

# District 4 Disability Access Points (DAPs) District Assessment

**December 2025**

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# Introduction

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

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

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

ABOUT the DISTRICT 4 Disability Access Point – The Western Iowa Services Collaborative (WISC) is a proud partner of Iowa's Aging and Disability Resource Center. Pottawattamie County received the HHS contract for District 4 and does business as WISC to represent its 27-county community engagement throughout the entire border of western Iowa in Districts 1 and 4. Disability Service Navigators live throughout the communities of District 4 so that all areas of the 14 counties are easily accessible and well known by its Navigators, the people who work most closely with the individuals served including their families and caregivers.

WISC has the following vision: "Empowering individuals and instilling hope for their future". Through this vision, the WISC team of supportive individuals is welcoming, assuring we are approachable and positive; open-minded, not judging and regularly listening; compassionate, even when the work is hard at times; helpful, meeting people where they are with kindness and respect; and understanding, keeping in mind that everyone's story is important to us.

# Approach

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

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

- People of all ages, served by HHS' Aging and Disability Services System, have choices and access to high quality, equitable, and person-centered programs and services to maximize independence, community integration, and self-sufficiency.
- People of all ages, served by HHS' Aging and Disability Services System, are empowered to 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.

From September 16, 2025, through September 26, 2025, WISC gathered qualitative information from key partners through Microsoft TEAMS interviews spanning several stakeholder areas. Utilizing a standardized questionnaire provided by Iowa Health and Human Services (HHS), the interviews included detailed conversation regarding strengths, resources, challenges and barriers regarding the results statements listed above. Each interview spanned from 45 to 60 minutes in length. Partner interviews included:

**Community-Based and Employment Services:** Nishna Productions, Trivium Life Services, Imagine the Possibilities, Embrace Iowa, Ameriserve International, Country Care Center, Iowa Vocational Rehabilitation Services

**Behavioral Health/Community Mental Health Centers/CCBHC:** Heartland Family Service

**Education Partners:** Green Hills Area Education Agency (AEA)

**Transportation Partners:** Southwest Iowa Transit Agency (SWITA)

**Health Centers:** All Care Federally Qualified Health Center

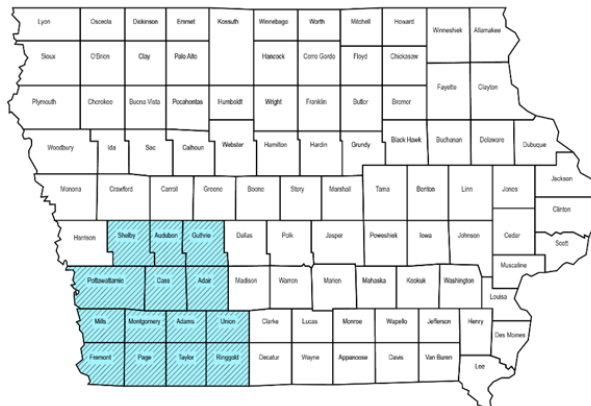
**Behavioral Health Advocacy Partners:** NAMI of Southwest Iowa

# District 4 Profile

**District 4** encompasses 14 counties across Southwest and West Central Iowa. The Disability Access Point (DAP) serving District 4 is Western Iowa Service Collaborative.

## Counties

Shelby, Audubon, Guthrie,  
Pottawattamie, Cass, Adair, Mills,  
Montgomery, Adams, Union, Fremont,  
Page, Taylor, Ringgold



## Demographics

According to the US Census Bureau, District 4 had a total population of 214,447 in 2024. Of this population, 22% (47,035) were children aged 0-17, 19% (41,006) were adults ages 18-34, 37% (79,282) were adults ages 35-64, and 22% (47,124) were adults 65 years of age and older

### Demographics for Individuals with a Disability – District 4 (2019-2023)

Living with Disability, by Type	% of Population
<b>Any disability</b>	14.8%
<b>With an ambulatory difficulty</b>	7.3%
<b>With a cognitive difficulty</b>	5.2%
<b>With a hearing difficulty</b>	4.5%
<b>With an independent living difficulty</b>	4.9%
<b>With a self-care difficulty</b>	2.4%
<b>With a vision difficulty</b>	2.1%

