

# Preventive Health and Health Services Block Grant

**Fiscal Year 2026**

**Last Modified Date: 2026-06-22**

**Work Plan Stage/Status: Development/Draft**

## Recipient Overview Details

<b>Recipient:</b>	Iowa
<b>Assigned Project Officer:</b>	Katie Young
<b>Chief Executive Officer:</b>	Kim Reynolds
<b>Recipient Lead Health Official:</b>	Kraig Paulsen
<b>Authorizing Official:</b>	Ken Sharp
<b>Recipient BG Coordinator Contact Information:</b>	Lindsay Schmauss Street Address: 321 E. 12th St., Street Address2: Lucas State Office Building, City: Des Moines, State/Jurisdiction: IA, Zip Code: 50319 lindsay.schmauss@hhs.iowa.gov
<b>Program Director Contact Information:</b>	Jill Myers Gadelmann Street Address: 321 E. 12th Street, Street Address2: Lucas State Office Building, City: Des Moines, State/Jurisdiction: IA, Zip Code: 50319 jill.myersgadelmann@hhs.iowa.gov

## Certifications and Assurances

<b>Certifications Form Annual Signature</b>	Not Submitted
<b>Certifications &amp; Assurance Statement – Governor’s Signature</b>	Not Submitted

## Statutory Information

<b>Meeting Title:</b>	Iowa PHHS Block Grant FFY 2026 State Plan Public Hearing
<b>Type of Meeting:</b>	Public Hearing
<b>Date of Meeting:</b>	2026-06-25
<b>Chair of Meeting:</b>	Lindsay Schmauss
<b>The Public was Invited Via:</b>	Email announcement; In-Person; Website
<b>The Draft Work Plan was Made Available for Public Viewing Via:</b>	In-Person; Website

**Meeting Attendee:** **Lindsay Schmauss**  
**Role:** Public Health Department; Recipient BG Coordinator  
**Title:** Iowa PHS Block Grant State Coordinator & Grants Administrator  
**Actively Serving in Identified Role(s)** true

**Meeting Title:** **Iowa PHS Block Grant State Advisory Committee Meeting**  
**Type of Meeting:** **First Advisory Committee Meeting**  
**Date of Meeting:** 2026-05-28

**Chair of Meeting:** Robert Kruse, MD

**Meeting Attendee:** **Kay Fisk**  
**Role:** Advisory Committee Member  
**Title:** Advisory Committee Member  
**Actively Serving in Identified Role(s)** true

**Meeting Attendee:** **Monika Jindal, MD**  
**Role:** Advisory Committee Member  
**Title:** Advisory Committee Member  
**Actively Serving in Identified Role(s)** true

**Meeting Attendee:** **Donald Macfarlane, MD, PhD**  
**Role:** Advisory Committee Member  
**Title:** Advisory Committee Member  
**Actively Serving in Identified Role(s)** true

**Meeting Attendee:** **Sandra McGrath, RN**  
**Role:** Advisory Committee Member  
**Title:** Advisory Committee Member  
**Actively Serving in Identified Role(s)** true

**Meeting Attendee:** **Rebecca Peterson**  
**Role:** Advisory Committee Member  
**Title:** Advisory Committee Member  
**Actively Serving in Identified Role(s)** true

**Meeting Attendee:** **Samantha Rozeboom, DNP**  
**Role:** Advisory Committee Member  
**Title:** Advisory Committee Member  
**Actively Serving in Identified Role(s)** true

**Meeting Attendee:** **Tom Brown**  
**Role:** Advisory Committee Member  
**Title:** Advisory Committee Member  
**Actively Serving in Identified Role(s)** true

**Meeting Attendee:** Robert Kruse, MD  
**Role:** Public Health Department; Other Program Contact  
**Title:** State Medical Director and Division Director, Public Health Division, IA HHS  
**Actively Serving in Identified Role(s)** true

**Meeting Title:** Iowa PHS Block Grant State Advisory Committee Meeting  
**Type of Meeting:** Second Advisory Committee Meeting  
**Date of Meeting:** 2026-06-26

**Chair of Meeting:** Robert Kruse, MD  
**Meeting Attendee:** Robert Kruse, MD  
**Role:** Public Health Department; Other Program Contact  
**Title:** State Medical Director and Division Director, Public Health Division, IA HHS  
**Actively Serving in Identified Role(s)** true

**Meeting Attendees:** TBA on 6.26.26

<b>CDC Allocations for Recipient</b>	
<b>FFY 2026 Award</b>	<b>\$1,814,797</b>
<b>Annual Basic Allocation</b>	<b>\$1,748,194</b>
<b>Sex Offense Allocation</b>	<b>\$66,603.00</b>
<b>Total Current Year Annual Basic Allocation</b>	<b>\$1,748,194</b>
<b>Administrative Costs</b>	<b>\$133,144.00</b>
<b>Direct Assistance Amount</b>	<b>\$0</b>
<b>Total Current Year Sex Offense Allocation</b>	<b>\$66,603</b>
<b>Sex Offense Administrative Costs</b>	<b>\$0</b>
<b>Total Available for Program Allocation in FFY 2026</b>	<b>\$1,681,653</b>

## Programs

**Program Name:** FFY26 Sexual Violence Prevention

### Program Summary

**Program Goal:** Iowa’s sexual violence prevention program aims to reduce the rate of females ages 15 – 19 who experience sexual violence.

**Healthy People 2030 Objective:** IVP-17 Reduce adolescent sexual violence by anyone

**Health Topic Area:** Injury and Violence Prevention

**Recipient Health Objective:** Between 10/01/2026 – 09/30/2028, reduce the percent of Iowa adolescents ages 15 – 19 experiencing sexual abuse by 1% through sexual violence prevention organizational policy changes, programming, and partnership.

## Program Problem Information

### Program Problem Summary

Iowa youth ages 15 – 19 years make up the largest age group reporting sexual violence to emergency departments in Iowa.

### Program Problem Description:

In Iowa, the largest age group seeking medical care for sexual assault is females 15 – 19 years of age. This is both in count and rate per 100,000 population. Sexual violence is a pervasive issue affecting individuals, families, and communities in Iowa. In fact, according to The National Intimate Partner and Sexual Violence Survey 2023/2024 Sexual Violence Data Brief, Iowa has a higher rate of lifetime prevalence of sexual coercion by state of residence than the national rate. Iowa's rate is weighted at 21.8% compared to the United States' rate weighted at 20.3%. The lifetime prevalence of rape in Iowa is estimated at 19.3%. The lifetime prevalence of any contact sexual violence in Iowa is estimated at 36.6%. According to the 2020 and 2023 Iowa BRFSS Surveys, Iowans with child sexual abuse related ACEs had a higher rate of experiencing forced sexual activity after the age of 18. Iowans 18–24 made up the largest group of adults reporting experiencing forced sexual activity since the age of 18. Additionally, the number of Iowans ages 18+ who reported experiencing forced sexual activity increased from 8.5% in 2020 to 11.2% in 2023.

### Problem was Prioritized by the Following Factor(s)

Other\_ Prioritization

### Problem Prioritized – Other:

Mandatory set-aside for sex offense prevention

## Program Key Indicator(s)

### Program Key Indicator – KI-01989

#### Description of Program Key Indicator

Average annual rate of female Iowa residents ages 15 – 19, per 100,000 population receiving medical care in emergency departments in Iowa for sexual assault by ICD-10-CM codes

#### Baseline Value for the Program Key Indicator

233.16%

#### Data Source for Key Indicator Baseline

Iowa Emergency Department Data – IPOP (Inpatient Outpatient)

## Program Strategy

### Program Goal:

Iowa's sexual violence prevention program aims to reduce the rate of females ages 15 – 19 who experience sexual violence.

### SDOH Addressed by the Program:

Adverse Childhood Experiences (ACEs)

### Program Strategy:

The Iowa HHS Sexual Violence Prevention Program will implement a comprehensive strategy that aims to prevent sexual violence across the social-ecological model in collaboration with high impact multi-disciplinary partners. The Sexual Violence Prevention (SVP) Program will partner with the University of Northern Iowa's Patricia A. Tomson Center for Violence Prevention (UNI PATCVP), the Iowa Coalition Against Domestic Violence (ICADV) and their local member programs, including the Crisis Intervention and Advocacy Center (CIAC), and the Iowa Attorney General's Office Victim Assistance Section to support the facilitation and coordination of sexual assault services, prevention and resources in Iowa. The SVP program will provide prevention services and education to key impacted communities to mitigate the health impact of sexual violence in these communities. The program will implement two evidence-based programs (EBPs) targeted at youth and adults to understand and respond to adolescent sexual behaviors to prevent sexual violence. The EBPs are the Mentors in Violence Prevention (MVP) Program administered by UNI PATCVP and curriculum from the Adult Responsibility Project, a key component of the Healthy Relationships Project®, from Prevent Child Abuse Vermont which focuses on adult responsibility in preventing child and adolescent sexual abuse. Iowa HHS will collaboratively develop a new Sexual Violence Prevention Program evaluation measure/data indicator that identifies the impact of SVP programming on adolescent personal responsibility to prevent sexual harm and sexual coercion. The new measure will be piloted in the MVP programming through UNI PATCVP. The Iowa HHS SVP Program will partner with UNI PATCVP and ICADV, and other stakeholders, to develop the measure. Furthermore, the Iowa HHS SVP Program will facilitate sexual assault response provider trainings to increase the number of 'qualified providers' in the state, including Sexual Assault Nurse Examiners (SANEs). Qualified Providers meet and adhere to specific educational and clinical training standards set by the Iowa Attorney General. Additionally, they are eligible for mileage reimbursement and compensation for performing sexual assault examinations, if the exam

is performed within 30 days of the sexual abuse. Trainings will educate on best practices in sexual assault-related medical response and advocacy. Training support and no-cost continuing education credits (CEs) will be provided by program partners. Multiple trainings will be provided. Continuing education trainings for current 'qualified providers' will be offered to sustain Iowa's current infrastructure, retaining the current workforce and assuring quality service delivery for the medical response to sexual assault survivors. Additional training to expand the current infrastructure and sexual assault response workforce, especially in rural areas of the state, will be provided for those seeking to become 'qualified providers.' All aspects of Iowa HHS' SVP program strategy are focused on behavioral change through environmental design, policy, best practice, and reaching key impacted communities.

**Program Setting(s):** Community based organization; Rape crisis center; Schools or school district; State health department; University or college; Other\_ Settings

**Program Setting -- Other:** State Sexual Assault Coalition

**List of Primary Strategic Partners** University of Northern Iowa Patricia A. Tomson Center for Violence Prevention, Iowa Coalition Against Domestic Violence (Iowa's federally designated state sexual assault coalition), Crisis Intervention and Advocacy Center, University of Iowa Carver College of Medicine, and the Iowa's Attorney General's Office Victim Assistance Section – Sexual Assault Forensic Advisory Committee.

**Evaluation Methodology**  
 Iowa HHS will administer post-training surveys, in which all training activities will be evaluated to measure the training outcomes. Iowa HHS will collaborate with multiple state-level evaluation partners to develop a new Sexual Violence Prevention (SVP) program evaluation measure/data indicator that identifies the impact of SVP programming on adolescent personal responsibility to prevent sexual harm and sexual coercion. The new measure will assess changes in attitudes, knowledge, or beliefs about how to not cause sexual harm or coercion among Iowa youth ages 14 – 17 participating in sexual violence prevention programming. The measure will be piloted in the MVP programming through UNI PATCVP. The training evaluation measures developed by Prevent Child Abuse Vermont, Florida's International University and Johns Hopkins University's Moore Center for Prevention of Child Sexual Abuse will be used to evaluate implementation of the Adult Responsibility Project curriculum. The sexual assault response Qualified Provider/SANE training provided by the Iowa Attorney General's Office Victim Assistance Section, through the University of Iowa's Carver College of Medicine, will conduct post-training surveys. Iowa HHS requested two measures be added to the training evaluation: 1) This training prepared me for a career in providing victim-centered medical care to sexual assault survivors in my community and 2) This training increased my commitment to multidisciplinary collaborative efforts in my community. Findings from all program and training evaluations will be analyzed and shared with state-level partners working to address sexual violence in Iowa communities and will be used to inform future interventions.

