District 1 Disability Access Points (DAPs) District Assessment

December 2025

Contact Information for District:
Email: admin@DAPwest.org
Phone: 712-328-5812
Website: WISC

ADRC
Iowa Aging and Disability Resource Center
Iowa HHS

Table of Contents

Introduction

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

To understand the needs of each of the districts; the DAPs, with support from Iowa Health and Humans Services (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 1 Disability Access Point – The Western Iowa Services Collaborative (WISC) is a proud member organization of Iowa's Aging and Disability Resource Center Network. Pottawattamie County received the Iowa HHS contract for District 1 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 1 so that all areas of the 13 counties in Northwest Iowa 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 U.S. 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.

From September 16, 2025, through September 26, 2025, WISC gathered qualitative information from key partners through Microsoft TEAMS interviews spanning several stakeholder areas. Using a standardized questionnaire provided by Iowa 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: Hope Haven, Trivium Life Services, Imagine the Possibilities, Mid-Step Services

Behavioral Health/Community Mental Health Centers/CCBHC: Heartland Family Service, Plains Area Mental Health Center/CCBHC

Education Partners: Northwest Area Education Agency (AEA)

Transportation Partners: Southwest Iowa Transit Agency (SWITA)

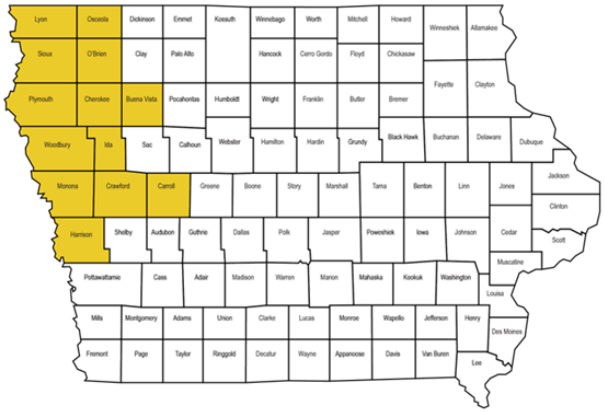
Health Centers: All Care Federally Qualified Health Center

Behavioral Health Advocacy Partners: NAMI of Southwest Iowa

District 1 Profile

District 1 encompasses 13 counties across Northwest and West Central Iowa. The Disability Access Point (DAP) serving District 1 is Western Iowa Service Collaborative.

Counties
Lyon, Osceola, Sioux, O'Brien, Plymouth, Cherokee, Buena Vista, Woodbury, Ida, Monona, Crawford, Carroll, Harrison



Demographics

According to the US Census Bureau, District 1 had a total population of 301,434 in 2024. Of this population, 25% (75,705) were children aged 0-17, 21% (64,394) were adults ages 18-34, 35% (104,433) were adults ages 35-64, and 19% (56,902) were adults 65 years of age and older.

Demographics for Individuals with a Disability – District 1 (2019-2023)

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

Source: US Census Bureau, American Community Survey

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

Source: US Census Bureau, American Community Survey

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

Assessment Findings

Interviews were conducted throughout District 1 with several stakeholders; virtual interviews were completed using 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 their focus in helping individuals to integrate within their communities and promote independence and self-determination. Resource needs rising to the top included clearer paths from school to adult service and community support transitions along with a wide range of transportation needs identified throughout District 1, including resources to maintain agency vehicle fleets. Challenges cited were the shortage of affordable and available housing accessible to people with disabilities. Here workforce challenges also rose to the top of discussions for community providers attracting and keeping quality direct support professionals employed due to wage limits based on Medicaid reimbursement costs (also considered a barrier) for certain community-based programs which are meant to focus on individuals being as independent as possible. A noted barrier to community integration due to the pressure of not having enough specialty providers such as psychologists, was the reliance on IQ scoring on a regular basis as a requirement for ID waiver eligibility and ongoing eligibility instead of a focus on a functional assessment. Along the same lines of specialty services, access to dentistry, psychiatry and therapy also is seen as a barrier throughout the district.

Result Statement #2 – Empowerment to utilize and access programs that improve health and wellness. Some of the strengths in this area include the advocacy for health and wellness programs that community providers focus on in groups as well as on an individual basis. Resources for funds for individuals to access wellness membership and healthy food choices as well as financial assistance for meal planning and healthy recipes were noted as a need. Dentists who accept Medicaid was the most noted challenge in this area as well as lack of financial means for individuals to participate in wellness programs. Finally, barriers focused on insufficient Medicaid reimbursement for specialty providers such as dentists, which prevent more dentists from servicing people with disabilities. Additionally, reliance on community service providers for transportation due to the lack of transportation options and prohibitive costs for individuals on fixed incomes were cited as barriers.

