

Preventive Health and Health Services Block Grant Work Plan for Iowa Department of Public Health

Fiscal Year 2023 | WP-1188-2023

Unique Entity Identifier: 808345920

Recipient: Iowa Department of Public Health

Chief Executive Officer: Kim Reynolds

Recipient Lead Health Official: Kelly Garcia

Authorizing Official: Ken Sharp

**Recipient BG Coordinator /
Program Director:** Lindsay Schmauss
321 E. 12th St.
Des Moines
IA- 50319
Phone:515-720-1438
Fax:
Email: Lindsay.Schmauss@idph.iowa.gov

Finalized on: Workplan is not approved yet.

Executive Summary

FY 2023 Work Plan-Iowa Department of Public Health

This Work Plan is for the Preventive Health and Health Services Block Grant (PHHSBG) for Federal Year **2023**. The **Iowa Department of Public Health** submitted this plan as the designated state agency for the allocation and administration of PHHSBG funds.

Funding Assumptions: The total award for the FY **2023** Preventive Health and Health Services Block Grant is **\$1,697,468**. The current year Annual Basic Allocation is **\$1,630,865** and the current year Sex Offense Set Aside is **\$66,603**. These amounts are based on an allocation table distributed by the Centers for Disease Control and Prevention (CDC).

Program Title	Health Objectives	Current Year Allocation
FFY23 Chronic Disease Capacity Building for Cognitive Decline/Dementias	DIA-01 Increase the proportion of older adults with dementia, or their caregivers, who know they have it	\$60,000
FFY23 Chronic Disease Self-Management Program (CDSMP)	ECBP-D07 Increase the number of community organizations that provide prevention services	\$44,550
FFY23 Sex Offense Prevention	IVP-17 Reduce adolescent sexual violence by anyone	\$66,603
FFY23 IA HHS Health Equity Office	PHI-R03 Increase use of core and discipline-specific competencies to drive workforce development	\$226,936
FFY23 Emergency and Trauma Services	IVP-03 Reduce unintentional injury deaths	\$587,078
FFY23 Strengthen Local Public Health	ECBP-D07 Increase the number of community organizations that provide prevention services	\$480,124
FFY23 Iowa's Title V Community-based Doula Project for African American/Black Women	MICH-08 Increase the proportion of pregnant women who receive early and adequate prenatal care	\$116,607
Grand Total		\$1,581,898

Program Funding Profile for Iowa in 2023

Total number of programs:	7
Type of funding	
Supplement other existing funds	6
Total source of funding	1
PHHS Block Grant funding percentage	
100% - Total source of funding	1

PHHS BLOCK GRANT INFORMATION SYSTEM – Iowa Department of Public Health 2023 Work Plan

10-49% - Partial source of funding	1
50-74% - Significant source of funding	2
75-99% - Primary source of funding	2
Less than 10% - Minimal source of funding	1
Role of funding	
Enhance or expand the program	3
Maintain existing program (as is)	4
Existing funding sources	
None	1
State or local funding	3
Other federal funding (CDC)	2
Funding from NGO or non-profit organization	1
Other	1
Total	8

Statutory Information

- The First Advisory Committee Meeting was held on 3/8/2023 and was chaired by Dr. Robert Kruse, Chief Medical Officer and Chair Designee.
- The Second Advisory Committee Meeting was held on 6/21/2023 and was chaired by Ken Sharp, Operations Deputy, Public Health Division and Chair Designee.
- The Public Hearing was held on 6/28/2023 and was chaired by Lindsay Schmauss, Designee.

The public was invited via

• Email Announcement
• Phone Calls
• Website

The draft Work Plan was made available for public viewing via

• Email Announcement
• Website

Certifications and Assurances

Current forms have not been signed and uploaded to BGIS.

Budget

Detail Funds Available for Allocation

Budget Detail for Iowa– Fiscal Year 2023	
A. FY2023 Award	\$1,697,468
Annual Basic Allocation	\$1,630,865
Sex Offense Allocation	\$66,603
B. Total Current Year Annual Basic Allocation	\$1,630,865
Administrative Costs	\$115,570
Direct Assistance Amount	\$0
C. Total Current Year Sex Offense Allocation	\$66,603
Administrative Costs	\$0
Total Available for Program Allocation in FY 2023	\$1,581,898

Summary of Funds Available for Allocation**Healthy People 2030 Priorities for Iowa in Fiscal Year 2023**

Topic Area	Funding	% of funding
Injury and Violence Prevention	\$653,681	41%
Educational and Community-Based Programs	\$524,674	33%
Public Health Infrastructure	\$226,936	14%
Maternal, Infant, and Child Health	\$116,607	7%
Dementias, Including Alzheimer's Disease	\$60,000	4%
Total	\$1,581,898	100%

Summary of Allocations by Program and Health Objective

Program Title	Health Objective(s)	Program Goal	Current Year Allocation	% of Total Allocation
FFY23 Chronic Disease Capacity Building for Cognitive Decline/Dementias	DIA-01 Increase the proportion of older adults with dementia, or their caregivers, who know they have it	This programming will increase capacity to inform and build awareness of linkages between chronic diseases and the increased risk for development of cognitive decline/dementias and offer information on risk factor reduction to individuals and health care professionals who serve them.	\$60,000	4%
FFY23 Chronic Disease Self-Management Program (CDSMP)	ECBP-D07 Increase the number of community organizations that provide prevention services	Iowa will improve the self-management capacity of Iowans across the state in order to reduce the burden of chronic disease for individuals and their caregivers; and through this, reduce associated health care costs from individuals with unmanaged chronic conditions.	\$44,550	3%
FFY23 Sex Offense Prevention	IVP-17 Reduce adolescent sexual violence by anyone	Reduce the amount of youth reporting forced sexual experience by 1%	\$66,603	4%
FFY23 IA HHS Health Equity Office	PHI-R03 Increase use of core and discipline-specific competencies to drive workforce development	The Office of Health Equity will provide consultation, technical assistance, and training, as well as data and communications support to address health disparities to Iowa HHS Divisions and partner agencies.	\$226,936	14%

PHHS BLOCK GRANT INFORMATION SYSTEM – Iowa Department of Public Health 2023 Work Plan

FFY23 Emergency and Trauma Services	IVP-03 Reduce unintentional injury deaths	The goal of the Bureau of Emergency Medical and Trauma Services is to promote and protect the health of Iowans through implementation of policy recommendations concerning the regulation, administration, and coordination of emergency and trauma services in Iowa.	\$587,078	37%
FFY23 Strengthen Local Public Health	ECBP-D07 Increase the number of community organizations that provide prevention services	The goal of the program is to improve the ability of local public health system partners (local boards of health and local public health agencies) to meet the core public health functions and deliver essential public health services.	\$480,124	30%
FFY23 Iowa's Title V Community- based Doula Project for African American/Black Women	MICH-08 Increase the proportion of pregnant women who receive early and adequate prenatal care	The Title V Doula Project will improve maternal morbidity and mortality rates, increase early initiation of prenatal care, and improve rates of breastfeeding initiation among African American/Black women in participating service areas.	\$116,607	7%
Total			\$1,581,898	100%

Program Description 1 / 7**Program Summary**

Program Summary	
Program Name	FFY23 Chronic Disease Capacity Building for Cognitive Decline/Dementias
Program Goal	This programming will increase capacity to inform and build awareness of linkages between chronic diseases and the increased risk for development of cognitive decline/dementias and offer information on risk factor reduction to individuals and health care professionals who serve them.
Healthy People 2030 Objective	DIA-01 Increase the proportion of older adults with dementia, or their caregivers, who know they have it
Recipient Health Objective	Between 10/23 and 9/24, increase the number of adults aged 45 and over in Iowa who have been exposed to dementia-related messaging and resources
Total Program Allocation	\$60,000

Problem Information**Problem Description**

There are more than 90,000 caregivers for persons living with dementia in Iowa, there are around 70,000 Iowans who currently have Alzheimer's or other dementias while around 216,000 have subjective cognitive decline.

Iowa is an aging state, meaning those numbers are projected to increase. There is also a growing number of individuals developing Mild Cognitive Impairment, Younger Onset Alzheimer's and more. Research now says that physical changes in the brain could precede the onset of symptoms by 20 years, which means most Iowans aged 40 and older are in a crucial window of time where messaging, awareness and interventions in the form of risk reduction could influence future health decisions and outcomes.

Key Indicator:

Around 68% of Iowa's population is aged 45 or older (~2.2 million), and of that group, ten percent have Subjective Cognitive Decline (SCD).

There are around 70,000 Iowans who have Alzheimer's or other types of dementia, and there are over 90,000 caregivers in the state. Because of this breadth, the program will target all Iowans over the age of 45.

Key Indicator Baseline:

2163549

Problem was prioritized by the following factor(s)

- Identified via surveillance systems or other data sources

- Prioritized within a strategic plan

Program Strategy**Goal:**

This programming will increase capacity to inform and build awareness of linkages between chronic diseases and the increased risk for development of cognitive decline/dementias and offer information on risk factor reduction to individuals and health care professionals who serve them.