**Planned Non-Monetary Support to Local Agencies or Organizations:** Technical Assistance; Resources/Job Aids

**Program Budget for Block Grant Funds**

<b>Program Budget</b>	
<b>FFY2026 Basic Allocation</b>	\$0
<b>FFY2026 Sex Offense Allocation</b>	\$66,603
<b>Total Allocation</b>	<b>\$66,603</b>
<b>Details About Program Funding</b>	
<b>Funds Budgeted to Affected Populations</b>	\$0
<b>Funds Budgeted to Local Agency/Organization</b>	\$0
<b>Type of Supported Local Agency/Organization</b>	Other
<b>Other Type of Supported Local Agency/Organization</b>	N/A

<b>Program Funds Responded to Outbreak</b>	No
<b>Funding Role of PHHSBG for Program</b>	Supplement other existing funds
<b>Percent of Program Funding from PHHSBG</b>	Less than 10% - Minimal source of funding
<b>PHHSBG Supplements Which Funding?</b>	State or local funding; Other federal funding (CDC): RPE; Other federal funding (non-CDC): DOJ OVW
<b>Role of PHHSBG in Supporting Program</b>	Maintain existing program (as is)
<b>Positions Funded by PHHS Block Grant</b>	No

## FFY26 Sexual Violence Prevention Budget FTEs and Positions

### FTEs

Full Time Equivalent positions that are funded with PHHSBG funds:

<b>Total Number of Positions Funded:</b>	0
<b>Total FTEs Funded:</b>	0

## Program Target Population(s)

### Program Target Population

<b>Target Population Data Source</b>	U.S. Census Bureau, Number of Iowa youth ages 15 – 19, CY 2024
<b>Number of People Served:</b>	230,001
<b>Race and/or Ethnicity:</b>	American Indian or Alaskan Native; Asian; Black or African American; Hispanic or Latino; Middle Eastern or North African; Native Hawaiian or Pacific Islander; White
<b>Age:</b>	15 - 24 years
<b>Sex:</b>	Female, Male
<b>Sexual Orientation:</b>	N/A
<b>Geography:</b>	Rural and Urban
<b>Location:</b>	State of Iowa
<b>Occupation:</b>	N/A
<b>Primarily Low Income?</b>	false
<b>Disproportionately Affected by the Problem?</b>	true
<b>All or Part Disproportionately Affected?</b>	All

## Program SMART Objective 1/4

**Title of Program SMART Objective:** FFY26 Implement Mentors in Violence Prevention Program

### SMART Objective Summary

#### SMART Objective Description

By September 30, 2027, the University of Northern Iowa's Patricia A. Tomson Center for Violence Prevention will engage a minimum of one key impacted community within Iowa HHS's sexual violence priority counties to implement the evidence-based Mentors in

Violence Prevention Program and demonstrate an eighty (80) percent change in program participants' attitudes, knowledge or beliefs about how to not cause sexual harm or coercion.

<b>Item to be Measured:</b>	Program participants with changed attitudes, knowledge, or beliefs about how to not cause sexual harm, with a focus on preventing sexual coercion.
<b>Unit to be Measured:</b>	Percent
<b>Baseline Value for Item to be Measured:</b>	0
<b>Data Source for the Baseline Value</b>	University of Northern Iowa, Patricia A. Tomson Center for Violence Prevention, Mentors in Violence Prevention Program, Qualtrics records
<b>Interim Target Value to Reach by APR:</b>	70
<b>Final Target to Reach by Closeout Report:</b>	80

### SMART Objective Problem Information

**SMART Objective Problem Description:** N/A. The problem is the same.

**SMART Objective Problem Summary:** N/A. The problem is the same.

### SMART Objective Intervention Information:

**Intervention Summary:** The University of Northern Iowa's Patricia A. Tomson Center for Violence Prevention will implement and evaluate the Mentors in Violence Prevention curriculum in partnership with state-level partners and local leaders.

**Intervention Description:**

Through policy, youth engagement, and administrative leadership the University of Northern Iowa's Patricia A. Tomson Center for Violence Prevention will implement the evidence-based Mentor's in Violence Prevention (MVP) Program to change social norms, youth environments, and teaching skills that protect against sexual violence. This program will be implemented using preliminary data from Iowa's Rape Prevention and Education Program on the violence prevention priority counties, counties outlined in the 'Iowa State Action Plan for Preventing Sexual Violence Before It Occurs,' and other Iowa specific data sets on sexual violence. The program will partner within key impacted communities to deliver this evidence-based program shown to increase social norms and youth environments that protect against sexual violence.

**Type of Intervention:** Evidence-Based Intervention

**Rationale for Choosing the Intervention:**

The National Intimate Partner and Sexual Violence Survey: 2023/2024 Sexual Violence Data Brief reported that Iowa has higher rates of lifetime exposure to sexual coercion than the national rate. The Mentor's in Violence Prevention Program is an evidence-based program and used widely across Iowa. MVP is a peer-led program that empowers individuals to act as active bystanders, challenge abusive behaviors, and promote safe, respectful communities. MVP is one of the longest-running and most influential programs addressing violence, sexual harassment and relationship abuse. The University of Northern Iowa's Patricia A. Tomson Center for Violence Prevention (UNI PATCVP) is the leading state trainer for MVP Strategies and currently administers the program. The MVP program has been evaluated in multiple high schools throughout the state of Iowa and been shown to: • Increase students' awareness of harmful behaviors among peers and friends • Increase students' problem-solving skills, knowledge and understanding of the bystander approach to preventing violence among peers and friends • Increase students' attitudes and their perceptions of other peers' and friends' attitudes with respect to interfering and preventing violence behaviors and • Decrease incidents of bullying and violence among student populations. The program was selected for vetting a new SVP program evaluation measure that will be developed specific to sexual coercion and that can be shared and used across all sexual violence programming in the state.

### SMART Objective Key Indicator(s)

**SMART Objective Key Indicator – KI-02763**

**Description of SMART Objective Key Indicator** Iowa secondary school students engaged in Mentors in Violence Prevention (MVP) program strategies

**Baseline Value for the SMART Objective Key Indicator** 47,950

**Data Source for the Key Indicator Baseline** University of Northern Iowa, Patricia A. Tomson Center for Violence Prevention, Mentors in Violence Prevention Program Impact Report, 2011-2023

## Activities

### Activity – Implement the Mentors in Violence Prevention (MVP) Program

**Activity Summary:** The University of Northern Iowa’s Patricia A. Tomson Center for Violence Prevention (UNI PATCVP) in collaboration with state-level sexual violence prevention programs will administer the Mentors in Violence Prevention (MVP) Program in one priority key impacted community.

#### Activity Description:

The University of Northern Iowa’s Patricia A. Tomson Center for Violence Prevention (UNI PATCVP) will identify a minimum of one high school within a priority county in Iowa in which to implement the program. (Priority counties have been established by Iowa HHS’ Violence Prevention Program.) UNI PATCVP will partner with the school administrators, student body, and parents in implementing the Mentors in Violence Prevention Program. Policies, surveys, training, and social environmental scans will be conducted to improve the school environment to protect its youth against sexual violence.

## SMART Objective Target Population

**Target Population Same as Program's or Subset?** Same as the Program’s Target Population

## Program SMART Objective 2/4

**Title of Program SMART Objective:** FFY26 Facilitate Sexual Violence Prevention Programming

## SMART Objective Summary

#### SMART Objective Description

By September 30, 2027, the Iowa HHS Sexual Violence Prevention Program and its state-level partners will facilitate training and educational opportunities including implementation of sessions from the evidence-based Adult Responsibility Project (APR) curriculum, a key component of the Healthy Relationships Project® from Prevent Child Abuse Vermont and demonstrate a five percent (5%) increase in APR participant knowledge.

**Item to be Measured:** % of training participants who attend the Adult Responsibility Project curriculum session “Understanding and Responding to the Sexual Behaviors of Adolescents” and respond, “above average” or “excellent” to “My Knowledge of factors that can lead to the development of harmful sexual behaviors in youth” on the training evaluation.

**Unit to be Measured:** Percent

**Baseline Value for Item to be Measured:** 80

**Data Source for the Baseline Value** Training session evaluation surveys

**Interim Target Value to Reach by APR:** 80

**Final Target to Reach by Closeout Report:** 85

## SMART Objective Problem Information

**SMART Objective Problem Description:**

N/A. The problem is the same.

**SMART Objective Problem Summary:**

N/A. The problem is the same.

**SMART Objective Intervention Information:****Intervention Summary:**

Educational programming and training opportunities will be provided, including sessions from the Adult Responsibility Project curriculum, and increase in participant knowledge will be assessed.

**Intervention Description:**

To help create environments that protect against sexual violence, the Iowa Coalition Against Domestic Violence (ICADV), Iowa's federally designated sexual assault coalition will support its member program, Crisis Intervention and Advocacy Center (CIAC), in providing training and learning opportunities for ICADV member programs, partners and stakeholders. CIAC will implement curriculum from the Adult Responsibility Project, a key component of the Healthy Relationships Project® from Prevent Child Abuse Vermont. Curriculum implementation will include facilitating one session of the 'Understanding and Responding to the Sexual Behaviors of Children' and one session of 'Understanding and Responding to the Sexual Behaviors of Adolescents.' CIAC, with the support of ICADV, will also provide learning opportunities centered on facilitating prevention work with Spanish-speaking youth. The impact related to increase in participant knowledge across all trainings will be evaluated.

**Type of Intervention:**

Evidence-Based Intervention

**Rationale for Choosing the Intervention:**

Preventing sexual violence is a complex multi-faceted effort that involves education and social change through environmental design. Teaching skills in an evidence-based strategy for preventing sexual violence outlined in CDC's Resource for Action to Prevent Sexual Violence. Prevent Child Abuse Vermont established the Adult Responsibility Project in collaboration with Florida's International University and Johns Hopkins University's Moore Center for Prevention of Child Sexual Abuse. It is a core component of the Healthy Relationships Project®. The Healthy Relationships Project® (HRP) is a trauma-informed program designed to prevent child sexual abuse and teach children and teens the skills to build safe, healthy relationships. The HRP aims to create environments where children can grow up safe, supported, and free from the trauma of sexual abuse. The Adult Responsibility Project (ARP) component of the HRP is currently implemented in 39 states and Washington, D.C. The ARP is a proven, evidence-based training program with curriculum designed to equip adults with the knowledge and skills to protect children by preventing child sexual abuse and to promote safety and healthy relationships for children. The Adult Responsibility Project curriculum was selected by subject matter experts in Iowa's sexual violence prevention infrastructure. Three curriculums from the ARP are currently licensed for use in Iowa through 2029.

**SMART Objective Key Indicator(s)****Activities****Activity – Implement Adult Responsibility Project Curriculum Sessions****Activity Summary:**

Iowa's federally designated sexual assault coalition member program, Crisis Intervention and Advocacy Center, will implement curriculum sessions from the Adult Responsibility Project developed by Prevent Child Abuse Vermont.

