

Preventive Health and Health Services Block Grant
Proposed Work Plan for Iowa Department of Public Health

Fiscal Year 2024 | WP-1251-2024

Unique Entity Identifier: 808345920

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Executive Summary

FY 2024 Work Plan - Iowa Department of Public Health

This Work Plan is for the Preventive Health and Health Services Block Grant (PHHSBG) for Federal Year **2024**. The **Iowa Department of Public Health** submitted this plan as the designated state agency for the allocation and administration of PHHSBG funds.

Funding Assumptions: The total award for the FY **2024** Preventive Health and Health Services Block Grant is **\$1,955,591**. The current year Annual Basic Allocation is **\$1,888,988** and the current year Sex Offense Set Aside is **\$66,603**. These amounts are based on an allocation table distributed by the Centers for Disease Control and Prevention (CDC).

Program Title	Health Objectives	Current Year Allocation
FFY24 Cancer Prevention	C-01 Reduce the overall cancer death rate	\$471,273
FFY24 Infant Sleep-Related Death Prevention	MICH-D03 Increase the proportion of infants who are put to sleep in a safe sleep environment	\$120,000
FFY24 Child Mortality & Coordinated IA HHS Mortality Review Teams	MICH-03 Reduce the rate of deaths in children and adolescents aged 1 to 19 years	\$309,958
FFY24 Emergency and Trauma Services	IVP-03 Reduce unintentional injury deaths	\$744,613
FFY24 Sex Offense Prevention	IVP-17 Reduce adolescent sexual violence by anyone	\$66,603
FFY24 Title V Community-based Doula Project for African American/Black Women	MICH-08 Increase the proportion of pregnant women who receive early and adequate prenatal care	\$60,000
FFY24 Health Equity Implementation Plan	PHI-R03 Increase use of core and discipline-specific competencies to drive workforce development	\$50,000
Grand Total		\$1,822,447

Program Funding Profile for Iowa Department of Public Health in 2024

Total number of programs:	7
Type of funding	
Supplement other existing funds	6
Total source of funding	1

PHHS Block Grant funding percentage	
100% - Total source of funding	1
10-49% - Partial source of funding	2
50-74% - Significant source of funding	2
75-99% - Primary source of funding	1
Less than 10% - Minimal source of funding	1
Role of funding	
Enhance or expand the program	4
Maintain existing program (as is)	3
Existing funding sources	
None	1
State or local funding	4
Other federal funding (CDC)	2
Other federal funding (non-CDC)	1
Funding from NGO or non-profit organization	2
Other	1
Total	11

Statutory Information

- Enter First Advisory Committee Meeting in the BGIS Portal > Advisory Committee > Advisory Committee Meetings
- Enter Second Advisory Committee Meeting in the BGIS Portal > Advisory Committee > Advisory Committee Meetings
- Enter Public Hearing in the BGIS Portal > Advisory Committee > Advisory Committee Meetings

The public was invited via

The draft Work Plan was made available for public viewing via

Certifications and Assurances

Current forms have not been signed and uploaded to BGIS.

Budget

Detail Funds Available for Allocation

Budget Detail for Iowa Department of Public Health– Fiscal Year 2024	
A. FY2024 Award	\$1,955,591
Annual Basic Allocation	\$1,888,988
Sex Offense Allocation	\$66,603
B. Total Current Year Annual Basic Allocation	\$1,888,988
Administrative Costs	\$133,144
Direct Assistance Amount	\$0
C. Total Current Year Sex Offense Allocation	\$66,603
Administrative Costs	\$0
Total Available for Program Allocation in FY 2024	\$1,822,447

Summary of Funds Available for Allocation**Healthy People 2030 Priorities for Iowa Department of Public Health in Fiscal Year 2024**

Topic Area	Funding	% of funding
Maternal, Infant, and Child Health	\$489,958	27%
Public Health Infrastructure	\$50,000	3%
Injury and Violence Prevention	\$811,216	45%
Cancer	\$471,273	26%
Total	\$1,822,447	100%

Summary of Allocations by Program and Health Objective

Program Title	Health Objective(s)	Program Goal	Current Year Allocation	% of Total Allocation
FFY24 Cancer Prevention	C-01 Reduce the overall cancer death rate	Lower the overall cancer incidence rate in Iowa through implementation of prevention activities.	\$471,273	26%
FFY24 Infant Sleep-Related Death Prevention	MICH-D03 Increase the proportion of infants who are put to sleep in a safe sleep environment	Increase safe sleep practices among caregivers of infants in Iowa.	\$120,000	7%
FFY24 Child Mortality & Coordinated IA HHS Mortality Review Teams	MICH-03 Reduce the rate of deaths in children and adolescents aged 1 to 19 years	Ensure Iowa's Child Death Review Team and the IA HHS Mortality Review Teams have the processes, tools, and resources in place to provide high-quality recommendations for child death and mortality prevention.	\$309,958	17%
FFY24 Emergency and Trauma Services	IVP-03 Reduce unintentional injury deaths	The goal of the Bureau of Emergency Medical and Trauma Services is to promote and protect the health of Iowans through implementation of policy recommendations concerning the regulation, administration, and coordination of emergency and trauma services in Iowa.	\$744,613	41%
FFY24 Sex Offense Prevention	IVP-17 Reduce adolescent sexual violence by anyone	Iowa's Sex Offense Prevention Program aims to reduce the percentage of youth experiencing sexual violence.	\$66,603	4%

FFY24 Title V Community-based Doula Project for African American/Black Women	MICH-08 Increase the proportion of pregnant women who receive early and adequate prenatal care	The Title V Doula Project will improve maternal morbidity and mortality rates, increase early initiation of prenatal care, and improve rates of breastfeeding initiation among African American/Black women in participating service areas.	\$60,000	3%
FFY24 Health Equity Implementation Plan	PHI-R03 Increase use of core and discipline-specific competencies to drive workforce development	The Iowa HHS Bureau of Health Equity will develop and execute an agency Health Equity Implementation Plan leading to agency staff and external partners increasing their knowledge and giving them access to resources and tools that will help them embed health equity strategies and practices into program operations and service delivery.	\$50,000	3%
Total			\$1,822,447	100%

Program Description 1 / 7**Program Summary**

Program Summary	
Program Name	FFY24 Cancer Prevention
Program Goal	Lower the overall cancer incidence rate in Iowa through implementation of prevention activities.
Healthy People 2030 Objective	C-01 Reduce the overall cancer death rate
Recipient Health Objective	Reduce the overall cancer incidence rate in Iowa from 484.80 per 100,000 for the period of 2018 - 2019 to 471 per 100,000 within five years.
Total Program Allocation	\$471,273

Problem Information**Problem Description**

Iowa has the second highest cancer incidence rate in the U.S. and is one of the only states with an increasing rate of cancer.

Iowa has the second highest cancer incidence rate in the U.S. and is one of the only states with an increasing rate of cancer. Only six states have rising incidence rates, but Iowa's is rising the fastest. In addition, there are significant cancer disparities in Iowa; for example, Iowa has the third highest mortality rate for all cancers combined in the Black population and one of the greatest differences between the rate of cancer deaths in Black vs. White people. According to the Iowa Cancer Registry, the four types of cancer that largely explain Iowa's high and increasing cancer incidence rate are lung, melanoma, breast cancer and prostate cancers. If you remove these four cancers from consideration, Iowa's cancer incidence becomes more like the rest of the U.S., though still a bit higher. There are many risk factors for cancer. Some major risk factors that may be driving Iowa's high rates include alcohol consumption, physical inactivity, poor nutrition, obesity, ultraviolet light exposure and tobacco use. In addition, lung cancer screening is underutilized; only 7.1% of those at high risk were screened for lung cancer, according to the American Lung Association.

Key Indicator:

Iowa has the second highest cancer incidence rate in the U.S. and is one of the only states with an increasing rate of cancer. Only six states have rising incidence rates, but Iowa's is rising the fastest. Two in five Iowans will be diagnosed with cancer in their lifetime, which is 40% of persons in the state.

Key Indicator Baseline:

Second highest cancer incidence rate in the U.S.

Problem was prioritized by the following factor(s)

- Identified via surveillance systems or other data sources
- Prioritized within a strategic plan

Program Strategy**Goal:**

Lower the overall cancer incidence rate in Iowa through implementation of prevention activities.

SDOH Addressed by the Program:

This program is specifically addressing a Social Determinant of Health (SDOH)

- Health and Health Care (e.g. poor access to healthcare, low health insurance coverage, low health literacy)

Program Strategy:

The program strategy will increase the capacity of the Iowa Comprehensive Cancer Control Program (CCCCP) to coordinate strategies and activities within Iowa HHS that focus on cancer risk factors to reduce the cancer incidence and mortality rates in Iowa. The strategy begins with hiring a 1.0 Community Health Consultant who will lead the following activities, in collaboration with the CCCC Manager:

- Conducting an assessment through conversations with programs across Iowa HHS and using tools that represent the priorities and strategies for prevention in the Iowa Cancer Plan 2023 – 2027 to determine areas of capacity and focus for new cancer prevention activities.
- Developing a cancer prevention activity plan with a catalog of viable activities that engage programming across Iowa HHS in reaching Iowans with cancer risk reduction information and actions.
- Planning and implementing at least two cancer risk factor reduction activities (at least one related to alcohol use and one related to lung cancer screening).
- Contracting with the Iowa Cancer Registry to support additional analysis on factors contributing to the increasing cancer incidence rate in Iowa and provide a summary report of additional findings and informational briefs about those causal factors and risks.
- Collecting data from Iowans through five questions specific to cancer prevention knowledge and behaviors in the 2025 Behavioral Risk Factor Surveillance System (BRFSS). Analysis of the data will be used for evaluation of cancer prevention activities.
- Collaborating with the Community Access and Eligibility Division to contract for an analysis of the impact obesity prevention strategies could have on cancer risk factors in Iowa and the subsequent health and economic indicators they would impact. That information will be used to prioritize future funding of obesity-reduction efforts that can both impact cancer outcomes and show a demonstrable return on investment over time.

Setting:

- Business, corporation or industry

- State health department
- University or college

Primary Strategic Partners:

Iowa Cancer Consortium, Iowa Cancer Registry, Holden Comprehensive Cancer Center at the University of Iowa Hospitals and Clinics, Cancer Prevention and Control Research Network (CPCRN) at the University of Iowa, Iowa Prevention Research Center for Rural Health, Internal Iowa HHS Divisions

Evaluation Methodology:

Evaluation will be conducted with collecting and using qualitative and quantitative data. Data will be used to assess improvements and programmatic accomplishments. A contract with the University of Iowa’s Cancer Prevention Control Research Network (CPCRN) will be executed to secure experienced evaluation capacity. Evaluation contractors will meet routinely with programmatic staff through the planning, implementation and evaluation processes. They will assist in the development of the cancer strategy assessment tool and build an evaluation plan that will be used to monitor programmatic achievements.

Planned non-monetary support to local agencies or organizations:

- Technical Assistance
- Resources/Job Aids

Program Budget for Block Grant Funds	
Program Budget	
FY2024Basic Allocation	\$471,273
FY 2024 Sex Offense Allocation	\$0
Total Allocation	\$471,273

PHHS Block Grant dollars were used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as the total source of funding for this program.

PHHS Block Grant funds made up 100% - Total source of funding of the total program funding.

The other funds came from:

- None

The role of PHHS Block Grant funds in supporting the program was to enhance or expand the program Amount of funding to populations disproportionately affected by the Problem: \$0

Amount of planned funding to local agencies or organizations: \$88,000

Type of supported local agencies or organizations:

- Local Organization
- Other
Iowa Cancer Registry, University of Iowa Prevention Research Center, ZLR

FTEs (Full Time Equivalents)

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 2

Total FTEs Funded: 2

FTEs (Full Time Equivalents)

Full Time Equivalents positions that are funded with PHHS Block Grant funds. 2

Position 1 / 2 Title:	PHHS Block Grant Coordinator/Grants Administrator
Position Name:	Lindsay Schmauss
Jurisdiction-level:	50%
Other	50%
Total	100%

This position is not vacant.

Position 2 / 2 Title:	Cancer Prevention Consultant
Position Name:	
Jurisdiction-level:	100%
Total	100%

This position is vacant.

The plan to fill the vacant position is:

Hiring will begin in late summer to allow for a September start date for the Community Health Consultant position. The Screening and Management Section Supervisor who directly supervises this programming will be responsible for the hiring and orientation of the new employee. The position will be posted for both internal and external candidates on the State of Iowa Jobs Board.

Target Population of Program 1 / 7

Program name:

FFY24 Cancer Prevention

Number of people served:

3207004 (State of Iowa Population)

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- Under 1 year
- 1 - 4 years
- 5 - 14 years
- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years
- 55 - 64 years
- 65 – 74 years
- 75 – 84 years
- 85 years and older

Gender Identity:

Sexual Orientation:

Geography:

Both

Location:

State of Iowa

Occupation:

n/a

Educational Attainment:

Health Insurance Status:

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

Part

Portion of the Program Target Population that Experiences Health Disparities

Number of people served:

2482221 (Number of IA Adults age 18 years and older)

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years
- 55 - 64 years
- 65 – 74 years
- 75 – 84 years
- 85 years and older

Gender Identity:

Sexual Orientation:

Geography:

Both

Location:

State of Iowa

Occupation:

N/A

Educational Attainment:

Health Insurance Status:

Primary Low Income:

No

Program Objective 1 / 6

Title of Program Smart Objective	FFY24 Cancer Prevention Risk Factor Reduction Activities
Program SMART Objective	By May 15, 2025, at least five (5) cancer prevention risk factor reduction activities will be planned for implementation in Year 2 through engagement and collaboration with Iowa HHS programs.
Item to be measured	Planned activities.
Unit to be measured	Number of activities planned
Baseline Value	0
Interim Target Value	0
Final Target Value	5

Problem Description:

N/A. Problem is the same.

N/A. Problem is the same.

Key Indicator:

Problem and key health indicator are the same. (Iowa has the second highest cancer incidence rate in the U.S. Due to BGIS constraints, in the Baseline Value field below, the value is entered as 2.)

Baseline Value for the Key Indicator:

2

Intervention Summary:

The Cancer Prevention Consultant will plan at least five (5) cancer prevention risk factor reduction activities for implementation in FFY 2025 through engagement and collaboration with Iowa HHS programs.

The Cancer Prevention Consultant will work collaboratively with the Comprehensive Cancer Control Program Manager to develop a cancer prevention/risk factor reduction assessment tool based upon the priorities and strategies within the Iowa Cancer Plan 2023 - 2027 Chapter 2 - Prevention and Risk Reduction. The tool will be used in group meetings and in small group discovery sessions that will collect information on how programs throughout the agency may be, or may be able to, implement prevention and risk factor reduction activities using resources provided by the Comprehensive Cancer Control Program. An analysis of the assessment data will identify the areas of Iowa HHS that are able to participate with cancer prevention/risk reduction activities, and a Cancer Prevention Activities Catalog will be developed. The assessment findings and the catalog will be presented to Iowa HHS Leadership and staff of all Iowa HHS Divisions.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

Planning and development of the cancer prevention risk factor reduction activities should be completed using evidence-based or promising practices.

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 6

Cancer Prevention Consultant

Summary:

Hire a new staff member to lead the development and coordination of cancer prevention and risk factor reduction activities.

