District 7 Disability Access Points (DAPs) District Assessment

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Introduction

In May 2024, House File 2673 was signed into Iowa law that made changes to how non-Medicaid disability services were managed in the state. The coordination of disability services moved from the Mental Health and Disability Services (MHDS) Regions to Disability Access Points (DAPs). There were four agencies designated to serve as DAPs across the seven disability services districts in Iowa. These agencies are part of the state's Aging and Disability Resource Center (ADRC) Network.

To understand the needs of each of the districts; the DAPs, with support from the Iowa Department of Health and Human Services (Iowa HHS), conducted a district assessment. A district assessment is a systematic process that uses data to assess a district's ability to meet tactics for disability services such as service navigation, service coordination, short-term services, and caregiver services. The district assessment is an opportunity to identify district strengths, gaps, and resources to help create a district plan for the next 18 months.

The purpose of this assessment is to identify and prioritize the needs of entities that serve individuals with disabilities across the lifespan within the populations served by Iowa HHS system. The assessment aims to engage key partners including providers, community-based organizations, and local system partners to gather insights and ensure that activities, services, and interventions meet the specific needs of district partners. The assessment process includes gathering and analyzing both quantitative and qualitative data to better understand services across the disability services system, identifying needs across age groups from early childhood through older adulthood, and highlighting gaps within each district. The assessment also documents existing assets and strengths that can support improved outcomes, as well as challenges and barriers that limit equitable access to disability services and supports. The findings will be used to prioritize district needs based on data, partner input, and best practices. District-specific summaries will be developed to provide recommendations that guide planning, investment, and coordinated action.

About Us

Mental Health and Disability Services of the East Central Region (MHDS of the ECR) is proud to be the contracted Disability Access Point for District 7. MHDS of the ECR was created in 2014 as a Mental Health and Disability Services Region comprised of 9 counties. Our name will change in January to Eastern Iowa Disability Alliance to better reflect both the new counties we serve and the individuals we support. Despite the transition to a new role, our commitment to serving individuals has been maintained as our number one priority.

Acknowledgements

MHDS of the ECR would like to thank the community partners and stakeholders who took time to provide input, answer assessment questions, and participate in the group activity to establish priorities.

We would also like to express appreciation for our newly formed Advisory Council for their input, for Iowa HHS who provided qualitative data and guided us through the process, and to our Governing Board who has supported us throughout the realignment.

Approach

The development of the district assessment included the collection and analysis of both quantitative data and qualitative information. Quantitative data was collected from the US Census Bureau, Behavioral Risk Surveillance Survey (BRFSS), and the National Child Health Survey (NCHS). These data were compiled into district profiles for DAPs to be used alongside qualitative findings to identify gaps and prioritize needs within each district.

Qualitative information was collected using a questionnaire with key partners around strengths, resources, challenges, and barriers as they relate to three Disability Services System result statements. The statements being evaluated were:

- People of all ages, served by HHS' Aging and Disability Services System, have choices and access to high quality, equitable, and person-centered programs and services to maximize independence, community integration, and self-sufficiency.
- People of all ages, served by HHS' Aging and Disability Services System, are empowered to use or access programs that improve their health and wellness.
- People of all ages, served by HHS' Aging and Disability Services System, are supported by family members and friends of their choice, and have social connections within their communities.

District 7 staff identified key partners and stakeholders to interview, ensuring geographical, diagnostic, and service diversity within the disability network. An Iowa Health and Human Services-provided questionnaire was utilized to gather data from 17 providers and agencies in a two-week time period. Most of the information was obtained through conversations with agencies, with a few results provided in writing when the agency preferred that method. Some partners who were contacted chose not to participate in the assessment process.

Entities interviewed fell into three broad categories identified by HHS: Short-Term Services and Supports (STSS), Long-Term Services and Supports (LTSS), and Community Providers.

Short-Term Services and Supports: NAMI Johnson County, Hawkeye Area Community Action Program

Long-Term Services and Supports: Delaware County Community Life, The Arc of East Central Iowa, To the Rescue, LaBase Living, Goodwill of the Heartland, Abbe Center for Community Mental Health, First Resources, Full Circle Services, Vera French Community Mental Health Center

Community Partners: Eastern Iowa Health Center, Buchanan County Health Center, Heritage Agency on Aging, Iowa Vocational Rehabilitation Services, Keystone Area Education Agency, Buchanan County Sheriff's Department Law Enforcement Liaison

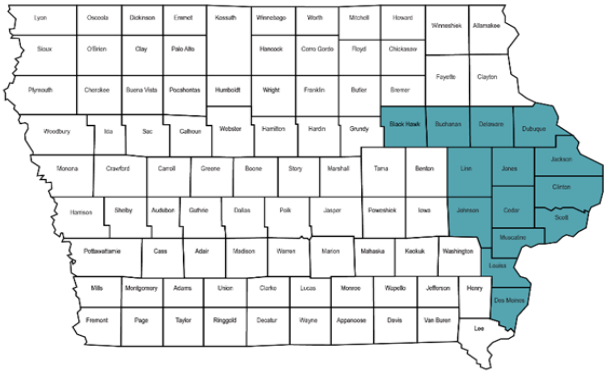
Information received was reviewed and common themes in strengths, resources needed, challenges, and barriers were identified. The qualitative results were then analyzed in conjunction with the quantitative data from the District 7 Profile to identify strengths and gaps in the District 7 disability system.

A focus group of individuals including representatives from partner agencies who participated in the assessment, members of the District 7 Disability Services Advisory Council, a representative from Iowa's University Center for Excellence in Developmental Disabilities, and DAP staff met to review data received and generate ideas to meet identified gaps by completing an Impact Momentum Matrix. The group reached a consensus of three priorities. These priorities will guide DAP activities over the next 18 months.