**Activity Description:**

The Iowa Coalition Against Domestic Violence (ICADV) (Iowa's federally designated sexual assault coalition) member program, Crisis Intervention and Advocacy Center (CIAC), will implement curriculum sessions from the Adult Responsibility Project, a core component of the Healthy Relationships Project® developed by Prevent Child Abuse Vermont. CIAC is currently the lead entity holding the licensure for the Adult Responsibility Project curriculum. Curriculum sessions implemented will include 'Understanding and Responding to the Sexual Behaviors of Children' and 'Understanding and Responding to the Sexual Behaviors of Adolescents.' Post-session evaluations will be provided and analyzed to assess participants' changes in knowledge, beliefs and attitudes as well as to inform future sessions.

**Activity – Provide Sexual Violence Prevention Trainings and Support**

**Activity Summary:**

Iowa’s federally designated sexual assault coalition and member program, Crisis Intervention and Advocacy Center, will provide a minimum of six trainings annually to community members, victim advocates, teachers, youth-serving organizations, and other caring adults in each of the six (6) victim service regions across Iowa.

**Activity Description:**

To help create environments that protect against sexual violence, the Iowa Coalition Against Domestic Violence (ICADV) (Iowa’s federally designated sexual assault coalition) member program, Crisis Intervention and Advocacy Center (CIAC), will provide a minimum of six (6) training and learning opportunities to community members, victim advocates, teachers, youth-serving organizations, and other caring adults in each of the six (6) victim service regions across Iowa. CIAC will also provide support to the statewide network of trainers who implement sexual violence prevention (SVP) curriculum and facilitate SVP programming within local communities. Training provided by CIAC will include learning opportunities centered on facilitating prevention work with Spanish-speaking youth. Post-training evaluations will be provided and analyzed to assess participants’ changes in knowledge, beliefs and attitudes as well as to inform future trainings. The ICADV and CIAC will collaboratively coordinate coalition member programming and provide ongoing support to professionals providing sexual violence prevention programming at the grassroots level within key impacted communities, including supporting community engagement events and efforts addressing communities’ social and physical environments.

**SMART Objective Target Population**

**Target Population Same as Program’s or Subset?**

Same as the Program’s Target Population

**Program SMART Objective 3/4**

**Title of Program SMART Objective:**

**FFY26 Qualified Provider Sexual Assault Response Training**

**SMART Objective Summary**

**SMART Objective Description**

By September 30, 2027, facilitate ‘qualified provider’ sexual assault response medical provider trainings, with 90% of participants reporting increased knowledge and improved skills.

**Item to be Measured:**

Participants reporting improved skills as an outcome of the trainings

**Unit to be Measured:**

Percent

**Baseline Value for Item to be Measured:**

0

**Data Source for the Baseline Value**

University of Iowa’s Carver College of Medicine Training Evaluations

**Interim Target Value to Reach by APR:**

80

**Final Target to Reach by Closeout Report:**

90

**SMART Objective Problem Information**

**SMART Objective Problem Summary:**

Many rural Iowa communities have limited sexual assault response resources or, to ensure access, must participate in regional sexual assault response services where medical providers are not always ‘qualified providers.’

**SMART Objective Problem Description:**

According to the Iowa Attorney General’s Office, Victim Assistance Section Sexual Abuse Exam (SAE) Program, most sexual assault claims (two-thirds) come from Child Protection Centers in Iowa and hospital emergency departments. Preliminary data from the University of Iowa’s Injury Prevention Research Center indicates that survivors of sexual assault in Iowa are more likely to present in Iowa hospital emergency departments than to report the crime to law enforcement, which is often the case for those who report to hospital systems. Sexual assault survivors can receive a medical exam and treatment without reporting their assault to law

enforcement. Although some sexual assault survivors presenting in emergency departments (ED) don't request a forensic rape kit collected, presenting in the ED is an entry into survivor support services. Medical providers providing sexual assault response that are deemed 'qualified providers' are more likely to be equipped with enhanced knowledge and resources to offer and discuss referrals for crisis counseling, therapy, and medical treatment. Qualified Providers are eligible for mileage reimbursement and compensation for performing sexual assault examinations which strengthens the state's sexual assault response infrastructure. While larger populated counties in Iowa have active sexual assault response teams (SART) and local Sexual Assault Nurse Examiner (SANE) programs, many rural communities have limited resources or to ensure access must participate in regional sexual assault response services where providers are not always 'qualified providers.' Research shows that sexual assault survivors who have access to a 'qualified provider'/sexual assault nurse examiner have improved health outcomes and increased access into victim services than those seen by a medical provider without 'qualified provider'/sexual assault nurse examiner certification.

## **SMART Objective Intervention Information:**

### **Intervention Summary:**

Iowa HHS will collaborate with state-level partners to provide training, no-cost continuing education credits (CEs), support and technical assistance to both 'qualified providers' and non-qualified (in sexual assault response) medical providers providing the medical response to survivors of sexual assault in Iowa.

### **Intervention Description:**

Iowa HHS will collaborate with the Iowa Attorney General's Office Victim Assistance Section, the Iowa Chapter of Children's Advocacy Centers, the federally designated sexual assault coalition for Iowa, and other 'qualified providers' to provide training, continuing education credits (CEs), support and technical assistance to both 'qualified providers' and non-qualified (in sexual assault response) medical providers providing the medical response to survivors of sexual assault in Iowa. The intended audience of these learning opportunities include Sexual Assault Nurse Examiner (SANE) nurses, sexual assault advocates, Sexual Assault Response Teams (SART), 'qualified providers', hospital emergency department staff, and non-qualified providers seeking to become qualified (e.g., RNs, MDs, ARNPs and PAs). Training will include education on best practices in sexual assault-related medical response and advocacy. Through these partnerships, Iowa HHS will provide Iowa-developed Qualified Provider/SANE training, with continuing education credits (CEs) issued by the University of Iowa's Carver College of Medicine at no cost to providers. This intervention will address health disparities and decrease further survivor victimization when accessing community support following an assault. Iowa HHS requested two measures be added to the Qualified Provider/SANE training evaluation: 1) This training prepared me for a career in providing victim-centered medical care to sexual assault survivors in my community and 2) This training increased my commitment to multidisciplinary collaborative efforts in my community.

### **Type of Intervention:**

Evidence-Based Intervention

### **Rationale for Choosing the Intervention:**

While larger populated counties in Iowa have active sexual assault response teams (SART) and local Sexual Assault Nurse Examiner (SANE) programs, many rural communities have limited resources or to ensure access must participate in regional sexual assault response services where providers are not always 'qualified providers.' Rural areas of the state without coordinated sexual assault community responses, including SARTs, are more likely to have fewer survivors seeking medical care after an assault. Additionally, research shows that sexual assault survivors who have access to a 'qualified provider' or SANE have improved health outcomes and increased access into survivor services than those seen by a medical provider without 'qualified provider' or SANE certification. Iowa HHS collaborates with the Iowa Sexual Assault Forensic Response Advisory Committee to inform and educate on best practices for the medical response to survivors of sexual assault, including recommended provider qualifications and certifications that best support the survivor. Through this multi-disciplinary committee, Iowa HHS assists in building public health infrastructure in the medical response to survivors of sexual assault reporting in medical settings, including building capacity for training, continuing education (CE) opportunities (including those offering CE credits) and support. The Iowa HHS SVP Program will facilitate the provision of multiple sexual assault response provider trainings. Continuing education trainings for current 'qualified providers' will be offered to sustain Iowa's current infrastructure, retaining the current workforce and assuring quality service delivery for the medical response to sexual assault survivors. Additional trainings to strengthen the current sexual assault response workforce and increase the number of 'qualified providers' in the state will be provided for those seeking to become 'qualified providers.'

## **SMART Objective Key Indicator(s)**

### **Activities**

### **Activity – Qualified Provider Sexual Assault Response Continuing Education Trainings**

**Activity Summary:**

Iowa HHS will partner with the Iowa’s Attorney General’s Office Victim Assistance Section and state-level partners to provide online continuing education trainings, with no-cost CE credits, for ‘qualified providers’ providing the medical response to survivors of sexual assault across Iowa.

**Activity Description:**

Iowa HHS will partner with the Iowa’s Attorney General’s Office Victim Assistance Section, University of Iowa Carver College of Medicine, and state-level partners to provide online continuing education trainings (Qualified Provider/SANE training), with no-cost CE credits, for ‘qualified providers’ providing the medical response to survivors of sexual assault across the state. Continuing education for ‘qualified providers’ will equip providers with enhanced knowledge and improved skills to assure quality service delivery to sexual assault survivors. Iowa HHS will provide subject matter expert input towards the development of the training evaluation questions.

**Activity – Qualified Provider Sexual Assault Response Trainings**

**Activity Summary:**

Iowa HHS will partner with Iowa’s Attorney General’s Office Victim Assistance Section and state-level partners to provide Qualified Provider/SANE training to medical providers seeking to become ‘qualified providers.’

**Activity Description:**

Iowa HHS will partner with Iowa’s Attorney General’s Office Victim Assistance Section, University of Iowa Carver College of Medicine, and state-level partners to provide Qualified Provider/SANE training to medical providers seeking to become ‘qualified providers.’ When medical providers (providing the medical response to sexual assault) become ‘qualified providers’ they meet and adhere to enhanced educational and clinical training standards as well as become eligible for mileage reimbursement and compensation for performing sexual assault examinations. Providing Qualified Provider/SANE training is a key strategy in increasing the number of ‘qualified providers’ in Iowa, especially in rural areas of the state, and strengthening the state’s sexual assault response workforce.

**SMART Objective Target Population**

**Target Population Same as Program's or Subset?**

Same as the Program’s Target Population

**Program SMART Objective 4/4**

**Title of Program SMART Objective:**

**FFY26 Sexual Violence Prevention Evaluation Measure Development and Application**

**SMART Objective Summary**

**SMART Objective Description**

By September 30, 2027, the University of Northern Iowa’s Patricia A. Tomson Center for Violence Prevention will collaborate with state-level sexual violence partners and Iowa HHS to develop at least one (1) sexual violence prevention (SVP) program evaluation measure/data indicator that identifies the impact of SVP programming on personal responsibility to prevent sexual harm and coercion.

**Item to be Measured:**

Evaluation Data Measure

**Unit to be Measured:**

Number

**Baseline Value for Item to be Measured:**

0

**Data Source for the Baseline Value**

Iowa HHS Sexual Violence Prevention Program Records

**Interim Target Value to Reach by APR:**

0

**Final Target to Reach by Closeout Report:**

1

**SMART Objective Problem Information**

**SMART Objective Problem Description:**

N/A. The problem is the same.

**SMART Objective Problem Summary:**

N/A. The problem is the same.

**SMART Objective Intervention Information:**

**Intervention Summary:**

Iowa HHS will work collaboratively with state and local sexual violence prevention partners, including the University of Northern Iowa's Patricia A. Tomson Center for Violence Prevention, to develop at least one sexual violence prevention (SVP) program evaluation measure/data indicator that identifies the impact of SVP programming on personal responsibility to not cause sexual harm or sexual coercion.

**Intervention Description:**

Iowa HHS will work collaboratively with state and local sexual violence prevention partners, including the University of Northern Iowa's Patricia A. Tomson Center for Violence Prevention, University of Iowa's Injury Prevention Research Center, Crisis Intervention and Advocacy Center, Iowa's federally designated state sexual assault coalition, and Iowa's Rape Prevention and Education Leadership Team to develop at least one sexual violence prevention (SVP) program evaluation measure/data indicator that identifies the impact of SVP programming on personal responsibility (including changes in attitudes, knowledge, or beliefs) to not cause sexual harm or sexual coercion. The new measure will be applied to a key impacted community's SVP programming and widely disseminated by the Iowa Violence Prevention Data Steering Committee to be used in sexual violence prevention programming across the state. The findings of the evaluation measure will inform and improve future SVP programming across all Iowa HHS adolescent health and violence prevention programs and will be shared broadly to inform sexual violence prevention programming statewide.

