

District 5 Disability Access Points (DAPs) District Assessment

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**Iowa Aging and Disability
Resource Center**
Iowa HHS

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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 Iowa Health and Humans Services (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

Behavioral Health and Disability Services (BHDS) is proud to serve as the District 5 DAP. Our mission is to help people with disabilities find the services and supports they need to live healthy, happy, and full lives in their communities.

Since 1976, BHDS has worked hard to make it easier for people to live, work, and enjoy life close to home. From our start until 2025, we planned and coordinated services in Polk County, supporting over 4,650 people each year with rent assistance, job support, and help with daily living, like home care and meals delivered to their homes.

When BHDS was selected to serve all of District 5 as the Disability Access Point, we improved how we work to help people and their caregivers find the right services faster

and easier. To keep things running smoothly, BHDS has a small team that plans services and carefully oversees the money needed to support them. We work closely with Community Support Advocates, a trusted local partner. Together, we help people find information, explore their options, and connect to short and long-term services and supports right in their communities. We work side by side with Community Support Advocates to make sure people get the best care possible that fits their needs and treats them with respect.

At BHDS, we know that when we work together with our partners and communities, everyone can get the help they need to grow, be happy, and feel like they belong. We are committed to building a strong, caring system that supports everyone we serve.

Acknowledgements

We want to say a big thank you to everyone who helped with this district assessment. The BHDS team is very grateful to the individuals, families, caregivers, and community partners who shared their time, ideas, and stories with us. Your voices helped guide our work and made it stronger.

We are also thankful for our partners at Community Support Advocates and all the local agencies who work with us every day. You help people find the care and support they need to live healthy and fulfilled lives.

We want to especially thank our Advisory Council and the Iowa Department of Health and Human Services for their assistance and ideas. Through your ideas, District 5 DAP continues to improve and make sure we meet the needs of our communities.

Most of all, we thank the individuals and families who shared their stories with us. Your honesty and courage remind us why this work matters so much.

Together, we are building communities where everyone feels included, supported, and able to live their best life.

Approach

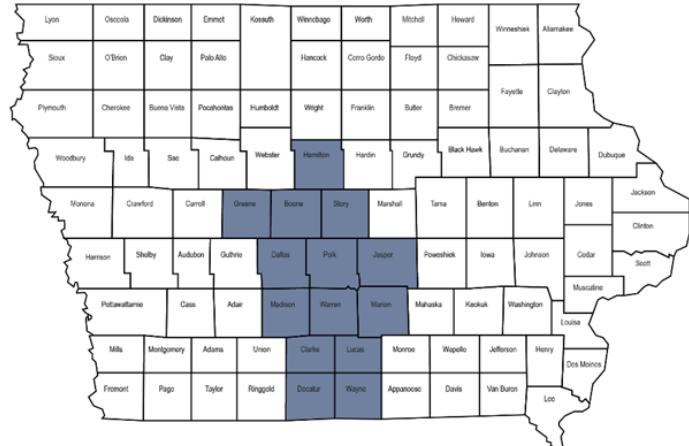
By using both data and community input, District 5 needs are better identified, and a more robust plan is created to improve services for people with disabilities.

To create the district assessment, data was collected from the U.S. Census Bureau, the Behavioral Risk Factor Survey, and the National Child Health Survey. These data were compiled into district profiles for DAPs to be used alongside qualitative findings to identify gaps and prioritize needs within each district.

Quantitative - District 5 Profile

District 5 encompasses 14 counties across Central and South-Central Iowa. The Disability Access Point (DAP) serving District 5 is Behavioral Health & Disability Services.

Counties
Hamilton, Greene, Boone, Story, Dallas, Warren, Jasper, Polk, Madison, Warren, Marion, Clarke, Lucas, Decatur, Wayne



According to 2020 population estimates, two counties within the District (Madison and Greene) are designated as being in the top 25 most rural counties in the state. Conversely, District 5 also contains seven of the most populated counties in Iowa. Out of the 10 poorest counties in the state three are within District 5 (Decatur, Wayne and Clarke) and four counties are within the top ten wealthiest counties in Iowa. Having counties at opposite ends of these designations speaks to the wide variety of resources available in some areas but also the lack of resources throughout the District as a whole.

Demographics

According to the US Census Bureau, District 5 had a total population of 962,492 in 2024. Of this population, 23% (222,144) were children aged 0-17, 25% (240,898) were adults ages 18-34, 36% (348,818) were adults ages 35-64, and 16% (150,632) were adults 65 years of age and older.

