase access to qualified health professionals and to quality health services for underserved and uninsured Iowans. Safety Net providers, such as community health centers and free clinics, provide needed comprehensive health care services to all Iowans, regardless of ability to pay.
- In the past, free clinics in Iowa were unable to recruit enough professionals to provide free services due to the lack of professional insurance coverage. The Volunteer Health Care Provider program (VHCPP) offers indemnification to volunteer health care providers serving Iowa's free clinics. VHCPP free clinics have served more than 40,000 Iowans to date.

Which Iowa Public Health Goals are we working to achieve?

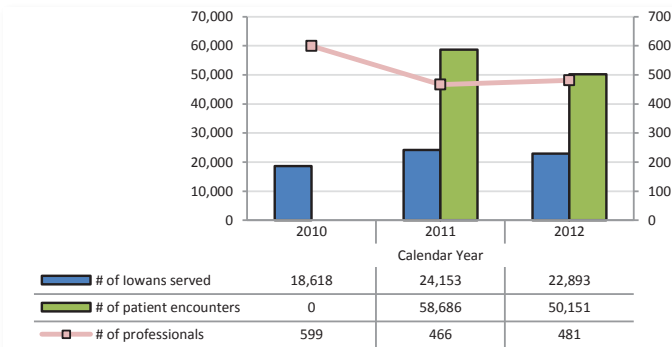
Strengthen the public health infrastructure

What do we do?

- Provide funding and contract management of the Iowa Collaborative Safety Net Provider Network.
 - Training support for Sexual Assault Response Teams
 - 3 initiatives to expand access to specialty care.
 - 3 programs expanding access to pharmaceuticals.
 - Direct financial support to Iowa free clinics, Federally Qualified Health Centers, and Rural Health Clinics.
 - 6 Safety Net Medical Home development projects.
- Recruit physician assistants and advanced registered nurse practitioners to participate in a postgraduate medical training program so they can provide services in Iowa's mental health shortage areas.
- Analyze geographic areas of Iowa eligible for CMS-certified Rural Health Clinics.
- Provide indemnification to health care professionals and free clinics through the Volunteer Health Care Provider program. Currently, more than 400 professionals are enrolled.
- Provide loan repayment opportunities to primary care providers working in designated underserved areas.
- Provide funding and contract management to Iowa's critical access and small hospitals for quality improvement.
- Collaborate with Iowa Primary Care Association to identify areas of Iowa in greatest need.
- Analyze and identify areas of Iowa for Health Professional Shortage Areas leading to eligibility for loan repayment and enhanced reimbursement from Medicare.

How do we measure our progress?

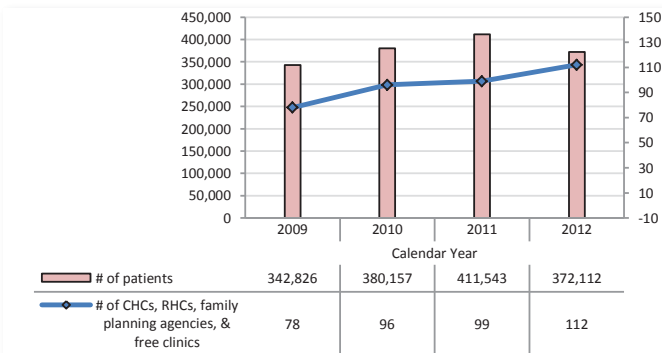
- 1 Number of providers enrolled in the Volunteer Health Care Provider Program (VHCPP).
- 2 Number of Iowans served and encounters by VHCPP professionals.



Data Source: Program database & clinic reports. Data are available annually. Number of patient encounters data is unavailable for 2010. VHCPP providers are not mandated to submit data therefore data is not collected from every safety net provider. The full 2012 Network data report is available at: <http://iowapca.org/associations/12735/files/CY2012%20Data%20Report%20Final.pdf>.

How are we doing? Twenty percent of visits to free clinics are for treatment of chronic illness, 32% are for urgent care, and the remaining visits are for basic preventive and curative care. The numbers have decreased slightly due to fewer free clinics (44 to 42 from 2011 to 2012) and fewer clinics receiving safety net funding and reporting data (42 to 40 from 2011 to 2012).

- 3 Number of clinics and agencies participating in the Iowa Collaborative Safety Net Provider Network.
- 4 Number of patients served by clinics and agencies participating in the Iowa Collaborative Safety Net Provider Network.



Data Source: Safety Net Provider Network database. Data are available annually.

How are we doing? During 2012, the Iowa Collaborative Safety Net Provider Network included 14 Community Health Centers serving 181,781 patients; 52 Rural Health Clinics serving 116,199 patients; 6 Family Planning Agencies serving 51,239 patients; and 40 free clinics serving 22,893 patients. The Community Health Centers served slightly more patients than in 2011. Family planning numbers decreased substantially because in 2011, 14 family planning agencies received funding and reported numbers; while none received funding in 2012, 6 reported data. The free clinic numbers have decreased slightly due to fewer free clinics (44 to 42 from 2011 to 2012) and fewer clinics receiving safety net funding and reporting data (42 to 40 from 2011 to 2012).

What can Iowans do to help?

1. If you or someone you know needs health care services, go to <http://findahealthcenter.hrsa.gov/> to find the health center nearest you.
2. All Iowans can volunteer to help free clinics with grant-writing, fundraising, and any general tasks needed to run the clinic.
3. Health care professionals wanting to volunteer at free clinics can visit the VHCPP Web site at www.idph.state.ia.us/OHDS/IowaHealthWorkforce.aspx?prog=IHW&pg=VHCPP.

Expenditures

General fund: K09-0971/0981/1001/1003/1013/1015

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$1,106,651	\$824,908	\$2,203,999
Total funds	\$1,106,651	\$824,908	\$2,203,999
FTEs	0.60	0.60	0.60

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Health Promotion & Chronic Disease Prevention ♦ Health Care Safety Net

Phone: 515-281-7223 ♦ Fax: 515-242-6384 ♦ www.iowasafetynet.com

4th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

Volunteer Health Care Provider Program

Phone: 515-242-6522 ♦ Fax: 515-242-6384 ♦ www.idph.state.ia.us/OHDS/IowaHealthWorkforce.aspx?prog=IHW&pg=VHCPP

Health Care Transformation

Phone: 515-954-9537
www.idph.state.ia.us/OHCT

Promoting & Protecting the Health of Iowans



The Patient Protection and Affordable Care Act (ACA) is a United States federal statute signed into law by President Barack Obama on March 23, 2010. On June 28, 2012, the United States Supreme Court upheld the constitutionality of most of the ACA. The ACA is aimed primarily at decreasing the number of uninsured and reducing health care costs by improving preventative care and managing chronic diseases. The ACA, when fully implemented, will expand the number of people with health coverage, introduce strategies for improving the quality of health care, and support plans to make communities healthier places.

Iowa's current health care system is set up to focus on treating people once they become sick. Some experts describe this as sick care instead of health care. Iowa will never be able to contain health care costs until we start focusing on preventing people from getting sick in the first place, putting an emphasis on improving the choices we make that affect our risk for preventable diseases.

Chronic diseases, including heart disease, cancer, obesity and diabetes, account for seven out of every 10 deaths and affect the quality of life for tens of thousands of Iowans. In 2007, chronic diseases accounted for 68% of all deaths in Iowa. The dramatic growth of chronic diseases is a huge burden to Iowa. If this problem is ignored, the cost of treating chronic conditions could overwhelm health care. The good news is 80% of chronic conditions can be prevented through improved lifestyle choices focusing on prevention.

Did you know?

The Affordable Care Act will be fully implemented in 2014. Some major changes to come include improved preventative care, elimination of annual limits on health insurance, no discrimination due to pre-existing conditions or gender, paying physicians based on value not volume, and an easier and more affordable way to purchase health insurance.

Why is the Office of Healthcare Transformation (OHCT) important to promoting and protecting the health of Iowans?

- The OHCT serves as a key point-of-contact for health care reform initiatives within IDPH including:
 - ✓ Accountable Care Organizations
 - ✓ Health Insurance Marketplace
 - ✓ Chronic Disease Management Initiatives
 - ✓ Patient-Centered Medical Homes/Health Homes
- The mission of the OHCT is to promote community care coordination and advance the patient-centered transformation of the health care system, which will improve care and reduce cost.
- A patient-centered medical home (PCMH) is a practice that provides care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. It is a model of care that holds significant promise for better health care quality, improved involvement of patients in their own care, and reduced avoidable costs over time.
- Beginning in 2014, tens of millions of Americans will have access to health coverage through newly established health benefit exchanges in each State which will provide one-stop shopping and make purchasing health insurance easier and more affordable to Iowans. The OHCT's role is to ensure consumer education and outreach for the HBE.

Which Iowa Public Health Goals are we working to achieve?

- Promote healthy behaviors
- Prevent epidemics & the spread of disease
- Strengthen the public health infrastructure

What do we do?

- The goals of the OHCT are: convening stakeholders; building relationships and partnerships; streamlining efforts; and offering assistance to Local Public Health Agencies to prepare for ACA implementation by encouraging:
 - ✓ Improved overall health of Iowans
 - ✓ Patient focused & increased patient satisfaction
 - ✓ Preventing and managing chronic diseases
 - ✓ Increased access to health care
 - ✓ Less use of emergency departments and hospital readmissions
- The OHCT uses innovative strategies to build and maintain partnerships with DHS, Iowa Department of Aging, Iowa Insurance Division, and the Iowa Department of Education by regularly presenting to outside stakeholder groups on national and state health care initiatives.
- The OHCT monitors federal health care issues and disseminates the key information, opportunities, and impacts to the public and other partners. The Check-Up is a health reform newsletter that is a key avenue to distribute this information. The Check-Up is archived here: www.idph.state.ia.us/IdphArchive/Archive.aspx?channel=CheckUp
- Iowa's Health Care Reform Act (HF 2539) has tasked IDPH with developing a plan for implementation of a statewide patient-centered medical home system and developing a state initiative for prevention and chronic care management. To do this, the OHCT coordinates the Patient-Centered Health Advisory Council.

How do we measure our progress?

- 1 The number of NCQA recognized patient-centered medical homes in Iowa. Health Homes and Enrollees in the Iowa Medicaid Enterprise's Primary Care State Plan Amendment.

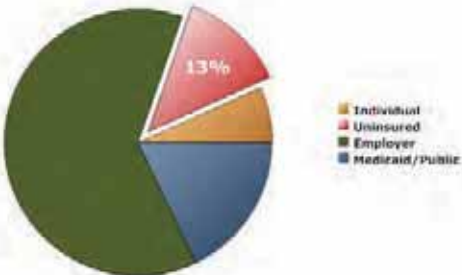


Counties with medical homes

Data Source: Iowa Department of Human Services- Iowa Medicaid Enterprise – December 2013

How are we doing? Currently, there are 52 clinics and 327 practitioners in Iowa that are NCQA recognized medical homes. The current list of recognized practitioners and clinics can be accessed here: <http://recognition.ncqa.org/index.aspx>.

- 2 The percentage of Iowans under age 65 with health insurance.



Data Source: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2011 and 2012 Current Population Survey (CPS: Annual Social and Economic Supplements).

How are we doing? Currently, 13% of Iowans under age 65 do not have health insurance, compared to 18% nationally.

What can Iowans do to help?

1. Become more informed and knowledgeable about the Affordable Care Act initiatives that are advancing including the health benefit exchange, medical homes/health homes, and accountable care organizations.
2. Actively work toward developing partnerships within your community to prepare for changes that are coming with health care transformation.
3. Learn more about the work of Patient-Centered Health Advisory Council by visiting www.idph.state.ia.us/OHCT/Council. Annual Reports and Issue Briefs developed by the Councils on a variety of topics related to the spread of medical homes in Iowa are available on the "Resources" tab. The issue briefs include:
 - [Community Utility Issue Brief](#)
 - [Disease Registry](#)
 - [Patient-Centered Care: What Does it Look Like?](#)
 - [Social Determinants of Health Issue Brief](#)
 - [Chronic Disease Management Issue Brief](#)
 - [Iowa Diabetes Issue Brief](#)
 - [Prevention Issue Brief](#)

Expenditures

State funds: K07-0863; K09-0991/0993/0995/0997/0999.

Federal funds: 0153-0904. Other funds (intrastate transfer)*: K07-0869.

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$0	\$656,873	\$952,408
Federal funds	\$2,883,229	\$3,241,545	\$1,991,894
Other funds*	\$100,893	\$87,129	\$0
Total funds	\$2,984,122	\$3,985,548	\$2,944,302
FTEs	2.72	2.06	3.85

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Health Information Technology (Iowa e-Health)

Phone: 1-866-924-4636
www.IowaeHealth.org

Promoting & Protecting the Health of Iowans



Imagine experiencing a heart attack hours away from home. The emergency room needs your vital health information fast. Blood type, allergies, and medications you take can affect the medical care you receive. Trouble is, it can take hours or days before the emergency room receives your medical records.

This is time you may not have.

That's why the Iowa Department of Public Health, through a public and private collaboration known as Iowa e-Health, is leading an effort to create a statewide health information exchange (HIE), which is also known as the Iowa Health Information Network (Iowa HIN). This secure network will give your primary care provider access to your vital health information when and where it is needed, in cases of emergency or during regular appointments.

This quicker access may save your life.

Did you know?

The health information exchange (or Iowa HIN) is not a central repository of health records; rather, it is a "hub" that connects different electronic health record systems throughout the state, allowing health information to flow between health care providers and, when appropriate, to IDPH.

Why is Iowa e-Health important to promoting and protecting the health of Iowans?

Iowa e-Health will help facilitate the sharing of health information across boundaries of individual practice and institutional health settings and with consumers. It is a public good that will contribute to improved:

- Clinical outcomes and patient safety,
- Population health,
- Access to and quality of health care, and
- Efficiency in health care delivery.

Which Iowa Public Health Goals are we working to achieve?

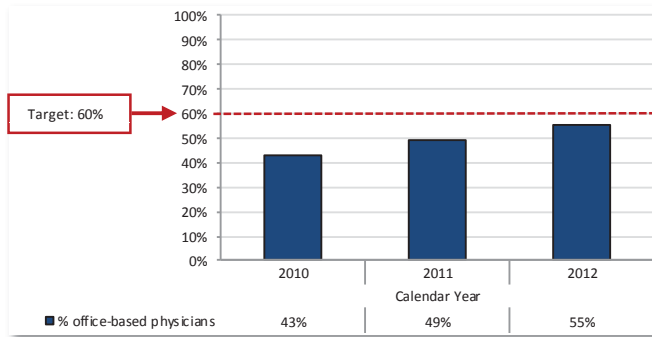
- Strengthen the public health infrastructure
- Prevent epidemics & the spread of disease

What do we do?

- Build awareness and trust of health IT.
- Promote statewide deployment and use of electronic health records and health information exchange.
- Enable a statewide health information exchange (also known as the Iowa HIN).
- Enable the electronic exchange of clinical data (e.g., continuity of care document).
- Safeguard privacy and security of health information.
- Advance coordination of health IT activities across state and federal government.
- Establish a governance model for Iowa e-Health.
- Execute and manage day-to-day business and technical operations for Iowa e-Health.
- Secure financial resources to sustain Iowa e-Health.
- Monitor and evaluate health IT progress and outcomes.

How do we measure our progress?

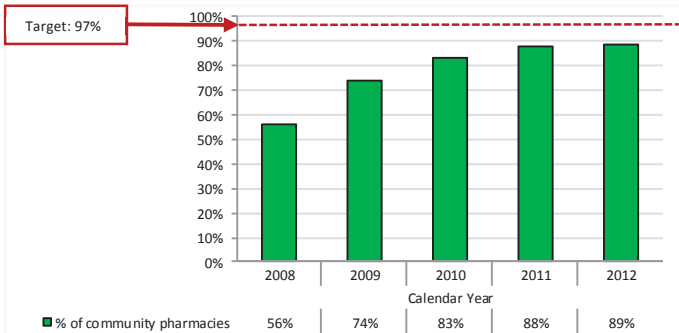
- 1 Percent of office-based physicians in Iowa who have adopted a basic electronic health record (EHR).



Data Source: National Ambulatory Medical Care Survey. Data are available annually.

How are we doing? One way to measure readiness to use Iowa e-Health services is to evaluate the extent to which providers are using EHRs or other clinical data systems. According to the 2012 National Ambulatory Medical Care Survey, 54.9% of office-based primary care physicians in Iowa indicated they have adopted at least a basic EHR system. In 2010, only 42.6% of the Iowa office-based primary care providers responding to the same survey indicated basic EHR adoption. This shows that more providers are expanding their capacity to exchange health information electronically.

- 2 Percent of Iowa community pharmacies actively filling e-prescriptions using the Surescripts Network.



Data Source: Surescripts Network Data Set for the State of Iowa. Data are available annually.

How are we doing? Iowa pharmacies are leading the charge to increase the use of health information technology across the state. According to Surescripts Network data, 95% of Iowa's community pharmacies were actively filling e-prescriptions using the Surescripts Network during 2012. This is up from 56% in 2008. Iowa's e-prescribing growth rate is faster than the national average.

As the Iowa Health Information Network (IHIN) continues to gain users, value cases will be collected and shared through the Financial Sustainability Plan to show how connection to an HIE impacts the quality, safety, and efficiency of Iowa's health care.

What can Iowans do to help?

1. Every Iowan should communicate with their health care provider(s) to learn how health information technology is being used to enable delivery of high quality, safe and efficient care.
2. All Iowans are encouraged to develop and improve personal computer skills.
3. All Iowans should learn about plans to promote the adoption and use of health IT, including the IHIN. For more information, go to www.IowaHealth.org.
4. Public health professionals should continue to learn about how health information technology can be fully utilized to promote and protect the health of Iowans.

Expenditures

General fund, federal funds, intra state receipts* and program income*: 007K-0072/0076; K09-0977; 0153-AR10

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$150,307	\$149,426	\$149,426
Federal funds	\$1,341,612	\$2,912,805	\$3,170,120
Other funds*	\$363,987	\$1,494,354	\$4,522,339
Total funds	\$1,855,906	\$4,556,584	\$7,841,885
FTEs	4.55	4.27	5.20

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.



Health Statistics

Phone: 515-281-4944
www.idph.state.ia.us/apl/health_statistics.asp

Promoting & Protecting the Health of Iowans



Each year in Iowa, about 40,000 babies are born, another 30,000 Iowans die, and 20,000 people decide to get married. Who keeps track of all these people? The IDPH Bureau of Health Statistics does. Vital records data has been kept in Iowa since 1880 and every person who was born, died, or got married since then is on file at IDPH.

Statistical data isn't just interesting trivia. It's important information that can be used to analyze and report on health trends and issues. It is also the basis for virtually all of the research conducted in the social sciences such as economics, political science, and sociology. These records are also required to prove eligibility for many programs and services, such as a driver's license, passport, or Medicaid. As a convenience, verifying the facts of birth is now available electronically for Medicaid and the DOT's driver services.

Much of Iowa's health history can be told through the "numbers" and the Bureau of Health Statistics helps ensure they "add up" to a healthier future.

Did you know?

Health Statistics are provided to public health research projects approved by the Research and Ethics Review Committee. Data are provided from Iowa records and from the national file maintained by the National Center for Health Statistics, which is a compilation of all state data files.

Why are Health Statistics important to promoting and protecting the health of Iowans?

- Health data is used to monitor trends in health and health care, identify health problems, and measure the effectiveness of public health programs.
- Health data is used to measure progress toward meeting the goals of Healthy Iowans 2010 and other public health plans.
- Vital records are needed to determine eligibility for many programs and services. For instance, a birth certificate is required for a driver's license or passport and provides proof of citizenship.
- Health statistics help us understand the health of Iowans, including disparities in health and the use of health care by different people.
- Health statistics help leaders decide where resources are needed and how they can best be used. Statistics also provide a measure of a program's success.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

What do we do?

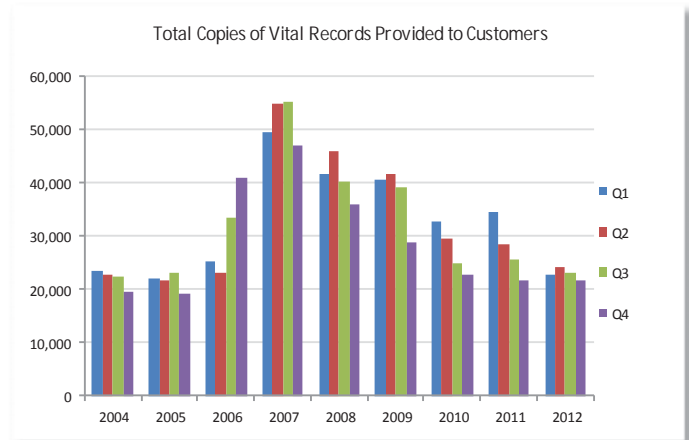
- Provide data to local, state, and national public health agencies so they can plan and measure the effectiveness of programs and make decisions about the use of resources.
- Provide data to state agencies to help them conduct their official duties.
- Provide certified copies of birth, death, and marriage records to Iowans and other entitled people to establish eligibility for many benefits, including U.S. citizenship.
- Provide a database to monitor progress on health objectives, identify emerging health issues, and support policy development.
- Publish the annual Vital Statistics of Iowa and Vital Statistics in Brief, as well as studies on important topics.

▶ How do we measure our progress?

1 Increasing our capacity to provide records in a timely manner.

Data Source: National Center for Health Statistics report card. Data are available annually.