**Type of Intervention:**

Innovative/Promising Practice

**Rationale for Choosing the Intervention:**

Iowa has a higher rate of lifetime prevalence of sexual coercion by state of residence than the national rate. Iowa's rate is weighted at 21.8% compared to the United States' rate weighted at 20.3%. Within Iowa HHS' Sexual Violence Prevention Program, there is no known evaluation measure or data indicators specific to understanding changed attitudes, knowledge, or beliefs (about how to not cause sexual harm or sexual coercion) after youth participants receive sexual violence prevention programming, training or educational opportunities. The current evaluation measures used in the Mentors in Violence Prevention (MVP) Program predominately focus on analyzing a blend of qualitative data about bystander intervention and social norms change of a school climate. However, there isn't a specific indicator for measuring changes in attitudes, knowledge, or beliefs about personal responsibility for preventing sexual coercion after participating in the program. Iowa HHS has selected MVP as a program to pilot the new evaluation measure as programming includes sexual violence prevention strategies on multiple levels of the social-ecological model. Iowa HHS is collaborating with a multitude of state-level sexual violence prevention partners and violence prevention partners to develop violence prevention infrastructure in Iowa. Iowa HHS' role within the public health system is to advance the quality and usefulness of data measured, collected, and disseminated to improve and inform sexual violence prevention programming across the state, ultimately preventing sexual violence. A new evaluation measure/data indicator demonstrating changed attitudes, knowledge or beliefs regarding causing sexual harm or engaging in sexual coercion will enable Iowa HHS to apply the evaluation findings statewide, informing and improving sexual violence prevention programming across the state.

**SMART Objective Key Indicator(s)**

**Activities**

**Activity – Develop New Sexual Violence Prevention Programming Evaluation Measure**

**Activity Summary:**

Iowa HHS will collaborate with state and local sexual violence prevention partners to develop at least one sexual violence prevention (SVP) program evaluation measure/data indicator that evaluates the impact of SVP programming on personal responsibility to not cause sexual harm or sexual coercion.

**Activity Description:**

Iowa HHS will work collaboratively with state and local sexual violence prevention partners, including the University of Northern Iowa's Patricia A. Tomson Center for Violence Prevention, University of Iowa's Injury Prevention Research Center, Crisis Intervention

and Advocacy Center, Iowa's federally designated state sexual assault coalition, and Iowa's Rape Prevention and Education Leadership Team to develop at least one sexual violence prevention (SVP) program evaluation measure/data indicator that identifies the impact of SVP programming on personal responsibility (including changes in attitudes, knowledge, or beliefs) to not cause sexual harm or sexual coercion.

## Activity – Apply New Evaluation Measure to Sexual Violence Prevention Programming

### Activity Summary:

Iowa HHS will contract with the University of Northern Iowa's Patricia A. Tomson Center for Violence Prevention to apply the new evaluation measure (related to changes in attitudes, knowledge, or beliefs about how to not cause sexual harm or coercion) to sexual violence prevention programming.

### Activity Description:

The University of Northern Iowa's Patricia A. Tomson Center for Violence Prevention will partner with Iowa's federally designated sexual assault coalition and Iowa's Rape Prevention and Education program to engage at least one priority impacted community to apply the new evaluation measure (related to changes in attitudes, knowledge, or beliefs about how to not cause sexual harm or coercion) to their sexual violence prevention programming. The new measure will also be widely disseminated by the Iowa Violence Prevention Data Steering Committee to be used in sexual violence prevention programming across the state. The findings of the evaluation measure will inform and improve future sexual violence prevention programming across all Iowa HHS adolescent health and violence prevention programs and will be shared broadly to inform sexual violence prevention programming statewide.

## SMART Objective Target Population

### Target Population Same as Program's or Subset?

Same as the Program's Target Population

## Program Name:

## FFY26 Child Mortality Review and Coordination

## Program Summary

### Program Goal:

Ensure Iowa's State Mortality Review Committee's Child Death Review Subcommittee has the capacity to acquire, prepare and review all child fatalities in Iowa.

### Healthy People 2030 Objective:

MICH-03 Reduce the rate of deaths in children and adolescents aged 1 to 19 years

### Health Topic Area:

Maternal, Infant, and Child Health

### Recipient Health Objective:

Reduce the child mortality rate in Iowa from 25.9 per 100,000 for the period of 2019–2021 to 24.2 per 100,000 within five years.

## Program Problem Information

### Program Problem Summary

Iowa's child mortality rate has increased in the past five years from 24.2 per 100,000 in 2014–2016 to 25.9 per 100,000 in 2019–2021.

### Program Problem Description:

Iowa's child mortality rate has increased in the past five years from 24.2 per 100,000 in 2014–2016 to 25.9 per 100,000 in 2019–2021. In 2021, Iowa was 6th in the country for infant mortality but 17th in child mortality (16.5). For 2020, Iowa was 10th in infant mortality and 30th in child mortality (18.3 per 100,000). (Kaiser Family Foundation). While natural manners of death are declining due to improvements in medical care, the remaining manners of death are not declining.

### Problem was Prioritized by the Following Factor(s)

Identified via surveillance systems or other data sources

## Program Key Indicator(s)

### Program Key Indicator – KI-01990

#### Description of Program Key Indicator

Iowa's child mortality rate has increased in the past five years from 24.2 per 100,000 in 2014–2016 to 25.9 per 100,000 in 2019–2021. In 2021, Iowa was 6th in the country for infant mortality but 17th in child mortality (16.5). For 2020, Iowa was 10th in infant mortality and 30th in child mortality (18.3 per 100,000). (Kaiser Family Foundation). While natural manners of death are declining due to improvements in medical care, the remaining manners of death are not declining.

#### Baseline Value for the Program Key Indicator

25.9 per 100,000

#### Data Source for Key Indicator Baseline

Identified via surveillance systems or other data sources

## Program Strategy

#### Program Goal:

Ensure Iowa's State Mortality Review Committee's Child Death Review Subcommittee has the capacity to acquire, prepare and review all child fatalities in Iowa.

#### SDOH Addressed by the Program:

Economic Stability (e.g. poverty, unemployment, food insecurity, housing instability); Education (e.g. low high school graduation rates, low literacy levels, poor early childhood education); Social and Community Context (e.g. discrimination, low civic participation, poor workplace conditions, incarceration); Health and Health Care (e.g. poor access to healthcare, low health insurance coverage, low health literacy); Neighborhood and Built Environment (e.g. poor quality of housing, limited access to transportation, food desert, poor water/air quality, neighborhood crime and violence); Adverse Childhood Experiences (ACEs)

#### Program Strategy:

This project will continue to provide staffing capacity to support review and analysis of child deaths in Iowa. In July 2024, the Iowa Legislature passed legislation to create a State Mortality Review Committee responsible for reviewing fatalities and making recommendations for mortality prevention. The new State Mortality Review Committee (SMRC) brings together three formerly separate mortality review teams, Maternal Mortality Review Committee, Domestic Abuse Death Review Team and the Child Death Review Team (CDRT). The CDRT – now CDR – is a subcommittee of the SMRC. To support the Child Death Review (CDR) subcommittee, PHHS Block Grant funds will provide position support for a full-time Child Death Review (CDR) Coordinator and a 1.0 CDR Abstractor position. The CDR Coordinator and Abstractor will be responsible for:

- Ensuring HIPAA-compliant data agreements and sharing processes are in place for all data sharing (CDR Coordinator)
- Coordinating and facilitating the work of the Child Death Review subcommittee (CDR Coordinator, CDR Abstractor)
- Monitoring membership to ensure appropriate expertise, identifying new areas of expertise when needed, recruiting new members, ensuring consistent participation from members, and reducing burden on child death review subcommittee members when possible (CDR Coordinator)
- Engaging with TA sources from federal partners to assist with program and process improvement for CDR and utilizing existing national death review team databases to improve data analysis and use (CDR Coordinator, CDR Abstractor)
- Working with agency epidemiologists to contribute to the annual State Mortality Review Committee report with high quality data analysis, trend spotting, and evidence-based recommendations from the CDR subcommittee (CDR Coordinator), and
- Ensuring timely mortality review and recommendations (CDR Coordinator, CDR Abstractor).

#### Program Setting(s):

State health department

#### List of Primary Strategic Partners

Iowa Office of the State Medical Examiner, State Mortality Review Committee (SMRC), SMRC Child Death Review (CDR) Subcommittee Members, Additional State Agencies, Community Stakeholders and Health System Partners

<b>Evaluation Methodology</b>	Internal tracking of membership, data, policies and processes, coordination efforts and recommendations to the SMRC.
<b>Planned Non-Monetary Support to Local Agencies or Organizations:</b>	Technical Assistance; Resources/Job Aids

## Program Budget for Block Grant Funds

Program Budget	
FFY2026 Basic Allocation	\$250,000
FFY2026 Sex Offense Allocation	\$0
<b>Total Allocation</b>	<b>\$250,000</b>

Details About Program Funding	
Funds Budgeted to Affected Populations	\$0
Funds Budgeted to Local Agency/Organization	\$0
Type of Supported Local Agency/Organization	Other
Other Type of Supported Local Agency/Organization	N/A
Program Funds Responded to Outbreak	No
Funding Role of PHHSBG for Program	Supplement other existing funds
Percent of Program Funding from PHHSBG	75-99% - Primary source of funding
PHHSBG Supplements Which Funding?	Other federal funding (non-CDC): Title V MCH
Role of PHHSBG in Supporting Program	Enhance or expand the program
Positions Funded by PHHS Block Grant	Yes

## FFY26 Child Mortality Review and Coordination Budget FTEs and Positions

### FTEs

Full Time Equivalent positions that are funded with PHHSBG funds:

Total Number of Positions Funded:	2
Total FTEs Funded:	2.0

### Positions

Position Title: Child Death Review Coordinator

### Position-Holder Overview

Staff Member Name: Analisa Pearson  
 Is This Position Vacant? No

### Position Funding Information

% of Staff Member Time at Jurisdiction: 100  
 % of Staff Member Time at Local: 0  
 % of Staff Member Time at Other: 0

**Total % of Staff Member Time PHSBG** 100

**Position Title:** Child Death Review Data Abstractor

**Position-Holder Overview**

**Staff Member Name:** Kaitlyn Smith

**Is This Position Vacant?** No

**Position Funding Information**

**% of Staff Member Time at Jurisdiction** 100

**% of Staff Member Time at Local** 0

**% of Staff Member Time at Other** 0

**Total % of Staff Member Time PHSBG** 100

**Program Target Population(s)**

**Program Target Population**

**Target Population Data Source** Case Files of Iowa Child Decedents, 2022-2024

**Number of People Served:** 570

**Race and/or Ethnicity:** American Indian or Alaskan Native; Asian; Black or African American; Hispanic or Latino; Middle Eastern or North African; Native Hawaiian or Pacific Islander; White

**Age:** Under 1 year; 1 - 4 years; 5 - 14 years; 15 - 24 years

**Sex:** Female; Male

**Sexual Orientation:** N/A

**Geography:** Rural and Urban.

**Location:** State of Iowa.

**Occupation:** N/A

**Primarily Low Income?** false

**Disproportionately Affected by the Problem?** false

**Program SMART Objective 1/1**

**Title of Program SMART Objective:** FFY26 Child Death Review

**SMART Objective Summary**

**SMART Objective Description**

By September 30, 2027, convene at least five (5) meetings of the Iowa Child Death Review (CDR) Subcommittee to complete reviews of child deaths occurring in Iowa from 2022 through 2024.