Demographics for Individuals with a Disability – District 5 (2019-2023)

Living with Disability, by Type	% of Population
Any disability	11.0%
With an ambulatory difficulty	4.6%
With a cognitive difficulty	4.3%
With a hearing difficulty	3.4%
With an independent living difficulty	3.5%
With a self-care difficulty	1.6%
With a vision difficulty	1.8%

Living with Disability, by Age	% of Population
0 to 17 years	3.7%
18 to 34	7.7%
35 to 64	10.5%
65 years and over	65.7%

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

Qualitative - Assessment Questionnaire and Focus Groups

Information was collected through a district assessment questionnaire focused on three main goals for Iowa's Aging and Disabilities Services System. Strengths, resources, challenges, and barriers were discussed with key partners 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 utilize 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.

In September 2025, 37 people who help or support individuals with disabilities in all 14 counties of District 5 completed the questionnaire and shared thoughts either in person or online. The organizations where these participants work are listed in Appendix A.

After reviewing all the questionnaire responses, findings showed common ideas along with shared goals and service gaps across the different counties and groups. People shared stories and experiences to learn what is working well and where more help is needed. Community partners provide many kinds of help, including health care, supported community living, housing support, public health programs and opportunities

for people to connect and build relationships in their communities. These are important steps to share and build on in each community throughout District 5.

In addition to the questionnaire, Advisory Council members and community partners were invited to focus groups in Boone, Knoxville, and Osceola. These meetings brought together community partners to talk about local successes, challenges, and ways to improve disability services by using the Impact Momentum Matrix. Partners shared ideas, talked about what's working, and helped think of new ways to solve the problems.

Assessment Findings

Result Statement #1 – 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.

Communities within District 5 demonstrate significant strengths including strong person-centered practices, community collaboration, and multilingual, culturally responsive services. Even with these strengths, they continue to face major gaps and challenges that limit equitable access. While many providers have deep knowledge of complex needs and work hard to connect individuals with options that support independence, families still struggle without a visible, clear point of contact to help them navigate a highly fragmented system. Individuals report being passed between multiple agencies, facing inconsistent communication, and spending excessive time calling providers, which not only delays support but also increases confusion. These challenges are intensified for individuals in rural areas, who experience limited transportation (particularly nights/weekends), shortages of affordable and accessible housing, workforce instability, and a lack of coordinated system-level navigation. This lack of resources restricts families' ability to make informed choices and prevents organizations from offering timely, person-centered care. Although providers work diligently to stay aware of resources, create connections, and offer multilingual supports, the broader system still requires structural reforms to strengthen navigation, funding, and coordinated access so that every individual can reliably reach the services they need.

Result Statement #2 – 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.

Organizations demonstrate strong commitments to empowerment, holistic wellness, and community-based collaboration, yet families continue to encounter major gaps in access to services, navigation support, and clear information. Despite creative strengths, barriers persist in the form of inaccessible websites, limited training for providers on complex needs, and a lack of support for tasks such as installing safety equipment or navigating multiple funding streams. Families often struggle to find user-friendly, low-literacy materials, flowcharts, and roadmaps that explain eligibility and next steps. As a result, parents

frequently face closed doors, unclear waiver processes, and difficulty transitioning youth into adulthood without guidance from schools or case managers. Rural communities experience even greater challenges—transportation costs are high, options are scarce outside daytime hours, and some providers won't cross county lines. Housing remains unaffordable, inaccessible, and too often of substandard quality for people with disabilities. Benefits planning is also a significant barrier, with individuals losing work or essential supports due to confusing rules and no funding for benefits planners. These widespread navigation, transportation, housing, and service shortages combined with systemic issues like low reimbursement rates, limited specialty providers, and insufficient support for youth transitions create a system that is often reactive rather than proactive. This leaves families without the clear direction, resources, and coordinated access they need to thrive.

Result Statement #3 – 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.

Strong strengths in fostering social inclusion, peer support, family engagement, using person-centered planning, community-integrated events, and staff with lived experience help individuals build relationships and natural supports. Despite these efforts, significant gaps persist: many families experience social isolation, lack caregiver or guardian support, and struggle to access inclusive community spaces, transportation, and clear information about available social opportunities. Providers face challenges such as limited staffing capacity for one-on-one social support, difficulty coordinating activities for individuals without natural supports, stigma within communities, and rural isolation that restricts access to programs and events. These operational limitations are compounded by broader barriers, including fragmented information spread across multiple agencies, insufficient transportation options, and housing shortages that hinder full community participation. Without adequate funding for social programming, inclusive infrastructure, or navigation tools, individuals, particularly those without family involvement, risk deeper isolation and reduced quality of life. Even as organizations work creatively to promote connection and empowerment, systemic obstacles continue to limit their ability to ensure everyone has meaningful opportunities to engage, build relationships, and thrive within their communities.

Cross-Cutting Themes

Across all three Result Statements, providers consistently cited strong communities that work and collaborate to do what is best for those they serve. The most significant and recurring gaps were access to support services, particularly in rural areas, a complex system that is difficult to navigate, economic uncertainty particularly around housing and transportation, and social isolation including distance from family and available events that are accessible. Barriers most often reflected structural and systemic issues such as workforce shortages and low wages, funding rates, limited affordable housing and waiver waitlists. These findings suggest that while communities 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.