SDOH Addressed by the Program:

This program is not specifically addressing a Social Determinant of Health (SDOH)

Program Strategy:

Following the guidance of the Healthy Brain Initiative's "State and Local Public Health Partnership to Address Dementia: The 2018-2023 Road Map" and the new Iowa Strategic Plan produced by the BOLD-funded Alzheimer's Disease and Related Dementias Program, Iowa HHS will plan and implement initial activities to build capacity for informing Iowans, connect individuals and their caregivers to services and assure a competent workforce around the issues of cognitive decline in persons who live with one or more chronic diseases. Programming will focus on connecting communities and the clinics that serve them, promoting risk reduction efforts, educating Iowans and encouraging them to talk to their doctors about memory concerns. The project will also focus on developing messaging plans for the workforce and will tailor messages and awareness efforts toward underserved populations like the Black and Latino communities in Iowa. A contract for evaluation planning and support is secured.

Setting:

- Community based organization
- Local health department
- Senior residence or center
- State health department
- Other
 - Local Libraries

Primary Strategic Partners:

Iowa HHS ADRD Program, ADRD Program Coalition, Alzheimer's Association, Iowa HHS Disability and Aging Services Division

Evaluation Methodology:

Staff and an evaluation contractor will develop an evaluation plan that will be used to determine successes and challenges of project implementation. Staff and an evaluation contractor will conduct evaluation, prepare a report of evaluation findings and use those findings to improve upon future planned activities.

Planned non-monetary support to local agencies or organizations:

- None

Program Budget for Block Grant Funds

Program Budget	
FY2023Basic Allocation	\$60,000
FY 2023 Sex Offense Allocation	\$0
Total Allocation	\$60,000

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program.

PHHS Block Grant funds made up 10-49% - Partial source of funding of the total program funding.

The other funds came from:

- Other federal funding (CDC)
BOLD Act Cooperative Agreement

The role of PHHS Block Grant funds in supporting the program was to Enhance or expand the program

Amount of funding to populations disproportionately affected by the Problem: \$0

Amount of planned funding to local agencies or organizations: \$60,000

Type of supported local agencies or organizations:

- Local Organization

FTEs (Full Time Equivalent)

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0

Total FTEs Funded: 0

Target Population of Program 1 / 7

Program name:

FFY23 Chronic Disease Capacity Building for Cognitive Decline/Dementias

Number of people served:

2163549

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- 35 - 44 years
- 45 – 54 years
- 55 - 64 years
- 65 – 74 years
- 75 – 84 years
- 85 years and older

Gender Identity:

- Male
- Female
- Transgender

Sexual Orientation:

- Gay (lesbian or gay)
- Bisexual
- Straight, this is not gay (or lesbian or gay)

Geography:

Both

Location:

Iowa

Occupation:

All

Educational Attainment:

- Some High School
- Some College
- Graduate Degree
- High School Diploma
- College Degree

Health Insurance Status:

- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid
- Private Health Insurance

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

Part

Portion of the Program Target Population that Experiences Health Disparities

Number of people served:

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander

Age:

- 35 - 44 years
- 45 – 54 years
- 55 - 64 years
- 65 – 74 years
- 75 – 84 years

- 85 years and older

Gender Identity:

- Male
- Female
- Transgender

Sexual Orientation:

- I don't know the answer

Geography:

Location:

Occupation:

Educational Attainment:

Health Insurance Status:

Primary Low Income:

Program Objective 1 / 3

Title of Program Smart Objective	FFY23 Workforce Messaging
Program SMART Objective	Between 8/23 and 8/24, the ADRD Program will develop and implement 1 workforce-related messaging plan on the role of Iowa workforce and healthcare providers in addressing memory concerns.
Item to be measured	Number of workforce messaging plans delivered
Unit to be measured	Messaging plans delivered
Baseline Value	0
Interim Target Value	0
Final Target Value	1

Problem Description:

Over half of all people who serve as unpaid caregivers for those living with Alzheimer's or other dementias are also still employed at a full- or part-time job

There are over 16 million unpaid caregivers for persons living with dementia in the United States with some estimates placing more than 98,000 of those people in Iowa. Of that number, more than half are still employed, yet many employers are not aware of the burden this duality places on their workers or on their workplace. Caregiving causes a variety of impacts on a person's health and can affect their mental, physical and financial wellbeing, yet few workplaces have programs or plans in place to address dementia/caregiving concerns within their workforce.

Key Indicator:

Possible plans could address multiple key health indicators depending on how the employers choose to assist their workforce. More robust messaging and awareness could lead to better outcomes with access to health services, clinical preventive services and possibly social determinants of health.

Baseline Value for the Key Indicator:

0

Intervention Summary:

The ADRD Program will create a workforce messaging plan that targets employers who may have employees either acting as caregivers for persons living with dementia or who are concerned that they may develop ADRD in the future

The messaging will highlight resources available for caregivers and PLWD and ways to decrease one's risk for developing ADRD. The plan will also highlight what employers can do to accommodate their employees who may be dealing with these issues.

Type of Intervention:

Evidence-based intervention

Evidence Source:

- Other

Alzheimer's Association & Healthy Brain Initiative

Rationale for choosing the intervention:

This supports work done by the BOLD Grant activities the ADRD Program is pursuing

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 1

Create and Implement a Workforce Messaging Plan

Summary:

The ADRD Program will create and implement a Workforce Messaging Plan

Description:

The ADRD Program will create and implement a Workforce Messaging Plan that will target messaging toward employers and the workforce highlighting available resources, decreasing stigma, understanding the disease's burden and discussing ways employers could help. The ADRD Program Education Coordinator will lead this effort and will implement the plan in workplaces or industries around Iowa.

Program Objective 2 / 3

Title of Program Smart Objective	FFY23 Encouraging Iowans to Talk to Their Doctor
Program SMART Objective	Between 8/23 and 8/24, the ADRD Program will develop and distribute 1 infographic that will serve as a guide for people who are considering talking to their doctor about memory concerns.
Item to be measured	Number of guides produced and disseminated
Unit to be measured	Number of guides
Baseline Value	0
Interim Target Value	1
Final Target Value	1

Problem Description:

Due to a variety of factors, including the stigma surrounding ADRD, many people are hesitant to discuss memory concerns with their doctor.

Studies in the last few years have found that most people and doctors believe memory concerns are important to discuss at a doctor's appointment, but overwhelmingly each one believes the other should broach the subject first during their meeting. Additionally, cultural considerations and other social determinants of health can also influence why someone may or may not talk to their doctor even if they're experiencing memory concerns. Moreover, those who choose to speak may not be aware of how the conversation will go, what tests exist and what options they will be offered during such a meeting.

Key Indicator:

Around 68% of all Iowans are over the age of 45, and of that group, ten percent (~216,000) are estimated to have Subjective Cognitive Decline

Baseline Value for the Key Indicator:

216000

Intervention Summary:

The ADRD Program will create and disseminate a guide for raising memory concerns with one's doctor. This guide will include descriptions of how the visit may go, what tests or assessments may be done, what information to take to the appointment, how to handle possible outcomes/diagnoses and more. The guide will be distributed in a variety of methods, both print and digitally, across Iowa.

Type of Intervention:

Evidence-based intervention

Evidence Source:

- Other

Alzheimer's Association, VA Hospitals, Rush University

Rationale for choosing the intervention:

Speaking to families and individuals who have gone through the process of talking to their doctor, many have said they wish they'd had a guide for how the process would go or what to ask or bring to the appointment.

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 1

Create and Distribute an ADRD Doctor's Visit Guide

Summary:

The ADRD Program will create and distribute a guide for discussing memory concerns with one's doctor

Description:

The ADRD Program will create and distribute a guide for discussing memory concerns with one's doctor, gathering opinions from lived experience representatives as well as health care workers and local experts. The guide will encourage anyone who has memory concerns to talk with their doctor and will give them an idea of how the visit will go, what to bring with them, what to ask and possible outcomes.

Program Objective 3 / 3

Title of Program Smart Objective	FFY23 ADRD Risk Reduction Messaging
Program SMART Objective	Between 8/23 and 8/24, the ADRD Program will develop and distribute at least three messages regarding the importance of risk reduction in Alzheimer's and other dementias
Item to be measured	Number of messages produced and disseminated
Unit to be measured	Messages produced and disseminated
Baseline Value	0
Interim Target Value	1
Final Target Value	3

Problem Description:

Research has increasingly found that risk reduction efforts on a variety of topics across a variety of ages can have a significant impact in lowering one's risk for developing Alzheimer's, other dementias or other comorbidities

A number of studies have been published in the last two years especially surrounding lifestyle interventions to reduce risk. These include diet, exercise, keeping one's brain active, social activity, blood pressure, sleep, education and more. Some studies have even shown that addressing a few of these topics can significantly lower one's risk for developing dementia and/or may push back the onset.

Key Indicator:

Around 68% of all Iowans are over the age of 45, and of that group, ten percent (~216,000) are estimated to have Subjective Cognitive Decline

Baseline Value for the Key Indicator:

216000

Intervention Summary:

The ADRD Program will raise awareness about the importance of risk reduction and will encourage people to take steps toward improving their lifestyle

The ADRD Program will raise awareness about the importance of risk reduction and will encourage people to take steps toward improving their lifestyle. This includes highlighting the importance of evidence-based lifestyle changes, the value of even small steps toward healthier choices, the value of early detection and more.

