

Preventive Health and Health Services Block Grant

Work Plan for Iowa

Fiscal Year 2025

Last Modified Date: 2025-07-16

Work Plan Stage/Status: Development/Draft

Recipient Overview Details

Recipient:	Iowa
Assigned CDC Project Officer:	Katie Young
Chief Executive Officer:	Kim Reynolds
Lead Health Official:	Kelly Garcia
Authorizing Official:	Ken Sharp
Recipient BG Coordinator:	Lindsay Schmauss

Certifications and Assurances

Certifications Form Annual Signature	Not Submitted
Certifications & Assurance Statement – Governor’s Signature	Not Submitted

Programs

Program:	Location in Plan:
Cancer Prevention	Pages 1-21
Obesity Prevention	Pages 21-31
Emergency & Trauma Services	Pages 32-42
Sexual Violence Prevention	Pages 42-48
Child Mortality Review & Coordination	Pages 48-54
Infant Sleep-Related Death Prevention	Pages 54-61

Program Name:

FFY25 Cancer Prevention

Program Summary

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

Health Topic Area:

Cancer

Recipient Health Objective:

Reduce the overall cancer incidence rate in Iowa from 491.8 per 100,000 to 477.8 per 100,000 within five years.

Program Problem Information

Program Problem Summary:

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.

Program Problem Description:

Iowa has the second highest cancer incidence rate in the U.S. and is one of the only states with a projected increasing rate of cancer. In addition, there are significant cancer disparities in Iowa. For example, Iowa has the second 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 contribute to 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 cigarette smoking, obesity, alcohol consumption, physical inactivity, poor nutrition and ultraviolet light exposure. In addition, lung cancer screening is underutilized; only 16.8% of those at high risk were screened for lung cancer, according to the American Lung Association in 2024.

Problem was Prioritized by the Following Factor(s)

Identified via surveillance systems or other data sources; Prioritized within a strategic plan; Governor (or other political leader) established as a priority

Program Key Indicator(s)

Program Key Indicator – KI-01504

Description of Program Key Indicator

Cancer incidence rate for the State of Iowa. Iowa has the second highest cancer incidence rate in the U.S. and is one of the only states with a projected increasing rate of cancer. Two in five Iowans will be diagnosed with cancer in their lifetime, which is 40% of persons in the state.

Baseline Value for the Program Key Indicator	491.8 per 100,000
Data Source for Key Indicator Baseline	2025 Cancer in Iowa Report
Date Key Indicator Baseline Collected	12/31/2024

Program Strategy

Program Goal:	Lower the overall cancer incidence rate in Iowa through implementation of prevention activities.
SDOH Addressed by the Program:	Health and Health Care (e.g. poor access to healthcare, low health insurance coverage, low health literacy)

Program Strategy:

The workplan for the FFY25 Cancer Prevention Program will increase the capacity of Iowa's Comprehensive Cancer Control Program (CCCP) 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 FFY25 Cancer Prevention program strategy includes the following activities: • Implement at least five (5) cancer risk factor reduction activities (at least one related to alcohol use and one related to lung cancer screening) that build off the work done in FFY24, • Contract with the Iowa Cancer Registry to 1) support additional analysis on factors contributing to the increasing cancer incidence rate in Iowa and 2) provide a summary report of additional findings and informational briefs about those causal factors and risks, and • Collect data from Iowans through five (5) questions specific to cancer prevention knowledge and behaviors in the 2026 Behavioral Risk Factor Surveillance System (BRFSS). Analysis of the data collected in the 2025 BRFSS survey, once available, will be used for evaluation of cancer prevention activities and to inform next steps.

Program Setting(s):	Business, corporation or industry; Local health department; Medical or clinical site; State health department; University or college
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List of 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, Altarum, ZLR
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Evaluation Methodology	Evaluation will be conducted by collecting and using qualitative and quantitative data. Data will be used to assess improvements
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and programmatic accomplishments. A contract with the University of Iowa's Cancer Prevention Control Research Network (CPCRN) and Altarum 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 Target Population(s)

Program Target Population

Target Population Data Source:

U.S. Census Bureau, State of Iowa Population

Number of People Served:

3,241,488

Race and/or Ethnicity:

American Indian or Alaskan Native; Asian; Black or African American; Hispanic or Latino; Middle Eastern or North African; Native Hawaiian or 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

Sex:

Female; Male

Sexual Orientation:

Geography:

Rural and Urban.

Location:

State of Iowa.

Occupation:

N/A.

Primarily Low Income?

false

Disproportionately Affected by the Problem?

true

All or Part Disproportionately Affected?

Part

Program Target Disparate Population

Target Population Data Source:	Iowa Population by Age - 2025 Update, Neilsberg, Number of Iowans ages 15-85+
Number of People Served:	2,589,918
Race and/or Ethnicity:	American Indian or Alaskan Native; Asian; Black or African American; Hispanic or Latino; Middle Eastern or North African; Native Hawaiian or 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
Sex:	Female; Male
Sexual Orientation:	
Geography:	Rural and Urban.
Location:	State of Iowa.
Occupation:	N/A.
Primarily Low Income?	false

Program SMART Objective

Title of Program SMART Objective:	FFY25 Cancer Prevention Risk Factor Reduction Activities
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SMART Objective Summary

SMART Objective Description	By September 30, 2026, at least five (5) cancer prevention risk factor reduction activities will be implemented through engagement and collaboration with Iowa HHS programs.
Item to be Measured:	Activities planned
Unit to be Measured:	Number
Baseline Value for Item to be Measured:	0
Data Source for the Baseline Value:	Program files

Baseline Value Last Collected Date:	06/30/2025
Interim Target Value to Reach by APR:	2
Final Target to Reach by Closeout Report:	5

SMART Objective Problem Information

SMART Objective Problem Summary:

The problem is the same for the Activity: Cancer Prevention Messaging aligned with this Program SMART Objective. However, the Activity: Cancer and Obesity PSE Community Interventions Evaluation under this Program Objective focuses on a subset of the larger health problem. 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)

SMART Objective Problem Description:

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)

SMART Objective Intervention Information:

Intervention Summary:

The Cancer Prevention Program will implement at least five (5) cancer prevention risk factor reduction activities for implementation in FFY25 through engagement and collaboration with Iowa HHS programs.

Intervention Description:

Within the Bureau of Chronic, Congenital and Inherited Conditions at Iowa HHS, the Screening and Management Section Supervisor and the Comprehensive Cancer Control Program Manager will utilize the cancer prevention/risk factor reduction assessment results from Year 1 to implement five (5) cancer prevention/risk

reduction activities through engagement and collaboration with other Iowa HHS programs.

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. As stated earlier, Iowa has the second highest cancer incidence rate in the country. The four main types of cancer that are likely contributing to Iowa's higher-than-average rate are lung cancer, breast cancer, prostate cancer, and melanoma. Cancer is complex and has many risk factors. Five risk factor reduction activities have been selected to try to address many different risk factors, including alcohol consumption, tobacco use, healthy eating and physical activity.

SMART Objective Key Indicator(s)

SMART Objective Key Indicator – KI-01508

Description of SMART Objective Key Indicator

For the Activity: Cancer Prevention Messaging, the problem and key health indicator are the same. (Iowa has the second highest cancer incidence rate in the U.S. at 491.8 per 100,000.)

Baseline Value for the SMART Objective Key Indicator

491.8 per 100,000

Data Source for Key Indicator Baseline

2025 Cancer in Iowa Report

Date Key Indicator Baseline Collected

12/31/2024

SMART Objective Key Indicator – KI-01518

Description of SMART Objective Key Indicator

The Key Indicator for the Activity: Cancer and Obesity PSE Community Interventions Evaluation as part of this Objective - The adult obesity rate in Iowa is 35.8%, ranking Iowa 11th in the United States.

Baseline Value for the SMART Objective Key Indicator

35.8%

Data Source for Key Indicator Baseline

State of Childhood Obesity, 2024

Date Key Indicator Baseline Collected

12/31/2023

Activities

Activity – Cancer and Obesity PSE Community Interventions Evaluation

Activity Summary:

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

Activity Description:

The Cancer Prevention Program, in collaboration with the Health Eating and Active Living (HEAL) Team, will contract with Altarum, a nonprofit entity specializing in public health research and analysis, to analyze the implementation of PSE changes related to both obesity and cancer risk reduction in Iowa communities. Following the completed literature review initiated in year 1 (as part of the FFY24 Work Plan), Altarum will analyze the review findings and develop a summary report.

Additional Information About Activity:

Deliverable: One (1) report evaluating the effectiveness of PSE changes on reducing the risk of obesity and cancer in communities.

Activity – Cancer Prevention Messaging

Activity Summary:

The Cancer Prevention Program will work with internal Iowa HHS Communications Team to develop and disseminate cancer risk reduction messages across media channels.

Activity Description:

The Cancer Prevention Program in collaboration with several Iowa HHS programs such as, Nutrition and Physical Activity/HEAL, Tobacco and Your Life Iowa, will plan, develop and implement three different communication campaigns (related to reducing cancer risk related factors) across the agency's media channels.