Source: US Census Bureau, American Community Survey

Living with Disability, by Age	% of Population
0 to 17 years	4.8%
18 to 34	8.3%
35 to 64	14.7%
65 years and over	69.2%

Source: US Census Bureau, American Community Survey

### Children with Special Health Care Needs (CSHCN)

Percent of children aged 0-17 - 24.3%

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

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

## Assessment Findings

Interviews were conducted throughout District 4 with several stakeholders; virtual interviews were completed utilizing TEAMS meetings. Stakeholders were often represented by several people at each interview. Discussion centered around the three results statements below. Stakeholders shared their input around the current strengths of the disability system as well as additional resources needed to enhance the current system. Finally, they provided input on challenges they often work hard to find ways around with system roadblocks, along with barriers that stand in the way of making system progress or that directly impede individuals receiving necessary services in the community. Below is a high-level summary capturing some of the main themes for each result statement.

**Result Statement #1 - Choice and access to high-quality, equitable, and person-centered programs and services to maximize independence, community integration, and self-sufficiency.** Community agencies identified some of their greatest strengths in this area as helping individuals build natural support, providing individualized services, established community partnerships that help individuals be a part of their communities and providing needed accommodation necessary for independence. Resources needed to allow more choice include specialty funding due to affordability issues to access the community including transportation, resources for additional staff to assist with integration, and more employment options for people with disabilities. The most significant challenges cited included accessible and affordable housing along with access and affordability of transportation unless provided by direct support professionals, lack of supported employment providers and challenge to the provision of intermittent or hourly supported community living due to the provider reimbursement structure for this service. Barriers most often identified included lack of transportation to get to work, recreation and access healthcare, the financial burden of fixed incomes with little to no adjustments for increased cost of living, and families not understanding new processes of how to access services in Iowa, and community education regarding individuals with disabilities.

**Result Statement #2 – Empowerment to utilize and access programs that improve health and wellness.** Some of the strengths include the providers feeling they have a focus on social determinants of health along with a general sense of providing a good continuum of care for people and basic education around wellness and nutrition. Additional resources which could improve this area included more access (including transportation) to specialty providers including dentistry, mental health and substance use professionals, especially in rural areas. Some challenges people find hard to overcome include basic socioeconomic struggles, continuous education for direct service professionals of multiple complex chronic conditions and educating the professional medical community on resources available in the community for people with disabilities. Barriers identified for health and wellness are the cost of transportation, lack of specialty medical providers in rural areas, and stigma for individuals and their families in seeking services.

**Result Statement #3 – Support from family members and friends of their choice to have social connections within their communities.** Providers identify their work with individuals to form connections and support as a system strength as well as fostering natural group activities, supporting individuals in engagement with their families and providing individualized choice. Resources which could help further improve social connection included funding and financial support for community engagement activities, education for community groups and organizations in understanding the disability population as well as additional support groups for parents and families. Financial constraints were often seen as a challenge as well as changes to Iowa's service system with clear paths for getting needs met and the lack of community activities in rural areas. The most significant barriers noted included mental health and disability stigma, the pure lack of resources to access community leisure connections and the transportation to get to them.

**Overlapping Themes –** The strengths that stood out across the areas addressed above included a general emphasis on providing connections to the community when individuals are accessing support services from providers. Providers do what they can to help people engage in their communities as well as foster opportunities for wellness. Additional resource needs cited, relate to financial constraints individuals with very limited income face that decrease their ability to have as many choices as possible for wellness and social opportunities due to cost of participation and the lack of means to get places in the community. Personal financial constraints were often pointed to as a challenge as well as community providers having a difficult time recruiting and keeping high quality staff as direct service professionals. The biggest barriers focused on continued stigma and lack of, or lack of access to, specialty care providers, as well as affordable housing.

