District 3 Disability Access Points (DAPs) District Assessment

December 2025

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ADRC
Iowa Aging and Disability Resource Center
Iowa HHS

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About Us

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

Introduction

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

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

Approach

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

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

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

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

Between September 23 and October 10, 2025, CICS gathered qualitative input from 17 community agencies and service providers across District 3. These participants represented a cross-section of the local disability services network, including:

Behavioral Health and Clinical Providers: Peoples Clinic – Butler County, Lutheran Services in Iowa

Community-Based and Employment Services: Access, Community Based Services, Full Circle, The Larrabee Center, North Star Community Services, Scenic Acres, and MIW, Inc.

Aging and Disability Services: Northeast Iowa Area Agency on Aging (NEI3A)

Public Health and Social Services: Hardin County General Assistance, Grundy County General Assistance, Marshall County VA/GA, and Northeast Iowa Community Action

Housing and Transportation Providers: Mason City Housing Authority and Iowa Northland Regional Transit

Faith-Based and Community Partners: Ministerial Fund and Food Pantry

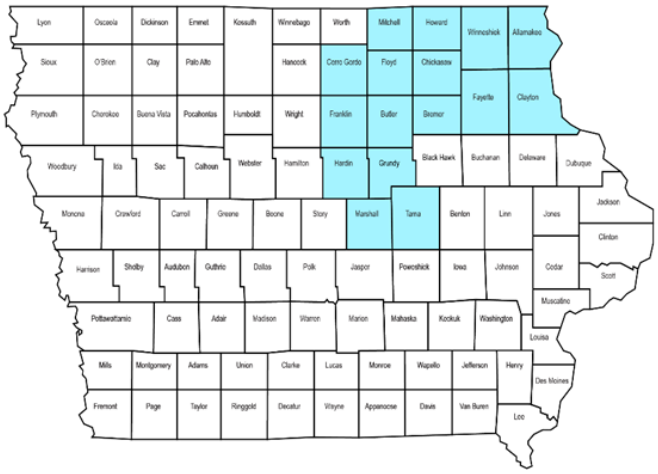
Each interview and questionnaire followed a consistent format aligned with the three statewide result statements. Respondents were asked to describe their organization's strengths, resources needed, challenges, and barriers related to serving individuals with disabilities. Responses were reviewed and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

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

District 3 Profile

District 3 encompasses 16 counties across North Central and Northeast Iowa. The Disability Access Point (DAP) serving District 3 is Collaborative Individual and Community Supports.

Counties
Mitchell, Howard, Winneshiek, Allamakee, Cerro Gordo, Floyd, Chickasaw, Fayette, Clayton, Franklin, Butler, Bremer, Hardin, Grundy, Marshall, Tama



Demographics

According to the US Census Bureau, District 3 had a total population of 301,434 in 2024. Of this population, 22% (65,569) were children aged 0-17, 19% (56,293) were adults ages 18-34, 36% (105,293) were adults ages 35-64, and 23% (67,554) were adults 65 years of age and older.

Demographics for Individuals with a Disability – District 3 (2019-2023)

Living with Disability, by Type	% of Population
Any disability	13.0%
With an ambulatory difficulty	5.5%
With a cognitive difficulty	4.6%
With a hearing difficulty	4.3%
With an independent living difficulty	3.9%
With a self-care difficulty	2.0%
With a vision difficulty	1.9%

Source: US Census Bureau, American Community Survey

Living with Disability, by Age	% of Population
0 to 17 years	3.9%
18 to 34	7.8%
35 to 64	12.2%
65 years and over	62.8%

Source: US Census Bureau, American Community Survey

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

Assessment Findings

Interviews with multiple agencies and organizations across District 3 provided valuable insights into the strengths, challenges, and opportunities within the disability services system. Providers represented a diverse range of services, including aging supports, general assistance, housing, food pantries, schools, health and dental care, supported community living, day habilitation, respite, employment services, and family support programs. Their feedback highlights the system's commitment to person-centered care and community integration while also underscoring persistent gaps that limit access, equity, and independence for people with disabilities.