How are we doing? We have significantly increased the number of vital records provided to our customers over the years. After reaching a peak in 2007, we have consistently provided more records in each of the last four years than we did during the previous five-year period. Tracking this information allows planning for staff capacity and our ability to meet the demand of our customers. The requests for copies are decreasing, after the increase we experienced related to Federal Agencies requiring birth certificates for passports, social security, and Real ID requirements of a birth certificate to obtain a driver's license even if you have one in the system. Travel requirements have also contributed to the increase. Our average turnaround time for requests is 2 business days.



▶ What can Iowans do to help?

1. All Iowans can learn about health trends by accessing health statistic information. For information on health trends, go to www.idph.state.ia.us/apl/health_statistics.asp.
2. All Iowans can find out how to obtain vital records. For more information on health trends, go to www.idph.state.ia.us/apl/health_statistics.asp.
3. Data providers can work with the Bureau of Health Statistics to report accurate and complete data efficiently.
4. Data providers can work with the Bureau of Health Statistics to collect data in standard formats and with standard processes.

▶ Expenditures

Federal funds, retained fees*, and other fees*: 0153-0456/AR22; 0024-0024/1024

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State Funds	\$0	\$0	\$0
Federal funds	\$773,141	\$1,050,280	\$790,502
Other funds*	\$2,466,821	\$2,098,105	\$3,457,406
Total funds	\$3,239,962	\$3,148,386	\$4,247,908
FTEs	26.39	24.16	27.95

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Administration & Professional Licensure ♦ Health Statistics

Phone: 515-281-4944 ♦ Fax: 515-281-0479 ♦ www.idph.state.ia.us/apl/health_statistics.asp

1st Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

Health Workforce

Phone: 515-281-8517
www.idph.state.ia.us/OHDS

Promoting & Protecting the Health of Iowans



"The Iowa Primary Care Association's Recruitment Center helps Iowa community health centers recruit and retain dedicated healthcare providers who have expressed an interest in practicing in rural and underserved areas of our state by focusing on both the interests of health care providers and the communities they serve. With the help of 3R Net, The Recruitment Center has recruited many healthcare providers for our 14 Iowa Community Health Centers. These providers consist of Dentists, Family Physicians, Pediatricians, and Nurse Practitioners.

It's no secret that one of the greater challenges we face in primary care provider recruitment is filling rural searches. The country faces a primary care shortage, which is only exacerbated in rural designated areas. Challenges with rural recruitment and retention are projected to continue well into the future. 3R Net has been a vital resource in Iowa by attracting quality healthcare professionals to our Iowa community health centers.

On behalf of our Iowa Community Health Centers and the Iowa Primary Care Association's Recruitment Center, we want to thank 3R Net for being that 'go-to' resource for finding those dedicated primary care providers who want to serve the low income and medically underserved populations in our state."

-Mary Klein, Recruitment Manager, Iowa Primary Care Association

Did you know? Forty-eight of Iowa's 79 rural counties are fully or partially designated primary health care shortage areas, meaning they have an acute shortage of primary health care professionals.

Why are Health Workforce programs important to promoting and protecting the health of Iowans?

- Fifty-six Iowa counties include a Primary Care Health Professional Shortage Area.
- Eighty-nine Iowa counties are Mental Health Professional Shortage Areas.
- Almost half of Iowa's dentists (49%) are over age 50. Sixty-eight Iowa counties are in a Dental Health Professional Shortage Area.
- Iowa predicts a shortage of 15,000 direct care professionals by 2018. Direct care professionals make up the largest workforce in the state and work in homes, nursing facilities, residential care facilities, group homes, and other settings.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

What do we do?

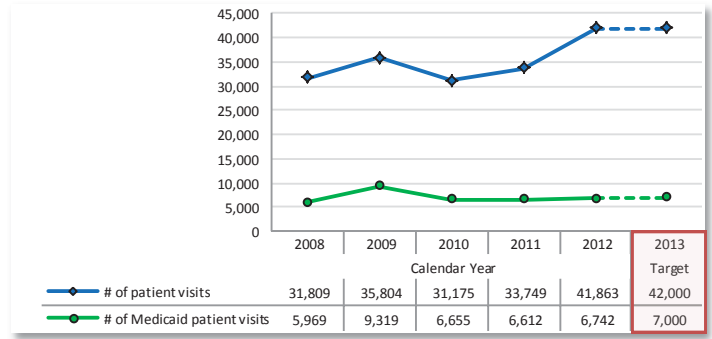
- Assist in recruiting students into primary care service-oriented careers.
- Engage in analysis and strategic planning for health care access and health care reform.
- Administer the National Health Service Corps (NHSC) program for Iowa, providing support to practice sites and clinicians.
- Lead the Personal and Home Care Aide State Training Program to develop a training and credentialing system for direct care professionals.
- Assist 25 to 30 physicians to practice in Iowa each year through the Conrad 30/J1 Visa Waiver Program.
- Coordinate public and private efforts to develop and maintain a stable, well-qualified, diverse, and sustainable health care workforce.
- Manage grants and contracts related to health workforce.
- Help professionals repay loans through the Iowa Loan Repayment Program. Loan repayment awards are made to an average of eight health professionals a year who commit to serve in shortage areas for two years.
- Help communities looking for health care professionals and professionals looking for vacancies through a free Web-based national recruitment network.

How do we measure our progress?

- 1. Number of underserved lowans receiving health care as a result of state health professional loan repayment.

Data Source: Reports from loan repayment grantees. Data are available annually.

How are we doing? Health professionals recruited and retained through the PRIMECARRE Loan Repayment Program serve thousands of lowans each year. Recruitment and retention incentives help lowa compete for health professionals in short supply; however, restrictions tied to federal regulations mean that only certain health professions are included.



What can lowans do to help?

1. All lowans can learn about the Bureau of Oral and Health Delivery Systems and Iowa's health workforce by visiting www.idph.state.ia.us/OHDS.
2. All lowans can participate in local community planning for health services and recruitment efforts.

Expenditures

Direct Care Workers: general fund: K09-0933/0946/1005/1007/1011. Iowa Health Workforce Center: general fund: K09-0979 (60%). Mental Health Workforce: general fund: K09-0965/0967/0973. Primary Care Office: federal funds: 0153-0912/AR02. Dental Loan Repayment: K09-0983. PRIMECARRE: general fund, federal funds, & other funds; State funds are used for a 1:1 match for the Federal Loan Repayment Grant: K09-0901/1017/1019; 0153-0908.

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$816,468	\$940,080	\$3,079,239
Federal funds	\$857,740	\$1,253,013	\$1,195,226
Other funds	\$130,529	\$100,725	\$7,585
Total funds	\$1,804,737	\$2,293,818	\$4,282,050
FTEs	3.84	3.99	6.30

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ◆ Division of Health Promotion & Chronic Disease Prevention ◆ Health Workforce

4th Floor, Lucas Building ◆ 321 E. 12th Street ◆ Des Moines, IA 50319-0075

3R-Net ◆ PRIMECARRE ◆ Primary Care Office ◆ Iowa Health Workforce Center ◆ Direct Care Worker Advisory Council

Phone: 515-281-8517 ◆ Fax: 515-242-6384 ◆ www.idph.state.ia.us/OHDS

Heart Disease & Stroke Prevention

Phone: 515-281-6016
www.idph.state.ia.us/hpcdp/hdsp_home.asp

Promoting & Protecting the Health of Iowans



In September 2013, the Centers for Disease Control and Prevention (CDC) issued a report stating that nearly one of every three deaths in the U.S. each year is caused by heart disease and stroke. At least 200,000 of these deaths could have been prevented* through changes in health habits, such as stopping smoking, being more physically active, and consuming less salt in the diet; changing communities to create healthier living spaces, such as safe places to exercise and smoke-free areas; and managing high blood pressure, high cholesterol, and diabetes.

More people will have access to health care coverage and preventive care through the Affordable Care Act. Health care providers should talk with their patients about healthy habits at every visit and follow patients' progress.

*Preventable (avoidable) deaths are defined as those from ischemic heart disease, stroke, chronic rheumatic heart disease, and hypertensive disease in people under age 75, although changes in health habits and the health care system can reduce death among all ages.

Did you know? Heart disease is the #1 killer and stroke is the #4 killer of Iowa men and women.

Why is Heart Disease and Stroke programming important to promoting and protecting the health of Iowans?

Heart disease and stroke death rates are lowest in history, but remain the leading cause of death.

- In 2012, 6,966 Iowans died of heart disease. Another 1,411 Iowans died from stroke; the fourth highest cause of death in the state.
- Deaths from heart disease and stroke combined accounted for 29% of deaths in Iowa.
- In 2012, 4,846 deaths, 70% of heart disease deaths, were due to coronary heart disease (CHD):
 - This was a death rate of 161 per 100,000 for men vs. 87 per 100,000 for women; 86% higher for men than women;
 - In total, this was a CHD death rate of 118.7 deaths per 100,000 Iowans, and a stroke death rate of 33.8 deaths per 100,000 Iowans;
 - The *Healthy People 2020* goal is to reduce the CHD death rate to 101 per 100,000 and the stroke death rate to 34 per 100,000, respectively.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

Promote healthy behaviors

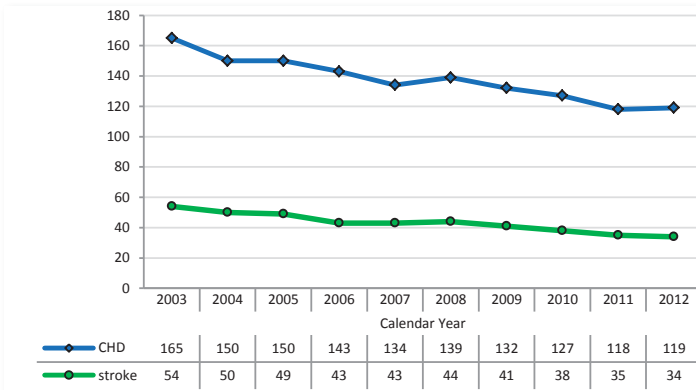
What do we do?

The Health Promotion and Chronic Disease Control Partnership partners the IDPH with many private and public organizations, health systems and community organizations to plan implement and report on state-wide heart disease and stroke prevention activities. With current CDC funding, the IDPH is working with Iowa's health systems to improve the quality of patient screening, education and care. This entails prioritizing working with patients to control high blood pressure through care coordination, team-based care approaches, appropriate utilization of electronic health records, patient self-monitoring, and reporting of clinical and hospital performance measures that will demonstrate improvements over time.

WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation) provides services to Iowa women through the *Care for Yourself* Breast and Cervical Cancer program in specific population areas. WISEWOMAN provides health screenings associated with heart disease and stroke risk factors (i.e. height/weight, blood pressure, glucose, and cholesterol readings). New four-year funding begins in 2013/2014 and will provide services up to 1,000 women during the first year. IDPH will partner with community organizations to identify resources for evidence-based lifestyle modifications for participants.

How do we measure our progress?

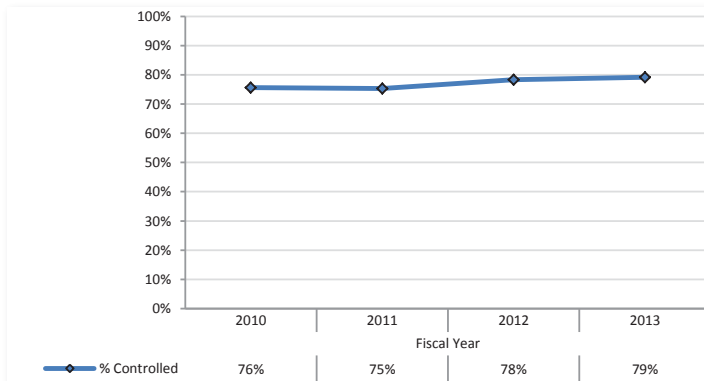
- 1 Age-Adjusted coronary heart disease (CHD) & stroke death rate (per 100,000 Iowans).



Data Source: Mortality Data, Vital Records, Iowa Department of Public Health. Data are available annually.

How are we doing? Coronary heart death rate decreased by 28% in the last ten years to 119 per 100,000 Iowans in 2012 from 169 per 100,000 Iowans in 2003. Stroke death rate decreased by 37% in the last ten years to 35 per 100,000 Iowans in 2012 from 54 per 100,000 Iowans in 2003.

- 2 Percent of Participants Diagnosed with Hypertension with Controlled Blood Pressure (systolic <140 and diastolic <90).



Data Source: Iowa Care For Yourself (CFY). Data representative of participants who were taking their medication at enrollment. Data are available annually.

How are we doing? In FY2013, 79% of participants (447/565), who were taking medication at enrollment, had controlled their HBP, which was three percentage points increase from FY2010.

What can policymakers do?

1. Invest in evidence-based prevention which is less costly than treatment.
2. Use public policy to instill heart-healthy habits in children.
3. Limit tobacco use.
4. Promote early identification and treatment of high blood pressure and cholesterol.
5. Support sodium reduction efforts; engage food manufacturers and restaurants in voluntarily reducing sodium in their products.
6. Promote access to the healthcare system for all.

What can healthcare providers do?

1. Use electronic health records to identify and support patients who have high blood pressure or cholesterol and who need help quitting smoking.
2. Refer patients to community resources, such as smoking quitlines and blood pressure self-management programs.
3. Track patient progress on the ABCS of heart health—Appropriate Aspirin Use, Blood Pressure Control, Cholesterol Management, and Smoking Cessation.

What can communities do?

1. Participate in coalitions and advisory groups that engage public health policy.
2. Seek policies and programs that help individuals make healthy lifestyle choices.
3. Promote or volunteer to increase rapid response and quality systems of care for heart attack and stroke.

What can Iowans do to help?

1. Know your health numbers (including blood pressure, blood cholesterol, and blood glucose levels).
2. Increase your amount of physical activity each day.
3. Eat moderate portion-sizes of fresh fruits, vegetables, whole grains, lean-meats and low-fat dairy products.
4. Reduce your sodium intake.
5. Know the symptoms of a heart attack and a stroke – and know when to call 9-1-1.

Expenditures

Federal funds: 0153-0420/0728(30%)/0760

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$0	\$0	\$0
Federal funds	\$1,292,645	\$1,082,427	\$1,294,283
Total funds	\$1,292,645	\$1,082,427	\$1,294,283
FTEs	4.69	4.91	1.51

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health Division of Health Promotion and Chronic Disease Prevention Heart Disease & Stroke Prevention

4th Floor, Lucas State Office Building 321 East 12th Street Des Moines, Iowa 50319

Heart Disease and Stroke Prevention Program Phone: 515-281-6016 www.idph.state.ia.us/hpcdp/hdsp_home.asp WISEWOMAN Program Phone: 515-281-6779

HIV/AIDS & Viral Hepatitis

Phone: 515-242-5150
www.idph.state.ia.us/HivStdHep/

Promoting & Protecting the Health of Iowans



You could be one of more than 600 Iowans who doesn't know they are infected with HIV. Maybe you're one of the 50,000 Iowans who has chronic hepatitis C, but doesn't know it. Knowledge is power, especially when it comes to disease. Finding out early that you are HIV-positive or have chronic hepatitis C means that you can receive treatment earlier and live a longer, healthier life.

The HIV/AIDS and Viral Hepatitis programs provide prevention, counseling, testing, and treatment services. Disease Prevention Specialists help people newly diagnosed with HIV learn about the disease, talk to their partners about being exposed, and learn how to get into care. One person wrote the following to their disease prevention specialist: "You told me at a very low point in my life that I would be fine. You even called me six months later to say 'I told you so,' and you were right. Since then, I have regained my health, and have returned to work. My outlook is now happy and hopeful. Thank you."

Through personal awareness and community support, the HIV/AIDS and Viral Hepatitis programs are helping save lives.

Did you know? Nearly half of the people diagnosed with HIV last year were considered late testers – meaning that they had been infected for many years before they were tested. Should you be tested?

Why are HIV/AIDS & Viral Hepatitis programs important to promoting and protecting the health of Iowans?

- There were 120 HIV diagnoses in 2012, an increase of 6 (5%) from 2010. On average, there are 115 persons diagnosed in Iowa each year, but HIV diagnoses have been increasing at a rate of about three persons per year since 2000.
- The estimated number of Iowans living with HIV/AIDS has grown to over 3,000 people, including over 600 who are infected that do not know it.
- The number of Iowans living with hepatitis C is estimated to be over 53,000. Over 80% of these people are not aware of their infections.
- Early detection of both diseases can greatly increase the life expectancy of someone who is infected.
- Medications are available to treat HIV and hepatitis C. The AIDS Drug Assistance Program provides life-saving medications and helps with insurance premiums and co-pays to over 840 Iowans.
- Early treatment of HIV infection means an individual is less likely to transmit the infection to partners. It also decreases the number of hospital visits, costs less, and increases the quality of life.

Which Iowa Public Health Goals are we working to achieve?

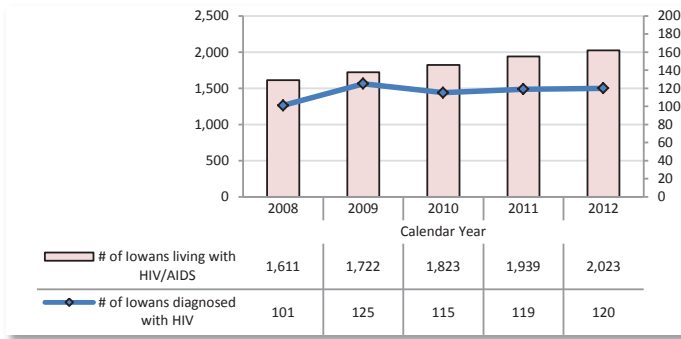
- Prevent epidemics & the spread of disease
- Strengthen the public health infrastructure
- Promote healthy behaviors

What do we do?

- Provide information, training, and funding to local public health agencies and community-based organizations for prevention programs.
- Offer counseling, testing, and referral services, including services for the partners of HIV-positive individuals.
- Provide medication, case management, and supportive services.
- The AIDS Drug Assistance program provides life-saving medication for HIV infected Iowans when no other resources, including Medicaid, are available.
- Study and investigate ways to decrease transmission among disproportionately affected people, such as African Americans, Latinos, men who have sex with men, and injection drug users.

How do we measure our progress?

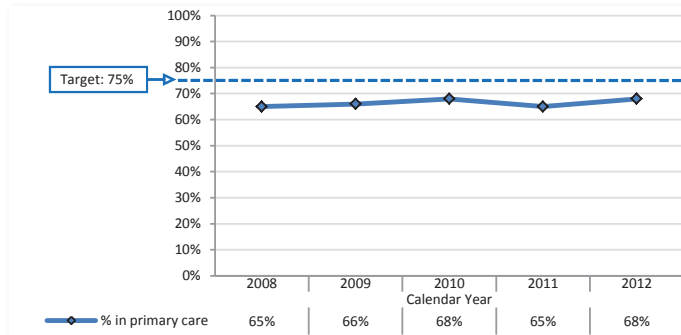
- Number of lowans diagnosed with HIV.
- Number of lowans living with HIV/AIDS.



Data Source: HIV/AIDS reporting system. Data are available annually.

How are we doing? Diagnoses have been increasing recently, particularly among white, non-Hispanic males. The number of lowans living with HIV/AIDS is now increasing by about 100 per year.

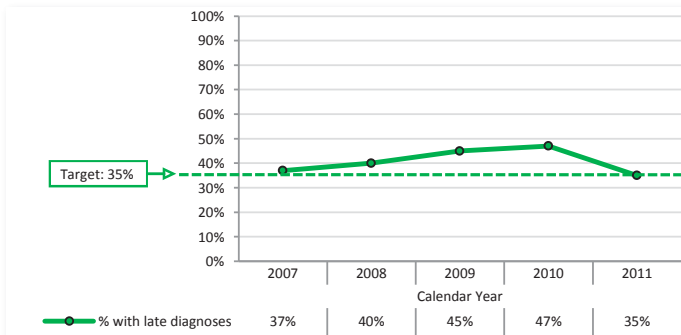
- Percent of diagnosed HIV-positive people who are in HIV primary medical care.



Data Source: HIV/AIDS reporting system. Data are available annually.

How are we doing? The percentage of diagnosed HIV-positive people who are in HIV primary medical care is steady at 65-68%.

- Percent of people with late diagnoses of HIV infection (AIDS diagnosis made within 1 year of HIV diagnosis).



Data Source: HIV/AIDS reporting system. Data are available annually, one year after diagnosis. 2012 data are not yet available.

How are we doing? The percentage of people with late diagnoses of HIV infection is lower than in previous years.

What can lowans do to help?

- All lowans who are at risk for HIV or hepatitis C should be tested to learn their statuses. To find out if you're at risk, go to www.idph.state.ia.us/HivStdHep/Hepatitis.aspx.
- All lowans can encourage people who have tested positive for HIV or hepatitis C to follow their treatment providers directions and take their medications faithfully.
- Health professionals can learn about screening for HIV and hepatitis C through training programs.
- Health professionals can learn about good resources for patients interested in the disease, medications, and testing. For more information, go to www.idph.state.ia.us/HivStdHep/HIV-AIDS.aspx.

Expenditures

HIV: general fund, federal funds, intra state receipts* (Dept of Education), & private grant*: K07-0761; 0153-0804/0806/1568/1570/ 1572/1574/ 1580/1582/1584. Hepatitis: general fund: K15-1529

	State Fiscal Year 2012 Estimate	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$613,816	\$661,223	\$662,011
Federal funds	\$4,883,487	\$5,009,300	\$4,775,053
Other funds*	\$1,303,812	\$960,225	\$472,440
Total funds	\$6,801,115	\$6,630,748	\$5,909,504
FTEs	14.94	14.72	14.50

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Behavioral Health ♦ HIV/AIDS and Viral Hepatitis

5th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

HIV/AIDS – Phone: 515-242-5150 ♦ Fax: 515-281-0466 ♦ www.idph.state.ia.us/HivStdHep/

Hepatitis B – Phone: 515-281-7228 ♦ Fax: 515-281-0466 ♦ Hepatitis C – Phone: 515-281-5027 ♦ Fax: 515-281-0466 ♦ www.idph.state.ia.us/HivStdHep/

Home Visiting

Phone: 1-800-383-3826 or 515-725-2856
www.idph.state.ia.us/hpcdp/family_health_support.asp

Promoting & Protecting the Health of Iowans



“The parent educator saw me when I was still in the hospital after giving birth to my child. They detected a delay in my child that I didn’t know about and were able to get us the help we needed. Without them, I don’t know where we would be.” *Delaware County Parent*

Did you know?