## District Gaps

WISC conducted a gap analysis utilizing the qualitative interview results from our partners as well as the quantitative data provided by HHS (*District 4 Disability Services Profile-October 2025*). Gaps from the qualitative interviews focused on 10 key areas:

- Transportation- fleet maintenance/affordability/access
- Housing- affordable/safe/rental stock/accessible (aging)
- Dentistry- specialty (sedation) and lack of Medicaid providers
- Lack of specialty providers- psychiatric, psychological testing, medical
- Staff training in wellness and health (chronic conditions)
- Lack of information on how to access services/new processes
- Staff turnover in Community Based Case Management
- Education of community to reduce stigma and understand the disability population
- Availability and resources for staff to work in Disability Services
- Lack of supported employment options/providers

Below is a breakdown of the gaps as supported through the quantitative and qualitative data:

### 1. Transportation- fleet maintenance/affordability/access

- Quantitative Information: District 4 Disability Services (DS) Profile (p.5-6): For District 4, 59.4% of individuals with a disability aged 18-59 reported feeling lonely. Additionally, 37.9% of individuals 60 years of age or older with a disability reported feeling lonely. Iowans aged 18-59 having a disability also have significantly lower rates of being employed (12 in 20) compared to Iowans of the same age without a disability (16 in 20).
- Qualitative Information: Transportation barriers were cited by all interviewees. Common concerns included the cost of maintenance of agency vehicles/fleets, as well as access to transportation and affordability concerns.
- GAP= Need for access to and affordable transportation options to participate in the community and to obtain/maintain employment. There is also a need for support for community providers in maintaining agency vehicles/fleets that support client engagement, wellness, and employment.

### 2. Housing- affordable/safe/rental stock/accessible (aging)

- Quantitative Information: District 4 DS Profile (p.3, 5, 7)- 20.1% of children between the ages of 0-11 who have a special health care need in District 4 experienced housing instability in the last year. Also in District 4, 43.4% of persons aged 18-59 living with a disability own their home; 56.6% rent or live in some other arrangement. 75.9% of people aged 60+ living with a disability own their own home compared to 89.4% of people without a disability of same age.
- Qualitative Information: Several partners expressed housing concerns, including access issues (including mobility), lack of housing stock, and affordability of housing.
- GAP= Need for accessible and affordable housing for people with disabilities across District 4 counties.



### **3. Dentistry- specialty (sedation) and lack of Medicaid providers**

- Quantitative Information: District 4 DS Profile (p.4, 6)- In district 4, 26.3% of individuals with a disability aged 18-59 reported their overall health status as very good or excellent. For persons over 60 within the district, 24.1% of individuals with a disability reported their overall health status to be very good or excellent.
- Qualitative Information: Lack of sedation dentistry and providers accepting Medicaid was a common theme among partners surveyed, contributing toward perception of overall health status. Providers expressed concerns regarding lack of sedation dentistry, lack of providers accepting Medicaid, and long wait lists for dental services.

### **4. Lack of specialty providers- psychiatric, psychological testing, medical**

- Quantitative Information: District 4 DS Profile (p.3, 4, 6)- In Iowa, 57.1% of children who have special health care needs responded they did not have a medical home. Within the district, 26.3% of individuals with a disability age 18-59 reported their overall health as very good or excellent compared to 61.1% of individuals without a disability. 91.3% of individuals aged 18-59 years have at least one chronic condition, while 76.9% have two or more chronic conditions. This number is even higher for individuals aged 60+, with 97.2% having at least one chronic condition and 89.8% with 2 or more chronic conditions.
- Qualitative Information: Partners interviewed communicated concerns with availability of specialty providers.
- GAP=Need for specialty psychiatric, psychological and medical providers across the district counties to support overall health and chronic conditions.

### **5. Staff training in wellness and health (chronic conditions)**

- Quantitative Information: District 4 DS Profile (p5, 7)- 54.5% of 18–59-year-olds with a disability in District 4 reported they met the criteria for aerobic physical activity (150 minutes or more of aerobic physical activity per week). 36% of 18–59-year-olds living with a disability reported they met the criteria for strength physical activity (participation in muscle strengthening activity 2 or more times per week). In persons 60+, 37.8% reported they met the criteria for aerobic physical activity, while 30.1% reported they met the criteria for strength physical activity. Additionally, 91.3% of individuals aged 18-59 years have at least one chronic condition, while 76.9% have two or more chronic conditions. This number is even higher for individuals aged 60+, with 97.2% having at least one chronic condition and 89.8% with 2 or more chronic conditions.
- Qualitative Information: Several providers reported a lack of resources for staff training for health conditions and wellness.
- GAP= Need for resources for staff training in wellness and health, especially chronic conditions, so they can better serve client needs.

