District 6 Disability Access Points (DAPs) District Assessment

December 2025

CICS
Supporting Individuals. Strengthening Communities.

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ADRC
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Iowa HHS

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About Us

Collaborative Individual and Community Supports (CICS) is a public intergovernmental entity formed through a 28E agreement among Iowa counties to ensure individuals and communities receive coordinated health and human services. Guided by a vision of a world where everyone has the means and freedom to live purposefully and abundantly, CICS works to build supportive social, economic, and environmental systems where people can thrive. As a designated Disability Access Point (DAP), CICS serves as a “no wrong door” entry for individuals and caregivers seeking information, options, and access to long-term supports, integrating with Iowa’s Aging and Disability Resource Center (ADRC) network to promote consistent and equitable access statewide. With a focus on respect, dignity, strength, and community, CICS delivers services that include information and assistance, options counseling, short-term services and supports, and coordination of long-term care access—ensuring that every Iowan it serves can live with dignity, purpose, and inclusion.

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.

In order 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.

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 Iowa 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 Iowa HHS' Aging and Disability Services System, are empowered to utilize or access programs that improve their health and wellness.
- People of all ages, served by Iowa HHS' Aging and Disability Services System, are supported by family members and friends of their choice, and have social connections within their communities.

To complement the quantitative data, CICS conducted a structured qualitative assessment to gather local perspectives on the current system's strengths, challenges, and unmet needs. Qualitative information was collected through a combination of semi-structured interviews and standardized questionnaires designed by Iowa HHS for the Disability Access Point (DAP) process.

Between September 23 and October 10, 2025, CICS gathered qualitative input from 22 community agencies and service providers across District 6. These participants represented a cross-section of the local disability services network, including:

Behavioral Health and Clinical Providers: Counseling Associates, First Resources Corporation, Happy Homes, Southern Iowa Mental Health Center (SIMHC), and Mahaska Health

Community-Based and Employment Services: Van Buren Job Opportunities, Fairfield Middle and Jefferson High School Services (FMJSHS), and Centerville Community Betterment

Public Health and Social Services: Henry County Public Health, Iowa State University Extension, Milestones Area Agency on Aging, Heritage Area Agency on Aging, and County General Assistance Offices (Lee, Jefferson, Henry, Van Buren, Iowa, Keokuk, and Monroe Counties)

Housing and Resource Providers: Southeast Iowa Regional Housing Authority, Poweshiek County Low Income Housing, and SEIBUS Transportation

Education and Community Partners: Iowa State University Extension, SEIBUS, and local school-based transition programs (Fairfield Middle and Jefferson High School Services)

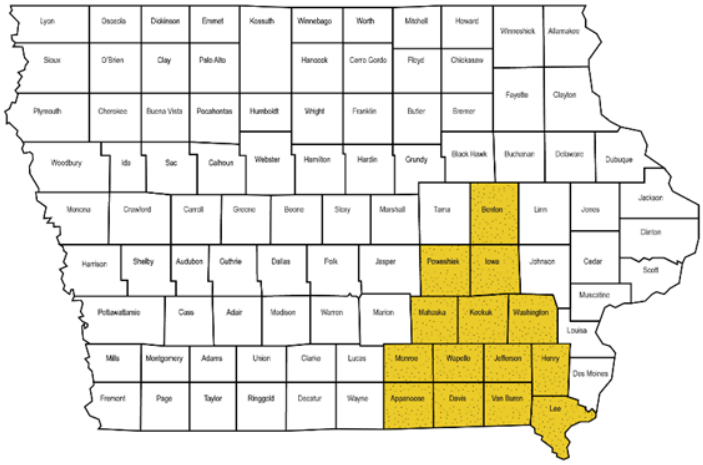
Each interview and questionnaire followed a consistent format aligned with the three statewide result statements. Respondents were asked to describe their organization's strengths, resources needed, challenges, and barriers related to serving individuals with disabilities. Responses were reviewed and analyzed thematically to identify trends, shared priorities, and key system gaps across agencies and counties.