Additional Information About Activity

Deliverables:

- One (1) Iowa HHS Cancer Risk Reduction Communications Campaign related to reduction of tobacco use and/or increased lung cancer screening.
- One (1) Iowa HHS Cancer Risk Reduction Communications Campaign related to reduction in alcohol use and the correlation of alcohol and cancer.
- One (1) Iowa HHS Cancer Risk Reduction Communications Campaign related to obesity and the correlation of obesity and cancer.

SMART Objective Target Population

Target Population Same as Program's or Subset?

Sub-set of the Program's Target Population

Target Population Data Source:

Iowa Population by Age - 2025 Update, Neilsberg, Number of Iowans ages 15-85+

Number of People Served:

2,589,918

Race and/or Ethnicity:

American Indian or Alaskan Native; Asian; Black or African American; Hispanic or Latino; Middle Eastern or North African; Native Hawaiian or 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

Sex:

Female; Male

Geography:

Rural and Urban.

Location:

State of Iowa.

Occupation:

N/A.

Program SMART Objective

Title of Program SMART Objective:

FFY25 Primary Cancer Prevention: Alcohol Use

SMART Objective Summary

SMART Objective Description

Between 10/01/2025 - 9/30/2026, 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

Baseline Value for Item to be Measured:

0

Data Source for the Baseline Value:

Program files

Baseline Value Last Collected Date:

06/30/2025

Interim Target Value to Reach by APR:

0

Final Target to Reach by Closeout Report:

1

SMART Objective Problem Information

SMART Objective Problem Summary:

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.

SMART Objective Problem Description:

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. In 2023, Iowa ranked 3rd in the nation for binge drinking (20.5%). Also as of 2023, Iowa is ranked 8th highest in the nation for adult heavy drinking. 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. 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)

SMART Objective Intervention Information:

Intervention Summary:

Implement a primary (alcohol use) risk reduction activity.

Intervention Description:

The Cancer Prevention Program will implement a primary (alcohol use) risk reduction activity utilizing the tool created in Year 1 (FFY24 Work Plan). To assist in this effort, staff will collaborate with the IA HHS's Behavioral Health Division's 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(s) for Intervention:

Other

Other Evidence Source for Intervention:

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 2023, 20.5% of Iowans reported binge drinking in the previous month, and 7.2% reported heavy drinking in the past month (BRFSS 2023 Report). That is a slight decrease from the previous year, when 21.5% reported binge drinking and 8.1% reported heavy drinking. 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.

SMART Objective Key Indicator(s)

SMART Objective Key Indicator – KI-01511

Description of SMART Objective Key Indicator	The percent of Iowans who report engaging in binge drinking in the last month.
Baseline Value for the SMART Objective Key Indicator	20.5%
Data Source for Key Indicator Baseline	BRFSS 2023 Report
Date Key Indicator Baseline Collected	12/31/2022

Activities

Activity – Alcohol Use Risk Factor Reduction Activity

Activity Summary:	The Cancer Prevention Program will plan and implement one alcohol risk factor reduction activity.
Activity Description:	The alcohol tool for providers, created in Year 1 (FFY24 Work Plan), will be piloted in primary care clinics across the state of Iowa and evaluated for effectiveness.
Additional Information About Activity	Deliverable: One (1) report summarizing and identifying gaps and opportunities of the pilot implementation of the alcohol tool for primary care providers.

SMART Objective Target Population

Target Population Same as Program's or Subset?	Sub-set of the Program's Target Population
Target Population Data Source	BRFSS 2023 Report, Iowans ages 15-85 years and older that report engaging in binge drinking in the previous month
Number of People Served:	525,753
Race and/or Ethnicity:	American Indian or Alaskan Native; Asian; Black or African American; Hispanic or Latino; Middle Eastern or North African; Native Hawaiian or 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

Geography:	Rural and Urban.
Location:	State of Iowa.
Occupation:	N/A

Program SMART Objective

Title of Program SMART Objective:	FFY25 Secondary Cancer Prevention: Lung Cancer Screening
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SMART Objective Summary

SMART Objective Description	Between 10/01/2025 - 9/30/2026, implement at least one (1) secondary cancer prevention activity for lung cancer screening.
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Item to be Measured:	Lung cancer screening activities implemented.
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Unit to be Measured:	Number
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Baseline Value for Item to be Measured:	0
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Data Source for the Baseline Value:	Program files
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Baseline Value Last Collected Date:	06/30/2025
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Interim Target Value to Reach by APR:	0
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Final Target to Reach by Closeout Report:	1
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SMART Objective Problem Information

SMART Objective Problem Summary:	Lung cancer screening awareness is low among eligible Iowans.
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SMART Objective Problem Description:	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.
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SMART Objective Intervention Information:

Intervention Summary:	Develop and implement secondary (lung cancer screening) risk reduction activities.
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Intervention Description:

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(s) for Intervention:

Other

Other Evidence Source for Intervention:

USPSTF

Rationale for Choosing the Intervention:

Many Iowans are unaware they are eligible for lung cancer screening and are unaware of the screening criteria. The tool created in year one (as part of the FFY24 Work Plan) will promote quitting tobacco use, recommend lung cancer screening for those who qualify and also promote Quitline. 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.

SMART Objective Key Indicator(s)

SMART Objective Key Indicator – KI-01513

Description of SMART Objective Key Indicator

According to the American Lung Association, only 16.8% of adults at high risk for lung cancer had been screened in Iowa at baseline.

Baseline Value for the SMART Objective Key Indicator

16.8%

Data Source for Key Indicator Baseline

American Lung Association

Date Key Indicator Baseline Collected

12/31/2024

Activities

Activity – Implement One Lung Cancer Secondary Prevention Activity

Activity Summary:

The Cancer Prevention Program will plan and implement one tobacco risk factor reduction activity, including promotion of lung cancer screening.

Activity Description:

The lung cancer screening tool for providers, created in year 1 (as part of the FFY24 Work Plan) will be piloted in primary care clinics across the state of Iowa and evaluated for effectiveness. Quitline will also be promoted to tobacco users.

Additional Information About Activity

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

SMART Objective Target Population

Target Population Same as Program's or Subset?

Sub-set of the Program's Target Population

Target Population Data Source:

Quitline Iowa, Number of callers served

Number of People Served:

480

Race and/or Ethnicity:

American Indian or Alaskan Native; Asian; Black or African American; Hispanic or Latino; Middle Eastern or North African; Native Hawaiian or 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

Sex:	Female; Male
Geography:	Rural and Urban.
Location:	State of Iowa.
Occupation:	N/A

Program SMART Objective

Title of Program SMART Objective:	FFY25 Increasing Cancer Incidence Contributing Factors
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SMART Objective Summary

SMART Objective Description	Between 10/01/2025 - 9/30/2026, develop, present and disseminate one (1) summary report with supplemental informational briefs on additional findings related to Iowa's increasing cancer incidence and the factors that contribute to cancer incidence.
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Item to be Measured:	Analysis summary report developed and disseminated.
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Unit to be Measured:	Number
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Baseline Value for Item to be Measured:	0
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Data Source for the Baseline Value:	Program files and the Iowa Cancer Registry
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Data Source for the Baseline Value:	06/30/2025
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Interim Target Value to Reach by APR:	0
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Final Target to Reach by Closeout Report:	1
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SMART Objective Problem Information

SMART Objective Problem Description:	N/A. Problem is the same.
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SMART Objective Problem Summary:	N/A. Problem is the same.
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SMART Objective Intervention Information:

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.

Intervention Description:

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 IA HHS Public Health Division's epidemiology staff will collaborate with Iowa Cancer 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. Analysis will focus on different cancers than those analyzed in FFY24.

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.

SMART Objective Key Indicator(s)

SMART Objective Key Indicator – KI-01515

Description of SMART Objective Key Indicator

N/A. Problem and key health indicator are the same. (Iowa has the second highest cancer incidence rate in the U.S. at 491.8 per 100,000.)

Baseline Value for the SMART Objective Key Indicator

491.8 per 100,000

Data Source for Key Indicator Baseline

2025 Cancer in Iowa Report

Date Key Indicator Baseline Collected

12/31/2024

Activities

Activity – Analysis of High Cancer Incidence

Activity Summary:

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

Activity 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. Analysis will focus on different cancers than those analyzed in FFY24.

Additional Information About Activity:

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 – Cancer Incidence and Prevention Report and Informational Briefs

Activity Summary:

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

Activity Description:

The Cancer Prevention Program, in partnership with other Iowa HHS staff, 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.

Additional Information About Activity:

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

SMART Objective Target Population

Target Population Same as Program's or Subset?

Same as the Program's Target Population

Program SMART Objective

Title of Program SMART Objective: FFY25 Cancer Prevention and BRFSS Survey

SMART Objective Summary

SMART Objective Description: Between 10/01/2025 - 09/30/2026, include five (5) questions specific to cancer prevention knowledge and behaviors in the 2026 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

Baseline Value for Item to be Measured: 0

Data Source for the Baseline Value: Program files and BRFSS

Baseline Value Last Collected Date: 06/30/2025

Interim Target Value to Reach by APR: 0

Final Target to Reach by Closeout Report: 5

SMART Objective Problem Information

SMART Objective Problem Description: N/A. Problem is the same.

SMART Objective Problem Summary: N/A. Problem is the same.

SMART Objective Intervention Information:

Intervention Summary: Five (5) cancer prevention-specific questions will be added to the 2026 BRFSS survey in Iowa.