Result Statement #1 – Choice and Access to Person-Centered Programs
Agencies identified their greatest strengths as offering person-centered plans, individualized service delivery, and flexible supports tailored to client goals. Many reported success in providing a variety of service options — such as supported community living, day habilitation, respite, and employment supports — while leveraging strong community partnerships and referral networks. However, consistent gaps were reported in workforce capacity, sustainable funding, and transportation, which restrict the ability to expand or maintain services. The most significant challenges include staff shortages, administrative and regulatory burdens, and the scarcity of providers in rural communities. Barriers most often cited were systemic: inadequate reimbursement rates, Medicaid and waiver program constraints, and persistent transportation failures that prevent clients from achieving independence.

Result Statement #2 – Empowerment to Access Health and Wellness
Strengths were noted in advocacy, care coordination, and wellness promotion. Many agencies described success in connecting clients with medical, dental, and behavioral health care, providing transportation or staff support for appointments, and partnering with food pantries and wellness programs. Some also emphasized preventive efforts such as education, nutrition supports, and empowering families to make healthy choices. The largest gaps were access to local health providers — particularly dental and mental health — alongside transportation and sustainable funding. Challenges included stigma, fragmented communication, and the difficulty of motivating clients to change habits or follow through on care. Barriers identified at the system level included provider shortages in rural areas, inadequate reimbursement to recruit and retain staff, and ongoing transportation limitations that cannot be resolved locally.

Result Statement #3 – Support from Family, Friends, and Social Connections
Providers emphasized strengths in encouraging community integration, offering structured activities such as Special Olympics, volunteer opportunities, and social clubs, and supporting families and natural supports where possible. Many agencies highlighted their success in providing transportation and staff assistance to help clients maintain chosen relationships and participate in community events. The most significant gaps were a lack of affordable or accessible community activities, insufficient training and wraparound supports, and weak

family involvement for some clients. Challenges included strained family relationships, social anxiety or isolation, and limited funding to support community participation. At the barrier level, agencies pointed to transportation as the most consistent roadblock, along with systemic underfunding and a lack of rural infrastructure to support social opportunities.

Cross-Cutting Themes

Across all three Result Statements, providers consistently cited person-centered care, strong community partnerships, and flexible, individualized service models as their primary strengths. The most significant and recurring gaps were transportation barriers, workforce shortages linked to inadequate wages and reimbursement rates, and funding limitations that restrict both service expansion and staff capacity. Rural provider scarcity and limited availability of specialized medical and behavioral health resources also cut across multiple responses. Barriers most often reflected systemic issues, particularly Medicaid and waiver program inadequacies, insufficient reimbursement, and transportation failures that undermine independence. These findings suggest that while agencies in District 3 are resourceful and deeply committed to client-centered supports, higher-level policy, funding, and infrastructure solutions are needed to address these persistent system-wide gaps.

District Gaps

The gap analysis process for District 3 combined both quantitative data from the *District 3 Disability Services Profile (October 2025)* and qualitative information gathered from key community partners to identify where current resources and services fall short of meeting the needs of individuals with disabilities. Quantitative data provided a measurable view of population characteristics, health outcomes, and system performance, while qualitative feedback from interviews and questionnaires offered local insight into lived experiences, operational challenges, and community barriers. Together, these data sources allowed CICS to align district-level trends with provider perspectives to pinpoint the most significant gaps in access, capacity, and coordination across the district. The following analysis summarizes each identified gap, showing how both data sources — statistical indicators and stakeholder input — converge to define District 3's primary areas of need and opportunity for system improvement.

The following were identified as gaps:

District 3 gaps:

1. Transportation Access and Reliability

- Source: *District 3 Disability Services (DS) Profile*, pp. 5-7 — transportation is closely linked to employment, health, and social participation. Adults with disabilities in District 3 have lower employment rates (57.3%) and higher loneliness (57.5%) than those without disabilities, reflecting barriers to mobility and inclusion.
- Qualitative Support: Cited in nearly every provider interview, including Iowa Northland Regional Transit (OnBoard Transit), Scenic Acres, Access, Community Based Services, and multiple county general assistance offices. Agencies reported missed or unavailable rides, inadequate transit coverage, and unreliable scheduling.
  → GAP = Need for reliable, affordable, and coordinated transportation, especially in rural areas.