Assessment Findings

Assessment findings were organized into four main areas where more support is needed.

1. System Navigation - *Complete and welcoming connection.*
2. Economic Stability - *Access to stable community-based housing and employment.*
3. Health Status - *Access to healthy living supports.*
4. Community Integration - *Building friendships and strong communities.*

What's Going Well

- **Strong communities.** District 5 has many strong communities where community members work together to support individuals and their caregivers to make sure they feel seen, heard and supported in their daily lives.
- **Work together.** Stakeholders are positive and work collaboratively with one another to find innovative solutions within the limited resources.
- **Collaborate.** They are willing to share ideas and collaborate on a district level in the future.

What's Getting in the Way

- **Support service access.** “Better transportation methods – available for those with walkers and other assistive devices.” Support services are needed to live independently in the community. Without a ride, people can't get to the doctor, to work, or to see friends. Without a nutritious meal or homemaker services, people can face short and long-term health effects.
- **Complex disability system.** “*Families often struggle to know who to call, how to get timely answers, and what steps to take next.*” It's hard to get help when the path isn't clear.
- **Economic uncertainty.** “*Affordable, accessible housing is not available in many rural areas.*” Some people don't have enough money to afford housing and may see increased institutionalization.
- **Social isolation.** “*When they do not have family, they need groups or events to enable them to meet people.*” Not everyone has family nearby or places where they feel welcome.

System-Level Barriers

- **Workforce shortages and low wages.** “*Staff do not make a living wage...resulting in a very high number of mental health issues within our own staff.*”
- **Funding rates.** “*The rate needs to at least match a provider’s breakeven point.*”
- **Limited affordable housing.** “*Finding housing that is affordable...is difficult on their end.*”
- **Waiver waitlists.** “*Barriers include children/young adults in need of services being delayed in getting onto a waiver*”

District Gaps

After completing the questionaries and focus groups, gaps were identified where the system isn't working as well as it should in four main areas.

System Navigation – Complete and welcoming connection

Right now, it's hard for people to know where to go or who to ask for help. According to District Profiles provided by HHS, nearly 40% of people living in District 5 report a lack of social emotional support and assistance in accessing natural and community-based networks of care. There is a need for a friendly, open-door system that helps people get clear answers to questions such as where programs are available, who qualifies, and how to get started.

Economic Stability – Access to stable community-based housing and employment

Many people with disabilities struggle to find higher wage employment which leads to unstable housing due to the lack of affordable housing. Their caregivers must juggle providing care and working outside of the home. Hard decisions must be made between caring for loved ones or having a career. Some families with young children have even lost their homes. This is evidenced by 20.1% of children who have special health care needs between the ages of 0-11 experiencing housing instability within the last year.

Economic stability is directly related to employment and as reported by the *Disability Services District 5 Profile* 12 out of 20 individuals aged 18-59 living with a disability are employed compared to 16 in 20 reported by the same age group not living with a disability. Individuals need to be connected with programs that promote financial independence and secure safe and affordable housing within their community of choice to enhance long term stability. These combined efforts will aim to strengthen the individual's foundation for sustained self-sufficiency and improved overall wellbeing.

Health Status – Access to healthy living supports

Individuals' overall health status in District 5 is impacted by a lack of access to healthy living supports commonly found in more urban areas. Reported in the *Disability Services District 5 Profile* adults (aged 18 – 59) in the District living without a disability report good to excellent health 51.6% of the time while this same aged group but living with a disability only report good to excellent health status 27.3% of the time. Similarly for children aged 0-17 years of age those without a disability report good to excellent health status 95.8% of the time while those living with a disability report this level of health status only 80.5% of the time.

Living in rural communities present challenges such as limited access to healthcare providers, wellness programs and affordable nutritious food options. Transportation barriers further restrict access to preventative care and health education resources. Efforts will be made to connect individuals with available community supports and District programs that promote healthy living and improve access to essential health services.

Community Integration – Building friendships and strong communities

Community integration plays a vital role in fostering a sense of belonging and emotional well-being. For District 5, 57.1% of adults with a disability aged 18-59 report feeling lonely compared to 26.8% of those living without a disability. This loneliness may be attributed to high-risk areas identified above including a lack of transportation, lack of workforce and decreased social opportunities available in rural communities.

Advocating for individuals, regardless of their community size, to have more chances to make friends and join in on fun activities encourages people to feel like they belong in the community. These efforts will not only enhance social inclusion but also promote personal growth, mutual respect, and a shared sense of purpose within the community.