Type of Intervention:

Evidence-based intervention

Evidence Source:

- Other

Alzheimer's Association & Healthy Brain Initiative

Rationale for choosing the intervention:

Educating and empowering the public to talk about this disease is a cornerstone of this program and the ADRD Program at Iowa HHS. Reducing risk will help prevent cases of ADRD, it will lessen burden on the healthcare system and communities, it will cost families less in the long run and helps to raise awareness about steps one can take that can affect the chances of developing this disease.

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 1

Create and Distribute Risk Reduction Messaging

Summary:

The ADRD Program will create and distribute three risk reduction messages that highlight ways to lower one's risk for developing ADRD

Description:

The ADRD Program will create and distribute three risk reduction messages that highlight ways to lower one's risk for developing ADRD. These messages will feature key ways to decrease one's risk through a healthier lifestyle, early detection and management of chronic conditions.

Program Description 2 / 7

Program Summary

Program Summary	
Program Name	FFY23 Chronic Disease Self-Management Program (CDSMP)
Program Goal	Iowa will improve the self-management capacity of Iowans across the state in order to reduce the burden of chronic disease for individuals and their caregivers; and through this, reduce associated health care costs from individuals with unmanaged chronic conditions.
Healthy People 2030 Objective	ECBP-D07 Increase the number of community organizations that provide prevention services
Recipient Health Objective	By September 30, 2024, Chronic, Congenital and Inherited Conditions Bureau staff will increase the capacity of community-based organizations and health systems to deliver the Chronic Disease Self-Management Program (CDSMP), and engage Iowans who live with at least one chronic disease or caregivers to participate in the CDSMP workshops as a means for helping them improve their chronic disease self-management capacity, and reduce the associated disease burdens and costs for individuals with unmanaged chronic conditions.
Total Program Allocation	\$44,550

Problem Information

Problem Description

Chronic diseases place numerous burdens on individuals and require self-management or caregiver provided care in order to prevent further disease burden which manifests itself in high medical and drug costs, increased medical care, loss of productivity, increased hospitalizations and poor health outcomes.

The Chronic Disease Self-Management Program, known as “Better Choices, Better Health” in Iowa, focuses on the management of lifestyle behaviors and emotions with content areas on physical activity, appropriate use of medications, effective communication with family and health professionals, healthy eating and weight management, and techniques for dealing with fatigue, pain, and difficult emotions. Participants, regardless of their specific chronic conditions or diseases, will benefit from action planning, tracking progress, lifestyle changes, and discussions on improving communication. Group support and guidance from trained peer leaders will enhance participant personal learning and practice in management of the chronic condition(s).

Key Indicator:

With approximately six in 10 adults in the United States having a chronic disease and four in 10 adults having two or more chronic diseases, there is a potentially large population of adults living in Iowa who could benefit from participation in the Chronic Disease Self-Management Program (Centers for Disease Control and Prevention, 2022).

Key Indicator Baseline:

1,457,642

Problem was prioritized by the following factor(s)

- Identified via surveillance systems or other data sources

Program Strategy**Goal:**

Iowa will improve the self-management capacity of Iowans across the state in order to reduce the burden of chronic disease for individuals and their caregivers; and through this, reduce associated health care costs from individuals with unmanaged chronic conditions.

SDOH Addressed by the Program:

This program is not specifically addressing a Social Determinant of Health (SDOH)

Program Strategy:

The Iowa Department of Health and Human Services will increase the number of trained and performing peer leaders across the state, promote the Chronic Disease Self-Management Program to eligible persons, provide access to participant materials for peer leaders and workshop participants, and provide leadership, assistance and regular communication to peer leaders through peer leader network calls, emails, and newsletters. The Iowa Department of Health and Human Services will continue to hold the umbrella license that organizations can offer workshops under and will plan, organize, and conduct a peer leader training for six new peer leaders who will help to conduct workshops for 75 eligible persons in Iowa during the grant period. Data will be collected from each workshop conducted, and will allow demographic information to be used for analysis of mapping regarding the success of the strategy's effort.

Setting:

- Community based organization
- Faith based organization
- Local health department
- Senior residence or center
- State health department
- Work site

Primary Strategic Partners:

Peer Leaders, Master Trainers, partnering health systems and community organizations

Evaluation Methodology:

The project work will be evaluated using quantitative methods. Performance on completing the objectives satisfactorily will be assessed by comparing outcome data to target measures. Each of the objectives will be evaluated in quantitative manner. The Program Coordinator will conduct evaluation. Progress toward goal achievement will be measured twice throughout the year, with semi-annual data analysis done in January 2024, and final analysis completed in November 2024.

Planned non-monetary support to local agencies or organizations:

- Technical Assistance
- Training
- Resources/Job Aids

Program Budget for Block Grant Funds

Program Budget	
FY2023Basic Allocation	\$44,550
FY 2023 Sex Offense Allocation	\$0
Total Allocation	\$44,550

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Total source of funding for this program.

PHHS Block Grant funds made up 100% - Total source of funding of the total program funding.

The other funds came from:

- None

The role of PHHS Block Grant funds in supporting the program was to Maintain existing program (as is)

Amount of funding to populations disproportionately affected by the Problem: \$0

Amount of planned funding to local agencies or organizations: \$0

Type of supported local agencies or organizations:

FTEs (Full Time Equivalents)

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 1

Total FTEs Funded: 0.25

FTEs (Full Time Equivalents)

Full Time Equivalents positions that are funded with PHHS Block Grant funds. 1

Position 1 / 1 Title:	Community Health Consultant
Position Name:	

This position is vacant.

The plan to fill the vacant position is:

This position will be filled with an existing Iowa Department of Health and Human Services employee or through the hiring process by October 2023.

Target Population of Program 2 / 7

Program name:

FFY23 Chronic Disease Self-Management Program (CDSMP)

Number of people served:

75

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- 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

Gender Identity:

- Male
- Female
- Transgender

Sexual Orientation:

- Gay (lesbian or gay)
- Bisexual
- Straight, this is not gay (or lesbian or gay)

Geography:

Both

Location:

Iowa

Occupation:

n/a

Educational Attainment:

- Some High School
- Some College
- Graduate Degree
- High School Diploma
- College Degree

Health Insurance Status:

- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid
- Private Health Insurance

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

All

Program name:

FFY23 Chronic Disease Self-Management Program (CDSMP)

Number of people served:

75

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black

- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- 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

Gender Identity:

- Male
- Female
- Transgender

Sexual Orientation:

- Gay (lesbian or gay)
- Bisexual
- Straight, this is not gay (or lesbian or gay)

Geography:

Both

Location:

Iowa

Occupation:

n/a

Educational Attainment:

- Some High School
- Some College
- Graduate Degree

- High School Diploma
- College Degree

Health Insurance Status:

- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid
- Private Health Insurance

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

All

Program name:

FFY23 Chronic Disease Self-Management Program (CDSMP)

Number of people served:

75

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- 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

Gender Identity:

- Male
- Female
- Transgender
- None of these

Sexual Orientation:

- Gay (lesbian or gay)
- Bisexual
- Straight, this is not gay (or lesbian or gay)

Geography:

Both

Location:

Iowa

Occupation:

n/a

Educational Attainment:

- Some High School
- Some College
- Graduate Degree
- High School Diploma
- College Degree

Health Insurance Status:

- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid
- Private Health Insurance

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

All

Program Objective 1 / 3

Title of Program Smart Objective	FYY23 Increase CDSMP Workshop Enrollment
Program SMART Objective	Between 10/2023 and 9/2024, 75 Iowans with at least one chronic disease or condition or caregivers of individuals with chronic conditions will participate in a 6-week CDSMP workshop series.
Item to be measured	Number of participants
Unit to be measured	numerical
Baseline Value	0
Interim Target Value	30
Final Target Value	75

Problem Description:

N/A - The problem is the same

N/A - The problem is the same

Key Indicator:

N/A - The problem is the same

Baseline Value for the Key Indicator:

0

Intervention Summary:

Trained peer leaders will offer CDSMP workshops in Iowa and recruit participants who have a chronic disease or condition and/or caregivers of those with chronic diseases or conditions.

Trained peer leaders will offer CDSMP workshops in their communities or virtually. Peer leaders will plan, market and recruit participants with chronic diseases or conditions and/or caregivers of individuals with chronic conditions to take part in the 6-week workshop series. Peer leaders will facilitate workshops and submit participant and workshop data to the Iowa HHS Program Coordinator for tracking, reporting and evaluation purposes.

Type of Intervention:

Evidence-based intervention

Evidence Source:

- Other

Self-Management Resource Center

Rationale for choosing the intervention:

Peer leaders have access to participants within their organizations and communities that would benefit from participating in a CDSMP workshop.

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 1

Promote CDSMP Workshops

Summary:

Between 10/2023 and 9/2024, Iowa HHS will promote CDSMP workshops in Iowa through emails to partner organizations, promotion on the Iowa HHS web page and through paid promotional advertisements.

Description:

Peer leaders will submit a Workshop Authorization Request to the Iowa HHS Program Coordinator, which includes information and details about upcoming workshops. With this data, the Program Coordinator will add workshop and registration information to the program webpage for promotion. Workshop opportunities will also be emailed to partners across the state including health systems, clinics and community based organizations to share within their own networks. Iowa HHS will also support paid promotional advertisements such as Facebook advertising. These activities will increase awareness and enrollment in CDSMP workshops.