Description:

Iowa HHS will hire a new staff member to lead the development and coordination of cancer prevention and risk factor reduction activities. Within the Chronic, Congenital and Inherited Conditions Bureau, the Screening and Management Section Supervisor will hire and orient one (1) new employee to the framework of the Comprehensive Cancer Control Program, the Iowa Cancer Plan, and the Iowa HHS focus on risk factor reduction to reduce the rate of cancer incidence and mortality in Iowa. The new staff member will serve as the Cancer Prevention Consultant and will engage programs within most Iowa HHS divisions for an assessment, planning and then implementation of prevention and risk reduction efforts. The consultant will work with the Comprehensive Cancer Control Program Manager and one of the Division of Public Health's epidemiologists to implement the cancer prevention project work plan and evaluate the planned activities.

Activity 2 / 6

Cancer Prevention/Risk Factor Reduction Assessment Tool Utilization: Internal Partner Assessment

Summary:

Conduct an assessment of internal agency partners to identify current and potential cancer prevention activities.

Description:

The Cancer Prevention Consultant will assess internal agency partners to identify current and potential future cancer prevention activities that can be implemented collaboratively and develop a summary of programs and activities. The Cancer Prevention Consultant will convene internal partners who work in prevention content areas of Iowa HHS to move through an assessment process to identify current and potential cancer prevention activities.

Deliverables:

- Up to two (2) meetings of internal Iowa HHS representatives from related cancer risk factor program areas will be convened.
- One (1) Cancer Prevention/Risk Factor-related Assessment will be completed and a summary of its

findings presented to Iowa HHS leadership.

- One (1) summary of Iowa HHS programs and their cancer risk factor-related activities will be disseminated to Iowa HHS divisions/programs.

Activity 3 / 6

Cancer Risk Reduction Plan

Summary:

The Cancer Prevention Consultant will prepare and present a Cancer Risk Reduction Plan.

Description:

The Cancer Prevention Consultant (CPC) will develop an organization-wide Cancer Risk Reduction Plan, with prevention activities, and present the plan to leadership and program representatives. As part of plan development, the CPC will complete a report of findings from the internal partner assessment and document implementation options for comprehensive, coordinated cancer prevention activities throughout Iowa HHS.

Deliverable:

- One (1) Iowa HHS Cancer Risk Reduction Plan with options for comprehensive, coordinated cancer prevention activities will be completed and presented to Iowa HHS leadership and program representatives that participated in the internal partner assessment.

Activity 4 / 6

Cancer Risk Reduction Plan: Cancer Prevention Activity Catalog

Summary:

The Cancer Prevention Consultant will develop a Cancer Prevention Activity Catalog to accompany the Cancer Risk Reduction Plan.

Description:

The Cancer Prevention Consultant will develop a Cancer Prevention Activity Catalog as a supplement to the Cancer Risk Reduction Plan. The Cancer Prevention Activity Catalog will include proposed actions, Iowa HHS internal partners, and related information on risk factor reduction. The activity catalog will be shared with all linked HHS Programs and their representatives. The cancer prevention catalog of activities will serve as a useful tool for Iowa HHS programs to select interventions related to risk factor reduction (including alcohol, tobacco, environmental exposures, obesity, physical activity, nutrition, radon, vaccination and UV exposure).

Deliverable:

- One (1) Iowa HHS Cancer Prevention Activities Catalog will be completed and reviewed with all linked Iowa HHS programs and their representatives.

Activity 5 / 6

Risk Factor Reduction Activities

Summary:

The Cancer Prevention Consultant will plan at least five risk factor reductions activities related to cancer prevention.

Description:

The Cancer Prevention Consultant (CPC) will plan at least five risk factor reductions activities related to cancer prevention and will develop a detailed proposal for each activity. The proposal for each activity will include: timelines, budget, resource list and key contacts. The CPC will meet with each linked partner program and its representatives to review each activity proposal. The activities will be implemented in Year 2 of the project.

Activity 6 / 6

Cancer Prevention/Risk Factor Reduction Assessment Tool Development

Summary:

Develop a Cancer Prevention/Risk Factor Reduction Assessment Tool based upon the Iowa Cancer Plan's Chapter 2 - Prevention and Risk Reduction.

Description:

The Cancer Prevention Consultant will utilize the Iowa Cancer Plan Chapter 2 - Prevention and Risk Reduction Goal (Whenever Possible, Prevent Cancer from Occurring) and its priority strategies to build an assessment tool for an ecological review of current Iowa HHS programming related to cancer prevention and risk factor reduction.

Program Objective 2 / 6

Title of Program Smart Objective	FFY24 Primary Cancer Prevention: Alcohol Use
Program SMART Objective	Between 10/01/2024 - 9/30/2025, develop and implement at least one (1) primary cancer prevention activity related to alcohol use.
Item to be measured	Alcohol use activities implemented.
Unit to be measured	Number of activities.
Baseline Value	0
Interim Target Value	0
Final Target Value	1

Problem Description:

Iowa has the 4th highest incidence of alcohol-related cancers in the U.S., and the highest rate in the Midwest, with Iowa's rate of alcohol-related cancers almost 10% higher than the U.S. average.

Alcohol, a known carcinogen, is a risk factor for several cancers, including oral cavity, pharynx, larynx, esophagus, colon & rectum, liver, and female breast cancers. Iowa has the 4th highest incidence of alcohol-related cancers in the U.S., and the highest rate in the Midwest. The rate of alcohol-related cancers was almost 10% higher in Iowa than the U.S. average. Iowa ranks 4th highest in the nation for binge drinking in 2022. The Behavioral Risk Factor Surveillance System (BRFSS) Survey defines binge drinking as drinking five or more drinks on one occasion for men and four or more drinks on one occasion for women. More than one fifth (22%) of Iowans report binge drinking, higher than the national average of 17%. Binge drinking is also a concern among Iowa's youth: 23% of Iowans ages 12-20 reported drinking at least one alcoholic drink and 15% reported binge drinking in 2019-2020. Any alcohol can increase one's risk of cancer, but binge drinking poses the greatest risk. Any amount of alcohol reduction is likely to reduce one's risk of cancer. (Iowa Cancer Registry, Cancer in Iowa Report, 2024)

Key Indicator:

Iowa has the 4th highest incidence of alcohol-related cancers in the U.S. Due to BGIS constraints, in the Baseline Value field below, the value is entered as 4.

Baseline Value for the Key Indicator:

4

Intervention Summary:

Develop and implement a primary (alcohol use) risk reduction activity.

In order to begin prevention activities led by the Iowa HHS in Year 1 while also assessing capacity and opportunities for future implementation, the Cancer Prevention Consultant, in collaboration with the Comprehensive Cancer Control Program Manager, will develop and implement a primary (alcohol use) risk reduction activity. In order to do this, staff will also collaborate with the Behavioral Health Division (BH) with programming subject matter experts. The alcohol use-related activity will focus on engaging Iowans and their health care providers in risk assessment and risk reduction behavior discussions with the outcome of increasing Iowans knowledge of alcohol and its link to the development of various types of cancer (oral cavity, pharynx and larynx; esophagus; colorectal; breast, and liver). The activity will be focused on helping Iowans to reduce their risk through behavior change.

Type of Intervention:

Evidence-based intervention

Evidence Source:

- Other

USPSTF

Rationale for choosing the intervention:

The rate of alcohol-related cancers was almost 10% higher in Iowa than the U.S average (2019, University of Iowa). In 2022, 21.5% of Iowans reported binge drinking in the previous month, and 8.1% reported heavy drinking in the past month. (BRFSS 2022 Report) Analysis has already been conducted to form the Cancer in Iowa report which will provide the direction needed for best practices and model interventions to implement in Iowa.

Target Population same as the Program or a subset:

Sub-set of the Program

Objective Target Population

Number of people served:

533677 [Percent of Iowans reporting binge drinking in the previous month (21.5%), BRFSS 2022 Report]

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years

- 55 - 64 years
- 65 – 74 years
- 75 – 84 years
- 85 years and older

Gender Identity:

Sexual Orientation:

Geography:

Both

Location:

State of Iowa

Occupation:

n/a

Educational Attainment:

Health Insurance Status:

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

All

Activity 1 / 1

Alcohol Use Risk Factor Reduction Activity

Summary:

The Cancer Prevention Consultant will plan and implement one alcohol risk factor reduction activity.

Description:

The Cancer Prevention Consultant will use the assessment findings to develop a plan for one alcohol use risk factor reduction/cancer prevention activity, and that activity will be implemented.

Deliverable:

- One (1) activity related to alcohol use and its relationship to cancer prevention will be implemented and evaluated.

Program Objective 3 / 6

Title of Program Smart Objective	FFY24 Secondary Cancer Prevention: Lung Cancer Screening
Program SMART Objective	Between 10/01/2024 - 9/30/2025, develop and implement at least one (1) secondary cancer prevention activity for lung cancer screening.
Item to be measured	Lung cancer screening activities
Unit to be measured	Number of lung cancer activities implemented
Baseline Value	0
Interim Target Value	0
Final Target Value	1

Problem Description:

Lung cancer screening awareness is low among eligible Iowans.

Lung cancer screening awareness is low among eligible Iowans. According to the American Lung Association, only 7.1% of those at high risk for lung cancer have been screened in Iowa. Compared to screening rates for other types of recommended cancer screenings, 7.1% is significantly lower.

Key Indicator:

According to the American Lung Association, only 7.1% of adults at high risk for lung cancer have been screened in Iowa. Due to BGIS constraints, in the Baseline Value field below, the value is entered as 7.

Baseline Value for the Key Indicator:

7

Intervention Summary:

Develop and implement secondary (lung cancer screening) risk reduction activities.

Iowa HHS will implement a risk assessment module within the Tobacco Quitline. The module, used successfully in other states, will conduct an assessment of Iowa adults to determine if they qualify for lung cancer screening. The assessment addresses a person's pack/day tobacco use history. If they meet the screening criteria, they are considered to be at "high risk" for developing lung cancer and lung cancer screening will be recommended. Those at high risk for lung cancer will be referred to a website to learn how to access lung cancer screening and will be encouraged to discuss lung cancer screening with their health care providers.

Quitline Screening Criteria, from the American Lung Association and aligns with the USPSTF's recommendation: If a participant meets the following criteria, they are considered to be at "high risk" for developing lung cancer and screening is recommended:

- 50-80 years of age,
- Have a 20 pack-year history of smoking (i.e. 1 pack a day for 20 years, 2 packs a day for 10 years, etc.),
- and, are a current smoker, or have quit within the last 15 years.

Type of Intervention:

Evidence-based intervention

Evidence Source:

- Other

USPSTF

Rationale for choosing the intervention:

Quitlines are a best practice avenue for reaching people who should be screened for lung cancer screening, as they are more likely than the general population to meet the screening criteria. The intervention chosen is evidence-based. The new risk assessment module IA HHS will add has been utilized by other states with quitlines and implemented successfully.

Target Population same as the Program or a subset:

Sub-set of the Program

Objective Target Population

Number of people served:

3107 (IA Adults who received Quitline services in FY 2023)

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years
- 55 - 64 years
- 65 – 74 years

- 75 – 84 years
- 85 years and older

Gender Identity:

Sexual Orientation:

Geography:

Both

Location:

State of Iowa

Occupation:

n/a

Educational Attainment:

Health Insurance Status:

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

All

Activity 1 / 1

Implement One Lung Cancer Secondary Prevention Activity

Summary:

IA HHS will implement the Tobacco Quitline module on lung cancer risk assessment.

Description:

The Cancer Prevention Consultant will collaborate with Iowa HHS' Tobacco Use and Cessation Program to add the lung cancer risk assessment module to the Tobacco Quitline, Quitline Iowa. The module includes talking with Iowans about their pack/day tobacco use history and, if eligible, referring them to a website to learn how to access lung cancer screening and discussing it with their health care providers.

Deliverable:

One (1) activity related to lung cancer prevention/risk reduction, including screening and referral will be implemented and evaluated.

Program Objective 4 / 6

Title of Program Smart Objective	FFY24 Increasing Cancer Incidence Contributing Factors
Program SMART Objective	Between 10/01/2024 - 9/30/2025, develop, present and disseminate one (1) summary report and at least two (2) briefs on additional findings related to Iowa's increasing cancer incidence and the factors that contribute to cancer incidence.
Item to be measured	Analysis summary report and informational briefs developed and disseminated.
Unit to be measured	Number of informational documents developed and disseminated.
Baseline Value	0
Interim Target Value	0
Final Target Value	3

Problem Description:

N/A. Problem is the same.

N/A. Problem is the same.

Key Indicator:

Problem and key health indicator are the same. (Iowa has the second highest cancer incidence rate in the U.S. Due to BGIS constraints, in the Baseline Value field below, the key indicator is entered as 2.)

Baseline Value for the Key Indicator:

2

Intervention Summary:

Iowa HHS will contract with the Iowa Cancer Registry to provide additional analysis of collected data related to Iowa's high cancer incidence rate and potential causative factors.

Iowa HHS will engage the Iowa Cancer Registry via contract to provide additional analysis of collected data and report on cancer-related risks, statistics and resources through a report and series of cancer-related briefs. One of the Public Health Division's epidemiology staff will collaborate with Registry staff on this work. The Behavioral Risk Factor Surveillance System's (BRFSS) Coordinator will continue to engage with this effort similarly to the work done in 2023/2024 with the Iowa Cancer Registry staff.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

Further analysis will inform future interventions and also evaluate the current landscape in Iowa and the interventions in place.

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 2

Analysis of High Cancer Incidence

Summary:

Iowa HHS will contract with the Iowa Cancer Registry to conduct analysis on cancer incidence and causative factors.

Description:

Iowa HHS will engage the Iowa Cancer Registry via contract to provide additional analysis of collected data related to Iowa's high cancer incidence rate and potential causative factors. The analysis will include additional examination of possible/likely causes of increased, and growing, cancer incidence in Iowa.

Deliverable:

- One (1) summary report of findings from additional analysis on related risk factors and causes of increased cancer incidence in Iowa will be completed and presented to Iowa HHS staff and leadership.

Activity 2 / 2

Cancer Incidence and Prevention Report and Informational Briefs

Summary:

Iowa HHS, in collaboration with the Iowa Cancer Registry, will produce a cancer incidence and related prevention report and informational briefs.

Description:

Iowa HHS staff, including the Cancer Prevention Consultant, will collaborate with the Iowa Cancer Registry to develop resources including a cancer incidence and prevention report and a series of cancer-related informational briefs. At least two cancer-specific briefs will be designed and disseminated that provide Iowa-specific data on cancer incidence and related risk factors.

Deliverables:

- One (1) cancer incidence and prevention report and at least two (2) cancer-specific informational briefs will be developed and disseminated.

Program Objective 5 / 6

Title of Program Smart Objective	FFY24 Cancer Prevention and BRFSS Survey
Program SMART Objective	Between 10/01/2024 - 09/30/2025, include five questions specific to cancer prevention knowledge and behaviors in the 2025 Behavioral Risk Factor Surveillance System (BRFSS) survey.
Item to be measured	State-added cancer prevention-specific questions in the BRFSS survey
Unit to be measured	Number of state-added cancer prevention-specific questions in the BRFSS survey
Baseline Value	0
Interim Target Value	0
Final Target Value	5

Problem Description:

N/A. Problem is the same.

N/A. Problem is the same.

Key Indicator:

Problem and key health indicator are the same. (Iowa has the second highest cancer incidence rate in the U.S. Due to BGIS constraints, in the Baseline Value field below, the value is entered as 2.)

Baseline Value for the Key Indicator:

2

Intervention Summary:

Five (5) cancer prevention-specific questions will be added to the 2025 BRFSS survey in Iowa.

IA HHS will develop five questions specific to cancer prevention and provide for the administration of those questions in the 2025 BRFSS survey. Data from the 2025 survey will be analyzed, and a report of findings disseminated. Findings will be used for program planning and evaluation. Evaluation and documentation of programmatic outcomes will support quality improvement, driving programmatic changes to better achieve positive health outcomes.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

The BRFSS is a key data source that is used in Iowa to collect information from the public about their individual health behaviors, practices and knowledge.