2. Workforce Shortages and Staff Retention

- Source: *District 3 DS Profile*, p. 5 — adults with disabilities face disproportionate economic challenges, and local data show lower employment and stability, mirroring provider workforce strain.
- Qualitative Support: Reported by numerous agencies (Access, Full Circle, Scenic Acres, NEI3A, and Community Based Services) noting turnover, unfilled positions, and low wages due to inadequate reimbursement.
  → GAP = Persistent workforce shortages and high turnover reduce service continuity and client access.

3. Insufficient Funding and Reimbursement Rates

- Source: *District 3 DS Profile*, pp. 4-6 — adults with disabilities report poorer overall health and higher chronic-condition prevalence (90% of adults 18–59 and 99% of adults 60+ have at least one chronic condition). These needs strain underfunded local systems.
- Qualitative Support: NEI3A reported a $1 million shortfall for Meals on Wheels; county general assistance programs (Grundy and Hardin) cited limited funding hours and tight eligibility restrictions. Other providers described reimbursement rates that do not cover service delivery costs.
  → GAP = Funding inadequacies limit program stability, staff pay, and service expansion.

4. Limited Access to Behavioral Health and Dental Care

- Source: *District 3 DS Profile*, pp. 4-5 — adults with disabilities report poorer overall health status (only 20% rate health as very good or excellent) and higher chronic condition rates than the state average, underscoring unmet behavioral and medical needs.
- Qualitative Support: Multiple providers, including Scenic Acres and Community Based Services, cited long waits for behavioral health care and limited local access to dental and counseling services.
  → GAP = Insufficient local behavioral health and dental providers accepting Medicaid.

5. Economic Instability and Housing Insecurity

- Source: *District 3 DS Profile*, pp. 5-7 — adults with disabilities have significantly lower employment and homeownership rates (52.8%) than those without disabilities (73.4%), alongside higher poverty and chronic financial stress.
- Qualitative Support: General assistance offices (Hardin, Grundy, and Marshall counties) reported high demand for basic-needs support — rent, utilities, and emergency aid — with limited resources available.
  → GAP = Financial instability and limited affordable housing options impact independence.

6. Fragmented System Navigation and Coordination

- Source: *District 3 DS Profile*, pp. 6-8 — data show overlapping systems between aging, disability, and mental health without unified coordination.
- Qualitative Support: Reported by NEI3A, Hardin GA, and Grundy GA; providers described complex eligibility rules, duplicative paperwork, and difficulty keeping up with changing state systems.
  → GAP = Lack of system alignment and clear navigation pathways for clients and providers.

7. Limited Social Inclusion and Natural Supports

- Source: *District 3 DS Profile*, p. 5 & 7 — loneliness rates are high among adults with disabilities (57.5% ages 18–59; 31.3% ages 60+), and emotional support levels are below state averages.
- Qualitative Support: Scenic Acres, Full Circle, The Larrabee Center, and MIW described limited family engagement, client isolation, and few affordable community opportunities.
  → GAP = Limited opportunities for social participation and natural supports.

8. Inadequate Access to Preventive and Wellness Programs

- Source: *District 3 DS Profile*, pp. 3-4 — children and adults with disabilities are less likely to meet physical-activity guidelines and more likely to lack a medical home.
- Qualitative Support: Providers noted that wellness activities (nutrition, fitness, preventive care) are limited or unaffordable in rural areas. NEI3A and Scenic Acres emphasized the need for more community-based wellness and mental health supports.
  → GAP = Lack of preventive and wellness programs supporting long-term health.

9. Technology and Communication Barriers

- Source: *District 3 DS Profile*, p. 7 — older adults with disabilities report lower digital access and higher rates of isolation, suggesting limited use of telehealth or online resources.
- Qualitative Support: Reported by county GAs and older adult service providers (NEI3A, Grundy GA) who described challenges completing online forms, navigating portals, or staying informed.
  → GAP = Need for improved digital access and literacy to support independence and service navigation.