Program Objective 2 / 3

Title of Program Smart Objective	FFY23 Plan and Facilitate Peer Leader Training
Program SMART Objective	Between 10/2023 and 9/2024 organize and facilitate one 7-week virtual Peer Leader Training for six new Peer Leaders to build the capacity for increased workshop offerings in Iowa.
Item to be measured	Number of peer leaders trained
Unit to be measured	numerical
Baseline Value	0
Interim Target Value	6
Final Target Value	6

Problem Description:

N/A - The problem is the same

N/A - The problem is the same

Key Indicator:

N/A - The problem is the same

Baseline Value for the Key Indicator:

0

Intervention Summary:

The Program Coordinator will plan, organize and recruit Master Trainers to facilitate a 7-week peer leader training for six new peer leaders in Iowa to increase workshop capacity.

The Program Coordinator will plan and organize a 7-week virtual peer leader training by selecting dates and marketing the training to health systems, clinics and community organizations in Iowa. The Program Coordinator will collect, review, and approve applications and provide necessary resources and training materials to peer leader trainees. The Program Coordinator will recruit two Master Trainers who will co-facilitate the training.

Type of Intervention:

Evidence-based intervention

Evidence Source:

- Other

Self-Management Resource Center

Rationale for choosing the intervention:

By providing a virtual Peer Leader training, organizations interested in offering CDSMP are able to get trained at no cost, and organizations who currently offer the program are able to train additional staff and volunteers. Increasing the amount of trained Peer Leaders in Iowa will help to increase the amount of workshops offered and participants enrolled.

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 1

Prepare and Deliver Peer Leader Training

Summary:

Two Master Trainers will facilitate peer leader training to volunteers who will then lead CDSMP workshops for their organizations and or/communities.

Description:

The Program Coordinator will plan a 7-week virtual peer leader training that will be facilitated by two Master Trainers. The Program Coordinator will promote the training, review peer leader training applications, and provide training materials to trainees for the virtual training. Training materials will be mailed to training participants prior to the training start date and completion certificates and workshop materials will be mailed to peer leader trainees upon successful completion of the peer leader training.

Program Objective 3 / 3

Title of Program Smart Objective	FFY23 Maintain Program Licensure Requirements
Program SMART Objective	Between 10/2023 and 3/1/2024, Iowa HHS will submit a data report to fulfill license reporting requirements to the CDSMP licensing organization, the Self-Management Resource Center.
Item to be measured	Annual Data Report
Unit to be measured	Number of reports submitted
Baseline Value	0
Interim Target Value	0
Final Target Value	1

Problem Description:

N/A - The problem is the same

N/A - The problem is the same

Key Indicator:

N/A - The problem is the same

Baseline Value for the Key Indicator:

0

Intervention Summary:

Iowa HHS will submit the required annual data report to the CDSMP licensing organization, the Self-Management Resource Center.

Iowa HHS will collect the required workshop data from organizations operating under the Iowa HHS license issued by the Self-Management Resource Center on an ongoing basis. The workshop data will be stored and organized to be utilized during the annual report. Workshop data is collected for the number of workshops offered, the number of participants enrolled in a workshop and the number of participants that complete a workshop. Data on the number of peer leaders trained and organizations eligible to offer CDSMP workshops is also collected and reported during the annual report to the Self-Management Resource Center.

Type of Intervention:

Evidence-based intervention

Evidence Source:

- Other

Self-Management Resource Center

Rationale for choosing the intervention:

An annual data report is required for the CDSMP Umbrella license that Iowa HHS holds through the Self-Management Resource Center.

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 2

Fulfill License Reporting Requirements

Summary:

Submit an annual data report to the licensing organization, the Self-Management Resource Center.

Description:

The Program Coordinator will submit the required annual data report to the CDSMP licensing organization, the Self-Management Resource Center. Details to be included in the report include number of active peer leaders, organizations eligible to facilitate workshops, number of peer leader trainings offered, number of peer leaders trained, types of workshops offered, number of active master trainers, and the number of participants enrolled in workshops offered.

Activity 2 / 2

Collect Workshop Information from Peer Leaders

Summary:

Collect workshop and participant data from organizations offering CDSMP workshops.

Description:

The Program Coordinator will collect workshop and participant data from eligible organizations offering CDSMP workshops under the Iowa HHS Umbrella license. The Program Coordinator will utilize the data to track workshop offerings throughout the state and track participant enrollment and participant completion rates. This data will be utilized to prepare the required annual report that gets submitted to the CDSMP licensing organization, the Self-Management Resource Center.

Program Description 3 / 7

Program Summary

Program Summary	
Program Name	FFY23 Sex Offense Prevention
Program Goal	Reduce the amount of youth reporting forced sexual experience by 1%
Healthy People 2030 Objective	IVP-17 Reduce adolescent sexual violence by anyone
Recipient Health Objective	By 09/2026, Reduce by one percent the proportion of HS youth who report a forced sexual experience on the Iowa YRBSS.
Total Program Allocation	\$66,603

Problem Information

Problem Description

8% of youth respondents have been forced to have sexual intercourse when they did not want to (Iowa Youth Risk Behavior Survey, 2020)

Sexual violence is a pervasive issue affecting individuals, families and communities. According to the most recent report from Prevent Child Abuse Iowa Sexual Abuse & Sex Offense Report, from 2015 - 2019 there were 3,806 minors who had reported and confirmed sexual abuse cases in Iowa. Sexual assault and rape are dramatically underreported. A recent study conducted by the Justice Department showed that 80% of sexual assault and rape go unreported. Youth have additional challenges for reporting. Utilizing the data from the National Youth Risk Survey and the Iowa Youth Risk Behavior Survey we will have a better idea of reported sexual assault among youth.

Key Indicator:

Historically, the only population-based data available on the incidence of sexual violence in Iowa had been through questions added to the state Behavioral Risk Factor Surveillance System (BRFSS) survey or the Youth Risk Behavior Survey. In 2020 we had questions on the BRFSS related to lifetime sexual assault experience.

- 8.5% percent of Iowans over the age of 18 have experienced forcible sex in their lifetime since turning 18.
- Females experience it at seven times the rate reported by males.
- One quarter of LGBT+ Iowans had experienced forced sexual activity since they were 18, compared to less than one in 10 Non-LGBT+ Iowans.
- A higher percentage of Iowans with a disability reported experiencing forced sexual activity since the age of 18 than did Iowans without a disability.

Key Indicator Baseline:

Baseline value of the key indicator described above: 7.3% (2005), 6.3% (2007), 6.9% (2011)

Problem was prioritized by the following factor(s)

- Other
 - Sex Offense Prevention Mandatory Set Aside

Program Strategy

Goal:

Reduce the amount of youth reporting forced sexual experience by 1%

SDOH Addressed by the Program:

This program is not specifically addressing a Social Determinant of Health (SDOH)

Program Strategy:

Sexual violence is pervasive in Iowa. Based on the most recent data from Prevent Child Abuse Iowa; cases of reported child sex abuse (sex abuse experienced by persons ages 0 – 17) in Iowa were around 900 annually. The county with the highest percentage of child sex abuse cases in relation to the population was Decatur, with a population below 9,000. Identifying rural as an area of risk for sex abuse amongst persons ages 0 -17 in Iowa.

Setting:

- Other
State Sexual Assault Coalition

Primary Strategic Partners:

IowaCASA member programs and community partners: Latinas Unidas Por Un Nuevo Amanecer, Amani Family Services, Al Exito, Please Pass the Love, and East High School

Evaluation Methodology:

IowaCASA evaluates member trainings with an interactive tool called Mentimeter. Within the evaluation, we ask how the individual was feeling during the training, how accessible the overall experience was, presenter knowledge and relevance to their job/position. We follow with open questions on what IowaCASA can improve what they will take away from each training. Once evaluations are completed Mentimeter creates a pdf file that is then shared with all presenters and interested parties.

Planned non-monetary support to local agencies or organizations:

- None

Program Budget for Block Grant Funds

Program Budget	
FY2023Basic Allocation	\$0
FY 2023 Sex Offense Allocation	\$66,603
Total Allocation	\$66,603

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program.

PHHS Block Grant funds made up Less than 10% - Minimal source of funding of the total program funding.

The other funds came from:

- Other federal funding (CDC)
Rape Prevention and Education Program

The role of PHHS Block Grant funds in supporting the program was to Enhance or expand the program

Amount of funding to populations disproportionately affected by the Problem: \$0

Amount of planned funding to local agencies or organizations: \$66,603

Type of supported local agencies or organizations:

- Other
State-level Coalition Against Sexual Assault

FTEs (Full Time Equivalents)

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 5

Total FTEs Funded: 0.46

FTEs (Full Time Equivalents)

Full Time Equivalents positions that are funded with PHHS Block Grant funds. 5

Position 1 / 5 Title:	Prevention & Public Health Initiatives Coordinator	
Position Name:	KellyMarie Meek	
Jurisdiction-level:		10%
Total		10%

This position is not vacant.

Position 2 / 5 Title:	TA & Survivor Services Coordinator
------------------------------	------------------------------------

PHHS BLOCK GRANT INFORMATION SYSTEM – Iowa Department of Public Health 2023 Work Plan

Position Name:	Ariadna Davis
Jurisdiction-level:	25%
Total	25%

This position is not vacant.

Position 3 / 5 Title:	Executive Director
Position Name:	Beth Barnhill
Jurisdiction-level:	1%
Total	1%

This position is not vacant.