District 7 Profile

District 7 encompasses 14 counties across East Central and Southeast Iowa. The Disability Access Point (DAP) serving District 7 is MH/DS of East Central Region.

Counties
Black Hawk, Buchanan, Delaware, Dubuque, Linn, Jones, Jackson, Johnson, Cedar, Clinton, Muscatine, Scott, Louisa, Des Moines



Demographics

According to the US Census Bureau, District 7 had a total population of 1,033,300 in 2024. Of this population, 22% (224,230) were children aged 0-17, 24% (248,338) were adults ages 18-34, 36% (369,033) were adults ages 35-64, and 19% (191,699) were adults 65 years of age and older.

District 7 county populations range from 10,600 to 231,762 with four counties falling in the top five most populated counties in Iowa. The mix of large, more urban/adjoining counties with higher incomes alongside smaller, more rural counties with fewer resources demonstrates a wide variation in resource availability, economic status, and rural access within the district.

Demographics for Individuals with a Disability – District 7 (2019-2023)

Living with Disability, by Type	% of Population
Any disability	12.0%
With an ambulatory difficulty	5.2%
With a cognitive difficulty	4.7%
With a hearing difficulty	3.4%
With an independent living difficulty	3.7%
With a self-care difficulty	1.8%
With a vision difficulty	2.0%

Source: US Census Bureau, American Community Survey

Living with Disability, by Age	% of Population
0 to 17 years	4.8%
18 to 34	7.9%
35 to 64	11.4%
65 years and over	62.7%

Source: US Census Bureau, American Community Survey

Children with Special Health Care Needs (CSHCN)
Percent of children aged 0-17 - 24.3%
Estimated number of children ages 0-17 in Iowa – 175,995
Source: 2022-2023 National Survey of Children's Health

Assessment Findings

Result Statement #1 – Choice and Access to Person-Centered Programs
Agencies and programs identified their greatest strengths as offering person-centered and individualized services**,** ensuring that each individual's goals, preferences, and safety guide their care in the least restrictive, most empowering environments. The focus is on empowering individuals to live self-sufficient, connected lives while fostering resilience and long-term stability. Consistent needs across agencies include adequate and sustainable funding, increased transportation options, more affordable housing, and assistance with navigating a complex and fragmented system. The most significant challenges include staffing shortages, low reimbursement rates, delayed authorizations, and system navigation hurdles. Barriers consistently reported include workforce shortages; high turnover; burdensome, inconsistent training requirements; and lack of medical and specialty care providers, especially for aging adults and those with co-occurring disabilities.

Result Statement #2 – Empowerment to Access Health and Wellness
Organizations demonstrate strengths in using strong person-centered practices, building independence through daily living and self-advocacy skills, and offering comprehensive supports as well as inclusive, low barrier activities. Identified resources needed again include transportation, staff capacity, and consistent and adequate funding, as well as accessible on-demand training for Direct Support Professionals (DSPs), affordable or Medicaid-supported wellness opportunities, culturally and linguistically appropriate resources, and stronger community partnerships. Common challenges identified include financial challenges for both individuals and providers; a lack of medical resources and providers in some areas, especially to serve those with a brain injury, co-occurring needs, or criminal records; and a lack of trust or understanding of services and the impact of working while receiving benefits. Barriers again include lack of affordable, safe housing; limited access to healthcare providers who accept Medicaid; and limited transportation, especially in rural areas. Other barriers often cited were difficulty navigating Social Security and other benefits, food insecurity, and unmet basic needs.

Result Statement #3 – Support from Family, Friends, and Social Connections
Organizations report excelling at fostering social connection and community integration to build peer relationships and independence, encouraging family involvement and assisting to reestablish and strengthen family relationships, and providing access to community resources to promote inclusion and empowerment. Resources most needed included funding for transportation, community events, internet, and phones to encourage social and family connections; additional peer support networks, especially for parents; additional multi-

language options; and increased education for early intervention. Challenges include lack of providers in some communities, decreasing free or reduced meals and social opportunities, and difficulty accessing and using technology. Barriers identified include lack of transportation on evenings and weekends when community events occur, funding and service limitations that don't always meet the individual's needs, and administrative burdens for providers.

Cross-Cutting Themes

Across all three result statements, providers consistently cited person-centered care, strong community partnerships, and flexible service models as their primary strengths. The most significant and recurring gaps were transportation, funding limitations, and workforce shortages, followed closely by provider scarcity in rural areas. Barriers most often reflected structural and systemic issues such as Medicaid and waiver program challenges, lack of coordinated systems of care, and community-level stigma. These findings suggest that while agencies are committed and resourceful in delivering individualized supports, higher-level policy, funding, and infrastructure changes are essential to close gaps and reduce barriers across the disability services system.

Conversations with providers and other partners, as well as a review of qualitative data gathered by HHS, provided valuable insight into the strengths, needed resources, challenges, and barriers within the District 7 disability system. Common themes were identified across the system and within many partner agencies and are detailed below.

Strengths

- Collaboration and partnership among agencies and other community partners in District 7: Agencies work closely with each other and other community partners to ensure people are connected to the most appropriate services even when the need falls outside their own offerings.
- Focus on community integration, social connection, and natural supports is a core priority: Agencies engage families, friends, and community members as partners in care. They actively reduce social isolation, encourage individuals to rekindle relationships with families and friends to develop a support network, ensure access to community-based activities, and encourage individuals to interact meaningfully with their community through employment, volunteering, and other activities.
- Person-centered, integrated, individualized support: Providers use motivational interviewing and cross-team collaboration. They support self-determination, goal setting, and advocacy. Providers adapt services to support individualized needs throughout their lifespan and to integrate mental, physical, and emotional health support. They are working to expand language services, address cultural barriers, and bring services to individuals in the community.