- 72% of children served by a family support program were screened for developmental delays in 2013, an increase of 3% from 2012.
- Only 4% of HOPES-HFI families had confirmed cases of child abuse in 2013, down from 7% of families in 2004.
- Research shows that the most rapid brain development occurs before age five, when children’s brains develop 700 synapses—neural connections that transmit information—every second. Early traumatic experiences can damage those connections. Conversely, evidence shows that when babies have stimulating and supportive interactions with caring adults, they develop healthier brains, better learning abilities, and more successful interpersonal relationships, into adulthood and beyond.

Why are Home Visiting programs important to promoting and protecting the health of Iowans?

- Lower health costs: The Healthy Families America program helped reduce the incidence of low birth weight, which is associated with costly short- and long-term health problems such as high blood pressure, cerebral palsy, and lung disease, as well as other poor outcomes for children.
- Better health outcomes: One home visitation program has been shown to reduce abuse and neglect—two early indicators of long-term health problems—among children of low-income, high-risk mothers by 48 percent. Adults who experienced childhood abuse and neglect are more likely to suffer from a range of physical problems, including arthritis, asthma, and high blood pressure.
- School readiness and workforce preparation: At-risk children who participated in one high quality, home visiting program had better cognitive and vocabulary scores by age six and higher third-grade scores in math and reading than the control group. At-risk toddlers who participated in another voluntary home visitation program were 42.5 percent more likely to graduate from high school than their peers who did not participate.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy behaviors

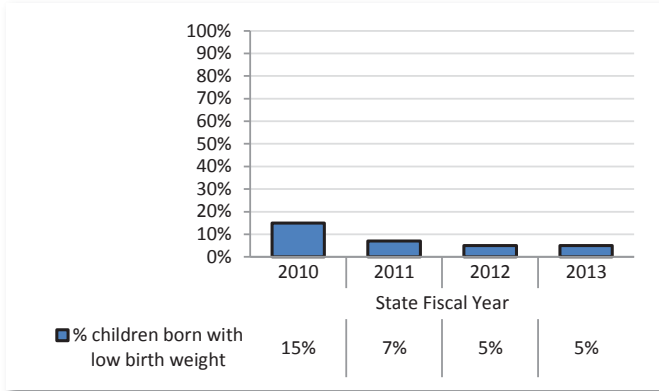
Prevent injuries

What do we do?

The Maternal Infant Early Childhood Home Visiting (MIECHV) program is responsive to the diverse needs of children and families in communities at risk and provides an opportunity to improve health and development outcomes for at-risk children through evidence-based home visiting programs. Home visiting is one of several service strategies embedded in a comprehensive, high-quality early childhood system that promotes maternal, infant, and early childhood health, safety, and development, strong parent-child relationships, and promotes responsible parenting among mothers and fathers.

How do we measure our progress?

- 1. Percent of children in the HOPES-HFI program born at a low birth weight.



Data Source: HOPES - HFI Service Reports. Data are available annually.

How are we doing? Pregnant mothers who received a home visit during the first four months of their pregnancy had 75% fewer lower birth weight babies than those who didn't receive a visit. At-risk families enrolled in the HOPES-HFI program have shown steady progress in ensuring that enrolled pregnant women are getting into prenatal care and receiving prenatal care at regular intervals resulting in more children born at healthy birth weights.

What can Iowans do to help?

1. Go to www.earlychildhoodiowa.org and the parent's page (www.earlychildhoodiowa.org/parents/index.html) to learn more about the Early Childhood Iowa projects.
2. If you have a concern about a child's development, make a referral to Early ACCESS by calling 1-888-IAKIDS1 or an email to earlyaccessia@vnsdm.org.
3. All Iowans can support and encourage funding for quality evidence-based early childhood programs.

Expenditures

General fund, federal funds, & intra state receipts*: K05-0559; 0153-0560/0568.

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$735,208	\$794,109	\$734,841
Federal funds	\$577,109	\$4,171,239	\$7,312,383
Other funds*	\$262,715	\$334,640	\$218,450
Total funds	\$1,575,032	\$5,309,988	\$8,265,674
FTEs	2.40	4.48	5.30

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Health Promotion & Chronic Disease Prevention ♦ Home Visiting

Phone: 1-800-383-3826 or 515-725-2856 ♦ www.idph.state.ia.us/hpcdp/family_health_support.asp

4th & 5th Floors, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

MIECHV Home Visiting (5th floor)
Phone: 515-954-0647 Fax: 515-242-6013
www.idph.state.ia.us/hpcdp/family_health_support.asp

HOPES-HFI (5th floor)
Phone: 515-725-2856
www.idph.state.ia.us/hpcdp/hopes_program.asp

Immunization

Phone: 1-800-831-6293
www.idph.state.ia.us/ImmTB/Immunization.aspx

Promoting & Protecting the Health of Iowans



In the 1950s, 7,813 Iowans were infected with polio, many needing braces, crutches, wheelchairs, and iron lungs. In 2012, there were no cases of polio in Iowa. Why such a dramatic decline? The polio vaccine. During the 1960s, more than 35,000 Iowans got rubella (German measles). Vaccines have changed the world we live in by providing protection against harmful diseases and, in some cases, eliminating them altogether. According to the Morbidity and Mortality Weekly Report, the Institute of Medicine, and the Centers for Disease Control, vaccines are one of the most successful public health advances in the last century.

The Iowa Immunization program's goal is to reduce and ultimately eliminate the occurrence of vaccine-preventable diseases. Working with public and private healthcare providers, the program works to increase and maintain the number of Iowans who are properly vaccinated.

Vaccines help prevent the spread of disease and the IDPH Immunization program provides the resources to do just that.

Did you know?

Vaccine-preventable diseases still threaten the health of Iowans. In 2012, 1,736 cases of pertussis were reported, which is a 344% increase in activity from the previous three-year average. Seventy percent of 2012 cases occurred in children 0 to 14 years (CADE 2012 Annual Report).

Why is the Immunization program important to promoting and protecting the health of Iowans?

- Vaccines are responsible for the control of many infectious diseases once common in the U.S., including polio, measles, diphtheria, whooping cough, rubella, mumps, tetanus, and Haemophilus influenzae type b (Hib).
- Vaccines help prevent infectious diseases and save lives, giving Iowans the opportunity to live healthy in healthy communities.
- Immunizations have contributed to our increased life expectancy.
- Immunizations save money! Each year, routine immunizations save more than \$40 billion in costs to society.

Which Iowa Public Health Goals are we working to achieve?

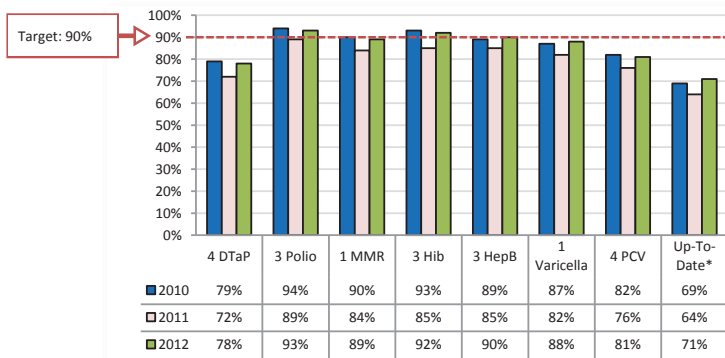
- Prevent epidemics & the spread of disease
- Strengthen the public health infrastructure
- Prepare for, respond to, & recover from public health emergencies
- Promote healthy behaviors

What do we do?

- Purchase and distribute vaccine to public and private health care providers through the Vaccines for Children (VFC) program. About 759,097 Iowans ages 18 and younger are eligible for the program because they are Medicaid eligible, uninsured, underinsured, or are American Indian or Alaskan natives.
- Provide education about vaccine-preventable diseases and the benefits of immunization.
- Provide funding to local public health agencies to conduct immunization clinics and outreach clinics.
- Manage the statewide Immunization Registry Information System (IRIS), which keeps immunization records for all Iowans, helping to prevent individuals from being under and over immunized.

How do we measure our progress?

- ❶ Percent of Iowa 2-year-olds covered by individual vaccines and up-to-date* overall.

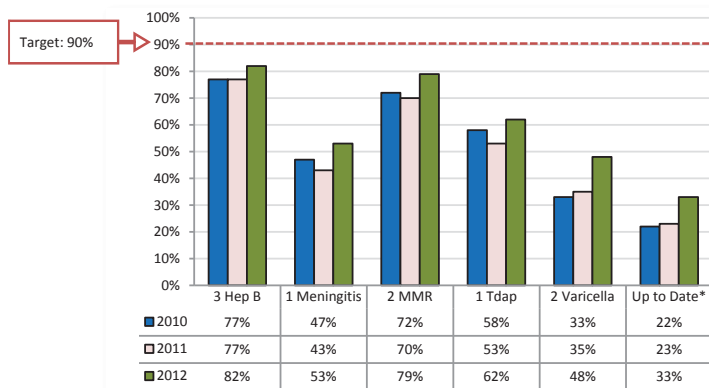


Data Source: Immunization Registry Information System, 2010, 2011 & 2012 County Immunization Assessments. Data are available annually.

* Up-To-Date are children who have completed each individual vaccine series (4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B, 1 Varicella, & 4 PCV) by 24 months of age.

How are we doing? Immunization rates in Iowa are consistent with national averages for vaccine rates. The goal is to reach 90% coverage for each set of vaccines.

- ❷ Percent of Iowa adolescents covered by individual vaccines and up-to-date* overall.

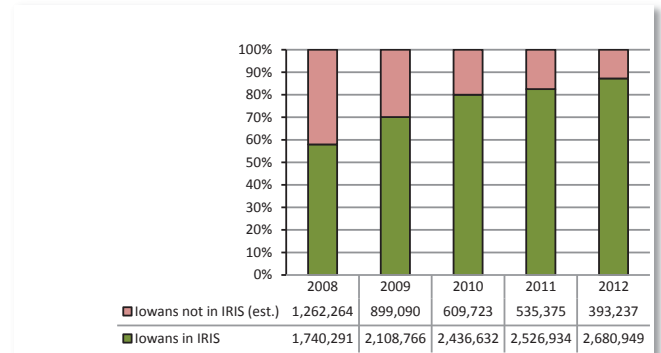


Data Source: Immunization Registry Information System, 2010, 2011 & 2012 County Immunization Assessments. Data are available annually.

* Up-To-Date are adolescents (13-15 years old) who have completed each individual vaccine series (3 Hep B, 1 Meningitis, 2 MMR, 1 Tdap, 2 Varicella)

How are we doing? Adolescent immunization rates in Iowa are consistent with the national average for vaccine rates. The goal is to use data on vaccination coverage to identify groups at risk of vaccine-preventable diseases, to provide vaccination coverage estimates in an effort to increase coverage, and to evaluate the effectiveness of programs designed to increase coverage.

- ❸ Number of unduplicated patients in the Immunization Registry Information System (IRIS).



Data Source: Immunization Registry Information System Data. Data are available annually.

How are we doing? The number of patients in IRIS has steadily increased, and nearly all lowans have a record in IRIS. More than 154,000 patient records were added in 2012, and IRIS contains nearly 24 million immunizations. IRIS includes records consisting of two or more immunizations for 93 percent of Iowa's children 4 months to 6 years of age. This increase helps to reduce vaccine-preventable diseases, over vaccination, and allows health care providers to see up-to-date information when they need it most.

What can lowans do to help?

1. Keep track of and maintain immunization schedules for you and your children. For a handy immunization card, go to www.idph.state.ia.us/ImmTB/Immunization.aspx.
2. Healthcare professionals can promote the need for and the benefits of immunization.
3. Healthcare professionals should routinely give immunizations according to the recommended childhood, adolescent, and adult schedules.
4. Healthcare professionals can attend immunization educational seminars and trainings.
5. All lowans can encourage their family, neighbors, coworkers, and friends to maintain immunization coverage.

Expenditures

General fund, federal funds, and intrastate receipts*: K09-0961; K15-1521; 0153-522/1526/AR06/AR08.

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$593,038	\$591,996	\$588,327
Federal funds	\$3,525,785	\$4,818,371	\$5,820,789
Other funds*	\$0	\$0	\$178,451
Total funds	\$4,118,823	\$5,410,368	\$6,587,567
FTEs	15.13	14.99	14.85

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Information Management

Phone: 515-281-4258

www.idph.state.ia.us/apl/InformationManagement.aspx



Much of the work done by the Iowa Department of Public Health involves the gathering and distributing of information about health-related activities in the State of Iowa. The Bureau of Information Management is responsible for making sure that this vital two-way flow of digital information is secure and uninterrupted.

The bureau provides network and server management, desktop computer and printing support, application design and development, database design and administration, web-based information collection and delivery, project analysis and management, and many other important services to the department and the citizens of our state.

Did you know?

Information Management supports over 75 applications with users from internal IDPH staff, local public health agencies, IDPH contractors, hospitals and clinics. Over 700 Help Desk tickets are submitted to Information Management a month.

Why is Information Management important to promoting and protecting the health of Iowans?

- We exist to provide the technology infrastructure and support to enable Public Health to fulfill its mission of promoting and protecting the health of Iowans
- We develop, maintain, and support technology services used by programs to serve Iowans.
- Your information is secure. When it comes to security, we serve as policy advisor to IDPH leadership and implement measures to ensure confidential data is safely stored and secured.
- We fill the role of data custodian for the department which means we're responsible for data storage & maintenance.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

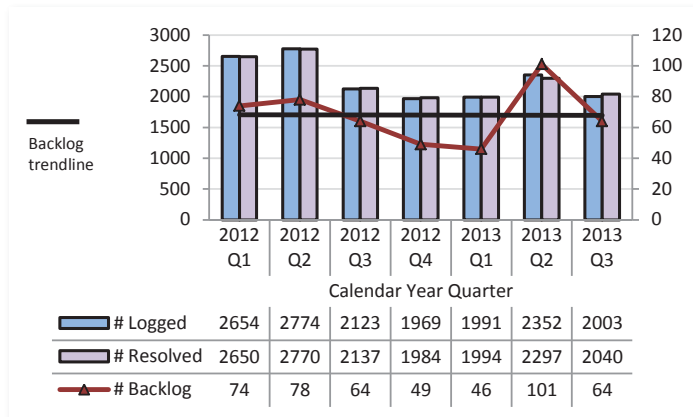
Prepare for, respond to, & recover from public health emergencies

What do we do?

- Develop and support websites including the IDPH website, providing the public with access to public health information
- Provide front-line help desk support for department programs, local public health agencies, IDPH contractors and other users
- Design, develop, and support computer software, equipping IDPH programs and partners to fulfill the department's mission
- Store and secure data programs collect and use to write grants, improve services and make policy decisions
- Maintain and support IDPH technical infrastructure, personal computers and hardware for all department employees
- Offer technical consultation services to support programs, including project management, business process improvement, and RFP development.

How do we measure our progress?

- 1 Customer Service: Number of information management (IM) tickets logged, resolved, and backlog.



Data Source: Program records.

How are we doing? The IM Help Desk team has shown improvement in working through the ticket backlog month-over-month with fewer than 20 tickets in backlog during August & September 2013. Furthermore, on average, 81% of requests are completed within 1-business day and a total of 93% of requests are completed within 2-business days.

What can lowans do to help?

1. All lowans can provide feedback about the IDPH website through individual IDPH programs or by using the "Contact Us" function.
2. All lowans can use the IDPH website to find accurate health information. Go to www.idph.state.ia.us

Expenditures

Federal indirect funds, & intra state receipts* (Dept of Human Services): 0153-2208

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$0	\$0	\$0
Federal funds	\$1,316,430	\$1,357,331	\$954,989
Other funds*	\$152,551	\$0	\$380,711
Total funds	\$1,468,981	\$1,357,331	\$1,335,700
FTEs	11.06	10.93	11.30

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Local Public Health Services

Phone: 515-281-4355

www.idph.state.ia.us/hpcdp/local_public_health_services.asp

Promoting & Protecting the Health of Iowans



Mary's friends at church had been noticing for a while that she was having trouble. After her husband's death last year, Mary had been trying to live independently; however, some days she was uncharacteristically unkempt and struggled to remember the names of her grandchildren. One day a friend stopped by Mary's home to find the stove burner had been left on after Mary had prepared lunch for herself.

Friends became concerned and contacted Mary's son who lives out of state. Mary's doctor confirmed what everyone feared. Mary's son began making necessary arrangements to help his mom through this new phase of her life; fortunately he contacted the Local Public Health Agency in the county where Mary lives. While Mary's son made new living arrangements for her, the local public health agency provided nursing and home care aide visits to help her through the transition. The services were provided at minimal cost, due to the sliding fee scale offered through the Local Public Health Service Grant.

Mary's "team", as her son affectionately called everyone, worked together to help keep her safe and provide her with the reassurance and comfort she needed. Thanks to the care coordination, referrals to other necessary services, and health services that the local public health agency provided, Mary's transition to her new home wasn't rushed and she and her son were able to find comfort during a difficult time.

Did you know? Local public health services exist in all of Iowa's 99 counties and local boards of health assure that all communities have services that help promote healthy Iowans and healthier communities.

Why are Local Public Health Services important to promoting and protecting the health of Iowans?

- All Iowans deserve a local public health system that:
 - ✓ supports local capacity to assess, plan, and ensure a basic standard of service delivery, and
 - ✓ serves as the mechanism to continually assess changing health needs and develop strategies to address those needs and achieve local health improvements.
- Increases the capacity of the local board of health to safeguard the health and wellness of communities by:
 - ✓ providing leadership in engaging community stakeholders to support health promotion and preventive services, and
 - ✓ providing public health services that promote healthy behaviors in individuals, groups and communities to prevent and reduce illness, injury, and disease, and
 - ✓ providing gap-filling services when there are no other providers.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

Promote healthy behaviors

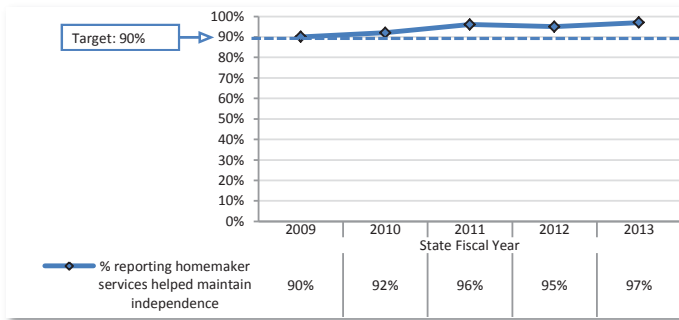
What do we do?

IDPH supports local public health services through:

- Grant funding for local programs that:
 - ✓ Strengthen the public health infrastructure in supporting local needs assessment and community organizing processes to encourage community change for improved health;
 - ✓ Facilitate strategic planning, including initiating partnerships with other community sectors to improve health and setting priorities so available resources are used more efficiently;
 - ✓ Help Iowans engage in healthy behaviors, including promoting health & wellness where Iowans live, work, and play; and
 - ✓ Improve access to health services for those who "fall through the cracks" and often have no other options, including
 - In-home skilled nursing; home care aide; homemaker; health maintenance; and immunizations for children and adults when there is no other funding source.
- Regional consultants provide education, technical assistance, and support to 101 local boards of health and local public health agencies in all 99 counties. Support is directed to resolving community health issues, problems, or concerns; building and maintaining the knowledge and skills necessary to provide local public health services and build healthier communities; developing and delivering quality and effective public health services that are community-driven, culturally appropriate, and responsive to community health needs assessments and changes in the health care delivery system; acting as catalysts for sharing best practices; and providing the linkage between federal, state, and local public health services at a time when the health care system is experiencing tremendous change and health reform efforts continue to evolve.

How do we measure our progress?

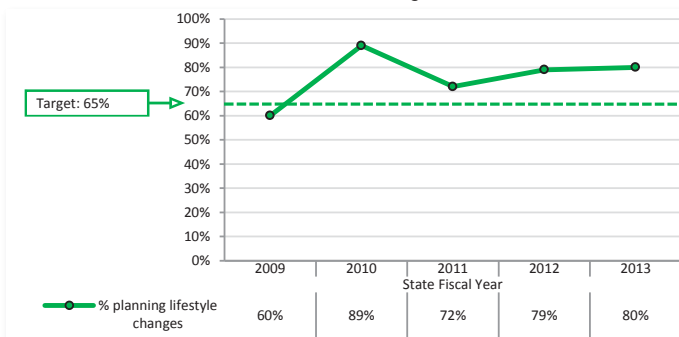
- 1 Percent of clients who report that homemaker services helped them to remain in their home.



Data Source: LPH service contracts End of Year Report. Data are available annually.

How are we doing? Our target is to achieve at least 90% each year. In SFY2013, we exceeded our target with 97%.

- 2 Percent of clients who verbalize a plan to make lifestyle change to reduce risks identified in screening and assessments.



Data Source: LPH service contracts End of Year Report. Data are available annually.

How are we doing? SFY2009 baseline was 60%. We have set a target of achieving at least 65% each year and have exceeded this each subsequent year. For SFY2013, 80% of clients verbalized a plan to make lifestyle changes to reduce risks identified in screening and assessments.

What can Iowans do to help?