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 help them foster natural support, including relationships with their families, as a strength. More resources for transportation access which would enable more natural community connections, including employment, were cited as a need along with financial support for individual memberships and funds for local events to enhance connections for people. Accessible and affordable housing in communities of people's choice was cited as a major challenge along with transportation options for leisure activities. These same items were also noted as barriers to enhancing social connections for individuals since living and getting to work, to friends and family's homes and to other social activities are so reliant on transportation and a person's community mobility.

Overlapping Themes – The strengths that stood out across the areas addressed above included a feeling by community providers that they focus on helping the people they serve to be as independent as possible in all areas of their lives. Resources for better transitions from school to work and independent living were noted in two of the three results statements and resources to maintain vehicle fleets and general increased access to transportation were cited as needed resources. Affordable, accessible and safe housing rose to the top of the lists of challenges, as well as lack of resources for individuals to access community activities, social opportunities and wellness programs. The most overlapping area of barriers included insufficient Medicaid reimbursement rates in specialty medical and community-based support leading to barriers across the board that affect an individual's level of independence.

District Gaps

WISC conducted a gap analysis utilizing the qualitative interview results from our partners as well as the quantitative data provided by Iowa HHS (*District 1 Disability Services Profile- October 2025).* Gaps from the qualitative interviews focused on 12 key areas:

- Transportation- Maintenance of accessible vehicles for providers.
- Transportation- affordability/access.
- Housing- affordable/safe/accessible.
- Lack of dental providers accepting Medicaid.
- Lacky of specialty providers (therapists/substance use).
- Over reliance on IQ testing and lack of functional focused assessment for continued ID Waiver eligibility.
- Education of community to reduce stigma and understand disability population.
- The pool of staff is small and getting smaller.
- Resources for individuals to participate in community activities/social and wellness.
- Lack of clear transitions from school to adult community.
- Medicaid reimbursement is not sufficient to maintain the workforce.
- Lack of local knowledge/decision makers for community needs.

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

1. **Transportation- maintenance of accessible vehicles for providers**
    - Quantitative Information: District 1 Disability Services (DS) Profile (p.5, 7)- In District 1, 62.2% of people aged 18-59 living with a disability reported feeling lonely. In addition, individuals aged 18-59 that have a disability have significantly lower rates of being employed (12 in 20) than those of the same age that do not have a disability (16 in 20). For persons 60+ with a disability, they are also less likely to be employed (17.9%) compared to individuals without a disability (31.7%).
    - Qualitative Information: Providers relayed concerns over cost of maintenance of agency accessible vehicles.
    - GAP= Need for resources for community providers to maintain agency accessible vehicle fleets to support community integration and employment.
2. **Transportation- affordability/access**
    - Quantitative Information: District 1 DS Profile (p.5, 7)- In District 1, 62.2% of people aged 18-59 living with a disability reported feeling lonely. In addition, individuals aged 18-59 that have a disability have significantly lower rates of being employed (12 in 20) than those of the same age that do not have a disability (16 in 20). For persons 60+ with a disability, they are also less likely to be employed (17.9%) compared to individuals without a disability (31.7%).
    - Qualitative Information: Partners expressed need regarding access to transportation and concerns about the affordability of current options for clients. Lack of transportation options altogether as well as affordability concerns with what is available contributes to difficulty in making community connections, obtaining/maintaining employment, and meeting basic needs.

- GAP= Need for more transportation options for individuals with disabilities and that are affordable.