The qualitative findings were then synthesized with quantitative indicators from the District Disability Services Profile (October 2025) to create a comprehensive view of system performance, community strengths, and unmet needs. Together, these data sources provide a balanced understanding of both the measurable outcomes and lived experiences shaping disability services across the District.

District 6 Profile

District 6 encompasses 14 counties across Southeast and East Central Iowa. The Disability Access Point (DAP) serving District 6 is Collaborative Individual & Community Supports.

Counties
Benton, Poweshiek, Iowa, Mahaska, Keokuk, Washington, Monroe, Wapello, Jefferson, Henry, Appanoose, Davis, VanBuren, Lee



Demographics

According to the US Census Bureau, District 6 had a total population of 254,284 in 2024. Of this population, 23% (56,534) were children aged 0-17, 20% (50,267) were adults ages 18-34, 36% (92,218) were adults ages 35-64, and 22% (55,265) were adults 65 years of age and older.

Demographics for Individuals with a Disability – District 6 (2019-2023)

Living with Disability, by Type	% of Population
Any disability	14.6%
With an ambulatory difficulty	6.9%
With a cognitive difficulty	5.5%
With a hearing difficulty	4.9%
With an independent living difficulty	4.8%
With a self-care difficulty	2.4%
With a vision difficulty	2.3%

Source: US Census Bureau, American Community Survey

Living with Disability, by Age	% of Population
0 to 17 years	4.7%
18 to 34	8.3%
35 to 64	14.5%
65 years and over	69.4%

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

Interviews with multiple agencies and organizations across District 6 provided valuable insights into the strengths, challenges, and opportunities within the disability services system. Providers represented a diverse range of services, including general relief and financial assistance, public health, housing supports, transportation, behavioral health, residential care, counseling, education, job coaching, and medical and community-based health services. Their feedback reflects a strong commitment to person-centered care and community inclusion, while also underscoring persistent system-wide gaps that limit equitable access and independence for people with disabilities.

Result Statement #1 – Choice and Access to Person-Centered Programs
Agencies identified their greatest strengths as providing individualized planning, nondiscriminatory access, and local services that allow people to remain in their homes and communities. Behavioral health and residential providers described strong person-centered programming that helps individuals develop daily living skills, access supported employment, and transition toward greater independence. Both area agencies on aging emphasized options counseling and information and assistance as critical tools for supporting informed choice. However, they and other providers noted that limited program options, particularly in rural counties, restrict meaningful choice. The most significant challenges include workforce shortages, scarcity of affordable and accessible housing, and limited program flexibility due to policy and eligibility constraints. Barriers most often cited were inadequate funding streams, misaligned eligibility systems between aging and disability programs, rising housing costs, transportation infrastructure issues, and systemic constraints in Medicaid and waiver programs that cannot be resolved locally and require higher-level intervention.

Result Statement #2 – Empowerment to Access Health and Wellness
Providers emphasized strengths in offering accessible materials and information, curb-to-curb transportation to health appointments, and a wide array of health and wellness supports including therapy services, care coordination, dietician programs, and wellness planning. The Area Agencies on Aging highlighted evidence-based wellness initiatives such as Tai Chi for Health, Better Choices, Better Health, and fall prevention programs, as well as nutrition services that provide both physical nourishment and opportunities for social connection. Residential and behavioral health providers reported success with holistic, strength-based, and recovery-oriented models that promote wellness alongside independence.

The largest gaps were again tied to sustainable funding, workforce limitations, and lack of local wellness and healthcare resources in rural areas. Agencies also cited eligibility misalignment between aging and disability programs, delays in care coordination, and limited digital access as growing concerns. Challenges included transportation costs and distance, reduced communication between systems, and uncertainty about program contacts or referral pathways. Barriers identified included structural underfunding, inconsistent program eligibility, delays in service or housing approvals, limited affordable housing with accommodations, and broader social determinants of health such as poverty, isolation, and limited provider networks. Together, these factors demonstrate the need for systemic and policy-level solutions to ensure equitable health and wellness access across the lifespan.