1. All Iowans should be familiar with their local public health agency and the services provided.
2. All Iowans can support local public health policies and plans.
3. All Iowans should consider serving as a board of health member.
4. All Iowans can create a personal and family health improvement plan.

Expenditures

Local Public Health Liaison: general fund and federal funds. State funds are used for maintenance of effort match for the PHHS Block Grant. K09-0957; 0153-0958

Local Boards of Health: general fund K09-0959

Public Health Nursing: general fund K11-1103

Home Care Aide: general fund K11-1105

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$8,836,935	\$8,747,583	\$8,839,312
Federal funds	\$314,575	\$350,879	\$287,467
Total funds	\$9,151,510	\$9,098,463	\$9,126,779
FTEs	5.89	6.28	10.35

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information. In SFY2013, Public Health Nursing (K11-1103) and Home Care Aide (K11-1105) were combined into "Healthy Aging: general fund K11-1111."

Maternal Health

Phone: 1-800-383-3826

www.idph.state.ia.us/hpcdp/maternal_health_services.asp

Promoting & Protecting the Health of Iowans



Crystal was 15 years old, pregnant, homeless, and a junior in high school when she first met her maternal health nurse. Crystal's mother has a long history of mental illness. Crystal has been caretaker to her bi-polar mother and younger siblings. The maternal health nurse partnered with Crystal throughout her pregnancy, finding housing and educating Crystal about pregnancy, child rearing, and goal setting for the future. Crystal also suffered from depression; her nurse arranged counseling. Last year, Crystal delivered a healthy baby girl and graduated from high school. Crystal is now working and attending class at DMACC. She feels that the Maternal Health program has had a positive impact on her and her baby's life.

Did you know?

The Maternal Health program improves the health of mothers and babies by teaching mothers about healthy lifestyle choices and nutrition, assessing oral health, screening for maternal health, mental health, and pregnancy risk factors, and improving access to prenatal care. We promote breastfeeding, as well, which improves infant health, immunity, growth, and development.

Why are Maternal Health programs important to promoting and protecting the health of Iowans?

- Early and adequate prenatal care (in the first 3 months of pregnancy) is important to a healthy pregnancy and birth. It helps reduce illness and disability through health care advice and by identifying and managing chronic or pregnancy related risks.
- According to the Iowa Barriers to Prenatal Care Survey, most Iowa women receive prenatal care; yet, low-income, teen, and minority women are more likely to receive prenatal care after the 3rd month. Barriers include financial, transportation, and a lack of knowledge that prenatal care is important. The Maternal Health program works to overcome these barriers.
- Premature, low birthweight babies have a higher risk of death and disabilities. Costs for caring for these babies are up to 15 times higher. In 2012, there were 4,226 preterm Iowa births representing 11.4% of live births. Iowa's rate is slightly better than the national rate of 11.5% of live births in 2012. Maternal Health programs provide education and counseling to decrease risk factors including tobacco cessation counseling, nutrition counseling to control glucose levels in women with diabetes, referrals for hypertension treatment, and improving access to prenatal care.
- Maternal health agencies have worked hard to improve the number of pregnant women who have a "medical home" – a regular source of prenatal medical care by a physician or midwife – from 68% in 2002 to 87% in 2012.
- Domestic and sexual violence are pervasive problems that have major impact on health conditions. Research has shown that when women are provided with support and information about their safety options, they are more likely to take steps toward safety in their interpersonal relationships. Iowa's Project Connect works to integrate domestic and sexual violence and coercion prevention and response into Maternal Health and Family Planning programs.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

Promote healthy behaviors

What do we do?

IDPH funds 21 Iowa maternal health agencies that provide services to pregnant and postpartum women. For a map with contact information for these agencies, go to www.idph.state.ia.us/hpcdp/maternal_health_services.asp. Services include:

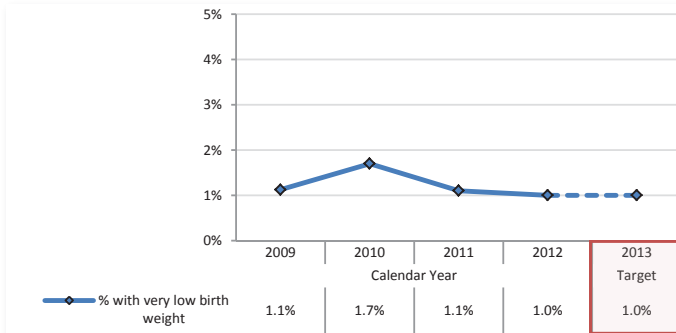
- ✓ Help in finding a medical home.
- ✓ Prenatal and postpartum health education.
- ✓ Transportation to medical visits.
- ✓ Education about lifestyle choices to improve pregnancy outcomes.
- ✓ Breastfeeding education and support.
- ✓ Psychosocial assessment including screening for perinatal depression.
- ✓ Nutrition assessment and education.
- ✓ Oral health assessment and help in finding a dentist to provide a regular source of oral health care.
- ✓ Postpartum home visits by registered nurses to assess the health of both new mothers and their babies.
- ✓ Family needs assessments and referrals to community resources for help.
- ✓ Pregnant women may qualify for help from publicly funded health insurance (Medicaid) even if they were not eligible before pregnancy. Program staff help families find out if they qualify for services at a reduced or no cost.
- ✓ Referral to family planning and child health agencies after delivery to support the family's ongoing health care needs.

In addition, IDPH administers two maternal health specific projects.

- ✓ Project Connect is a violence prevention initiative funded by the Office on Women's Health of the U.S. Department of Health and Human Services in conjunction with Futures Without Violence. It is designed to identify, respond to, and prevent domestic and sexual violence, as well as to promote an improved public health response to abuse.
- ✓ Iowa's Prenatal Risk Assessment Monitoring System (PRAMS), a part of the Centers of Disease Control and Prevention initiative, strives to reduce infant mortality and low birth weight. It is a population-based surveillance system designed to identify and monitor selected maternal behaviors and experiences before, during, and after pregnancy.

How do we measure our progress?

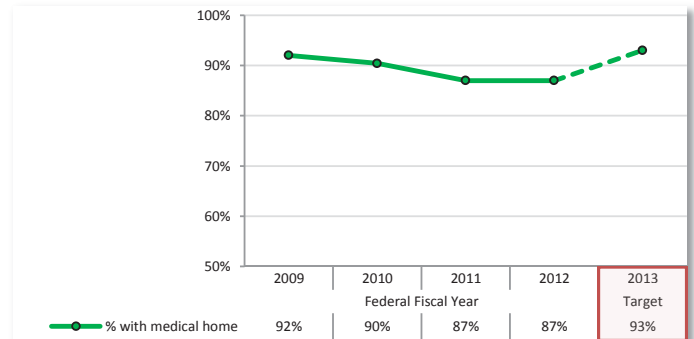
- 1 Percent of very low birth weight infants (less than 1500 grams) among all live births.



Data Source: Vital statistics. Data are available annually. 2012 data not yet available.

How are we doing? The percent of very low weight births has remained steady from 2002 to 2012. Data for 2012 shows that 1.0% of Iowa births were very low birth weight births, which is a decrease in the number of very low birth weight births from 2011.

- 2 Percent of women served in the maternal health program who report a medical home.



Data Source: Women's Health Information System. Data are available annually. FFY 2012 data are not yet available

How are we doing? In 2002, the rate was 68% with a medical home. In 2012, our rate of women reporting a medical home was 87%, which is the same as last year. It did not meet our target, but is a 19% increase since 2002.

What can Iowans do to help?

1. Health care professionals can refer Medicaid eligible/low-income women for maternal health services. Call the Healthy Families Line at 1-800-369-2229 or www.idph.state.ia.us/hpcdp/maternal_health_services.asp.
2. Plan to improve your health before you are pregnant. This offers the best chance of having a health pregnancy and a healthy baby. Eat a balance diet, give up smoking, stop drinking alcohol, begin taking folic acid, see a dentist, and take care of your teeth.
3. Learn more about preventing family violence at www.endabuse.org.
4. Learn more about PRAMS at www.cdc.gov/prams.

Expenditures

General fund, federal funds, & other receipts*; State funds are used for a 75% match for the Title V Block Grant: K05-0507/0523/0651; K09-0989; 0153-0304/0454/ 0566/1980

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$296,206	\$369,082	\$369,082
Federal funds	\$1,343,917	\$1,318,559	\$1,884,976
Other funds*	\$82,889	\$46,699	\$19,204
Total funds	\$1,723,012	\$1,734,339	\$2,273,262
FTEs	3.69	3.26	5.35

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health Division of Health Promotion and Chronic Disease Prevention Maternal Health

Phone: 1-800-383-3826 Fax: 515-242-6013 www.idph.state.ia.us/hpcdp/maternal_health_services.asp

5th Floor, Lucas Building 321 E. 12th Street Des Moines, IA 50319-0075

State Medical Examiner

Promoting & Protecting the Health of Iowans

Phone: 515-725-1400
www.iosme.iowa.gov



For many Iowans, knowledge about what a medical examiner does may be limited to an episode of “CSI” or reruns of “Quincy.” While entertaining, these programs don’t paint a true picture of the many responsibilities of the State Medical Examiner’s Office.

The State Medical Examiner’s Office (SME) performs 650-700 autopsies per year, but that’s only a small part of what is accomplished. The SME also reviews over 4,500 death investigation reports from Iowa’s 99 counties and provides guidelines and 24-hour consultation services to county medical examiners and investigators. In addition, SME staff are responsible for signing about 600 death certificates and 350 cremation permits per year.

While the television version of a medical examiner may appear glamorous, the real-life work of the State Medical Examiner in Iowa is a vital part of Iowa’s public health system.

Did you know? The physicians employed by the State Medical Examiner’s Office are all board certified in anatomic, clinical, and forensic pathology.

The Iowa Office of the State Medical Examiner is accredited by the National Association of Medical Examiners (NAME).

Why is the State Medical Examiner’s Office important to promoting and protecting the health of Iowans?

- Iowa has more than 28,000 deaths each year. Of these deaths, approximately 5,000 need a death investigation by the county medical examiner, deputy medical examiner, investigators, and/or the state office.
- Approximately 1,500 deaths require autopsy, and of those, between 675 and 725 are performed by the Iowa Office of the State Medical Examiner.
- State Medical Examiner forensic pathologists provide expert witness testimony at depositions, grand juries, and state and federal criminal and civil trials.
- The State Medical Examiner’s Office has staff appointed to the state’s Domestic Violence Team and Child Death Review Team, providing help and expert advice about forensic pathology questions and concerns.
- The State Child Death Review Team is under the direction of the State Medical Examiner’s Office.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

What do we do?

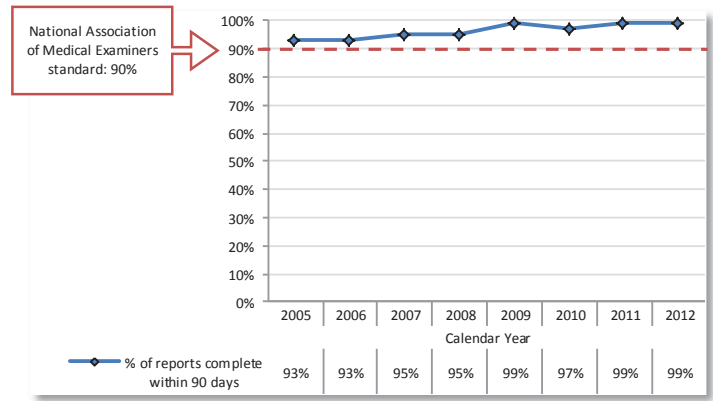
- Provide 24/7 consultation to all counties pertaining to death investigations.
- Perform 675-725 autopsies and review over 5,000 reports annually.
- Provide funding for up to four county medical examiners and/or medicolegal death investigators to attend training.
- Provide lectures, tours, and presentations to schools, professional groups, and other government agencies.
- Provide internships for investigators, radiology technologists, clinical laboratory scientists, and medical office specialists from many schools throughout Iowa.
- Maintain a database of medical examiner cases statewide.
- Forensic pathologists provide more than 40 lectures per year to medical students, residents, mortuary science students, and county medical examiners and their investigators.
- Provide basic death investigation training sessions across the state to county level investigators and medical examiners.
- Provide clinical rotations for medical students.
- Coordinate and lead the state’s Disaster Response Team for mass fatality incidents (Iowa Mortuary Operations Response Team [IMORT]).

How do we measure our progress?

- 1. Percent of autopsy reports completed by the State Medical Examiner's Office within 90 days of death.

Data Source: SME Database. Data are available annually.

How are we doing? In 2012, the IOSME completed 721 autopsies. We completed 99% of all autopsies within 90 calendar days, exceeding the National Association of Medical Examiners (NAME) standard of 90%. Of the total number of autopsies, 92% were completed within 60 days, and 45% were completed within 30 days. Through the third quarter of calendar year 2013, 99% of finalized autopsies were completed within 90 days, 97% within 60 days, and 66% within 30 days.



What can Iowans do to help?

1. Every Iowan can view the Iowa Office of the State Medical Examiner as an independent and objective investigative agency.
2. Iowans can encourage more funding for the office as it continues to grow and takes on more cases statewide.

Expenditures

General fund, federal funds (Postmortem Toxicology Study Grant), intra state receipts (Coverdell Forensic Science Improvement Grant – Governor's Office of Drug Control Policy)*, & retained fees*: K19-1951; 0153-1982/1984

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$852,801	\$1,094,619	\$822,084
Federal funds	\$60,678	\$27,548	\$38,359
Other funds*	\$1,797,992	\$1,435,064	\$2,211,137
Total funds	\$2,711,471	\$2,557,231	\$3,071,580
FTEs	19.88	18.44	11.95

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

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

Phone: 515-725-1400 ♦ Fax: 515-725-1414 ♦ www.iosme.iowa.gov

2250 S Ankeny Blvd ♦ Ankeny, IA 50023

Iowa Board of Medicine

Phone: 515-281-5171
www.medicalboard.iowa.gov

Promoting & Protecting the Health of Iowans



When you or a loved one are ill and need medical care, it can be stressful. You have many things to be concerned about, but worries about your doctor's competency should not be one of them. The Iowa Board of Medicine strives to ensure that only qualified, skilled physicians and acupuncturists practice in Iowa.

In addition to helping Iowans get quality medical care, the Iowa Board of Medicine helps doctors. The Board has improved the license renewal system for doctors. In FY2011, 95% of physicians renewed their license online, eliminating wait-time and allowing for immediate practice.

And, by streamlining the peer review system, the Board has been able to take disciplinary action sooner, and when necessary, remove incompetent physicians from practice.

Did you know? There are 11,134 physicians and 46 acupuncturists licensed to provide health services to Iowans.

Why is the Iowa Board of Medicine important to promoting and protecting the health of Iowans?

- Iowans deserve medical care and acupuncture from competent, qualified practitioners. By licensing providers, we help keep untrained and dishonest individuals from working in Iowa.
- The medical board provides licensure, investigation, and services for professionals with substance abuse or mental health problems. Iowa law mandates such services.
- Research shows that monitoring programs, like the Iowa Physician Health program, are highly effective in reducing the likelihood of a return to addictive or problem behavior.
- Thousands of Iowans use the Docfinder service on the medical board's Web site each year. Docfinder provides information about licensees to the public.

Which Iowa Public Health Goals are we working to achieve?

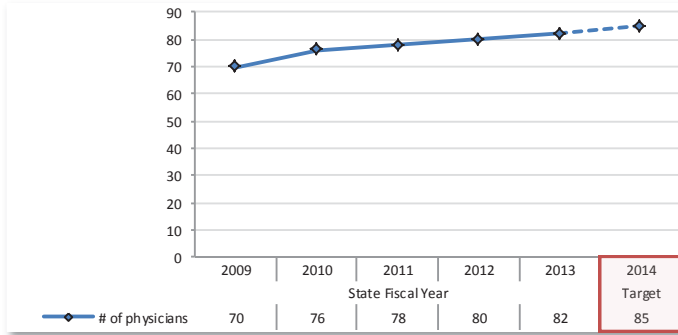
Strengthen the public health infrastructure

What do we do?

- License health professionals.
- Investigate complaints about health professionals.
- Discipline health professionals who have broken the law.
- Monitor disciplined and impaired health professionals so they can return to practice as soon as they are safe to practice again.
- Provide information about licensure and discipline to the public, employers, and credentialers.
- Speak to professional groups, students, and the public.
- Watch trends in other states and use that information to help form policy.

How do we measure our progress?

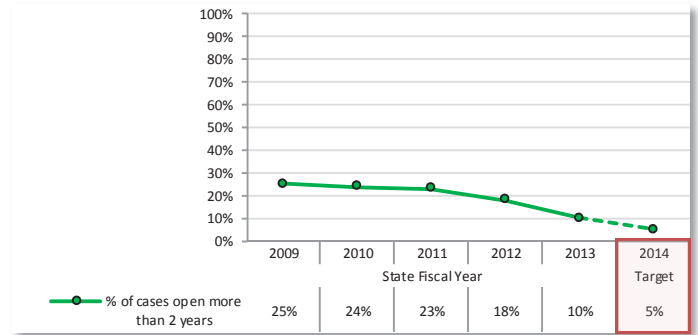
- 1 Number of physicians with signed contracts in the Iowa Physician Health Program.



Data Source: Manual counts. Data are available annually.

How are we doing? More than 400 physicians have participated in this monitoring program since its establishment in 1996.

- 2 Percent of open cases that have been open for more than two years.



Data Source: Board database. Data are available annually.

How are we doing? The percentage continues to decline, allowing the Board to be more responsive to public concerns about licensees' competence and conduct.

What can Iowans do to help?

- All Iowans can use the Docfinder on the medical board's Web site to search for a licensed physician or acupuncturist. Go to www.medicalboard.iowa.gov to use Docfinder.
- Physicians and licensed acupuncturists should learn about and follow ethical and medical guidelines.
- Physicians and employers should use the Iowa Physician Health Program to deal with physicians who show an impairment or potential impairment (for example, addiction or mental health problems). Go to www.iphp.iowa.gov to learn more.

Expenditures

Retained fees*: K19-2071/2075

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$0	\$0	\$0
Other funds*	\$2,637,823	\$2,812,669	\$4,032,740
Total funds	\$2,637,823	\$2,812,669	\$4,032,740
FTEs	22.47	23.17	24.00

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Iowa Board of Medicine

Phone: 515-281-5171 ♦ Fax: 515-242-5908 ♦ www.medicalboard.iowa.gov

400 SW 8th Street, Suite C ♦ Des Moines, IA 50309-4686

Minority & Multicultural Health

Phone: 515-281-4904

www.idph.state.ia.us/hpcdp/mh_default.asp

Promoting & Protecting the Health of Iowans



In 2009, under HF2526, the name of the office was changed to the Office of Minority and Multicultural Health (OMMH). In 2010, OMMH received a Department of Health & Human Services Office of Minority Health State Partnership Grant for 2010 – 2013. The purpose of this grant is to address increased staff needs and resources to better serve as the liaison agency within the IDPH, link with and develop partnerships in multicultural communities, increase the engagement of the OMMH Advisory Council in strategic planning and program activities, strengthen six regional multicultural coalitions, and produce a disease burden report. We continue to provide preceptorships and internships for the Des Moines University College of Osteopathic Medicine, Masters of Public Health Program and partner with other Iowa academic institutions in accordance our goal to provide internships for students of diverse ancestral heritage.

Did you know?

- ✓ In 2005, IDPH established the Office of Multicultural Health (OMH) in an effort to increase access to culturally competent health care for Iowa's minority, immigrant, and refugee populations.
- ✓ In 2006, OMH became part of Iowa law. In 2007, OMH developed a strategic plan with the mission to actively promote and facilitate health equity for Iowa's multicultural communities.
- ✓ In 2010, OMMH received its first federal DHHS OMH State Partnership Grant. In 2011, OMMH in contractual agreement with the University of Northern IA completed a 3-phase goal of establishing the opportunity for 6 regional public health minority health coalitions.
- ✓ In 2012, OMMH received a DHS, OMH National Plan for Action award to increase education and awareness efforts to end health disparities. Over 40,000 informational postcards and bookmarks were distributed with the <http://minorityhealth.hhs.gov/npa> web site link for free materials and toolkit resources.

Why is Minority & Multicultural Health important to promoting and protecting the health of Iowans?

- According to the U.S. Census, Iowa had a 97% increase in its minority population from 1990 to 2000. There was a 47% increase in African Americans, a 46% increase in Native Americans, a 214% increase in Asian Pacific Islanders, and a 241% increase in the Hispanic/Latino population.
- Chronic diseases such as diabetes, cardiovascular disease, and cancer are more common in Iowa's minority and immigrant/refugee populations. To meet the needs of these growing populations, Iowa must expand its capacity to address minority and immigrant/refugee health issues. IDPH must help local public health agencies and health care providers address the health concerns of new Iowans.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

What do we do?

- Work with companies, communities, faith-based groups, and others across Iowa to develop strategies for providing culturally and linguistically appropriate services.
- Coordinate and provide education and training in culturally and linguistically appropriate health care and service delivery to any state, local, or regional agency, program, or institution.
- Assure access to networks, contacts, and resources necessary to apply for local, regional, and federal grants and awards.
- Assure a comprehensive health assessment for newly arriving refugees. Work with partnering agencies to assure appropriate health services are received.
- Provide information to the public about health disparities.
- Plan, evaluate, assess, and research health disparities.
- Develop legislation, rules, and policies related to health disparities.
- Work with and provide links to communities, local agencies and programs, and regional and federal entities to address the health issues that affect Iowa's minorities, immigrants, and refugees.

▶ How do we measure our progress?