3. **Affordable/safe/accessible housing**
    - Quantitative Information: District 1 DS Profile (p.3,5)- 20.1% of children who have a special health care need between the ages of 0-11 experienced housing instability in the last year. In District 1, less than half (45%) of persons aged 18-59 living with a disability own their own home.
    - Qualitative Information: Several partners voiced concerns regarding lack of affordable housing, accessible housing for individuals with disabilities, and safety issues of some housing options.
    - GAP= Need for affordable, safe, and accessible housing for persons with disabilities.
4. **Lack of dental providers accepting Medicaid**
    - Quantitative Information: District 1 DS Profile (p.4,6)- In district 1, 22.6% 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, 23.8% of individuals with a disability reported their overall health status to be very good or excellent.
    - Qualitative Information: Partners shared concerns over a lack of dental providers that accept Medicaid. Lack of providers results in lack of care, or individuals having to travel out of their home community to seek dental services.
    - GAP= Need for dental providers in local communities who accept Medicaid patients.
5. **Lack of specialty providers (therapists/substance use)**
    - Quantitative Information: District 1 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, 22.6% of individuals with a disability age 18-59 reported their overall health as very good or excellent compared to 47.2% of individuals without a disability. 85% of individuals aged 18-59 years have at least one chronic condition, while 63.1% have two or more chronic conditions. This number is even higher for individuals aged 60+, with 97.6% having at least one chronic condition and 87.7% with 2 or more chronic conditions.
    - Qualitative Information: Partners voiced concerns regarding a lack of therapists and substance use providers within the district.
    - GAP= Need for workforce development to recruit therapists and substance use providers to the district.

6. **Over reliance on IQ testing and lack of functional focused assessment for continued ID Waiver eligibility**
    - Quantitative Information: While this concern was not addressed in the quantitative data, it was voiced as an issue by some partners. With a limited workforce of psychologists in Iowa, overreliance on IQ testing for eligibility contributes to greater wait times for new patients and subjects individuals with disabilities to additional testing that is unlikely to change significantly.
    - GAP= Need for a functional based approach to determined continued eligibility for HCBS ID Waiver.
7. **Education of community to reduce stigma and understand disability population**
    - Quantitative Information: District 1 DS Profile (p.2, 4)- In Iowa, 35.1% of children with special care needs reported they experienced Adverse Childhood Experiences (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 in District 1 experience a higher prevalence of having a chronic condition (85%), highlighting disproportionate health burdens and emphasizing the need for accessible, coordinated healthcare that understands the unique needs of individuals with disabilities.
    - Qualitative Information: Partners voiced a need for community education to reduce stigma of persons with disabilities.
    - GAP= Need for public awareness of the disability population to reduce barriers and stigma.
8. **The pool of staff is small and getting smaller**
    - While the quantitative data did not address staffing issues, feedback from qualitative interviews indicated a shrinking disability services workforce. Workforce concerns were expressed by several partners.
    - GAP= Need for a qualified disability services staff pool for providers to best support individuals with disabilities.

9. **Resources for individuals to participate in community activities/social and wellness**
    - Quantitative Information: DS District 1 Profile (p.3, 5)- Regarding physical activity, parents reported that 78.8% of children aged 6-17 who have special health care needs were less likely to meet the guidelines of engaging in at least 60 minutes of activity every day. Regarding loneliness, 62.2% of District 1 individuals aged 18-59 with a disability reported feeling lonely compared to 29.8% of individuals of the same age without a disability in District 1. Additionally, 42.1% of 18–59-year-olds in District 1 reported they met criteria for physical activity.
    - Qualitative Information: Several partners expressed concerns regarding a lack of resources for individuals with limited incomes to afford to participate in community and wellness activities. Many providers are very creative in exploring low or no cost options for clients, but it remains a barrier. One example was cost of a gym membership, which is unaffordable for some individuals on a fixed income.
    - GAP= Need for resources to ensure individuals with disabilities have options to recreate and participate in wellness in their communities.
10. **Lack of clear transitions from school to adult community**
    - While the quantitative data did not address student transitions, the need for transition planning and focus on self-sufficiency after graduation, was voiced as a concern by partners.
    - GAP= Need for person-centered transition planning from school to adulthood for individuals with disabilities.
11. **Medicaid reimbursement is not sufficient to maintain workforce**
    - While not addressed in the quantitative data, concerns regarding low Medicaid reimbursement rates were identified as a barrier to maintaining workforce.
    - GAP= Need for advocacy for increases to Medicaid reimbursement rates to support providers in maintaining quality staff.
12. **Lack of local knowledge/decision makers for community needs**
    - This gap was not addressed in the quantitative data, however, was addressed as a need due to system changes over the past year.
    - GAP= need for local resources to meet community needs.

Identified Priorities

On October 14, 2025, WISC convened 9 stakeholders from the Initial Assessment interview meetings and completed an Impact Momentum Matrix. Partners represented included: Hope Haven, Trivium Life Services, Mid-Step Services, Plains Area Mental Health Center, Imagine the Possibilities, NAMI of Southwest Iowa, and Southwest Iowa Transit Agency. 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 3 priorities they desired to be carried forward into the district plan.