## **6. Lack of information on how to access services/new processes**

- Quantitative Information: District 4 DS Profile (p.3)- In Iowa, 57.1% of children who have special healthcare needs responded that they did not have a medical home compared to 45.3% of children without special health care needs. Additionally, in Iowa, among children ages 9-35 months, 76.1% of parents of children with special health care needs did not complete standardized developmental screening. Regarding social/emotional support, in District 4, 54.7% of individuals aged 18-59 reported a lack of social/emotional support.
- Qualitative Information: Partners relayed that with system changes, it has become difficult to know where to go to get resources/services.
- GAP= Need for clear, accessible information on how to access disability services considering recent system changes.

## **7. Staff turnover in Community Based Case Management**

- Staff turnover in Community Based Case Management was not addressed in the District 4 DS Profile, however it was discussed during interviews with some providers.
- GAP= Need for consistent care coordination for Medicaid served individuals to promote improved teamwork in client care.

## **8. Education of community to reduce stigma and understand the disability population**

- Quantitative Information: District 4 DS Profile (p.2)- In Iowa, 35.1% of children with special care needs reported they experienced ACEs more than children without special health care needs (13.4%). 13% of children with special health care needs reported being treated unfairly because of a health condition or disability. As to chronic conditions, Iowans aged 18-59 experience a higher prevalence of having a chronic condition (85.9%), highlighting disproportionate health burdens and emphasizing the need for accessible, coordinated healthcare.
- Qualitative Information: Several partners relayed a need for community education on persons with disabilities to reduce stigma.
- GAP= Need for community education to reduce stigma of persons with disabilities of all kinds.

## **9. Availability and resources for staff to work in Disability Services**

- While the quantitative data did not address staffing issues, feedback from the qualitative interviews indicated lack of availability of staff and resources needed for staff training.
- GAP= Need for staff availability and training support for existing staff.

## 10. Lack of supported employment options/providers

- Source: District 4 DS Profile (p.5)- lowans aged 18-59 with a disability have significantly lower rates of being employed (12 in 20) than those lowans of the same age without a disability (16 in 20). lowans with a disability also have a higher rate of having lost employment or having their hours reduced than those without a disability.
- Qualitative Input: Several partners voiced concerns regarding a lack of employment options in rural communities, as well as a lack of Supported Employment providers to support persons with disabilities throughout the district.
- GAP= Need for employment options for persons with disabilities and employment support to ensure persons with disabilities can obtain and maintain employment.

## Identified Priorities

On October 13, 2025, WISC convened nine stakeholders from the Initial Assessment interview meetings and completed an Impact Momentum Matrix. Partners represented included: Country Care Center, Imagine the Possibilities, Iowa Vocation Rehabilitation Services, Green Hills AEA, Trivium Life Services, Nishna Productions, Ameriserve International, Southwest Iowa Transit Agency, Ameriserve International, and All Care Federally Qualified Health Center. The group reviewed the 10 gaps referenced above and each participant chose their top 2-3 priorities. They then placed their priorities on the Impact Momentum Matrix grid to reflect what they considered to be low/high impact and low/high momentum activities. From there, the group chose the three priorities they desired to be carried forward into the district plan.

Priority needs that achieved consensus are:

- Service navigation focuses on access to dental providers.
- System navigation education about accessing services and understanding new processes.
- Build partnerships for transportation accessibility, affordability, and availability for social and family connections.

## Next Steps

WISC will carry forward the priorities identified in our initial assessment through implementation of a district plan over the next 18 months (January 1, 2026, through June 30, 2027). The plan, detailed below, will include specific activities to complete, collaborators involved in completion of the activity, deliverables from completion of the activity, and milestones the activity will be completed by.

In addition, WISC will continue to build its partnership with local providers, stakeholders and partners throughout the district. As part of the Disability Access Point responsibilities, WISC will provide resources and support to individuals and their families, assuring they direct their own care which best meets their needs in the community. The Disability Service Navigators (DSNs) will work within the district communities and be available at various locations to ensure access. Most importantly, WISC DSNs will meet individuals where they are most comfortable and go to the individuals instead of requiring the individual find their way to the DSN.

