**Iowa Rural Health Transformation Program (Healthy Hometowns)**
**Other Supporting Materials**
**Appendix 1: References**


[1] "The economic costs of illness: a replication and update," *Health Care Financing Review,* vol. 7, no. 1, pp. 61-80, 1985.

[2] "Fast Facts: Health and Economic Costs of Chronic Conditions," 2025. [Online]. Available: https://www.cdc.gov/chronic-disease/data-research/facts-stats/index.html.

[3] "The costs of chronic disease in the U.S.," 2018. [Online]. Available: https://milkeninstitute.org/sites/default/files/reports-pdf/ChronicDiseases-HighRes-FINAL_0.pdf.

[4] "Potentially Excess Deaths from the Five Leading Causes of Death in Metropolitan and Nonmetropolitan Counties - United States, 2010-2017," *MMWR Surveillance Summaries,* vol. 68, no. 10, pp. 1-11, 08 11 2019.

[5] "Identification and management of low-risk isolated traumatic brain injury patients initially treated at a rural level IV trauma center," *The American Journal of Emergency Medicine,* vol. 78, p. 127–131, 2024.

[6] "Health system redesign for equity in maternal and newborn health must be codesigned, country led, adapted to context and fit for purpose," *BMJ Global Health,* vol. 5, p. e003748, 2020.

[7] "Poverty Status Last 12 Mos. American Community Survey 5-Year Estimates Subject Tables, Table S1701," 2023. [Online]. Available: https://data.census.gov/table/ACSST5Y2023.S1701.

[8] "American Community Survey," 2024. [Online]. Available: https://www.iowadatacenter.org/index.php/data-by-source/american-community-survey.

[9] "Local Labor Market Indicators," 2024. [Online]. Available: https://workforce.iowa.gov/labor-market-information/indicators/local.

[10] "HDPulse Data Portal: Healthcare Insurance by State," 2024. [Online]. Available: https://hdpulse.nimhd.nih.gov/data-portal/_healthcare/insurance/table?statefips=19&demo=00030.

[11] "American Community Survey 5-Year Estimates: Industry Employment (2019–2023)," 2024. [Online]. Available: https://www.census.gov/data/developers/data-sets/acs-5year.html.

[12] "Addressing Rural Health Challenges Head On," *Missouri Medicine,* vol. 114, no. 5, p. 363–366, 2017.

[13] "Medicaid Dashboard: State Fiscal Year 2025, Quarter 3," 03 2025. [Online]. Available: https://hhs.iowa.gov/about/data-reports/medicaid-reports.

[14] "5 Key Facts About Medicaid Coverage for Adults with Chronic Conditions," 04 2025. [Online]. Available: https://www.kff.org/medicaid/5-key-facts-about-medicaid-coverage-for-adults-with-chronic-conditions/.

[15] "Rural Health Information Hub," 2025. [Online]. Available: https://www.ruralhealthinfo.org/.

[16] "How Much More than Medicare do Private Insurers Pay? A Review of the Literature," 2020. [Online]. Available: https://www.kff.org/medicare/how-much-more-than-medicare-do-private-insurers-pay-a-review-of-the-literature/.

[17] "Access to Obstetrical Care in Iowa: A Report to the Iowa State Legislature – Calendar Year 2022," Iowa Department of Health and Human Services, Des Moines, 2024.

[18] "Exploring the Policies That Are Closing Rural Hospitals," 2024. [Online]. Available: https://ldi.upenn.edu/our-work/research-updates/exploring-the-policies-that-are-closing-rural-hospitals/.

[19] "Unseen patterns of preventable emergency care: Emergency department visits for ambulatory care sensitive conditions," *Journal of Health Services Research and Policy,* vol. 27, no. 3, pp. 232-241, 07 2022.

[20] "The hub-and-spoke organization design: an avenue for serving patients well," *BMC Health Services Research,* vol. 17, no. 1, p. 457, 2017.

[21] "Iowa's Healthcare Landscape," Common Sense Institute, 2024.

[22] "Monopsony in Labor Markets: Evidence from the Cement Industry," *Journal of Human Reb:Sources,* vol. 57, pp. S200-S250, 2022.

[23] "Insuring Rural America: Health Insurance Challenges and Opportunities," Rural Policy Research Institute (RUPRI), Iowa City, 2018.

[24] "The Prices That Commercial Health Insurers and Medicare Pay for Hospitals' and Physicians' Services," 2022.

[25] "Stats of the States: Iowa," 2023. [Online]. Available: https://www.cdc.gov/nchs/state-stats/states/ia.html.

[26] "Rural Data Explorer: Iowa," 2025. [Online]. Available: https://www.ruralhealthinfo.org/data-explorer?state=IA.

[27] "Health, Safety and Disease," 2025. [Online]. Available: https://hhs.iowa.gov/about/data-reports/health-disease.

[28] "Why Does Iowa have the 2nd Highest and Fastest Rising Cancer Rate in the United States?," 2024. [Online]. Available: https://shri.public-health.uiowa.edu/.

[29] "Cancer in Iowa Reports," 2025. [Online]. Available: https://shri.public-health.uiowa.edu/cancer-data/reports/iowa-cancer-reports/.

[30] "Cost-Utility Analysis of Cancer Prevention, Treatment, and Control: A Systematic Review," *American Journal of Preventive Medicine,* vol. 50, no. 2, pp. 241-248, 02 2016.

[31] "PLACES: Local Data for Better Health," 2024. [Online]. Available: https://www.cdc.gov/places.

[32] "Vermont Hub-and-Spoke Model of Care for Opioid Use Disorder: Development, Implementation, and Impact," *Journal of Addiction Medicine,* vol. 11, no. 4, p. 286–292, 2017.

[33] "Improving the Health of Rural Communities Through Academic-Community Partnerships and Interprofessional Health Care and Training Models," *Academic Medicine,* 2022.

[34] "Hub and Spoke 2.0: A Narrative Review of Digital Strategies in Rural Healthcare Delivery Models," *Medical Research Archives,* vol. 13, no. 6, 2025.

[35] "Effectiveness of a Decentralized Hub and Spoke Model for the Treatment of Hepatitis C Virus in a Federally Qualified Health Center," *Hepatology Communications,* vol. 5, no. 3, p. 412–423, 2020.

[36] "Relationship of hub and treatment characteristics with client outcomes in the initial Washington State hub and spoke cohort," *Journal of Substance Use and Addiction Treatment,* vol. 168, p. 209544, 2025.

[37] "Cost-effectiveness of hub-and-spoke telestroke networks for the management of acute ischemic stroke from the hospitals' perspectives," *Circulation: Cardiovascular Quality and Outcomes,* vol. 6, no. 1, p. 18–26, 2013.

[38] "Evaluation of a Hub-And-Spoke Model of Care for the Delivery of Sleep Disorder Services to a Remote Australian Community Using the RE-AIM Framework: A Controlled Before-And-After Implementation Outcome Study," *The Australian Journal of Rural Health,* vol. 33, no. 3, p. e70057, 2025.

[39] "Impact on Clinical and Cost Outcomes of a Centralized Approach to Acute Stroke Care in London: A Comparative Effectiveness Before and After Model," *PLoS ONE,* vol. 8, no. 8, p. e70420, 2013.