Result Statement #3 – Support from Family, Friends, and Social Connections
Agencies highlighted strengths in providing transportation, social programming, and community-based services that help clients maintain relationships and reduce isolation. Congregate and home-delivered meal programs, caregiver education, and community habilitation programs were identified as effective ways to promote social connection and inclusion. Many organizations noted long-standing community trust and staff stability as strengths that help build continuity of care and personal relationships.

The most significant gaps were inadequate funding for social and community programs, lack of affordable and accessible housing that supports community living, and transportation limitations that hinder participation in social or group activities. Challenges included rural isolation, scarcity of job and volunteer opportunities, and difficulties coordinating helpers or escorts for transportation-dependent clients. Providers also noted the erosion of traditional community networks such as churches and civic organizations, which historically provided natural supports. Barriers most often reflected systemic issues such as underfunding, eligibility restrictions, digital access challenges, and delays in service approvals - all requiring higher-level policy and funding intervention to resolve.

Cross-Cutting Themes
Across all three result statements, providers consistently cited person-centered care, local service delivery, and collaboration as their greatest strengths. However, the most significant and recurring gaps were funding shortfalls, workforce shortages, transportation limitations, and housing barriers, compounded by rural provider scarcity. New and consistent themes emerged from the most recent provider input, including eligibility misalignment between aging and disability systems, delays in service coordination, administrative inefficiencies, and digital access barriers. These structural challenges are layered on top of long-standing funding and capacity limitations, making it increasingly difficult for local agencies to meet demand.

Taken together, these findings suggest that while District 6 providers are deeply committed, innovative, and community-focused, many of the barriers they face are structural and require higher-level policy, funding, and system reforms to create a more equitable, coordinated, and sustainable disability services system across the District. The following analysis summarizes each identified gap, showing how both data sources — statistical indicators and stakeholder input — converge to define District 6's primary areas of need and opportunity for system improvement.

District Gaps

The gap analysis process for District 6 combined both quantitative data from the *District 6 Disability Services Profile (October 2025)* and qualitative information gathered from key community partners to identify where current resources and services fall short of meeting the needs of individuals with disabilities. Quantitative data provided a measurable view of population characteristics, health outcomes, and system performance, while qualitative feedback from interviews and questionnaires offered local insight into lived experiences, operational challenges, and community barriers. Together, these data sources allowed CICS to align district-level trends with provider perspectives to pinpoint the most significant gaps in access, capacity, and coordination across the region. The following analysis summarizes each identified gap, showing how both data sources — statistical indicators and stakeholder input — converge to define District 6's primary areas of need and opportunity for system improvement.

The following were identified as gaps:

District 6 gaps:

1. Limited affordable and accessible housing options

- Source: District 6 DS Profile pp. 6-7 — above-average rate of *cost-burdened households* and *poverty among adults with disabilities* (> 25%).
- Qualitative support: Repeated in county general-assistance and housing-authority interviews (Lee, Iowa, Keokuk, Poweshiek).
  → GAP = Need for more accessible, affordable housing stock.

2. Shortage of qualified direct care and behavioral-health staff

- Source: Profile p. 5 — provider-to-population ratios show *fewer healthcare and mental health providers per capita* than the state average.
- Qualitative support: Cited by multiple agencies (Counseling Associates, Happy Homes, First Resources, Heritage AAA).
  → GAP = Workforce shortages limiting service availability.

3. Transportation gaps, especially in rural areas

- Source: Profile p. 4 — notes *higher rates of missed medical appointments* due to transportation barriers.
- Qualitative support: Found across nearly every interview (SEIBUS, Lee Co GA, Van Buren GA, Henry PH).
  → GAP = Need for more reliable and flexible transit.