- Stable, well-trained, compassionate workforce: Providers strive to ensure consistent staffing, high quality service delivery supported by continuous quality improvement, and client rights protections. They require a multitude of trainings to enable staff to effectively support individuals with all types of needs.
- Focus on recovery, resilience, and safety utilizing strengths-based, flexible, trauma-informed care: Providers empower individuals to live fuller, more independent lives of their choosing. Staff receive training to understand the role of trauma and resilience and focus on individuals' strengths.

Resources Needed

- Widely available and visible multi-language information, training, and navigation for providers and family members: Many agencies and families expressed difficulties with navigating the disability system, understanding eligibility and how to apply for funding, and locating services to meet needs. Assistance with reapplying for Medicaid after loss is a significant need.
- Early education, outreach, and intervention: Community agencies and providers felt that many parents are not aware of services available to their children with disabilities. They have seen a reduction in the number of families and children using support services that could decrease family stress and assist children with earlier skill development.
- Transportation options and funding, especially in rural areas and after hours/weekends: Transportation barriers often increase social isolation and make it more difficult for individuals to receive medical care and maintain employment. This is especially evident in communities with little public transportation and during evenings and weekends.
- Support for hiring and maintaining staff, including training funds: Providers experience much turnover in staff and staff shortages. They report difficulty affording training costs and competitive wages with the current funding structure. Some providers feel affordable, on-demand training for staff would be beneficial.
- Funding for phones, internet, community activities, and transportation to reduce social isolation: Individuals often have limited or no income which makes it difficult to connect with others electronically, to attend social activities which require an admission fee or purchase of food, and to pay for transportation for socialization.

Challenges

- Lack of affordable housing and rental assistance: Housing is a barrier for many individuals due to the length of time it takes to receive SSI/SSDI and the waiting list for most subsidized housing. Subsidized housing is typically not an option in habilitation home settings since the home is often owned by the provider, or the individual is subleasing from a landlord. Rental assistance frequently is an important component of the higher tiers of Home-Based Habilitation services.

- Language barriers: Providers often use a translation service or phone app when communicating with individuals who speak a different language, but much written material and many applications are not provided in all the languages needed. Language barriers make it difficult for individuals to obtain medical services needed and apply for financial assistance.
- Lack of consistency in applications and eligibility among funders: Agencies and individuals are often confused by application processes and varying eligibility guidelines for different services. Individuals would benefit from assistance completing applications and determining what they may qualify for.
- Unclear referral process and delayed funding for moving to lower level of care: The length of time to receive assessments and funding authorizations often delay movement to a lower level of care or result in hospitalization or crisis services.
- Food insecurity and lack of access: Lack of income, difficulty completing food stamp applications, and lack of transportation can lead to food insecurity.
- Lack of non-site-based services, especially in rural areas: Services such as hourly Supported Community Living (SCL), low-tier Home Based Habilitation, respite, and Consumer Directed Attendant Care (CDAC) are often lacking, especially in rural areas. Providers report that the low reimbursement rate and lack of staff impact on their ability to provide these services. Home healthcare services for individuals with co-occurring mental health or intellectual disability diagnoses are sometimes difficult to locate.

Barriers

- **Lack of timely and adequate funding:** Current rate structure, delayed assessments, and individuals receiving lower assessment scores than previously received impacts the ability to move to lower levels of care and receive timely services. The loss of Medicaid and length of time to reestablish it for individuals currently receiving a vital service impacts the provider's ability to remain financially sustainable.
- **Shortage of community-based services for the aging population with co-occurring or complex needs**: Medically required home healthcare services for individuals with co-occurring mental health, substance use, or intellectual disability diagnoses are sometimes difficult to locate. Providers are sometimes hesitant to work with this population or discharge the individual if they miss appointments.
- **Inflexibility of funding systems**: Individuals with complex needs do not always fit into the current funding structure with different services funded depending upon the type of disability. This may lead to inappropriate placements or repeated hospitalizations and incarceration. Premature lowering of Habilitation tiers when an individual starts to improve due to the level of support they are receiving may lead to a cycle of crisis and decline.
- **Lack of healthcare providers for individuals with Title 19 or Medicare:** It is often difficult to locate dentists, specialized providers, psychiatrists, and other medical professionals who accept Title 19 and Medicare. This is especially prevalent in rural communities.

- **Inadequate reimbursement rates and critical staff shortages:** Current rate structure limits direct care staff wages and impacts provider capacity. This is especially noted in services provided in non-congregate settings.

District Gaps

The gap analysis utilized both qualitative data received from HHS in the "Disability Services District 7 Profile" and quantitative data compiled from interviews with providers and other community partners. Similar gaps were identified in both sets of data and led to the development of three overarching gaps.

Individuals with disabilities experience significant inequities in health and wellness outcomes, barriers to full community participation, and social isolation.

- The Disability Services District Profile demonstrated the following:
  - Children with special healthcare needs, compared to those without, experience lower overall health status and much higher levels of ACES. 44.4% of households, including children with a special healthcare needs, compared to 30.1% of those without, reported that they couldn't always afford to eat nutritious meals.
  - Adults of all ages with disabilities, compared to those without, identified a significantly lower overall health status, are more likely to live with two or more chronic conditions, are less likely to participate in strength-building physical activity, and experience a much higher level of loneliness.
- Quantitative results indicated the following:
  - Transportation barriers, lack of discretionary income, lack of services in the community, and symptoms related to a disability increase isolation and decrease full community participation.
  - Individuals with Medicaid or Medicare often struggle to locate providers who accept their insurance. Unreliable or limited transportation impacts their ability to get to appointments.
  - Individuals with co-occurring medical and mental health or developmental disabilities find it harder to locate home healthcare services.

Individuals, families, and providers struggle to locate and understand available services and funding.