Why This Matters for Kids and Families

Interestingly, three of the above identified gaps, economic stability, health status and community integration are data points to determine the number of Adverse Childhood Experiences (ACEs) in childhood. Iowa ranks 47th for children who have special health care needs and reports that they are treated unfairly because of a health condition or disability. This translates to 35.1% of children who have special health care needs reporting that they experience more ACEs than children without special health care needs. Research shows that those living with higher numbers of ACEs have poorer health outcomes later in life. This is verified in the data in the *Disability Services District 5 Profile* as 85.4% of those aged 18-59 living with a disability report at least one chronic condition while 62.7% report living with two or more chronic conditions indicating a high level of correlation of ACEs experienced by children living with a disability translating to decreased health outcomes in the future. Every child should grow up feeling safe, healthy, and included.

Identified Priorities

Through the three focus groups, stakeholders across District 5 came together with their own unique approaches to solving the gaps. These meetings led to three priorities for the District to focus on helping people with disabilities live full, happy lives.

Help the Community Care for the Community

When neighbors help neighbors, everyone does better. All community members need to know where to go for help, how to get services, and what their rights are. This means making the system easier to understand and easier to use.

Having a job and an affordable, safe place to live creates stability and purpose. Being part of the community by joining in on fun things in their town like events, groups, and activities provides a sense of belonging. Supporting communities in caring for their fellow community members will create a more inclusive and resilient community where everyone has the opportunity to thrive.

Support Local Partners Who Support the Community

Local groups, service agencies, and leaders are already doing great work. Bringing them together will lead to streamlined access to resources and ensure individuals receive coordinated care and guidance. When we team up, we can make it easier for people to get what they need, like health care, food, housing, and friends.

By building connections and sharing ideas and resources, we can make sure no one falls through the cracks. This helps build stronger, healthier, and more welcoming communities for

everyone. Through these collective efforts communities will become stronger, healthier and more connected.

Connect Partners at the System Level

Some problems are too big for one group to fix alone. Connecting people who work in different parts of the system, like health care, housing, schools, and disability services will create a coordinated network that addresses the diverse needs of individuals and families in District 5.

When these groups talk to each other and work together, things get better. People get help faster, services don't get duplicated, and families feel more supported. This kind of teamwork helps build a system where everyone can grow, belong, and succeed.

By working together on these priorities, we can build a future where everyone has what they need to live a good life.

Next Steps

BHDS is committed to ensuring people with disabilities and their families get the help they need, no matter where they live in the District or their age. BHDS will execute the attached 18-month plan seeking to fill the gaps identified through the assessment process. Community Support Advocates work on behalf and in partnership with BHDS to make sure there is one strong DAP provider who can offer full support across the District. Working closely with Iowa HHS will ensure services are high-quality and easy to access across the state.

Help the Community Care for the Community

- Build strong relationships with local partners to identify individual needs in the community.
- Support community leaders in knowing available resources to access and support local needs.
- Make sure Disability Service Navigators can meet with people face-to-face, wherever they feel most comfortable.

Support Local Partners Who Support the Community

- Convene gatherings of local partners to ensure an understanding of supports available.
- Support local partners through the creation of materials to support an understanding of system navigation pathways.
- Collaborate with local THRIVE efforts and ensure a coordinated system of efforts.

Connect Partners at the System Level

- Explore on-going system level needs and advocate for system growth to meet the needs of individuals living with a disability.
- Provide Options Counseling in an effective and timely manner to divert individuals from accessing higher levels of care.
- Utilize Iowa HHS related initiatives of the Olmstead strategies to guarantee alignment.
- Embed Science of Hope at all District levels including local and community partners, so people feel encouraged, supported and ready to grow.

Appendix

District Assessment Community Partners

- 10-15 Transit
ASK Resource Center
- Balance Autism
- Bondurant-Farrar Community School District
- Boone Community School District
- Brain Injury Association of Iowa
- Central Iowa Recovery
- ChildServe
- Choices Therapy Services
- Christian Opportunity Center
- Community Support Advocates
- Community Resources in Service to People (CRISP)
- Crown Colony Housing
- Friendship Ark
- Hope Agency
- Imagine the Possibilities
- Iowa Bureau of Refugee Services
- Jasper County Public Health CAREs
- Joy Ride
- Story County Judicial Mental Health Advocate
- Lamoni Food Pantry
- Link Associates
- Lutheran Services in Iowa
- Madison County Public Health
- Mainstream Living
- Martensdale St. Mary's Community School District
- Mary Greeley Medical Center
- Mosaic
- Primary Health Care
- Southern Iowa Resources for Families
- St. Vincent de Paul
- The Salvation Army of Story County
- The Well Ames
- Winterset Community School District

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.