[40] "Hub-and-Spoke Model for Quality Improvement in Oncology Outcomes," *QAI Journal for Healthcare Quality and Patient Safety,* vol. 4, no. 2, p. 49–51, 07 2023.

[41] "Frequent Hub-Spoke Contact Is Associated with Improved Spoke Hospital Performance: Results from the Massachusetts General Hospital Telestroke Network," *Telemedicine and e-Health,* vol. 24, no. 9, p. 678–683, 2018.

[42] "Development of a hub and spoke model for quality improvement in rural and urban healthcare settings in India: a pilot study," *BMJ Open Quality,* vol. 9, p. e000908, 2020.

[43] "Estimated Indirect Cost Savings of Using Telehealth Among Nonelderly Patients With Cancer," *JAMA Network Open,* vol. 6, no. 1, p. e2250211, 2023.

[44] "Preliminary results of the evaluation of the California Hub and Spoke Program," *Journal of Substance Abuse Treatment,* vol. 108, p. 26–32, 2020.

[45] "Cancer in rural America: Improving access to clinical trials and quality of oncologic care," *CA: A Cancer Journal for Clinicians,* vol. 75, no. 4, p. 341–361, 2025.

[46] "An Investigation of Travel Distance and Timeliness of Breast Cancer Treatment Among a Diverse Cohort in the United States," *International Journal of Environmental Research and Public Health,* vol. 22, no. 2, p. 176, 27 01 2025.

[47] "Associations of social networks with cancer mortality: a meta-analysis," *Critical Reviews in Oncology/Hematology,* vol. 75, no. 2, p. 122–137, 08 2010.

[48] "Distance as a Barrier to Cancer Diagnosis and Treatment: Review of the Literature," *The Oncologist,* vol. 20, no. 12, p. 1378–1385, 12 2015.

[49] "American Cancer Society Guideline for Diet and Physical Activity for Cancer Prevention," 2024. [Online]. Available: https://www.cancer.org/cancer/risk-prevention/diet-

physical-activity/acs-guidelines-nutrition-physical-activity-cancer-prevention/guidelines.html.

[50] "Cancer in Iowa: 2025," 2025.

[51] "Patient-Centered Medical Home With Colocation: Observations and Insights From an Academic Family Medicine Clinic," *Journal of Primary Care and Community Health,* vol. 11, p. 2150132720902560, 2020.

[52] "When Does Collocation of Physical and Mental Health Services Matter?," *Manufacturing and Service Operations Management,* vol. 0, no. 0, 2025.

[53] "Co-located specialty care within primary care practice settings: A systematic review and meta-analysis," *Healthcare,* vol. 6, no. 1, p. 52–66, 2018.

[54] "Under the same roof: co-location of practitioners within primary care is associated with specialized chronic care management," *BMC Family Practice,* vol. 15, p. 149, 2014.

[55] "National Diabetes Prevention Program," 2024. [Online]. Available: https://www.cdc.gov/diabetes-prevention/index.html.

[56] "Diabetes Prevention and Management," 2025. [Online]. Available: https://hhs.iowa.gov/health-prevention/diabetes-prevention-management.

[57] "Evaluation of group and self-directed formats of the Arthritis Foundation's Walk With Ease Program," *Arthritis Care and Research,* vol. 63, no. 8, p. 1098–1107, 2011.

[58] "Million Hearts®," 2024. [Online]. Available: https://millionhearts.hhs.gov/.

[59] "How the Colorectal Cancer Control Program Increases Screening," 2024. [Online]. Available: https://www.cdc.gov/colorectal-cancer-control/about/how-crccp-increases-screening.html.

[60] "Food Resource Management Education With SNAP Participation Improves Food Security," *Journal of Nutrition Education and Behavior,* vol. 47, no. 4, p. 374–378.e1, 2015.

[61] "Lactation Support Services and Breastfeeding Initiation: Evidence from the Affordable Care Act," *Health Services Research,* vol. 52, no. 6, p. 2175–2196, 2017.

[62] "Prevalence and Trends in Donor Milk Use in the Well-Baby Nursery: A Survey of Northeast United States Birth Hospitals," *Breastfeeding Medicine,* vol. 13, no. 1, p. 34–41, 2018.

[63] "Strategies for Access to Places for Physical Activity," 2025. [Online]. Available: https://www.cdc.gov/physical-activity/php/strategies/access-to-places.html.

[64] "Effect of Cash Benefits on Health Care Utilization and Health: A Randomized Study," *JAMA,* vol. 332, no. 17, p. 1455–1463, 2024.

[65] "Electronic Health Information Exchange: Use Has Increased, but Is Lower for Small and Rural Providers," 2023.

[66] "The financial impact of health information exchange on emergency department care," *Journal of the American Medical Informatics Association,* vol. 19, no. 3, p. 328–333, 2012.

[67] "The Effects of Health Information Exchange Access on Healthcare Quality and Efficiency: An Empirical Investigation," *Management Science,* vol. 69, no. 2, p. 791–811, 2022.

[68] "The benefits of health information exchange: an updated systematic review," *Journal of the American Medical Informatics Association,* vol. 25, no. 9, pp. 1259-1265, 09 2018.

[69] "The value of health information exchange," *Journal of Healthcare Leadership,* vol. 4, p. 17–23, 2012.

[70] "Systematic Review of Community Paramedicine and EMS Mobile Integrated Health Care Interventions in the United States," *Population Health Management,* vol. 22, no. 3, p. 213–222, 2019.

[71] "Economic Analysis of Mobile Integrated Health Care Delivered by Emergency Medical Services Paramedic Teams," *JAMA Network Open,* vol. 4, no. 2, p. e210055, 2021.

[72] "Virtual Care Saves Critical Newborns During Transport," 21 10 2022. [Online]. Available: https://www.childrenshospitals.org/news/childrens-hospitals-today/2022/10/virtual-care-saves-critical-newborns-during-transport.

[73] "Unemployment Rates by County," 2025. [Online]. Available: https://workforce.iowa.gov/media/720/download.

[74] "The Market Mechanism and Health Insurance in Rural Places: Lessons Learned from an Economics and Policy Perspective," RUPRI, University of Iowa, 2019.

[75] "The impact of rural general hospital closures on communities—A systematic review of the literature," *Journal of Rural Health,* vol. 40, p. 238–248, 2024.

[76] "The impact of race and ethnicity in breast cancer-disparities and implications for precision oncology," *BMC Medicine,* vol. 20, no. 1, p. 72, 11 02 2022.

[77] "The Effects of Health Information Exchange Access on Healthcare Quality and Efficiency: An Empirical Investigation," *Management Science,* vol. 69, no. 2, 2023.

[78] "Rural-Urban Disparities in Colorectal Cancer Screening, Diagnosis, Treatment, and Survivorship Care: A Systematic Review and Meta-Analysis," *The Oncologist,* no. 4, pp. e431-e446, 04 2024.

[79] "Rural Data Visualizations, Iowa Nonmetro," 2023. [Online]. Available: https://ruralhealthinfo.org/data-explorer.

[80] "Revolutionizing Rural Oncology: Innovative Models and Global Perspectives," *ASCO Educational Book,* vol. 44, p. e432078, 2024.

[81] "Map the Meal Gap - Food Insecurity Data," 2023. [Online]. Available: https://map.feedingamerica.org.

[82] "Inpatient/Outpatient Data [Summer 2025 Quarterly Release]," 2025.