**Item to be Measured:** Number of Child Death Review Subcommittee meetings held to review cases

**Unit to be Measured:** Number

**Baseline Value for Item to be Measured:** 0

**Data Source for the Baseline Value** Child Death Review Subcommittee files, including calendar of meetings and meeting minutes

**Interim Target Value to Reach by APR:** 3

**Final Target to Reach by Closeout Report:** 5

### SMART Objective Problem Information

**SMART Objective Problem Description:** N/A. Problem is the same.

**SMART Objective Problem Summary:** N/A. Problem is the same.

### SMART Objective Intervention Information:

**Intervention Summary:** The Child Death Review Subcommittee will meet to review child fatalities (birth through age 17) to make recommendations for child mortality prevention based on those cases reviewed.

#### Intervention Description:

The Child Death Review Subcommittee will meet to review accidental, undetermined, homicide and suicide fatalities that occur in children live birth through 17 years of age in the State of Iowa to make recommendations to the State Mortality Review Committee to prevent future fatalities.

**Type of Intervention:** Evidence-Based Intervention

**Rationale for Choosing the Intervention:** Child Death Review is an evidence-based intervention used by over 1,300 jurisdictions to make system improvements to prevent future fatalities.

### SMART Objective Key Indicator(s)

#### Activities

#### Activity – Child Death Review (CDR) Subcommittee Meetings

**Activity Summary:** The CDR Subcommittee shall meet a minimum of five (5) times between 10/1/2026 and 9/30/2027 to conduct child death case reviews and make recommendations for child mortality prevention.

#### Activity Description:

The CDR Subcommittee shall meet a minimum of five (5) times between 10/1/2026 and 9/30/2027 to conduct case reviews and make recommendations for child mortality prevention to address the backlog of cases from 2022 through 2024. The goal is to review cases within 24 months of death.

#### Activity – Data Entry into NCFRP

**Activity Summary:** CDR program staff shall complete entry of 75% of cases reviewed by the CDR Subcommittee into the National Center for Fatality Review and Prevention (NCFRP) Case Registry by 9/30/2027.

#### Activity Description:

CDR program staff shall complete entry of 75% of cases reviewed by the CDR Subcommittee into the National Center for Fatality Review and Prevention (NCFRP) Case Registry by 9/30/2027. The goal is to review cases within 24 months of death and enter cases into NCFRP within 30 days of review.

### SMART Objective Target Population

**Target Population Same as Program's or Subset?** Sub-set of the Program's Target Population

**Target Population Data Source** Iowa Child Death Review Subcommittee Membership List

**Number of People Served:** 26

<b>Race and/or Ethnicity:</b>	American Indian or Alaskan Native; Asian; Black or African American; Hispanic or Latino; Middle Eastern or North African; Native Hawaiian or Pacific Islander; White
<b>Age:</b>	25 - 34 years;35 - 44 years;45 – 54 years;55 - 64 years;65 – 74 years
<b>Geography:</b>	Rural and urban
<b>Location:</b>	State of Iowa
<b>Occupation:</b>	N/A

**Program Name: FFY26 Infant Sleep-Related Death Prevention**

**Program Summary**

<b>Program Goal:</b>	Increase safe sleep practices among caregivers of infants in Iowa.
<b>Healthy People 2030 Objective:</b>	MICH-D03 Increase the proportion of infants who are put to sleep in a safe sleep environment
<b>Health Topic Area:</b>	Maternal, Infant, and Child Health
<b>Recipient Health Objective:</b>	Reduce the Sudden Unexpected Infant Death (SUID) rate in Iowa from 0.6 per 1,000 in 2022 to 0.4 per 1,000 in 2029 (five years from project expansion).

**Program Problem Information**

<b>Program Problem Summary</b>	Infant sleep-related deaths are on the rise in Iowa, requiring additional and enhanced programming to reach parents, caregivers and stakeholders and prevent sleep-related deaths among infants.
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<b>Program Problem Description:</b>	Infant sleep-related deaths have increased in Iowa for the past five years from 0.4 per 100,000 in 2017 to 0.6 per 1,000 in 2022. Sleep-related death is a constant risk for infants before one year of age, requiring Iowa HHS to continually address and prevent this issue. The Iowa SIDS Foundation conducts safe sleep prevention strategies funded, in part, by Iowa HHS; those funds do not meet current programming needs and gaps exist. Iowa HHS does not have the capacity for paid staff time dedicated to reducing infant sleep-related deaths. However, due to Iowa HHS’ unique ability to collaborate and convene the necessary stakeholders, in-kind staff support will be provided to accelerate infant sleep-related death prevention efforts and strategies. A successful SUID reduction strategy requires clear, targeted messaging to key stakeholders and populations along with the provision of supports to high-risk families unable to afford or identify a safe sleep environment for their infant.
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<b>Problem was Prioritized by the Following Factor(s)</b>	Conducted a topic- or program-specific assessment (e.g., tobacco assessment, environmental health assessment); Identified via surveillance systems or other data sources
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**Program Key Indicator(s)**

**Program Key Indicator – KI-01991**

<b>Description of Program Key Indicator</b>	The Sudden Unexpected Infant Death (SUID) rate in Iowa in 2022 was 0.6 per 1,000. This rate is for infants age birth to 12 months.
<b>Baseline Value for the Program Key Indicator</b>	0.6 per 1,000
<b>Data Source for Key Indicator Baseline</b>	Iowa Vital Statistics

## Program Strategy

**Program Goal:** Increase safe sleep practices among caregivers of infants in Iowa.

**SDOH Addressed by the Program:** Economic Stability (e.g. poverty, unemployment, food insecurity, housing instability); Health and Health Care (e.g. poor access to healthcare, low health insurance coverage, low health literacy); Neighborhood and Built Environment (e.g. poor quality of housing, limited access to transportation, food desert, poor water/air quality, neighborhood crime and violence)

**Program Strategy:** The Infant Sleep-Related Death Prevention Initiative aims to increase safe sleep practices among caregivers of infants in Iowa. The project will engage other divisions across Iowa HHS along with the Iowa SIDS Foundation. These entities will collaborate to create new, improved programmatic materials with uniform, consistent messaging for safe sleep promotion. Safe sleep risk reduction items (e.g. pack 'n plays, sleep sacks) will also be provided to Iowa families who are unable to access or obtain them through other means. Outreach and educational materials will be designed to address Iowa families' needs. Materials will be designed based on results from an infant safe sleep study supported by the PHHS Block Grant in FFY 2024 that examined caregiver decision-making and behaviors related to infant sleep environments.

**Program Setting(s):** Community based organization; State health department; University or college

**List of Primary Strategic Partners** Internal Iowa HHS Divisions and Programs: Family Well-Being & Protection, Child Care, Early Intervention & Support, Family Health, Public Health Statistics, and State Medical Examiner's Office; Iowa SIDS Foundation

**Evaluation Methodology** This project will evaluate infant safe sleep program enhancements through quantitative data collection and an evaluation provided to families and providers about intention of practice or policy change from presentation, and the number of families in need who are provided with items that reduce risk of infant sleep-related deaths (i.e. pack 'n plays, pacifiers, sleep sacks, etc.).

**Planned Non-Monetary Support to Local Agencies or Organizations:** Training; Resources/Job Aids

## Program Budget for Block Grant Funds

Program Budget	
FFY2026 Basic Allocation	\$50,000
FFY2026 Sex Offense Allocation	\$0
<b>Total Allocation</b>	<b>\$50,000</b>
Details About Program Funding	
Funds Budgeted to Affected Populations	\$0
Funds Budgeted to Local Agency/Organization	\$50,000
Type of Supported Local Agency/Organization	Local Organization, Other
Other Type of Supported Local Agency/Organization	Iowa SIDS Foundation
Program Funds Responded to Outbreak	No
Funding Role of PHHSBG for Program	Total source of funding
Percent of Program Funding from PHHSBG	100%

**PHHSBG Supplements Which Funding?** N/A

**Role of PHHSBG in Supporting Program** Enhance or expand the program

**Positions Funded by PHHS Block Grant** No

### FFY26 Infant Sleep-Related Death Prevention Budget FTEs and Positions

#### FTEs

**Full Time Equivalent positions that are funded with PHHSBG funds:**

**Total Number of Positions Funded:** 0

**Total FTEs Funded:** 0

### Program Target Population(s)

#### Program Target Population

##### Target Population Data Source

Iowa Vital Records, 2024 Resident Births, Birth Certificate data and Child Death Review data

##### Number of People Served:

37,032

##### Race and/or Ethnicity:

American Indian or Alaskan Native; Asian; Black or African American; Hispanic or Latino; Middle Eastern or North African; Native Hawaiian or Pacific Islander; White

##### Age:

Under 1 year

##### Sex:

Female; Male

##### Sexual Orientation:

N/A

##### Geography:

Rural and Urban

##### Location:

State of Iowa

##### Occupation:

N/A

##### Primarily Low Income?

false

##### Disproportionately Affected by the Problem?

false

### Program SMART Objective 1/1

#### Title of Program SMART Objective:

**FFY26 Improved Outreach & Educational Materials**

#### SMART Objective Summary

##### SMART Objective Description

Between 10/01/2026 - 09/30/2027, Iowa HHS, in partnership with the Iowa SIDS Foundation, will increase awareness in healthcare providers, childcare providers and the general public on the importance of infant safe sleep environments through the development of one (1) new agency package of updated, improved outreach and educational materials for program use that provide uniform, consistent messaging for safe sleep promotion.

##### Item to be Measured:

New agency package of updated, improved outreach and educational materials for program use that provide uniform, consistent messaging for infant safe sleep promotion

##### Unit to be Measured:

Number

##### Baseline Value for Item to be Measured:

0

**Data Source for the Baseline Value** Iowa HHS Program Records

**Interim Target Value to Reach by APR:** 0

**Final Target to Reach by Closeout Report:** 1

### SMART Objective Problem Information

**SMART Objective Problem Description:** N/A. Problem is the same.

**SMART Objective Problem Summary:** N/A. Problem is the same.

### SMART Objective Intervention Information:

**Intervention Summary:** Iowa HHS will partner with the Iowa SIDS Foundation to increase public awareness of infant safe sleep practices and improve available training and educational content.

#### Intervention Description:

Iowa HHS' Safe Sleep Coordinator will provide in-kind support and work in partnership with the Iowa SIDS Foundation to develop or identify new, improved training, outreach and educational materials. The materials will be based on the results from the Infant Safe Sleep Study supported by the PHHS Block Grant in FFY 2024 that examined caregiver decision-making and behaviors related to infant sleep environments. Materials will largely be designed for the public but will also include targeted materials focused on filling gaps in knowledge for various populations, including healthcare providers and childcare providers. Lastly, Iowa HHS will provide safe sleep risk reduction items (e.g. pack 'n plays, sleep sacks) to Iowa families who are unable to access or obtain them through other means.

**Type of Intervention:** Innovative/Promising Practice

#### Rationale for Choosing the Intervention:

Qualitative reviews of infant sleep-related deaths suggest that families are aware of proper infant sleep practices and safe sleep environments yet are not implementing them consistently at all times. Iowans phase in and out of being parents and caregivers to infants, requiring regular and continuous education of and messaging to the general population to ensure safe sleep practices. New and repeat parents and the other caregivers of their children need to fully understand and implement safe sleep practices. Doing so requires evidence-based education on what is considered safe sleep for infants and how to practice it. Information needs to be readily available to the public in consumable ways that they can actualize. The infant safe sleep study initiated in FFY24 and conducted by the University of Iowa examined caregiver decision-making and behaviors related to infant sleep environments. Study results, to be available in FFY25, will provide additional context regarding barriers that hinder caregivers engaging in infant safe sleep behaviors and identification of protective factors in families who do practice infant safe sleep. Applying the results of the study to educational content will help address the root cause of issues preventing families from practicing safe sleep. There are many Iowans who would benefit from this education who aren't expecting or current parents but are caregivers to infants. Population-wide messaging will reach non-parental caregivers and professionals in targeted workforce sectors (e.g., childcare workers, community health workers, healthcare professionals, etc.) who can make an impact in reducing infant sleep-related deaths.