- The Disability Services District Profile demonstrated the following:
  - Children with special healthcare needs, compared to those without, experience lower levels of developmental screenings (76.1% compared to 65.9%), and less usage of a consistent, non-emergency source of care (57.1% compared to 45.3%).
  - Adults with disabilities have a disproportionately higher health burden which emphasizes the need for accessible, coordinated healthcare services.
- Quantitative results indicated the following:
  - Many individuals, families, and community members are unaware of available programs and funding streams.
  - The lack of consistency regarding eligibility and application processes among different funding streams is confusing.

  - Language barriers make it more difficult for individuals to access services.
  - Agencies have seen a decrease in children utilizing services and do not have the level of contact with schools as in the past.

Inadequate housing, transportation, workforce capacity, and funding mechanisms restrict service delivery and stability.

- The Disability Services District Profile demonstrated the following:
  - 20% of children between the ages of 0-11 who have a special health care need experienced housing instability last year (compared to 13% for children without a special health care need).
  - Disability status can influence home ownership, making it more difficult for people with disabilities to become or remain homeowners (42.3% of individuals 18-59 living with a disability compared to 64.1% of those without).
- Quantitative results indicated the following:
  - Lack of transportation options, especially during evenings and weekends, affects an individual's ability to maintain employment, attend social gatherings, and become fully connected to the community.
  - Workforce shortages and wage structure impact the provider's ability to offer some services, especially those provided in non-group settings and rural communities.
  - Lack of funding for housing as a component of a supported community living service limits individuals who can be served in their own home or a group home setting.

Identified Priorities

Three priorities were identified through a focus group and the use of the Impact Momentum Matrix. Needs within these three priorities were identified and will be addressed over the next 18 months.

Foster community partnerships, awareness, and advocacy to increase early intervention and timely access to needed services: The needs prioritized related to children starting with services later in life due to lack of information and/or support in applying for services to benefit the child and/or family.

Provide centralized information, training, outreach, and support to enable the public and providers to understand the roles of agencies, services, funding availability, eligibility guidelines, and application processes: The prioritized needs revolve around lack of awareness and understanding among individuals, families, and professionals regarding service availability, eligibility for funding streams, and how to apply and remain eligible for assistance.

Advocate for and research options and funding sources to reduce barriers in the community, including transportation, affordable housing, and access to optimal services for all individuals with disabilities: The prioritized needs primarily relate to the lack of transportation and affordable housing. In addition, a need for staff training around individuals with unique needs will be addressed.

Next Steps

To ensure priorities identified through the assessment process are addressed, MHDS of the ECR developed an 18-month plan with activities related to each of the priorities. MHDS of the ECR strives to ensure that individuals living with a disability and their caregivers have what they need to live the lives they desire. The priorities and activities are listed below with additional details provided in the attached plan. Progress toward the identified activities will be reviewed quarterly with the Disability Services Advisory Council and the DAP Governing Board.

Foster community partnerships, awareness, and advocacy to increase early intervention and timely access to needed services

- Meet with and/or provide information on the DAP and disability services to Physical Therapy (PT) and Occupational Therapy (OT) providers, hospital social workers, primary care physicians, county Community Services, Iowa HHS, and Public Health departments, and other non-traditional providers.
- Provide information regarding the DAP and disability services that may benefit children to special education teachers, administrators, and school counselors in all schools located in the district; Area Education Associations; and agencies providing CPPC, ECI, and DCAT funding.
- Attend scheduled school and community outreach events to distribute information and increase awareness of the DAP and disability services options.
- Provide an informational event in each county for providers, community agencies, and individuals.

Provide centralized information, training, outreach, and support to enable the public and providers to understand the roles of agencies, services, funding availability, eligibility guidelines, and application processes.

- Develop Iowa HHS-approved informational handouts regarding the types children's funding to be shared with Disability Service Navigators (DSNs), providers, schools, families, and others who serve children.
- Research availability of and attend county interagency or provider meetings to build partnerships.
- Present information to civic and community agencies to increase awareness
- Update and maintain a provider distribution list for sharing information and updates and for providing training.
- Develop a shared website portal for centralized information on application and eligibility guidelines for funding services related to disabilities and social determinants of health; provider and other agency contact information and services offered; and information regarding Social Security benefits.
- Provide training to DSNs and providers regarding Medicaid eligibility, types, and ways to avoid loss.

Advocate for and research options and funding sources to reduce barriers in the community, including transportation, affordable housing, and access to optimal services for all individuals with disabilities.

- Create an inventory of affordable housing options within the District.
- Create an inventory of transportation options and community-based funding options/discounts.
- Work collaboratively with other identified groups with goals to increase transportation options.
- Research available services and funding from Medicaid and non-Medicaid sources that may benefit individuals with unique needs. Create a spreadsheet and train DSNs.
- Arrange Science of Hope training for DSNs to provide tools to use when ideal pathways aren't available
- Meet with providers and partners quarterly to share information, gather feedback, and discuss ways to reduce barriers to living in the community. Share feedback regarding barriers with HHS.

Appendix

District Plan

Following the completion of the district assessment, Disability Access Points (DAPs) developed Disability Services District Plans to guide efforts for the time frame of January 1, 2026, through June 30, 2027. These plans aim to address both infrastructure and system-building needs, as well as the specific needs of population groups across the lifespan.

Using prioritized needs from the assessments, DAPs were asked to identify which needs fit within the following categories: infrastructure/system building, all ages, ages 0–20, ages 21–59, and ages 60+. DAPs then outlined:

- **Identified Needs:** Key challenges and service gaps within their districts.
- **Activities:** Targeted tasks designed to address the identified needs.
- **Collaborators:** Partners and stakeholders engaged in implementing activities.
- **Deliverables:** Tangible and intangible outcomes resulting from the activities.
- **Milestones:** Projected completion dates for each activity.

District plans are dynamic, working documents that will be updated as needed through ongoing collaboration between the Iowa Health and Human Services and the DAPs.