[83] "HDPulse: An Ecosystem of Minority Health and Health Disparities Resources," 2025. [Online]. Available: https://hdpulse.nimhd.nih.gov.

[84] "Evaluating changes in the emergency medical services workforce: A preliminary multistate study," *J Am Coll Emerg Physicians Open,* vol. 4, no. 3, p. e12975, 05 2023.

[85] "County-Level Cervical Cancer Screening Coverage and Differences in Incidence and Mortality," *JAMA Network Open,* vol. 8, no. 8, p. e2526709, 01 08 2025.

[86] "Chronic Disease Prevalence in the US: Sociodemographic and Geographic Variations by Zip Code Tabulation Area," *Preventing Chronic Disease,* vol. 21, p. 230267, 2024.

[87] "CDC Wonder," 2025. [Online]. Available: https://wonder.cdc.gov.

[88] "Age and Sex. American Community Survey 5-Year Estimates Subject Tables, Table S0101," 2023. [Online]. Available: https://data.census.gov/table/ACSST5Y2023.S0101.

[89] "The Prices That Commercial Health Insurers and Medicare Pay for Hospitals' and Physicians' Services," Congressional Budget Office, Washington, DC, 2022.

[90] "Opportunities to Address Specialty Care Deserts and the Digital Divide through the Veterans Health Administration's Telehealth Hub-and-Spoke Cardiology Clinic:

Retrospective Cohort Study," *Journal of Medical Internet Research,* vol. 26, p. e53932, 2024.

[91] "Role of digital health in coordinating patient care in a hub-and-spoke hierarchy of cancer care facilities: a scoping review," *Ecancermedicalscience,* vol. 17, p. 1605, 2023.

[92] "A Network Approach to Stroke Systems of Care," *Circulation: Cardiovascular Quality and Outcomes,* vol. 12, no. 8, p. e005526, 2019.

[93] "Telehealth in Oncology: ASCO Standards and Practice Recommendations," *JCO Oncology Practice,* vol. 17, no. 9, p. 546–564, 2021.