Priority needs that achieved consensus are:

- Build partnerships to address transportation accessibility and affordability for family and social connections.
- Advocacy and education for affordable, safe and accessible housing.
- Advocate and educate on access to specialty providers.

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

Disability Services 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

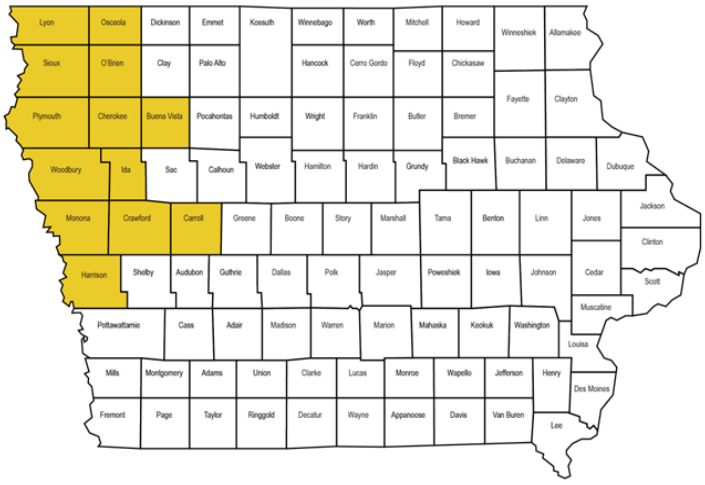
Result Statement	Need The infrastructure or system building need identified in your district assessment	Activities The tasks you will complete to help meet the identified need	Collaborators The partners or people who will assist with the completion of the activity	Deliverable The tangible or intangible 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, 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 supported by family members and friends of their choice, and have social connections within their communities.	Build partnerships to address transportation accessibility and affordability for family and social connections.	Research ways to participate in local and statewide transit committees and advisory councils (ex: SWIPCO, 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. *(Continued 2)*	Build partnerships to address transportation accessibility and affordability for family and social connections. *(Continued 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. *(Continued 3)*	Build partnerships to address transportation accessibility and affordability for family and social connections. *(Continued 3)*	Share out DAP resources during regular transit advisory councils, committees, and with 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

Population Group: All Ages

Result Statement	Need The need identified in your district assessment for all ages	Activities The tasks you will complete to help meet the identified need	Collaborators The partners or people who will assist with the completion of the activity	Deliverable The tangible or intangible output that results from the completion of the activity	Milestone The date the activity will be completed (DD/MM/YY format)
People of all ages, served by HHS' Aging and Disability Services System, have choices and access to high quality, equitable, and person-centered programs and services to maximize independence, community integration, and self-sufficiency.	Advocacy and education for affordable, safe and accessible housing.	DAP staff will provide resources for affordable, safe and accessible housing options in D1 service area to individuals with a housing need.	WISC DSNs	Individuals served in D1 will have resources to secure the most affordable, safe and accessible housing options available to them in D1.	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. *(Continued 2)*	Advocacy and education for affordable, safe and accessible housing. *(Continued 2)*	During regular community meetings, DAP staff will provide resource information and gather feedback on housing options in their respective service area.	WISC DSNs and Leadership	Increased community awareness of affordable, safe, and accessible housing options within D1. Increased DAP leadership awareness of housing gaps within the district through regular feedback loop.	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. *(Continued 3)*	Advocacy and education for affordable, safe and accessible housing. *(Continued 3)*	WISC will develop and maintain an internal housing list for low-income rent options and rent subsidy availability within the district.	WISC Leadership and DSNs	DSNs in D1 will utilize and update the housing list to share options and awareness within the district.	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. *(Continued 4)*	Advocacy and education for affordable, safe and accessible housing. *(Continued 4)*	WISC will utilize STSS resources to assist individuals with short-term rent assistance needs.	WISC DSNs	Individuals with short-term rent needs will receive assistance through STSS DAP funds as eligible.	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. *(Continued 5)*	Advocacy and education for affordable, safe and accessible housing. *(Continued 5)*	Continually assess STSS rent assistance guidelines and elevate ideas and concerns to HHS.	WISC Leadership	Increased use of STSS rent assistance.	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.	Advocate and educate on access to specialty providers.	Gather resource information for dentists and psychologists in and surrounding D1 to provide information to commuity based providers and individuals w/ disabilities.	WISC Leadership and DSNs	Updated list of specialty provider resources to provide to individuals, families and providers.	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. *(Continued 2)*	Advocate and educate on access to specialty providers. *(Continued 2)*	Gather resource information for substance use treatment providers in and surrounding D1 to provide information to commuity based providers and individuals w/ disabilities.	WISC Leadership, DSNs, Iowa Primary Care Association D1 Team	Updated list of specialty provider resources to provide to individuals, families and providers.	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. *(Continued 3)*	Advocate and educate on access to specialty providers. *(Continued 3)*	DAP staff will provide resources for dentists, psychologists, and substance use providers.	WISC DSNs	Individiuals served in D1 will be aware of resource options for dental, psychologists, and substance use providers.	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 1 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 1.