### SMART Objective Key Indicator(s)

#### Activities

#### Activity – Application of Infant Safe Sleep Study Results

**Activity Summary:** The Iowa Infant Safe Sleep Study results will be used to inform outreach and educational material development and public awareness media campaigns.

#### Activity Description:

Based on the Infant Safe Sleep Study conducted with Iowa families in FFY24, the University of Iowa will provide Iowa HHS with the final study results including recommendations for updated and improved public outreach and educational materials and social media and marketing campaigns.

#### Additional Information About Activity

The Infant Safe Sleep Study was initiated at the end of the FFY24 project period. FFY25 activities included wrap up of the study and final data analysis. In FFY26, study results will be shared with Iowa HHS and used for the other activities in this objective.

## Activity – Infant Safe Sleep Support for Infant Caregivers and Childcare Providers

### Activity Summary:

Iowa HHS will partner with the Iowa SIDS Foundation to create or update a package of training, outreach and educational materials for Iowa infant caregivers, with specific materials targeted to childcare providers, as well as distribute safe sleep risk reduction items (e.g., pack 'n plays, sleep sacks) to Iowa families in need.

### Activity Description:

Iowa HHS, in partnership with the Iowa SIDS Foundation, will utilize the results from the University of Iowa Infant Safe Sleep Study to identify or develop new training and educational content and materials or modify/update existing materials to improve the content. The study results and a deeper understanding of why parents do or do not engage in safe sleep behaviors will allow educational and awareness materials to be tailored to meet Iowa families' needs and address barriers to consistently practicing safe sleep strategies. Specific materials with targeted messaging will be developed for childcare providers. Safe sleep risk reduction items (e.g., pack 'n plays, sleep sacks) will also be provided to Iowa families who are unable to access or obtain them through other means.

## Activity – Infant Safe Sleep Resources for Families

### Activity Summary:

IA HHS will update and improve existing resources for Iowa families to support them in implementing infant safe sleep practices, as well as create and develop new resources with targeted, data-to-action messages.

### Activity Description:

Using the University of Iowa Infant Safe Sleep Study results, Iowa HHS will work with the Iowa SIDS Foundation and internal HHS partners to update and improve existing resources for Iowa families to support them in implementing infant safe sleep practices. Iowa HHS will also create and develop new resources with targeted, data-to-action messages.

### Additional Information About Activity

The University of Iowa Infant Safe Sleep Study will provide Iowa HHS with insight into why Iowa families and caregivers are or are not practicing safe sleep with their infants, as well as the messages that they hear about safe sleep. Iowa HHS will infuse these insights into current agency resources with updated health promotion messages, as well as develop new materials incorporating the findings of the study.

## SMART Objective Target Population

### Target Population Same as Program's or Subset?

Same as the Program's Target Population

### Program Name:

**FFY26 Emergency & Trauma Services**

### Program Summary

#### Program Goal:

The Bureau of Emergency Medical and Trauma Services aims to protect and improve the health of Iowans by implementing policy recommendations that guide the regulation, administration, and coordination of emergency medical and trauma services across the state.

#### Healthy People 2030 Objective:

IVP-03 Reduce unintentional injury deaths

#### Health Topic Area:

Injury and Violence Prevention

#### Recipient Health Objective:

From 10/01/2026 to 09/30/2031, reduce the number of deaths from unintentional injuries by 5%.

## Program Problem Information

### Program Problem Summary

Unintentional injury accounts for about 73% of injury-related deaths in Iowa, with approximately 35,072 years of potential life lost, and continues to be the leading cause of death for Iowans ages 1-44.

### Program Problem Description:

Unintentional injury is the leading cause of death among Iowans aged 1 to 44, accounting for 73% of all injury-related deaths in the state. These injuries result in approximately 35,072 years of potential life lost annually. In response to the growing burden of injury, Iowa enacted the Trauma System Development Act in April 1995 and, by January 2001, had implemented an inclusive trauma system involving all hospitals statewide. Since then, PHHS Block Grant funding has supported the Bureau of Emergency Medical and Trauma Services in integrating out-of-hospital and hospital-based care, creating a coordinated continuum within the Iowa Trauma System. These efforts aim to reduce injury-related morbidity and mortality across the state.

### Problem was Prioritized by the Following Factor(s)

Prioritized within a strategic plan; Legislature established as a priority

## Program Key Indicator(s)

### Program Key Indicator – KI-01987

#### Description of Program Key Indicator

According to 2024 CDC WISQARS data, unintentional injuries accounted for 73% of all injury-related deaths in Iowa, a decrease from 74% in 2023. These deaths represent approximately 35,072 years of potential life lost and remain the leading cause of death among Iowans aged 1 to 44. Data from Iowa's trauma registry indicates a steady year-over-year rise in injury rates. Between 2018 and 2023, the age-adjusted injury rate per 100,000 population increased by 55.6%. This upward trend is influenced by both enhanced reporting of traumatic injuries and ongoing regulatory and educational initiatives—supported in part by the PHHS Block Grant—delivered to the 121 trauma centers across the state.

#### Baseline Value for the Program Key Indicator

73%

#### Data Source for Key Indicator Baseline

2024 CDC WISQARS Data

## Program Strategy

### Program Goal:

The Bureau of Emergency Medical and Trauma Services aims to protect and improve the health of Iowans by implementing policy recommendations that guide the regulation, administration, and coordination of emergency medical and trauma services across the state.

### SDOH Addressed by the Program:

Health and Health Care (e.g. poor access to healthcare, low health insurance coverage, low health literacy)

### Program Strategy:

The Bureau of Emergency Medical and Trauma Services (BEMTS) promotes and protects the health of Iowans by implementing policy recommendations that guide the regulation, administration, and coordination of emergency medical and trauma services statewide. This program specifically focuses on improving access to emergency care. PHHS Block Grant funding supports key personnel, including EMS Field Coordinators, the Trauma Program Director, and the Trauma System Coordinator, who provide technical assistance to local services and oversee program authorizations and trauma care facility verifications. The Bureau Chief is also partially funded to lead strategic planning, supervision, and the overall management of BEMTS operations. This includes administering the rules that govern Iowa's EMS and Trauma System, ensuring regulatory compliance, and managing monitoring and disciplinary processes. While the majority of funds are allocated to support essential staff, remaining resources are used to facilitate Iowa HHS Trauma Verification Survey Team reviews, cover travel expenses for technical assistance, system development initiatives, and support educational and training opportunities for EMS and trauma care providers.

**Program Setting(s):** Medical or clinical site; State health department; University or college; Other\_ Settings

**Program Setting -- Other:** Local EMS Service Providers

**List of Primary Strategic Partners**

Authorized Iowa EMS Service Programs, Verified Iowa Trauma Centers (Hospitals), Trauma System Advisory Council, Emergency Medical Services Advisory Council, American College of Surgeons, Iowa Hospital Association, Emergency Medical Services for Children, Governor's Traffic Safety Bureau, Iowa Department of Transportation, Iowa HHS Disability and Injury Prevention Programs, University of Iowa Injury Prevention Research Center, Area Agencies on Aging, Iowa Falls Prevention Coalition

**Evaluation Methodology**

The program will utilize compliance reviews to evaluate the progress of the program's goals. This is the most effective method to evaluate the program, as it assesses the interventions and education provided to both EMS services and trauma programs through successful reauthorization and reverification every three years.

**Planned Non-Monetary Support to Local Agencies or Organizations:** Technical Assistance; Training; Resources/Job Aids

**Program Budget for Block Grant Funds**

**Program Budget**

FFY2026 Basic Allocation \$770,435

FFY2026 Sex Offense Allocation \$0

**Total Allocation \$770,435**

**Details About Program Funding**

Funds Budgeted to Affected Populations \$0

Funds Budgeted to Local Agency/Organization \$0

Type of Supported Local Agency/Organization Other

Other Type of Supported Local Agency/Organization N/A

Program Funds Responded to Outbreak No

Funding Role of PHHSBG for Program Supplement other existing funds

Percent of Program Funding from PHHSBG 75-99% - Primary source of funding

PHHSBG Supplements Which Funding? State or local funding

Role of PHHSBG in Supporting Program Maintain existing program (as is)

Positions Funded by PHHS Block Grant Yes

**FFY26 Emergency & Trauma Services Budget FTEs and Positions**

**FTEs**

**Full Time Equivalent positions that are funded with PHHSBG funds:**

Total Number of Positions Funded: 6

Total FTEs Funded: 4.85

**Positions**

Position Title: Bureau Chief, EMS and Trauma Services Bureau

**Position-Holder Overview**  
**Staff Member Name:** Brad Vande Lune  
**Is This Position Vacant?** No

**Position Funding Information**  
**% of Staff Member Time at Jurisdiction** 45  
**% of Staff Member Time at Local** 0  
**% of Staff Member Time at Other** 0  
**% of Staff Member Time Total PHHSG** 45

**Position Title:** EMS Planner

**Position-Holder Overview**  
**Staff Member Name:** Kari Catron  
**Is This Position Vacant?** No

**Position Funding Information**  
**% of Staff Member Time at Jurisdiction** 20  
**% of Staff Member Time at Local** 20  
**% of Staff Member Time at Other** 0  
**% of Staff Member Time Total PHHSG** 40

**Position Title:** Trauma Program Director

**Position-Holder Overview**  
**Staff Member Name:** Jill Wheeler  
**Is This Position Vacant?** No

**Position Funding Information**  
**% of Staff Member Time at Jurisdiction** 50  
**% of Staff Member Time at Local** 50  
**% of Staff Member Time at Other** 0  
**% of Staff Member Time Total PHHSG** 100

**Position Title:** Trauma System Coordinator

**Position-Holder Overview**  
**Staff Member Name:** Sarah Eason  
**Is This Position Vacant?** No

**Position Funding Information**  
**% of Staff Member Time at Jurisdiction** 50  
**% of Staff Member Time at Local** 50  
**% of Staff Member Time at Other** 0  
**% of Staff Member Time Total PHHSG** 100

**Position Title:** EMS Field Coordinator

**Position-Holder Overview**

**Staff Member Name:** Katie Schlichting

**Is This Position Vacant?** No

**Position Funding Information**

**% of Staff Member Time at Jurisdiction** 50

**% of Staff Member Time at Local** 50

**% of Staff Member Time at Other** 0

**% of Staff Member Time Total PHHSBG** 100

**Position Title:** EMS Field Coordinator

**Position-Holder Overview**

**Staff Member Name:** Heather Grobe

**Is This Position Vacant?** No

**Position Funding Information**

**% of Staff Member Time at Jurisdiction** 50

**% of Staff Member Time at Local** 50

**% of Staff Member Time at Other** 0

**% of Staff Member Time Total PHHSBG** 100

**Program Target Population(s)**

**Program Target Population**

**Target Population Data Source** U.S. Census Bureau, State of Iowa Population

**Number of People Served:** 3,241,488

**Race and/or Ethnicity:** American Indian or Alaskan Native; Asian; Black or African American; Hispanic or Latino; Middle Eastern or North African; Native Hawaiian or Pacific Islander; White

**Age:** Under 1 year; 1 - 4 years; 5 - 14 years; 15 - 24 years; 25 - 34 years; 35 - 44 years; 45 - 54 years; 55 - 64 years; 65 - 74 years; 75 - 84 years; 85 years and older

**Sex:** Female; Male

**Sexual Orientation:** N/A

**Geography:** Rural and Urban.

**Location:** State of Iowa.

**Occupation:** N/A.

**Primarily Low Income?** false

**Disproportionately Affected by the Problem?** false

## Program SMART Objective 1/3

Title of Program SMART Objective: FFY26 Trauma Care Facility Inspections

### SMART Objective Summary

#### SMART Objective Description

Between 10/01/2026 - 09/30/2027, IA HHS Trauma Program staff and the Iowa Trauma Verification Team members will inspect 25 Iowa trauma centers to ensure compliance with State required trauma program criteria through evaluation of the data submissions, review of policies and procedures, and on-site or virtual verification visits.