**Iowa Rural Health Transformation Program (Healthy Hometowns)**
**Appendix 2: Data Tables**

**Figure 1: Driving Distance in Minutes to the Nearest Iowa Psychiatrist by Census Tract**

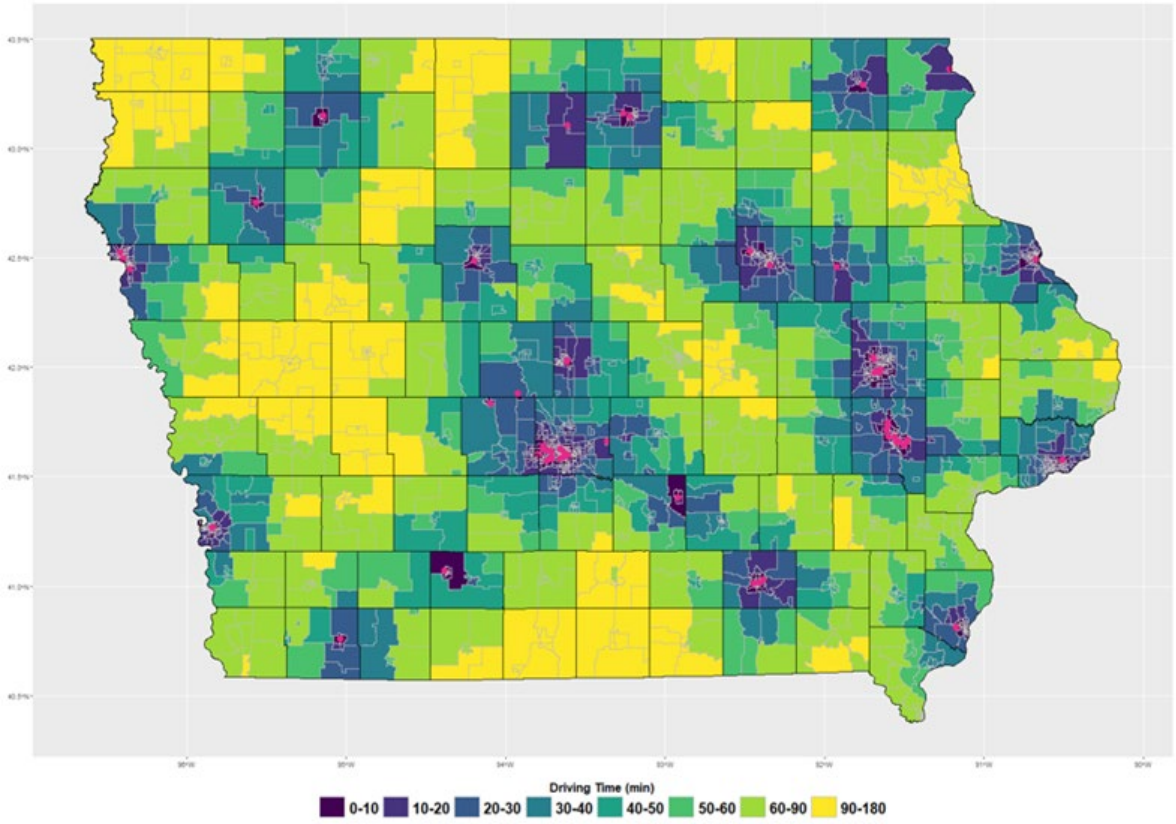


**Figure 2: Driving Distance in Minutes to the Nearest Iowa Cardiologist by Census Tract**

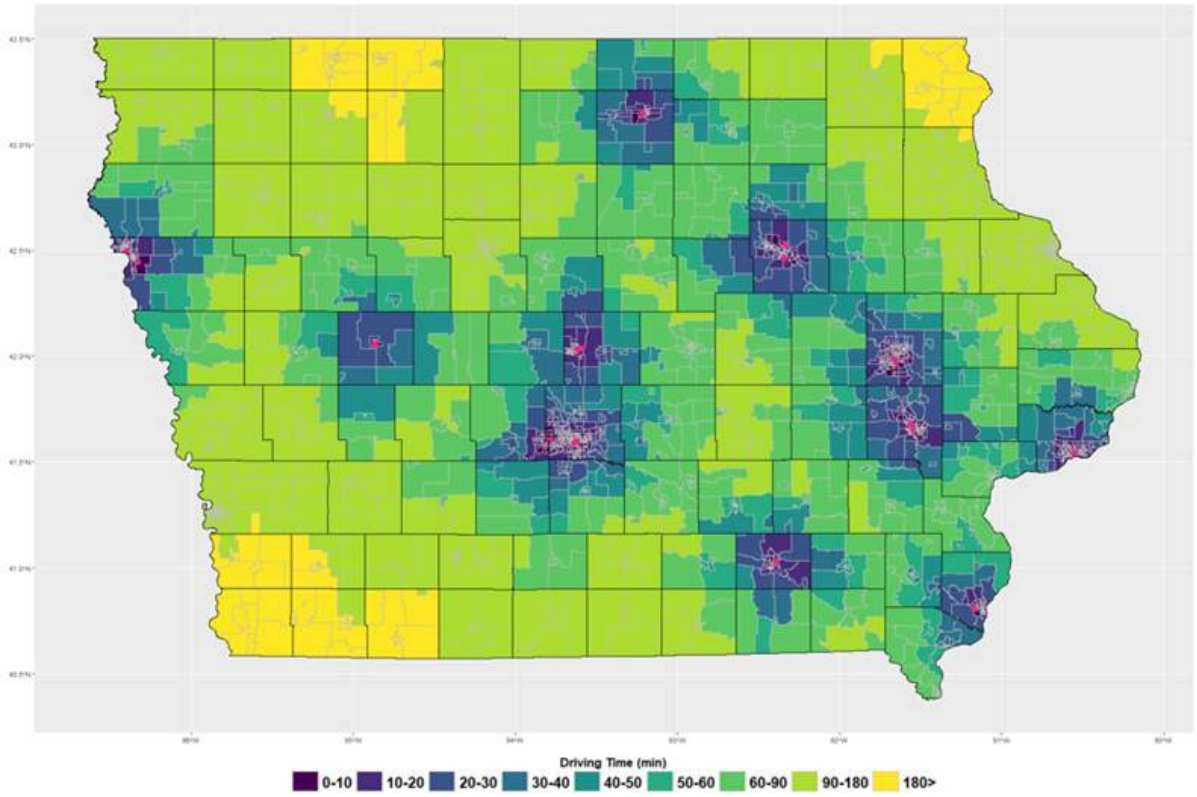



**Figure 3: Access to Primary Care Physicians and Hospitals by Rural Status**

| Table Reports Mean Values | | | |
|---|---|---|---|
| Provider | Patient | Driving Distance in Mi. | Driving Time in Min. |
| Hospital | Metro | 6 (5) | 14 (11) |
| Hospital | Micro | 7 (8) | 17 (17) |
| Hospital | Rural | 12 (7) | 29 (16) |