Position 4 / 5 Title:	Director of Training & Technical Assistance
Position Name:	Elizabeth Balcarcel
Jurisdiction-level:	5%
Total	5%

This position is not vacant.

Position 5 / 5 Title:	Director of Finance & Administration
Position Name:	Julie Wooden-Kean
Other	5%
Total	5%

This position is not vacant.

Target Population of Program 3 / 7

Program name:

FFY23 Sex Offense Prevention

Number of people served:

75

Ethnicity:

- Hispanic or Latino

Race:

- African American or Black
- White

Age:

- 5 - 14 years
- 15 - 24 years
- 25 - 34 years

Gender Identity:

- Male
- Female
- Transgender

Sexual Orientation:

- Gay (lesbian or gay)
- Bisexual

Geography:

Both

Location:

Iowa

Occupation:

n/a

Educational Attainment:

Health Insurance Status:

- Uninsured
- Medicare

Primary Low Income:

Yes

Is the entire target population disproportionately affected by the Problem, or only part?

All

Program Objective 1 / 1

Title of Program Smart Objective	FFY23 Prevent Sex Offense
Program SMART Objective	By 2026, reduce by 1% the amount of High School youth who report a forced sexual experience on the Iowa Youth Risk Behavior Survey

Item to be measured	Number of policies, protocol, or practices changed
Unit to be measured	Policies
Baseline Value	0
Interim Target Value	4
Final Target Value	5

Problem Description:

Exposure to sexual violence in childhood and adolescents impacts health across the lifespan.

Sexual Violence is a pervasive issue affecting individuals, families and communities. According to the most recent report from Prevent Child Abuse Iowa Sexual Abuse & Sex Offense, from 2015 – 2019 there were 3,806 minors who reported sexual abuse in Iowa. Sexual assault and rape are dramatically underreported. A recent study conducted by the Justice Department showed that 80% of sexual assault and rape go unreported. In 2019 we added sexual violence specific questions to the Iowa Risk Youth Behavior Survey. Those results will be available in the 2020 report. Utilizing the data from the National Youth Risk Behavior Survey and the Iowa Youth Risk Behavior Survey we will have a better idea of reported sexual assault amongst youth.

Key Indicator:

Youth who complete the Iowa Youth Risk Behavior Survey are asked about sexual violence. Specifically, youth are asked about if they have experienced forced or sexual activity. Exposure to sexual violence including forced sexual activity impacts nearly all aspects of a persons health. According to the Iowa Behavioral Risk Surveillance Survey 2020, adults who experienced sexual harm related adverse childhood experiences were at an increased risk for experiencing sexual harassment in the workplace. Additional health indicators impacts by experiencing sexual violence include increased risk for; poverty, mental health diagnosis (predominately anxiety, depression, and PTSD), increased risk of STI/STD, unwanted pregnancy, eating disorder, suicide and other chronic diseases.

Baseline Value for the Key Indicator:

8

Intervention Summary:

By 2026, IowaCASA will provide training to 400 community members, systems staff, and medical professional

IowaCASA will provide organizations with policy audits and improvements. Training around 100+ professionals annually. Additionally, IowaCASA will host the following trainings: one session of the curriculum Understanding and Responding to the Sexual Behaviors of Children (URSB_C); one session of Understanding and Responding to the Sexual Behaviors of Adolescents (URSB_A); and one session on facilitating prevention work with Spanish-speaking youth.

Type of Intervention:

Evidence-based intervention

Evidence Source:

- Other

STOP SV Technical Package - CDC

Rationale for choosing the intervention:

The CDC's STOP SV TA Package is the primary source of national data used to inform sexual violence prevention under the Rape Prevention and Education program. We have selected evidence-based strategies aligned with protective environments through policy change and teaching skills as outlined within the evidence.

Target Population same as the Program or a subset:

Sub-set of the Program

Objective Target Population

Number of people served:

400

Ethnicity:

Race:

Age:

Gender Identity:

Sexual Orientation:

Geography:

Both

Location:

Iowa

Occupation:

Professionals and Community Members working with survivors of sexual violence and communities

Educational Attainment:

Health Insurance Status:

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

All

Activity 1 / 6

Environmental Audit/Policy Scan with Survivor-Serving Organizations

Summary:

IowaCASA will support at least 5 organizations in a policy scan/environmental audit to increase survivor-centered practice and incorporate trauma informed principles for survivors of sexual assault.

Description:

IowaCASA SOP funded staff will recruit a minimum of 5 community serving organizations to join a cohort to work together to increase survivor-centered practice and incorporate trauma-informed principles for survivors of sexual assault. Staff will review and assess policies submitted by the cohort members and conduct meetings with the cohort to amplify current best practices and plan for needed changes to improve outcomes for survivors.

Activity 2 / 6

Facilitate sexual violence prevention programming aligned with the CDC-STOP SV Technical Package

Summary:

IowaCASA will host the following trainings: one session of the curriculum Understanding and Responding to the Sexual Behaviors of Children (URSB_C); one session of Understanding and Responding to the Sexual Behaviors of Adolescents (URSB_A); and one session on facilitating prevention work with Spanish-speaking youth.

Description:

To help create protective environments, IowaCASA will host at least one session each of the URSB_C and URSB_A curriculums, as well as provide support to the statewide network of trainers who also facilitate that curriculum. To support promoting social norms and teaching skills, IowaCASA will facilitate a training on conducting prevention programming with Spanish-speaking youth, as well as provide ongoing support to professionals who are doing that work across the state.

Activity 3 / 6

Support to survivors and/or family members

Summary:

From September 2023 through September 2024, IowaCASA will provide 50 survivors and/or their family members with information, support, and/or referral.

Description:

Survivors of sexual violence and/or their family members will have access to free and confidential services. IowaCASA staff will provide crisis response and referral to survivors and their supporters who reach out to the Coalition in person, by phone, email, or through social media. Examples of response include: empathetic listening, de-escalation, coping skills, and basic education about trauma, as well as referrals for counseling, therapy, legal support, economic help, healing, trauma-informed wellness activities, and affordable housing.

Activity 4 / 6

Medical Setting Technical Assistance

Summary:

From September 2023 through September 2024, IowaCASA will provide 200 hours of technical assistance to medical staff and SART responders across Iowa.

Description:

IowaCASA will subcontract with an expert SANE nurse to provide technical assistance and training on best practices and response aligned with national accreditations and standards of care. The intended audience of these learning opportunities includes; Sexual Assault Nurse Examiner (SANE) nurses, advocates, and Sexual Assault Response Team (SART) around best practices in sexual assault-related medical response and advocacy. This activity will address health disparities and decrease further victimization when accessing community support following an assault.

Activity 5 / 6**Sexual Violence Language Justice with Underserved Communities****Summary:**

IowaCASA will develop or identify 6 new or updated Spanish-language materials and disseminate them.

Description:

IowaCASA will develop at least six new or updated Spanish-language materials (article, video, or other printed or digital material) for the Latinx Community to educate on sex offense services, sex trafficking and prevention. This can include culturally specific and culturally relevant media such as a blog or newspaper/magazine articles. This work will be done by native Spanish speakers.

Activity 6 / 6**Sexual Violence Prevention Technical Assistance****Summary:**

IowaCASA will add six publications, videos or other resources to their resource library.

Description:

IowaCASA will add six evidence-based, evidence – informed, or emerging strategy level publications, videos or other resources to their resource library about sexual assault, sexual violence prevention and/or sex trafficking, which is available to the public. The IowaCASA resource library is both virtual and in-person. It is a resource accessed by systems staff, victim advocates, community members, and survivors of sexual violence. IowaCASA is home of a national resource called the Resource Sharing Project and works closely with national training and technical assistance providers to ensure the quality of materials selected are aligned with the national movement to prevent sexual violence.

Program Description 4 / 7**Program Summary**

Program Summary

Program Name	FFY23 IA HHS Health Equity Office
Program Goal	The Office of Health Equity will provide consultation, technical assistance, and training, as well as data and communications support to address health disparities to Iowa HHS Divisions and partner agencies.
Healthy People 2030 Objective	PHI-R03 Increase use of core and discipline-specific competencies to drive workforce development
Recipient Health Objective	From 2023-2026, the Health Equity Office will expand internal supports in three primary subject areas: community engagement, language access, and disability inclusion.
Total Program Allocation	\$226,936

Problem Information**Problem Description**

The newly established Health Equity Office will identify opportunities to address internal and systems level barriers to advancing equity and provide tailored consultation to HHS programs and services.

Iowa Health and Human Services (Iowa HHS) significantly expanded during realignment efforts in Iowa state government from 2021-present. In July 2023, additional state agencies joining Iowa HHS include the Department of Aging, Department of Human Rights, and Volunteer Iowa. Ensuring that all staff have the knowledge, skills, and abilities to address health equity within their respective areas requires additional FTE serving in tailored areas of expertise, as well as implementation of a health equity assessment to define areas for workforce development, leadership capacity, and expansion of systems supports for disability inclusion and language access.

Key Indicator:

One of the key indicators of whether we are providing appropriate levels of support are whether or not staff feel supported to incorporate health equity into their work. This would require that they have a working definition of health equity, resources or tools to support health equity understanding and integration, have the data to tell the story of disparities that may exist for specific populations, and know how to best work in partnership with communities to address these disparities.