Identified Priorities

The following priorities were identified through a stakeholder prioritization meeting held by CICS on October 8, 2025, using the Impact–Momentum Matrix framework. During this session, community partners, providers, and local leaders reviewed the eight system gaps identified in the District 3 assessment and evaluated each one based on its potential impact on individuals with disabilities and the current momentum or readiness for implementation within the district. Through group discussion, consensus-building, and review of existing efforts, participants identified five areas that represent both high-impact opportunities and strong potential for coordinated action. These priorities reflect the collective vision of stakeholders across District 3 to strengthen access, collaboration, and quality within the disability services system.

Final District 3 Priorities

1. **Information-Sharing & Navigation Hub (No Wrong Door)**
   Develop a simple, shared navigation system: a district “one number” with warm handoffs, a brief workflow/cheat sheet for providers, and public education (including multilingual materials) so residents and partners can quickly find the right help.
2. **Stakeholder Outreach & Partnerships**
   Activate local partners to expand access now: engage Public Health on wellness linkages, enlist churches/service organizations for companion supports, and build/strengthen landlord relationships to open units and reduce rental barriers.

3. **Legislative Engagement & Funding Advocacy**
   Coordinate education and outreach to legislators and decision-makers on priorities affecting service stability - e.g., increasing 15-minute SCL reimbursement rates, broader Medicaid rate adequacy, and funding support for housing agencies.

These priorities will serve as the foundation for ongoing planning and collaboration across District 3. They represent the most critical opportunities to strengthen access, equity, and person-centered service delivery for individuals with disabilities. CICS and its community partners will use these priorities to guide the development of actionable strategies, identify potential funding sources, and coordinate with Iowa HHS to advance system improvements. By focusing collective efforts on these key areas, District 3 aims to create a more integrated, responsive, and sustainable network of supports that enhances independence, inclusion, and quality of life for all residents.

Next Steps

District 3 – Alignment of Priorities, Needs, Activities, and Collaborators with Result Statements

Narrative Overview
Each priority in District 3's plan directly supports the statewide Result Statements that guide the Aging and Disability Services System. The priorities—"No Wrong Door" Navigation and Follow-Up, Community and Partner Engagement, and Legislative and Funding Advocacy—were developed through analysis of data from the District 3 Disability Services Profile and qualitative input from local providers, agencies, and community partners. Together, they form an integrated approach that strengthens access, builds community capacity, and addresses systemic barriers across the district.

Collaborators were intentionally selected for their expertise, reach, and influence in the region. These partners include aging and disability service providers, general assistance offices, public health departments, housing and transportation agencies, and advocacy organizations. Each brings a unique perspective and operational role to ensure that activities are feasible, person-centered, and sustainable within the district's existing service network.

Result Statement 1: Access and Independence
People of all ages, served by Iowa HHS' Aging and Disability Services System, have choices and access to high-quality, equitable, and person-centered programs and services to maximize independence, community integration, and self-sufficiency.

Aligned Priority: No Wrong Door Navigation and Follow-Up
The "No Wrong Door" Navigation and Follow-Up priority supports this result statement by ensuring that every person—regardless of where they begin—can access the right services at the right time. By developing a consistent navigation process and improving coordination across providers, District 3 aims to create equitable, person-centered access that helps people achieve independence and community inclusion. This coordinated approach reduces fragmentation, eliminates confusion, and provides ongoing follow-up to ensure continuity of care.

Needs Addressed:

- Fragmented and inconsistent navigation across systems.
- Limited coordination and follow-up between providers.
- Inequitable access to information and referrals in rural areas.

Key Activities:

1. Develop and implement a districtwide No Wrong Door navigation workflow.
2. Create a shared resource directory and standardized referral process.
3. Provide training to providers and navigators on equitable access and warm handoffs.
4. Evaluate outcomes through client and provider feedback to refine the process.

Collaborators:

CICS; NEI3A; Network partners; County General Assistance Offices; Local Public Health Departments; Regional Transit.

Connection to the Result Statement:

These activities create an equitable and person-centered system that improves access to critical services and supports. By aligning key service partners and standardizing navigation procedures, District 3 ensures that residents can identify and access resources that promote their independence and integration into community life. The selected collaborators represent agencies most frequently engaged in navigation, housing, health, and disability services, ensuring that improvements are both comprehensive and sustainable.