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 1

BRFSS Cancer Prevention Data Collection and Analysis

Summary:

Collect data from Iowans through the BRFSS with added questions specific to cancer risk factor-related activity.

Description:

The Cancer Prevention Consultant, in collaboration with the Comprehensive Cancer Control Program Manager and IA HHS BRFSS staff, will develop five questions specific to cancer prevention and provide for the administration of those questions in the 2025 BRFSS survey.

Program Objective 6 / 6

Title of Program Smart Objective	FFY24 Primary Cancer Prevention: Obesity
Program SMART Objective	Between 10/01/2024 - 09/30/2025, conduct analysis and publish one report detailing obesity prevention interventions and their relationships to cancer-related health outcomes and economic indicators, including a prioritized list of strategies deemed to potentially provide the greatest return on investment among obesity prevention efforts.
Item to be measured	Report with intervention recommendations and economic factor analysis developed
Unit to be measured	Number of reports developed
Baseline Value	0
Interim Target Value	0
Final Target Value	1

Problem Description:

Being overweight or obese increases a person's risk of getting cancer and the rate of obesity for adults in Iowa is 35.8%, ranking Iowa 11th in the United States. (State of Childhood Obesity, 2024)

While most Americans are aware that obesity increases the risk for numerous health problems including heart disease, stroke and diabetes, only half of Americans are aware that obesity is a major risk factor for cancer. Scientific evidence exists linking excess body weight to higher risk of several types of cancer including colorectal, thyroid, uterine, ovarian, esophageal adenocarcinoma, kidney, pancreatic, liver, gastric (cardia), gallbladder, post-menopausal breast, malignant meningioma and multiple myeloma. In Iowa in 2015, there were 6,955 cases of obesity-related cancer that represented 40% of all cancers. (Iowa Cancer Registry, Cancer in Iowa Report, 2018)

Key Indicator:

The adult obesity rate in Iowa is 35.8%, ranking Iowa 11th in the United States. Due to BGIS constraints, in the Baseline Value field below, the value is entered as 36.

Baseline Value for the Key Indicator:

36

Intervention Summary:

IA HHS will contract with Altarum to analyze cancer-related obesity risk factor reduction strategies and produce a report detailing those strategies and their relationships to cancer-related health outcomes and economic indicators.

IA HHS will contract with Altarum, an entity specializing in public health research and analysis, to analyze cancer-related obesity risk factor reduction strategies and produce a report detailing those strategies and their relationships to cancer-related health outcomes and economic indicators. The report will include a prioritized list of model cancer-related obesity prevention interventions and risk factor reduction strategies that can be used in Iowa. It will include return-on-investment analyses for the strategies so that Iowa HHS can prioritize those that will produce the greatest results with available resources.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

Iowa HHS currently does not have an agency-wide obesity prevention plan that includes strategies for preventing obesity broadly or its connection to cancer prevention specifically. Agency leadership is undergoing a process to create this agency-wide plan and to carefully prioritize obesity prevention strategies that have been proven to be effective in populations like Iowa's and that are the best use of resources from a return-on-investment perspective. Tackling obesity prevention is an enormous undertaking, and our resources are finite. It is imperative that Iowa HHS focuses its time and economic resources in spaces that will produce results for Iowa. Initial efforts towards the creation of an agency-wide plan include reviews of existing work within Iowa HHS, and the significant gaps within, that work to address obesity prevention by our Healthy Eating Active Living (HEAL) team. Conversations are underway to identify other teams in the agency that touch obesity prevention so that an agency-wide team can both build the plan and subsequently be responsible for implementing it. An additional step that needs to occur is for Iowa HHS to obtain support from experts that have the ability to conduct a sizable assessment that Iowa HHS staff do not have the capacity and expertise to undertake. Iowa HHS' HEAL and WIC teams have partnered with Altarum previously on similar assessments and analyses with great success.

Target Population same as the Program or a subset:

Sub-set of the Program

Objective Target Population**Number of people served:**

2482221 (IA Adults age 18 years and older)

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years
- 55 - 64 years
- 65 – 74 years
- 75 – 84 years
- 85 years and older

Gender Identity:

Sexual Orientation:

Geography:

Both

Location:

State of Iowa

Occupation:

n/a

Educational Attainment:

Health Insurance Status:

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

All

Activity 1 / 1

Analysis of Obesity-related Cancer Prevention Strategies

Summary:

IA HHS will contract with Altarum to provide a report of obesity-related cancer prevention strategies.

Description:

The Cancer Program in collaboration with the Community Access Division's Nutrition and Physical Activity Programming will contract with Altarum, an entity specializing in public health research and analysis, to analyze cancer-related obesity risk factor reduction strategies and produce a report detailing those strategies and their relationships to cancer-related health outcomes and economic indicators. The report will include a prioritized list of model cancer-related obesity prevention interventions and risk factor reduction strategies that can be used in Iowa. It will include return-on-investment analyses for the strategies so that Iowa HHS can prioritize those that will produce the greatest results with available resources.

Deliverable:

- One (1) report will be developed and published that details model obesity prevention interventions for improved cancer-related health outcomes.

Program Description 2 / 7**Program Summary**

Program Summary	
Program Name	FFY24 Infant Sleep-Related Death Prevention
Program Goal	Increase safe sleep practices among caregivers of infants in Iowa.
Healthy People 2030 Objective	MICH-D03 Increase the proportion of infants who are put to sleep in a safe sleep environment
Recipient Health Objective	To reduce the Sudden Unexpected Infant Death (SUID) rate from 0.6 per 1,000 in 2022 to 0.4 per 1,000 in 2029 (five years from project expansion).
Total Program Allocation	\$120,000

Problem Information**Problem Description**

Sleep-related deaths are on the rise in Iowa, requiring additional and enhanced programming to reach parents, caregivers and stakeholders and prevent sleep-related deaths among infants.

Sleep-related deaths have increased in Iowa for the past five years from 0.4 per 100,000 in 2017 to 0.6 per 1,000 in 2022. Sleep-related death is a constant risk for infants before one year of age, requiring Iowa HHS to continually address and prevent this issue. The Iowa SIDS Foundation conducts safe sleep prevention strategies funded, in part, by Iowa HHS; those funds do not meet current programming needs. Iowa HHS does not have paid staff time dedicated to reducing sleep-related deaths, but accelerating this work from within HHS requires having such staff time to carry forward this body of work and leverage Iowa HHS' unique ability to work with and bring together stakeholders on this issue. A successful SUID reduction strategy requires clear, targeted messaging to key stakeholders and populations along with the provision of supports to high-risk families unable to afford or identify a safe sleep environment for their infant.

Key Indicator:

The key indicator affected by this problem is safe sleep deaths among infants from birth through twelve months.

Key Indicator Baseline:

0.6 sleep-related deaths per 1,000

Problem was prioritized by the following factor(s)

- Identified via surveillance systems or other data sources

Program Strategy

Goal:

Increase safe sleep practices among caregivers of infants in Iowa.

SDOH Addressed by the Program:

This program is not specifically addressing a Social Determinant of Health (SDOH)

Program Strategy:

This program will engage divisions across Iowa HHS along with the Iowa SIDS Foundation, Des Moines University, and the Iowa Chapter of the American Academy of Pediatrics to create new materials for safe sleep promotion, educate the public about safe sleep practices, engage providers in increasing education to clients about safe sleep, and provide safe sleep risk reduction items (e.g. pack ‘n plays, pacifiers, sleep sacks) to Iowa families who are unable to access or obtain them through other means.

Setting:

- Community based organization
- State health department
- University or college
- Other
Iowa Chapter of the American Academy of Pediatrics

Primary Strategic Partners:

Iowa HHS teams: Family Well-Being & Protection, Childcare, Early Intervention & Prevention, Family Health, Public Health Statistics, and Medical Examiner’s Office; Iowa SIDS Foundation; Des Moines University; Iowa Chapter of the American Academy of Pediatrics

Evaluation Methodology:

This project will evaluate safe sleep program enhancements through internal documentation by program leaders of the number of Iowans reached with enhanced safe sleep messaging, the number of medical students/providers who receive enhanced safe sleep education, and the number of families in need who are provided with items that reduce risk of sleep-related deaths (i.e. pack ‘n plays, pacifiers, sleep sacks, etc.).

Planned non-monetary support to local agencies or organizations:

- Training
- Resources/Job Aids

Program Budget for Block Grant Funds

Program Budget	
FY2024Basic Allocation	\$120,000
FY 2024 Sex Offense Allocation	\$0
Total Allocation	\$120,000

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used to supplement other existing funds for this program.

PHHS Block Grant funds made up 50-74% - Significant source of funding of the total program funding.

The other funds came from:

- State or local funding
- Other federal funding (non-CDC)
- Funding from NGO or non-profit organization

The role of PHHS Block Grant funds in supporting the program was to enhance or expand the program

Amount of funding to populations disproportionately affected by the Problem: \$0

Amount of planned funding to local agencies or organizations: \$45,000

Type of supported local agencies or organizations:

- Local Organization

FTEs (Full Time Equivalents)

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 1

Total FTEs Funded: 0.5

FTEs (Full Time Equivalents)

Full Time Equivalents positions that are funded with PHHS Block Grant funds. 1

Position 1 / 1 Title: Safe Sleep Coordinator	
Position Name:	
Jurisdiction-level:	100%
Total	100%

This position is vacant.

The plan to fill the vacant position is:

Because this position is only 0.5 FTE, the position will be paired with other infant/child health work the agency is exploring due to findings from the Child Death Review Team and other identified merging trends to become a full-time FTE. Once posted, the agency will work with the Iowa Public Health Association, Des Moines University, local health department contacts, and other informal networks to boost applications and identify an appropriate hire.

Target Population of Program 2 / 7

Program name:

FFY24 Infant Sleep-Related Death Prevention

Number of people served:

36506 (Number of Iowa infants born in CY 2022)

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- Under 1 year

Gender Identity:

- Male
- Female

Sexual Orientation:

Geography:

Both

Location:

State of Iowa

Occupation:

n/a

Educational Attainment:

Health Insurance Status:

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

All

Program Objective 1 / 4

Title of Program Smart Objective	FFY24 IA HHS Safe Sleep Uniform Messaging & Shared Materials
Program SMART Objective	Between 10/01/2024 - 09/30/2025, Iowa HHS staff will have reviewed at least six relevant IA HHS programs for safe sleep content and provided the programs with accurate, uniform messaging and materials.
Item to be measured	Number of IA HHS programs with improved safe sleep interventions/education being actively deployed.
Unit to be measured	Number of IA HHS programs
Baseline Value	0
Interim Target Value	3
Final Target Value	6

Problem Description:

Iowa HHS programs are prioritizing and educating about safe sleep differently across the agency.

Iowa HHS is a newly aligned agency comprised of previously separate public health, human services, refugee services, community action agencies, and other departments. In this new unified structure, there is variability across programs in how safe sleep education and promotion is conducted. This leads to some programs not using up-to-date materials and to some not prioritizing it in their program at all. Ensuring all HHS programs that reach appropriate clients with this messaging are discussing uniformly and with the same materials will amplify our message to partners and ensure what we distribute is evidence-based.

Key Indicator:

The key health indicator impacted by this work is the number and rate of safe sleep deaths among the newborn to 12-month population. In 2022, the rate was 0.6 per 1,000. (Due to BGIS constraints, the baseline value in the field below is entered as 1.)

Baseline Value for the Key Indicator:

1

Intervention Summary:

Iowa HHS programs will be evaluated to ensure appropriate safe sleep messaging is happening in those spaces, and that up-to-date content is available and being used.

Iowa HHS' Safe Sleep Coordinator will identify at least six programs across the agency that work with pregnant and postpartum families and caregivers. The coordinator will then meet with those programs and assess current safe sleep education activities and opportunities for improvement. The Safe Sleep Coordinator will work with these programs to incorporate new materials, identify new opportunities, and expand their safe sleep education with a uniform safe sleep message.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

Iowa HHS is a newly aligned agency as of summer 2023, which is comprised of legacy public health, human services, refugee services, human rights, aging and disability, and other departments. This alignment makes it possible to work across many programs to ensure this topic is addressed uniformly across the agency and is given priority.

Target Population same as the Program or a subset:

Sub-set of the Program

Objective Target Population

Number of people served:

6 (Relevant IA HHS Programs)

Ethnicity:

Race:

Age:

Gender Identity:

Sexual Orientation:

Geography:

Urban

Location:

Iowa HHS, Des Moines, Iowa

Occupation:

Public Health and Human Services Professionals

Educational Attainment:

Health Insurance Status:

No

Is the entire target population disproportionately affected by the Problem, or only part?

All

Iowa HHS Internal Programs Safe Sleep Evaluation

Summary:

Iowa HHS programs will be evaluated for current work related to safe sleep and opportunities for improvement.

Description:

Iowa HHS' Safe Sleep Coordinator will identify at least six programs across the agency that work with pregnant and postpartum families and caregivers. They will then meet with those programs and assess current safe sleep education activities and opportunities for improvement.

Activity 2 / 2

Iowa HHS Safe Sleep Programming Improvements

Summary:

The Safe Sleep Coordinator and previously identified Iowa HHS programs will incorporate improved safe sleep messaging into program activities and service delivery.

Description:

The Safe Sleep Coordinator will work with the previously identified programs to utilize the program assessment results. This will lead to the incorporation of up-to-date materials and/or expansion of programs' safe sleep education with a uniform safe sleep message.

Program Objective 2 / 4

Title of Program Smart Objective	FFY24 Increased Safe Sleep Public Awareness and Understanding
Program SMART Objective	Between 10/01/2024 - 09/30/2025, Iowa HHS and the Iowa SIDS Foundation will have created at least three family loss videos, posted the videos to social media, and made at least 500 impressions among Iowans.
Item to be measured	Number of Iowa residents who receive safe sleep messaging through this population-wide effort.
Unit to be measured	Number of Iowans
Baseline Value	0
Interim Target Value	250
Final Target Value	500

Problem Description:

Iowans phase in and out of being parents and caregivers to young ones, requiring constant education of and messaging to the population to ensure safe sleep practices.

New and repeat parents and the other caregivers of their children need to fully understand and implement safe sleep practices. Doing so requires evidence-based education on what is considered safe sleep for infants and how to practice it. Information needs to be readily available to the general public in consumable ways that they can actualize.

Key Indicator:

The key health indicator impacted by this work is the number and rate of safe sleep deaths among the newborn to 12-month population. In 2022, the rate was 0.6 per 1,000. (Due to BGIS constraints, in the baseline value field below, the value is entered as 1.)

Baseline Value for the Key Indicator:

1

Intervention Summary:

Iowa HHS will work with the Iowa SIDS Foundation to revamp existing safe sleep materials, add additional materials, create family survivor videos and push the videos out across the state.

Iowa HHS' Safe Sleep Coordinator will work in partnership with the Iowa SIDS Foundation to assess current materials being used and identify new materials needed on the topic of safe sleep. These will largely be designed for the general public but will also include targeted materials focused on filling gaps in knowledge for various populations. The family survivor videos will include messaging from families who have lost an infant and want to advocate to other parents about using safe sleep practices. All of these materials will be pushed out through the Iowa HHS and SIDS Foundation websites and sent to local contractors across the state (i.e. health departments, community action agencies, WIC agencies, etc.). Lastly, there will be a social media component to ensure broad population-based coverage of the materials.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

There has not been a statewide campaign in Iowa to educate the general public on safe sleep practices in over twenty years. There are many residents who could benefit from this education who aren't expecting or current parents. Population-wide messaging has the opportunity to reach non-parental caregivers and other sectors that have the ability to make impact (i.e. childcare workers, community health workers, etc.).