4. Insufficient coordination between aging and disability systems

- Source: Profile p. 8 — system section describing *multiple, non-aligned funding streams and eligibility rules.*
- Qualitative support: Raised repeatedly by both AAAs (Heritage & Milestones) and housing providers.
  → GAP = Eligibility misalignment, fragmented navigation.

5. Few local wellness and preventive-health programs

- Source: Profile p. 4 — 26% of adults with disabilities report fair/poor health (> state average); higher chronic-condition rates (69% have 2+).
- Qualitative support: Health and public-health providers cited limited local wellness or fitness opportunities.
  → GAP = Need for community-based prevention programs.

6. Digital access and literacy barriers for older adults

- Source: Profile p. 7 — lower broadband access and digital participation among 60+ population.
- Qualitative support: Keokuk GA and Poweshiek Housing identified difficulty using online applications and telehealth portals.
  → GAP = Technology access and training.

7. Rising poverty and housing cost burden among people with disabilities

- Source: Profile p. 6 — poverty rates > 25%, housing cost burden > 30% income for many households.
- Qualitative support: Reinforced by general assistance and public health agencies noting financial strain.
  → GAP = Economic instability impacting independence.

8. Lack of flexible funding to meet individualized needs

- Source: Profile p. 8 — calls out *restricted categorical funding* as a system-level limitation.
- Qualitative support: Repeated across multiple provider interviews – requests for *more flexible, person specific resources.*
  → GAP = Funding inflexibility constraining person-centered care.

Identified Priorities

The following priorities were identified through a stakeholder prioritization meeting held by CICS on October 9, 2025, using the Impact-Momentum Matrix framework. During this session community partners, providers, and local leaders reviewed the eight system gaps identified in the District 6 assessment and evaluated each one based on its potential impact on individuals with disabilities and the current momentum or readiness for implementation within the district. Through group discussion, consensus building, and review of existing efforts, participants identified five areas that represent both high impact opportunities and strong potential for coordinated action. These priorities reflect the collective vision of stakeholders across District 6 to strengthen access, collaboration, and quality within the disability services system.

Final District 6 Priorities

1. **Transportation Access and Expansion**
   Improve rural and regional transportation options (including NEMT flexibility and coordination between local systems).
2. **Housing Access and Landlord Engagement**
   Build relationships and incentive programs to increase affordable, accessible housing stock – especially for people with disabilities or behavioral health needs.
3. **Information-Sharing and Navigation Hub**
   Develop a shared district-wide resource directory or portal to help providers and residents locate services and supports.
4. **Legislative Outreach and Funding Advocacy**
   Coordinate education and engagement with legislators to address reimbursement rates, eligibility barriers, and program alignment.
5. **Recruitment of Providers to Rural Areas**
   Actively recruit and support behavioral health, medical, and direct service providers to practice in rural counties through outreach and incentive partnerships.

During follow-up discussions after the Impact–Momentum Matrix session, the District 6 team reviewed the five identified priorities to determine where efforts could be most effectively focused within the DAP's scope of control. The group recognized that several of the original priorities naturally overlapped and could be streamlined into broader, more actionable areas. Transportation and housing, for example, both address basic access needs that require similar types of coordination and advocacy, so they were combined into a single priority focused on improving access to essential supports. Likewise, workforce recruitment and navigation efforts shared a common goal of strengthening provider collaboration and capacity, leading to their integration under a priority centered on system coordination and service navigation.

The remaining focus on legislative outreach and funding advocacy was reframed to encompass system-level education and alignment, recognizing that meaningful funding and policy change depend on sustained advocacy and communication. This refinement process condensed the original five priorities into three cohesive areas—Strengthening Navigation and Collaboration, Improving Access to Basic Supports, and Advocating for System and Funding Alignment—each of which reflects actionable, district-level work that aligns with the DAP's core functions while maintaining a realistic scope for local influence and impact.