**Item to be Measured:** Trauma centers inspected

**Unit to be Measured:** Number

**Baseline Value for Item to be Measured:** 0

**Data Source for the Baseline Value:** Iowa Trauma Verification Team Records

**Interim Target Value to Reach by APR:** 8

**Final Target to Reach by Closeout Report:** 25

### SMART Objective Problem Information

**SMART Objective Problem Description:** N/A. The problem is the same.

**SMART Objective Problem Summary:** N/A. The problem is the same.

### SMART Objective Intervention Information:

**Intervention Summary:** The Iowa Trauma System Coordinator and the Iowa Trauma Verification Survey Team will conduct verification reviews of Iowa trauma centers to ensure compliance with legislatively defined criteria designed to support the optimal care of injured patients in Iowa.

#### Intervention Description:

The Iowa Trauma System Coordinator and the Iowa Trauma Verification Survey Team will conduct verification reviews of trauma centers to ensure compliance with legislatively defined criteria designed to support the optimal care of injured patients in Iowa. These verification standards align with national benchmarks established by the American College of Surgeons. Through comprehensive on-site reviews, the team will evaluate whether each trauma center meets the requirements for its designated level of verification. The process will emphasize continuous quality improvement, trauma-specific education and certification, as well as injury prevention and community outreach—ensuring a high standard of care for injured patients across the state.

**Type of Intervention:** Innovative/Promising Practice

#### Rationale for Choosing the Intervention:

The mission of the American College of Surgeons Committee on Trauma is to develop and implement programs that advance injury prevention and support optimal patient outcomes across the continuum of care. These programs integrate key components such as advocacy, professional education, trauma center and system development, best practice guidelines, outcome measurement, and continuous quality improvement. The State of Iowa remains committed to aligning its trauma care standards with these nationally recognized benchmarks at all levels of trauma system designation.

### SMART Objective Key Indicator(s)

#### Activities

#### Activity – Trauma Center Application Reviews and Verification Assessments

**Activity Summary:** The Iowa Trauma System Coordinator, State Trauma Program Manager, and Iowa Trauma Verification Survey Team will collaborate to conduct reviews of trauma center applications, perform on-site or virtual verification assessments, and conduct

inspections of trauma centers across Iowa to renew their verification status.

**Activity Description:**

On-site or virtual reviews will be conducted for Iowa-verified Level III and Level IV trauma care facilities, as funding and resources permit. Paper reviews may be conducted for Level IV facilities that opt out of the on-site or virtual review process. The Trauma System Coordinator or Trauma Program Manager will utilize a State of Iowa-owned vehicle to complete on-site verification assessments.

**Activity – Educational Resources Provided Statewide**

**Activity Summary:**

The Trauma System Coordinator or Trauma Program Director will facilitate monthly trauma webinars, technical assistance meetings, and a biennial trauma and preparedness conference to deliver educational resources that support the optimal care of injured patients in Iowa.

**Activity Description:**

The Trauma System Coordinator or Trauma Program Director will host monthly virtual trauma webinars for all trauma center staff in Iowa. These webinars will focus on trauma education, resource sharing, and providing technical assistance to help facilities meet verification criteria. Additionally, the state’s EMS, trauma, and preparedness programs will organize a biennial trauma and preparedness conference for Iowa’s trauma and preparedness partners. This conference will emphasize trauma education and training, resource sharing, injury prevention, and partnership development.

**SMART Objective Target Population**

**Target Population Same as Program’s or Subset?**

Same as the Program’s Target Population

**Program SMART Objective 2/3**

**Title of Program SMART Objective:**

**FFY26 EMS Service Program Reauthorizations**

**SMART Objective Summary**

**SMART Objective Description**

Between 10/01/2026 – 09/30/2027, the State of Iowa EMS Field Coordinators will complete reauthorizations of at least 25% of the 905 currently authorized EMS service programs (226).

**Item to be Measured:**

EMS services inspected

**Unit to be Measured:**

Number

**Baseline Value for Item to be Measured:**

0

**Data Source for the Baseline Value**

IA HHS BEMTS Program Files, EMS Service Programs Reauthorization Records

**Interim Target Value to Reach by APR:**

90

**Final Target to Reach by Closeout Report:**

226

**SMART Objective Problem Information**

**SMART Objective Problem Description:**

N/A. The problem is the same.

**SMART Objective Problem Summary:**

N/A. The problem is the same.

**SMART Objective Intervention Information:**

**Intervention Summary:**

The EMS Field Coordinators will conduct inspections of authorized EMS services to ensure compliance with legislatively defined criteria, ensuring optimal care for injured patients across Iowa.

**Intervention Description:**

EMS field coordinators will perform a comprehensive review of Iowa-authorized EMS service programs at least once every three years, verifying that each service meets the established criteria for delivering optimal care to the state’s residents. Focus will be placed on continuous quality improvement, education and certification, and adherence to vehicle standards, as well as the maintenance of supplies, equipment, and vehicles. Reauthorization criteria are established through administrative rules developed in consultation with the EMS Advisory Council, national standards set by the National Association of State EMS Officials (NASEMSO), the U.S. Emergency Medical Services Compact (EMS COMPACT), and the National Highway Traffic Safety Administration (NHTSA).

**Type of Intervention:**

Innovative/Promising Practice

**Rationale for Choosing the Intervention:**

EMS service reauthorization is conducted at a minimum every three years to ensure ongoing compliance with state and national standards. Reauthorization criteria are established through administrative rules developed in consultation with the EMS Advisory Council and are aligned with national guidelines from the National Association of State EMS Officials (NASEMSO), the U.S. Emergency Medical Services Compact (EMS COMPACT), and the National Highway Traffic Safety Administration (NHTSA).

**SMART Objective Key Indicator(s)**

**Activities**

**Activity – Authorized EMS Service Programs Reauthorizations**

**Activity Summary:**

IA HHS EMS Field Coordinators will conduct reauthorizations of at least 25% (226) of the currently authorized EMS service programs in the state.

**Activity Description:**

EMS Field Coordinators will inspect at least 226 authorized EMS services—representing 25% of all services statewide—to ensure compliance with legislatively defined criteria that support the delivery of optimal care for injured patients in Iowa. EMS Field Coordinators will conduct inspections with a focus on education, quality assurance, resource sharing, and technical assistance to help services meet inspection criteria. Additional emphasis will be placed on promoting continuous quality improvement across EMS programs. EMS Field Coordinators will utilize a State of Iowa-owned vehicle to perform EMS inspections.

**Activity – EMS Service and Medical Directors Workshops**

**Activity Summary:**

EMS Service and Medical Directors Workshops are mandatory for all newly appointed service and medical directors of Iowa EMS services. Following the initial training, each director is required to attend a workshop at least once every three years to maintain compliance.

**Activity Description:**

The EMS Service and Medical Director Workshop provides current and incoming EMS leaders with a comprehensive overview of their roles and responsibilities within the Iowa EMS system. The workshop emphasizes key areas such as required duties, policy development, the service authorization renewal and inspection process, and continuous quality improvement initiatives. This workshop will be offered at least quarterly.

**SMART Objective Target Population**

**Target Population Same as Program’s or Subset?**

Same as the Program’s Target Population

**Program SMART Objective 3/3**

**Title of Program SMART Objective:**

FFY26 Stroke Registry License Support

## SMART Objective Summary

### SMART Objective Description

Between 10/01/2026 - 09/30/2027, the Bureau of Emergency Medical and Trauma Services will sustain one (1) annual software license for the American Heart Association's Get With The Guidelines - Stroke registry system to serve as the state stroke registry.

<b>Item to be Measured:</b>	Get With The Guidelines - Stroke Registry Annual Software License Supported
<b>Unit to be Measured:</b>	Number
<b>Baseline Value for Item to be Measured:</b>	0
<b>Data Source for the Baseline Value</b>	IA HHS and AHA GWTG Stroke Registry System Records
<b>Interim Target Value to Reach by APR:</b>	0
<b>Final Target to Reach by Closeout Report:</b>	1

## SMART Objective Problem Information

**SMART Objective Problem Description:** N/A. The problem is the same.

**SMART Objective Problem Summary:** N/A. The problem is the same.

## SMART Objective Intervention Information:

**Intervention Summary:** Iowa HHS will maintain the Iowa Stroke Registry by funding the annual licensing fee for the American Heart Association's Get With The Guidelines®-stroke registry system, which serves as the official stroke registry for the State of Iowa.

### Intervention Description:

Established in 2018, the Iowa Stroke Registry initially operated without state general funding. Its first year was supported through a grant from the American Heart Association, with additional funding from a chronic conditions grant program covering the 2018 and 2019 licensing fees. The PHHS Block Grant now offers the funding source to support the registry's ongoing annual licensing costs.

**Type of Intervention:** Evidence-Based Intervention

### Rationale for Choosing the Intervention:

The Get With The Guidelines® - Stroke registry system demonstrates success through adherence to current practice guidelines, measurement of patient outcomes, and continuous quality improvement.

## SMART Objective Key Indicator(s)

### Activities

#### Activity – Get With The Guidelines® - Stroke Registry Software License

**Activity Summary:** Iowa HHS will maintain the Iowa Stroke Registry by supporting the annual software license for the American Heart Association's Get With The Guidelines®-Stroke registry system, which serves as the official stroke registry for the State of Iowa.

### Activity Description:

Iowa HHS will maintain the Iowa Stroke Registry by funding the annual licensing fee for the American Heart Association's Get With The Guidelines®-Stroke registry system, which serves as the official stroke registry for the State of Iowa. Established in 2018, the Iowa Stroke Registry initially operated without state general funding. Its first year was supported through a grant from the American Heart Association, with additional funding from a chronic conditions grant program covering the 2018 and 2019 licensing fees. The PHHS Block Grant now offers the funding source to support the registry's ongoing annual licensing costs.

## SMART Objective Target Population

**Target Population Same as Program's or Subset?** Same as the Program's Target Population

**Program Name: FFY26 Obesity & Cancer Prevention**

**Program Summary**

**Program Goal:** Integrate obesity prevention and cancer prevention strategies to decrease Iowa’s obesity and cancer prevalence rates.

**Healthy People 2030 Objective:** NWS-03 Reduce the proportion of adults with obesity

**Health Topic Area:** Nutrition and Weight Status

**Recipient Health Objective:** From 10/01/26 – 09/30/29, increase healthy eating and active living cancer risk-reduction behaviors in at least 25% of intervention participants.

**Program Problem Information**

**Program Problem Summary** Iowa has the second highest adult overweight and obesity prevalence in the U.S., the second-highest cancer incidence rate in the nation and is one of only two states where cancer rates are actively rising.

**Program Problem Description:** Because obesity is a significant risk factor for several common cancers, addressing these health conditions in isolation limits the impact of prevention efforts. Integrating obesity prevention with cancer prevention strategies—through improved nutrition, increased physical activity, community-based supports, and clinical interventions—offers a more effective and sustainable approach to reducing disease burden. Focusing on these connected challenges together can strengthen intervention impacts, improve health outcomes, lower long term healthcare costs, and improve overall quality of life for Iowans.