Target Population same as the Program or a subset:

Sub-set of the Program

Objective Target Population

Number of people served:

500 (Number of Social Media Impressions among Iowans)

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years
- 55 - 64 years
- 65 – 74 years
- 75 – 84 years
- 85 years and older

Gender Identity:

Sexual Orientation:

Geography:

Both

Location:

State of Iowa

Occupation:

n/a

Educational Attainment:

Health Insurance Status:

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

All

Activity 1 / 2

Public Awareness of Safe Sleep Practices

Summary:

Iowa HHS will work with the Iowa SIDS Foundation to revamp existing safe sleep materials, add additional materials, and create family survivor videos.

Description:

Iowa HHS' Safe Sleep Coordinator will work in partnership with the Iowa SIDS Foundation to assess current materials being used and identify new materials needed on the topic of safe sleep. New materials will largely be designed for the general population but will also include materials focused on filling gaps in knowledge for various populations. The family survivor videos will include messaging from families who have lost an infant and want to advocate to other parents about using safe sleep practices.

Activity 2 / 2

Safe Sleep Resources Dissemination Across Iowa

Summary:

Iowa HHS, the SIDS Foundation, and the Iowa AAP will push out new safe sleep messaging and tools.

Description:

All updated or new safe sleep materials will be pushed out through the Iowa HHS and SIDS Foundation websites and sent to local contractors across the state (i.e. health departments, community action agencies, WIC agencies, etc.). All materials will be promoted through social media platforms of both agencies and community-based organizations.

Program Objective 3 / 4

Title of Program Smart Objective	FFY24 Enhanced Safe Sleep Education for Medical Students & Healthcare Professionals
Program SMART Objective	Between 10/01/2024 - 09/30/2025, Iowa HHS, the SIDS Foundation, and Des Moines University will reach 200 medical students or providers with enhanced safe sleep education.
Item to be measured	Number of medical students or current providers who receive evidence-based safe sleep education.
Unit to be measured	Number of medical students or providers
Baseline Value	0
Interim Target Value	100
Final Target Value	200

Problem Description:

Medical students and healthcare providers lack training and focus on safe sleep education.

Medical providers are often the source of safe sleep education and counseling for pregnant and postpartum families. However, safe sleep practices have changed and not all providers are up-to-date on how to appropriately educate on the topic. Additionally, providers face severe time constraints within their visits, meaning this is a topic that can sometimes be ignored or deprioritized. Up-to-date education and information need to be available to providers to ensure they understand both the seriousness of the topic and the need to prioritize counseling families on this topic.

Key Indicator:

The key health indicator impacted by this work is the number and rate of safe sleep deaths among the newborn to 12-month population. In 2022, the rate was 0.6 per 1,000. (Due to BGIS constraints, in the baseline value field below, the value is entered as 1.)

Baseline Value for the Key Indicator:

1

Intervention Summary:

Iowa HHS will work with Des Moines University and the Iowa Chapter of the American Academy of Pediatrics to include enhanced safe sleep education for students and current healthcare providers.

Iowa HHS' Safe Sleep Coordinator will work with Des Moines University and the Iowa Chapter of the American Academy of Pediatrics to assess opportunities to enhance safe sleep education to students and current providers. Once identified, staff from each agency will work together to implement changes, use shared materials, and push out uniform messaging to medical students and healthcare providers across the state.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

Recent conversations with medical providers and educators demonstrate that there is a perceived lack

of time for this education within clinic workflows, that they do not have materials they are comfortable using, and that many providers did not receive safe sleep education while they went through medical school. By working upstream with students, we can lessen this occurrence in the future, and by educating providers, we can assist them in how to provide quick, evidence-based messaging that will not delay prenatal or postpartum visits.

Target Population same as the Program or a subset:

Sub-set of the Program

Objective Target Population

Number of people served:

200 (Number of Iowa Medical Students and Healthcare Providers to Receive Safe Sleep Education)

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years
- 55 - 64 years
- 65 – 74 years

Gender Identity:

Sexual Orientation:

Geography:

Both

Location:

Within Des Moines University and Providers reached through Iowa AAP.

Occupation:

Medical Students and Healthcare Professionals/Providers

Educational Attainment:

- Graduate Degree
- College Degree

Health Insurance Status:

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

All

Activity 1 / 2

Enhanced Safe Sleep Education for Medical Students and Providers

Summary:

Iowa HHS will work with Des Moines University and the Iowa Chapter of the American Academy of Pediatrics to identify opportunities to improve and increase education of medical students and providers.

Description:

Iowa HHS' Safe Sleep Coordinator will work with Des Moines University (DMU) and the Iowa Chapter of the American Academy of Pediatrics to assess current safe sleep education to students and current providers and improvements that are possible. This will include DMU's curriculum and Iowa AAP's current offerings to Iowa medical providers.

Activity 2 / 2

Provision of Educational Opportunities to Medical Students and Providers

Summary:

Iowa HHS, Iowa AAP, and Des Moines University will implement enhanced educational opportunities.

Description:

Staff from each entity will collaborate to implement education activities that meet the needs and opportunities identified in the previous assessment. This includes ensuring the educational content used is evidence-based and includes the materials created by Iowa HHS and the Iowa SIDS Foundation. The agencies will implement these changes and enhanced learning opportunities in concert with one another.

Program Objective 4 / 4

Title of Program Smart Objective	FFY24 Distribution of Items that Reduce Risk of Sleep-related Infant Deaths
Program SMART Objective	Between 10/01/2024 - 09/30/2025, the Iowa SIDS Foundation will distribute items that reduce risk of sleep-related infant deaths (i.e. pack 'n plays, pacifiers, sleep sacks, etc.) to at least 40 Iowa families unable to afford or access them,
Item to be measured	Families receiving items that reduce risk of sleep-related infant deaths
Unit to be measured	Number of families receiving items that reduce risk of sleep-related infant deaths
Baseline Value	20
Interim Target Value	40
Final Target Value	60

Problem Description:

Iowans, often low-income and in rural areas, can struggle to obtain safe sleep risk reduction items for their child or the child for which they are the caregiver.

There are parents and caregivers in Iowa who lack safe sleep risk reduction items for their child, or the child in their care, due to a number of reasons. Some lack financial ability to purchase one and others are in rural areas of the state with limited access to ways to obtain one from a local agency. These families need access to tangible resources like pack 'n plays, pacifiers, and sleep sacks – all items demonstrated to reduce the risk of sleep-related deaths among infants.

Key Indicator:

The key health indicator impacted by this work is the number and rate of safe sleep deaths among the newborn to 12-month population. In 2022, the rate was 0.6 per 1,000. Due to BGIS constraints, in the Baseline Value field below, the value is entered as 1.

Baseline Value for the Key Indicator:

1

Intervention Summary:

Iowa HHS will contract with the Iowa SIDS Foundation to provide safe sleep risk reduction items such as pack 'n plays, pacifiers, sleep sacks, and others to Iowans who are unable to obtain them through other means.

The Iowa SIDS Foundation currently provides pack 'n plays and related materials to Iowans across the state who are unable to obtain them through other sources. The past two years, demand for the items has substantially increased. The Iowa SIDS Foundation will use existing processes and purchase mechanisms to provide safe sleep risk reduction items to additional families in need in Iowa.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

Education and counseling on safe sleep cannot materialize into safe sleep practices when families do not have tangible resources to put recommendations into place. Providing safe sleep risk reduction items to lowans in high need provides the opportunity for them to implement the safe sleep practices they've been educated on.

Target Population same as the Program or a subset:

Sub-set of the Program

Objective Target Population

Number of people served:

60 (Number of Iowa Families to Receive Safe Sleep Risk Reduction Items)

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years
- 55 - 64 years
- 65 – 74 years
- 75 – 84 years
- 85 years and older

Gender Identity:

Sexual Orientation:

Geography:

Both

Location:

State of Iowa

Occupation:

n/a

Educational Attainment:

Health Insurance Status:

Primary Low Income:

Yes

Is the entire target population disproportionately affected by the Problem, or only part?

All

Activity 1 / 1

Provision of Safe Sleep Risk Reduction Items to lowans in Need

Summary:

Iowa HHS will contract with the Iowa SIDS Foundation to provide safe sleep risk reduction items to lowans who are unable to obtain them through other means.

Description:

The Iowa SIDS Foundation provides pack 'n plays and other safe sleep risk reduction items to lowans across the state who are unable to obtain them through other sources. The past two years, demand for the pack 'n plays has substantially increased. The Iowa SIDS Foundation will use existing processes and purchase mechanisms to provide pack 'n plays and safe sleep risk reduction items such as pacifiers, sleep sacks, etc. to additional families in need in Iowa.

Program Description 3 / 7**Program Summary**

Program Summary	
Program Name	FFY24 Child Mortality & Coordinated IA HHS Mortality Review Teams
Program Goal	Ensure Iowa’s Child Death Review Team and the IA HHS Mortality Review Teams have the processes, tools, and resources in place to provide high-quality recommendations for child death and mortality prevention.
Healthy People 2030 Objective	MICH-03 Reduce the rate of deaths in children and adolescents aged 1 to 19 years
Recipient Health Objective	Reduce the child mortality rate in Iowa from 25.9 per 100,000 for the period of 2019 – 2021 to 24.2 per 100,000 within five years.
Total Program Allocation	\$309,958

Problem Information**Problem Description**

Chronic underfunding has led to a lack of capacity in the Child Mortality program.

Historically, the work of the Child Mortality and Child Death Review Team has been underfunded, leading to inconsistent membership not inclusive of all necessary specialties, processes being unclear, data coming from limited sources, and recommendations that are largely geared towards caregivers rather than the suite of necessary stakeholders.

Key Indicator:

Iowa’s child mortality rate has increased in the past five years from 24.2 per 100,000 in 2014 – 2016 to 25.9 per 100,000 in 2019 – 2021. In 2021, Iowa was 6th in the country for infant mortality but 17th in child mortality (16.5). For 2020, Iowa was 10th in infant mortality and 30th in child mortality (18.3 per 100,000). (Kaiser Family Foundation). While natural manners of death are declining due to improvements in medical care, the remaining manners of death are not declining.

Key Indicator Baseline:

25.9 per 100,000

Problem was prioritized by the following factor(s)

- Identified via surveillance systems or other data sources

Program Strategy

Goal:

Ensure Iowa's Child Death Review Team and the IA HHS Mortality Review Teams have the processes, tools, and resources in place to provide high-quality recommendations for child death and mortality prevention.

SDOH Addressed by the Program:

This program is specifically addressing a Social Determinant of Health (SDOH)

- Economic Stability (e.g. poverty, unemployment, food insecurity, housing instability)
- Social and Community Context (e.g. discrimination, low civic participation, poor workplace conditions, incarceration)
- Health and Health Care (e.g. poor access to healthcare, low health insurance coverage, low health literacy)
- Neighborhood and Built Environment (e.g. poor quality of housing, limited access to transportation, food desert, poor water/air quality, neighborhood crime and violence)
- Adverse Childhood Experiences (ACEs)

Program Strategy:

This project adds an additional 0.5 FTE to create a full-time Child Death Review Team (CDRT) Coordinator position within Iowa HHS that is able to lead improvements for CDRT as well as supporting learning and coordination across all the agency's death review teams (i.e., Child Mortality, Maternal Mortality, Domestic Abuse Deaths, and Opioid Deaths). The project also adds a 1.0 CDRT Clerk who would take on administrative functions, request data, track data, and provide general support for the CDRT Coordinator. Collectively, the CDRT Coordinator and Clerk will be responsible for:

- Ensuring HIPAA-compliant data agreements and sharing processes are in place for all data sharing;
- Monitoring membership to ensure appropriate expertise, identifying new areas of expertise when needed, recruiting new members, ensuring consistent participation from members, and reducing burden on death review team members when possible;
- Engaging with TA sources from federal partners to assist with program and process improvement for CDRT and more fully utilizing existing national death review team databases to improve data analysis and use;
- Creating an annual CDRT report with high quality data analysis, trend spotting, and evidence-based recommendations, including working towards the creation of analyses and materials for regions of the state to provide locals with more actionable data;
- Coordinating with the Iowa Maternal Mortality Review Committee (MMRC), Domestic Abuse Death Review Team (DADRT), and soon-to-be formed opioid death review team to streamline review processes and align with best practices; ensuring all four teams are using consistent, HIPAA compliant, evidence-based processes for conducting case record analysis and death review; and

- Developing an Iowa Mortality Report that brings together the findings of the four death review teams into a comprehensive picture of the current landscape; working with death review team leads and agency epidemiologists to create a new report template for joining reports of the four teams into a comprehensive report.

Setting:

- State health department
- Other
Iowa Office of the State Medical Examiner

Primary Strategic Partners:

Iowa Office of the State Medical Examiner, IA HHS Maternal Mortality Review Committee, IA HHS Domestic Abuse Death Review Team, IA HHS Opioid Death Review Team, IA HHS Child Death Review Team members, Additional State Agencies, Community Stakeholders (law enforcement, justice system, non-profits), Health system partners (local public health agencies, primary care providers, hospital systems, and EMS).

Evaluation Methodology:

Internal tracking of IA HHS Child Death Review Team membership, and the number of stakeholders with whom prevention recommendations are promoted.

Planned non-monetary support to local agencies or organizations:

- Technical Assistance
- Training
- Resources/Job Aids

Program Budget for Block Grant Funds

Program Budget	
FY2024Basic Allocation	\$309,958
FY 2024 Sex Offense Allocation	\$0
Total Allocation	\$309,958

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used to supplement other existing funds for this program.

PHHS Block Grant funds made up 50-74% - Significant source of funding of the total program funding.

The other funds came from:

- State or local funding

The role of PHHS Block Grant funds in supporting the program was to enhance or expand the program

Amount of funding to populations disproportionately affected by the Problem: \$0

Amount of planned funding to local agencies or organizations: \$0

Type of supported local agencies or organizations:

- Other
N/A

FTEs (Full Time Equivalents)

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 4

Total FTEs Funded: 3.5

FTEs (Full Time Equivalents)

Full Time Equivalents positions that are funded with PHHS Block Grant funds. 4

Position 1 / 4 Title:		CDRT Coordinator
Position Name:	Analisa Pearson	
Jurisdiction-level:		100%
Total		100%

This position is not vacant.

Position 2 / 4 Title:		CDRT Administrative Assistant 2
Position Name:		
Jurisdiction-level:		100%
Total		100%

This position is vacant.

The plan to fill the vacant position is:

The position will be posted for both internal and external candidates on the State of Iowa Jobs Board.

Position 3 / 4 Title:	Mortality Review Community Health Consultant
Position Name:	
Jurisdiction-level:	100%
Total	100%

This position is vacant.

The plan to fill the vacant position is:

The position will be posted for both internal and external candidates on the State of Iowa Jobs Board.

Position 4 / 4 Title:	Mortality Review Team Coordinator
Position Name:	
Jurisdiction-level:	100%
Total	100%

This position is vacant.

The plan to fill the vacant position is:

The position will be posted for both internal and external candidates on the State of Iowa Jobs Board.

Target Population of Program 3 / 7

Program name:

FFY24 Child Mortality & Coordinated IA HHS Mortality Review Teams

Number of people served:

25 (Number of Iowa CDRT Members)

Ethnicity:

Race:

Age:

Gender Identity:

Sexual Orientation:

Geography:

Both

Location:

State of Iowa

Occupation:

n/a

Educational Attainment:

Health Insurance Status:

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

All

Program Objective 1 / 3

Title of Program Smart Objective	FFY24 Case Record Analysis and Death Review of Children
Program SMART Objective	Between 10/01/2024 - 09/30/2025, create a consistent, HIPAA compliant, evidence-based process for conducting case record analysis and death review of children birth to age 17 in Iowa.
Item to be measured	New processes developed or modified to access and analyze case records.
Unit to be measured	Number of processes developed or modified.
Baseline Value	0
Interim Target Value	0
Final Target Value	1

Problem Description:

N/A. Problem is the same.