Intervention Description: IA HHS will develop five (5) questions specific to cancer prevention and provide for the administration of those questions in the 2026 BRFSS survey. Data from the 2026 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.

SMART Objective Key Indicator(s)

SMART Objective Key Indicator – KI-01517

Description of SMART Objective Key Indicator

N/A. Problem and key health indicator are the same. (Iowa has the second highest cancer incidence rate in the U.S. For the baseline for this year, it was at 491.8 per 100,000.)

Baseline Value for the SMART Objective Key Indicator

491.8 per 100,000

Data Source for Key Indicator Baseline

2025 Cancer in Iowa Report

Date Key Indicator Baseline Collected

12/31/2024

Activities

Activity – BRFSS Cancer Prevention Data Collection and Analysis

Activity Summary:

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

Activity Description:

The Cancer Prevention Program, in collaboration with the Comprehensive Cancer Control Program Manager and IA HHS BRFSS staff, will develop five (5) questions specific to cancer prevention and provide for the administration of those questions in the 2026 BRFSS survey.

Additional Information About Activity:

Deliverable: Five (5) cancer prevention-specific questions developed and submitted to the IA HHS BRFSS team.

SMART Objective Target Population**Target Population Same as Program's or Subset?**

Same as the Program's Target Population

Program Name:**FFY25 Obesity Prevention****Program Summary****Program Goal:**

Initiate a new investment in obesity prevention with a focus on children and families and an aim to reduce the prevalence of obesity in Iowa.

Healthy People 2030 Objective:

NWS-03 Reduce the proportion of adults with obesity

Health Topic Area:

Nutrition and Weight Status

Recipient Health Objective:

Increase healthy eating and active living behaviors in at least 25% of intervention participants within three years.

Program Problem Information**Program Problem Summary:**

Iowa has the second highest adult overweight and obesity prevalence in the U.S.

Program Problem Description:

Iowa is ranked 7th in the nation for adult obesity prevalence and 2nd when combined with overweight prevalence. Almost two-thirds of adult Iowans are overweight or obese. Just a decade ago, no state had an obesity rate greater than 35%. Today, Iowa's obesity rate is 37.8%. Of Iowa's 99 counties, 87 counties report an obesity rate of 35% or greater. Seventeen (17) Iowa counties report a rate of 40% or greater. The highest rates of obesity are in Iowa's rural counties. Furthermore, data shows higher rates of overweight and obesity in Iowa adults reporting having children under 18 in the home, indicating concern for a growing childhood obesity rate. Iowa no longer has a statewide measurement for childhood obesity, contributing to lack of a current comprehensive obesity prevalence known for youth. Evidence has shown that childhood eating and activity behaviors are a precursor for adult weight and health status. In order to implement the most appropriate, beneficial and cost-effective programs, Iowa needs to focus on obesity prevention efforts that include both education and systemic changes.

Problem was Prioritized by the Following Factor(s)

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

Program Key Indicator(s)

Program Key Indicator – KI-01487

Description of Program Key Indicator

Obesity prevalence for the State of Iowa – Rate of Iowa Adult Obesity. Iowa has the second highest overweight and obesity prevalence in the U.S. While most states' prevalences are increasing, Iowa has experienced one of the largest increases in the last decade. Nationally, at least one in five adults are living with obesity. However, in Iowa one in three adults are living with obesity. The Midwest now leads the nation in obesity prevalence rates.

Baseline Value for the Program Key Indicator

37.8%

Data Source for Key Indicator Baseline

2023 BRFSS

Date Key Indicator Baseline Collected

12/31/2022

Program Strategy

Program Goal:

Initiate a new investment in obesity prevention with a focus on children and families and an aim to reduce the prevalence of obesity in Iowa.

SDOH Addressed by the Program:

Economic Stability (e.g. poverty, unemployment, food insecurity, housing instability); Neighborhood and Built Environment (e.g. poor quality of housing, limited access to transportation, food desert, poor water/air quality, neighborhood crime and violence)

Program Strategy:

Iowa HHS will initiate a new investment in obesity prevention activities with a focus on Iowa children and families. This new approach will concentrate on better understanding Iowa-specific data, developing a new educational program in partnership with IA HHS Women, Infants and Children (WIC) and Title V Maternal and Child Health (MCH) programs, and providing funding to local communities to expand policy, system and environmental (PSE) efforts and changes that support both obesity and cancer prevention efforts. Iowa HHS will enhance prevention activities for a more collaborative, multi-sector approach that ensures root causes are addressed comprehensively rather than in isolation. PSE efforts will focus on building local capacity to increase communities' ability to support families in healthy eating and engaging in active living environments. New strategies will specifically focus on children and families, empowering them with early intervention practices to shape, create and sustain lifelong healthy habits and behaviors.

Program Setting(s):

Community based organization; Home; Local health department; Medical or clinical site; Parks or playgrounds; State health department

List of Primary Strategic Partners

IA HHS Programs: Cancer Prevention Program, SNAP-Ed, Title V MCH, Medicaid and BRFSS.

Evaluation Methodology

Iowa HHS will collect and track the types of PSE changes, number of PSE changes and impact of PSE changes that local agencies accomplish related to obesity prevention. Iowa HHS will also conduct feedback surveys with local agencies and their coalitions to understand best practices, challenges experienced and lessons learned.

Planned Non-Monetary Support to Local Agencies or Organizations:

Technical Assistance

Program Target Population(s)**Program Target Population****Target Population Data Source:**

U.S. Census Bureau, State of Iowa Population

Number of People Served:

3,241,488

Race and/or Ethnicity:

American Indian or Alaskan Native; Asian; Black or African American; Hispanic or Latino; Middle Eastern or North African; Native Hawaiian or 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

Sex:

Female; Male

Sexual Orientation:**Geography:**

Rural and Urban.

Location:

State of Iowa.

Occupation:

N/A.

Primarily Low Income?

false

Disproportionately Affected by the Problem?

true

All or Part Disproportionately Affected?

Part

Program Target Disparate Population

Target Population Data Source:	CDC BRFSS
Number of People Served:	2,337,264
Race and/or Ethnicity:	Black or African American; Hispanic or Latino; White
Age:	35 - 44 years; 45 – 54 years; 55 - 64 years
Sex:	Female; Male
Sexual Orientation:	
Geography:	Rural and Urban.
Location:	State of Iowa.
Occupation:	N/A
Primarily Low Income?	true

Program SMART Objective

Title of Program SMART Objective:	FFY25 Obesity Prevention Data Analysis
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SMART Objective Summary

SMART Objective Description	Between 10/01/2025 – 09/30/2026, conduct analysis of adult obesity and chronic disease data and childhood weight status metrics to produce one report of baseline obesity and related chronic disease rates in Iowa.
Item to be Measured:	Data report with presentation of findings, including summaries and identification of trends.
Unit to be Measured:	Number
Baseline Value for Item to be Measured:	0
Data Source for the Baseline Value	Agency files
Baseline Value Last Collected Date	06/30/2025
Interim Target Value to Reach by APR:	0
Final Target to Reach by Closeout Report:	1

SMART Objective Problem Information

SMART Objective Problem Summary:

Iowa lacks a comprehensive understanding of childhood obesity rates, and how adult obesity prevalence relates to different chronic disease diagnoses.

SMART Objective Problem Description:

Iowa no longer collects childhood obesity data through the YRBS survey and has no current mechanism to measure childhood height and weight status or self-reported BMI for all youth under age 17. Additionally, obesity prevalence in Iowa is increasing with age and not plateauing or declining until older adult years. Similar trends can be seen in several other chronic diseases that are known to be related to overweight and obesity. These include diabetes, cardiovascular disease and certain cancers. To best leverage funds and programming efforts, a comprehensive prevention approach needs to be considered for obesity that includes the other demographic and health status metrics that play a role in prevalence.

SMART Objective Intervention Information:

Intervention Summary:

The Healthy Eating Active Living Team (HEAL) will conduct an analysis of available data metrics to increase knowledge and inform decision-making for obesity prevention activities.

Intervention Description:

The HEAL team implements Iowa's SNAP-Ed program, in addition to other nutrition and physical activity interventions that engage early care and education centers, communities and include breastfeeding support. The HEAL team will collaborate with the following Iowa HHS programs to identify available data to include in the analysis: Cancer Prevention, BRFSS, Medicaid, WIC, Title V MCH, and state-level chronic disease programs. With the assistance of agency public health epidemiologists, data will be analyzed and findings, including summaries, presented in a report.

Type of Intervention:

Innovative/Promising Practice

Rationale for Choosing the Intervention:

As a recently merged agency, Iowa HHS has worked diligently to increase capacity for cross collaboration between agency programs and reduce barriers to data sharing. Limitations in obesity prevalence data reporting were partially due to previous data sharing challenges that are no longer a significant barrier in the merged agency. By coordinating data sets and data systems, obesity prevalence data will be able to be examined and analyzed in new ways that were previously not feasible.

SMART Objective Key Indicator(s)**SMART Objective Key Indicator – KI-01490****Description of SMART Objective Key Indicator**

The adult obesity rate in Iowa is 37.8%, ranking Iowa 11th in the United States.