Result Statement 2: Empowerment and Wellness

People of all ages, served by Iowa HHS' Aging and Disability Services System, are empowered to utilize or access programs that improve their health and wellness.

Aligned Priority: Community and Partner Engagement

The Community and Partner Engagement priority fulfills this result statement by expanding cross-sector collaboration and building partnerships that connect individuals with health, wellness, and social resources. Many barriers to well-being in District 3 are tied to social determinants of health, including transportation limitations, rural isolation, and lack of awareness about available programs. Strengthening these partnerships allows services to meet people where they are and increases awareness of wellness, prevention, and support programs across the district.

Needs Addressed:

- Limited awareness of available wellness and support programs.
- Fragmented collaboration among local partners.
- Lack of community outreach and education on available services.

Key Activities:

1. Convene regular partnership meetings to share resources and align outreach efforts.
2. Pilot community engagement projects in underserved areas to identify local needs.
3. Develop shared outreach and education materials to increase awareness.
4. Collect partner feedback to refine engagement and expand collaboration.

Collaborators:

CICS; NEI3A; Local Public Health Departments; Faith-based organizations; Landlords and housing authorities; Community-based service providers; Local schools and civic groups.

Connection to the Result Statement:
These activities empower residents by strengthening the networks that promote physical, emotional, and social wellness. By uniting aging, health, and community partners, District 3 ensures that people can easily access resources that improve quality of life. The selected collaborators were chosen for their trusted roles within communities and their ability to engage residents across multiple environments, reinforcing empowerment through inclusion and education.

Result Statement 3: Connection and Support
People of all ages, served by Iowa HHS' Aging and Disability Services System, are supported by family members and friends of their choice, and have social connections within their communities.

Aligned Priority: Legislative and Funding Advocacy
The Legislative and Funding Advocacy priority advances this result statement by addressing systemic barriers that limit access to community-based services and social connection. Advocacy for improved reimbursement rates, sustainable housing support, and workforce development helps stabilize the service system that allows individuals to remain close to family and friends. Through coordinated outreach and education, the district will elevate lived experience and ensure that policy conversations reflect community realities.

Needs Addressed:
- Inadequate reimbursement and funding rates that disrupt service continuity.
- Workforce shortages that affect relationship-based care.
- Limited housing supports that separate people from natural support networks.

Key Activities:
1. Develop a unified advocacy message to share with legislators and state partners.
2. Host legislative roundtables and provider forums to discuss community needs.
3. Share data and lived-experience stories to inform statewide advocacy.
4. Participate in statewide and regional events that promote systems change.

Collaborators:
CICS; NEI3A; Network partners; County Veterans Affairs; Housing authorities; Local providers; Families and advocates; Faith-based and civic organizations.

Connection to the Result Statement:
These advocacy efforts support individuals' ability to stay connected to their families and communities by ensuring services remain stable, adequately funded, and community-based. Collaborators were chosen for their direct experience with service delivery and their influence in legislative and community networks. Together, they create the foundation for sustainable policy and funding structures that promote lasting connection and inclusion.

Overall Integration
Each activity and partnership in the District 3 plan is strategically tied to a Result Statement, creating a seamless link from local needs to measurable outcomes.

No Wrong Door Navigation and Follow-Up builds the structural framework for equitable access and independence.

Community and Partner Engagement expands health and wellness opportunities through collaboration and shared outreach.

Legislative and Funding Advocacy strengthens system stability and ensures that individuals can remain connected to their families and communities.