Key Indicator Baseline:

62.9

Problem was prioritized by the following factor(s)

- Conducted, monitored, or updated a jurisdiction health assessment
- Conducted a topic- or program-specific assessment (e.g., tobacco assessment, environmental health assessment)
- Prioritized within a strategic plan

Program Strategy

Goal:

The Office of Health Equity will provide consultation, technical assistance, and training, as well as data and communications support to address health disparities to Iowa HHS Divisions and partner agencies.

SDOH Addressed by the Program:

This program is not specifically addressing a Social Determinant of Health (SDOH)

Program Strategy:

The Office of Health Equity has expanded work to support initiatives in most Iowa HHS divisions, partnered with the University of Iowa to improve health equity training, and expanded partnership and guidance to local public health departments to implement health equity learning.

Setting:

- Local health department
- State health department

Primary Strategic Partners:

Iowa HHS executive management, Human Rights staff, Communications staff, Performance staff, University of Iowa, Local Public Health Departments, internal health equity workgroup.

Evaluation Methodology:

Participants in any health equity training or consultation provided by the Office of Health Equity receive the opportunity to evaluate the experience through an online survey. Results are aggregated for each process and guide quality improvement for the training offerings.

Planned non-monetary support to local agencies or organizations:

- Technical Assistance
- Training

Program Budget for Block Grant Funds

Program Budget	
FY2023Basic Allocation	\$226,936
FY 2023 Sex Offense Allocation	\$0
Total Allocation	\$226,936

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program.

PHHS Block Grant funds made up 50-74% - Significant source of funding of the total program funding.

The other funds came from:

- State or local funding
- Other
 - State Department Indirect Funds

The role of PHHS Block Grant funds in supporting the program was to Enhance or expand the program

Amount of funding to populations disproportionately affected by the Problem: \$0

Amount of planned funding to local agencies or organizations: \$0

Type of supported local agencies or organizations:

FTEs (Full Time Equivalents)

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 2

Total FTEs Funded: 0.8

FTEs (Full Time Equivalents)

Full Time Equivalents positions that are funded with PHHS Block Grant funds. 2

Position 1 / 2 Title:	IA HHS Health Equity Director
Position Name:	Olivia Walker
Jurisdiction-level:	75%
Total	75%

This position is not vacant.

Position 2 / 2 Title:	ADA Coordinator
------------------------------	-----------------

Position Name:	
Jurisdiction-level:	5%
Total	5%

This position is vacant.

The plan to fill the vacant position is:

TBD

Target Population of Program 4 / 7

Program name:

FFY23 IA HHS Health Equity Office

Number of people served:

3200517

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other 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

Gender Identity:

- Male
- Female
- Transgender

Sexual Orientation:

- Gay (lesbian or gay)
- Bisexual
- Straight, this is not gay (or lesbian or gay)
- Something else

Geography:

Both

Location:

Iowa

Occupation:

All

Educational Attainment:

- Some High School
- Some College
- Graduate Degree
- High School Diploma
- College Degree

Health Insurance Status:

- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid
- Private Health Insurance

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

All

Program name:

FFY23 IA HHS Health Equity Office

Number of people served:

4500

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- 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

Gender Identity:

- Male
- Female
- Transgender

Sexual Orientation:

- Gay (lesbian or gay)
- Bisexual
- Straight, this is not gay (or lesbian or gay)
- Something else

Geography:

Both

Location:

Iowa

Occupation:

Iowa HHS Staff

Educational Attainment:

- Some High School
- Some College
- Graduate Degree
- High School Diploma
- College Degree

Health Insurance Status:

- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid
- Private Health Insurance

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

All

Program name:

FFY23 IA HHS Health Equity Office

Number of people served:

4500

Ethnicity:

- Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- 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

Gender Identity:

- Male
- Female
- Transgender

Sexual Orientation:

- Gay (lesbian or gay)
- Bisexual
- Straight, this is not gay (or lesbian or gay)
- Something else

Geography:

Both

Location:

Iowa

Occupation:

Iowa HHS Staff

Educational Attainment:

- Some High School
- Some College
- Graduate Degree
- High School Diploma
- College Degree

Health Insurance Status:

- Private Health Insurance

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

Part

Portion of the Program Target Population that Experiences Health Disparities

Number of people served:

450

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years
- 55 - 64 years
- 65 – 74 years
- 75 – 84 years

Gender Identity:

- Male
- Female
- Transgender

Sexual Orientation:

- Gay (lesbian or gay)
- Bisexual

- Straight, this is not gay (or lesbian or gay)
- Something else

Geography:

Both

Location:

Iowa

Occupation:

Iowa HHS Staff

Educational Attainment:

- Some College
- Graduate Degree
- High School Diploma
- College Degree

Health Insurance Status:

- Private Health Insurance

Primary Low Income:

No

Program Objective 1 / 4

Title of Program Smart Objective	FFY23 ADA Coordination
Program SMART Objective	By June 2024, Iowa HHS will hire an ADA Coordinator who will develop a disability inclusion plan for Iowa HHS.
Item to be measured	Accessibility of HHS Buildings
Unit to be measured	1
Baseline Value	0
Interim Target Value	1
Final Target Value	1

Problem Description:

Iowa HHS is in need of a coordinator to address disability inclusion for staff and clients.

Iowa HHS has many services to address the health and wellbeing of people with disabilities. As we bring together the new agency, we have identified improvements to address how we serve this population by development of an ADA (Americans with Disabilities Act) coordinator to ensure ADA compliance and to build best practices for disability inclusion. Work will include review of communications materials for accessibility, consultation with programs to better serve clients, building stronger partnerships with disability advocacy organizations in Iowa, and providing training to staff on ADA compliance and disability inclusion.

Key Indicator:

Around 1 in 4 people in the United States and in Iowa have a disability. Iowa HHS has a responsibility to ensure that this population receives services and communication that are responsive to their needs and ensure accessibility and inclusion. Many people with disabilities have to deal with unintended barriers to wellbeing including finding and retaining jobs, transportation and mobility, and quality accessible education. Iowa HHS will work to ensure physical spaces and communications are accessible to improve the quality of services and address any disparities that may exist in our services.

Baseline Value for the Key Indicator:

0

Intervention Summary:

The Office of Health Equity will develop a disability inclusion plan for the agency.

The Office of Health Equity will develop a disability inclusion plan that build on an analysis of current ADA compliance. This plan will address improvements and opportunities to create more inclusive physical spaces where clients are served as well as ensure 508 compliance.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

This is an area of work that has been coordinated across many disparate spaces but has been in need of a centralized coordinator and subject matter expert.

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 2

Accessible Communications

Summary:

The ADA coordinator will establish a process for engaging with the Iowa HHS Communications team.

Description:

During FFY23, the ADA Coordinator will work closely with the Iowa HHS Communications team to understand their current processes for ensuring communications materials are in compliance with the ADA. After initial analysis is completed, the ADA coordinator will work with Communications to develop a process for when the ADA Coordinator should be included in any development or review of materials that pass through the currently established communications requests and processes.

Activity 2 / 2

ADA Training

Summary:

The ADA coordinator will identify trainings to support ADA compliance.

Description:

The ADA coordinator will develop a process to review trainings related to disability advocacy and inclusion, as well as ADA compliance, that are appropriate for Iowa HHS staff to participate in. The ADA coordinator will work with the Health Equity Coordinator and Health Equity Director to approve and communicate the training offerings to HHS staff.

Program Objective 2 / 4

Title of Program Smart Objective	FFY23 Health Equity Assessment
Program SMART Objective	By July 2024, The Health Equity Office will implement a health equity assessment to provide guidance for the Health Equity Office strategic plan.
Item to be measured	Language Access Plan
Unit to be measured	1
Baseline Value	0
Interim Target Value	1
Final Target Value	1

Problem Description:

The Office of Health Equity will guide the implementation of a health equity assessment for the agency, with the intent to identify strengths in health equity approaches, as well as opportunities to improve the focus of Iowa HHS programs and services to improve their work to address health disparities.

Iowa HHS will conduct a health equity assessment consisting of analysis of current health equity initiatives, current capacity of the workforce to address health equity through specific skills related to community engagement and data methodology, and identify areas for improvement and expansion of work, resulting in an actionable roadmap for health equity work and focus.

Key Indicator:

One of the key indicators of a system that supports health equity is the ability of the workforce to meet the needs of the clients we serve, including specific needs regarding culture, language and accessibility. One of the major deliverables from the health equity assessment will be a language access plan for the agency, which will better determine whether we are meeting the linguistic needs of English language learners.

Baseline Value for the Key Indicator:

1

Intervention Summary:

The Office of Health Equity will develop a language access plan for the agency.

Iowa HHS will take reasonable steps to provide both non-English language speakers, as well as English Language Learners the appropriate timely and accessible options for written translation and live interpretation for services provided by the agency. This work is currently happening across each division in relevant areas, however with the establishment of the new agency and programs, there is a need to centralize the tracking of services and usage of the translation contracts, as well as analyze services provided for quality improvement.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

Ensure services are understood by clients regardless of English language proficiency.