Baseline Value for the SMART Objective Key Indicator

37.8%

Data Source for Key Indicator Baseline

2023 BRFSS

Date Key Indicator Baseline Collected

12/31/2022

Activities**Activity – Obesity Data Analysis****Activity Summary:**

IA HHS will analyze available biometric, weight status, and self-reported BMI data for Iowa adults and children to understand baseline metrics that will inform an agency-wide comprehensive obesity prevention strategy.

Activity Description:

Within Iowa HHS, the Healthy Eating Active Living (HEAL) team will collaborate with the BRFSS program, the Iowa Youth Survey team, Medicaid, and other relevant public health and human service programs to identify current data and metrics to establish a baseline for obesity prevalence in Iowa. With the help of an agency epidemiologist, the HEAL team will analyze metrics across datasets and conduct cross analysis between weight status and other chronic disease factors. A final data report will be produced that outlines findings and assists Iowa HHS in developing a comprehensive obesity prevention strategy.

Additional Information About Activity:

One (1) report will be developed that details obesity prevalence in Iowa and identifies cross-collaborative efforts for comprehensive public health obesity prevention.

SMART Objective Target Population

Target Population Same as Program's or Subset?	Sub-set of the Program's Target Population
Target Population Data Source:	CDC BRFSS
Number of People Served:	2,337,164
Race and/or Ethnicity:	Black or African American; Hispanic or Latino; White
Age:	35 - 44 years; 45 – 54 years; 55 - 64 years
Geography:	Rural and Urban.
Location:	State of Iowa.
Occupation:	N/A

Program SMART Objective

Title of Program SMART Objective:	FFY25 Obesity Prevention Evidence-Based Strategy Implementation
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SMART Objective Summary

SMART Objective Description	Between 10/01/2025 – 09/30/2026, collect data and develop at least two implementation resources that will be used to provide obesity prevention technical assistance to local communities.
Item to be Measured:	Iowa communities implementing at least one new or expanded healthy eating and active living PSE change.
Unit to be Measured:	Number
Baseline Value for Item to be Measured:	0
Data Source for the Baseline Value:	Agency files

Baseline Value Last Collected Date:	06/30/2025
Interim Target Value to Reach by APR:	0
Final Target to Reach by Closeout Report:	4

SMART Objective Problem Information

SMART Objective Problem Summary: Iowa has historically had limited funding for obesity prevention efforts. As a result, there are gaps in program reach.

SMART Objective Problem Description: Iowa has spent the last three years conducting evaluations to better understand gaps in healthy eating and active living programming, and how to more effectively reach more diverse populations with our programs. Through these efforts, it was identified that in addition to an expansion of policy, systems and environmental (PSE) change strategies, whole family, maternal-focused interventions that can meet individuals where they are at show the most promise for population-wide outcomes. There is no current program or intervention that meets this need. Therefore, many areas of the state, particularly rural areas, lack the resources and capacity necessary for the changes required for successful obesity prevention.

SMART Objective Intervention Information:

Intervention Summary: The Healthy Eating Active Living Team (HEAL) will develop new educational materials and provide funding and technical support to local communities for obesity prevention efforts.

Intervention Description: The HEAL team will work with Iowa's Title V MCH and WIC teams to collect data to better understand culture and perception around breastfeeding and maternal nutrition. This information will be coupled with previously developed reports and findings to develop a new nutrition education program that targets mothers and children. To create a whole-system approach, funding will also be given to local SNAP-Ed community coalitions to expand PSE efforts to build capacity for communities to support families in making healthier choices. Part of the allocated funding will be provided to communities with high levels of poverty and food insecurity. All activities in the local communities will be provided at

locations that serve 50% or greater low-income populations, or will target limited-income populations, as part of the intervention.

Type of Intervention:

Evidence-Based Intervention

Evidence Source for Intervention:

Other

Other Evidence Source for Intervention:

The Community Guide from the Community Preventive Services Task Force (CDC)

Rationale for Choosing the Intervention:

Currently in Iowa, there is no statewide nutrition education programming that includes a whole-family approach. Furthermore, many current programs target children but fail to include education for parents and guardians to support behavior change. In the 2024 Iowa Title V MCH Needs Assessment, nutrition, weight status and structured physical activity opportunities were listed as a top need for women, children and adolescents. At the community level, very few funding sources allow communities to implement the changes needed to fully support healthy eating and active lifestyles. This limits the ability to achieve sustainable change with widespread impact. In order for obesity prevention to be successful, evidence shows that education coupled with PSE change is the most effective approach. A collaborative, multi-sector approach ensures that root causes are addressed comprehensively rather than in isolation. Focusing on children and families is particularly impactful, as early intervention can shape, create and sustain lifelong healthy habits and behaviors. Families play a central role in creating supportive home environments, including healthy eating and active living, and empowering them can lead to more sustainable and equitable health outcomes for the next generation.

SMART Objective Key Indicator(s)

SMART Objective Key Indicator – KI-01495

Description of SMART Objective Key Indicator

The adult obesity rate in Iowa is 37.8%, ranking Iowa 11th in the United States.

Baseline Value for the SMART Objective Key Indicator

37.8%

Data Source for Key Indicator Baseline: 2023 BRFSS

Date Key Indicator Baseline Collected: 12/31/2022

Activities

Activity – Maternal and Child Nutrition Data Collection

Activity Summary: Iowa HHS will collect/compile current data to inform a nutrition education program that is focused on maternal figures and children.

Activity Description: Within Iowa HHS, the HEAL, Title V MCH and WIC teams will collect/compile and analyze breastfeeding data and other relevant nutritional needs data. This data will help inform content topics and educational components to include in modules for a new nutrition education program aimed at helping mothers and maternal figures lead their families in eating healthy and engaging in active lifestyles.

Activity – Family-Based Nutrition Intervention Development

Activity Summary: Iowa HHS will develop an evaluation framework and create resources to inform the development and implementation of a nutrition education program that is focused on maternal figures and children.

Activity Description: Iowa HHS will contract with Altarum Institute to create an evaluation framework and theoretical model development that will help ensure the intervention is rooted in evidence-based practices. This work will be used to create a guide that will help partners understand the different modes by which the program can be delivered, who can deliver the program, how to support families with getting connected, and how to determine if they can receive reimbursement for program delivery.

Additional Information About Activity: One (1) implementation guide that includes information for local communities to recruit, implement and receive reimbursement for delivering/offering the new nutrition education program.

Activity – Obesity Prevention Strategy Implementation

Activity Summary:

The IA HHS Healthy Eating Active Living (HEAL) team will provide funding to at least four (4) local community coalitions to implement evidence-based obesity and cancer prevention policy, systems and environmental (PSE) change strategies.

Activity Description:

The HEAL team will collaborate with IA HHS's Cancer Prevention Program to develop and provide a guide for implementing cancer and healthy eating and active living PSE strategies in local Iowa communities. Iowa HHS will provide additional funding to current local HEAL coalitions. Local HEAL coalitions assess community needs and lead facilitation of PSE changes in their community to address those needs. The local coalitions will receive additional funding to partner with the IA HHS HEAL Team to create new (or expand existing) community and clinical linkages in their communities, conduct asset mapping activities, and implement or enhance at least one joint obesity and cancer prevention strategy. The Iowa HHS HEAL Team Healthy Communities Consultant and the Physical Activity Consultant, and the Iowa HHS Cancer Prevention Program Manager will work together collaboratively to provide technical assistance to these communities. Existing SNAP-Ed reporting mechanisms will be used to capture communities' activities, progress and outcomes.

Additional Information About Activity:

Deliverable: Materials will be developed that detail local communities' workplans, partnerships, strategy selection and implementation, reach and outcomes.

SMART Objective Target Population

Target Population Same as Program's or Subset?

Same as the Program's Target Population

Program Name:	FFY25 Emergency & Trauma Services
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Program Summary	
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Program Goal:	The Bureau of Emergency Medical and Trauma Services aims to protect and improve the health of lowans by implementing policy recommendations that guide the regulation, administration, and coordination of emergency medical and trauma services across the state.
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Healthy People 2030 Objective:	IVP-03 Reduce unintentional injury deaths
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Health Topic Area:	Injury and Violence Prevention
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Recipient Health Objective:	From 10/01/2021 to 09/30/2026, reduce the number of deaths from unintentional injuries by 5%.
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Program Problem Information	
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Program Problem Summary	Unintentional injury accounts for about 74% of injury-related deaths in Iowa, with approximately 21,477 years of potential life lost, and continues to be the leading cause of death for lowans ages 1-44.
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Program Problem Description:

Unintentional injury is the leading cause of death among lowans aged 1 to 44, accounting for 74% of all injury-related deaths in the state. These injuries result in approximately 21,477 years of potential life lost annually. In response to the growing burden of injury, Iowa enacted the Trauma System Development Act in April 1995 and, by January 2001, had implemented an inclusive trauma system involving all hospitals statewide. Since then, PHHS Block Grant funding has supported the Bureau of Emergency Medical and Trauma Services in integrating out-of-hospital and hospital-based care, creating a coordinated continuum within the Iowa Trauma System. These efforts aim to reduce injury-related morbidity and mortality across the state.
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Problem was Prioritized by the Following Factor(s)	Prioritized within a strategic plan; Legislature established as a priority
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Program Key Indicator(s)	
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Program Key Indicator – KI-01580	
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Description of Program Key Indicator	According to 2023 CDC WISQARS data, unintentional injuries accounted for 74% of all injury-related deaths in Iowa, an increase
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from 72% in 2021. These deaths represent approximately 21,477 years of potential life lost and remain the leading cause of death among Iowans aged 1 to 44. Data from Iowa's trauma registry indicate a steady year-over-year rise in injury rates. Between 2018 and 2023, the age-adjusted injury rate per 100,000 population increased by 55.6%. This upward trend is influenced by both enhanced reporting of traumatic injuries and ongoing regulatory and educational initiatives—supported in part by the PHHS Block Grant—delivered to the 120 trauma centers across the state.