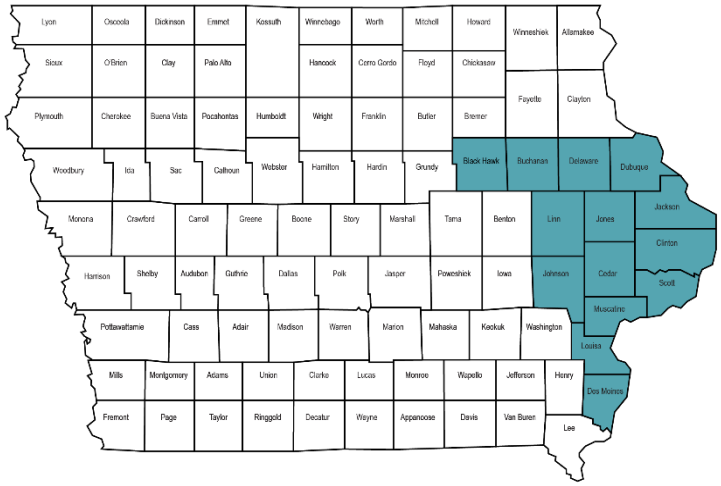
Infrastructure and System Building: Result Statement	**Need** The infrastructure or system building need identified in your district assessment	**Activities** The tasks you will complete to help meet the identified need	**Collaborators** The partners or people who will assist with the completion of the activity	**Deliverable** The tangible or intangible output that results from the completion of the activity	**Milestone** The date the activity will be completed (DD/MM/YY format)
People of all ages, served by HHS' Aging and Disability Services System, have choices and access to high quality, equitable, and person-centered programs and services to maximize independence, community integration, and self-sufficiency.	Advocate for and research options and funding sources to reduce barriers in the community, including transportation, affordable housing, and access to optimal services for all individuals with disabilities	Create an inventory of affordable housing options within the district.	DAP, community partners, transportation providers	Inventory spreadsheet	12/31/2026
People of all ages, served by HHS' Aging and Disability Services System, have choices and access to high quality, equitable, and person-centered programs and services to maximize independence, community integration, and self-sufficiency.	Advocate for and research options and funding sources to reduce barriers in the community, including transportation, affordable housing, and access to optimal services for all individuals with disabilities (2)	Arrange Science of Hope training for DSNs to provide tools to use when ideal pathways aren't available	DAP, HHS	Documentation of training completion	9/30/2026
People of all ages, served by HHS' Aging and Disability Services System, have choices and access to high quality, equitable, and person-centered programs and services to maximize independence, community integration, and self-sufficiency.	Provide centralized information, training, outreach, and support to enable the public and providers to understand the roles of agencies, services, funding availability, eligibility guidelines, and application processes.	Research availability of and attend county interagency or provider meetings to build partnerships	DAP	Increased partnerships; dates of meetings	6/30/2027
People of all ages, served by HHS' Aging and Disability Services System, have choices and access to high quality, equitable, and person-centered programs and services to maximize independence, community integration, and self-sufficiency.	Provide centralized information, training, outreach, and support to enable the public and providers to understand the roles of agencies, services, funding availability, eligibility guidelines, and application processes. (2)	Present information to civic and community agencies to increase awareness	DAP	Increased partnerships; dates of presentations	6/30/2027
People of all ages, served by HHS' Aging and Disability Services System, have choices and access to high quality, equitable, and person-centered programs and services to maximize independence, community integration, and self-sufficiency.	Provide centralized information, training, outreach, and support to enable the public and providers to understand the roles of agencies, services, funding availability, eligibility guidelines, and application processes. (3)	Update and maintain a provider distribution list for sharing information and updates and for providing training.	DAP	Provider distribution list	6/30/2027
People of all ages, served by HHS' Aging and Disability Services System, have choices and access to high quality, equitable, and person-centered programs and services to maximize independence, community integration, and self-sufficiency.	Provide centralized information, training, outreach, and support to enable the public and providers to understand the roles of agencies, services, funding availability, eligibility guidelines, and application processes. (4)	Develop a shared website portal for centralized information on application and eligibility guidelines for funding of services related to disabilities and social determinants of health; provider and other agency contact information and services offered; and information regarding Social Security benefits.	DAP, providers, and partners	Website information	6/30/2027
People of all ages, served by HHS' Aging and Disability Services System, have choices and access to high quality, equitable, and person-centered programs and services to maximize independence, community integration, and self-sufficiency.	Provide centralized information, training, outreach, and support to enable the public and providers to understand the roles of agencies, services, funding availability, eligibility guidelines, and application processes. (5)	Provide trainings to DSNs and providers regarding Medicaid eligibility, types, and ways to avoid loss	DAP	List of individuals/agencies trained	12/31/2026
People of all ages, served by HHS' Aging and Disability Services System, are empowered to utilize or access programs that improve their health and wellness.	Foster community partnerships, awareness, and advocacy to increase early intervention and timely access to needed services.	Attend scheduled school and community outreach events to distribute information and increase awareness of the DAP and disability services options	DAP	List of events attended	6/30/2027
People of all ages, served by HHS' Aging and Disability Services System, are empowered to utilize or access programs that improve their health and wellness.	Foster community partnerships, awareness, and advocacy to increase early intervention and timely access to needed services. (2)	Provide an informational event in each county for providers, community agencies, and individuals	DAP	List of events provided	12/31/2026
People of all ages, served by HHS' Aging and Disability Services System, are supported by family members and friends of their choice, and have social connections within their communities.	Advocate for and research options and funding sources to reduce barriers in the community, including transportation, affordable housing, and access to optimal services for all individuals with disabilities.	Meet with providers and partners quarterly to share information, gather feedback, and discuss ways to reduce barriers to living in the community. Share feedback regarding barriers with HHS.	DAP, providers and partners	Increased partnerships; dates of meetings	6/30/2027