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

Appendix

District Plan

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

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

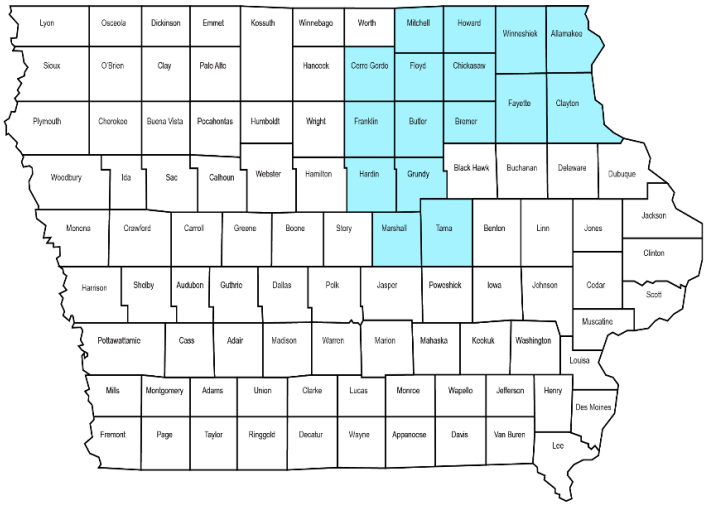
- Identified Needs: Key challenges and service gaps within their districts.
- Activities: Targeted tasks designed to address the identified needs.
- Collaborators: Partners and stakeholders engaged in implementing activities.
- Deliverables: Tangible and intangible outcomes resulting from the activities.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

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

Infrastructure and System Building: Result Statement	**Need** The infrastructure or system building need identified in your district assessment	**Activities** The tasks you will complete to help meet the identified need	**Collaborators** The partners or people who will assist with the completion of the activity	**Deliverable** The tangible or intangible output that results from the completion of the activity	**Milestone** The date the activity will be completed (DD/MM/YY format)
People of all ages, served by HHS' Aging and Disability Services System, have choices and access to high quality, equitable, and person-centered programs and services to maximize independence, community integration, and self-sufficiency.	Establish consistent “No Wrong Door” navigation and follow-up processes across agencies.	1. Develop a districtwide navigation workflow and referral guide (“No Wrong Door” model).	CICS, NEI3A, Network providers	Completed workflow and shared referral guide accessible to all partners.	3/31/2026
People of all ages, served by HHS' Aging and Disability Services System, have choices and access to high quality, equitable, and person-centered programs and services to maximize independence, community integration, and self-sufficiency. (2)	Establish consistent “No Wrong Door” navigation and follow-up processes across agencies. (2)	2. Create a simple district contact directory and warm-handoff protocol.	CICS navigation leads, NEI3A, public health, general assistance offices	Approved directory and communication process distributed to partners.	6/30/2026
People of all ages, served by HHS' Aging and Disability Services System, have choices and access to high quality, equitable, and person-centered programs and services to maximize independence, community integration, and self-sufficiency. (3)	Establish consistent “No Wrong Door” navigation and follow-up processes across agencies. (3)	3. Conduct training for staff and providers on “No Wrong Door” navigation and follow-up practices.	CICS, NEI3A, Network partners, Regional Transit	Training attendance records, feedback summary, and updated protocol.	12/31/2026
People of all ages, served by HHS' Aging and Disability Services System, have choices and access to high quality, equitable, and person-centered programs and services to maximize independence, community integration, and self-sufficiency. (4)	Establish consistent “No Wrong Door” navigation and follow-up processes across agencies. (4)	4. Evaluate effectiveness of navigation workflow using participant and provider feedback.	CICS evaluation team, NEI3A	Evaluation report with recommendations for improvement.	6/30/2027
People of all ages, served by HHS' Aging and Disability Services System, are empowered to utilize or access programs that improve their health and wellness.	Strengthen cross-sector collaboration and expand community partnerships to improve access.	1. Convene district partnership meetings to identify local assets (public health, churches, housing providers).	CICS, NEI3A, local public health, community and faith-based organizations	Meeting summary and initial list of partner commitments.	9/30/2026
People of all ages, served by HHS' Aging and Disability Services System, are empowered to utilize or access programs that improve their health and wellness. (2)	Strengthen cross-sector collaboration and expand community partnerships to improve access. (2)	2. Pilot a community-partner engagement initiative in two counties (ex. companion program or landlord collaboration).	CICS, NEI3A, Network partners	Pilot summary with partner outcomes and lessons learned.	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. (3)	Strengthen cross-sector collaboration and expand community partnerships to improve access. (3)	3. Develop and distribute outreach materials to increase community resource awareness.	CICS, NEI3A, county partners, advocacy groups	Branded outreach materials and tracking of community engagement.	12/31/2026
People of all ages, served by HHS' Aging and Disability Services System, are empowered to utilize or access programs that improve their health and wellness. (4)	Strengthen cross-sector collaboration and expand community partnerships to improve access. (4)	4. Document partner feedback and identify sustainable partnership models.	CICS, NEI3A, Network agencies	Partnership evaluation report and replication plan.	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.	Coordinate legislative and funding advocacy to improve service reimbursement and housing support.	1. Develop a unified district advocacy message on reimbursement, workforce pay, and housing.	CICS, NEI3A, Network partners, housing agencies	District advocacy talking points and fact sheet.	12/31/2026
People of all ages, served by HHS' Aging and Disability Services System, are supported by family members and friends of their choice, and have social connections within their communities. (2)	Coordinate legislative and funding advocacy to improve service reimbursement and housing support. (2)	2. Schedule legislative roundtables and provider forums to share priorities and data.	CICS, Network partners, legislators, advocacy organizations	Meeting agendas, attendance, and outcomes summary.	3/31/2026
People of all ages, served by HHS' Aging and Disability Services System, are supported by family members and friends of their choice, and have social connections within their communities. (3)	Coordinate legislative and funding advocacy to improve service reimbursement and housing support. (3)	3. Provide data and narratives to HHS and local officials supporting rate and funding reform.	CICS, Network evaluation team	Annual advocacy impact brief.	06/30/2026 and 06/30/2027
People of all ages, served by HHS' Aging and Disability Services System, are supported by family members and friends of their choice, and have social connections within their communities. (4)	Coordinate legislative and funding advocacy to improve service reimbursement and housing support. (4)	4. Coordinate district participation in statewide advocacy events or legislative days.	CICS, NEI3A, Network agencies	Participation summary and post-event outcomes report.	Ongoing – annual review 06/30/2027