**Problem was Prioritized by the Following Factor(s)** Identified via surveillance systems or other data sources; Prioritized within a strategic plan; Governor (or other political leader) established as a priority

**Program Key Indicator(s)**

**Program Key Indicator – KI-01988**

**Description of Program Key Indicator** Obesity prevalence for the State of Iowa – Rate of Iowa Adult Obesity. Iowa has the second highest overweight and obesity prevalence in the U.S. While most states’ prevalences are increasing, Iowa has experienced one of the largest increases in the last decade. Nationally, at least one in five adults are living with obesity. However, in Iowa one in three adults are living with obesity. The Midwest now leads the nation in obesity prevalence rates.

**Baseline Value for the Program Key Indicator** 36.60%

**Data Source for Key Indicator Baseline** 2024 BRFSS

**Program Key Indicator – KI-02856**

**Description of Program Key Indicator** Cancer incidence rate for the State of Iowa. Iowa has the second highest cancer incidence rate in the U.S. and is one of the only states with a projected increasing rate of cancer. Two in five Iowans will be diagnosed with cancer in their lifetime, which is 40% of persons in the state.

**Baseline Value for the Program Key Indicator** 498.8 per 100,000

**Data Source for Key Indicator Baseline** 2026 Cancer in Iowa Report

## Program Strategy

**Program Goal:** Integrate obesity prevention and cancer prevention strategies to decrease Iowa's obesity and cancer prevalence rates.

**SDOH Addressed by the Program:** Economic Stability (e.g. poverty, unemployment, food insecurity, housing instability); Health and Health Care (e.g. poor access to healthcare, low health insurance coverage, low health literacy); Neighborhood and Built Environment (e.g. poor quality of housing, limited access to transportation, food desert, poor water/air quality, neighborhood crime and violence)

**Program Strategy:** Iowa HHS will strengthen last year's (FFY25 Block Grant funds) new investment in obesity prevention by integrating obesity prevention strategies with cancer prevention strategies. The Healthy Eating and Active Living (HEAL) Team in the Bureau of Nutrition and Physical Activity will strengthen its partnership with the Cancer Prevention team in the Bureau of Chronic, Congenital and Inherited Conditions. Focusing together on the connected challenges of implementing impactful obesity and cancer prevention efforts, and reducing the state's prevalence rates, will strengthen intervention efforts, improve health outcomes, lower long term healthcare costs, and improve overall quality of life for Iowans. The strengthened partnership and integrated prevention strategies will provide a more effective and sustainable approach to reducing the disease burden. The HEAL and Cancer Prevention teams will use data to inform decision-making regarding how, to whom and where to continue implementing policy, system and environmental (PSE) changes in local nutrition education programs and community/clinical-based interventions that support obesity and cancer prevention efforts. The teams will enhance prevention activities for a more collaborative, multi-sector approach that ensures root causes are addressed comprehensively rather than in isolation. PSE efforts will focus on building local capacity to increase communities' ability to support families in healthy eating, engaging in active living environments and implementing cancer risk-reduction strategies.

**Program Setting(s):** Community based organization; Home; Local health department; Medical or clinical site; Parks or playgrounds; State health department

**List of Primary Strategic Partners** IA HHS Programs: Cancer Prevention Program, Iowa Healthy Eating and Active Living (HEAL) Program including local HEAL Coalitions, Iowa Title V MCH, Iowa Medicaid and BRFSS

**Evaluation Methodology** Iowa HHS, through local HEAL Coalitions, will collect and track the types of PSE changes, number of PSE changes and impact of PSE changes that local communities achieve related to integrated obesity and cancer prevention efforts. Iowa HHS will also conduct feedback surveys with local communities and their coalitions to understand best practices, challenges experienced, how challenges were overcome and lessons learned to inform future interventions. Local HEAL Coalitions will prepare and submit to Iowa HHS end-of-year progress/performance reports detailing final progress on workplans, partnerships developed and strengthened, strategy and activity selection and implementation, reach, outcomes (quantitative and qualitative) and impact.

**Planned Non-Monetary Support to Local Agencies or Organizations:** Technical Assistance

## Program Budget for Block Grant Funds

	<b>Program Budget</b>
FFY2026 Basic Allocation	\$425,000
FFY2026 Sex Offense Allocation	\$0
<b>Total Allocation</b>	<b>\$425,000</b>

### Details About Program Funding

<b>Funds Budgeted to Affected Populations</b>	\$0
<b>Funds Budgeted to Local Agency/Organization</b>	\$163,679
<b>Type of Supported Local Agency/Organization</b>	Local Health Department, Other
<b>Other Type of Supported Local Agency/Organization</b>	Nonprofit Community Organization (Iowa Community HUB)
<b>Program Funds Responded to Outbreak</b>	No
<b>Funding Role of PHHSBG for Program</b>	Total source of funding
<b>Percent of Program Funding from PHHSBG</b>	100%
<b>PHHSBG Supplements Which Funding?</b>	N/A
<b>Role of PHHSBG in Supporting Program</b>	Enhance or expand the program
<b>Positions Funded by PHHS Block Grant</b>	Yes

### FFY26 Obesity & Cancer Prevention Budget FTEs and Positions

#### FTEs

**Full Time Equivalent positions that are funded with PHHSBG funds:**

<b>Total Number of Positions Funded:</b>	2
<b>Total FTEs Funded:</b>	2.0

#### Positions

**Position Title:** Healthy Eating Active Living Section Manager

#### Position-Holder Overview

**Staff Member Name:** Haley Huynh  
**Is This Position Vacant?** No

#### Position Funding Information

**% of Staff Member Time at Jurisdiction** 90  
**% of Staff Member Time at Local** 10  
**% of Staff Member Time at Other** 0  
**% of Staff Member Time Total PHHSBG** 100

**Position Title:** Nutrition Consultant

#### Position-Holder Overview

**Staff Member Name:** Suzy Wilson  
**Is This Position Vacant?** No

#### Position Funding Information

**% of Staff Member Time at Jurisdiction** 70  
**% of Staff Member Time at Local** 30  
**% of Staff Member Time at Other** 0  
**% of Staff Member Time Total PHHSBG** 100

## Program Target Population(s)

### Program Target Population

Target Population Data Source	United States Census Bureau, State of Iowa Population
Number of People Served:	3,241,488
Race and/or Ethnicity:	American Indian or Alaskan Native; Asian; Black or African American; Hispanic or Latino; Middle Eastern or North African; Native Hawaiian or Pacific Islander; White
Age:	Under 1 year; 1 - 4 years; 5 - 14 years; 15 - 24 years; 25 - 34 years; 35 - 44 years; 45 – 54 years; 55 - 64 years; 65 – 74 years; 75 – 84 years; 85 years and older
Sex:	Female; Male
Sexual Orientation:	N/A
Geography:	Rural and Urban.
Location:	State of Iowa.
Occupation:	N/A.
Primarily Low Income?	false
Disproportionately Affected by the Problem?	true
All or Part Disproportionately Affected?	Part

### Program Target Disparate Population

Target Population Data Source	CDC 2024 BRFSS, Number of adult Iowans who are overweight or obese
Number of People Served:	2,337,264
Race and/or Ethnicity:	Black or African American; Hispanic or Latino; White
Age:	35 - 44 years; 45 – 54 years; 55 - 64 years
Sex:	Female; Male
Sexual Orientation:	N/A
Geography:	Rural and Urban.
Location:	State of Iowa.
Occupation:	N/A
Primarily Low Income?	true

## Program SMART Objective 1/1

Title of Program SMART Objective:	FFY26 Integrated Obesity & Cancer Prevention Risk-Reduction Activities
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### SMART Objective Summary

#### SMART Objective Description

By September 2027, at least four (4) integrated obesity and cancer prevention risk-reduction interventions will be implemented in local Iowa communities.

Item to be Measured:	Planned coordinated and integrated prevention activities
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<b>Unit to be Measured:</b>	Number
<b>Baseline Value for Item to be Measured:</b>	0
<b>Data Source for the Baseline Value</b>	Iowa HHS HEAL Program Records
<b>Interim Target Value to Reach by APR:</b>	0
<b>Final Target to Reach by Closeout Report:</b>	4

### SMART Objective Problem Information

<b>SMART Objective Problem Description:</b>	N/A. The problem is the same.
<b>SMART Objective Problem Summary:</b>	N/A. The problem is the same.

### SMART Objective Intervention Information:

<b>Intervention Summary:</b>	Iowa HHS will collaborate with local community partners to identify tailored obesity and cancer prevention interventions that can be implemented to impact sustainable policies, systems and environmental changes.
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#### Intervention Description:

The Iowa HHS HEAL Team currently implements nutrition and physical activity interventions through partnerships with early childhood care and education centers, local communities and clinical partners. Collectively, the HEAL Team and the Cancer Prevention Program will collaborate with local public health and nutrition partners to identify evidence-based interventions that can be implemented in Iowa communities to improve nutrition and physical activity among community members with the intention of reducing their modifiable cancer risk factors.

<b>Type of Intervention:</b>	Innovative/Promising Practice
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#### Rationale for Choosing the Intervention:

Iowa HHS has prioritized and implemented intentional efforts to increase capacity for cross collaboration between agency programs and prioritize prevention efforts across all public health programs. By strengthening the partnership between the HEAL and Cancer Prevention teams, and coordinating data-to-action prevention efforts, Iowa HHS will be better positioned to effectively and impactfully address population health chronic disease prevention and reduce the state’s rising obesity and cancer prevalence rates.

### SMART Objective Key Indicator(s)

#### Activities

#### Activity – HEAL and Cancer Prevention Community PSEs

<b>Activity Summary:</b>	The IA HHS Healthy Eating Active Living (HEAL) Team will provide funding support to at least four local community coalitions to implement evidence-based, integrated obesity and cancer prevention policy, systems and environmental change strategies.
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#### Activity Description:

The HEAL Team will partner with the Cancer Prevention Program to develop and distribute a community guide for implementing coordinated cancer risk-reduction strategies, healthy eating and active living PSE strategies in local Iowa communities. Iowa HHS will provide additional financial support to the currently funded four (4) local HEAL coalitions. The coalitions will establish additional community and clinical linkages, conduct asset mapping activities, and develop or enhance at least one coordinated obesity and cancer prevention risk-reduction strategy in their individual communities. The Iowa HHS Bureau of Nutrition and Health Promotion Healthy Communities Consultant, Physical Activity Consultant and Nutrition Consultant from the HEAL Team and the Iowa HHS Cancer Prevention Program Manager will work together collaboratively to provide resources, support and technical assistance to the coalitions and communities. The HEAL Team will use previously developed reporting mechanisms to capture coalitions’ strategies, activities implemented, outcomes, impacts, challenges and lessons learned in a consistent manner.

<b>Additional Information About Activity</b>	Deliverable: Four (4) end-of-year local HEAL Coalition reports detailing workplans, partnerships, strategy selection and
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implementation, reach, outcomes and impact. The reports will be used to inform future integrated interventions.

## SMART Objective Target Population

<b>Target Population Same as Program's or Subset?</b>	Sub-set of the Program's Target Population
<b>Target Population Data Source</b>	CDC 2024 BRFSS
<b>Number of People Served:</b>	2,337,264
<b>Race and/or Ethnicity:</b>	Black or African American; Hispanic or Latino; White
<b>Age:</b>	35 - 44 years ;45 – 54 years; 55 - 64 years
<b>Geography:</b>	Rural and Urban.
<b>Location:</b>	State of Iowa.
<b>Occupation:</b>	N/A
<b>Primarily Low Income?</b>	true

- End of Work Plan -