| Hospital | Small | 5 (5) | 12 (11) |
| PC Physician | Metro | 3 (3) | 7 (8) |
| PC Physician | Micro | 4 (4) | 10 (11) |
| PC Physician | Rural | 10 (7) | 24 (15) |
| PC Physician | Small | 4 (4) | 10 (10) |

Notes: Standard deviations are in parenthesis. Source: OSCEP Provider Survey was used for determining physician practice locations. Street networks provided by OpenStreetMaps.

**Figure 4: Visits Per Capita, Rural to Urban and Urban to Rural; Cancer-Related**

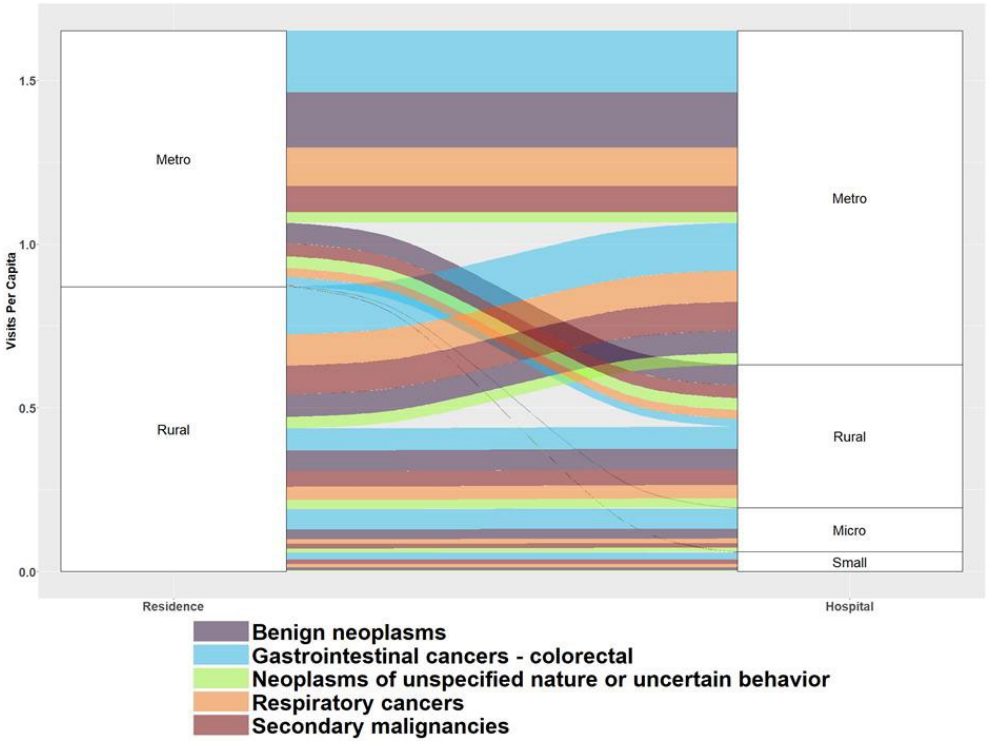



**Figure 5: Visits Per Capita, Rural to Urban and Urban to Rural; Common Ailments**

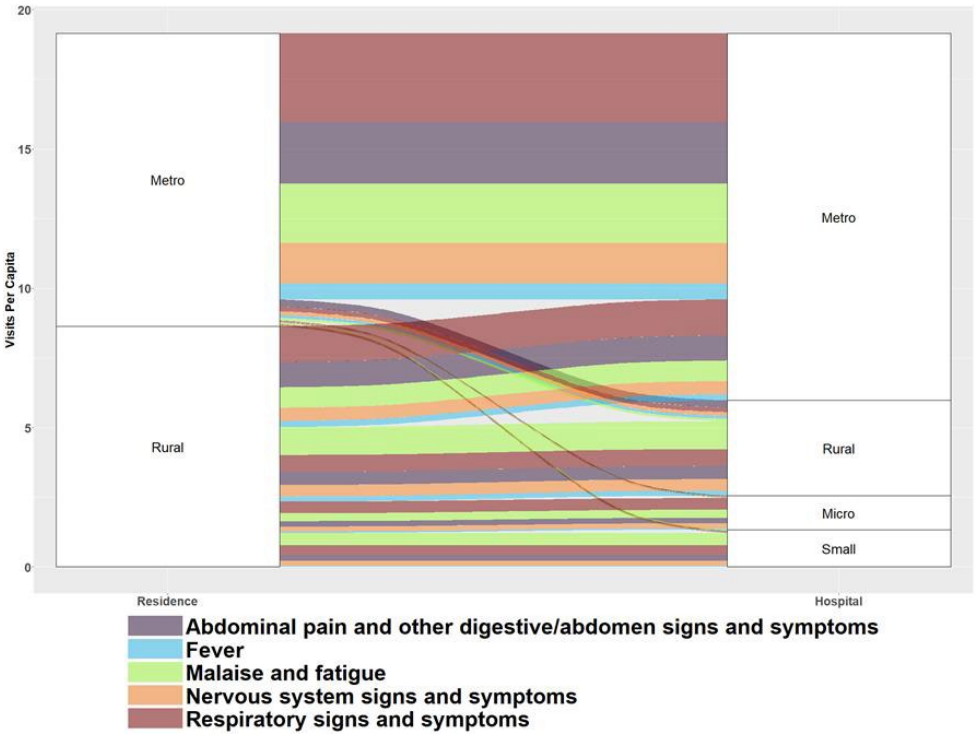
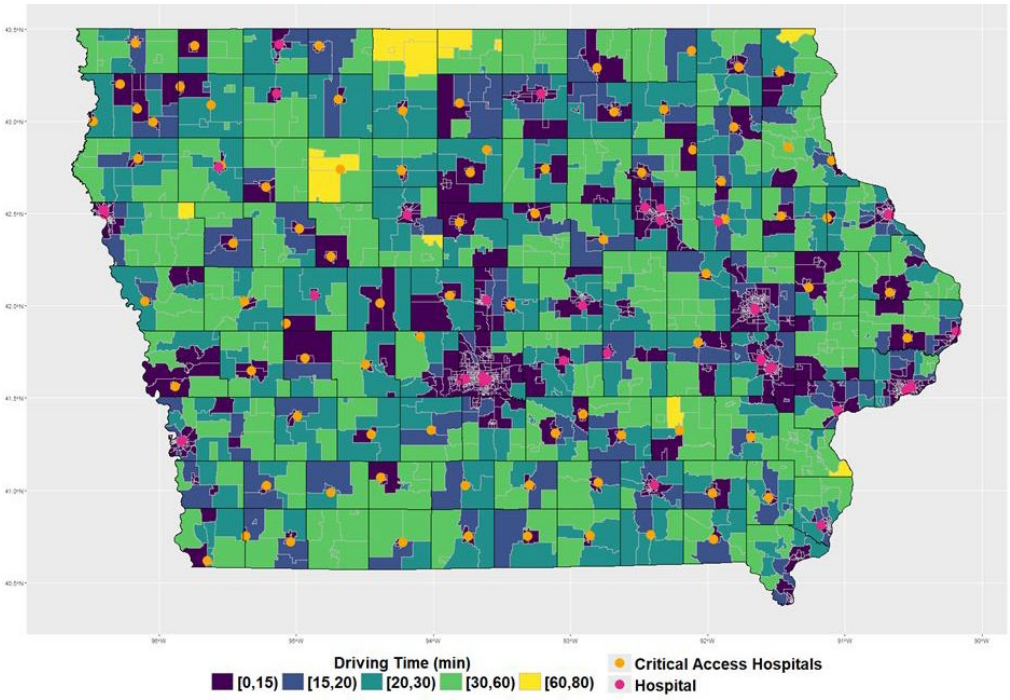