Disability Services District 3 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 3.



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Source: US Census Bureau, American Community Survey

Living with Disability, by Age	% of Population
0 to 17 years	3.9%
18 to 34	7.8%
35 to 64	12.2%
65 years and over	62.8%

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 3 (19.4%) **is similar to** the state percentage (21.8%).

Overall Health Status

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

Within the district, **20%** 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, **52.4%** 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.

90.2%

of individuals living with a disability in District 3 have **at least one chronic condition**

70.1%

of individuals living with a disability in District 3 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 3, **57.5%** of Iowans aged 18-59 with a disability reported feeling lonely compared to **60.3%** statewide; **23.4%** of people aged 18-59 **living without a disability** in District 3 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 3, the percentage of Iowans aged 18-59 with a disability who report receiving social and emotional support **is lower than** the state percentage (55.2% 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 3, **just over half** (52.8%) of persons aged 18-59 living with a disability own their home; **47.2%** rent or live in some other arrangement. In comparison, **73.4%** of persons aged 18-59 without a disability own their own home in District 3. Disability status can influence homeownership, often making it more difficult for people with disabilities to become or remain homeowners.

57.3% of persons living with a disability, in District 3, 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.

48%

of 18–59-year-olds living with a disability in District 3 reported they met the criteria for aerobic physical activity

49.5% - Iowa

36%

of 18–59-year-olds living with a disability in District 3 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 3 (36.1%) **is slightly lower** 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, **17.3%** 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, **55.7%** 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.

99%
of individuals 60 years of age or older living with a disability in District 3 have **at least one chronic condition**

88.2%
of individuals 60 years of age or older living with a disability in District 3 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 3, **31.3%** of individuals 60 years of age or older with a disability reported feeling lonely compared to **32.6%** statewide; **19.3%** of Iowans 60+ **living without a disability** in District 3 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 3, the percentage of Iowans 60+ with a disability who report receiving social and emotional support **is lower than** the state percentage (69.2% 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 3, **more the three-fourths** (83.8%) of persons aged 60+ living with a disability own their own home, compared to **94.3%** 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 3, persons aged 60+ with a disability are **less likely to be employed** (16.3%) than those without a disability (31.3%). Persons 60 years of age and older with a disability in District 3 also have a lower rate of being employed as compared to the state rate (19.4%).

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

Physical Activity

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

42.7%

of persons 60+ living with a disability in District 3 reported they met the criteria for aerobic physical activity

41.8% - Iowa

27.7%

of persons 60+ living with a disability in District 3 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.