Baseline Value for the Program Key Indicator

74%

Data Source for Key Indicator Baseline

2023 CDC WISQARS Data

Date Key Indicator Baseline Collected

12/31/2022

Program Strategy

Program Goal:

The Bureau of Emergency Medical and Trauma Services aims to protect and improve the health of Iowans by implementing policy recommendations that guide the regulation, administration, and coordination of emergency medical and trauma services across the state.

SDOH Addressed by the Program:

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

Program Strategy:

The Bureau of Emergency Medical and Trauma Services (BEMTS) promotes and protects the health of Iowans by implementing policy recommendations that guide the regulation, administration, and coordination of emergency medical and trauma services statewide. This program specifically focuses on improving access to emergency care. PHHS Block Grant funding supports key personnel, including EMS Field Coordinators, the Trauma Program Director, and the Trauma System Coordinator, who provide technical assistance to local services and oversee program authorizations and trauma care facility verifications. The Bureau Chief is also partially funded to lead strategic planning, supervision, and the overall management of BEMTS operations. This includes administering the rules that govern Iowa's EMS and Trauma System, ensuring regulatory compliance, and managing monitoring and disciplinary processes. While the majority of funds are allocated to support essential staff, remaining resources are used to facilitate Iowa HHS Trauma Verification Survey Team reviews, cover travel expenses for technical assistance, system development initiatives, and support educational and training opportunities for EMS and trauma care providers.

Program Setting(s):

Medical or clinical site; State health department; University or college; Other Settings

Program Setting -- Other:

Local EMS Service Providers

List of 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 Target Population(s)

Program Target Population

Target Population Data Source:

U.S. Census Bureau, State of Iowa Population

Number of People Served:

3,241,488

Race and/or Ethnicity:

American Indian or Alaskan Native; Asian; Black or African American; Hispanic or Latino; Middle Eastern or North African; Native Hawaiian or 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

Sex:

Female; Male

Sexual Orientation:	
Geography:	Rural and Urban.
Location:	State of Iowa.
Occupation:	N/A.
Primarily Low Income?	false
Disproportionately Affected by the Problem?	false

Program SMART Objective

Title of Program SMART Objective:	FFY25 Trauma Care Facility Inspections
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SMART Objective Summary

SMART Objective Description	Between 10/01/2025 - 09/30/2026, IA HHS 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.
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Item to be Measured:	Trauma care facilities inspected
Unit to be Measured:	Number
Baseline Value for Item to be Measured:	0
Data Source for the Baseline Value:	Iowa Trauma Verification Team Records
Baseline Value Last Collected Date:	06/30/2025
Interim Target Value to Reach by APR:	8
Final Target to Reach by Closeout Report:	25

SMART Objective Problem Information

SMART Objective Problem Description:	N/A. The problem is the same.
SMART Objective Problem Summary:	N/A. The problem is the same.

SMART Objective Intervention Information:

Intervention Summary:

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

Intervention Description:

The Iowa Trauma System Coordinator and the Iowa Trauma Verification Survey Team will conduct verification reviews of trauma care facilities to ensure compliance with legislatively defined criteria designed to support the optimal care of injured patients in Iowa. These verification standards align with national benchmarks established by the American College of Surgeons. Through comprehensive on-site reviews, the team will evaluate whether each trauma center meets the requirements for its designated level of verification. The process will emphasize continuous quality improvement, trauma-specific education and certification, as well as injury prevention and community outreach—ensuring a high standard of care for injured patients across the state.

Type of Intervention:

Innovative/Promising Practice

Rationale for Choosing the Intervention:

The mission of the American College of Surgeons Committee on Trauma is to develop and implement programs that advance injury prevention and support optimal patient outcomes across the continuum of care. These programs integrate key components such as advocacy, professional education, trauma center and system development, best practice guidelines, outcome measurement, and continuous quality improvement. The State of Iowa remains committed to aligning its trauma care standards with these nationally recognized benchmarks at all levels of trauma system designation.

SMART Objective Key Indicator(s) Activities

Activity – Trauma Center Application Reviews and Verification Assessments

Activity Summary:

The Iowa Trauma System Coordinator, State Trauma Program Manager, and Iowa Trauma Verification Survey Team will collaborate to conduct reviews of trauma center applications, perform on-site or virtual verification assessments, and conduct inspections of trauma centers across Iowa to renew their verification status.

Activity Description:

On-site or virtual reviews will be conducted for Iowa-verified Level III and Level IV trauma care facilities, as funding and resources permit. Paper reviews may be conducted for Level IV facilities that 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 assessments.

Activity – Educational Resources Provided Statewide

Activity Summary:

The Trauma System Coordinator or Trauma Program Director will facilitate monthly trauma webinars, technical assistance meetings, and a biennial trauma and preparedness conference to deliver educational resources that support the optimal care of injured patients in Iowa.

Activity Description:

The Trauma System Coordinator or Trauma Program Director will host monthly virtual trauma webinars for all trauma center staff in Iowa. These webinars will focus on trauma education, resource sharing, and providing technical assistance to help facilities meet verification criteria. Additionally, the state's EMS, trauma, and preparedness programs will organize a biennial trauma and preparedness conference for Iowa's trauma and preparedness partners. This conference will emphasize trauma education and training, resource sharing, injury prevention, and partnership development.

SMART Objective Target Population

Target Population Same as Program's or Subset?

Same as the Program's Target Population

Program SMART Objective

Title of Program SMART Objective:

FFY25 EMS Service Program Reauthorizations

SMART Objective Summary

SMART Objective Description

Between 10/01/2025 – 09/30/2026, the State of Iowa EMS Field Coordinators will complete reauthorizations of at least 25% of the 905 currently authorized EMS service programs (226).

Item to be Measured:

EMS services inspected

Unit to be Measured:

Number

Baseline Value for Item to be Measured:

0

Data Source for the Baseline Value:

IA HHS BEMTS Program Files, EMS Service Programs Reauthorization Records

Baseline Value Last Collected Date:

6/30/2025

Interim Target Value to Reach by APR:

90

Final Target to Reach by Closeout Report:

226

SMART Objective Problem Information

SMART Objective Problem Description:

N/A. The problem is the same.

SMART Objective Problem Summary:

N/A. The problem is the same.

SMART Objective Intervention Information:

Intervention Summary:

The EMS Field Coordinators will conduct inspections of authorized EMS services to ensure compliance with legislatively defined criteria, ensuring optimal care for injured patients across Iowa.

Intervention Description:

EMD field coordinators will perform a comprehensive review of Iowa-authorized EMS service programs at least once every three years, verifying that each service meets the established criteria for delivering optimal care to the state's residents. Focus will be placed on continuous quality improvement, education and certification, and adherence to vehicle standards, as well as the

maintenance of supplies, equipment, and vehicles. Reauthorization criteria are established through administrative rules developed in consultation with the EMS Advisory Council, national standards set by the National Association of State EMS Officials (NASEMSO), the U.S. Emergency Medical Services Compact (EMS COMPACT), and the National Highway Traffic Safety Administration (NHTSA).

Type of Intervention:

Innovative/Promising Practice

Rationale for Choosing the Intervention:

EMS service reauthorization is conducted at a minimum every three years to ensure ongoing compliance with state and national standards. Reauthorization criteria are established through administrative rules developed in consultation with the EMS Advisory Council and are aligned with national guidelines from the National Association of State EMS Officials (NASEMSO), the U.S. Emergency Medical Services Compact (EMS COMPACT), and the National Highway Traffic Safety Administration (NHTSA).

SMART Objective Key Indicator(s)

Activities

Activity – Authorized EMS Service Programs Reauthorizations

Activity Summary:

IA HHS EMS Field Coordinators will conduct reauthorizations of at least 25% (226) of the currently authorized EMS service programs in the state.

Activity Description:

EMS Field Coordinators will inspect at least 226 authorized EMS services—representing 25% of all services statewide—to ensure compliance with legislatively defined criteria that support the delivery of optimal care for injured patients in Iowa. EMS Field Coordinators will conduct inspections with a focus on education, quality assurance, resource sharing, and technical assistance to help services meet inspection criteria. Additional emphasis will be placed on promoting continuous quality improvement across EMS programs. EMS Field Coordinators will utilize a State of Iowa-owned vehicle to perform EMS inspections.

Activity – EMS Service and Medical Directors Workshops

Activity Summary:

EMS Service and Medical Directors Workshops are mandatory for all newly appointed service and medical directors of Iowa EMS services. Following the initial training, each director is required to attend a workshop at least once every three years to maintain compliance.