Population Group: All Ages: Result Statement	**Need** The need identified in your district assessment for all ages	**Activities** The tasks you will complete to help meet the identified need	**Collaborators** The partners or people who will assist with the completion of the activity	**Deliverable** The tangible or intangible output that results from the completion of the activity	**Milestone** The date the activity will be completed (DD/MM/YY format)
People of all ages, served by HHS' Aging and Disability Services System, have choices and access to high quality, equitable, and person-centered programs and services to maximize independence, community integration, and self-sufficiency.	Advocate for and research options and funding sources to reduce barriers in the community, including transportation, affordable housing, and access to optimal services for all individuals with disabilities	Create an inventory of transportation options and community-based funding options/discounts.	DAP, transportation providers, community agencies	Inventory	12/31/2026
People of all ages, served by HHS' Aging and Disability Services System, have choices and access to high quality, equitable, and person-centered programs and services to maximize independence, community integration, and self-sufficiency.	Advocate for and research options and funding sources to reduce barriers in the community, including transportation, affordable housing, and access to optimal services for all individuals with disabilities (2)	Work collaboratively with other identified groups with goals to increase transportation options in the community.	DAP, transportation providers, community agencies	List of identified groups	12/31/2026
People of all ages, served by HHS' Aging and Disability Services System, are empowered to utilize or access programs that improve their health and wellness.	Foster community partnerships, awareness, and advocacy to increase early intervention and timely access to needed services.	Meet with and/or provide information on the DAP and disability services to PT and OT providers, hospital social workers, primary care physicians, county Community Services, HHS, and Public Health departments, and other non-traditional providers	DAP	Spreadsheet of agencies and dates information was shared	12/31/2026
People of all ages, served by HHS' Aging and Disability Services System, are supported by family members and friends of their choice, and have social connections within their communities.	Not identified	Not identified	Not identified	Not identified	Not identified

Population Group: 0-20: Result Statement	**Need** The need identified in your district assessment for people 0-20 years of age	**Activities** The tasks you will complete to help meet the identified need	**Collaborators** The partners or people who will assist with the completion of the activity	**Deliverable** The tangible or intangible output that results from the completion of the activity	**Milestone** The date the activity will be completed (DD/MM/YY format)
People of all ages, served by HHS' Aging and Disability Services System, have choices and access to high quality, equitable, and person-centered programs and services to maximize independence, community integration, and self-sufficiency.	Provide centralized information, training, outreach, and support to enable the public and providers to understand the roles of agencies, services, funding availability, eligibility guidelines, and application processes.	Develop HHS-approved informational handouts regarding the types children's funding to be shared with DSNs, providers, schools, families, and others who serve children	DAP, HHS	Handouts; dates and agencies/groups of individuals with whom information was shared	6/30/2026
People of all ages, served by HHS' Aging and Disability Services System, are empowered to utilize or access programs that improve their health and wellness.	Foster community partnerships, awareness, and advocacy to increase early intervention and timely access to needed services.	Provide information regarding the DAP and disability services that may benefit children to special education teachers, administrators, and school counselors in all schools located in the district; Area Education Associations; and agencies providing CPPC, ECI, and DCAT funding.	DAP	Handouts; dates and agencies/groups of individuals with whom information was shared	12/31/2026
People of all ages, served by HHS' Aging and Disability Services System, are supported by family members and friends of their choice, and have social connections within their communities.	Not identified	Not identified	Not identified	Not identified	Not identified

Disability Services District 7 Profile

Disability Access Points (DAPs) work with Iowa Health and Human Services to provide services to Iowa's living with a disability. To help inform plans for future work through Iowa's Disability Services System, DAPs must understand the needs of their district. The following profile provides information regarding the health and social needs of children, adults aged 18-59, and older adults (60 years of age and older) living with a disability in District 7.



District 7 encompasses 14 counties across East Central and Southeast Iowa. The Disability Access Point (DAP) serving District 7 is MH/DS of East Central Region.

Demographics

According to the US Census Bureau, District 7 had a total population of 1,033,300 in 2024. Of this population, 22% (224,230) were children aged 0-17, 24% (248,338) were adults ages 18-34, 36% (369,033) were adults ages 35-64, and 19% (191,699) were adults 65 years of age and older.

Demographics for Individuals with a Disability – District 7 (2019-2023)

Living with Disability, by Type	% of Population
Any disability	12.4%
With an ambulatory difficulty	5.6%
With a cognitive difficulty	4.8%
With a hearing difficulty	3.6%
With an independent living difficulty	4.1%
With a self-care difficulty	2.1%
With a vision difficulty	1.8%

Source: US Census Bureau, American Community Survey

Living with Disability, by Age	% of Population
0 to 17 years	3.9%
18 to 34	8.4%
35 to 64	12.2%
65 years and over	64.2%

Source: US Census Bureau, American Community Survey

Children with Special Health Care Needs (CSHCN)

Percent of children aged 0-17 - 24.3%

Estimated number of children ages 0-17 in Iowa – 175,995

Source: 2022-2023 National Survey of Children's Health

Children

The data in this section reflects state level data taken from the 2022-2023 (two-years combined) National Survey of Children's Health (NSCH); district level data was not available for this section. The NSCH survey process includes randomly selected households with one or more children under the age of 18. Adults who are familiar with the child's health and health care are asked to participate in the survey. The following information represents responses for children ages 0 – 17.

Overall Health Status

Children with Special Health Care Needs (CSHCN) have or are at an increased risk of having chronic physical, developmental, behavioral, or emotional conditions. They have conditions such as asthma, sickle cell disease, epilepsy, anxiety, autism, and learning disorders. They may require more specialized health and educational services to thrive, even though each child's needs may vary.

80.5% of Iowans children who have special health care needs reported excellent or very good overall health status.