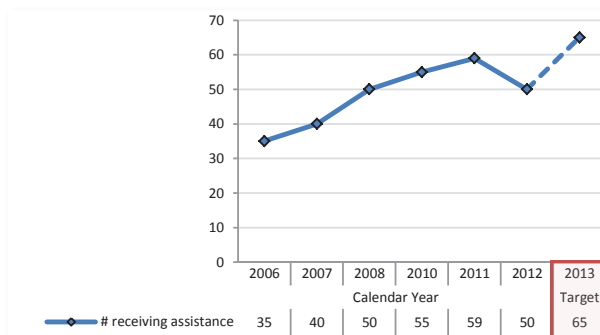
- 1 Number of state and local programs and organizations that have received technical assistance, resources, or training about multicultural health issues and services.

Data Source: OMH records. Data are available annually.

How are we doing? In 2012, the Executive Director of IDPH, OMMH received the Iowa Juneteenth Observance James Derham Award in acknowledgment of her outstanding service and contributions to the field of health in Iowa. James Derham was the first African American physician in the United States.

In 2012, we provided technical assistance and facilitated a workshop for 50 community-based organizations, and maintained a positive and productive relationship with undergraduate students of diversity at Cornell College in Mt. Vernon Iowa in the areas of health related diseases and prevention of their on-set. In partnership with Northern Plains and the Iowa Comprehensive Cancer Consortium, we held Native American Cancer Support Group leadership training and from that have developed the Native American Cancer Support Group Coalition. In partnership with Community Health Partners of Sioux County Public Health, we continue to provide assistance with the Latino's Women's Support Services Coalition.

Within this same year, the OMMH lending library for the video *"UNNATURAL CAUSES"* has increased with 10 videos available in addressing health equity to any of the Maternal and Child Health contractors to address the state performance measure number #3. This tool is also available to any community based or public health agency.



▶ What can Iowans do to help?

1. All Iowans can become more aware of the health care and access needs of Iowa's minority, immigrant, and refugee residents.
2. All Iowans can build public, professional, and policymaker support for programs and policies to improve the health of minorities, immigrants, refugees, and their families.
3. Iowa organizations can do more to recruit and retain racial and ethnic minorities as health and human service providers.

▶ Expenditures

Federal funds: 0153-0404/0948/0952

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$0	\$0	\$0
Federal funds	\$153,251	\$198,765	\$211,159
Other funds	\$6,006	\$3,434	\$4,217
Total funds	\$159,257	\$202,199	\$215,376
FTEs	0.89	0.76	1.80

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Board of Nursing

Phone: 515-281-3255
nursing.iowa.gov

Promoting & Protecting the Health of Iowans



They are there when you are born, when you are ill, and often, when you die. They are the thousands of dedicated nurses in Iowa who provide care at all stages of life.

Every Iowan deserves to be treated by nurses who are competent and licensed to work within their authorized scope of practice. The Iowa Board of Nursing ensures all nurses practicing in Iowa are qualified and competent. If an individual has a concern, the Board investigates complaints to protect the health of Iowans. Ninety-eight percent of complaint investigations are completed within 18 months.

The Iowa Board of Nursing works to make certain all Iowans receive the highest quality of nursing care.

Did you know? There are over 60,000 nurses providing health services in Iowa.

Why is the Iowa Board of Nursing important to promoting and protecting the health of Iowans?

- Iowans deserve care from qualified professionals.
- Iowans deserve protection from care that does not meet standards, including timely investigations of complaints about nursing practice, and discipline of nurses who are found to have violated the law.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

What do we do?

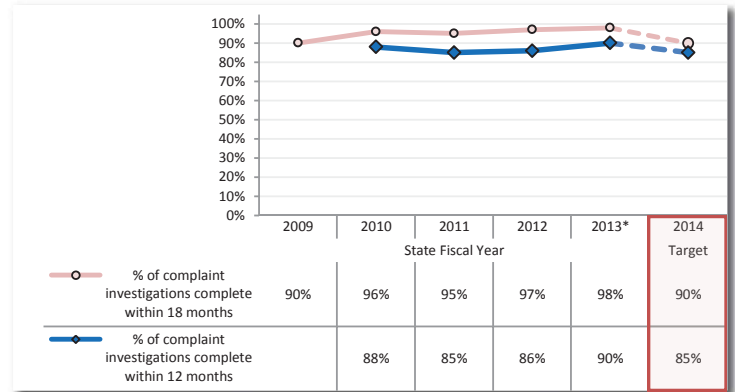
- License nurses who meet requirements.
- Approve nursing education programs.
- Approve continuing education providers.
- Promulgate rules and regulations to carry out the mandate of the laws.
- Investigate complaints and monitor disciplined licensees.
- Prosecute nurses whose practice is out of compliance with Iowa Code and Iowa Administrative Code.
- Enforce nursing continuing education requirements.
- Maintain licensee records.

How do we measure our progress?

- 1. Percent of complaint investigations that are completed within 12 or 18 months of receiving the complaint.

Data Source: Iowa Board of Nursing Database.

How are we doing? During SFY2013, 90% of complaint investigations were completed within 12 months of receiving a complaint and 98% were completed within 18 months. The target for SFY2014 will be to complete 85% of complaint investigations within 12 months of receiving a complaint and 90% within 18 months. These goals were achieved in SFY2011 through SFY2013. The Board of Nursing had 970 complaint cases filed and opened in SFY2013, versus 1020 in SFY2012 and 1074 in SFY2011.



*All enforcement data was migrated to the Board's new database on November 19, 2012. The data available for measurement for SFY2013 is for the seven month period from December 2012 through June 2013.

What can Iowans do to help?

1. Iowans and employers may contact the Iowa Nursing Board for information regarding discipline history or may retrieve discipline documents through our website nursing.iowa.gov.
2. Iowans may report nurses whose practice does not appear to meet minimum qualifications by calling 515-281-3255, emailing enforce@iowa.gov or completing a complaint form at our website nursing.iowa.gov.
3. Iowa nurses are required to report other nurses whose practice does not meet minimum standards.

Expenditures

Retained fees*: K19-2082

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$0	\$0	\$0
Other funds*	\$2,145,253	\$2,230,718	\$3,930,000
Total funds	\$2,145,253	\$2,230,718	\$3,930,000
FTEs	20.25	18.91	22.60

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Nutrition & Physical Activity

Phone: 515-281-6650
www.idph.state.ia.us/iowansfitforlife
www.idph.state.ia.us/INN/
www.idph.state.ia.us/CTG/

Promoting & Protecting the Health of Iowans



Walking, lifting weights, and using resistance bands keeps Jim, 70, feeling good. Since he and his wife started going to a gym in Polk County, they can feel a difference in their bodies. They have lost weight, feel more positive, and Jim notices he can get up and out of his chair easier. He believes that doing these exercises will help him stay independent for longer. Jim says that working out is just a small part of being healthy. He believes that you also have to eat right. That's why he tries recipes and foods he has learned about from the Chef Charles presentations. And "because it feels good to be healthy and active," Jim says.

Did you know?

65% of adult Iowans are overweight or obese, up from 55% in 1995. This combined prevalence is the same as in 2011 when 35.8% of non-pregnant adult Iowans were overweight and 29% were obese. 30% of Iowans were obese, a higher prevalence rate than last year

Why is Nutrition and Physical Activity important to promoting and protecting the health of Iowans?

- Obesity-related health problems cost Iowans \$783 million each year. Medicaid and Medicare cover about 46% of these costs.
- The rate of overweight and obese Iowans has dramatically increased among adults, teens, and children.
- Less than 14% of Iowans eat fruits and vegetables five or more times per day.
- In 2011, 77% of Iowa adults reported engaging in some sort of physical activity for exercise during the past month (other than their regular job).
- Iowans in poverty are less likely to eat nutritious foods than those with higher incomes. Iowans with incomes less than \$15,000 per year are more likely to be obese.
- Environments that support physical activity and proper nutrition provide a better quality of life for Iowans.
- Iowans who are physically active and eat nutritious foods are at a decreased risk for overweight and obesity, as well as cardiovascular disease, diabetes, cancer and osteoarthritis.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy behaviors

What do we do?

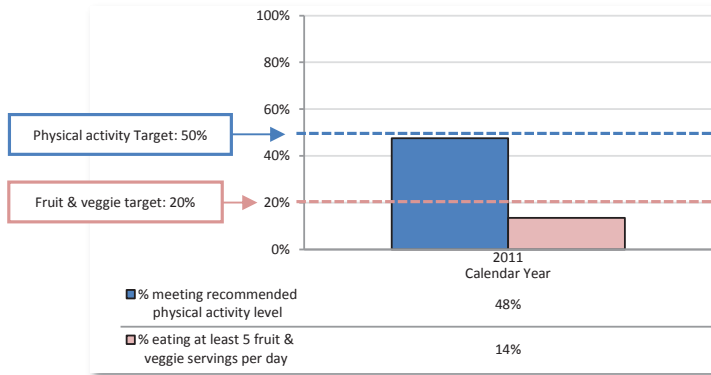
The vision of the Bureau of Nutrition and Health Promotion at IDPH is "healthy Iowans living in healthy communities." Programs focusing on nutrition and physical activity include 1) Nutrition, Physical Activity, and Obesity Prevention, 2) Iowa Nutrition Network, and the 3) Iowa Community Transformation Grant. Key program initiatives:

- Make it easier for Iowans to eat well, be physically active, live smoke-free, and access preventive screenings. The healthy choice should be the easy choice.
- Bring state and local partners together to build networks dedicated to healthy eating and physical activity.
- Provide funding and support to create healthier environments where Iowans live, work, and play.
- Provide resources for communities and organizations to support improvements in nutrition and physical activity environments.

How do we measure our progress?

Percent of Iowa adults...

- ❶ eating 5 or more servings of fruits and vegetables per day.
- ❷ meeting the recommended level of physical activity.

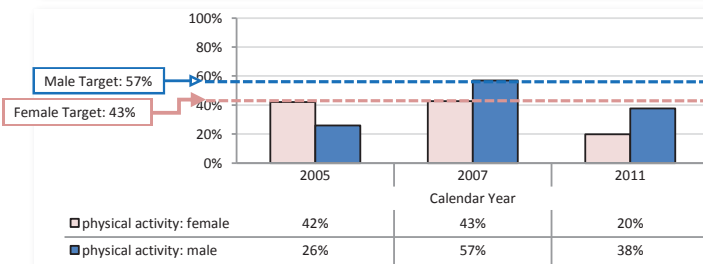
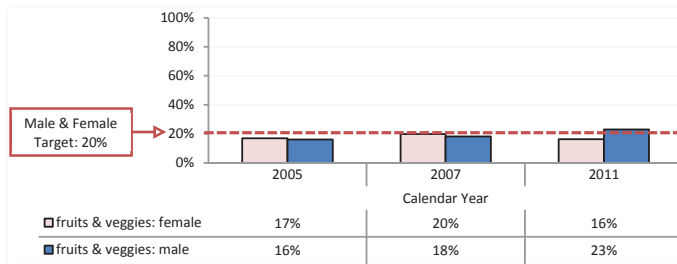


Data Source: Behavioral Risk Factor Surveillance System (BRFSS). Data are available every two years.

How are we doing? Healthy Iowans has the objective of 20% of Iowans eating five or more fruit and vegetables per day. The figure obtained from Iowa BRFSS of 14% falls far short of this goal. Only 48% of Iowans are getting the recommended physical activity. Nationally, Iowa ranked almost at the median on not engaging in leisure time physical activity. Iowa was at 25.9%, while the median for the nation was at 26.2%.

Percent of students...

- ❸ who ate 5 or more servings of fruits and vegetables per day during the past 7 days.
- ❹ who were physically active for a total of 60 minutes or more per day on 5 or more of the past 7 days.



Data Source: Youth Risk Behavior Surveillance System (YRBSS). Data are available every two years.

How are we doing? Overall, 19.7% of students in grades 9 through 12 reported eating five or more servings of fruit and vegetables per day during the past seven days. 29.1% of students reported being physically active for a total of 60 minutes or more per day on five or more of the past seven days. This represents a decrease from almost 50% in 2007.

What can you do to help?

1. Find out about resources that encourage healthy communities. Go to: www.idph.state.ia.us/INN/PickABetterSnack.aspx, www.idph.state.ia.us/iowansfitforlife, and www.idph.state.ia.us/CTG/Default.aspx
2. Share up-to-date nutrition information from the monthly Chef Charles newsletters that are written for older adults. Go to: www.idph.state.ia.us/INN/ChefCharles.aspx
3. Join a local coalition that promotes community health and wellness, encourage a friend to join you in healthy activities, and be an ambassador of wellness.

Expenditures

Health Promotion: general fund, federal funds, & private grants*: K05-0609; K09-0953; 0153-0562/0564/0728(37%)/0752/0920/0926/0940/0944. Iowa Nutrition Network: intra state receipts* (Dept of Human Services) 0153-1108/1112.

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$107,325	\$99,075	\$136,995
Federal funds	\$2,197,984	\$4,079,361	\$3,523,409
Other funds*	\$1,657,071	\$1,446,065	\$1,766,260
Total funds	\$3,962,380	\$5,644,502	\$5,426,664
FTEs	12.36	12.27	10.54

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Health Promotion & Chronic Disease Prevention ♦ Health Promotion Unit ♦ Nutrition & Physical Activity

Phone: 515-281-6650 ♦ Fax: 515-281-4913 ♦ www.idph.state.ia.us/iowansfitforlife ♦ www.idph.state.ia.us/INN/ ♦ www.idph.state.ia.us/CTG/

4th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

Oral Health

Phone: 515-242-6383
www.idph.state.ia.us/OHDS/OralHealth.aspx

Promoting & Protecting the Health of Iowans



Smile! Everyone wants a bright, beautiful smile. But oral health is more than straight, shiny-white teeth. Did you know poor oral health in children can affect speech development? And, that 51 million school hours are lost each year to dental-related illness? Did you know poor oral health in adults has been linked to heart disease? Unfortunately, getting needed dental care is difficult for low-income and uninsured families in Iowa. The Oral Health Center within the IDPH Bureau of Oral and Health Delivery Systems has programs that work to improve the oral health of all Iowans, regardless of income.

The Oral Health Center (OHC) encourages local public health partners to provide preventive services, like fluoride applications and dental sealants, and to provide education and assist families in making dental appointments. As a result, more than twice as many Medicaid-enrolled children are receiving dental care than in 2000.

Expanding access to oral health care for all Iowans is truly something to smile about.

Did you know? Nearly 95% of Iowa children have health insurance, but only about 85% have insurance for dental care.

Why are Oral Health programs important to promoting and protecting the health of Iowans?

- Oral health directly affects the health and wellness of all Iowans.
- Cavities can be prevented.
- 14% of Iowa third-graders have untreated cavities; nearly one out of every five low-income children has untreated cavities.
- Many families don't know about the importance of oral health and know little about proper oral hygiene and preventive care.
- Access to dental care is a major problem for low-income Iowa families. For children on Medicaid, 45% go without any dental services at all.
- Early access to preventive dental services saves money! For at-risk children, having fluoride applications as soon as teeth erupt reduces the chance that teeth get decayed and need fillings or crowns. A fluoride application costs just \$14. A small filling costs more than 3 times that.
- Iowa's dental workforce is aging and decreasing in number, particularly in rural parts of the state.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy behaviors

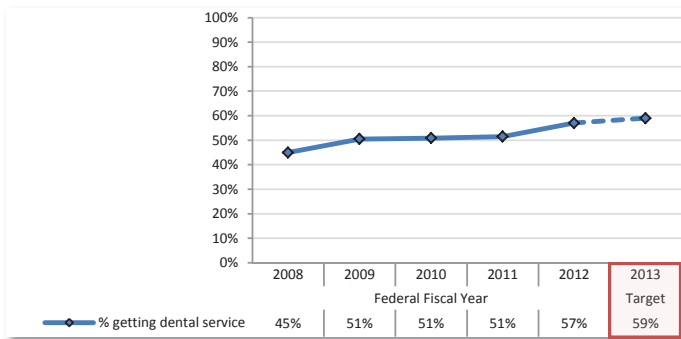
Strengthen the public health infrastructure

What do we do?

- Coordinate the I-Smile™ program, which helps local public health partners promote oral health, provide preventive services, and educate the public about the importance of early and regular oral health care.
- Increase awareness of children's oral health with physicians, nurses, and physician assistants, and train them to provide oral screenings and preventive care for families.
- Work with local public health partners to help families make appointments and find payment sources for dental care.
- Provide funding to public health agencies to provide screenings and dental sealants to low-income, uninsured, and underinsured children in grades 2-8.
- Coordinate oral health surveillance to monitor and track Iowans' oral health status and ability to access and pay for care.
- Oversee the school dental screening requirement for children newly enrolling in elementary and high school.
- Track services provided by dental hygienists working under public health supervision, to assure limited services are provided to underserved families.

How do we measure our progress?

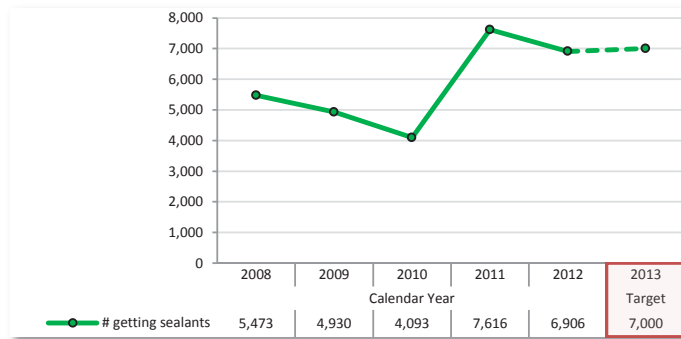
- 1 Percent of Medicaid-enrolled children ages 1-5 who get a dental or oral health service.



Data Source: Centers for Medicare & Medicaid Services (CMS) Form 4.16. Data are available annually. Federal Fiscal Year 2013 data not yet available.

How are we doing? Gains have been seen annually. Since 2006, I-Smile™ is helping us achieve a larger annual increase.

- 2 Number of children ages 0-20 getting dental sealants from hygienists practicing under public health supervision.



Data Source: IDPH Public Health Supervision year-end reports. Data are available annually.

How are we doing? Public health supervision has been allowed since 2004. In calendar year 2012, 6906 children received sealants.

What can Iowans do to help?

1. Learn about the importance of good oral health and how to keep your mouth healthy.
2. Use the Oral Health Center as a trusted source for oral health information and policy development.
3. Encourage sufficient funding for the Oral Health Center to help the success of its programs.

Expenditures

General fund, federal funds, intra state receipts* (Dept of Human Services), & private grants*. State funds are used for a 25% match for the Title V Maternal & Child Health Block Grant: K05-0503/0561; 0153-0502/0504/1110.

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$309,746	\$290,870	\$276,274
Federal funds	\$496,845	\$400,911	\$757,391
Other funds*	\$1,926,354	\$1,971,409	\$1,969,599
Total funds	\$2,732,945	\$2,663,190	\$3,003,264
FTEs	6.44	5.61	6.65

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Board of Pharmacy

Phone: 515-281-5944
www.iowa.gov/ibpe

Promoting & Protecting the Health of Iowans



A doctor may write the prescription to cure what ails you, but it's up to your local pharmacist to fill that prescription to the exact specifications of the physician. Pharmacists play a critical role in protecting the health of Iowans. The Iowa Board of Pharmacy assures the public that only qualified, competent pharmacists practice in Iowa.

The Iowa Board of Pharmacy strives to issue licenses and registrations quickly and efficiently. In addition, the Board receives and investigates complaints from Iowans, and when necessary, disciplines pharmacists who have broken the law.

With more than 3,000 licensed pharmacists in Iowa, the Board of Pharmacy works to ensure each provides quality health services to Iowans.

Did you know? There are nearly 4,000 licensed pharmacists in Iowa.

Why is the Iowa Board of Pharmacy important to promoting and protecting the health of Iowans?

- The Iowa Board of Pharmacy licenses pharmacists and other pharmacy professionals to ensure Iowans receive competent, qualified care.
- The Iowa Board of Pharmacy helps pharmacists who are battling addiction. Research shows that monitoring programs for impaired pharmacists are highly effective in reducing relapse.
- Licensure is an effective way to keep untrained and unethical individuals from practicing pharmacy in Iowa.

Which Iowa Public Health Goals are we working to achieve?

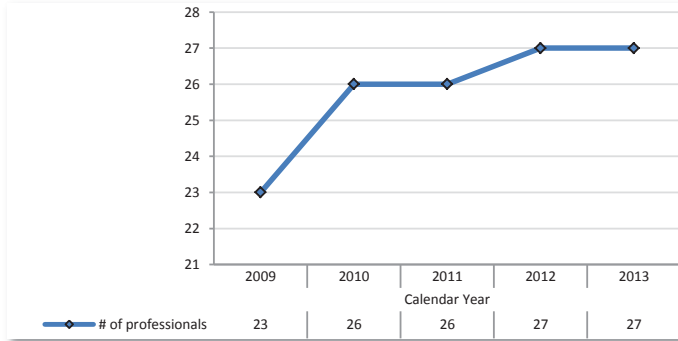
Strengthen the public health infrastructure

What do we do?

- License pharmacies, pharmacists, and other health professionals.
- Investigate complaints about health professionals.
- Discipline health professionals who have broken the law.
- Provide licensure and discipline data to the public, employers, and credentialers.
- Monitor disciplined and impaired health professionals so they can return to practice as soon as it is safe to do so.
- Speak to professional groups, students, and the public.
- Ensure the safe distribution of effective prescription drugs in Iowa.

How do we measure our progress?