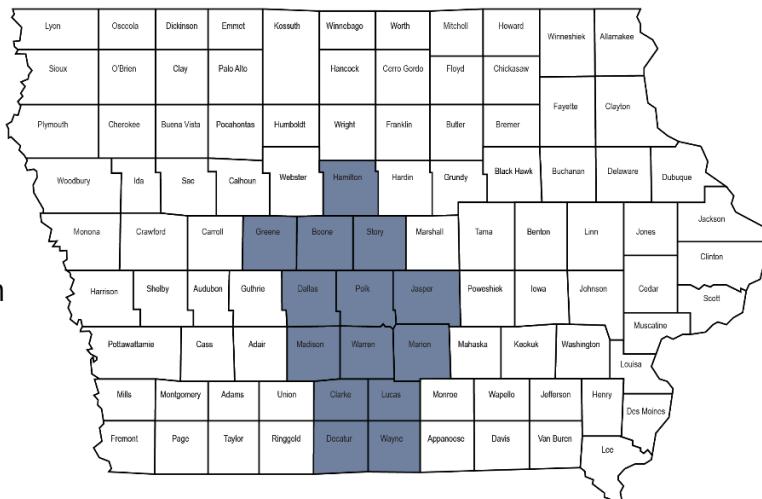
Infrastructure and System Building: Result Statement	Need	Activities	Collaborators	Deliverable	Milestone
People of all ages, served by HHS Aging and Disability Services System, have choices and access to high quality, equitable, and person-centered programs and services to maximize independence, community integration, and self-sufficiency.	Help the community care for the community -Build strong relationships with local partners to identify individual needs in the community	Meet with providers on a quarterly basis	LTSS Providers, STSS Providers, District 5 DAP, DSNs, Community Stakeholders (attach list of stakeholders)	Number of meetings, Number of Partners in attendance	Ongoing, 6/30/27
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.	Help the community care for the community -Build strong relationships with local partners to identify individual needs in the community (2)	Maintain email distribution list to disseminate information between meetings	District 5 DAP	Distribution list	Ongoing, 6/30/27
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.	Help the community care for the community -Build strong relationships with local partners to identify individual needs in the community (3)	Provider share out practices at quarterly provider meetings and via email updates	LTSS Providers, STSS Providers, Community Stakeholders (attach list of stakeholders)	Number of partners who shared practices	Ongoing, 6/30/27
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.	Help the community care for the community -Build strong relationships with local partners to identify individual needs in the community (4)	Attend and participate in established community meetings	District 5 DAP and DSNs	Number of meetings	Ongoing, 6/30/27
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.	Help the community care for the community -Build strong relationships with local partners to identify individual needs in the community (5)	Share information at community meetings to provide education and information to meeting participants	District 5 DAP and DSNs	Number of times District 5 DAP presented	Ongoing, 6/30/27
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.	Help the community care for the community - Support community leaders in knowing available resources to access and support local needs	Disseminate created communications across the community and with leaders	District 5 DAP and DSNs	Number of locations where communications were placed and type of communication distributed	Ongoing, 6/30/27
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.	Help the community care for the community - Support community leaders in knowing available resources to access and support local needs (2)	Provide education regarding DAP services to community members and leaders	District 5 DAP and DSNs	Number of education meetings	Ongoing, 6/30/27
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.	Help the community care for the community - Support community leaders in knowing available resources to access and support local needs (3)	Restock communications across District	District 5 DAP and DSNs	Number of locations re-visited and type of communication distributed	Ongoing, 6/30/27
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.	Support local partners in supporting the community - Support local partners through the creation of materials to support an understanding of system navigation pathways	Ensure an understanding of DAP services and STSS services available throughout the District	District 5 DAP and DSNs	Number of locations where DAP Half Sheets were placed	Ongoing, 6/30/27
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.	Support local partners in supporting the community - Support local partners through the creation of materials to support an understanding of system navigation pathways (2)	Create and gain community and HHS approval of template materials of "typical" pathways that can be customized	District 5 DAP	Template	4/30/2028
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.	Support local partners in supporting the community - Support local partners through the creation of materials to support an understanding of system navigation pathways (3)	Determine audience for created materials	District 5 DAP	Distribution list	5/31/2028
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.	Support local partners in supporting the community - Support local partners through the creation of materials to support an understanding of system navigation pathways (4)	Customize materials for community partners	District 5 DAP	Completed materials	Ongoing, 6/30/27
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.	Support local partners in supporting the community - Support local partners through the creation of materials to support an understanding of system navigation pathways (5)	Disseminate created communications across the community and with leaders	District 5 DAP and DSNs	Number of locations where communications were placed and type of communication distributed	Ongoing, 6/30/27
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.	Connect partners at a system level - Embed Science of Hope at all District levels including local and community partners, so people feel encouraged, supported and ready to grow	Attend training on the Science of Hope	District 5 DAP and DSNs	Training completions	Ongoing, 6/30/27
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.	Connect partners at a system level - Embed Science of Hope at all District levels including local and community partners, so people feel encouraged, supported and ready to grow (2)	Share Science of Hope concepts, education, and priorities with local stakeholders and providers at quarterly meetings	District 5 DAP	Number of Science of Hope promotions	Ongoing, 6/30/27
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.	Support local partners in supporting the community - Collaborate with local THRIVE efforts and ensure a coordinated system of efforts	Schedule recurring meeting with Warren County THRIVE Coordinator	District 5 DAP	Number of meetings	3/1/2025
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.	Support local partners in supporting the community - Collaborate with local THRIVE efforts and ensure a coordinated system of efforts (2)	Support on-going collaboration of THRIVE and DSNs	District 5 DAP, THRIVE staff, and DSNs	Number of warm hand-offs to THRIVE	Ongoing, 6/30/27
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.	Connect partners at a system level - Explore on-going system level needs and advocate for system growth to meet the needs of individuals living with a disability	Provide time at quarterly meetings to discuss challenges and barriers experienced in health and wellness	LTSS Providers, STSS Providers, District 5 DAP, DSNs, Community Stakeholders (attach list of stakeholders)	Number of meetings	Ongoing, 6/30/27
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.	Connect partners at a system level - Explore on-going system level needs and advocate for system growth to meet the needs of individuals living with a disability (2)	Advocate with HHS partners ensuring issues and potential solutions are brought forth	District 5 DAP and Iowa HHS	Bi-weekly 1:1 meetings	Ongoing, 6/30/27
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.	Connect partners at a system level - Explore on-going system level needs and advocate for system growth to meet the needs of individuals living with a disability (3)	Report back to quarterly provider meeting regarding advocacy	LTSS Providers, STSS Providers, District 5 DAP, DSNs, Community Stakeholders (attach list of stakeholders)	Number of meetings	Ongoing, 6/30/27
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.	Support local partners in supporting the community - Convene gatherings of local partners to ensure an understanding of supports available	Meet with providers on a quarterly basis	LTSS Providers, STSS Providers, District 5 DAP, DSNs, Community Stakeholders (attach list of stakeholders)	Number of meetings	Ongoing, 6/30/27
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.	Support local partners in supporting the community - Convene gatherings of local partners to ensure an understanding of supports available (2)	Maintain email distribution list to disseminate information between meetings	District 5 DAP	Distribution list	Ongoing, 6/30/27
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.	Support local partners in supporting the community - Convene gatherings of local partners to ensure an understanding of supports available (3)	Encourage sharing of services available	LTSS Providers, STSS Providers, District 5 DAP, DSNs, Community Stakeholders (attach list of stakeholders)	Number of meetings	Ongoing, 6/30/27
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.	Connect partners at a system level - Explore on-going system level needs and advocate for system growth to meet the needs of individuals living with a disability	Provide time at quarterly meetings to discuss challenges and barriers experienced in social connections within their communities	LTSS Providers, STSS Providers, District 5 DAP, DSNs, Community Stakeholders (attach list of stakeholders)	Number of meetings	Ongoing, 6/30/27
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.	Connect partners at a system level - Explore on-going system level needs and advocate for system growth to meet the needs of individuals living with a disability (2)	Advocate with HHS partners ensuring issues and potential solutions are brought forth	District 5 DAP and Iowa HHS	Bi-weekly 1:1 meetings	Ongoing, 6/30/27
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.	Connect partners at a system level - Explore on-going system level needs and advocate for system growth to meet the needs of individuals living with a disability (3)	Report back to quarterly provider meeting regarding advocacy	LTSS Providers, STSS Providers, District 5 DAP, DSNs, Community Stakeholders (attach list of stakeholders)	Number of meetings	Ongoing, 6/30/27