N/A. Problem is the same.

Key Indicator:

Problem and key health indicator are the same. (Iowa's child mortality rate has increased in the past five years from 24.2 per 100,000 in 2014 – 2016 to 25.9 per 100,000 in 2019 – 2021. Due to BGIS constraints, the baseline value in the field below is entered as 26.)

Baseline Value for the Key Indicator:

26

Intervention Summary:

Work with internal Iowa HHS programs, staff and legal counsel to obtain records that contribute to the social history and determine system access points for potential future interventions.

Work with Iowa HHS programs, such as WIC, Home Visiting, Economic Support, EMS/Trauma Registry, Medicaid, the agency's legal counsel, the HIPAA Compliance Officer, and representatives of Data Sharing and Governance to access available system data to contribute to the social history of decedents for review and to provide information on future system access points for public health interventions.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

CDRT records have been compiled and abstracted by a series of temporary employees and interns for the past several years. Limited hours and frequent turn over have made consistency, data mining, tracking and researching evidence-based practices difficult. In addition, the diminished staff capacity has led to prolonged membership vacancies. Consistent processes and deeper analysis of the data are only possible with sufficient staffing.

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 1

Technical Assistance Engagement

Summary:

Engage technical assistance from federal partners to assist with program and process improvement and more fully utilize national death review team databases.

Description:

Engage with federal partners' (CFRP, etc.) available guidance, meetings and trainings on effective membership recruitment and engagement, meeting facilitation, record review best practices and translation of review process into evidence-based recommendations; as well as engage federal partners through in-person and/or virtual technical assistance to assist with implementation and customization of strategies.

Program Objective 2 / 3

Title of Program Smart Objective	FFY24 Enhanced CDRT/Mortality Report
Program SMART Objective	Between 10/01/2024 through 09/30/2025, develop and promote one enhanced CDRT/Mortality Report that demonstrates the current situation with a clear set of evidence-based recommendations for internal and external Iowa HHS stakeholders.
Item to be measured	Coordinated reporting & recommendations & dissemination of enhanced CDRT/Mortality Report.
Unit to be measured	Number of enhanced CDRT/Mortality reports developed and disseminated
Baseline Value	0
Interim Target Value	0
Final Target Value	1

Problem Description:

N/A. Problem is the same

N/A. Problem is the same.

Key Indicator:

Problem and key health indicator are the same. (Iowa's child mortality rate has increased in the past five years from 24.2 per 100,000 in 2014 – 2016 to 25.9 per 100,000 in 2019 – 2021. Due to BGIS constraints, the baseline value in the field below is entered as 26.)

Baseline Value for the Key Indicator:

26

Intervention Summary:

Iowa HHS will improve coordination of internal agency mortality teams (Child Death Review Team, Maternal Mortality Review Committee, Domestic Abuse Death Review Team, Opioid Death Review Team), develop an enhanced CDRT/Mortality Report and increase dissemination of mortality data.

Recent CDRT reports have lacked a compelling call to action and actionable steps for system-level stakeholders. Therefore, the CDRT continues to review the same types of deaths annually with similar or growing burdens of mortality. The CDRT Coordinator will develop an enhanced CDRT/Mortality report that provides actionable and evidence-based child mortality prevention recommendations for internal and external Iowa HHS stakeholders. The enhanced report will include recommendations split out by sector that are compelling and actionable to advance change in child mortality rates in Iowa.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

Even when well-intended, too many messages make prioritization difficult. Recommendations that are too broad without compelling, actionable steps are difficult to implement and rarely help to advance health outcomes. Coordination between the four mortality review teams will scaffold and strengthen messages, recommendations and resource allocation.

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 2

Enhanced CDRT/Mortality Review Report

Summary:

Develop a Mortality Report that brings together the findings of the four agency mortality teams (CDRT, Iowa Maternal Mortality Review Committee (MMRC), Domestic Abuse Death Review Team (DADRT), and soon-to-be formed Opioid Death Review Team) into a comprehensive picture of the current situation.

Description:

The Mortality Review Team Coordinator will collaborate with mortality review team leads and agency epidemiologists to create a new report template for joining reports into a comprehensive report. The new, enhanced report will highlight and scaffold strategies for mortality prevention and interventions. The Mortality Review Team Coordinator will utilize data, processes and expertise across mortality reviews to solidify priorities and coordinate messaging.

Activity 2 / 2

Enhanced CDRT/Mortality Review Report Dissemination Plan

Summary:

Develop and implement a dissemination plan to ensure recommendations are distributed to all agency stakeholders.

Description:

The dissemination plan will include creation and distribution of culturally appropriate, compelling briefs for agency stakeholders, a listing of potential internal and external stakeholders who would benefit from the data and who would utilize the recommendations to partner in advancing improved child health outcomes.

Program Objective 3 / 3

Title of Program Smart Objective	FFY24 Mortality Review Coordination and Enhancement
Program SMART Objective	Between 10/01/2024 - 09/30/2025, engage community stakeholders, priority populations, families and mortality review members in prevention recommendations and activities.
Item to be measured	Community Action Team
Unit to be measured	Number of Community Action Teams Convened
Baseline Value	0
Interim Target Value	0
Final Target Value	1

Problem Description:

N/A. Problem is the same.

N/A. Problem is the same.

Key Indicator:

Problem and key health indicator are the same. (Iowa's child mortality rate has increased in the past five years from 24.2 per 100,000 in 2014 – 2016 to 25.9 per 100,000 in 2019 – 2021. Due to BGIS constraints, the baseline value in the field below is entered as 26.)

Baseline Value for the Key Indicator:

26

Intervention Summary:

Iowa HHS will improve coordination of internal agency mortality teams and enhance the health equity and family engagement work of the teams, while strengthening the ability to move data to action through a Community Action Team.

Iowa HHS will improve coordination of internal agency mortality teams (Child Death Review Team, Maternal Mortality Review Committee, Domestic Abuse Death Review Team, Opioid Death Review Team), and enhance the health equity and family engagement work of the teams while strengthening the ability to move data to action through a Community Action Team. Including families will enhance each of the review teams through adding a lived experience lens and knowledge of the decedents in translating barriers and opportunities for prevention diagnosed through document review to a much deeper understanding. Engaging priority populations and stakeholders in a Community Action Team will ensure recommendations reflect the lived experience of priority populations and are community-based and solutions focused. Doing so will also ensure the recommendations are acted on by institutions and communities statewide.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

Health equity and family engagement are key in the success of a public health approach to mortality reviews and prevention.

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 1

Community Action Team

Summary:

Create and convene a Community Action Team to engage stakeholders, priority populations and families in mortality prevention recommendations and activities.

Description:

Iowa HHS will establish and convene a Community Action Team that engages stakeholders, priority populations and families. The Community Action Team will receive the findings and recommendations from the mortality review teams, develop an action plan(s) based on those recommendations, implement the actions, monitor progress and inform the larger community about the need for action and successes.

Program Description 4 / 7**Program Summary**

Program Summary	
Program Name	FFY24 Emergency and Trauma Services
Program Goal	The goal of the Bureau of Emergency Medical and Trauma Services is to promote and protect the health of Iowans through implementation of policy recommendations concerning the regulation, administration, and coordination of emergency and trauma services in Iowa.
Healthy People 2030 Objective	IVP-03 Reduce unintentional injury deaths
Recipient Health Objective	From 10/01/2021 to 10/01/2026, reduce the number of deaths from unintentional injuries by 5%.
Total Program Allocation	\$744,613

Problem Information**Problem Description**

Unintentional injury accounts for 72% of injury-related deaths in Iowa, with approximately 21,252 years of potential life lost, and continues to be the leading cause of death for Iowans ages 1-44.

Unintentional injury accounts for 72% of injury-related deaths in Iowa, with approximately 21,252 years of potential life lost and is the leading cause of death for Iowans ages 1-44. In April 1995, Iowa introduced the Trauma System Development Act. In January 2001, Iowa implemented an inclusive trauma system that included all 118 Iowa hospitals. Since the implementation, PHHS Block Grant funds have been used by the Bureau of Emergency Medical and Trauma Services to integrate out-of-hospital and hospital components of the EMS system into a continuum of care by supporting and maintaining the Iowa Trauma System to reduce the burden of injury in Iowa.

Key Indicator:

According to 2021 CDC WISQARS data, unintentional injury accounted for 72% of injury-related deaths in Iowa, which is increased from 70% in 2020. These injury-related deaths account for approximately 21,252 years of potential life lost and is the leading cause of death for Iowans ages 1 – 44. Iowa's trauma registry reports that from 2016-2022 the number of unique trauma patient encounters at hospitals in Iowa has increased by approximately 31%. This is attributed to an increase in data compliance through regulatory efforts supported by the PHHS block grant and an increase in reportable traumatic injuries in Iowa.

Key Indicator Baseline:

The percentage of injury-related deaths in Iowa is 72% prior to beginning any funded activities

Problem was prioritized by the following factor(s)

- Prioritized within a strategic plan

- Legislature established as a priority

Program Strategy**Goal:**

The goal of the Bureau of Emergency Medical and Trauma Services is to promote and protect the health of Iowans through implementation of policy recommendations concerning the regulation, administration, and coordination of emergency and trauma services in Iowa.

SDOH Addressed by the Program:

This program is specifically addressing a Social Determinant of Health (SDOH)

- Health and Health Care (e.g. poor access to healthcare, low health insurance coverage, low health literacy)

Program Strategy:

The mission of the Bureau of Emergency Medical and Trauma Services (BEMTS) is to promote and protect the health of Iowans through implementation of policy recommendations concerning the regulation, administration, and coordination of emergency and trauma services in Iowa. This program focuses on access to emergency care. BEMTS utilizes funding to support the EMS Field Coordinators, Trauma Program Director, and Trauma System Coordinator to provide technical assistance to local services and complete program authorizations and trauma care facility verifications. The Bureau Chief is also partially financially supported to carry out strategic planning, supervision, organization and management of all aspects of BEMTS. This includes management of the rules that govern the EMS and Trauma System, overseeing compliance, monitoring, and disciplinary functions. While the bulk of funds are utilized to support the identified FTEs, the remaining funds are used to support the Iowa HHS Trauma Verification Survey Team reviews, travel expenses related to provision of technical assistance to EMS and trauma care facilities, and educational training opportunities.

Setting:

- Medical or clinical site
- State health department
- University or college
- Other
Local EMS Service Providers

Primary Strategic Partners:

Authorized Iowa EMS Service Programs, Verified Iowa Trauma Centers (Hospitals), Trauma System Advisory Council, Emergency Medical Services Advisory Council, American College of Surgeons, Iowa Hospital Association, Emergency Medical Services for Children, Governor's Traffic Safety Bureau, Iowa Department of Transportation, Iowa HHS Disability and Injury Prevention Programs, University of Iowa Injury Prevention Research Center, Area Agencies on Aging, Iowa Falls Prevention Coalition

Evaluation Methodology:

The program will utilize compliance reviews to evaluate the progress of the program's goals. This is the most effective method to evaluate the program, as it assesses the interventions and education provided to both EMS services and trauma programs through successful reauthorization and reverification every three years.

Planned non-monetary support to local agencies or organizations:

- Technical Assistance
- Training
- Resources/Job Aids

Program Budget for Block Grant Funds

Program Budget	
FY2024Basic Allocation	\$744,613
FY 2024 Sex Offense Allocation	\$0
Total Allocation	\$744,613

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used to supplement other existing funds for this program.

PHHS Block Grant funds made up 75-99% - Primary source of funding of the total program funding.

The other funds came from:

- State or local funding

The role of PHHS Block Grant funds in supporting the program was to maintain existing program (as is)

Amount of funding to populations disproportionately affected by the Problem: \$0

Amount of planned funding to local agencies or organizations: \$0

Type of supported local agencies or organizations:

- Other
Local EMS service providers and trauma centers (hospitals)

FTEs (Full Time Equivalents)

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 6

Total FTEs Funded: 4.85

FTEs (Full Time Equivalent)

Full Time Equivalent positions that are funded with PHHS Block Grant funds. 6

Position 1 / 6 Title:		Bureau Chief, EMS and Trauma Services Bureau
Position Name:	Margot McComas	
Jurisdiction-level:		45%
Total		45%

This position is not vacant.

Position 2 / 6 Title:		EMS Planner
Position Name:	Kari Catron	
Jurisdiction-level:		20%
Local		20%
Total		40%

This position is not vacant.

Position 3 / 6 Title:		Trauma Program Director
Position Name:	Jill Wheeler	
Jurisdiction-level:		50%
Local		50%
Total		100%

This position is not vacant.

Position 4 / 6 Title:		Trauma System Coordinator
Position Name:	Sarah Eason	
Jurisdiction-level:		50%
Local		50%
Total		100%

This position is not vacant.

Position 5 / 6 Title:		EMS Field Coordinator
Position Name:	Katie Schlichting	
Jurisdiction-level:		50%
Local		50%
Total		100%

This position is not vacant.

Position 6 / 6 Title:		EMS Field Coordinator
Position Name:	Steve Vannatta	
Jurisdiction-level:		50%
Local		50%
Total		100%

This position is not vacant.

Target Population of Program 4 / 7

Program name:

FFY24 Emergency and Trauma Services

Number of people served:

3207004 (State of Iowa Population)

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- Under 1 year

- 1 - 4 years
- 5 - 14 years
- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years
- 55 - 64 years
- 65 – 74 years
- 75 – 84 years
- 85 years and older

Gender Identity:

Sexual Orientation:

Geography:

Both

Location:

State of Iowa

Occupation:

n/a

Educational Attainment:

Health Insurance Status:

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

All

Program Objective 1 / 3

Title of Program Smart Objective	FFY24 Trauma Care Facility Inspections
Program SMART Objective	Between 10/01/2024 - 09/30/2025, trauma program staff and the Iowa Trauma Verification Team members will inspect 25 Iowa trauma care facilities to ensure compliance with State required trauma program criteria through evaluation of the data submissions, review of policies and procedures, and on-site or virtual verification visits.
Item to be measured	Number of trauma care facilities inspected
Unit to be measured	Number of trauma care facilities inspected
Baseline Value	0
Interim Target Value	8
Final Target Value	25

Problem Description:

N/A. The problem is the same.

N/A. The problem is the same.

Key Indicator:

N/A. The problem is the same. According to 2021 CDC WISQARS data, unintentional injury accounted for 72% of injury-related deaths in Iowa.

Baseline Value for the Key Indicator:

72

Intervention Summary:

The Iowa Trauma System Coordinator and the Iowa Trauma Verification Survey Team members will conduct verification reviews of trauma care facilities to ensure legislatively defined criteria are met by facilities to support the optimal care of injured patients in Iowa.

Trauma verification criteria are legislatively determined and match the national standard for optimal care of injured patients set forth by the American College of Surgeons. The Iowa Trauma System Coordinator and the Iowa Trauma Verification Survey Team conduct thorough review of trauma centers in Iowa to ensure each center is meeting the criteria at the level of verification. Emphasis is placed on continuous quality improvement for the care of the injured patient, education and certification in trauma, and injury prevention and outreach.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

The mission statement of the American College of Surgeons Committee on Trauma is to develop and implement programs that support injury prevention and ensure optimal patient outcomes across the continuum of care. These programs incorporate advocacy, education, trauma center and trauma system resources, best practice creation, outcome assessment, and continuous quality improvement. Iowa is proud to benchmark hospitals against national guidelines for all levels of trauma care.