95.8% of Iowans children without special health care needs reported excellent or very good overall health status.

Adverse Childhood Experiences

Adverse childhood experiences (ACEs) are potentially traumatic events that occur in childhood. The NSCH tracks data for children with two or more ACEs. Adverse childhood experiences can include, but are not limited to, experiencing violence, abuse, or neglect; experiencing homelessness or unstable housing; and being treated unfairly because of a health condition or disability. To learn more about ACEs, please visit https://www.cdc.gov/aces/about/index.html.

Iowa ranks **47th** for children who have special health care needs that reported they were treated unfairly because of a health condition or disability

- **35.1%** of children who have special health care needs reported they experienced ACEs more than children without special health care needs (13.4%).
- **13%** of children who have special health care needs reported being treated unfairly because of a health condition or disability.

Medical Home

A medical home serves as a consistent, non-emergency source of care and where children have a personal doctor or nurse and access to family-centered care, referrals when needed, and effective care coordination. Children with a medical home receive coordinated, ongoing and comprehensive care. A medical home is crucial for a child's health and wellbeing.

In Iowa, **57.1%** of children who have special health care needs responded that they did not have a medical home compared to **45.3%** of children without special health care needs.

Developmental Screening

Developmental screenings provide a structured way to assess a child's growth in various areas, including motor skills, language, cognitive abilities, and social-emotional development. Among Iowan children ages 9-35 months, **76.1%** of parents of children who have special health care needs did not complete standardized developmental screening, compared to **65.9%** of parents of children without a special health care need.

Economic Stability

Economic stability means families' ability to meet basic needs (housing, food, healthcare, transportation), maintain steady income or employment, and handle unexpected expenses without falling into crisis.

20.1% of children who have a special health care need between the ages of 0-11 experienced housing instability in the last year (Children without a special health care need = 13.0%).

44.4% of households with children who have special health care needs reported they couldn't always afford to eat nutritious meals (Children without a special health care need = 30.1%)

Physical Activity

The physical activity guidelines recommend that children engage in at least 60 minutes of activity every day. Parents reported that **78.8%** of children aged 6-17 who have special health care needs were less likely to meet the guidelines, compared to children without special health care needs (74.8%).

Adults Ages 18-59

The data in this section provides state and district level data taken from 2023 Iowa Behavioral Risk Factor Surveillance System (BRFSS) for adults aged 18-59 years old. Please note, the district level data for adults are unweighted.

For BRFSS, disability is defined as responding "yes" to one of the corresponding six questions:

1) Are you deaf or do you have serious difficulty hearing?
2) Are you blind or do you have serious difficulty seeing, even when wearing glasses?
3) Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
4) Do you have serious difficulty walking or climbing stairs?
5) Do you have difficulty dressing or bathing?
6) Because of physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

The prevalence of disability refers to the total number or percentage of people in a population who have a disability. The percentage of people aged 18-59 who have a disability in District 7 (21.9%) **is similar to** the state percentage (21.8%).

Overall Health Status

Health status is a measure of how people perceive their health. It refers to the overall condition of an individual's physical, mental, and social well-being at a given point in time. Health status is influenced by various factors such as education, lifestyle choices, medical conditions, and economic stability. Living with a disability can also influence overall health status. Through the BRFSS survey, Iowans were asked to rate their health status as excellent, very good, good, fair, or poor.

Within the district, **22.2%** of individuals with a disability age 18-59 reported their overall health status as very good or excellent

25.3% - Iowa
(living with a disability)

Within the district, **54.7%** of individuals without a disability age 18-59 reported their overall health status as very good or excellent.

55.3% - Iowa
(living without a disability)

Chronic Conditions

Chronic conditions are defined as conditions that last one or more years and require ongoing medical attention or limit activities of daily living or both.

87.7%

of individuals living with a disability in District 7 have **at least one chronic condition**

67%

of individuals living with a disability in District 7 have **two or more chronic conditions**

Overall, Iowans 18-59 years of age living with a disability have **a significantly higher prevalence** of having any chronic condition (85.9%) than Iowans of the same age without a disability (66.6%). The higher prevalence among people with disabilities highlights their disproportionate health burdens and emphasizes the need for accessible, coordinated healthcare services.

Loneliness

Elevated rates of loneliness among people with disabilities point to barriers to social inclusion and highlight the need to expand opportunities for connection and belonging. For District 7, **59.5%** of Iowans aged 18-59 with a disability reported feeling lonely compared to **60.3%** statewide; **28%** of people aged 18-59 **living without a disability** in District 7 reported feeling lonely. In addition, Iowans aged 18-59 with a disability are almost two times more likely to feel lonely as compared to Iowans aged 60+ who live with a disability (60.3% compared to 32.6%).

Social Emotional Support

Social and emotional support plays a critical role in a person's health by strengthening mental well-being, reducing stress, and contributing to better physical outcomes, including longer life expectancy and protection against chronic disease. In District 7, the percentage of Iowans aged 18-59 with a disability who report receiving social and emotional support **is similar to** the state percentage (57.7% compared to 59.3%). These findings point to gaps in natural and community-based networks of care for people with disabilities.

Economic Stability

Economic stability refers to having a steady, livable income that covers housing, transportation, healthcare, food, and other basic needs. It is essential for maintaining both physical and mental health.

In District 7, **42.3%** of persons aged 18-59 living with a disability own their home; **57.7%** rent or live in some other arrangement. In comparison, **64.1%** of persons aged 18-59 without a disability own their own home in District 7. Disability status can influence homeownership, often making it more difficult for people with disabilities to become or remain homeowners.

59.6% of persons living with a disability, in District 7, are employed. Iowans aged 18-59 that have a disability have **significantly lower rates** of being employed (12 in 20) than those Iowans of the same age that do not have a disability (16 in 20).