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.	Help the community care for the community -Make sure Disability Service Navigators can meet with people face-to-face, wherever they feel most comfortable.	Attend training on District 5 values and Science of Hope	Iowa HHS, District 5 DAP and DSNs	Number of DSNs trained	Ongoing, 6/30/27
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.	Help the community care for the community -Make sure Disability Service Navigators can meet with people face-to-face, wherever they feel most comfortable. (2)	Provide community education that "we will come to them" based on I&A data	District 5 DAP and DSNs	Track and Trend I & A data, Number of education opportunities	Ongoing, 6/30/27
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.	Connect partners at a system level - Provide Options Counseling in an effective and timely manner in order to divert individuals from accessing higher levels of care	Promote the DAP as the primary first door to access resources via meetings and promotional materials	District 5 DAP, DSNs, Community Stakeholders	Number of meetings	Ongoing, 6/30/27
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.	Connect partners at a system level - Provide Options Counseling in an effective and timely manner in order to divert individuals from accessing higher levels of care (2)	Ensure it is easy to access the support or services needed	Iowa HHS, District 5 DAP and DSNs	I & A Satisfaction Survey - Question 1	Ongoing, 6/30/27
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.	Connect partners at a system level - Provide Options Counseling in an effective and timely manner in order to divert individuals from accessing higher levels of care (3)	Ensure warm hand offs to other programs within the DAP or other community supports	DSNs	Number of warm hand-offs	Ongoing, 6/30/27
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.	Connect partners at a system level - Provide Options Counseling in an effective and timely manner in order to divert individuals from accessing higher levels of care (4)	Guide those needing supports in meeting the goals they set for themselves	Iowa HHS, District 5 DAP and DSNs	I & A Satisfaction Survey - Question 7	Ongoing, 6/30/27
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.	Connect partners at a system level - Provide Options Counseling in an effective and timely manner in order to divert individuals from accessing higher levels of care (5)	Provide timely and appropriate assistance to individual situations	Iowa HHS, District 5 DAP and DSNs	I & A Satisfaction Survey - Question 4	Ongoing, 6/30/27
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.	Connect partners at a system level - Provide Options Counseling in an effective and timely manner in order to divert individuals from accessing higher levels of care (6)	Ensure customer satisfaction from those seeking support from the DAP	Iowa HHS, District 5 DAP and DSNs	I & A Satisfaction Survey	Ongoing, 6/30/27
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.	Connect partners at a system level - Utilize Iowa HHS related initiatives of the Olmstead strategies to guarantee alignment	Participate in Olmstead planning processes	District 5 DAP	Number of meetings	Ongoing, 6/30/27
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.	Connect partners at a system level - Utilize Iowa HHS related initiatives of the Olmstead strategies to guarantee alignment (2)	Provide time at quarterly meetings to discuss Olmstead strategies and planning regarding system access	LTSS Providers, STSS Providers, District 5 DAP, DSNs, Community Stakeholders (attach list of stakeholders)	Number of meetings	Ongoing, 6/30/27
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.	Connect partners at a system level - Utilize Iowa HHS related initiatives of the Olmstead strategies to guarantee alignment	Participate in Olmstead planning processes	District 5 DAP	Number of meetings	Ongoing, 6/30/27
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.	Connect partners at a system level - Utilize Iowa HHS related initiatives of the Olmstead strategies to guarantee alignment (2)	Provide time at quarterly meetings to discuss Olmstead strategies and planning regarding health and wellness	LTSS Providers, STSS Providers, District 5 DAP, DSNs, Community Stakeholders (attach list of stakeholders)	Number of meetings	Ongoing, 6/30/27
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.	Support Local Partners Who Support the Community - Support local partners through the creation of materials to support an understanding of system navigation pathways	When requested, assist individuals to transition to community-based settings	DSNs	Number of warm hand-offs	Ongoing, 6/30/27
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.	Connect partners at a system level - Utilize Iowa HHS related initiatives of the Olmstead strategies to guarantee alignment	Participate in Olmstead planning processes	District 5 DAP	Number of meetings	Ongoing, 6/30/27
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.	Connect partners at a system level - Utilize Iowa HHS related initiatives of the Olmstead strategies to guarantee alignment (2)	Provide time at quarterly meetings to discuss Olmstead strategies and planning regarding social connections within their communities	LTSS Providers, STSS Providers, District 5 DAP, DSNs, Community Stakeholders (attach list of stakeholders)	Number of meetings	Ongoing, 6/30/27