Through the continuous assessment and planning process with district system stakeholders, WISC will collaborate with partners in identifying system needs to develop solutions to fill gaps, keeping Olmstead strategies at the forefront. WISC partnerships and work with individuals and their families will revolve around the Science of Hope as we collectively move the disability system forward in a positive direction.

## 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.

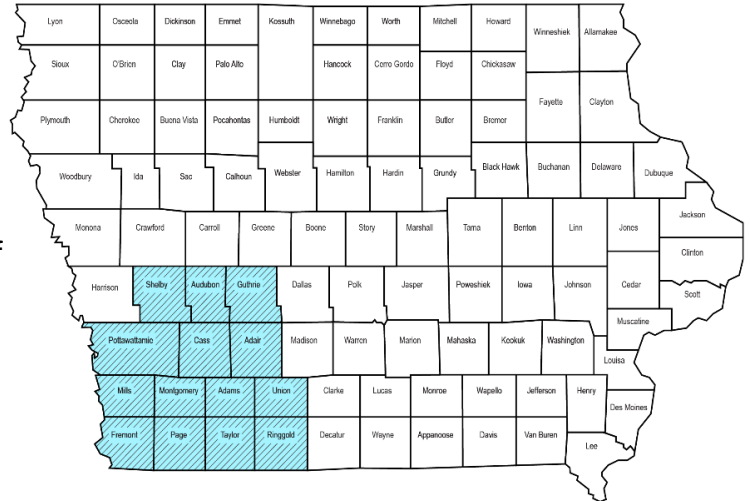
Infrastructure and System Building: Result Statement	Need The infrastructure or system building need identified in your district assessment	Activities The tasks you will complete to help meet the identified need	Collaborators The partners or people who will assist with the completion of the activity	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.	Not identified	Not identified	Not identified	Not identified	Not identified
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.	Not identified	Not identified	Not identified	Not identified	Not identified
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.	Build partnerships for transportation accessibility, affordability, and availability for social and family connections.	Research ways to participate in local and statewide transit committees and advisory councils (ex: SWIPCO advisory, Iowa Transportation Council).	WISC Leadership	WISC will determine at least 3 groups/meetings to participate in regularly.	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. (2)	Build partnerships for transportation accessibility, affordability, and availability for social and family connections. (2)	Participate regularly in local transit advisories and statewide transit councils.	WISC Leadership	Share DAP information, elevate transportation concerns to state transit groups and HHS. Share information with DSNs. Ensure voices of individuals with disabilities are represented.	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. (3)	Build partnerships for transportation accessibility, affordability, and availability for social and family connections. (3)	Share out DAP resources during regular transit advisory councils, committees, and individuals served.	WISC Leadership, all transportation partners, community stakeholders who attend meetings.	Increased visibility of WISC and improved awareness of resources available, including STSS funding options.	6/30/2027

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.	System navigation education about accessing services and understanding new processes.	Share and disseminate information on the DAP at community and partnership meetings/collaborations.	WISC Leadership and DSNs	Increased awareness of the the new processes and DAP.	6/30/2027
People of all ages, served by HHS' Aging and Disability Services System, have choices and access to high quality, equitable, and person-centered programs and services to maximize independence, community integration, and self-sufficiency. (2)	System navigation education about accessing services and understanding new processes. (2)	Share resource information on the DAP (half sheet, brochure) in public facing spaces (libraries, hospitals, schools, etc.).	WISC Leadership and DSNs	Increased awareness of the the new processes and DAP.	6/30/2027
People of all ages, served by HHS' Aging and Disability Services System, have choices and access to high quality, equitable, and person-centered programs and services to maximize independence, community integration, and self-sufficiency. (3)	System navigation education about accessing services and understanding new processes. (3)	Provide role clarifications to the commuity and stakeholders about service system partners (Iowa PCA, CCBHC, DAP, MCO).	WISC	Increased understanding by community and stakeholders regarding access options and entry points for service.	6/30/2027
People of all ages, served by HHS' Aging and Disability Services System, have choices and access to high quality, equitable, and person-centered programs and services to maximize independence, community integration, and self-sufficiency. (4)	System navigation education about accessing services and understanding new processes. (4)	Provide DAP information and updates through DAP website.	WISC Leadership	Increased awareness of the the new processes and DAP.	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.	Service navigation focus on access to dental providers.	Gather resource information for Medicaid dental providers for individuals with disabilities and community based providers.	WISC Leadership and DSNs	#1 Updated list of dental provider resources to provide to individuals, families and providers. #2: Increased knowledge base for access to dental care and specialty dentistry.	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. (2)	Service navigation focus on access to dental providers. (2)	During information and assistance and navigation, provide resource list to interested individuals and community providers.	WISC DSNs	Increased knowledge base for access to dental care.	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.	Not identified	Not identified	Not identified	Not identified	Not identified