These priorities will serve as the foundation for ongoing planning and collaboration across District 6. They represent the most critical opportunities to strengthen access, equity, and person-centered service delivery for individuals with disabilities. CICS and its community partners will use these priorities to guide the development of actionable strategies, identify potential funding sources, and coordinate with Iowa HHS to advance system improvements. By focusing collective efforts on these key areas, District 6 aims to create a more integrated, responsive, and sustainable network of supports that enhances independence, inclusion, and quality of life for all residents.

Next Steps

District 6 – Alignment of Priorities, Needs, Activities, and Collaborators with Result Statements

Narrative Overview
Each priority in District 6's plan directly supports the statewide Result Statements that guide the Aging and Disability Services System. The priorities—Access to Essential Supports, System Coordination and Navigation, and Advocacy and System Alignment—were identified through analysis of data from the District 6 Disability Services Profile and provider input collected during the Impact–Momentum Matrix process. Together, they form an integrated approach that strengthens access, builds provider collaboration, and promotes long-term system stability across the district.

Collaborators were intentionally selected for their influence, expertise, and direct engagement with the populations served. These include aging and disability service providers, public health departments, housing authorities, transportation systems, behavioral health organizations, and general assistance offices. Each plays a unique role in implementing coordinated, person-centered activities that are both operationally feasible and sustainable within the existing community infrastructure.

Result Statement 1: Access and Independence
People of all ages, served by Iowa 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.

Aligned Priority: Access to Essential Supports
The Access to Essential Supports priority advances this result statement by addressing two of District 6's most significant access barriers—transportation and housing. In rural areas across the district, individuals with disabilities and older adults struggle to reach employment, medical appointments, and social opportunities due to limited public transit. At the same time, the shortage of affordable, accessible housing limits independence and stability. District 6 will strengthen these foundational supports through coordinated planning within the Disability Services Network (NETWORK), leveraging partnerships with SEIBUS, local housing authorities, general assistance offices, and city leaders.

Needs Addressed:

- Limited access to affordable, accessible housing.
- Insufficient rural transportation options.
- Lack of coordination between housing and transportation systems.

Key Activities:

1. Map existing transportation and housing resources to identify service gaps.
2. Convene NETWORK partners to share data and coordinate local solutions.
3. Pilot joint initiatives such as shared transit routes and landlord engagement programs.
4. Use Short-Term Services and Supports (STSS) funding to address urgent needs such as deposits, accessibility modifications, and short-term rent assistance.

Collaborators:
CICS; Transit; Local Housing Authorities; County General Assistance Offices; City and County Planning Departments; Public Health Departments; Area Agencies on Aging; Local Elected Officials and Community Development Organizations.

Connection to the Result Statement:
These activities collectively strengthen equitable access to essential supports that enable people to live, work, and participate fully in their communities. The selected collaborators represent both the infrastructure and community-level agencies that control or influence housing and transit systems. By combining immediate assistance with strategic, long-term coordination, District 6 is building the foundation of stability and independence envisioned in Result Statement 1.

Result Statement 2: Empowerment and Wellness
People of all ages, served by Iowa HHS' Aging and Disability Services System, are empowered to use or access programs that improve their health and wellness.

Aligned Priority: System Coordination and Navigation
The System Coordination and Navigation priority fulfills this result statement by addressing the fragmentation and confusion residents face when trying to locate or transition between services. Stakeholders identified inconsistent referral processes and unclear entry points as major barriers to timely care. To resolve this, District 6 will create a districtwide collaboration network modeled after the Access Center system—linking general assistance offices, public

health departments, Area Agencies on Aging, behavioral health providers, and housing partners.

In addition to improving navigation, this priority also incorporates the district's identified need to recruit and support additional providers in rural counties. Provider shortages were identified as a major barrier throughout the assessment, affecting access to behavioral health, direct support, wellness programs, and community participation. Integrating provider recruitment efforts into this priority ensures the district strengthens both navigation pathways and the service capacity needed to support them.