Population Group: 0-20: Result Statement	Need	Activities	Collaborators	Deliverable	Milestone
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.	Help the community care for the community - Support community leaders in knowing available resources to access and support local needs	Build relationships with school systems representatives	District 5 DAP, DSNs, School representatives	Number of meetings	Ongoing, 6/30/27
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.	Help the community care for the community - Support community leaders in knowing available resources to access and support local needs (2)	Work with school to understand transition tasks needed for those turning 18	District 5 DAP, DSNs, School representatives	Number of meetings	Ongoing, 6/30/27
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.	Help the community care for the community - Support community leaders in knowing available resources to access and support local needs (3)	Meet with school representatives, students and their families to discuss and implement transition tasks	School representatives, DSNs, students & their families	Number of meetings	Ongoing, 6/30/27
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.	Help the community care for the community - Support community leaders in knowing available resources to access and support local needs	Disseminate created communications with pediatrician offices	District 5 DAP and DSNs	Number of locations where communications were placed and type of communication distributed	Ongoing, 6/30/27
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.	Help the community care for the community - Support community leaders in knowing available resources to access and support local needs (2)	Provide education regarding DAP services to pediatrician office staff	District 5 DAP and DSNs	Number of education meetings	Ongoing, 6/30/27
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.	Help the community care for the community - Support community leaders in knowing available resources to access and support local needs (3)	Restock communications across District	District 5 DAP and DSNs	Number of locations re-visited and type of communication distributed	Ongoing, 6/30/27
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.	Help the community care for the community - Support community leaders in knowing available resources to access and support local needs	Build relationships with local daycare and their support systems	District 5 DAP	Number of meetings	Ongoing, 6/30/27
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.	Help the community care for the community - Support community leaders in knowing available resources to access and support local needs (2)	Work with daycares to understand ADA compliance and nuances	District 5 DAP, Childcare Resource and Referral	Number of meetings	Ongoing, 6/30/27
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.	Help the community care for the community - Support community leaders in knowing available resources to access and support local needs (3)	Work with already established systems to support requests regarding individual needs	District 5 DAP, Infant and Early Childhood Mental Health Consultants	Number of meetings	Ongoing, 6/30/27
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.	Help the community care for the community - Support community leaders in knowing available resources to access and support local needs	Create materials emphasizing social connectedness for children living with disabilities	District 5 DAP	Completed materials	Ongoing, 6/30/27
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.	Help the community care for the community - Support community leaders in knowing available resources to access and support local needs (2)	Distribute materials in identified locations (schools, libraries, indoor parks)	District 5 DAP and DSNs	Number of locations where materials were placed	Ongoing, 6/30/27
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.	Help the community care for the community - Support community leaders in knowing available resources to access and support local needs (3)	Support general education to the public to encourage social connectedness at all levels	District 5 DAP	Number of education meetings	Ongoing, 6/30/27
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.	Connect Partners at the System Level - Provide Options Counseling in an effective and timely manner in order to divert individuals from accessing higher levels of care	Support families of children who experience a sudden change in medically necessary services through the timely and effective implementation of I & A and Options Counseling	District 5 DAP and DSNs	Track and Trend I & A and Options Counseling Data	Ongoing, 6/30/27