Activity Description:

The EMS Service and Medical Director Workshop provides current and incoming EMS leaders with a comprehensive overview of their roles and responsibilities within the Iowa EMS system. The workshop emphasizes key areas such as required duties, policy development, the service authorization renewal and inspection process, and continuous quality improvement initiatives. This workshop will be offered at least quarterly.

SMART Objective Target Population

Target Population Same as Program's or Subset?

Same as the Program's Target Population

Program SMART Objective

Title of Program SMART Objective:

FFY25 Stroke Registry License Support

SMART Objective Summary

SMART Objective Description

Between 10/01/2025 - 09/30/2026, the Bureau of Emergency Medical and Trauma Services will sustain one (1) 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:

Get With The Guidelines - Stroke Registry Annual Software License Supported

Unit to be Measured:

Number

Baseline Value for Item to be Measured:	0
Data Source for the Baseline Value:	IA HHS and AHA GWTG Stroke Registry System Records
Baseline Value Last Collected Date:	06/30/2025
Interim Target Value to Reach by APR:	0
Final Target to Reach by Closeout Report:	1

SMART Objective Problem Information

SMART Objective Problem Description:	N/A. The problem is the same.
SMART Objective Problem Summary:	N/A. The problem is the same.

SMART Objective Intervention Information:

Intervention Summary:	Iowa HHS will maintain the Iowa Stroke Registry by funding the annual licensing fee for the American Heart Association's Get With The Guidelines®-stroke registry system, which serves as the official stroke registry for the State of Iowa.
Intervention Description:	Established in 2018, the Iowa Stroke Registry initially operated without state general funding. Its first year was supported through a grant from the American Heart Association, with additional funding from a chronic conditions grant program covering the 2018 and 2019 licensing fees. The PHHS Block Grant now offers the funding source to support the registry's ongoing annual licensing costs.
Type of Intervention:	Evidence-Based Intervention
Evidence Source(s) for Intervention:	Other
Other Evidence Source for Intervention:	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.

SMART Objective Key Indicator(s)

Activities

Activity – Get With The Guidelines® - Stroke Registry Software License

Activity Summary:

Iowa HHS will maintain the Iowa Stroke Registry by supporting the annual software license for the American Heart Association's Get With The Guidelines®–Stroke registry system, which serves as the official stroke registry for the State of Iowa.

Activity Description:

Iowa HHS will maintain the Iowa Stroke Registry by funding the annual licensing fee for the American Heart Association's Get With The Guidelines®–Stroke registry system, which serves as the official stroke registry for the State of Iowa. Established in 2018, the Iowa Stroke Registry initially operated without state general funding. Its first year was supported through a grant from the American Heart Association, with additional funding from a chronic conditions grant program covering the 2018 and 2019 licensing fees. The PHHS Block Grant now offers the funding source to support the registry's ongoing annual licensing costs.

SMART Objective Target Population

Target Population Same as Program's or Subset?

Same as the Program's Target Population

Program Name:

FFY25 Sexual Violence Prevention

Program Summary

Program Goal:

Iowa's sexual violence prevention program aims to reduce the percentage of youth ages 10-19 experiencing sexual violence.

Healthy People 2030 Objective:

IVP-17 Reduce adolescent sexual violence by anyone

Health Topic Area:

Injury and Violence Prevention

Recipient Health Objective:

Between 10/01/2025 - 09/30/2027, reduce the percent of Iowans ages 10 - 19 experiencing sexual abuse by 1% through the implementation of policy and practice changes in organizations that serve and affect youth.

Program Problem Information

Program Problem Summary:

According to the 2021 Iowa Survey of Safety & Violence, 12% of high school aged youth in Iowa experienced sexual violence by anyone.

Program Problem Description:

Youth ages 15–19 years make up the largest age group reporting sexual violence to emergency departments in Iowa. With over half of all emergency department visits being for persons under 20 years of age. Sexual violence is a pervasive issue affecting individuals, families, and communities in Iowa. The lifetime prevalence of rape in Iowans is estimated at 16.9% for women. The lifetime prevalence of sexual violence other than rape in Iowans is estimated at 33.1% for women and 19.8% for men. According to the 2020 and 2023 Iowa BRFSS Surveys, Iowans with child sexual abuse related ACEs had a higher rate of experiencing forced sexual activity after the age of 18. Iowans 18–24 made up the largest group of adults reporting experiencing forced sexual activity since the age of 18. Additionally, the number of Iowans ages 18+ who reported experiencing forced sexual activity increased from 8.5% in 2020 to 11.2% in 2023.

Problem was Prioritized by the Following Factor(s)

Other Prioritization

Problem Prioritized – Other:

Mandatory set aside for sex offense prevention

Program Key Indicator(s)

Program Key Indicator – KI-01547

Description of Program Key Indicator

2024 Iowa sexual violence treated in emergency departments for persons 15-19.

Baseline Value for the Program Key Indicator

242

Data Source for Key Indicator Baseline

Iowa Hospital Association, Inpatient Outpatient Database, emergency department visits by Iowa youth coded as sexual assault

Date Key Indicator Baseline Collected

12/31/2024

Program Strategy

Program Goal:

Iowa's sexual violence prevention program aims to reduce the percentage of youth ages 10-19 experiencing sexual violence.

SDOH Addressed by the Program:

Adverse Childhood Experiences (ACEs)

Program Strategy:

Iowa HHS will contract with the Iowa Coalition Against Sexual Assault (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. Contracted work will include 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.

Program Setting(s):

Community based organization; Rape crisis center; State health department; University or college; Other Settings

Program Setting -- Other:

State Sexual Assault Coalition

List of Primary Strategic Partners

IowaCASA, Des Moines Area Community College (DMACC), Des Moines University (DMU), East High School, Latinas Unidas Por Un Nuevo Amanecer, Amani, Resources for Indigenous Survivors & Empowerment (RISE), Monsoon Asians & Pacific Islanders in Solidarity, Nisaa African Family Services, Thrive Together, Centers Against Abuse & Sexual Assault, SafePlace, Assault Care Center Extending Shelter & Support, Crisis Intervention Service, Domestic/Sexual Violence Assault Outreach Center, Friends of the Family, Riverview Center, Catholic Charities Domestic Violence & Sexual Assault Program, Crisis Intervention & Advocacy Center, Children's & Families of Iowa, Crisis & Advocacy Services, Crisis Intervention Services, Domestic Violence Intervention Program, Rape Victim Advocacy Program, Survivor Services Family Resources, Iowa Safe Schools, El Exito, La Reina Magazine, Hola Center of Iowa, and SAFE Center of Iowa

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 Target Population(s)

Program Target Population

Target Population Data Source:

Iowa Hospital Association, Inpatient Outpatient Database, emergency department visits by Iowa youth coded as sexual assault

Number of People Served:

242

Race and/or Ethnicity:

Black or African American; Hispanic or Latino; White

Age:

5 - 14 years; 15 - 24 years

Sex:

Female; Male

Sexual Orientation:

Geography:

Rural and Urban.

Location:

State of Iowa.

Occupation:

N/A

Primarily Low Income?

false

Disproportionately Affected by the Problem?

true

All or Part Disproportionately Affected?

All

Program SMART Objective

Title of Program SMART Objective:

FFY25 Prevent Youth Sexual Violence

SMART Objective Summary

SMART Objective Description

By September 30, 2026, IowaCASA will engage a minimum of five (5) youth-serving organizations to implement best practices for serving youth through training, technical assistance, and work group involvement.

Item to be Measured:	Agencies' policies, practices or protocols implemented
Unit to be Measured:	Number
Baseline Value for Item to be Measured:	0
Data Source for the Baseline Value:	IowaCASA Semi-annual Report
Baseline Value Last Collected Date:	04/01/2025
Interim Target Value to Reach by APR:	0
Final Target to Reach by Closeout Report:	5

SMART Objective Problem Information

SMART Objective Problem Description:	N/A. Problem is the same.
SMART Objective Problem Summary:	N/A. Problem is the same.

SMART Objective Intervention Information:

Intervention Summary:	IowaCASA will collaborate with local youth-serving organizations to guide evidence-based and community-driven sexual violence prevention policies, practices, and protocols.
Intervention Description:	IowaCASA will provide training, technical assistance and resources to 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 work with these organizations to improve standards of care and disseminate public health information on preventing sexual violence in Iowa communities. Additionally, 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(s) for Intervention:

Other

Other Evidence Source for Intervention:

CDC Publication: 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.

SMART Objective Key Indicator(s)

Activities

Activity – Environmental Audit/Policy Scan with Youth-Serving Organizations

Activity Summary:

IowaCASA will support at least five (5) youth-serving organizations in a policy scan/environmental audit to increase best practice in preventing sexual violence.

Activity Description:

IowaCASA staff will provide training and technical assistance to youth-serving organizations to improve policies, protocol, and practice. IowaCASA will disseminate state specific resources on best practice and share the “working with minors” policy guidance to ensure widespread adoption in Iowa communities.

Activity – Facilitate Sexual Violence Prevention Programming

Activity Summary:

IowaCASA will host the following sexual violence prevention 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.

Activity 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 this work across the state.

Activity – Medical Setting Technical Assistance

Activity Summary:

IowaCASA will provide 150 hours of technical assistance to medical staff, qualified providers, and Sexual Assault Nurse Examiner (SANE) responders across Iowa.