Needs Addressed:

- Fragmented navigation and referral systems.
- Lack of consistent communication between agencies.
- Insufficient staff training on resource awareness and warm handoffs.
- Recruitment and retention of rural providers to expand service capacity.

Key Activities:

1. Develop shared referral pathways and contact tools for providers.
2. Conduct cross-training sessions to strengthen frontline knowledge and partnerships.
3. Implement standardized warm-handoff and follow-up procedures.
4. Evaluate workflow effectiveness and client outcomes through NETWORK feedback loops.
5. Support recruitment and retention strategies for behavioral health, medical, and direct support providers to strengthen district service capacity.

Collaborators:
CICS; Area Agencies on Aging; Public Health Departments; Behavioral Health Providers; General Assistance Offices; Housing Partners; 211 Iowa; Managed Care Organizations; Local Hospitals and Primary Care Providers.

Connection to the Result Statement:
These activities empower residents by making navigation seamless and consistent across systems. Collaborators were chosen to reflect every major access point in the service network, ensuring that referrals and follow-ups are person-centered and efficient. Through this unified approach, individuals gain the tools and confidence to access programs that improve their health, safety, and well-being.

Result Statement 3: Connection and Advocacy
People of all ages, served by Iowa HHS' Aging and Disability Services System, are supported through effective advocacy and system collaboration.

Aligned Priority: Advocacy and System Alignment
The Advocacy and System Alignment priority supports this result statement by coordinating education, communication, and legislative outreach to improve funding, workforce stability, and policy alignment across District 6. Stakeholders emphasized that legislative advocacy is essential for addressing long-term challenges such as inadequate reimbursement rates, staff shortages, and fragmented eligibility systems. Through the NETWORK, CICS will facilitate communication between service providers, aging agencies, and local officials to align advocacy messages and elevate a unified district voice.

In addition to these advocacy activities, District 6 will also support the social-connection needs identified in the assessment by promoting awareness of existing social programs and strengthening partnerships that reduce isolation and support natural networks of family, friends, and caregivers. This ensures Result Statement #3 reflects both systems-level advocacy and the district's responsibility to foster meaningful social connection.

Needs Addressed:

- Inadequate reimbursement and rate structures
- Workforce shortages in behavioral health and direct support fields
- Limited coordination in legislative advocacy and communication
- Social isolation and limited natural supports

Key Activities:

1. Develop unified district advocacy messages supported by data and lived experience.
2. Host legislative roundtables and provider forums to strengthen relationships with policymakers.
3. Compile data and narratives illustrating the impact of funding and workforce gaps.
4. Coordinate participation in statewide advocacy events and coalitions.
5. Collaborate with community partners to increase awareness of social-connection resources and support opportunities that strengthen natural supports.

Collaborators:
CICS; Area Agencies on Aging; Local Housing and Behavioral Health Providers; General Assistance Offices; Workforce Development Partners; Families, Clients, and Advocates; Local Elected Officials.

Connection to the Result Statement:
These activities ensure that advocacy efforts remain coordinated, data-informed, and grounded in community realities. The selected collaborators represent both operational and policy perspectives, giving the district the ability to translate frontline experience into actionable advocacy. By aligning local and regional voices, District 6 strengthens its influence on policy decisions that shape service stability, access, and inclusion.

Overall Integration
Each activity and partnership in the District 6 plan is strategically tied to a result statement, creating a seamless link from local needs to measurable outcomes.

Access to Essential Supports builds the foundation for independence by addressing housing and transportation barriers that limit access and community participation.

System Coordination and Navigation empowers individuals to locate and utilize programs that promote health, wellness, and long-term self-sufficiency through consistent referral systems and provider collaboration.

Advocacy and System Alignment strengthens the stability of the entire service network by promoting coordinated legislative outreach, sustainable funding, and workforce development that support lasting community inclusion.

Collaborators were intentionally selected to represent the full continuum of care—public health, behavioral health, housing, transportation, and advocacy—ensuring that implementation efforts are comprehensive, inclusive, and sustainable across the District.