Disability Services District 5 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 5.



District 5 encompasses 14 counties across Central and South-Central Iowa. The Disability Access Point (DAP) serving District 5 is Behavioral Health & Disability Services.

Demographics

According to the US Census Bureau, District 5 had a total population of 962,492 in 2024. Of this population, 23% (222,144) were children aged 0-17, 25% (240,898) were adults ages 18-34, 36% (348,818) were adults ages 35-64, and 16% (150,632) were adults 65 years of age and older.

Demographics for Individuals with a Disability – District 5 (2019-2023)

Living with Disability, by Type	% of Population
Any disability	11.0%
With an ambulatory difficulty	4.6%
With a cognitive difficulty	4.3%
With a hearing difficulty	3.4%
With an independent living difficulty	3.5%
With a self-care difficulty	1.6%
With a vision difficulty	1.8%

US Census Bureau, American Community Survey

Living with Disability, by Age	% of Population
0 to 17 years	3.7%
18 to 34	7.7%
35 to 64	10.5%
65 years and over	65.7%

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

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 5 (22.9%) **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, **27.3%** 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, **51.6%** 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.

85.4%

of individuals living with a disability in District 5 have **at least one chronic condition**

62.7%

of individuals living with a disability in District 5 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 5, **57.1%** of Iowans aged 18-59 with a disability reported feeling lonely compared to **60.3%** statewide; **26.8%** of people aged 18-59 **living without a disability** in District 5 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 5, the percentage of Iowans aged 18-59 with a disability who report receiving social and emotional support is **similar to** the state percentage (60.6% 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 5, **39.9%** of persons aged 18-59 living with a disability own their home; **60.1%** rent or live in some other arrangement. In comparison, **62.9%** of persons aged 18-59 without a disability own their own home in District 5. Disability status can influence homeownership, often making it more difficult for people with disabilities to become or remain homeowners.



63.1% of persons living with a disability, in District 5, 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.



50.8%

of 18-59-year-olds living with a disability in District 5 reported they met the criteria for aerobic physical activity

49.5% - Iowa



35.8%

of 18-59-year-olds living with a disability in District 5 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 5 (38.2%) **is similar to** 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, **24.4%** 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, **53.5%** 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.

95.7%

of individuals 60 years of age or older living with a disability in District 5 have **at least one chronic condition**

89.7%

of individuals 60 years of age or older living with a disability in District 5 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 5, **35.4%** of individuals 60 years of age or older with a disability reported feeling lonely compared to **32.6%** statewide; **20.7%** of Iowans 60+ **living without a disability** in District 5 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 5, the percentage of Iowans 60+ with a disability who report receiving social and emotional support is **higher than** the state percentage (76.4% 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 5, **three-fourths** (75.2%) of persons aged 60+ living with a disability own their own home, compared to **90%** 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 5, persons aged 60+ with a disability are **less likely to be employed** (16.2%) than those without a disability (29.8%). Persons 60 years of age and older with a disability in District 5 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.



40.2%

of persons 60+ living with a disability in District 5 reported they met the criteria for aerobic physical activity

41.8% - Iowa

30.7%

of persons 60+ living with a disability in District 5 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.