**Figure 6: ED Ambulatory Care Sensitive Conditions by Rural Status**

| ACSC Condition | RUCA | Claims | Visits per capita |
|---|---|---|---|
| Cardiovascular | Metro | 2,359 | 1.28 |
| Cardiovascular | Micro | 1,034 | 2.27 |
| Cardiovascular | Rural | 1,468 | 2.59 |
| Cardiovascular | Small | 769 | 2.30 |
| ENT | Metro | 183 | 0.10 |
| ENT | Micro | 127 | 0.28 |
| ENT | Rural | 255 | 0.45 |
| ENT | Small | 96 | 0.29 |
| Respiratory | Metro | 7,878 | 4.28 |
| Respiratory | Micro | 2,360 | 5.18 |
| Respiratory | Rural | 3,942 | 6.94 |
| Respiratory | Small | 2,420 | 7.25 |

Source: 2024 IPOP claims data. Note: Visits per capita have been multiplied by 1000 to be interpreted as visits per 1000 residents.

**Figure 7: Driving Time to Hospitals by Census Block Group**



## Figure 8: Leading Causes of Death Iowa vs. Nation, Age-Adjusted Rate

| Leading Causes of Death - 2023 | IA Age Adjusted Rate per 100k Population | Other States Age Adjusted Rate per 100k Population |
|---|---|---|
| Intentional Self-Harm (Suicide) | 17.2 | 13.9 |
| Essential Hypertension | 12 | 10 |
| Chronic Lower Respiratory Diseases | 40.1 | 35.3 |
| Parkinson Disease | 10.3 | 9.5 |
| Diseases of Heart | 176.6 | 166.4 |
| Malignant Neoplasms | 148.6 | 144.0 |
| Alzheimer Disease | 29.9 | 30.0 |
| Diabetes Mellitus | 23.3 | 23.7 |
| Influenza and Pneumonia | 11.3 | 11.6 |
| COVID-19 | 45.2 | 48.9 |
| Chronic Liver Disease | 12.0 | 13.2 |
| Septicemia | 8.9 | 9.9 |
| Cerebrovascular Diseases | 32.3 | 39.1 |
| Nephritis, Nephrotic Syndrome, and Nephrosis | 10.6 | 13.2 |
| Accidents (Unintentional Injuries) | 47.4 | 59.7 |

Source: U.S. Decennial Census (2020), RUCA codes, National Highway Network, accessed 8/2025.

## Figure 9: Iowa Care Shortage Areas by Discipline, Rural vs. Urban

| | Number of Primary Care Shortage Areas (% of total) | Number of Dental Care Shortage Areas (% of total) | Number of Mental Health Shortage Areas (% of total) |
|---|---|---|---|
| **Rural Counties: Whole County is Shortage Area** | 43 (64.2%) | 35 (52.2%) | 59 (88%) |
| **Rural Counties: Part of County is Shortage Area** | 1 (1.5%) | 0 (0%) | 0 (0%) |
| **Rural Counties: None of County is Shortage Area** | 23 (34.3%) | 32 (47.8%) | 8 (12%) |
| Urban Counties: Whole County is Shortage Area | 4 (36.4%) | 4 (36.4%) | 3 (27.2%) |
| Urban Counties: Part of County is Shortage Area | 4 (36.4%) | 1(9%) | 7 (63.6%) |
| Urban Counties: None of County is Shortage Area | 3 (27.2%) | 6 (54.6%) | 1 (9%) |
| Source: HRSA Data Warehouse, Health Professional Shortage Areas by County, July 2025. | | | |

## Figure 10: Leading Causes of Death, Iowa Crude Rate Urban vs. Rural

| Leading Causes of Death - 2023 | IA Urban Crude Rate | IA Rural Crude Rate |
|---|---|---|
| Diseases of Heart | 192.88 | 297.45 |
| Malignant Neoplasms | 169.85 | 233.89 |
| Accidents (Unintentional Injuries) | 50.17 | 59.22 |
| Cerebrovascular Diseases | 36.94 | 53.01 |
| Chronic Lower Respiratory Diseases | 44.88 | 66.92 |
| Alzheimer Disease | 33.38 | 53.20 |
| Diabetes Mellitus | 22.28 | 41.92 |
| Nephritis, Nephrotic Syndrome, and Nephrosis | 11.8 | 18.82 |
| COVID-19 | 46.98 | 77.85 |
| Chronic Liver Disease | 13.25 | 16.22 |
| Intentional Self-Harm (Suicide) | 16.37 | 19.53 |
| Influenza and Pneumonia | 11.08 | 21.54 |
| Essential Hypertension | 14.97 | 21.28 |
| Septicemia | 10.48 | 15.16 |
| Parkinson Disease | 11.93 | 17.30 |

## Figure 11: EMS Performance Statistics – Time to Treatment

| Designation | Rural | Urban |
|---|---|---|
| Average of Treatment Time in Minutes (Mean) - Time from arrived at patient to transfer of care at destination | 102.31 | 59.04478 |
| Average of Treatment Time in Minutes (Standard Deviation) | 171.1906 | 20.37864 |
| Average of Response Time in Minutes (Mean) - Time from EMS notification by dispatch to arrival at scene | 39.1478 | 37.03837 |
| Average of Response Time in Minutes (Standard Deviation) | 46.50713 | 32.41934 |
| Average of Scene Time in Minutes (Mean) - Time from arrival at scene to time left scene | 58.28847 | 52.6522 |
| Average of Scene Time in Minutes (Standard Deviation) | 52.97351 | 33.37483 |
| Average of Transport Time in Minutes (Mean) - Time left scene to arrival at destination – inter-facility transfers | 26.48468 | 21.00565 |
| Average of Transport Time in Minutes (Standard Deviation) | 4.882814 | 5.578081 |
| Total Transfers | 10529 | 8073 |
| Transfer Rates | 179.0315 | 101.9743 |

Source: ImageTrend EMS Registry, Accessed October 2025.