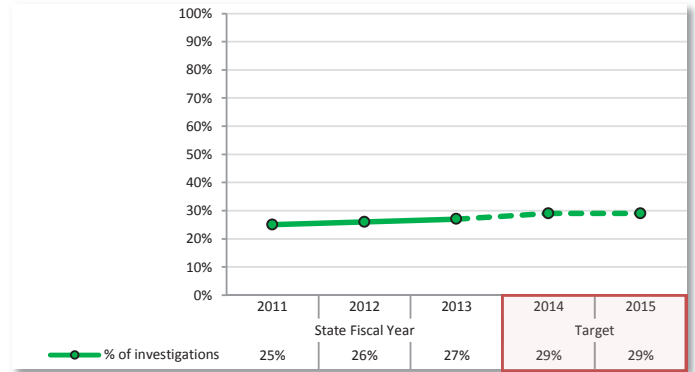
- 1 Number of professionals participating in the Iowa Pharmacy Recovery Network (IPRN).



Data Source: Manual counts. Data are available annually.

How are we doing? Participation in the IPRN is steady.

- 2 Percent of investigations resulting in formal discipline.



Data Source: Board database. Data are available annually.

How are we doing? The percentage of investigations resulting in formal discipline is steady at about 30%.

What can Iowans do to help?

1. All Iowans can contact the Iowa Board of Pharmacy to verify that a pharmacist license is in good standing. For information, call 515-281-5944 or check the Board's online verifications at www.iowa.gov/ibpe/verification.html.
2. Health professionals can learn about ethics and rules.
3. Health professionals and their employers can go to www.iowarecovery.org to learn how to use the programs created to help impaired or potentially impaired professionals.

Expenditures

Retained fees*: K19-2092

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$0	\$0	\$0
Other funds*	\$2,495,030	\$2,365,867	\$3,953,101
Total funds	\$2,495,030	\$2,365,867	\$3,953,101
FTEs	14.88	15.00	16.00

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Prescription Services

TB – Phone: 515-281-7504 www.idph.state.ia.us/ImmTB/TB.aspx
STD – Phone: 515-281-3031 www.idph.state.ia.us/HivStdHep/

Promoting & Protecting the Health of Iowans



If money is tight, it can be difficult to pay for a trip to the doctor. But what if you are diagnosed with a disease that requires expensive medications? How will you pay for that, too? The Prescription Services program is there to help, providing free treatment for Iowans with an STD or with TB infection or disease.

By treating 2,000 Iowans a year for latent TB infection, approximately 200 infectious cases of TB are avoided each year. The program also provides treatment for about 7,000 Chlamydia cases per year at a cost of \$1.81 per case per Iowan and over 1,000 cases of gonorrhea at a cost of \$3.30 per case per Iowan. For Iowans not treated soon enough, 10% will develop a serious complication called Pelvic Inflammatory Disease, costing at least \$1,167 per patient to treat.

Proper treatment prevents exposing others to diseases and their complications. The Prescription Services program provides treatment free of charge because going without treatment can be much more costly.

Did you know? Each year, this program provides medication to treat more than 20,000 Iowans for sexually transmitted diseases and TB infection and disease.

Why are Prescription Services important to promoting and protecting the health of Iowans?

- TB disease remains a public health problem in Iowa with an average of 44 new cases reported every year. Many Iowans are infected by TB, but haven't developed symptoms (latent TB infection or LTBI) and will need antibiotics to prevent them from getting the disease. About 150,000 Iowans are currently infected with TB.
- More than half of all Iowans will have an STD sometime in their life.
- Children and young adults are particularly at risk for STDs. In 2010, 74% of reported Chlamydia cases were among 15 to 24 year olds.
- Untreated STDs can lead to serious, even life-threatening complications.
- Early treatment saves money! For example, treating someone with a latent TB infection costs about \$15. Treating someone who has developed TB disease costs \$2,000.

Which Iowa Public Health Goals are we working to achieve?

- ▶ Prevent epidemics & the spread of disease
- ▶ Strengthen the public health infrastructure

What do we do?

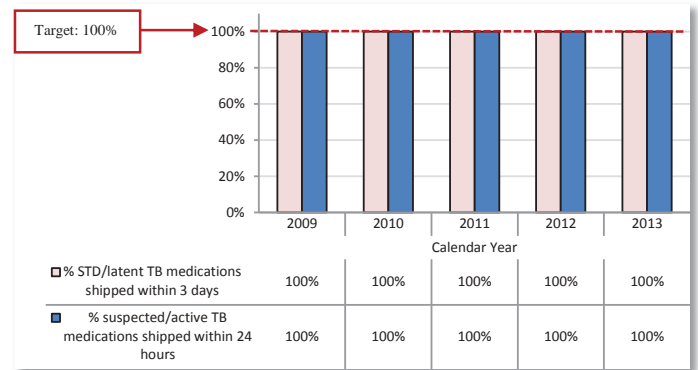
- Provide treatment for 2,000 Iowans with LTBI or TB disease each year.
- Provide treatment for more than 15,000 Iowans infected or exposed to chlamydial infection, gonorrhea, and syphilis each year.
- Ensure medications for active and suspected cases of TB are shipped within 24 hours of the prescription being written.
- Ensure medications for STD and LTBI are sent within three working days of the prescription being issued.
- Federal STD and TB grant funds cannot be used to buy medications for treating STD and TB patients. The Prescription Services program pays for medications that federal funds won't cover.

How do we measure our progress?

1. Percent of STD and latent TB infection medications shipped within three working days of the prescription request.
2. Percent of medications for suspected/active cases of TB disease shipped within 24 hours of the prescription request.

Data Source: Contract pharmacy database. Data are available monthly.

How are we doing? 100% of medications are shipped within the desired timeframe.



What can Iowans do to help?

1. Iowans of all ages should use safer sex practices, such as choosing one partner and knowing them well, regularly and correctly using latex condoms, or refraining from sex completely.
2. Iowans at risk of getting an STD should be tested, and if necessary, treated for STDs. To learn what puts you at risk of getting an STD, go to www.idph.state.ia.us/HivStdHep/.
3. Maintain a healthy lifestyle, especially when visiting countries where TB is common.
4. Health care professionals need to know about the availability and benefits of the program. Lack of awareness adversely affects Iowans who have no insurance or are underinsured.
5. Advocate for an increase in funding to continue these services. The rising costs of medication and no increases in program funding means fewer Iowans can be served each year.

Expenditures

General fund: K15-1541

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$107,136	\$107,828	\$105,095
Total funds	\$107,136	\$107,828	\$105,095
FTEs	0.00	0.00	0.00

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Acute Disease Prevention & Emergency Response and Environmental Health / Behavioral Health

Prescription Services ♦ 5th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

STD – Phone: 515-281-3031 ♦ Fax: 515-281-0466 ♦ www.idph.state.ia.us/HivStdHep/

TB – Phone: 515-281-7504 ♦ Fax: 515-281-4570 ♦ www.idph.state.ia.us/ImmTB/TB.aspx

Professional Licensure

Phone: 515-281-0254
www.idph.state.ia.us/licensure

Promoting & Protecting the Health of Iowans



When you go to a health provider, you expect a certain level of knowledge, competency, and ethical standards. In other words, you expect someone who knows what they're doing, and who does it in a courteous, professional manner. The IDPH Bureau of Professional Licensure works to protect the public and improve access to quality health services by licensing qualified professionals.

The Bureau of Professional Licensure also strives to make the process of licensing more convenient for professionals. Online license renewal and e-payment services have begun, with the goal of a modernized Web-based program that will allow license renewal in real time from any location.

The Bureau of Professional Licensure works to help ensure consistency and quality in Iowa health services.

Did you know? You can verify the licensure status of any person or business regulated by the Bureau of Professional Licensure by name or license number. Go to www.licensediniowa.gov.

Why is Professional Licensure important to promoting and protecting the health of Iowans?

- Thousands of Iowans rely on the 44,000 professionals and 5,600 businesses regulated by Professional Licensure.
- All Iowans benefit when health care is provided by competent, ethical professionals who hold active licenses.
- Open records and open meetings let the public have input into licensure requirements, rulemaking, continuing education, and discipline of licensees and businesses.
- Licensure boards are made up of professionals and public members who make sure licensure standards are safe, effective, and clearly communicated to the public.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

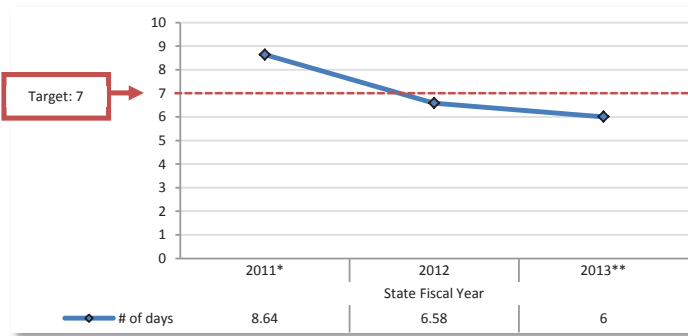
What do we do?

- Process applications for initial licensure, license renewal, and reactivation of licenses.
- Coordinate, and in some cases, conduct examinations for licensure.
- Determine eligibility for licensee participation in the Volunteer Health Provider Program.
- Address all complaints and implement discipline at the licensing board's direction.
- Provide executive support to 19 licensure boards and direct services to licensees practicing in Iowa in the following professional categories:

Athletic Training	Massage Therapy	Podiatry
Barbering	Mortuary Science	Psychology
Behavioral Science	Nursing Home Administrators	Respiratory Care Practitioners
Chiropractic	Optometry	Sign Language Interpreters & Translators
Cosmetology Arts & Sciences	Physician Assistants	Speech Pathology & Audiology
Dietetics	Physical & Occupational Therapy	Social Work
Hearing Aid Dispensing		

How do we measure our progress?

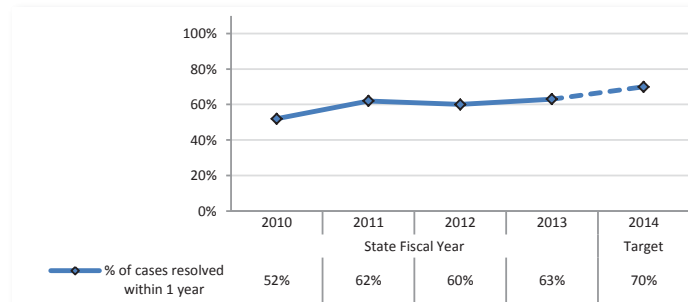
1 Average number of days to process new applications.



Data Source: Iowa Department of Human Services- Iowa Medicaid Enterprise – December 2013
 *Excludes July 2011 data **Data through October 2013

How are we doing? Since beginning to monitor the processing time of new applications in 2011, Professional Licensure has made improvement on the average number of days to process new applications.

2 Percent of cases resolved within one year of receiving a complaint.



Data Source: Bureau database. Data are available monthly.

How are we doing? The boards respond to 100% of signed complaints. Following board review, some cases are referred for investigation to the Iowa Department of Inspections and Appeals. The overall number of investigations remains relatively constant. Resolution of a case within one year is related to the complexity of the complaint and the availability of evidence to make an informed decision.

In FY13, the 19 boards received 293 complaints. Of these cases, there were 84 administratively initiated failed audits. For the remaining 209 cases, 131 (63%) were resolved within one year. From July 2012 to June 2013, 107 cases were submitted for investigation; 131 investigations were completed; 78 cases were pending investigation reducing the number of investigation carryover by 20%.

What can Iowans do to help?

1. Iowans are encouraged to report incompetent or unethical practice. Contact the board office by telephone at 515-281-0254 or submit a complaint online at www.idph.state.ia.us/licensure.
2. Professional organizations can inform the professional boards about current and emerging practices.
3. Educators can attend open meetings to share new teaching methods and trends with the boards.

Expenditures

Retained fees*: K19-2054

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$0	\$0	\$28,000
Other funds*	\$2,417,995	\$2,378,221	\$3,450,000
Total funds	\$2,417,995	\$2,378,221	\$3,478,000
FTEs	16.09	15.87	16.00

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Radiological Health

Phone: 515-281-3478
www.idph.state.ia.us/eh/radiological_health.asp

Promoting & Protecting the Health of Iowans



You can't see, smell, hear, or feel it. It can save lives, but also endanger lives. The use of radiation must be carefully monitored. The IDPH Bureau of Radiological Health protects Iowans from unnecessary and potentially harmful exposure to radiation.

The machines that produce radiation (like x-ray or mammography machines) and the people who use them are tested and certified to ensure Iowans are being treated by qualified professionals with safe equipment.

You've probably heard of radon – a naturally occurring gas that seeps into homes and can cause lung cancer. The Bureau of Radiological Health licenses experts who can stop radon from getting into a home. IDPH works each day to protect the health of Iowans – even when the "enemy" is invisible!

Did you know?

In 1986, the state of Iowa entered into an agreement with the U.S. Nuclear Regulatory Commission to protect the health and safety of Iowans by regulating radioactive material in Iowa.

Why is Radiological Health important to promoting and protecting the health of Iowans?

- Exposure to radiation in large amounts can cause immediate and long-term health effects, including cancer and death.
- Iowans could be exposed to radiation at any time each day because of the common use of industrial and medical radioactive materials and machines.
- Radiation occurs naturally in the environment; however, anything beyond this natural exposure may be unnecessary and could be harmful.
- Iowa has one of the highest rates of indoor radon levels in the country.
- High quality mammography machines and images are essential to finding breast cancer early.
- Iowans of all ages are at risk for over-exposure to ultraviolet light from tanning beds.

Which Iowa Public Health Goals are we working to achieve?

Protect against environmental hazards

Strengthen the public health infrastructure

Prepare for, respond to, & recover from public health emergencies

Promote healthy behaviors

What do we do?

- Inspect, test, accredit, and certify mammography facilities, machines, radiologists, and technologists.
- Issue Permits to Practice for individuals who operate or use ionizing radiation producing machines or administer radioactive material for diagnostic or therapeutic purposes.
- Coordinate radiation emergency response by working with local, county, state, and federal agencies in case of an accident.
- License, register, and inspect facilities that use radioactive materials.
- Educate Iowans about radon gas and credential radon measurement and mitigation specialists.
- Register tanning bed facilities and post health information about the risks of tanning.
- Register X-ray producing machines.
- Investigate allegations and complaints regarding radioactive material and radiation producing machines.

▶ How do we measure our progress?

- The U.S. Nuclear Regulatory Commission (NRC) oversees the Iowa radioactive material (RAM) program and conducts an Integrated Material Performance Evaluation Program (IMPEP) review every four years. The Iowa RAM program successfully completed three consecutive IMPEP reviews, receiving the highest score of SATISFACTORY for all performance indicators.

Due to the outstanding score of the IMPEP reviews, the Iowa RAM program was the first agreement state program to receive two one-year extensions by the NRC for the next IMPEP review.

- The Food and Drug Administration (FDA) oversees the Iowa mammography program and conducts an annual review. The Iowa mammography program consistently meets or exceeds the requirements set by the FDA.

The Iowa program annually inspects 142 mammography facilities including 166 mammography units and 25 stereotactic facilities. To continue providing services to Iowans, the facilities must correct all non-compliances that are found.

▶ What can Iowans do to help?

1. All Iowans can make themselves aware of the possibility of exposure to radiation, especially from medical procedures.
2. All Iowans can report any misuse of radioactive materials or ionizing radiation producing machines by contacting the Bureau of Radiological Health at 515-281-3478 or angela.leek@idph.iowa.gov.
3. All Iowans should learn about radon gas and how to test for it in their homes. For more information about radon, visit www.idph.state.ia.us/radon.

▶ Expenditures

Federal funds, intra state receipts* (Dept of Public Defense), private grants*, & retained fees*: K19-1901(17%)/1915/1920; 0153-1922/1926.

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$0	\$0	\$62,223
Federal funds	\$252,195	\$239,777	\$241,887
Other funds*	\$1,168,934	\$1,284,813	\$1,631,333
Total funds	\$1,421,129	\$1,524,590	\$1,873,220
FTEs	11.00	11.75	13.35

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Acute Disease Prevention & Emergency Response and Environmental Health ♦ Radiological Health

Phone: 515-281-3478 ♦ Fax: 515-281-4529 ♦ www.idph.state.ia.us/eh/radiological_health.asp

5th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

Mammography – Phone: 515-281-0405

Radioactive Materials – Phone: 515-281-0419

Tanning Facilities – Phone: 515-281-0415

Permits to Practice – Phone: 515-281-0415

Radon – Phone: 1-800-383-5992 or 515-281-4928

X-Ray Machines – Phone: 515-281-0415

Radiation Emergency Response – Phone: 515-281-3478

Sexually Transmitted Disease Prevention

Phone: 515-281-4936
www.idph.state.ia.us/HivStdHep/

Promoting & Protecting the Health of Iowans



Sexually Transmitted Diseases (STDs) very often have no symptoms. Despite their asymptomatic nature, STDs can cause serious complications if they are not treated early in the infection. These complications include: Pelvic Inflammatory Disease (PID), chronic pelvic pain, tubal pregnancy, infertility, infant infection during childbirth, increased risk for HIV infection, and even death. STDs are a significant health threat in Iowa with over 13,000 infections reported in 2012. Chlamydia and gonorrhea respectively represent the first and second most commonly reported conditions in Iowa and the U.S. The STD Prevention Program works to stop the spread of STDs in Iowa through reducing the number of Iowans who are unknowingly infected and providing treatment for those who are diagnosed with or suspected to have an STD.

One of the best ways to find undetected STD is to screen patients during annual exams and to find, test, and treat the partners of people who test positive. The STD Program maintains a screening collaborative with 68 public clinics across Iowa, targeting those most at risk for adverse outcomes of undetected infection. In both the public and private sectors, the STD Program offers technical assistance for sexual health program development, promotes clinician/patient dialogue about STD prevention, and ensures proper testing and treatment of exposed partners.

Did you know? About 70% of reported chlamydia cases and about 60% of reported gonorrhea cases are found in young Iowans ages 15 to 24.

Why is STD Prevention important to promoting and protecting the health of Iowans?

- STD cases have increased steadily over the last 10 years. The increases have many causes, but much of it is due to cases that are not diagnosed until one partner has already infected others. Additionally, the asymptomatic nature of STDs like chlamydia means that many young, sexually active Iowans are unknowingly infected and can easily spread the infection to partners. Early testing and treatment is important.
- In the majority of STDs, such as chlamydia, gonorrhea, and certain stages of syphilis, there are no symptoms, yet there can be internal damage that is irreversible.
- National studies suggest that every dollar spent on STD education and prevention saves an estimated \$43 on complications that can lead to hospitalization, surgery, infertility, and death.

Which Iowa Public Health Goals are we working to achieve?

- Prevent epidemics & the spread of disease
- Strengthen the public health infrastructure
- Promote healthy behaviors

What do we do?

- Provide funding for testing supplies and patient and provider education at 68 STD testing sites across Iowa.
- Offer confidential partner notification and counseling statewide to inform persons who might not otherwise know they have been exposed to an STD.
- Provide treatment medications at no expense to Iowans with STDs to stop the spread of disease.
- Monitor the number of reportable STD cases and types of risk behaviors to provide appropriate community outreach.
- Offer technical assistance to clinics, hospitals, and laboratories to ensure correct identification, treatment, and follow-up care of STD patients.
- Identify and contain STD outbreaks to prevent further spread of infection.
- Develop and enforce legislation, rules, and policies to address emerging trends in STD transmission.

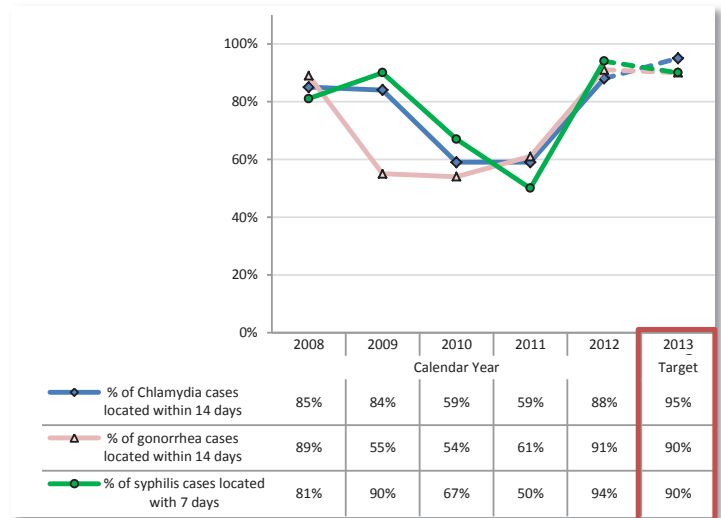
How do we measure our progress?

- 1 Percent of all reported infectious cases of syphilis located by state and local disease prevention specialists (DPS) within seven working days.
- 2 Percent of all reported cases of gonorrhea located by state and local DPS within 14 working days.
- 3 Percent of all priority** cases of chlamydia located by state and local DPS within 14 working days.

Data Source: STD surveillance program and Iowa Disease Surveillance System. Data are sent to state DPS and local health department clinic supervisors.

** Due to the high volume of chlamydia cases, not all are located. Priority cases include those under age 18, pregnant, co-infected with another STD, re-infected, not treated by the provider, and/or specifically requested by the provider.

How are we doing? Better collaboration with medical providers and laboratories, combined with better use of the Internet to locate persons in need of services, will allow for further improvements in the number of persons with syphilis, gonorrhea, or chlamydia located within the specified timeframes. A steady increase in the number of chlamydia cases, coupled with a decrease in resources to investigate these cases, has prompted the STD Program to assign only certain priority cases to public health investigators for follow-up.



What can Iowans do to help?