## Disability Services District 4 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 4.



District 4 encompasses 14 counties across Southwest and West Central Iowa. The Disability Access Point (DAP) serving District 4 is Western Iowa Service Collaborative.

## Demographics

According to the US Census Bureau, District 4 had a total population of 214,447 in 2024. Of this population, 22% (47,035) were children aged 0-17, 19% (41,006) were adults ages 18-34, 37% (79,282) were adults ages 35-64, and 22% (47,124) were adults 65 years of age and older.

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Living with Disability, by Type	% of Population
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With a self-care difficulty	2.4%
With a vision difficulty	2.1%

Source: US Census Bureau, American Community Survey

Living with Disability, by Age	% of Population
0 to 17 years	4.8%
18 to 34	8.3%
35 to 64	14.7%
65 years and over	69.2%

Source: US Census Bureau, American Community Survey

## Children with Special Health Care Needs (CSHCN)

Percent of children aged 0-17 - 24.3%

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

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

## Children

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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.

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### 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.
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## 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.

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## 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%)

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## 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 4 (25.6%) **is slightly higher** than 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, **26.3%** 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, **61.1%** 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.

**91.3%**

of individuals living with a disability in District 4 have **at least one chronic condition**

**76.9%**

of individuals living with a disability in District 4 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 4, **59.4%** of lowans aged 18-59 with a disability reported feeling lonely compared to **60.3%** statewide; **22.3%** of people aged 18-59 **living without a disability** in District 4 reported feeling lonely. In addition, lowans aged 18-59 with a disability are almost two times more likely to feel lonely as compared to lowans 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 4, the percentage of lowans aged 18-59 with a disability who report receiving social and emotional support **is lower than** the state percentage (54.7% compared to 59.3%). These findings point to gaps in natural and community-based networks of care for people with disabilities.

## Economic Stability

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



In District 4, **under half** (43.4%) of persons aged 18-59 living with a disability own their home; **56.6%** 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 4. Disability status can influence homeownership, often making it more difficult for people with disabilities to become or remain homeowners.



**53.3%** of persons living with a disability, in District 4, are employed. Lowans aged 18-59 that have a disability have **significantly lower rates** of being employed (12 in 20) than those lowans of the same age that do not have a disability (16 in 20).

Lowans 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.



**54.5%**

of 18–59-year-olds living with a disability in District 4 reported they met the criteria for aerobic physical activity

49.5% - Iowa



**36%**

of 18–59-year-olds living with a disability in District 4 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 4 (46.8%) **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, **24.1%** 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, **57.7%** 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.

**97.2%**

of individuals 60 years of age or older living with a disability in District 4 have **at least one chronic condition**

**89.8%**

of individuals 60 years of age or older living with a disability in District 4 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 4, **37.9%** of individuals 60 years of age or older with a disability reported feeling lonely compared to **32.6%** statewide; **22.5%** of lowans 60+ **living without a disability** in District 4 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 4, the percentage of lowans 60+ with a disability who report receiving social and emotional support **is lower than** the state percentage (67.8% 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 4, **three-fourths** (75.9%) of persons aged 60+ living with a disability own their own home, compared to **89.4%** 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.

lowans 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 lowans with a disability aged 18-59 (10 in 20).



In District 4, persons aged 60+ with a disability are **less likely to be employed** (16.9%) than those without a disability (36%). Persons 60 years of age and older with a disability in District 4 also have a lower rate of being employed as compared to the state rate (19.4%).

Overall, lowans 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.



### 37.8%

of persons 60+ living with a disability in District 4 reported they met the criteria for aerobic physical activity

41.8% - Iowa

### 30.1%

of persons 60+ living with a disability in District 4 reported they met the criteria for strength physical activity

29.6% - Iowa

## Caregivers Living with a Disability

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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.