## Figure 12: Driving Time to Practicing Medical Oncologists by Census Block Group

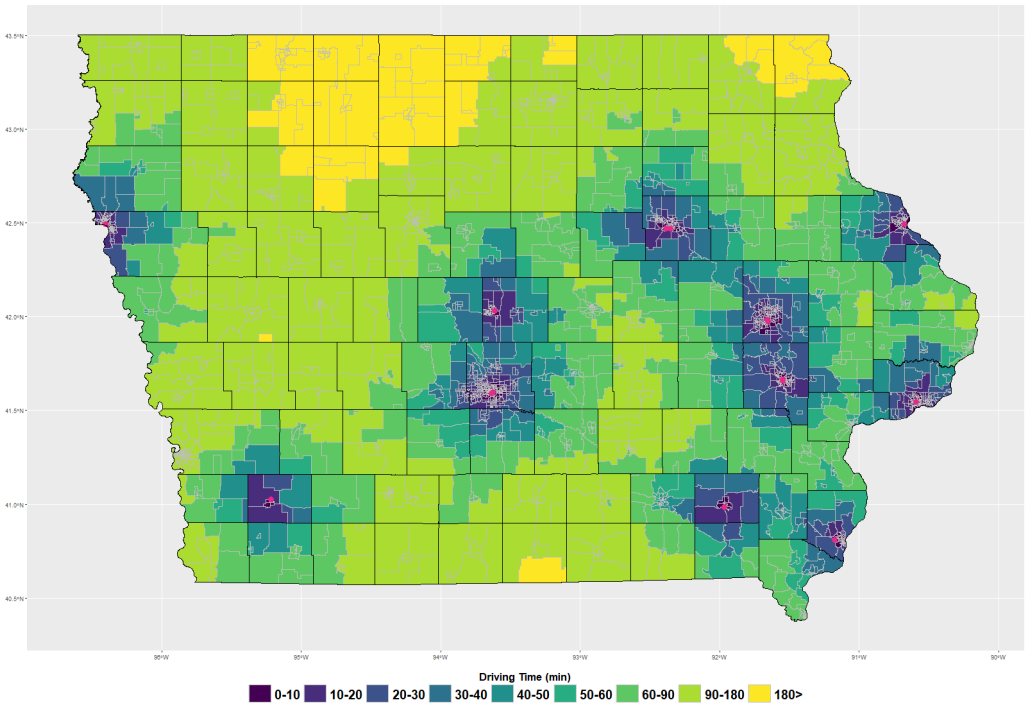



**Figure 13: Driving Time to Practicing Radiation Oncologists by Census Block Group**

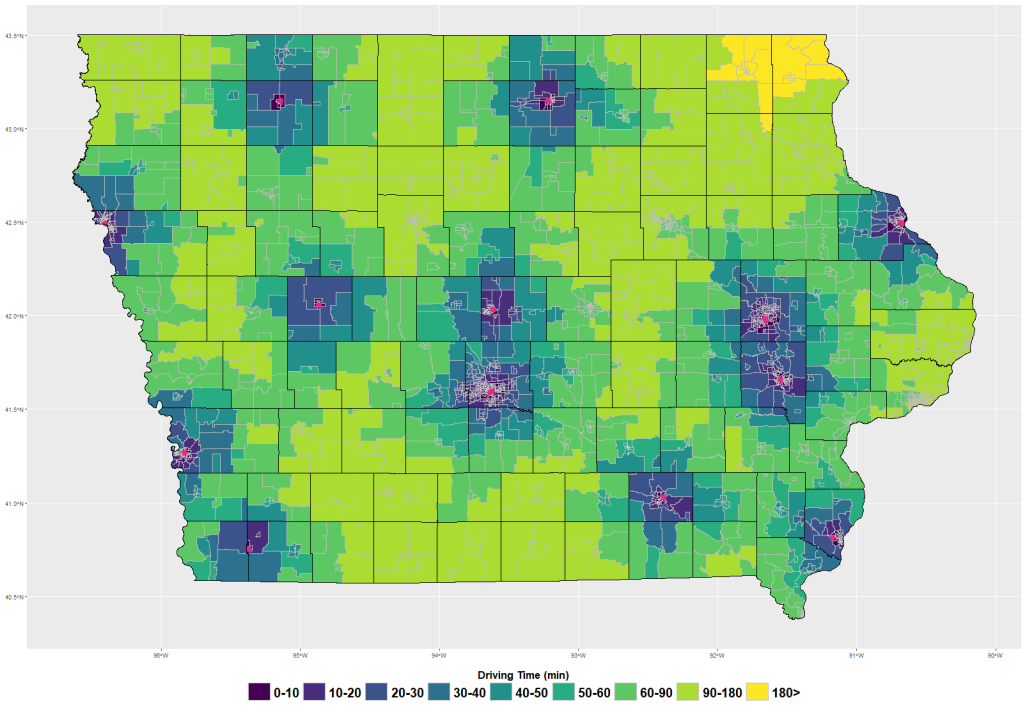



**Figure 14: Driving Time to Practicing Obstetricians/Gynecologists by Census Block Group**

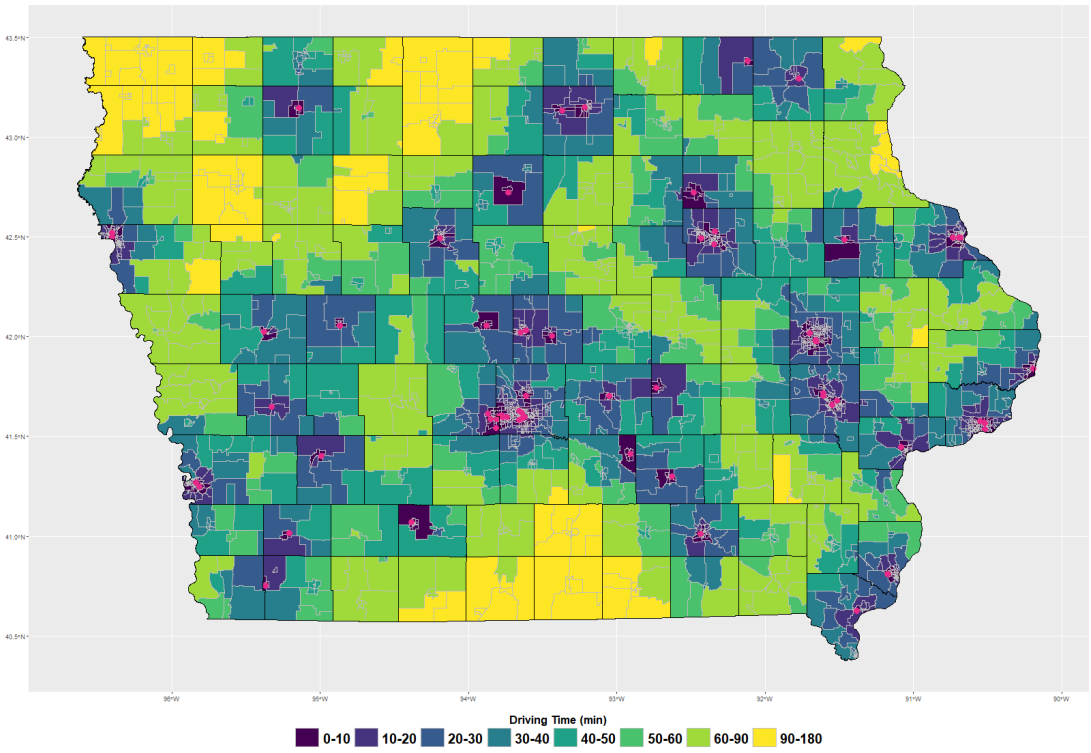
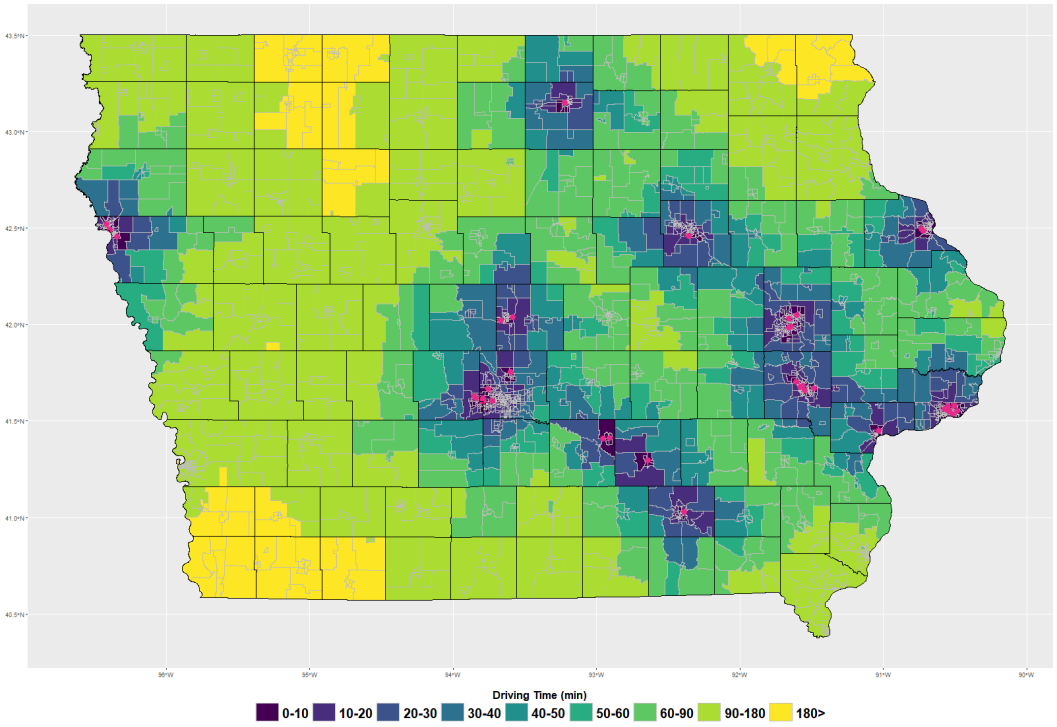



**Figure 15: Driving Time to Practicing Dermatologists by Census Block Group**



**Iowa Rural Health Transformation Program (Healthy Hometowns)**

## Appendix 3: Iowa Technical Score Alignment Matrix

| Iowa Initiative Technical Score Alignment Matrix | | |
|---|---|---|
| **Hometown Connections** | **Technical Score Factor** | **Description** |
| | **B.1. Population health clinical infrastructure** | The application process will require formalized referral agreements, community investment strategies, enhanced outreach, and integration of wraparound social services to increase coordination among existing rural community providers. |
| | **B.2. Health and lifestyle** | Providers serving schools will incorporate nutrition and physical activity into care. Schools can receive new physical activity equipment as incentives for participation. |
| | **C.1. Rural provider strategic partnerships** | Engagement in partnerships that cross over hospital affiliations to provide rural care as a global healthcare system focusing on the right care, at the right time, in the right place while respecting patient choice. |
| | **D.1. Talent recruitment** | Development of plans for tuition reimbursement, workforce recruitment strategies, apprenticeship, internship, and/or residency opportunities. |
| | **E.2. Individuals dually eligible for Medicare and Medicaid** | Data collection and analysis on those served, improvements in future care based on results |
| | **F.1. Remote care services** | Implementation of telehealth strategies in Health Hubs and in schools. |
| | **F.2. Data infrastructure** | Required utilization of the health information exchange. |
| | **F.3 Consumer Facing Technology** | Contractors developing Health Hubs may invest in consumer-facing technology to aid patients with self-management |
| **Combat Cancer: Prevent and Treat** | **B.1. Population health clinical infrastructure** | Improving access to care that prevents chronic diseases . |
| | **B.2. Health and lifestyle** | Providing education on health and lifestyle factors that contribute toward cancer risk |
| | **C.1. Rural provider strategic partnerships** | Engagement in partnerships that cross over hospital affiliations to provide rural care as a global healthcare system focusing on the right care, at the right time, in the right place while respecting patient choice. |
| | **D.1. Talent recruitment** | Development of plans for tuition reimbursement, workforce recruitment strategies, apprenticeship, internship, and/or residency opportunities. |
| | **E.2. Individuals dually eligible for Medicare and Medicaid** | Data collection and analysis on those served, improvements in future care based on results |

| | | |
|---|---|---|
| | **F.1. Remote care services** | Implementation of telehealth strategies in Health Hubs and in schools. |
| | **F.2. Data infrastructure** | Required utilization of the health information exchange. |
| | **F.3 Consumer Facing Technology** | Contractors developing Health Hubs may invest in consumer-facing technology to aid patients with self-management |
| **Communities of Care** | **B.1. Population health clinical infrastructure** | Improve and expand the quality and delivery of health care to rural Iowans through development of a community care hub-and-spoke system to improve chronic disease-related health outcomes. explores sustainable models by funding demonstration projects |
| | **B.2. Health and lifestyle** | Implement a community care hub-and-spoke system that delivers accessible physical activity, nutrition, self-management, and screening interventions aimed at personal health improvements and risk reduction for rural Iowans at the community level. |
| | **C.1. Rural health strategic partnerships** | Funds co-located access points to promote preventive health and address root causes of diseases and provide wrap around social care. |
| | **E.2. Individuals dually-eligible for Medicare and Medicaid** | Community health workers will provide enrollment support and care coordination for this population. Data collection and analysis activities. |
| | **F.1. Remote care services** | Expansion for telehealth services can allow for the co-location care sites to serve as spokes to hubs with specialized care in metropolitan areas |
| | **F.2. Data infrastructure** | All participating organizations will be required to connect to the Iowa Health Information Exchange to allow for seamless access to records across provider types. |
| | **F.3. Consumer facing technology** | Continuous glucose monitors will be provided to clients of this chronic disease prevention and management hub to allow patients to use technology in their homes for better health. |
| **Health Information Exchange** | **B.1. Population health clinical infrastructure** | HIE provides longitudinal health record enabling more effective and efficient integrated models of care. |
| | **C.1. Rural provider strategic partnerships** | HIE allows for secure and timely access to patient records for the entire integrated team, even if using different EHR systems. |