1. Promote medically accurate, comprehensive sexual education for youth. Sharing correct and complete information with those most at risk for infection has been shown to help those persons make different decisions about the behaviors that put them at risk.
2. Iowans of all ages should use safer sex practices, such as mutual monogamy with an uninfected partner; regularly and correctly using latex condoms; or refraining from sex completely.
3. Iowans at risk of getting an STD should be tested, and, if necessary, treated for STDs. To learn what puts you at risk for an STD, go to www.idph.state.ia.us/HivStdHep/.
4. Health care providers, correctional systems, and educational systems should contact the IDPH STD Program at 515-281-4936 to get information about STD prevention.

Expenditures

General fund & federal funds; State funds are used for a 75% match for the Title V Block Grant: K15-1563; 0153-1564

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$56,842	\$56,390	\$56,390
Federal funds	\$621,340	\$677,982	\$667,150
Total funds	\$678,182	\$734,372	\$723,540
FTEs	2.96	3.42	4.50

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Behavioral Health ♦ Sexually Transmitted Disease Prevention

Phone: 515-281-3031 ♦ Fax: 515-281-0466 ♦ www.idph.state.ia.us/HivStdHep/

5th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

Substance Abuse (Prevention, Treatment, & Recovery)

Promoting & Protecting the Health of Iowans

Phone: 515-242-5934
www.idph.state.ia.us/bh/substance_abuse.asp



The Bureau of Substance Abuse supports the philosophy established by the Substance Abuse and Mental Health Services Administration (SAMHSA) which states:

“Prevention Works, Treatment is Effective, and People do Recover”

As champions for these efforts in Iowa, the Bureau of Substance Abuse works diligently to reduce misuse and abuse of alcohol and other drugs, ensure Iowans receive substance abuse assessment and treatment when and where they need it, and support addicted Iowans in their personal recovery efforts.

Did you know? At least 72 health problems that require hospitalization are caused completely or in part by substance abuse with the top four being cardiovascular disorders, cirrhosis, cancer and unintentional injuries. In Iowa, 50% of substance use disorder clients served reported alcohol as the most common primary substance used, followed by marijuana at 26.3%, and methamphetamine at 10.5%.

Why is the Bureau of Substance Abuse important to promoting and protecting the health of Iowans?

- Substance use disorders and related problems are among society’s most far-reaching health and social concerns. In the past year over 50,000 Iowans sought substance abuse assessment and treatment services through an IDPH-licensed program.
- According to SAMHSA, the national Substance Abuse and Mental Health Services Administration, 90% of people in the U.S. who experience substance use problems and need treatment do not perceive the need for care.
- It costs every person in the U.S. nearly \$1,000 each year for health care, law enforcement, motor vehicle crashes, crime, and lost productivity due to substance abuse.
- The 2011 National Survey on Drug Use and Health identified Iowa as one of 10 states with the highest reported binge drinking.
- In 2011, one-quarter of Iowa traffic fatalities (93) were alcohol or drug related (Governor’s Traffic Safety Bureau).

Which Iowa Public Health Goals are we working to achieve?

Promote healthy behaviors

Strengthen the public health infrastructure

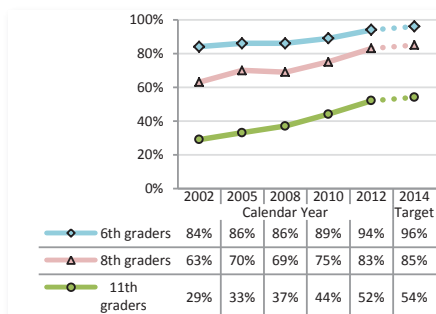
What do we do?

- License and monitor approximately 120 substance abuse treatment programs.
- Ensure that a full continuum of substance abuse assessment and treatment services is available to residents of all 99 Iowa counties.
- Implement substance abuse programs that support our mission such as: Families in FOCUS adolescent treatment project; Iowa Rural Health Information Technology (IRHIT); Strategic Prevention Framework (SPF); Screening, Brief Intervention and Referral to Treatment (SBIRT) and Access to Recovery (ATR).
- Provide primary substance abuse prevention in all 99 counties, implement evidence-based and model programs, and collaborate and coordinate with substance abuse providers and community partners.
- Conduct the Iowa Youth Survey that measures attitudes and experiences of 6th, 8th and 11th graders regarding alcohol and other drug use and violence, and their perception of peer, family, school and community environments.
- Ensure a [Recovery-Oriented System of Care](#) that welcomes and engages Iowans at any and all points in their personal recovery efforts.

How do we measure our progress?

Prevention Data

Percent of Iowa students (grades 6, 8, & 11 combined) who have never used alcohol

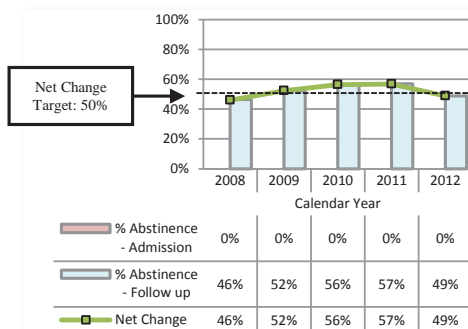


Data Source: Iowa Youth Survey. Data is available every two years.

How are we doing? 2012 numbers exceeded the targets in all three grades surveyed.

Treatment Data

Abstinence at 6 month follow-up compared to admission

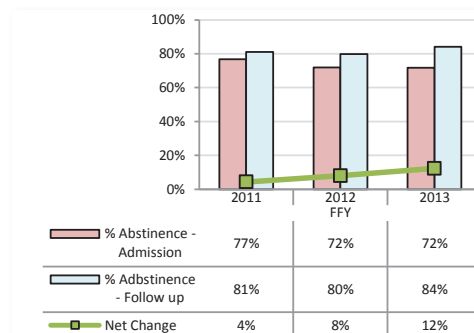


Data Source: State of Iowa Outcomes Monitoring System

How are we doing? On average, since 2008, 50% of clients were abstinent 6 months post discharge.

Recovery Data

Did not use alcohol or drugs at 6 month follow-up compared to admission



Data Source: ATR Services Accountability Improvement System

How are we doing? Since first receiving the ATR grant in 2007, Iowa has continued to show an increase in abstinence rates.

What can Iowans do to help?

1. If you know someone who needs help with alcohol or drug problems, encourage them to call the IDPH Iowa Substance Abuse Information Center Helpline, 24 hours a day, 7 days a week, at 1-866-242-4111.
2. To learn more about Substance Abuse Prevention efforts in Iowa, go to www.idph.state.ia.us/bh/substance_abuse_prevention.asp.
3. To learn more about Substance Abuse Treatment Services in Iowa, go to www.idph.state.ia.us/bh/substance_abuse.asp.
4. To learn more about Recovery Support Services, go to www.idph.state.ia.us/atr/.
5. To find out more about bullying and suicide prevention, go to www.yourlifeiowa.org.
6. Learn about the dangers of addiction. For more information, go to www.drugfreeinfo.org.

Expenditures

State funds: General fund & Underground Storage Tank Fund (USTF) (2011 only), federal funds, & intra state receipts* (Depts. of Education, Human Rights, & Human Services, & Office of Drug Control Policy); State funds are used for a required maintenance of effort match for the Substance Abuse Prevention & Treatment Block Grant: K01-0101/0105/0151/0154/0169/0171/0173; 0153-0102/0104/0116/0130/0132/0152/0156/0166/0176/0214/0218/0220/1968

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$17,170,801	\$17,444,321	\$18,903,715
Federal funds	\$20,271,200	\$22,742,249	\$21,535,398
Other funds*	\$726,160	\$811,719	\$871,957
Total funds	\$38,168,161	\$40,998,289	\$41,311,070
FTEs	18.81	18.27	20.20

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Behavioral Health ♦ Bureau of Substance Abuse

Phone: 515-281-5934 ♦ Fax: 515-281-4535 ♦ www.idph.state.ia.us/bh/substance_abuse.asp

6th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

Youth Suicide Prevention

Phone: 515-281-8802
www.idph.state.ia.us/bh/suicide_prevention.asp
www.yourlifeiowa.org

Promoting & Protecting the Health of Iowans



“My close relative, Michael, was Mr. Popularity – a football star, idol and heartthrob – all through high school. All the guys wanted to be him and all the girls wanted to date him. Mike was also Mr. Comedy and cracked me up a million times throughout the too- few years he was with us. After graduating from college, Mike had a few successful careers, including one that allowed him to use his amazing artistic talents. On my 10th birthday, he cheered me up (I was upset about getting braces) by drawing caricatures of popular singers and making jokes. I have no doubt that, with his talents and terrific personality, Mike would have contributed so much more to our family and to the world. Unfortunately, for reasons I’m unaware of, he did not have consistent treatment for his bipolar disorder. So his condition worsened, leading him to take his life at the age of 36. Michael had a long, wonderful life ahead of him. He should be here to celebrate the joys of life with us – joys that are bittersweet now that he is gone. He should be here to help us through the tough times. He should be here to help us create more special memories. Too Few Years, Too Few Memories”

-Shauna Moses

Did you know?

In 2012, 381 Iowans lost their lives to suicide, and 32 of those deaths were teens.

Suicide was the 2nd leading cause of death for Iowans ages 15 to 34 between 2001-2010.

Why is Youth Suicide Prevention important to promoting and protecting the health of Iowans?

- Suicide is not only the 2nd leading cause of death for Iowans ages 15 to 34; it results in thousands of friends and families left behind to try to make sense of their loved one’s tragic death.
- For every suicide death in 2011, there were an estimated 6 hospitalizations. Three-fourths of suicides are completed by firearm or hanging. Almost all (94%) hospitalizations following a suicide attempt were due to medication or poisoning.
- Three percent of Iowa youth in 6th, 8th or 11th grade report they attempted suicide in the past 12 months. Thirteen percent had serious thoughts of suicide (2012 Iowa Youth Survey)
- Suicide is a preventable cause of tragic death and injury. It is estimated that 90% of those who died by suicide had a diagnosable mental health problem such as depression or bi-polar disorder.

Which Iowa Public Health Goals are we working to achieve?

Prevent injuries

Promote healthy behaviors

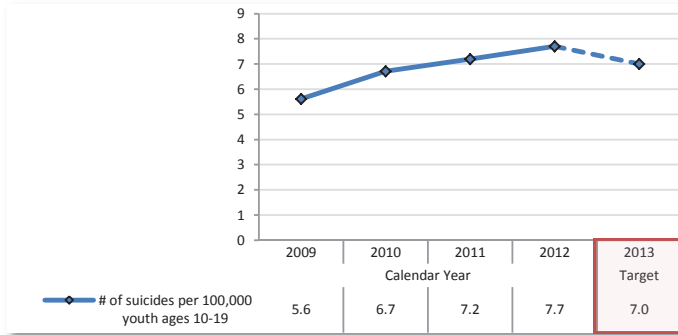
What do we do?

Your Life Iowa is a resource where youth, parents and school personnel can get immediate help and information about bullying and youth suicide. Program components include:

- Toll Free Telephone Hotline is available 24/7 to provide information, brief counseling and information about local resources. The Hotline number is (855) 581-8111
- Web Site with information and resources about bullying and youth suicide prevention. The web address is yourlifeiowa.org.
- Texting / Short Message Service (SMS) offer a timely and relevant way to get help. Texting is quickly becoming the chosen way to communicate, especially among youth. Text “talk” to 85511

How do we measure our progress?

- 1 Number of lowans age 19 & under who have died from suicide (per 100,000 youth ages 10-19).



Data Source: IDPH Vital Statistics. Data are available annually.

How are we doing? The youth suicide rate fluctuates from year to year due to many variables. Unfortunately, Iowa experienced an increase in suicides since 2009. The 2012 youth rate is 7.7 per 100,000 youth ages 10-19.

What can lowans do to help?

1. Your Life Iowa can provide information, support and resources at yourlifeiowa.org or by calling (855) 581-8111.
2. Go to www.outofthedarkness.org/ to find out where to attend or how to organize a suicide awareness walk in your community.
3. Take comments about suicide seriously and support others efforts in seeking help for depression and suicidal thoughts. Go to www.afsp.org/preventing-suicide/find-help to learn more.
4. Program the National Suicide Lifeline Hotline number (800-273- 8255) into your cell phone and call if you're concerned about yourself or someone else. Go to www.suicidepreventionlifeline.org for more support.
5. Learn about the warning signs of suicide at www.suicidology.org/resources/multimedia-resources/suicide-warning-signs.

Expenditures

General fund & Federal funds: K05-0653; K65-6501; 0153-0694

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$0	\$49,517	\$50,000
Federal funds	\$0	\$0	\$426,782
Total funds	\$0	\$49,517	\$476,782
FTEs	0.00	0.00	0.00

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Tobacco Use Prevention & Control

Phone: 515-281-6225
www.idph.state.ia.us/TUPAC/

Promoting & Protecting the Health of Iowans



Since the year 2000, the Division of Tobacco Use Prevention and Control (TUPAC) has been reducing tobacco use, promoting cessation, and reducing exposure to second hand smoke for all Iowans. The ultimate goal of tobacco control in Iowa is to reduce the burden of tobacco-related chronic disease and morbidity, reducing the number one cause of preventable death and reducing emotional, societal, and health care costs from tobacco use.

In 2012, 18.1% of Iowa adults reported they were current smokers and 57.7% of those smokers reported making a quit attempt in the past year. In 2012, 11% of Iowa 11th grade students reported that they had smoked cigarettes in the prior 30 days and 8% reported daily smoking.

By reducing initiation and prompting cessation, Iowa has locked in enormous savings over the lifetimes of each person stopped from future smoking. The substantial ongoing improvements in public health from smoking declines are estimated to save Iowa \$3.1 billion in future health care costs and \$400.8 million in future Medicaid costs.

Did you know? 35% of Iowans with annual incomes under \$20,000 report smoking while only 10% of Iowans with incomes over \$75,000 report smoking. (BRFSS, 2012)

Why is Tobacco Use Prevention and Control important to promoting and protecting the health of Iowans?

- Tobacco use is the leading preventable cause of death of Iowans. In 2011, approximately 2,800 deaths were identified as directly tobacco related and another 1,600 were identified as probably tobacco related.
- Smoking increases the risk of cancer, asthma, chronic obstructive pulmonary disease, and coronary heart disease.
- Reducing tobacco usage reduces Iowa's burden of chronic disease, improves workforce productivity, and reduces health care costs.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy behaviors

Protect against environmental hazards

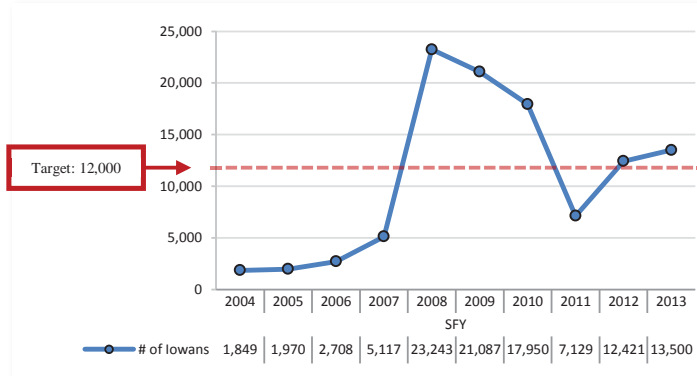
Strengthen the public health infrastructure

What do we do?

- TUPAC funds forty-one Community Partnerships to engage in tobacco prevention and control activities at the local level covering 96 counties. For more information, go to www.idph.state.ia.us/TUPAC/.
- Promote prevention and cessation through social media and targeted interventions.
- Provide resources, education, and information about the Iowa Smokefree Air Act at www.IowaSmokefreeAir.gov and 1-888-944-2247.
- Partner with private and public organizations to support health initiatives such as Blue Zones and the Healthiest State Initiative.
- Support [Quitline Iowa](http://QuitlineIowa.org) 1-800-QUITNOW (1-800-784-8669), which provides free, effective coaching to help Iowans quit using tobacco.
- Collaborate with other state agencies to enforce laws prohibiting tobacco sales to minors.
- Provide training and education to health care providers to promote cessation with their clients.
- Monitor trends in smoking and tobacco use prevalence and conduct evaluation of activities.

How do we measure our progress?

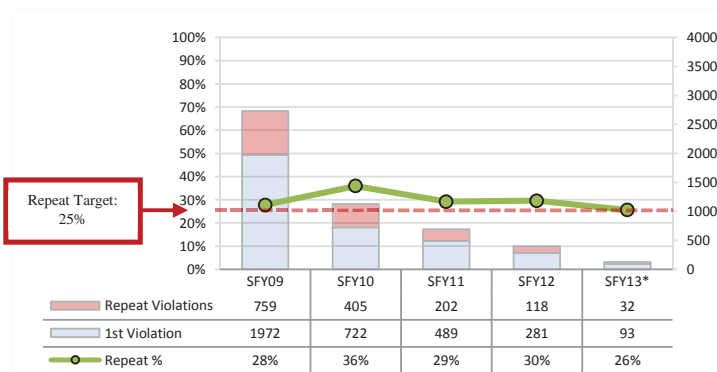
1 Number of Iowans Using Quitline Services



Data Source: Quitline contractor. *2013, projected number of Iowans served.

How are we doing? After declines in Quitline use due to the discontinuation of free nicotine replacement therapy (NRT), more tobacco using Iowans are accessing Quitline services in the last two years. From 2011 to 2012, Quitline experienced a 74% increase in the number of tobacco users that enrolled in cessation services.

2 Percentage of Smoke-Free Air Act Complaint Repeat Violations



Data Source: Smoke-Free Air Act (SFAA) Reporting Data. *SFY13 data through December 2012

How are we doing? In recent years, through technical assistance and education, we have reduced the number of repeat (2nd, 3rd, and subsequent) violations of the SFAA. In fiscal year 2009, 28% of SFAA complaints were for violations that had already been documented with a potential violation letter. For SFY13 data, through December 2012, 26% of founded violations had already been documented with a potential violation letter. Reducing the number of subsequent violations demonstrates enhanced compliance with the law and reduction in risk from secondhand smoke for Iowans.

What can Iowans do to help?

1. Be a strong role model: Be tobacco free.
2. Promote Quitline Iowa to loved ones, friends, coworkers, or any Iowan who wants to quit using tobacco. Encourage them to call 1-800-QUIT-NOW (1-800-784-8669).
3. Healthcare professionals should ask patients if they use tobacco products, advise them to quit and refer them to Quitline Iowa.
4. Young Iowans can participate in I-STEP (Iowa Students for Tobacco Education and Prevention).
5. Help to ensure compliance with the Smoke Free Air Act by going to www.iowaSmokefreeAir.gov or 1-888-944-2247 for information and resources regarding the law.

Expenditures

General fund, federal funds, & intra state receipts*: K01-0203/0219/0221/ 0223/0225/0231/0233; 0153-0224/9342/AR14/AR16.

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$3,253,830	\$3,468,542	\$5,148,361
Federal funds	\$2,472,125	\$1,317,931	\$952,242
Other funds*	\$280,000	\$280,000	\$280,000
Total funds	\$6,005,955	\$5,066,474	\$6,380,603
FTEs	7.74	7.11	13.40

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Youth Tobacco Prevention

From July 2013-October 2013, I-STEP registered 387 members in 7th-12th grade. All I-STEP activities, messaging and educational strategies are created by the I-STEP Youth Executive Council, comprised of 20 youth members from all areas of the state. Currently there are four young Iowans on the Tobacco Use Prevention and Control Commission, 2 in high school and 2 in college; they represent the I-STEP program. I-STEP believes our lives and bodies are Worth Fighting For, and promote this message statewide.

Follow us on social media:

www.facebook.com/turnyourbackontobacco
www.youtube.com/iowaSTEP

Iowa Department of Public Health ♦ Division of Tobacco Use Prevention & Control

Phone: 515-281-6225 ♦ Fax: 515-281-6475 ♦ www.idph.state.ia.us/TUPAC/

1st Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

Quitline Iowa – Phone: 1-800-QUIT NOW (784-8669) ♦ www.quitlineiowa.org

Toxicology

Phone: 515-281-8707
www.idph.state.ia.us/eh/toxicology.asp
www.idph.state.ia.us/eh/hazardous_waste.asp

Promoting & Protecting the Health of Iowans



Toxicology is the study of the health impacts from exposure to chemicals and other toxic substances. The Toxicology Program at IDPH provides health consultations evaluating the health significance of exposures to chemicals and substances associated with environmentally contaminated areas, outside air, surface and drinking water, and any other sources of exposure to potentially toxic substances in the environment.

The Toxicology Program at IDPH is a resource for all citizens in the State of Iowa. In addition, the Toxicology Program at IDPH assists other state agencies such as the Iowa Department of Natural Resources in the establishment of environmental standards. IDPH also provides funding to the Iowa Statewide Poison Control Center, which works to reduce illness, deaths, and costs associated with poisoning through providing statewide around-the-clock emergency telephone advice.

Did you know?

Several factors play a key role in whether you will get sick from a chemical exposure. These factors are— the type of chemical, the amount of chemical, the duration of exposure (how long the exposure was), and the frequency of exposure (how many times you were exposed). If you prevent exposure to chemicals, you won't get sick or have any harmful effects on your health from chemicals.

Why is Toxicology programming important to promoting and protecting the health of Iowans?

- Improper management of hazardous wastes, chemical spills and accidents, and previous industrial use of land may expose Iowans to dangerous chemicals.
- Iowans are concerned about environmental exposures to chemicals that can affect their health or the health of their children.
- Exposure to toxins associated with harmful algal blooms can impact the health of individuals.
- Iowans need trusted health information to prevent harmful exposures and disease-related exposures to toxic substances. The program responds to approximately 150 information requests from Iowans and local health department officials annually.
- People of all ages are at risk of exposure to poisons. Fifty-two percent of Iowans exposed to poisons are children.

Which Iowa Public Health Goals are we working to achieve?