Activity Description:

IowaCASA will provide technical assistance and partner with the Attorney General's Victim Assistance Section, Iowa HHS, and Iowa Chapter of Children's Advocacy Centers while working with qualified medical providers to increase 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, emergency departments and Sexual Assault Response Teams (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.

SMART Objective Target Population

Target Population Same as Program's or Subset?

Same as the Program's Target Population

Program Name:

FFY25 Child Mortality Review & Coordination

Program Summary

Program Goal:

Ensure Iowa's State Mortality Review Committee's Child Death Review subcommittee has the processes, tools, and resources in place to provide high-quality recommendations for mortality prevention.

Healthy People 2030 Objective:

MICH-03 Reduce the rate of deaths in children and adolescents aged 1 to 19 years

Health Topic Area:

Maternal, Infant, and Child Health

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.

Program Problem Information

Program Problem Summary:

Chronic underfunding of mortality review work has led to a lack of capacity for child death review and prevention recommendations.

Program Problem Description:

Historically, chronic underfunding of mortality review work has led to a lack of capacity to maintain membership, a backlog of cases to be reviewed, data coming from limited sources, and recommendations that are largely geared towards individuals rather than the suite of necessary stakeholders and levels of prevention.

Problem was Prioritized by the Following Factor(s)

Identified via surveillance systems or other data sources;
Legislature established as a priority

Program Key Indicator(s)

Program Key Indicator – KI-01552

Description of Program 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.

Baseline Value for the Program Key Indicator

25.9 per 100,000

Data Source for Key Indicator Baseline

Identified via surveillance systems or other data sources

Date Key Indicator Baseline Collected

12/31/2024

Program Strategy

Program Goal:

Ensure Iowa's State Mortality Review Committee's Child Death Review subcommittee has the processes, tools, and resources in place to provide high-quality recommendations for mortality prevention.

SDOH Addressed by the Program:

Economic Stability (e.g. poverty, unemployment, food insecurity, housing instability); Education (e.g. low high school graduation rates, low literacy levels, poor early childhood education); 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 will continue to provide staffing capacity to support review and analysis of child deaths in Iowa. In July 2024, the Iowa Legislature passed legislation to create a State Mortality Review Committee responsible for reviewing fatalities and making recommendations for mortality prevention. The new State Mortality Review Committee (SMRC) brings together three formerly separate mortality review teams, Maternal Mortality Review Committee, Domestic Abuse Death Review Team and the Child Death Review Team (CDRT). The CDRT – now CDR – is a subcommittee of the SMRC. To support the Child Death Review (CDR) subcommittee, PHHS Block Grant funds will provide position support for a full-time Child Death Review (CDR) Coordinator and a 1.0 CDR Abstractor position. The CDR Coordinator and Abstractor will be responsible for:

- Ensuring HIPAA-compliant data agreements and sharing processes are in place for all data sharing (CDR Coordinator)
- Coordinating and facilitating the work of the Child Death Review subcommittee (CDR Coordinator, CDR Abstractor)
- 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 child death review subcommittee members when possible (CDR Coordinator)
- Engaging with TA sources from federal partners to assist with program and process improvement for CDR and utilizing existing national death review team databases to improve data analysis and use (CDR Coordinator, CDR Abstractor)
- Working with agency epidemiologists to contribute to the annual State Mortality Review Committee report with high quality data analysis, trend spotting, and evidence-based recommendations from the CDR subcommittee (CDR Coordinator), and
- Ensuring timely mortality review and recommendations (CDR Coordinator, CDR Abstractor).

Program Setting(s):

State health department; Other Settings

Program Setting -- Other:

Iowa Office of the State Medical Examiner

List of Primary Strategic Partners

Iowa Office of the State Medical Examiner, State Mortality Review Committee (SMRC), SMRC Child Death Review (CDR) Subcommittee Members, Additional State Agencies, Community Stakeholders and Health System Partners

Evaluation Methodology

Internal tracking of membership, policies and processes, coordination efforts and annual report.

Planned Non-Monetary Support to Local Agencies or Organizations:

Technical Assistance; Resources/Job Aids

Program Target Population(s)**Program Target Population****Target Population Data Source:**

Case Files of Iowa Child Decedents, 2021-2023

Number of People Served:

232

Race and/or Ethnicity:

American Indian or Alaskan Native; Asian; Black or African American; Hispanic or Latino; Middle Eastern or North African; Native Hawaiian or Pacific Islander; White

Age:

Under 1 year; 1 - 4 years; 5 - 14 years; 15 - 24 years

Sex:

Female; Male

Sexual Orientation:**Geography:**

Rural and Urban.

Location:

State of Iowa.

Occupation:

N/A

Primarily Low Income?

false

Disproportionately Affected by the Problem?

false

Program SMART Objective**Title of Program SMART Objective:**

FFY25 Child Death Review

SMART Objective Summary

SMART Objective Description

By September 30, 2026, convene at least five (5) meetings of the Iowa Child Death Review (CDR) Subcommittee to complete reviews of child deaths occurring in Iowa from 2021 through 2023.

Item to be Measured:

Number of meetings held to review cases

Unit to be Measured:

Number

Baseline Value for Item to be Measured:

0

Data Source for the Baseline Value:

CDR subcommittee files, including calendar of meetings & minutes

Baseline Value Last Collected Date:

06/30/2025

Interim Target Value to Reach by APR:

3

Final Target to Reach by Closeout Report:

5

SMART Objective Problem Information

SMART Objective Problem Description:

N/A. Problem is the same.

SMART Objective Problem Summary:

N/A. Problem is the same.

SMART Objective Intervention Information:

Intervention Summary:

The Child Death Review (CDR) subcommittee shall complete the review of all 2021 through 2023 child death records and make recommendations for child mortality prevention based on those cases reviewed.

Intervention Description:

The State Mortality Review Committee (SMRC) Child Death Review (CDR) subcommittee shall meet a minimum of five times between 10/1/2025 and 9/30/2026 to conduct child death case reviews and make recommendations for child mortality prevention to address the backlog of cases from 2021 through 2023. The goal is to review cases within 24 months of death.

Type of Intervention:

Evidence-Based Intervention

Evidence Source(s) for Intervention:

Other

Other Evidence Source for Intervention:

American Academy of Pediatrics and HRSA, Maternal and Child Health Bureau

Rationale for Choosing the Intervention:

Iowa Child Death Review (CDR) subcommittee members have prioritized addressing the backlog of cases in 2025 and 2026 in order to be able to review cases more timely.

SMART Objective Key Indicator(s)

Activities

Activity – Child Death Review (CDR) Subcommittee Meetings

Activity Summary:

The CDR subcommittee shall meet a minimum of five (5) times between 10/1/2025 and 9/30/2026 to conduct child death case reviews and make recommendations for child mortality prevention.

Activity Description:

The CDR subcommittee shall meet a minimum of five (5) times between 10/1/2025 and 9/30/2026 to conduct case reviews and make recommendations for child mortality prevention in order to address the backlog of cases from 2021 through 2023. The goal is to review cases within 24 months of death.

Activity – Data Entry into NCFRP

Activity Summary:

CDR staff shall complete entry of 90% of 2021 through 2023 cases into The National Center for Fatality Review and Prevention (NCFRP) by 9/30/2026.

Activity Description:

CDR staff shall complete entry of 90% of 2021 through 2023 cases into the National Center for Fatality Review and Prevention by 9/30/2026. The goal is to review cases within 24 months of death and to enter cases into NCFRP within 30 days of review.

SMART Objective Target Population

Target Population Same as Program's or Subset?

Sub-set of the Program's Target Population

Target Population Data Source:

Iowa Child Death Review (CDR) Subcommittee Membership List

Number of People Served:

25

Race and/or Ethnicity:	American Indian or Alaskan Native; Asian; Black or African American; Hispanic or Latino; Middle Eastern or North African; Native Hawaiian or Pacific Islander; White
Age:	25 - 34 years; 35 - 44 years; 45 – 54 years; 55 - 64 years; 65 – 74 years
Geography:	Rural and Urban.
Location:	State of Iowa.
Occupation:	N/A

Program Name:	FFY25 Infant Sleep-Related Death Prevention
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Program Summary

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
Health Topic Area:	Maternal, Infant, and Child Health
Recipient Health Objective:	Reduce the Sudden Unexpected Infant Death (SUID) rate in Iowa from 0.6 per 1,000 in 2022 to 0.4 per 1,000 in 2029 (five years from project expansion).

Program Problem Information

Program Problem Summary:	Infant 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.
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Program Problem Description:

Infant 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 and gaps exist. Iowa HHS does not have the capacity for paid staff time dedicated to reducing infant sleep-related deaths. However, due to Iowa HHS' unique ability to collaborate and convene the necessary stakeholders, in-kind staff support will be provided to accelerate infant sleep-related death prevention efforts and strategies. 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.

Problem was Prioritized by the Following Factor(s)

Conducted a topic- or program-specific assessment (e.g., tobacco assessment, environmental health assessment); Identified via surveillance systems or other data sources

Program Key Indicator(s)

Program Key Indicator – KI-01602

Description of Program Key Indicator

The Sudden Unexpected Infant Death (SUID) rate in Iowa in 2022 was 0.6 per 1,000. This rate is for infants age birth to 12 months.