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:

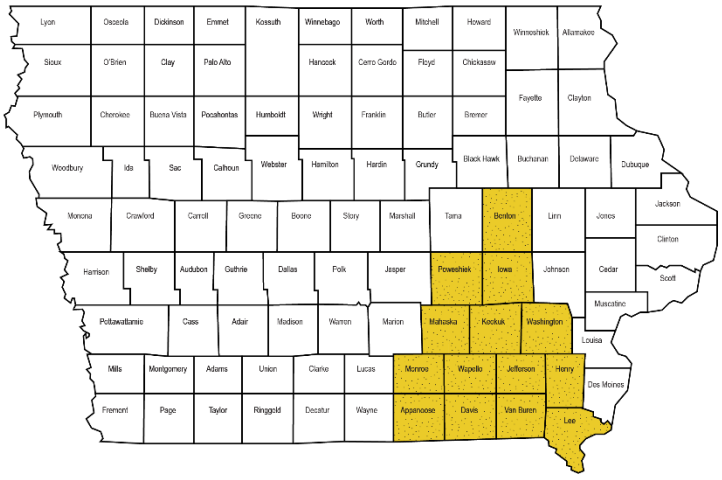
- **Identified Needs:** Key challenges and service gaps within their districts.
- **Activities:** Targeted tasks designed to address the identified needs.
- **Collaborators:** Partners and stakeholders engaged in implementing activities.
- **Deliverables:** Tangible and intangible outcomes resulting 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.	Build and sustain coordinated navigation and provider collaboration across systems.	1. Develop a district-wide provider collaboration network modeled on the Access Center approach.	CICS, AAAs, Public Health, Network providers	Operational network with meeting schedule and defined coordination roles.	3/31/2026
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.	Build and sustain coordinated navigation and provider collaboration across systems. (2)	2. Create shared referral pathways and a “No Wrong Door” navigation guide across agencies.	CICS navigation leads, GA offices, AAAs, public health, behavioral health providers	Completed workflow and referral guide distributed to partners.	6/30/2026
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.	Build and sustain coordinated navigation and provider collaboration across systems. (3)	3. Provide cross-training for front-line staff on available resources and warm-handoff procedures.	CICS, AAAs, GA offices, housing and transit providers	Training attendance log, curriculum, and feedback summary.	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.	Build and sustain coordinated navigation and provider collaboration across systems. (4)	4. Evaluate effectiveness of provider collaboration and navigation workflow using provider and participant feedback.	CICS evaluation team, AAAs, behavioral health partners	Evaluation report and recommendations for improvement.	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.	Improve access to basic supports through coordinated housing and transportation strategies.	1. Convene local transportation and housing partners to identify shared priorities and service gaps.	CICS, Tranist providers, GA offices, public health, housing authorities	Summary of existing assets, unmet needs, and partner commitments.	9/30/2026
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.	Improve access to basic supports through coordinated housing and transportation strategies. (2)	2. Pilot a county-level collaboration on accessible transportation and landlord partnerships.	CICS, Transit providers, Public Health, General Assitance, Public Housing	Pilot report detailing outcomes, challenges, and recommendations.	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.	Improve access to basic supports through coordinated housing and transportation strategies. (3)	3. Develop outreach and educational materials promoting available transportation routes, rental supports, and housing resources.	CICS, AAAs, GA offices, public health	Branded outreach materials and community engagement tracking.	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.	Improve access to basic supports through coordinated housing and transportation strategies. (4)	4. Document and share data with local and state partners to inform funding and planning decisions.	CICS data team, Network partners	Data summary report and partner feedback documentation.	6/30/2027
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.	Strengthen advocacy, communication, and education to improve funding, workforce, and system alignment.	1. Develop a unified district advocacy framework highlighting funding, workforce, and service gaps.	CICS, AAAs, housing partners, behavioral health agencies	District advocacy summary and key talking points.	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.	Strengthen advocacy, communication, and education to improve funding, workforce, and system alignment. (2)	2. Host legislative roundtables and provider forums to share priorities and data.	CICS, Netwrok partners, legislators, advocacy organizations	Meeting notes, attendance list, and outcomes summary.	3/31/2026
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.	Strengthen advocacy, communication, and education to improve funding, workforce, and system alignment. (3)	3. Provide data and local stories to legislators and HHS to support rate and policy reform.	CICS, evaluation team, Network partners	Annual advocacy brief and impact report.	06/30/2026 and 06/30/2027
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.	Strengthen advocacy, communication, and education to improve funding, workforce, and system alignment. (4)	4. Coordinate district participation in statewide advocacy events and legislative days.	CICS, AAAs, GA offices, Network partners	Participation report and follow-up summary.	Ongoing – annual review 06/30/2027