Protect against environmental hazards

Prevent injuries

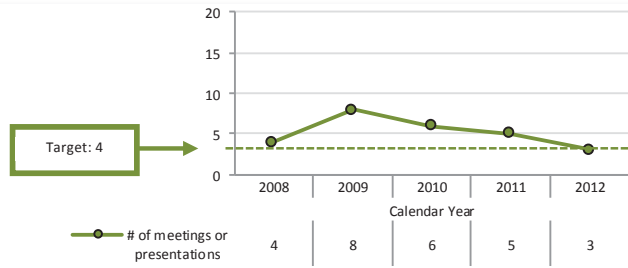
Prepare for, respond to, & recover from public health emergencies

What do we do?

- Prepare health assessments and health consultations for state and federal agencies and for communities regarding exposure to chemicals in water, soil, and air.
- Develop fact sheets and informational documents for state agencies and communities summarizing health effects from exposure to specific sites and specific chemicals.
- Provide reliable toxicological and medical information for healthcare providers and the public.
- Provide advice and information to local officials, medical professionals, and the public about potential chemical exposures during natural disasters or other emergencies.
- Work with the Department of Natural Resources to monitor exposure to toxins in recreational waters, and the levels of chemicals present in fish caught within Iowa.

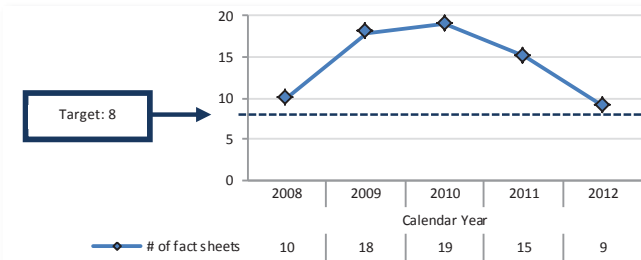
How do we measure our progress?

- ❶ Number of community meetings attended or presentations made to communities.



Data Source: Evaluation by ATSDR and program records. Data are available annually.

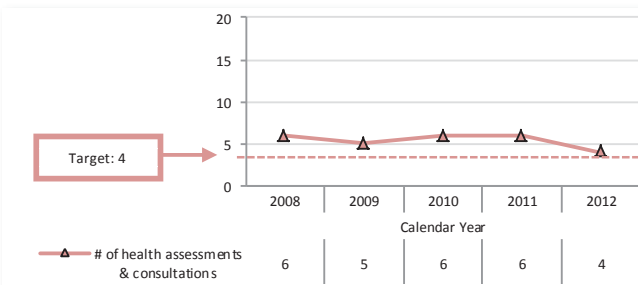
- ❷ Number of fact sheets developed.



Data Source: Evaluation by ATSDR and program records. Data are available annually.

How are we doing? Our fact sheets provide the public and health professionals with a summary of the health impacts from exposure to the more common chemicals and identify sources where additional trusted information can be obtained

- ❸ Number of written health assessments and health consultations completed.



How are we doing? The written health assessments and consultations are created to answer all pertinent health questions that communities have regarding their exposure to chemicals in their environment. Most of these written consultations are presented at public meetings to make sure our conclusions are understood and all questions from the public are addressed.

What can Iowans do to help?

1. All Iowans can learn about existing or potential exposure to hazardous chemicals and how to protect themselves by assessing the Toxicology Manual at www.idph.state.ia.us/eh/toxicology.asp
2. Physicians and healthcare providers need to get accurate information about the health risks from exposure to environmental chemicals and how these exposures can be diagnosed in their patients. For more information, go to www.atsdr.cdc.gov.
3. Industry and emergency response workers can learn how to prevent chemical spills by going to www.csb.gov/.
4. All Iowans need to be aware of potential poisons in their homes and how they can keep themselves and their children safe. To learn more, visit www.iowapoison.org

Expenditures

General fund & federal funds: K19-1911:0153-1318

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$436,582	\$523,751	\$598,751
Federal funds	\$156,321	\$161,950	\$125,028
Total funds	\$592,903	\$685,701	\$723,779
FTEs	0.79	0.83	0.25

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Tuberculosis Control

Phone: 515-281-7504
www.idph.state.ia.us/ImmTB/TB.aspx

Promoting & Protecting the Health of Iowans



It's a disease as old as antiquity. Archeologists have found mummies with signs of it. Your grandparents or great-grandparents called it "consumption." Today, we know the disease as tuberculosis, or TB. Although an ancient disease, it's still around and the Iowa Department of Public Health's Tuberculosis Control program continues the fight against TB.

You may not know that Christmas Seals were introduced to help raise funds to fight TB. The organization that pioneered the Christmas Seals, the National Tuberculosis Association, became what's now known as the American Lung Association.

Less than two decades ago, Iowa averaged 65 TB cases each year. Now, through the efforts of the TB Control program, the number of cases has fallen to an annual average of 44 cases.

Did you know? Patients who do not take their medications correctly or who are improperly treated can develop a virtually untreatable form of TB.

Why is the TB Control program important to promoting and protecting the health of Iowans?

- Tuberculosis remains a public health problem in Iowa with an average of 44 cases reported each year.
- Thousands of Iowans are diagnosed with latent TB infection each year. Latent TB infection (LTBI) can lead to future cases of TB disease.
- Infectious cases of TB must be treated to prevent others from becoming infected.

Which Iowa Public Health Goals are we working to achieve?

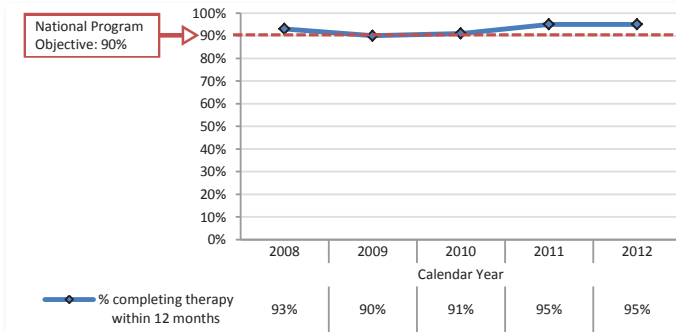
- Prevent epidemics & the spread of disease
- Strengthen the public health infrastructure
- Promote healthy behaviors

What do we do?

- Provide funding for local health departments to give TB tests, treatment, and chest x-rays for TB patients.
- Provide funding for the University of Iowa Hygienic Lab to perform TB testing.
- Maintain a system to ensure positive TB lab tests are reported to IDPH for surveillance and disease investigation.
- Advise healthcare providers who evaluate and treat Iowans with TB and LTBI.

How do we measure our progress?

- ① Percent of patients with newly diagnosed TB, for whom therapy for one year or less is indicated, who complete therapy within 12 months.



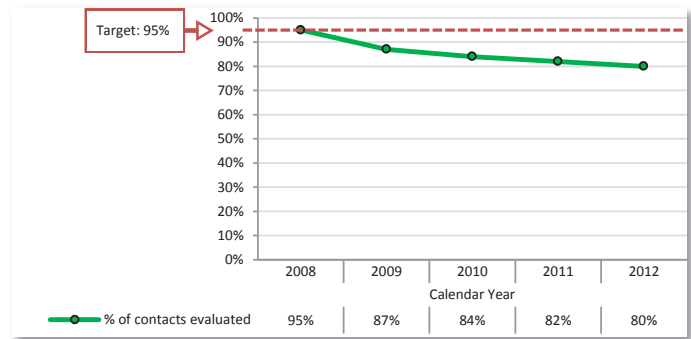
Data Source: CDC software program - Tuberculosis Information Management System. Data are compiled annually, but possibly not complete until 9 months into the next year.

How are we doing? Iowa consistently meets or exceeds the national program objective of 90%. Local health departments assure completion of therapy for patients with infectious TB by providing directly observed therapy (DOT). This means a designated health care worker watches the patient take each dose of medication. This is the *only* way to ensure completion of therapy and thus stop the transmission of disease. DOT is the *standard of care* in the most effective TB control programs in the country. The TB Control Program provides incentive funding to local public health departments to perform DOT.

Consequences of incomplete therapy include:

- treatment failure,
- relapse, and/or
- multiple drug resistant tuberculosis (MDR-TB).

- ② Percent of contacts to sputum AFB-smear positive TB cases evaluated for infection and disease.



Data Source: CDC software program - Tuberculosis Information Management System. Data are compiled annually, but possibly not complete until 9 months into the next year.

How are we doing? Iowa prioritizes the evaluation of those with recent and significant exposure to infectious TB and is above the national average for this objective. All infectious cases require a contact investigation by the local health department to identify contacts who:

- Have TB disease so that they can be given treatment and further transmission can be stopped.
- Have Latent TB Infection (LTBI) so that they can be given treatment for LTBI, and active disease can be prevented.

What can Iowans do to help?

1. Maintain a healthy lifestyle, especially when visiting other countries where TB is common. For more information, go to www.cdc.gov/travel/yellowBookCh4-TB.aspx.
2. Local public health should follow recognized standards when caring for TB patients. For more information, go to www.idph.state.ia.us/ImmTB/TB.aspx.
3. Clinicians should be vigilant about the early diagnosis of TB and ensure proper treatment. For more information, go to www.cdc.gov/tb/publications/guidelines/default.htm.

Expenditures

General fund & federal funds: K15-1601; 0153-1602

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$55,500	\$50,041	\$56,444
Federal funds	\$313,956	\$341,571	\$312,098
Total funds	\$369,456	\$391,612	\$368,542
FTEs	1.83	1.61	1.85

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Violence Prevention

Phone: 515-281-5032

www.idph.state.ia.us/bh/sv_prevention.asp

Promoting & Protecting the Health of Iowans



A local community implemented the “Coaching Boys into Men” program with one of their high school sports team. They found the head coach to be an important ally who continues to support their efforts to expand the program into other athletic programs. A student athlete, who was the team co-captain, shared that during his past three years on the team the coaching staff has always talked to the players about respecting women and girls, but in the past year he could see that the coaches were more likely to bring up issues regarding sexual harassment, disrespectful language, and consent rather than only addressing problem areas if they occurred.

Coaching Boys into Men is just one of several prevention initiatives that IDPH promotes to reduce the rate of injury and death from intentional violence, such as interpersonal abuse, domestic, or sexual violence. By supporting prevention programs and conducting professional training, communities are better able to recognize, appropriately intervene, and prevent further violence.

Did you know?

Sexual violence in Iowa cost an estimated \$5.8 billion in fiscal year 2009, or \$1,875 per resident. Prevention is a wise investment, as it can reduce the likelihood those exposed to interpersonal violence will experience depression, substance abuse, or other health problems later in life.

Why is Violence Prevention important to promoting and protecting the health of Iowans?

- An average of 19 Iowans die each year due to domestic violence homicides or suicides.
- One in five Iowa women will experience physical violence by an intimate partner and one in 10 will experience sexual violence in their lifetimes. Men also experience this, but at much lower rates.
- Children who see violence often suffer the consequences later in life, such as increased substance use, mental health problems, and other chronic health conditions.
- Research has shown that preventing the first act of sexual or domestic violence can stop the cycle of violence that often occurs in families and high-risk populations like women and low-income Iowans.
- Public health methods are effective in preventing violence through community involvement, education, and changing social norms that support violence.

Which Iowa Public Health Goals are we working to achieve?

Prevent injuries

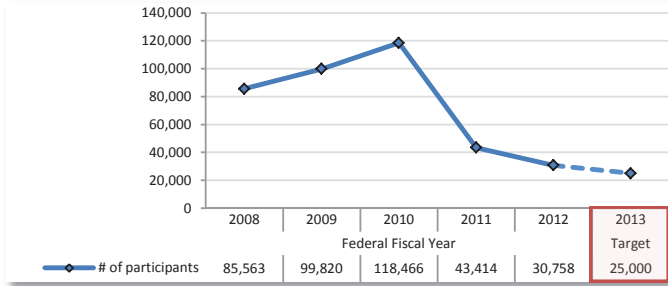
Promote healthy behaviors

What do we do?

- Analyze violence data (including domestic abuse homicides and suicides) and release reports on violence prevention issues.
- Provide training and technical assistance to identify, assess, intervene, report, and document domestic violence and sexual assault for healthcare providers and other community professionals.
- Coordinate public information campaigns to change social beliefs that contribute to violence.
- Provide funding, training, and technical assistance for targeted prevention strategies aimed at community professionals, organizations, and communities.
- Make recommendations to state officials, agencies, and community leaders on how to prevent violence.

How do we measure our progress?

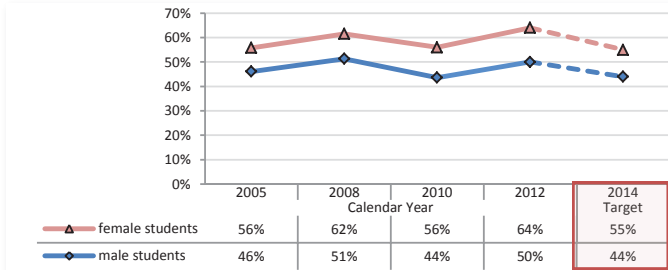
- 1 Number of students and professionals participating in sexual and domestic violence prevention programs.



Data Source: Iowa Coalition Against Sexual Assault. Data are available annually. 2013 data not yet available.

How are we doing? Decreases in state and federal sources of funds have decreased the number of communities conducting prevention programming and those they serve. Newer strategies are aimed to increase depth of information to fewer youth.

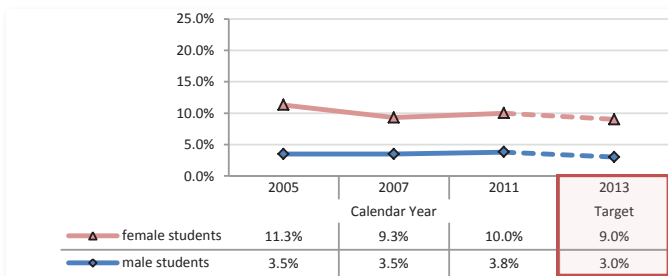
- 2 Percent of Iowa students (grades 6, 8, & 11) who report experience with being bullied.



Data Source: Iowa Youth Survey. Data are available every two years. 2013 data not yet available.

How are we doing? Rates of bullying have increased since 2010; with female students more likely than male students to report being bullied.

- 3 Percent of Iowa 9-12 grade students who report they were ever physically forced to have sexual intercourse when they did not want to.



Data Source: Youth Risk Behavior Survey. Data are available every two years. 2013 data not yet available.

How are we doing? There was a slight decrease in 2007 but an increase again in 2011. Iowa's rates are less than the national average.

What can Iowans do to help?

1. Be an active bystander when you see someone bullying, harassing, or hurting another person. Support the person who is the target of the violence, and take a stand against violence.
2. Healthcare professionals can routinely screen for violence during patient visits, properly document findings, and refer patients for help when abuse is found. The Violence Prevention program offers training for healthcare professionals. For more information, go to www.idph.state.ia.us/bh/violence_against_women.asp.
3. Community professionals can take steps to reduce risk factors for violence and promote strategies to reduce it. To learn more, go to www.idph.state.ia.us/bh/sv_prevention.asp.
4. Contact the Iowa Domestic Violence Hotline at 1-800-942-0333 or the Iowa Sexual Abuse Hotline at 1-800-284-7821 if you or someone you care about is in need of support and referral.

Expenditures

General fund, federal funds, & intra state receipts*: K19-1965; 0153-1752/1756/1758.

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$209,819	\$203,032	\$203,032
Federal funds	\$395,552	\$360,697	\$427,995
Other funds*	\$55,441	\$58,553	\$67,335
Total funds	\$660,812	\$622,282	\$698,362
FTEs	1.05	1.05	1.05

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

WIC – Special Supplemental Nutrition Program for Women, Infants and Children

Phone: 515-281-4919
www.idph.state.ia.us/wic/default.aspx

Promoting & Protecting the Health of Iowans



When money is tight, difficult decisions must be made. For some Iowans, that means buying a used car instead of a new one. But for others, the decision may be between paying the rent and buying food. The IDPH WIC program ensures that some of the most vulnerable Iowans — low-income pregnant, breastfeeding, or postpartum women and their children up to age five — never have to go without good nutrition.

WIC services are the gateway to good health. Families looking for help with food through WIC also find access to other services such as prenatal care, well-child care, immunizations, lead screening, and many others that help families stay healthy.

Through WIC, all Iowa children and their mothers have access to a healthy start.

Did you know? Each month, the Iowa WIC Program serves approximately 67,000 women, infants, and children, which is approximately 88% of those estimated to be eligible for services.

Why is WIC important to promoting and protecting the health of Iowans?

- More than 51% of infants born in Iowa receive WIC.
- One in every three pregnant women in Iowa receives WIC.
- Nearly one in five children in Iowa between ages 1 and 5 participates in WIC.
- WIC strengthens families by influencing lifetime nutrition and health behaviors.
- The WIC program coordinates services with many other programs including prenatal and postpartum care, well child care, immunizations, lead poisoning prevention programs, early intervention services, child care, Head Start, *hawk-i*, breastfeeding support, parenting education programs, food assistance programs, and more.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy behaviors

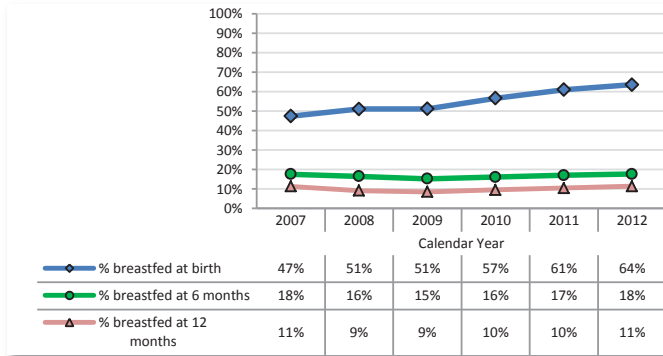
Strengthen the public health infrastructure

What do we do?

- Provide access to nutrient-rich foods.
- Offer nutrition education and support in making positive behavior changes in diet and physical activity.
- Provide breastfeeding education and support.
- Make referrals for health care and social services.
- Offer community-based services through 20 local contractors.
- Improve access to Iowa grown fruits and vegetables through the WIC Farmers Market Nutrition Program (in cooperation with the Iowa Department of Agriculture and Land Stewardship).
- Stimulate the Iowa economy by buying over \$45 million dollars of food from more than 650 Iowa grocery stores and pharmacies that accept WIC checks for the prescribed supplemental foods.
- Support Iowa agriculture by providing supplemental foods produced in the state (milk, fruit juice, whole wheat bread, and eggs).
- The Iowa WIC Program is a steward of federal money through the careful monitoring reviews of local agencies and compliance monitoring of authorized WIC vendors. Monitoring results in a program with strong integrity and compliance with federal regulations.

How do we measure our progress?

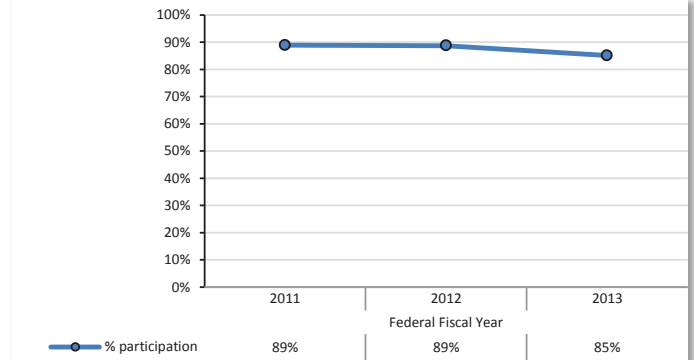
- 1 Percent of WIC infants breastfed at birth.
- 2 Percent of WIC infants breastfeeding at 6 months.
- 2 Percent of WIC infants breastfeeding at 12 months.



Data Source: Iowa WIC Information Network (IWIC). 2013 data not yet available.

How are we doing? Duration rates have increased, but at a much slower pace. Duration rates are particularly a challenge because Iowa has a high rate of maternal employment for families with children under age 6. Many of the women served by WIC are also more likely to work in places that do not support breastfeeding. Of all Iowa infants born to women served by WIC in 2012, only 18% are still being breastfed at 6 months of age.

- 4 Percent of participation among WIC enrollees.



Data Source: Iowa WIC Information Network (IWIC). *Through April 2013.

How are we doing? WIC monitors participation rates (number of enrolled participants receiving WIC checks from their local agency) to ensure enrollees are accessing their WIC benefits. Over the past three years, about 90% of WIC enrollees are actively using the program.

What can Iowans do to help?

1. All Iowans can promote and support breastfeeding. Breastfeeding is the best way to feed healthy newborns. To learn more about breastfeeding, go to www.idph.state.ia.us/wic/breastfeeding.aspx.
2. All Iowans can refer potentially eligible families to WIC. For more information about WIC, go to www.idph.state.ia.us/wic/families.aspx.
3. All Iowans can provide information about WIC services in your community. Free outreach materials are available from the state WIC office. Go to www.idph.state.ia.us/wic/Resources.aspx?SubPg=Outreach to access the online website to order materials.

Expenditures

Program caseload levels are dependent upon the number of individuals who can be supported with the funds that are allocated. However, substantial cost savings are achieved through manufacturer rebates on infant formula, enabling WIC to serve more participants. The dollar amounts of the rebates are shown in the table to the right. Total expenditures reflect the actual amount of money spent using federal funds *plus* the savings from the rebates.

Follow Iowa WIC on Facebook!

Federal funds: 0153-0508/0512/0514/0516/0608/0620/0652/0678

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$0	\$0	\$0
Federal funds	\$46,993,651	\$41,843,393	\$47,063,891
Manufacturer rebates	\$12,008,014	\$16,136,226	\$16,911,327
Total expenditures	\$59,001,665	\$57,979,619	\$63,975,218
FTEs	14.11	14.69	14.60

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health Division of Health Promotion & Chronic Disease Prevention WIC

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