Target Population same as the Program or a subset:

Sub-set of the Program

Objective Target Population**Number of people served:**

3200517

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other 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

Gender Identity:

- Male
- Female
- Transgender
- None of these

Sexual Orientation:

- Gay (lesbian or gay)
- Bisexual
- Straight, this is not gay (or lesbian or gay)
- Something else

Geography:

Both

Location:

Iowa

Occupation:

All

Educational Attainment:

- Some High School
- Some College
- Graduate Degree
- High School Diploma
- College Degree

Health Insurance Status:

- Uninsured
- Medicare

- Affordable Care Act Plan
- Medicaid
- Private Health Insurance

Primary Low Income:

Yes

Is the entire target population disproportionately affected by the Problem, or only part?

All

Activity 1 / 3

Health Equity Assessment Contract Management

Summary:

The Health Equity Director will manage any related contracts for the health equity assessment.

Description:

Iowa HHS has increased in size, with 10 newly established divisions. In order to conduct a health equity assessment, which will need multiple data collection practices, the Office of Health Equity will need to contract to support the data collection and analysis, review deliverables, and provide quality assurance.

Activity 2 / 3

Language Access Plan

Summary:

The Health Equity Office will guide the development and approval of an agency language access plan.

Description:

The health equity assessment will include a portion of work to determine the current processes in place to provide both written translation and language interpretation for clients. There are currently variances in how former state agencies have contracted and provided services, as well as a need for quality improvement for interpretation services including supports for rare dialects. The plan will provide guidance on best practices and establish formal processes for accessing services in a timely manner.

Activity 3 / 3

Health Equity Workforce Supports

Summary:

The Health Equity Assessment will provide analysis of workforce skills needs to support health equity.

Description:

An area of focus for the health equity assessment will be collecting direct staff and management self-reported data on skills and abilities related to integration of health equity into day to day work. There are many non-traditional public health programs and services where we need to establish a baseline of what is needed to support workforce capacity building. The data collected and analyzed will provide guidance on how to construct future training and consultation services for Iowa HHS staff.

Program Objective 3 / 4

Title of Program Smart Objective	FFY23 Health Equity Director
Program SMART Objective	By August 2024, the Health Equity Director will develop a four year plan to fully build the table of organization, functions, and supports for the Office of Health Equity.
Item to be measured	Participation in PHAB reaccreditation domain teams.
Unit to be measured	Number of teams
Baseline Value	0
Interim Target Value	2
Final Target Value	3

Problem Description:

The Office of Health Equity will guide the development of a strategic plan that outlines goals, actions, and initiatives to support Iowa HHS programs and services to address health disparities.

As a newly established focus area in Iowa HHS and within the Division of Strategic Operations, the Office of Health Equity staff have been establishing protocols and processes for technical assistance requests, establishing a health equity consultation process, implemented new trainings to support health equity skill building for staff, and identified a need for a health equity assessment for the new agency. As we further the systems development and analysis, the Office will need to refine it's current vision, functions, and focus to identify and expand efforts in areas of the agency which have not had a public health focus.

Key Indicator:

Ensuring that staff have the knowledge, skills, abilities, and behaviors to support health equity work, as well as ensure that divisions, programs, and services understand how to activate this knowledge in public health interventions are critical to public health systems development, Having an agency that values health equity, social inclusion, authentic engagement, and workforce equity also helps support workforce health and wellbeing.

Baseline Value for the Key Indicator:

1

Intervention Summary:

The Health Equity Director will provide guidance to Division leadership to ensure that health equity is integrated within essential public health services.

The Health Equity Director will work in partnership with the Public Health Division to assist with the public health reaccreditation process on health equity-related standards.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

Iowa HHS will be going through the reaccreditation process through the Public Health Accreditation Board. The new 2022 reaccreditation standards and measures have expanded their health equity focus and there is a need to coordinate and record health equity activities that will contribute to the reaccreditation process.

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 1

Reaccreditation Process Participation

Summary:

The Health Equity Director will participate in the reaccreditation process.

Description:

As needed and communicated, the Health Equity Director will participate in domain teams established during FFY23 to address and document required processes and activities for the PHAB reaccreditation process.

Program Objective 4 / 4

Title of Program Smart Objective	FFY23 Health Equity Implementation
Program SMART Objective	By August 2024, the findings of the health equity assessment will guide the establishment of new activities to support health equity specific workforce development activities including training, certifications, and convenings to support learning and engagement.
Item to be measured	Core Competency integration into Iowa HHS Health Equity Trainings
Unit to be measured	Number of trainings
Baseline Value	1
Interim Target Value	2
Final Target Value	4

Problem Description:

The health equity assessment deliverables will provide information that will be used to develop specific actions and activities that the Health Equity Office, management, and staff can take to build their health equity skills.

The purpose of the health equity assessment is to establish a new baseline for Iowa HHS to evaluate the current program and staff capacity to embed health equity into their work, and develop interventions to address health disparities across a wide range of issues. The deliverables of the assessment will lead to new functions of the office, and build on the previous work to provide in house trainings to staff, as well as consultation conducted by the Office of Health Equity staff. As the Office of Health Equity increases their staff capacity through the integration of the Department of Human Rights into Iowa HHS, there will be additional tasks and responsibilities that can be expanded to provide additional supports across Iowa HHS Divisions.

Key Indicator:

The Iowa HHS Strategic Plan, Iowa HHS Workforce Development Work Plan, and the Health Equity Office Strategic Plan should all include strategies that address health equity at the systems and staff level. The findings and deliverables from the health equity assessment will guide revisions and additions to the Health Equity and Workforce Development plans for the agency.

Baseline Value for the Key Indicator:

0

Intervention Summary:

The Health Equity Office trainings will integrate Core Competencies for Public Health Professionals into training for staff.

The Core Competencies for Public Health Professionals are a set of skills for people who work in public health settings, and has an explicit focus on equity as a core competency. Ensuring that all trainings integrate the competencies into continuing education will ensure that Iowa HHS staff have a workforce that can address public health priorities.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

Health People 2030, NACCHO, the CDC, and other national public health organizations use the Core Competencies for Public Health Professions to guide the knowledge, skills, and abilities that contribute to staff and agency performance.

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 3

Health Equity Certifications

Summary:

Office of Health Equity staff will identify and attain training and certifications to better assist them in providing tailored services to HHS staff and programs.

Description:

Analysis of skills gaps for staff and leadership will identify specific areas of focus to improve public health service delivery. To ensure that Health Equity Office staff are meeting the needs of staff and programs, there will be additional training and certifications that may be needed or required. The Health Equity Director and Coordinator will need to ensure they are proficient in equity coaching strategies, as well as in implementation of such services as the Intercultural Development Inventory.

Activity 2 / 3

Health Equity Conference

Summary:

The Office of Health Equity will host a health equity convening for Iowa health equity stakeholders in 2024.

Description:

Since the establishment of the Office of Health Equity in March 2022, there is an abundance of requests from external stakeholders to provide consultation, technical assistance, and trainings on health equity topics. There is a need within the state to bring together these partners to identify and address collective impact strategies to decrease disparities for racial and ethnic populations that live and work within Iowa.

Activity 3 / 3

New Health Equity Training

Summary:

The Office of Health Equity will create two new trainings related to the findings of the Health Equity Assessment.

Description:

One of the key findings from the health equity assessment will be the identification of skills gaps for staff who are currently working in public health initiatives. The results will assist the Office of Health Equity in creating additional trainings to address these skills gaps. Potential trainings may include: understanding data disaggregation, data equity in communications, authentic community engagement, or other key topics.

Program Description 5 / 7

Program Summary

Program Summary

Program Name	FFY23 Emergency and Trauma Services
Program Goal	The goal of the Bureau of Emergency Medical and Trauma Services is to promote and protect the health of Iowans through implementation of policy recommendations concerning the regulation, administration, and coordination of emergency and trauma services in Iowa.
Healthy People 2030 Objective	IVP-03 Reduce unintentional injury deaths
Recipient Health Objective	From 10/01/2021 to 10/01/2026, reduce the number of deaths from unintentional injuries by 5%.
Total Program Allocation	\$587,078

Problem Information**Problem Description**

Unintentional injury accounts for 70% of injury-related deaths in Iowa, with approximately 21,080 years of potential life lost, and continues to be the leading cause of death for Iowans ages 1-44.

Unintentional injury accounts for 70% of injury-related deaths in Iowa, with approximately 21,080 years of potential life lost and is the leading cause of death for Iowans ages 1 - 44. In April 1995, Iowa introduced the Trauma System Development Act. In January 2001, Iowa implemented an inclusive trauma system that included all 118 Iowa hospitals. Since the implementation, PHHS Block Grant funds have been used by the Bureau of Emergency Medical and Trauma Services to integrate out-of-hospital and hospital components of the EMS system into a continuum of care by supporting and maintaining the Iowa Trauma System to reduce the burden of injury in Iowa.

Key Indicator:

According to 2020 CDC WISQARS data, unintentional injury accounted for 70% of injury-related deaths in Iowa slightly down from 70.6% in 2019, but with approximately 21,080 years of potential life lost up from 18,652 and is the leading cause of death for Iowans age 1 – 44. Iowa’s trauma registry reports that from 2016 – 2021 the number of unique trauma patient encounters at hospitals in Iowa has increased by approximately 20%. This is attributed to an increase in data compliance through regulatory efforts supported by the PHHS block grant and an increase in traumatic injuries in Iowa.

Key Indicator Baseline:

The percentage of injury-related deaths in Iowa is 70% prior to beginning any funded activities.