Disability Services District 6 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 6.



District 6 encompasses 14 counties across Southeast and East Central Iowa. The Disability Access Point (DAP) serving District 6 is Collaborative Individual & Community Supports.

Demographics

According to the US Census Bureau, District 6 had a total population of 254,284 in 2024. Of this population, 23% (56,534) were children aged 0-17, 20% (50,267) were adults ages 18-34, 36% (92,218) were adults ages 35-64, and 22% (55,265) were adults 65 years of age and older.

Demographics for Individuals with a Disability – District 6 (2019-2023)

Living with Disability, by Type	% of Population
Any disability	14.6%
With an ambulatory difficulty	6.9%
With a cognitive difficulty	5.5%
With a hearing difficulty	4.9%
With an independent living difficulty	4.8%
With a self-care difficulty	2.4%
With a vision difficulty	2.3%

Source: US Census Bureau, American Community Survey

Living with Disability, by Age	% of Population
0 to 17 years	4.7%
18 to 34	8.3%
35 to 64	14.5%
65 years and over	69.4%

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 6 (22.4%) **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, **22.5%** 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, **50.8%** 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.

88.8%

of individuals living with a disability in District 6 have **at least one chronic condition**

69.3%

of individuals living with a disability in District 6 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 6, **57.3%** of Iowans aged 18-59 with a disability reported feeling lonely compared to **60.3%** statewide; **26.6%** of people aged 18-59 **living without a disability** in District 6 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 6, the percentage of Iowans aged 18-59 with a disability who report receiving social and emotional support **is lower than** the state percentage (53.1% 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 6, **over half** (59.6%) of persons aged 18-59 living with a disability own their home; **40.4%** rent or live in some other arrangement. In comparison, **72.3%** of persons aged 18-59 without a disability own their own home in District 6. Disability status can influence homeownership, often making it more difficult for people with disabilities to become or remain homeowners.

55.1% of persons living with a disability, in District 6, 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.

50%

of 18–59-year-olds living with a disability in District 6 reported they met the criteria for aerobic physical activity

49.5% - Iowa

29.9%

of 18–59-year-olds living with a disability in District 6 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 6 (46.4%) **is higher than** 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, **22.8%** 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, **50%** 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.

96.6%
of individuals 60 years of age or older living with a disability in District 6 have **at least one chronic condition**

87.8%
of individuals 60 years of age or older living with a disability in District 6 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 6, **32.5%** of individuals 60 years of age or older with a disability reported feeling lonely compared to **32.6%** statewide; **24.6%** of Iowans 60+ **living without a disability** in District 6 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 6, the percentage of Iowans 60+ with a disability who report receiving social and emotional support **is lower than** the state percentage (69.5% 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 6, **more than three-fourths** (79.1%) of persons aged 60+ living with a disability own their own home, compared to **87%** 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 6, persons aged 60+ with a disability are **less likely to be employed** (16.4%) than those without a disability (33.2%). Persons 60 years of age and older with a disability in District 6 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.

49.3%

of persons 60+ living with a disability in District 6 reported they met the criteria for aerobic physical activity

41.8% - Iowa

33.5%

of persons 60+ living with a disability in District 6 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.