Baseline Value for the Program Key Indicator

0.6 per 1,000

Data Source for Key Indicator Baseline

Iowa Vital Statistics

Date Key Indicator Baseline Collected

12/31/2021

Program Strategy

Program Goal:

Increase safe sleep practices among caregivers of infants in Iowa.

SDOH Addressed by the Program:

Economic Stability (e.g. poverty, unemployment, food insecurity, housing instability); 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)

Program Strategy:

The Infant Sleep-Related Death Prevention Initiative aims to increase safe sleep practices among caregivers of infants in Iowa. The project will engage other divisions across Iowa HHS along with the Iowa SIDS Foundation, Des Moines University, and the Iowa Chapter of the American Academy of Pediatrics. These entities will collaborate to create new, improved programmatic materials with uniform, consistent messaging for safe sleep promotion. Messaging will include a safe sleep public awareness campaign and enhanced safe sleep educational opportunities for medical students and healthcare professionals about appropriate messages when discussing infant safe sleep with patients. Safe sleep risk reduction items (e.g. pack 'n plays, sleep sacks) will also be provided to Iowa families who are unable to access or obtain them through other means. Outreach and educational materials will be designed to

address Iowa families' needs. Materials will be designed based on results from an infant safe sleep study supported by the PHHS Block Grant in FFY 2024 that examined caregiver decision-making and behaviors related to infant sleep environments.

Program Setting(s): Community based organization; Medical or clinical site; State health department; University or college; Other Settings
Program Setting -- Other: Iowa Chapter of the American Academy of Pediatrics

List of Primary Strategic Partners Internal Iowa HHS Divisions and Programs: Family Well-Being & Protection, Child Care, Early Intervention & Support, Family Health, Public Health Statistics, and State Medical Examiner's Office; Iowa SIDS Foundation; Des Moines University; Iowa Chapter of the American Academy of Pediatrics, ZLR

Evaluation Methodology This project will evaluate infant safe sleep program enhancements through quantitative data collection and 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 Target Population(s)

Program Target Population

Target Population Data Source: Iowa Vital Records, 2023 Resident Births, Birth Certificate data and Child Death Review data

Number of People Served: 36,004

Race and/or Ethnicity: American Indian or Alaskan Native; Asian; Black or African American; Hispanic or Latino; Middle Eastern or North African; Native Hawaiian or Pacific Islander; White

Age: Under 1 year

Sex: Female; Male

Sexual Orientation:

Geography:

Rural and Urban.

Location:

State of Iowa.

Occupation:

N/A

Primarily Low Income?

false

Disproportionately Affected by the Problem?

false

Program SMART Objective

Title of Program SMART Objective:

Increased Infant Safe Sleep Public Awareness and Understanding

SMART Objective Summary

SMART Objective Description

Between 10/01/2025 - 09/30/2026, Iowa HHS, in partnership with the Iowa SIDS Foundation, will increase awareness in healthcare providers, childcare providers and the general public on the importance of infant safe sleep environments through the development of one (1) new agency package of updated, improved outreach and educational materials for program use that provide uniform, consistent messaging for safe sleep promotion.

Item to be Measured:

Iowans, including families, caregivers, professionals (healthcare, childcare, other) who receive new, updated and improved infant safe sleep messaging, including safe sleep risk reduction items.

Unit to be Measured:

Number

Baseline Value for Item to be Measured:

0

Data Source for the Baseline Value

Iowa HHS Program Records

Baseline Value Last Collected Date

06/30/2025

Interim Target Value to Reach by APR:

100

Final Target to Reach by Closeout Report:

500

SMART Objective Problem Information

SMART Objective Problem Description:

N/A. The problem is the same.

SMART Objective Problem Summary:

N/A. The problem is the same.

SMART Objective Intervention Information:**Intervention Summary:**

Iowa HHS will partner with the Iowa SIDS Foundation to increase public awareness of infant safe sleep practices and improve available training and educational content.

Intervention Description:

Iowa HHS' Safe Sleep Coordinator will work in partnership with the Iowa SIDS Foundation to develop or identify new, improved training, outreach and educational materials. The materials will be based on the results from the infant safe sleep study supported by the PHHS Block Grant in FFY 2024 that examined caregiver decision-making and behaviors related to infant sleep environments. Materials will largely be designed for the public but will also include targeted materials focused on filling gaps in knowledge for various populations, including medical students, healthcare providers and childcare providers. Iowa HHS will also implement a statewide social media campaign based on the study results. The campaign will disseminate the updated awareness materials and resources, as well as share the family survivor videos developed in FFY24. Lastly, Iowa HHS will provide safe sleep risk reduction items (e.g. pack 'n plays, sleep sacks) to Iowa families who are unable to access or obtain them through other means.

Type of Intervention:

Innovative/Promising Practice

Rationale for Choosing the Intervention:

Qualitative reviews of infant sleep-related deaths suggest that families are aware of proper infant sleep practices and safe sleep environments yet are not implementing them consistently at all times. Iowans phase in and out of being parents and caregivers to infants, requiring regular and continuous education of and messaging to the general 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 public in consumable ways that they can actualize. The infant safe sleep study initiated in FFY24 and conducted by the University of Iowa is examining caregiver decision-making and behaviors related to infant sleep environments. Study results will provide additional context as to barriers that impact engaging in infant safe sleep behaviors and identification of protective factors in families who do practice infant safe sleep. Applying the results of the study to educational and media content will help address the root cause of issues preventing families from practicing safe sleep. There has not been a statewide campaign in

Iowa to educate the public on safe sleep practices in over twenty years. There are many Iowans who would benefit from this education who aren't expecting or current parents but are caregivers to infants. Population-wide messaging will reach non-parental caregivers and other sectors (e.g., childcare workers, community health workers, healthcare professionals, medical school students, etc.) that can make an impact in reducing infant sleep-related deaths.

SMART Objective Key Indicator(s)

Activities

Activity – Dissemination of Infant Safe Sleep Study Results

Activity Summary:

The Iowa Infant Safe Sleep Study results will be finalized, shared and used to inform outreach and educational material development and media campaigns.

Activity Description:

The University of Iowa College of Public Health will finalize the analysis of the Infant Safe Sleep Study conducted with Iowa families in FFY24, share the results with Iowa HHS and provide recommendations for public outreach and educational material development and social media and marketing campaigns.

Additional Information About Activity:

The Infant Safe Sleep Study was initiated at the end of the FFY24 project period. FFY25 activities will include wrap up of the study and final data analysis. Study results will be shared with Iowa HHS and used for the other activities in this objective.

Activity – Infant Safe Sleep Support for Iowa Caregivers, Childcare Providers and Families

Activity Summary:

Iowa HHS will partner with the Iowa SIDS Foundation to create a new package of training, outreach and educational materials for Iowa caregivers and families, with specific materials targeted to childcare providers, as well as distribute safe sleep risk reduction items (e.g., pack 'n plays, sleep sacks) to Iowa families in need.

Activity Description:

Iowa HHS, in partnership with the Iowa SIDS Foundation, will utilize the results from the University of Iowa Infant Safe Sleep Study to identify or develop new training and educational content and materials or modify/update existing materials to improve the

content. The study results and a deeper understanding of why parents do or do not engage in safe sleep behaviors will allow educational and awareness materials to be tailored to meet Iowa families' needs and address barriers to consistently practicing safe sleep strategies. Specific materials with targeted messaging will be developed for childcare providers. Safe sleep risk reduction items (e.g., pack 'n plays, sleep sacks) will also be provided to Iowa families who are unable to access or obtain them through other means.

Activity – Statewide Infant Safe Sleep Media Campaign

Activity Summary:

IA HHS will conduct a statewide media campaign on infant safe sleep best practice.

Activity Description:

Based on the University of Iowa Infant Safe Sleep Study results, Iowa HHS will contract with a marketing/media firm to create a comprehensive media campaign promoting infant safe sleep practices. The media campaign will ensure the content and messaging are relevant to the needs of Iowa families, address potential barriers to safe sleep practices, and promote protective factors related to infant safe sleep and safe sleep environments.

Additional Information About Activity:

There has not been a statewide campaign in Iowa to educate the public on safe sleep practices in over twenty years. There are many Iowans who would benefit from this education who aren't expecting or current parents but are caregivers to infants. Population-wide messaging will reach non-parental caregivers and other sectors (e.g., childcare workers, community health workers, healthcare professionals, medical school students, etc.) that can make an impact in reducing infant sleep-related deaths.

Activity – Increased and Improved Healthcare Education on Infant Safe Sleep Best Practice

Activity Summary:

Iowa HHS will partner with Des Moines University and the Iowa Chapter of the American Academy of Pediatrics to include

enhanced safe sleep education for medical students and current healthcare providers.

Activity Description:

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

Additional Information About Activity:

Recent conversations with medical providers and university 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 infant safe sleep education during medical school. By working upstream with students, we can lessen this occurrence in the future, and by educating and equipping providers with evidence-based materials, we can assist them in providing efficient messaging that will not delay prenatal, postpartum or pediatric visits.

SMART Objective Target Population

Target Population Same as Program's or Subset?

Same as the Program's Target Population