District 1 encompasses 13 counties across Northwest and West Central Iowa. The Disability Access Point (DAP) serving District 1 is Western Iowa Service Collaborative.

Demographics

According to the US Census Bureau, District 1 had a total population of 301,434 in 2024. Of this population, 25% (75,705) were children aged 0-17, 21% (64,394) were adults ages 18-34, 35% (104,433) were adults ages 35-64, and 19% (56,902) were adults 65 years of age and older.

Demographics for Individuals with a Disability – District 1 (2019-2023)

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

Source: US Census Bureau, American Community Survey

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

Source: US Census Bureau, American Community Survey

Children with Special Health Care Needs (CSHCN)

Percent of children aged 0-17 - 24.3%

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

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

Children

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

Overall Health Status

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

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

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

Adverse Childhood Experiences

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

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

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

Medical Home

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

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

Developmental Screening

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

Economic Stability

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

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

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

Physical Activity

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

Adults Ages 18-59

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

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

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

The prevalence of disability refers to the total number or percentage of people in a population who have a disability. The percentage of people aged 18-59 who have a disability in District 1 (24.3%) **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, **22.6%** 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, **47.2%** of individuals without a disability age 18-59 reported their overall health status as very good or excellent.

55.3% - Iowa
(living without a disability)

Chronic Conditions

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

85%
of individuals living with a disability in District 1 have **at least one chronic condition**

63.1%
of individuals living with a disability in District 1 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 1, **62.2%** of Iowans aged 18-59 with a disability reported feeling lonely compared to **60.3%** statewide; **29.8%** of people aged 18-59 **living without a disability** in District 1 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 1, the percentage of Iowans aged 18-59 with a disability who report receiving social and emotional support **is similar to** the state percentage (60.2% 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 1, **less than half** (45%) of persons aged 18-59 living with a disability own their home; **55%** rent or live in some other arrangement. In comparison, **64.5%** of persons aged 18-59 without a disability own their own home in District 1. Disability status can influence homeownership, often making it more difficult for people with disabilities to become or remain homeowners.

66.4% of persons living with a disability, in District 1, 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.

42.1%

of 18–59-year-olds living with a disability in District 1 reported they met the criteria for aerobic physical activity

49.5% - Iowa

21.7%

of 18–59-year-olds living with a disability in District 1 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 1 (37.8%) **is similar to** 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, **23.8%** of individuals with a disability age 60+ reported their overall health status as very good or excellent

23.9% - Iowa
(living with a disability)

Within the district, **51.8%** 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.

97.6%
of individuals 60 years of age or older living with a disability in District 1 have **at least one chronic condition**

87.7%
of individuals 60 years of age or older living with a disability in District 1 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 1, **41.7%** of individuals 60 years of age or older with a disability reported feeling lonely compared to **32.6%** statewide; **16.7%** of Iowans 60+ **living without a disability** in District 1 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 1, the percentage of Iowans 60+ with a disability who report receiving social and emotional support **is similar to** the state percentage (71.1% compared to 72.8%). These findings point to gaps in natural and community-based networks of care for people with disabilities.

Economic Stability

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

In District 1, **more the three-fourths** (77.5%) of persons aged 60+ living with a disability own their own home, compared to **89.8%** 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 1, persons aged 60+ with a disability are **less likely to be employed** (17.9%) than those without a disability (31.7%). Persons 60 years of age and older with a disability in District 1 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.

47.3%

of persons 60+ living with a disability in District 1 reported they met the criteria for aerobic physical activity

41.8% - Iowa

30%

of persons 60+ living with a disability in District 1 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.