Iowans with a disability have a higher rate of having lost employment or having their hours reduced than do those that do not have a disability. Access to work and job stability remains a challenge for individuals with a disability, emphasizing the need for stronger workforce support and protections.

Physical Activity

Participation in physical activity is essential for maintaining overall health and well-being. The criteria for meeting aerobic physical activity are defined as participation in 150 minutes or more of aerobic physical activity per week. The criteria for strength physical activity are defined as participation in muscle strengthening exercise two or more times per week.

45.7%

of 18–59-year-olds living with a disability in District 7 reported they met the criteria for aerobic physical activity

49.5% - Iowa

29.7%

of 18–59-year-olds living with a disability in District 7 reported they met the criteria for strength physical activity

33.9% - Iowa

Adults Ages 60+

The data in this section provides state and district level data taken from 2023 Iowa Behavioral Risk Factor Surveillance System (BRFSS) for adults 60 years of age and older. Please note, the district level data for adults are unweighted.

For BRFSS, disability is defined as responding "yes" to one of the corresponding six questions:

1) Are you deaf or do you have serious difficulty hearing?
2) Are you blind or do you have serious difficulty seeing, even when wearing glasses?
3) Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
4) Do you have serious difficulty walking or climbing stairs?
5) Do you have difficulty dressing or bathing?
6) Because of physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

The prevalence of disability refers to the total number or percentage of people in a population who have a disability. The percentage of people 60+ who have a disability in District 7 (39.2%) **is the same as** the state percentage (39.2%).

Overall Health Status

Health status is a measure of how people perceive their health. It refers to the overall condition of an individual's physical, mental, and social well-being at a given point in time. Health status is influenced by various factors such as education, lifestyle choices, medical conditions, and economic stability. Living with a disability can also influence overall health status. Through the BRFSS survey, Iowans were asked to rate their health status as excellent, very good, good, fair, or poor.

Within the district, **21%** of individuals with a disability age 60+ reported their overall health status as very good or excellent

23.9% - Iowa
(living with a disability)

Within the district, **49.1%** of individuals without a disability age 60+ reported their overall health status as very good or excellent

53.1% - Iowa
(living without a disability)

Chronic Conditions

Chronic conditions are defined as conditions that last one or more years and require ongoing medical attention or limit activities of daily living or both.

95.6%
of individuals 60 years of age or older living with a disability in District 7 have **at least one chronic condition**

87.3%
of individuals 60 years of age or older living with a disability in District 7 have **two or more chronic conditions**

Overall, Iowans 60 years of age or older living with a disability have **a significantly higher prevalence** of having any chronic condition (96.1%) than Iowans of the same age without a disability (89.6%). The higher prevalence among people with disabilities highlights their disproportionate health burdens and emphasizes the need for accessible, coordinated healthcare services.

Loneliness

Elevated rates of loneliness among people with disabilities point to barriers to social inclusion and highlight the need to expand opportunities for connection and belonging. For District 7, **34.2%** of individuals 60 years of age or older with a disability reported feeling lonely compared to **32.6%** statewide; **18.8%** of Iowans 60+ **living without a disability** in District 7 reported feeling lonely.

Social Emotional Support

Social and emotional support plays a critical role in a person's health by strengthening mental well-being, reducing stress, and contributing to better physical outcomes, including longer life expectancy and protection against chronic disease. In District 7, the percentage of Iowans 60+ with a disability who report receiving social and emotional support **is similar to** the state percentage (72.1% compared to 72.8%). These findings point to gaps in natural and community-based networks of care for people with disabilities.

Economic Stability

Economic stability refers to having a steady, livable income that covers housing, transportation, healthcare, food, and other basic needs. It is essential for maintaining both physical and mental health.

In District 7, **three-fourths** (74.9%) of persons aged 60+ living with a disability own their own home, compared to **88.6%** of persons aged 60+ without a disability. Disability status can influence homeownership, often making it more difficult for people with disabilities to become or remain homeowners.

Iowans that have a disability who are 60 years of age or older **have a significantly higher rate** (17 in 20) of owning their own homes than Iowans with a disability aged 18-59 (10 in 20).

In District 7, persons aged 60+ with a disability are **less likely to be employed** (16%) than those without a disability (31.4%). Persons 60 years of age and older with a disability in District 7 also have a lower rate of being employed as compared to the state rate (19.4%).

Overall, Iowans with a disability have a **higher rate of having lost employment** (4.7%) or **having their hours reduced** than do those that do not have a disability (3.5%). Access to work and job stability remains a challenge for individuals with a disability, emphasizing the need for stronger workforce support and protections.

Physical Activity

Participation in physical activity is essential for maintaining overall health and well-being. The criteria for meeting aerobic physical activity are defined as participation in 150 minutes or more of aerobic physical activity per week. The criteria for strength physical activity are defined as participation in muscle strengthening exercise two or more times per week.

42.4%

of persons 60+ living with a disability in District 7 reported they met the criteria for aerobic physical activity

41.8% - Iowa

31.3%

of persons 60+ living with a disability in District 7 reported they met the criteria for strength physical activity

29.6% - Iowa

Caregivers Living with a Disability

Iowans with disabilities aged 18-59 have a **significantly higher rate of current caregiving responsibilities** than peers without disabilities (24.9% compared to 13.1%). Older Iowans with disabilities (aged 60+) report **similar** current caregiving responsibilities as people without disabilities (18.9% compared to 19.2%). Statewide,**13.9%** of Iowans aged 18-59 and **14.7%** aged 60+ living with a disability reported that they expected to be in a caregiving role within the next two years. These percentages were similar to people in the same age ranges without disabilities.*

Patterns of caregiving show that **people with disabilities are often both care recipients and caregivers**, illustrating the dual roles they play and the importance of supporting them in both capacities.

* District level data for caregiving was not available.