| | | |
|---|---|---|
| | **F.2 Data infrastructure** | HIE meeting the latest USCDI v3 standards for interoperability ensures high quality, valid data exchange for timely use at the bedside as well as a repository of data for population health/rural health data analytics. |
| **EMS Community Care Mobile** | **B.1. Population health clinical infrastructure** | The services provided use expanded scopes of practice for EMS clinicians to improve the population health clinical infrastructure in rural Iowa by focusing on technological innovation, primary care, and chronic disease prevention and management. |
| | **C.1. Rural provider strategic partnerships** | Builds formal linkages between EMS, hospitals, public health, OB/GYNS, and primary care networks. |
| | **C.2. EMS** | Expands EMS capacity, sustainability, and innovation through MIH deployment. |
| | **D.1. Talent recruitment** | Implements targeted EMS workforce recruitment and retention strategies. |
| | **E.2. Individuals dually eligible for Medicare and Medicaid** | Data collection and analysis on those served, improvements in future care based on results |
| | **F.1. Remote care services** | Provides care through telehealth within Mobile Integrated Care units and during High-risk OB and Neonatal Transport. Provides remote care at patient homes and community sites. |
| | **F.2. Data infrastructure** | Develops statewide EMS quality dashboards and performance monitoring systems. MIH sites connect to HIE. |

IOWA Health and Human Services

# Governor Reynolds

**Larry Johnson**
HHS Director

**Sarah Ekstrand**
Chief of Staff

**External Relations**
- **Communications,** Alex Murphy
- **Government Relations,** Carrie Malone

## Compliance and Administration
Sarah Reisetter, JD

- **Division Deputy**
  Cassie Tracy
- **Internal Controls and Accountability**
  Amy Tack
- **Legal**
  Kayla Burkhiser Reynolds
- **Human Resources and General Business Services**
  Melissa Bird
- **Cannabis Regulation**
  Owen Parker
- **Performance and Operations**
  Marisa Roseberry
- **Transformation and IT Strategy**
  Julia Webb
- **Data Privacy and Strategy**
  Kelsey Feller
- **Finance**
  Jess Benson

## Medicaid
Lee Grossman

- **Strategic Initiatives Deputy**
  Kera Oestreich
- **Operations Deputy**
  Rebecca Curtiss

## State-Operated Specialty Care
Cory Turner

- **Civil Commitment Unit for Sexual Offenders**
  Cory Turner
- **Boys State Training School**
  Chris Olson (interim)
- **Independence MHI**
  Cade Iversen
- **Cherokee MHI**
  Cory Turner
- **Woodward Resource Center**
  Marsha Edgington

## Behavioral Health
Marissa Eyanson

- **Services, Planning and Performance**
  DeAnn Decker
- **Operations and Compliance**
  Theresa Armstrong

## Public Health
Robert Kruse, MD, MPH

- **Clinical Office**
  Derek Hess, JD, PhD
  Matthew Donahue, MD
  Andrew Hennenfent, DVM, MPH, DACVPM
  Theresa Clemmons, DO, FAPA
- **State Medical Examiner**
  Dennis Klein, MD
- **Operations Deputy and Public Health Services**
  Ken Sharp

## Community Access and Eligibility
Erin Drinnin

- **Operations Deputy and Volunteer Iowa**
  Monica Stone
- **Child Support Services**
  Kylie Claycomb
- **Assistance Programs**
  Amela Alibasic
- **Community Action**
  Lorie Easter
- **Refugee Services**
  San Wong (Interim)

## Family Well-Being and Protection
Janee Harvey

- **Child Protective Services**
  Lori Frick
- **Child Care**
  Ryan Page
- **Early Intervention and Support**
  Shelley Horak

## Aging and Disability Services
Zachary Rhein

- **Aging Services**
  Alexandra Bauman
- **Community Integration**
  Dawn Kekstadt
- **Prevention and Adult Protective Services**
  Gloriana Fisher
- **State Long-Term Care Ombudsman**
  Angela Van Pelt

IOWA Health and Human Services

# Governor Reynolds

**Sarah Ekstrand**
Chief of Staff

**Larry Johnson**
HHS Director

**External Relations**
- **Communications,** Alex Murphy
- **Government Relations,** Carrie Malone

## Compliance & Administration
Sarah Reisetter, JD

- **Deputy**
  Cassie Tracy
- **Internal Controls**
  Amy Tack
- **Legal**
  Kayla Burkhiser Reynolds
- **Human Resources & General Business Services**
  Melissa Bird
- **Contracts**
  Open

## Performance & Operations
Marisa Roseberry

- **Transformation & IT Strategy**
  Julia Webb
- **Data Privacy & Strategy**
  Kelsey Feller
- **Finance**
  Jess Benson
- **Cannabis Regulation**
  Owen Parker

## Medicaid
Lee Grossman

- **Strategic Initiatives Deputy**
  Kera Oestreich
- **Operations Deputy**
  Rebecca Curtiss

---> **State of Iowa Health Economist**
Lachlan Watkins, PhD

## State-Operated Specialty Care
Cory Turner

- **Civil Commitment Unit for Sexual Offenders**
  Cory Turner
- **Boys State Training School**
  Chris Olson (interim)
- **Independence MHI**
  Cade Iversen
- **Cherokee MHI**
  Cory Turner
- **Woodward Resource Center**
  Marsha Edgington

## Behavioral Health
Marissa Eyanson

- **Services, Planning & Performance**
  DeAnn Decker
- **Operations & Compliance**
  Theresa Armstrong

## Public Health
Robert Kruse, MD, MPH

- **Clinical Office**
  Derek Hess, JD, PhD
  Matthew Donahue, MD
  Andrew Hennenfent, DVM, MPH, DACVPM
  Theresa Clemmons, DO, FAPA
- **State Medical Examiner**
  Dennis Klein, MD
- **Operations Deputy & Public Health Services**
  Ken Sharp
- **Health Promotion & Prevention**
  Jill Lange
- **Health Protection**
  Margot McComas

## Community Access & Eligibility
Erin Drinnin

- **Operations Deputy & Volunteer Iowa**
  Monica Stone
- **Child Support Services**
  Kylie Claycomb
- **Assistance Programs**
  Amela Alibasic
- **Community Action**
  Lorie Easter
- **Refugee Services**
  San Wong (Interim)

## Family Well-Being & Protection
Janee Harvey

- **Child Protective Services**
  Lori Frick
- **Child Care**
  Ryan Page
- **Early Intervention & Support**
  Shelley Horak

## Aging & Disability Services
Zachary Rhein

- **Planning & Performance Evaluation**
  Shan Sasser
- **Community Integration**
  Dawn Kekstadt
- **Prevention & Adult Protective Services**
  Gloriana Fisher
- **Navigation & Supportive Services**
  Alexandra Bauman
- **State Long-Term Care Ombudsman**
  Angela Van Pelt