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 2

Conduct trauma care facility application review and on-site or virtual verifications

Summary:

The Iowa Trauma System Coordinator, State Trauma Program Manager, and Iowa Trauma Verification Survey Team will coordinate to inspect trauma care facilities in Iowa to renew the facilities verification status.

Description:

On-site or virtual reviews will be conducted minimally at the Iowa verified Level III trauma care facilities and Level IV trauma care facilities as funding and resources allow. Paper reviews will be conducted for Level IV facilities who opt out of the on-site or virtual review process. The Trauma System Coordinator or Trauma Program Manager will utilize a State of Iowa owned vehicle to complete on-site verification reviews.

Activity 2 / 2

Provide Educational Resources Statewide

Summary:

The Trauma System Coordinator or Trauma Program Director will conduct monthly trauma webinars and a biennial trauma and preparedness conference to provide educational resources supporting the optimal care of injured patients in Iowa.

Description:

The Trauma System Coordinator or Trauma Program Director will conduct monthly trauma webinars via virtual format for all trauma care facility staff in Iowa. Emphasis will be on trauma education, trauma resource sharing, and technical assistance for meeting verification criteria. The state EMS, trauma, and preparedness programs will also conduct a biennial trauma and preparedness conference for trauma and preparedness partners in Iowa. Emphasis will be on trauma education and training, resource sharing, injury prevention, and partnership development.

Program Objective 2 / 3

Title of Program Smart Objective	FFY24 EMS Service Program Reauthorizations
Program SMART Objective	Between 10/01/2024 – 09/30/2025, the State of Iowa EMS Field Coordinators will complete reauthorizations of at least 25% of the 897 currently authorized EMS service programs (224).
Item to be measured	Number of EMS Services Inspected
Unit to be measured	Number of EMS services inspected
Baseline Value	0
Interim Target Value	90
Final Target Value	224

Problem Description:

N/A. The problem is the same.

N/A. The problem is the same.

Key Indicator:

The problem and key health indicator are the same. (According to 2021 CDC WISQARS data, unintentional injury accounted for 72% of injury-related deaths in Iowa.)

Baseline Value for the Key Indicator:

72

Intervention Summary:

The EMS field coordinators will conduct inspections of authorized EMS services to ensure legislatively defined criteria are met by services in order to take optimal care of injured patients in Iowa.

The EMS Field Coordinators conduct a thorough review of Iowa authorized EMS service programs at a minimum of every three years to ensure each service is meeting the required criteria for optimal care of Iowa's citizens. Emphasis is put on continuous quality improvement, education and certification, and vehicle standards, supplies, equipment and maintenance. Reauthorization criteria are set by administrative rule through consultation with the EMS advisory council, national standards through the National Association of State EMS Officials (NASEMSO), the United States Emergency Medical Service COMPACT (EMS COMPACT), and the National Highway Traffic Safety Administration (NHTSA).

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

Reauthorization of EMS services is conducted at a minimum every three years. Reauthorization criteria are set by administrative rule through consultation with the EMS advisory council, national standards through the National Association of State EMS Officials (NASEMSO), the United States Emergency

Medical Service COMPACT (EMS COMPACT), and the National Highway Traffic Safety Administration (NHTSA).

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 2

Conduct reauthorizations of at least 224 (25%) of the currently authorized EMS service programs.

Summary:

The EMS Field Coordinators will conduct inspections of at least 224 (25%) of the authorized EMS services to ensure legislatively defined criteria are met by services in order to take optimal care of injured patients in Iowa.

Description:

The EMS Field Coordinators will conduct inspections. Emphasis will be on education, resource sharing, and technical assistance for meeting inspection criteria, and continuous quality improvement.

Activity 2 / 2

EMS Service and Medical Directors Workshops

Summary:

EMS Service and Medical Directors Workshops are required for all new service and medical directors of Iowa EMS services. Each service and medical director is also required to attend a workshop once every three years after the initial course.

Description:

The EMS Service and Medical Director Workshop provides current and incoming EMS leaders an overview of roles and responsibilities within the EMS system. Emphasis is placed on required duties, policy building, renewing authorization and the inspection process, and continuous quality improvement activities. The EMS Service and Medical Director Workshop will be held at a minimum quarterly.

Program Objective 3 / 3

Title of Program Smart Objective	FFY24 Stroke Registry License Support
Program SMART Objective	Between 10/01/2024 - 09/30/2025, the Bureau of Emergency Medical and Trauma Services will sustain one annual software license for the American Heart Association's Get With The Guidelines - Stroke registry system to serve as the state stroke registry.
Item to be measured	One annual Get With The Guidelines - Stroke registry software license supported
Unit to be measured	Whole Number
Baseline Value	1
Interim Target Value	0
Final Target Value	1

Problem Description:

N/A. The problem is the same.

N/A. The problem is the same.

Key Indicator:

The problem and key health indicator are the same. (According to 2021 CDC WISQARS data, unintentional injury accounted for 72% of injury-related deaths in Iowa.)

Baseline Value for the Key Indicator:

72

Intervention Summary:

Iowa HHS will sustain Iowa's Stroke Registry by supporting the cost of the annual licensing fee for the American Heart Association's Get With The Guidelines - Stroke registry system, which serves as the stroke registry for the State of Iowa.

Iowa HHS will sustain Iowa's Stroke Registry by supporting the cost of the annual licensing fee for the American Heart Association's Get With The Guidelines - Stroke registry system, which serves as the stroke registry for the State of Iowa. The Iowa Stroke Registry was established in 2018, yet no State general funding was provided to support the registry. Iowa HHS was able to secure a grant from the American Heart Association to pay for the first full year along with funding from a chronic conditions grant program to support the 2018 and 2019 licensing fees. The PHHS Block Grant will provide a more sustainable source of funding to support the ongoing, annual costs of software licensing.

Type of Intervention:

Evidence-based intervention

Evidence Source:

- Other

American Heart Association

Rationale for choosing the intervention:

The Get With The Guidelines - Stroke registry system demonstrates success through adherence to current practice guidelines, measurement of patient outcomes, and continuous quality improvement.

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 1

Support one annual Get With The Guidelines - Stroke registry software license

Summary:

Iowa HHS will sustain Iowa's Stroke Registry by supporting the cost of the annual licensing fee for the American Heart Association's Get With The Guidelines - Stroke registry system, which serves as the stroke registry for the State of Iowa.

Description:

Iowa HHS will sustain Iowa's Stroke Registry by supporting the cost of the annual licensing fee for the American Heart Association's Get With The Guidelines - Stroke registry system, which serves as the stroke registry for the State of Iowa. The Iowa Stroke Registry was established in 2018, yet no state general funding was provided to support the registry. Iowa HHS was able to secure a grant from the American Heart Association to pay for the first full year along with funding from a chronic conditions grant program to support the 2018 and 2019 licensing fees. The PHHS Block Grant will provide a more sustainable source of funding to support the ongoing, annual costs of software licensing.

Program Description 5 / 7**Program Summary**

Program Summary	
Program Name	FFY24 Sex Offense Prevention
Program Goal	Iowa's Sex Offense Prevention Program aims to reduce the percentage of youth experiencing sexual violence.
Healthy People 2030 Objective	IVP-17 Reduce adolescent sexual violence by anyone
Recipient Health Objective	Between 10/01/2024 - 09/30/2026, reduce the percent of youth experiencing sexual abuse by 1% through the implementation of policy and practice changes in organizations that serve and affect youth.
Total Program Allocation	\$66,603

Problem Information**Problem Description**

Youth ages 10-19 years and children ages birth to nine years make up the majority of sexual violence reports to emergency departments in Iowa.

Sexual violence is a pervasive issue affecting individuals, families and communities in Iowa. According to the most recent report from Prevent Child Abuse Iowa Sexual Abuse & Sex Offense Report, from 2015 - 2019 there were 3,806 minors who had reported and confirmed sexual abuse cases in Iowa. Sexual assault and rape are dramatically underreported. A recent study conducted by the Justice Department showed that 80% of sexual assault and rape go unreported. Youth have additional challenges for reporting and receiving treatment.

Key Indicator:

Historically, the only population-based data available on the incidence of sexual violence in Iowa had been through questions added to the state Behavioral Risk Factor Surveillance System (BRFSS) survey or the Youth Risk Behavior Survey (which has been discontinued). In 2020, the SOP Program had questions on the BRFSS related to lifetime sexual assault experience. Findings from the survey included the following:

- 8.5% percent of Iowans over the age of 18 have experienced forcible sex in their lifetime since turning 18.
- Females experience it at seven times the rate reported by males.
- One quarter of LGBT+ Iowans had experienced forced sexual activity since they were 18, compared to less than one in ten Non-LGBT+ Iowans.
- A higher percentage of Iowans with a disability reported experiencing forced sexual activity since the age of 18 than did Iowans without a disability.

According to the most recent report from Prevent Child Abuse, Iowa Sexual Abuse & Sex Offense Report, from 2015 - 2019 there were 3,806 minors who had reported and confirmed sexual abuse cases in Iowa.

Key Indicator Baseline:

3,806 (Iowa minors who had reported and confirmed sexual abuse cases from 2015-2019)

Problem was prioritized by the following factor(s)

- Other
Sex Offense Prevention Mandatory Set-aside

Program Strategy

Goal:

Iowa's Sex Offense Prevention Program aims to reduce the percentage of youth experiencing sexual violence.

SDOH Addressed by the Program:

This program is not specifically addressing a Social Determinant of Health (SDOH)

Program Strategy:

IA HHS will contract with IowaCASA, Iowa's statewide sexual assault coalition to provide training and technical assistance to member programs and to work with community partners to provide supports to survivors of sex offenses. This includes public health capacity building and providing technical assistance to the Sexual Assault Nurse Examiners across the state. IowaCASA staff will conduct organizational policy audits and share recommendations with programs on how to improve their policies, practices, and protocols to create more protective environments for youth. Additionally, IowaCASA will engage a variety of settings, including youth serving organizations and academic institutions to implement a healthy relationship curriculum which was developed by and for Latino/a youth. Lastly, in collaboration with Iowa HHS, IowaCASA will work to build data capacity. Iowa has discontinued YRBS, which was the SOP program's previously used data source for adolescent sexual violence indicators. IA HHS is working to determine a replacement data source.

Setting:

- Other
State Sexual Assault Coalition

Primary Strategic Partners:

IowaCASA member programs and community partners: Latinas Unidas Por Un Nuevo, El Exito, and La Reina Magazine.

Evaluation Methodology:

IowaCASA evaluates member trainings with an automatic pop-up survey immediately after each training webinar. IowaCASA staff use the results of the surveys to improve presentations and training facilitation. In-person trainings have the option of completing an online survey once the training is over or completing a paper version of the evaluation. Evaluation is done immediately after the trainings to increase the amount of participant responses.

Planned non-monetary support to local agencies or organizations:

- Technical Assistance
- Training

- Resources/Job Aids

Program Budget for Block Grant Funds	
Program Budget	
FY2024Basic Allocation	\$0
FY 2024 Sex Offense Allocation	\$66,603
Total Allocation	\$66,603

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used to supplement other existing funds for this program.

PHHS Block Grant funds made up Less than 10% - Minimal source of funding of the total program funding.

The other funds came from:

- Other federal funding (CDC)
Rape Prevention and Education Program

The role of PHHS Block Grant funds in supporting the program was to maintain existing program (as is)

Amount of funding to populations disproportionately affected by the Problem: \$0

Amount of planned funding to local agencies or organizations: \$66,603

Type of supported local agencies or organizations:

- Other
State-level Coalition Against Sexual Assault

FTEs (Full Time Equivalents)

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 4

Total FTEs Funded: 0.41

FTEs (Full Time Equivalents)

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

4

Position 1 / 4 Title:	Prevention & Public Health Initiatives Coordinator
Position Name:	KellyMarie Meek
Jurisdiction-level:	10%
	10%

Total

This position is not vacant.

Position 2 / 4 Title:	TA & Survivor Services Coordinator
Position Name:	Ariadna Davis
Jurisdiction-level:	25%
Total	25%

This position is not vacant.

Position 3 / 4 Title:	IowaCASA Interim Executive Director
Position Name:	Tamika D. Payne
Jurisdiction-level:	1%
Total	1%

This position is not vacant.

Position 4 / 4 Title:	Director of Systems Change
Position Name:	Keshia Palmer
Jurisdiction-level:	5%
Total	5%

This position is not vacant.

Target Population of Program 5 / 7

Program name:

FFY24 Sex Offense Prevention

Number of people served:

75 (IowaCASA member programs)

Ethnicity:

- Hispanic or Latino

Race:

- African American or Black
- White

Age:

- 5 - 14 years
- 15 - 24 years
- 25 - 34 years

Gender Identity:

- Male
- Female
- Transgender

Sexual Orientation:

- Gay (lesbian or gay)
- Bisexual
- Straight, this is not gay (or lesbian or gay)

Geography:

Both

Location:

State of Iowa

Occupation:

n/a

Educational Attainment:

- Some High School

Health Insurance Status:

- Uninsured
- Medicaid

Primary Low Income:

Yes

Is the entire target population disproportionately affected by the Problem, or only part?

All

Program Objective 1 / 1

Title of Program Smart Objective	FFY24 Prevent Sex Offense
Program SMART Objective	Between 10/01/2024 - 9/30/2025, increase the policies, protocols and practices (that guide sexual violence prevention efforts) from 0 to 5 in agencies and organizations that serve and affect youth.
Item to be measured	Agencies' policies, practices or protocols implemented
Unit to be measured	Number of policies, practices or protocols implemented
Baseline Value	0
Interim Target Value	3
Final Target Value	5

Problem Description:

N/A. Problem is the same.

N/A. Problem is the same. In addition to the problem previously described - The organizations that serve and affect the lives of youth must be prepared to support them, and often the organizations' policies, protocols, and practices related to interpersonal dynamics in these spaces are outdated, if not missing entirely. This work involves including access to resources and technical assistance that can keep the organizations that serve and affect the lives of youth current on best practices in sexual violence prevention and response, to prevent continued victimization.

Key Indicator:

N/A. Problem and key health indicator are the same.

Baseline Value for the Key Indicator:

3806

Intervention Summary:

IowaCASA will provide training, technical assistance and resources to 100 community members, victim service sector staff, non-profit staff, academic institutions and educational programs, criminal legal systems, youth-serving organizations, youth organizations, and medical professionals.

IowaCASA will provide local community organizations with policy audits and improvements and technical assistance, as well as train approximately 100+ professionals annually. IowaCASA will host the following trainings: one session of the curriculum Understanding and Responding to the Sexual Behaviors of Children; one session of Understanding and Responding to the Sexual Behaviors of Adolescents; and one session on facilitating prevention work with Spanish-speaking youth.

Type of Intervention:

Evidence-based intervention

Evidence Source:

- Other

Sexual Violence Prevention Resource for Action

Rationale for choosing the intervention:

The CDC's Sexual Violence Prevention Resource for Action is the primary source of national data used to inform sexual violence prevention under the Rape Prevention and Education program. Iowa HHS and IowaCASA have selected evidence-based strategies aligned with protective environments through policy change and teaching skills as outlined within the evidence.

Target Population same as the Program or a subset:

Sub-set of the Program

Objective Target Population

Number of people served:

100 (Iowa community members and community organizations to be served)

Ethnicity:

Race:

Age:

Gender Identity:

Sexual Orientation:

Geography:

Both

Location:

State of Iowa

Occupation:

Professionals and community members working with local communities and survivors of sexual violence.

Educational Attainment:

Health Insurance Status:

No

Is the entire target population disproportionately affected by the Problem, or only part?

All

Activity 1 / 5

Environmental Audit/Policy Scan with Survivor-Serving Organizations

Summary:

IowaCASA will support at least five local organizations in a policy scan/environmental audit to increase survivor-centered practice and incorporate trauma informed principles for survivors of sexual assault.

Description:

IowaCASA SOP-funded staff will recruit a minimum of five community-serving organizations to join a cohort to work together to increase survivor-centered practice and incorporate trauma-informed principles for survivors of sexual assault. Staff will review and assess policies submitted by the cohort members and conduct meetings with the cohort to amplify current best practices and plan for needed changes to improve outcomes for survivors.

Activity 2 / 5

Facilitate Sexual Violence Prevention Programming (CDC - SV Prevention Resource for Action)

Summary:

IowaCASA will host the following trainings: one session of the curriculum Understanding and Responding to the Sexual Behaviors of Children; one session of Understanding and Responding to the Sexual Behaviors of Adolescents; and one session on facilitating prevention work with Spanish-speaking youth.

Description:

To help create protective environments, IowaCASA will host at least one session on each of the curriculums, as well as provide support to the statewide network of trainers who also facilitate that curriculum. To support promoting social norms and teaching skills, IowaCASA will facilitate a training on conducting prevention programming with Spanish-speaking youth, as well as provide ongoing support to professionals who are doing that work across the state.

Activity 3 / 5

Medical Setting Technical Assistance

Summary:

From October 2024 through September 2025, IowaCASA will provide 150 hours of technical assistance to medical staff and Sexual Assault Nurse Examiner (SANE) responders across Iowa.

Description:

IowaCASA will subcontract with an expert SANE nurse to provide technical assistance and training on best practices and response aligned with national accreditations and standards of care. The intended audience of these learning opportunities includes SANE nurses, advocates, and Sexual Assault Response Team (SART) around best practices in sexual assault-related medical response and advocacy. This activity will address health disparities and decrease further victimization when accessing community support following an assault.

Activity 4 / 5

Sexual Violence Language Justice with Underserved Communities

Summary:

IowaCASA will develop or identify six new or updated Spanish-language materials and disseminate them to the Latinx Community.

Description:

IowaCASA will develop at least six new or updated Spanish-language materials (article, video, or other printed or digital material) for the Latinx Community to educate on sex offense services, sex trafficking and prevention. This can include culturally specific and culturally relevant media such as a blog or newspaper/magazine articles. This work will be done by native Spanish speakers.

Activity 5 / 5

Sexual Violence Prevention Resource Library

Summary:

IowaCASA will add six publications, videos or other sexual violence prevention resources to their resource library.

Description:

IowaCASA will add six evidence-based, evidence-informed, or emerging strategy-level publications, videos or other resources to their resource library about sexual assault, sexual violence prevention and/or sex trafficking, which is available to the public. The IowaCASA resource library is both virtual and in-person. It is a resource accessed by systems staff, victim advocates, community members, and survivors of sexual violence. IowaCASA is home of a national resource called the Resource Sharing Project and works closely with national training and technical assistance providers to ensure the quality of materials selected are aligned with the national movement to prevent sexual violence.

Program Description 6 / 7**Program Summary**

Program Summary	
Program Name	FFY24 Title V Community-based Doula Project for African American/Black Women
Program Goal	The Title V Doula Project will improve maternal morbidity and mortality rates, increase early initiation of prenatal care, and improve rates of breastfeeding initiation among African American/Black women in participating service areas.
Healthy People 2030 Objective	MICH-08 Increase the proportion of pregnant women who receive early and adequate prenatal care
Recipient Health Objective	Between 09/01/2022 - 08/31/2026, Iowa HHS, in collaboration with local Title V agencies, community-based doulas and maternal health professionals at the University of Iowa seek to: stabilize the maternal morbidity and mortality rates of African American/Black birthing people in Iowa, improve early entry to prenatal care rates for African American/Black identifying birthing people by 2%, and improve breastfeeding initiation rates by 1% for African American/Black identifying birthing people over the course of the next 4 years through the implementation of a culturally congruent, community-based doula program.
Total Program Allocation	\$60,000

Problem Information**Problem Description**

In Iowa, non-Hispanic, African American/Black women experience poorer pregnancy-related health outcomes and health behaviors, and initiate breast feeding at lower rates compared to non-Hispanic White women, non-Hispanic women of other races, and Hispanic women.

In Iowa, non-Hispanic African American/Black women experience poorer pregnancy-related health outcomes and health behaviors including a higher prevalence of severe maternal morbidity and later entry into prenatal care compared to non-Hispanic White women, non-Hispanic women of other races, and Hispanic women. In Iowa's most recent (May 2020) Maternal Mortality Review Committee, Iowa overall pregnancy-related mortality was 9.4 deaths per 100,000 live births. The rate for non-Hispanic White women was 6.0, for non-Hispanic African American/Black women 36.9, for Asian/Pacific Islander 23.5 and for Hispanic women 9.7. The Black/White ratio is 6.1, Asian/Pacific Islander/White ratio is 3.9 and the Hispanic/White ratio is 1.6. Additionally, non-Hispanic African American/Black women initiate breastfeeding at a significantly lower rate than non-Hispanic White women, non-Hispanic women of other races, and Hispanic women. Based on the birth certificate variable that asks if the woman was breastfeeding or pumping prior to hospital discharge, in 2015, sixty-four percent (64.5%) of non-Hispanic African American/Black women reported that they were breastfeeding or pumping prior to hospital discharge. In contrast, in 2020, more than eighty percent (82.4%) of non-Hispanic White women, seventy-nine percent (79.9%) of non-Hispanic women of other races, and eighty percent

(80.4%) of Hispanic women reported that they were breastfeeding or pumping prior to hospital discharge. These trends have continued for 2016-2019, thus exemplifying the need for new strategies to close the gap in breastfeeding rates.

Key Indicator:

There are distinct population disparities in Iowa's severe maternal morbidity and mortality rates, first trimester prenatal care initiation, and breastfeeding initiation rates. Disparities in maternal health outcomes and maternal health behaviors leads to poorer birth outcomes for African American/Black women and the infants they deliver. Severe maternal morbidity includes 20 International Classification of Diseases (ICD) conditions (SMM 20), plus blood transfusions (SMM 21); this information is obtained through hospital discharge data. The top five conditions included in the definition of SMM are disseminated intravascular coagulation, acute renal failure, hysterectomy, and eclampsia. The SMM rate is based on the number of cases per 10,000 delivery hospitalizations. Disparities exist in Iowa's maternal mortality rates as well. Maternal mortality is measured as the number of deaths per 100,000 births. Finally, breastfeeding initiation rates (measured as percentage of persons reporting pumping or breastfeeding at hospital discharge) and rates of first trimester initiation of prenatal care also exhibit population disparities.

Key Indicator Baseline:

Severe Maternal Morbidity rate 2018-2020 (Iowa): 75.4/10,000 births for women of color.

Problem was prioritized by the following factor(s)

- Conducted, monitored, or updated a jurisdiction health assessment
- Identified via surveillance systems or other data sources
- Prioritized within a strategic plan

Program Strategy**Goal:**

The Title V Doula Project will improve maternal morbidity and mortality rates, increase early initiation of prenatal care, and improve rates of breastfeeding initiation among African American/Black women in participating service areas.

SDOH Addressed by the Program:

This program is specifically addressing a Social Determinant of Health (SDOH)

- Health and Health Care (e.g. poor access to healthcare, low health insurance coverage, low health literacy)

Program Strategy:

Iowa HHS will collaborate with community-based doulas, maternal health professionals at the University of Iowa, and local Title V Agencies to implement a community-based doula program for African American/Black birthing people in four specific service areas within the Title V Maternal Health Program. The Doula Project will support diversifying the perinatal workforce through increasing the number of African American/Black identifying doulas by providing opportunities for certification and supported mentorships for newly trained doulas to become certified doulas. Doula participants will serve African American/Black identifying birthing people participating in the Title V Maternal Health Program. Doula participants will receive additional training to become certified lactation consultants (CLC) so they are able to provide a broad spectrum of supports to Title V Maternal Health participants in order to increase breastfeeding opportunities. The Doula Project will be supported by a midwife consultant and evaluation consultant from the University of Iowa. Iowa HHS and its project partners will develop a presentation for healthcare providers and community partners on the importance of culturally congruent care, the support doulas are able to provide and the opportunities a strong partnership between healthcare providers and doulas can provide for pregnant women in order to increase health system awareness and support for doula services as a maternal health disparities reduction solution.

Setting:

- Community based organization
- Local health department
- Home
- Medical or clinical site
- State health department
- University or college

Primary Strategic Partners:

Iowa HHS WIC Program, Local Title V Maternal Health Centers, University of Iowa, Unity Point Health Office of Community Engagement, other Doula Professionals.

Evaluation Methodology:

The evaluation will utilize a mixed methods approach including quantitative data collection and analysis of Doula Project participant outcomes (detailed in the program SMART objectives section), and compare those findings against non-intervention participant outcomes (women in the service area). In addition to the quantitative variables measured in the SMART objectives, infant birth weight, and successful referral to mental health care services based on identified symptoms, will also be reported annually. The number of doulas who are trained, those certified, and those certified as lactation consultants annually will be reported. The Doula Project will contract with an external evaluator (at the University of Iowa) to conduct qualitative data collection and analysis with project participants to better understand their interest in and experience with the Doula Project. Pre-/post-intervention surveys will include questions around pre-/post-natal care access as well as satisfaction regarding the intervention experience. The pre/post intervention survey will include quantitative evaluation on the knowledge level of healthy pregnancy topics and confidence in parenting skills. Qualitative data collection will also be conducted with the contracted doulas to better understand their experience with the project and to inform project strategies moving forward. Local Title V agencies will collect informed consent of all participants choosing to participate in this project.

Planned non-monetary support to local agencies or organizations:

- Technical Assistance
- Training
- Resources/Job Aids

Program Budget for Block Grant Funds	
Program Budget	
FY2024Basic Allocation	\$60,000
FY 2024 Sex Offense Allocation	\$0
Total Allocation	\$60,000

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used to supplement other existing funds for this program.

PHHS Block Grant funds made up 10-49% - Partial source of funding of the total program funding.

The other funds came from:

- Other federal funding (CDC)
 - CDC Maternal Mortality Grant Program
- Funding from NGO or non-profit organization

The role of PHHS Block Grant funds in supporting the program was to maintain existing program (as is)

Amount of funding to populations disproportionately affected by the Problem: \$0

Amount of planned funding to local agencies or organizations: \$30,000

Type of supported local agencies or organizations:

- Local Health Department
- Local Organization

FTEs (Full Time Equivalents)

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 1

Total FTEs Funded: 0.25

FTEs (Full Time Equivalents)

Full Time Equivalents positions that are funded with PHHS Block Grant funds. 1

Position 1 / 1 Title:		Project Planner
Position Name:	Bea Sanchez-Vazquez	
Jurisdiction-level:		25%
Total		25%

This position is not vacant.

Target Population of Program 6 / 7

Program name:

FFY24 Title V Community-based Doula Project for African American/Black Women

Number of people served:

36058 (Number of live births in Iowa, 2023 Vital Statistics Report)

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander

- White

Age:

- 5 - 14 years
- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years

Gender Identity:

Sexual Orientation:

Geography:

Both

Location:

State of Iowa

Occupation:

n/a

Educational Attainment:

Health Insurance Status:

Primary Low Income:

Yes

Is the entire target population disproportionately affected by the Problem, or only part?

Part

Portion of the Program Target Population that Experiences Health Disparities

Number of people served:

3027 (Number of African American live births in Iowa, 2023 Vital Statistics Report)

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black

Age:

- 5 - 14 years
- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years

Gender Identity:

Sexual Orientation:

Geography:

Both

Location:

4 Iowa Counties with High Rates of Black Maternal Morbidity and Mortality

Occupation:

N/A

Educational Attainment:

Health Insurance Status:

Primary Low Income:

Yes

Program Objective 1 / 4

Title of Program Smart Objective	FFY24 Provide Culturally Congruent Doula Services
Program SMART Objective	Between 10/01/2024 - 09/30/2025, provide culturally congruent, community-based doula services, including prenatal, labor and delivery and postpartum services, to 100 African American/Black pregnant persons newly enrolled in the project.
Item to be measured	Number of birthing people newly enrolled in the project from all four service areas
Unit to be measured	Number of birthing people enrolled
Baseline Value	0
Interim Target Value	50
Final Target Value	100

Problem Description:

N/A. Problem is the same.

N/A. Problem is the same.

Key Indicator:

This intervention was chosen because it focuses on providing culturally congruent support for birthing people through an accessible means. The doula model of support provides unique intervention as the care providers are generally integrated into the community. Doula services assist in reducing rates of maternal morbidity and mortality. The Severe Maternal Morbidity rate 2018-2020 for Iowa was 75.4/10,000 births for women of color.

Baseline Value for the Key Indicator:

75

Intervention Summary:

The project will work with community partners to implement a community-based doula services program to serve birthing people who identify as African American/Black with culturally congruent care.

A local network of Title V Maternal Health Centers will work with existing and new community-based doulas who identify as African American/Black to serve birthing people in their communities with culturally congruent care. Iowa HHS and maternal health professionals at the Title V agencies will support this network of new and existing doulas with funding for certification training, educational skill-building opportunities and technical assistance to both serve birthing people and increase the culturally congruent doula workforce in Iowa. Doula candidates will go through their choice of any of the three approved certifying entities, DONA International, National Black Doula Training Association, or CAPPA training courses. Doula candidates will then be mentored by existing doulas in the communities as they continue on their path to certification as a part of the project.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

This intervention was chosen because it focuses on providing culturally congruent support for birthing people through an accessible means. The doula model of support provides unique intervention as the care providers are generally integrated into the community.

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 2

Build a network of certified doulas

Summary:

Grow a network of certified African American/Black doulas to provide services to clients, and mentorship to newly trained doulas in the service areas.

Description:

Iowa HHS will work with local agencies and community-based doulas to recruit doula candidates to complete the training workshop and certification process. There will be financial support for the training as well as reimbursement for the mentor support. Mentor support will consist of client-based support, business mentoring and business mentorship. The project will also encourage mentors to offer skill-building opportunities for doulas to continue to learn from doula peers. Certified mentoring doulas will provide core competency education and support during the certification process. These doulas will work with clients and additionally work with the Title V agency and other community partners to conduct outreach to recruit new potential doula candidates. Iowa HHS staff will work with Title V Agencies and project doula liaisons to develop guidance for Title V agency incorporation of doula services, including: client recruitment, doula sub-contracts, project implementation, outreach, and reporting processes.

Activity 2 / 2

Outreach plan to recruit birthing people

Summary:

An outreach plan to recruit birthing people to participate in the program will be updated.

Description:

Iowa HHS staff, local Title V agencies, and community doula liaisons will work together to update an outreach plan to recruit birthing people in each participating community. Local Title V agencies and doulas will provide insight into their communities' unique needs and local community groups who will be important to collaborate with as program participants are recruited. Iowa HHS staff will contribute by supporting the local agencies and doulas with best practice information and organizational support as needed.

Program Objective 2 / 4

Title of Program Smart Objective	FFY24 Increase Access to Early Prenatal Care
Program SMART Objective	Between 10/01/2024 - 09/30/2025, increase first trimester entry into prenatal care rates for program participants by 2% above the statewide average for African American/Black pregnant people whose deliveries are reimbursed by Iowa Medicaid.
Item to be measured	Entry to prenatal care in the 1st trimester of pregnancy for African American/Black birthing people.
Unit to be measured	Percent of program participants who initiate prenatal care by the 1st trimester.
Baseline Value	68
Interim Target Value	68
Final Target Value	70

Problem Description:

N/A. Problem is the same.

N/A. Problem is the same.

Key Indicator:

The Severe Maternal Morbidity rate 2018-2020 for Iowa was 75.4/10,000 births for women of color.

Baseline Value for the Key Indicator:

75

Intervention Summary:

Program partners will provide outreach to engage and educate African American/Black women on the importance of early initiation of prenatal care.

This intervention will include identifying community gathering places and groups (faith-based organizations, community resources for immigrants and refugees) where the population this project seeks to impact routinely frequent, but are not currently identified or served through Title V programming.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

In Iowa, African American/Black birthing people initiate prenatal care later in pregnancy than pregnant people of other race/ethnicities. Early initiation of prenatal care can reduce maternal and infant mortality and morbidity through early identification and treatment of risk factors for maternal and

newborn outcomes.

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 1

Community outreach and education for early prenatal care access

Summary:

Identify new community groups and resources where outreach can be provided to African American/Black women.

Description:

Iowa HHS staff, local Title V agencies, project doula liaisons and community-based doulas will meet in the first quarter of the project to determine the best locations for outreach activities. From there, the collaborative team will develop a plan and materials to provide culturally congruent outreach regarding the importance of early prenatal care and about access to doula services to African American/Black women in the project area. The educational elements will be provided to all interested at the outreach sites. They will also have the opportunity to learn more about the doula project and the other services the Title V agency can assist with (presumptive Medicaid eligibility services for example). This outreach will continue through the entire project period. New outreach sites will continue to be added.

Program Objective 3 / 4

Title of Program Smart Objective	FFY24 Increase Breastfeeding Initiation Rates
Program SMART Objective	Between 10/01/2024 - 09/30/2025, increase breastfeeding initiation rates for program participants by 2% above the statewide average for the infants born to African American/Black pregnant people whose deliveries are reimbursed by Iowa Medicaid.
Item to be measured	Breastfeeding initiation
Unit to be measured	Percent of program participants who initiated breastfeeding in the hospital.
Baseline Value	70
Interim Target Value	70
Final Target Value	72

Problem Description:

N/A. Problem is the same.

N/A. Problem is the same.

Key Indicator:

N/A. Problem are key health indicator are the same.

Baseline Value for the Key Indicator:

70

Intervention Summary:

Program participants will be supported and educated by trained, culturally congruent doulas throughout the pregnancy and early postpartum period to encourage initiation of breastfeeding.

Doula care will be offered and provided to program participants beginning in the prenatal period and following through to the postpartum period. Working with pregnant people over the course of their pregnancy will give doulas the opportunity to thoroughly educate about the benefits of breastfeeding and discuss any barriers a participant may have, including past traumas that may influence their desire to breastfeed.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

In Iowa, African American/Black birthing people initiate breastfeeding at lower rates than those of other race/ethnicities.

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 1

Culturally congruent support for breastfeeding

Summary:

Culturally congruent support for breastfeeding will be provided to program participants.

Description:

Identify and build culturally congruent, community supports for breastfeeding. Certified Lactation Specialist (CLS) trainings will be offered to all sub-contracted doulas as an opportunity to gain knowledge and become CLS certified. Title V agencies and community doula liaisons will identify existing community support for breastfeeding and determine where gaps exist. The doulas will work with existing lactation supports to encourage culturally congruent care. Doulas and Title V agencies will provide outreach to community organizations and groups to provide information and education about the doula project enrollment opportunities and highlight the breastfeeding support that will be offered.

Program Objective 4 / 4

Title of Program Smart Objective	FFY24 Increase Post-Service and Client Satisfaction Evaluation Survey Response Rates
Program SMART Objective	Between 10/01/2024 - 09/30/2025, increase survey response rates from 26% to 40% through the offering of an incentive to participating clients for survey completion.
Item to be measured	Completed Post-Service and Client Satisfaction Surveys
Unit to be measured	Percent of Post-Service and Client Satisfaction Surveys Completed
Baseline Value	26
Interim Target Value	26
Final Target Value	40

Problem Description:

In the prior year of the project, there were low response rates to project evaluation surveys.

Response rates for the project's post-doula services survey and client satisfaction survey were low. The data collected from the post-doula services survey is compared to the pre-doula services survey and used to measure the outcomes of having a birth doula. Both surveys are used to measure quantitative and qualitative data for the project's growth and development. Without enough data collected from surveys, project evaluation is at risk.

Key Indicator:

Surveys have the ability to show the project's objective measures and indicate target values. In the prior year of the project, the survey response rate was 26%.

Baseline Value for the Key Indicator:

26

Intervention Summary:

Incentive gift cards will be distributed by local Title V agencies, via Iowa HHS, to participating clients for the completion of evaluation surveys.

The Doula Project will use an incentive to increase survey response rates. Gift cards will be distributed by local Title V agencies, via Iowa HHS, to participating clients for the completion of post-service and client satisfaction surveys. During the project's initial pilot project years, the return rate for both of these surveys was low, making it difficult to have enough data to show project impact and provide sufficient quantitative data for the evaluation report. Surveys are instrumental to the project's evaluation data and in the project's growth and development. With the use of gift cards to incentivize clients' time for completing both surveys, the aim is to increase survey response rates.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

There is a need to increase the number of surveys completed for post-doula services and client

satisfaction in order to improve the project's data collection and evaluation efforts. Completed surveys will reflect the health care impact of doula services received and clients' satisfaction of services provided.

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 1

Distribution of incentive gift cards

Summary:

Iowa HHS will provide participating local Title V agencies with gift cards to Wal-Mart to offer as an incentive to project clients who complete the evaluation surveys.

Description:

Iowa HHS will provide participating local Title V agencies with nominal \$20 and \$30 gift cards to Wal-Mart for participants' completion of post-service and client satisfaction surveys, respectively, for a total of \$50 for completing both surveys. The aim of offering gift cards as an incentive is to increase the project's survey response rates. The Wal-Mart store gift cards will be restricted, preventing the purchase of alcohol, tobacco and firearms. A total of 100 Walmart gift cards will be purchased for a total cost of \$2,500. Local Title V agencies will have their own internal identifier tracking system, tracking the number of gift cards issued and to whom the gift cards are distributed. Client names will not be used, but rather de-identifiable labels such as "Client A" or "Client #". Tracking information, including the total number of gift cards distributed will be shared with Iowa HHS. Prior CDC approval has been obtained for purchase and distribution of gift cards as an incentive to increase survey response rates for improved project evaluation.

Program Description 7 / 7**Program Summary**

Program Summary	
Program Name	FFY24 Health Equity Implementation Plan
Program Goal	The Iowa HHS Bureau of Health Equity will develop and execute an agency Health Equity Implementation Plan leading to agency staff and external partners increasing their knowledge and giving them access to resources and tools that will help them embed health equity strategies and practices into program operations and service delivery.
Healthy People 2030 Objective	PHI-R03 Increase use of core and discipline-specific competencies to drive workforce development
Recipient Health Objective	From 10/01/2024 - 09/30/2026, the Iowa HHS Bureau of Health Equity will develop an agency Health Equity Implementation Plan based on the findings of the Health Equity Assessment, as well as execute the action steps of the plan, including the establishment of new workforce development activities such as training, certifications, and convenings to support agency staff learning and engagement, equipping agency programs to embed health equity into their work.
Total Program Allocation	\$50,000

Problem Information**Problem Description**

Based on the findings of the IA HHS Health Equity Assessment, the Bureau of Health Equity has identified areas of need and opportunities for the agency to embed health equity strategies and practices into the work of the agency's divisions, programs and operations.

Based on the findings of the IA HHS Health Equity Assessment, the Bureau of Health Equity has identified five areas of need and opportunities for embedding health equity strategies and practices into agency programs and operations:

1. Translating commitment into action in the ways that we work
2. Building the agency muscle for data driven decision-making
3. Embedding a culture of equity throughout the agency
4. Linking to partners and stakeholders externally to drive agency performance, and
5. Optimizing the public experience with Iowa HHS programs and services.

Key Indicator:

A key indicator is whether agency staff feel supported and equipped to incorporate health equity strategies and practices into their work. This requires agency staff to have a working definition of health equity, access to resources or tools to support health equity understanding and integration, access to data that tells the story of disparities that exist for specific populations, and the knowledge of best practices for engaging in partnership with local communities to address health disparities.

Key Indicator Baseline:

62.9

Problem was prioritized by the following factor(s)

- Conducted a topic- or program-specific assessment (e.g., tobacco assessment, environmental health assessment)

Program Strategy**Goal:**

The Iowa HHS Bureau of Health Equity will develop and execute an agency Health Equity Implementation Plan leading to agency staff and external partners increasing their knowledge and giving them access to resources and tools that will help them embed health equity strategies and practices into program operations and service delivery.

SDOH Addressed by the Program:

This program is not specifically addressing a Social Determinant of Health (SDOH)

Program Strategy:

The Iowa HHS Bureau of Health Equity will develop an agency Health Equity Implementation Plan based on the findings of the Health Equity Assessment, as well as execute the action steps of the plan, including the establishment of new workforce development activities such as training, certifications, and convenings to support agency staff learning and engagement, equipping agency programs to embed health equity strategies and practices into program development, program implementation, service delivery and program evaluation.

Bureau of Health Equity (BHE) staff will identify and obtain specialized training and certifications to be better equipped to provide education, consultation, technical assistance and tailored services to agency staff and programs. BHE staff will assure their proficiency in equity coaching strategies.

The Bureau of Health Equity will create two new agency trainings related to the findings of the Health Equity Assessment. The trainings will address identified agency workforce skills gaps. Potential trainings may include: understanding data disaggregation, data equity in communications, authentic community engagement, or other key topics.

The Bureau of Health Equity will also host a health equity convening for Iowa health equity stakeholders. The convening will bring together external partners and stakeholders to identify and address collective impact strategies to decrease disparities for racial and ethnic populations that live and work within Iowa.

Setting:

- State health department

Primary Strategic Partners:

Iowa HHS executive leadership, division and bureau management, and agency programs.

Evaluation Methodology:

Staff participants in any health equity training or consultation provided by the Bureau of Health Equity will receive the opportunity to evaluate the experience through an online survey. Results will be aggregated for each process and guide quality improvement for the training offerings.

Planned non-monetary support to local agencies or organizations:

- Technical Assistance
- Training
- Resources/Job Aids

Program Budget for Block Grant Funds

Program Budget	
FY2024Basic Allocation	\$50,000
FY 2024 Sex Offense Allocation	\$0
Total Allocation	\$50,000

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used to supplement other existing funds for this program.

PHHS Block Grant funds made up 10-49% - Partial source of funding of the total program funding.

The other funds came from:

- State or local funding
- Other
State Department Indirect Funds

The role of PHHS Block Grant funds in supporting the program was to enhance or expand the program

Amount of funding to populations disproportionately affected by the Problem: \$0

Amount of planned funding to local agencies or organizations: \$0

Type of supported local agencies or organizations:

- Other
N/A

FTEs (Full Time Equivalent)

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0

Total FTEs Funded: 0

Target Population of Program 7 / 7

Program name:

FFY24 Health Equity Implementation Plan

Number of people served:

4330 (Number of Iowa HHS Employees)

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years
- 55 - 64 years
- 65 – 74 years
- 75 – 84 years
- 85 years and older

Gender Identity:

Sexual Orientation:

Geography:

Both

Location:

Iowa HHS Agency

Occupation:

Iowa HHS Employees

Educational Attainment:

Health Insurance Status:

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

All

Program Objective 1 / 1

Title of Program Smart Objective	FFY24 Health Equity Implementation Plan Development & Execution
Program SMART Objective	Between 10/01/2024 - 09/30/2025, the findings from the health equity assessment and public health frameworks will guide the development of an agency health equity implementation plan, including the establishment of new workforce development activities such as training, certifications, and convenings to support learning and engagement.
Item to be measured	Health Equity Implementation Plan developed
Unit to be measured	Number of health equity implementation plans developed
Baseline Value	0
Interim Target Value	0
Final Target Value	1

Problem Description:

N/A. Problem is the same.

N/A. Problem is the same.

Key Indicator:

N/A. Problem and key health indicator are the same.

Baseline Value for the Key Indicator:

63

Intervention Summary:

The Bureau of Health Equity (BHE) will utilize findings from the Iowa HHS Health Equity Assessment to develop and execute an agency Health Equity Implementation Plan. In doing so, BHE will assist other agency bureaus and programs in creating and implementing actionable roadmaps to embed health equity into their work.

The Iowa HHS Strategic Plan, Iowa HHS Workforce Development Plan, Iowa HHS Health Equity Bureau Strategic Plan, and findings from the Iowa HHS Health Equity Assessment, all of which include strategies that address health equity at the systems and agency staff level, will inform development and execution of the Health Equity Implementation Plan. The Bureau of Health Equity will continue to collaborate with Iowa HHS divisions and programs to provide expertise on embedding division-specific health equity actionable roadmaps into their work. The Bureau of Health Equity will also track the number of technical assistance consultations provided, and the number of agency staff attending health equity trainings, number of trainings provided, and the type of trainings provided. The Core Competencies for Public Health Professionals are a set of skills for people who work in public health

settings and have an explicit focus on equity as a core competency. Ensuring that all trainings integrate the competencies into continuing education will ensure that Iowa HHS has a workforce that can address public health priorities. These competencies skills include: application of ethics, diversity, equity, inclusion and justice; continuous self-reflection about one's biases; recognition of the diversity of individuals and populations; reduction of barriers that perpetuate health inequities; implementation of organizational policies, programs, and services to achieve health equity; contribution to achieving and sustaining a diverse, inclusive, and competent workforce; and advocacy for health equity and social and environmental justice.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

With consideration to the Iowa HHS Strategic Plan, Iowa HHS Workforce Development Plan, and the Iowa HHS Health Equity Bureau Strategic Plan, the Health Equity Implementation Plan will include strategies that address health equity at the systems and agency staff level. The implementation activities will provide Iowa HHS divisions and programs with tailored health equity roadmaps and ensure appropriate supports are in place to embed health equity into Iowa HHS's organizational culture and workforce.

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 3

Health Equity Certifications

Summary:

Bureau of Health Equity (BHE) staff will identify and attain training and certifications to better assist them in providing tailored services to Iowa HHS staff and programs.

Description:

Analysis of skills gaps for agency staff and leadership will identify specific areas of focus to improve public health service delivery. To ensure that Bureau of Health Equity (BHE) staff are meeting the needs of Iowa HHS employees and programs, there will be additional training and certifications offered. The Bureau of Health Equity staff will need to ensure proficiency in equity coaching strategies, as well as in implementation of such services as the Intercultural Development Inventory, Building Health Equity collaborative, health equity conferences and similar certifications.

Activity 2 / 3

Health Equity Conference

Summary:

The Bureau of Health Equity will host a health equity convening for Iowa health equity stakeholders in 2024.

Description:

Since the establishment of the Iowa HHS Office of Health Equity in March 2022, there have been an abundance of requests from external stakeholders to provide consultation, technical assistance, and trainings on health equity topics. There is a need within the state to bring together these partners to identify and address collective impact strategies to decrease disparities for racial and ethnic populations that live and work within Iowa.

Activity 3 / 3

New Health Equity Trainings

Summary:

The Bureau of Health Equity will create two new trainings related to the findings of the Health Equity Assessment.

Description:

One of the key findings from the health equity assessment is the identification of skills gaps for agency staff who are currently working in public health initiatives. The Bureau of Health Equity will create additional trainings to address these skills gaps. Potential trainings may include: understanding data disaggregation, data equity in communications, authentic community engagement, or other key topics.