Problem was prioritized by the following factor(s)

- Legislature established as a priority

Program Strategy**Goal:**

The goal of the Bureau of Emergency Medical and Trauma Services is to promote and protect the health of Iowans through implementation of policy recommendations concerning the regulation, administration, and coordination of emergency and trauma services in Iowa.

SDOH Addressed by the Program:

This program is specifically addressing a Social Determinant of Health (SDOH)

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

Program Strategy:

The mission of the Bureau of Emergency Medical and Trauma Services (BEMTS) is to promote and protect the health of Iowans through implementation of policy recommendations concerning the regulation, administration, and coordination of emergency and trauma services in Iowa. This program focuses on access to emergency care. BEMTS utilizes funding to support the EMS Field Coordinators, Trauma Program Manager, and Trauma System Coordinator to provide technical assistance to local services and complete program authorizations and trauma care facility verifications. The Bureau Chief is also partially financially supported to carry out strategic planning, supervision, organization and management of all aspects of BEMTS. This includes management of the rules that govern the EMS and Trauma System, overseeing compliance, monitoring, and disciplinary functions. While the bulk of funds are utilized to support the identified FTEs, the remaining funds are used to support the Iowa HHS Trauma Verification Survey Team reviews, travel expenses related to provision of technical assistance to EMS and trauma care facilities, and educational training opportunities.

Setting:

- Medical or clinical site
- State health department
- University or college

Primary Strategic Partners:

Authorized Iowa EMS Service Programs, Verified Iowa Trauma Care Facilities, 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	
FY2023Basic Allocation	\$587,078
FY 2023 Sex Offense Allocation	\$0
Total Allocation	\$587,078

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program.

PHHS Block Grant funds made up 75-99% - Primary source of funding of the total program funding.

The other funds came from:

- State or local funding

The role of PHHS Block Grant funds in supporting the program was to Maintain existing program (as is)

Amount of funding to populations disproportionately affected by the Problem: \$0

Amount of planned funding to local agencies or organizations: \$0

Type of supported local agencies or organizations:

- Other

N/A

FTEs (Full Time Equivalents)

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 5

Total FTEs Funded: 4

FTEs (Full Time Equivalentents)

Full Time Equivalentents positions that are funded with PHHS Block Grant funds. 5

Position 1 / 5 Title:	Trauma Program Manager	
Position Name:	Jill Wheeler	
Jurisdiction-level:		25%
Local		30%
Total		55%

This position is not vacant.

Position 2 / 5 Title:	Trauma System Coordinator	
Position Name:	Sarah Eason	
Jurisdiction-level:		50%
Local		50%
Total		100%

This position is not vacant.

Position 3 / 5 Title:	EMS Field Coordinator	
Position Name:	Katie Schlichting	
Jurisdiction-level:		50%
Local		50%
Total		100%

This position is not vacant.

Position 4 / 5 Title:	EMS Field Coordinator	
Position Name:	Steve Vannatta	
Jurisdiction-level:		50%
Local		50%
Total		100%

This position is not vacant.

Position 5 / 5 Title:	Bureau Chief	
Position Name:	Margot McComas	
Jurisdiction-level:		45%

Total	45%
-------	-----

This position is not vacant.

Target Population of Program 5 / 7

Program name:

FFY23 Emergency and Trauma Services

Number of people served:

3200517

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other 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

Gender Identity:

Sexual Orientation:

Geography:

Both

Location:

Iowa

Occupation:

All

Educational Attainment:

Health Insurance Status:

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

All

Program name:

FFY23 Emergency and Trauma Services

Number of people served:

3200517

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other 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

Gender Identity:

Sexual Orientation:

Geography:

Both

Location:

Iowa

Occupation:

All

Educational Attainment:

Health Insurance Status:

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

All

Program name:

FFY23 Emergency and Trauma Services

Number of people served:

3200517

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian

- Native Hawaiian or Other 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

Gender Identity:

Sexual Orientation:

Geography:

Both

Location:

Iowa

Occupation:

All

Educational Attainment:

Health Insurance Status:

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

All

Program name:

FFY23 Emergency and Trauma Services

Number of people served:

3200517

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other 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

Gender Identity:

Sexual Orientation:

Geography:

Both

Location:

Iowa

Occupation:

All

Educational Attainment:

Health Insurance Status:

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

All

Program Objective 1 / 3

Title of Program Smart Objective	FFY23 Trauma Care Facility Inspections
Program SMART Objective	Between 09/01/2023 and 09/30/2024 trauma program staff and the Iowa Trauma Verification Team members will inspect 30 Iowa trauma care facilities 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	Number of trauma care facilities inspected
Unit to be measured	Whole Number
Baseline Value	0
Interim Target Value	5
Final Target Value	30

Problem Description:

N/A - The problem is the same

N/A - The problem is the same

Key Indicator:

N/A - The problem is the same

Baseline Value for the Key Indicator:

0

Intervention Summary:

The Iowa Trauma System Coordinator and the Iowa Trauma Verification Survey Team members will conduct verification reviews of trauma care facilities to ensure legislatively defined criteria are met by facilities in order to provide optimal care of injured patients in Iowa.

Trauma verification criteria are legislatively determined and match the national standard for optimal care of injured patients set forth by the American College of Surgeons. The Iowa Trauma System Coordinator and the Iowa Trauma Verification Survey Team conduct thorough review of trauma centers in Iowa to ensure each center is meeting the criteria at the level of verification. Emphasis is placed on continuous quality improvement for the care of the injured patient, education and certification in trauma, and injury prevention and outreach.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

The mission statement of the American College of Surgeons Committee on Trauma is to develop and implement programs that support injury prevention and ensure optimal patient outcomes across the continuum of care. These programs incorporate advocacy, education, trauma center and trauma system resources, best practice creation, outcome assessment, and continuous quality improvement. Iowa is proud to benchmark hospitals against national guidelines for all levels of trauma care.

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 2

Conduct trauma care facility application review and on-site or virtual verifications

Summary:

The Iowa Trauma System Coordinator, State Trauma Program Manager, and Iowa Trauma Verification Survey Team will coordinate to inspect trauma care facilities in Iowa to renew the facilities verification status.

Description:

On-site or virtual reviews will be conducted minimally at the Iowa verified Level III trauma care facilities and Level IV trauma care facilities as funding and resources allow. Paper reviews will be conducted for Level IV facilities who 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 reviews.

Activity 2 / 2

Provide Educational Resources Statewide

Summary:

The Trauma System Coordinator or Trauma Program Manager will conduct monthly trauma webinars and a biennial trauma and preparedness conference to provide educational resources ensuring the optimal care of injured patients in Iowa.

Description:

The Trauma System Coordinator or Trauma Program Manager will conduct monthly trauma webinars via virtual format for all trauma care facility staff in Iowa. Emphasis will be on trauma education, trauma resource sharing, and technical assistance for meeting verification criteria. The state EMS, trauma, and preparedness programs will also conduct a biennial trauma and preparedness conference for trauma and preparedness partners in Iowa. Emphasis will be on trauma education and training, resource sharing, injury prevention, and partnership development.

Program Objective 2 / 3

Title of Program Smart Objective	FFY23 EMS Service Program Reauthorizations
Program SMART Objective	Between 09/01/2023 – 09/30/2024, the State of Iowa EMS field coordinators will complete reauthorizations of at least 25% of the currently authorized EMS service programs.
Item to be measured	Number of EMS Services Inspected
Unit to be measured	Whole Number
Baseline Value	897
Interim Target Value	90
Final Target Value	224

Problem Description:

N/A - The problem is the same

N/A - The problem is the same

Key Indicator:

N/A - The problem is the same

Baseline Value for the Key Indicator:

0

Intervention Summary:

The EMS field coordinators will conduct inspections of authorized EMS services to ensure legislatively defined criteria are met by services in order to take optimal care of injured patients in Iowa.

Reauthorization of EMS services are conducted at a minimum every three years. Reauthorization criteria are set by administrative rule through consultation with the EMS advisory council, national standards through the National Association of State EMS Officials, and the National Highway Traffic Safety Administration. The EMS field coordinators conduct thorough review of EMS services in Iowa at a minimum of every three year rotation to ensure each service is meeting the required criteria for optimal care of Iowa’s citizens. Emphasis is put on continuous quality improvement, education and certification, and vehicle standards, supplies, equipment and maintenance.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

Reauthorization of EMS services is conducted at a minimum every three years. Reauthorization criteria are set by administrative rule through consultation with the EMS advisory council, national standards through the National Association of State EMS Officials, and the National Highway Traffic Safety Administration.

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 2

Conduct reauthorizations of at least 25% of the currently authorized EMS service programs.

Summary:

The EMS field coordinators will conduct inspections of 25% of the authorized EMS services to ensure legislatively defined criteria are met by services in order to take optimal care of injured patients in Iowa.

Description:

The EMS Field Coordinators will conduct inspections. Emphasis will be on education, resource sharing, and technical assistance for meeting inspection criteria, and continuous quality improvement.

Activity 2 / 2

EMS Service and Medical Directors Workshops

Summary:

EMS Service and Medical Directors Workshops are required for all new service and medical directors of Iowa EMS services. Each service and medical director is also required to attend a workshop once every three years after the initial course.

Description:

The EMS Service and Medical Director Workshop provides current and incoming EMS leaders an overview of roles and responsibilities within the EMS system. Emphasis is placed on required duties, policy building, renewing authorization and the inspection process, and continuous quality improvement activities. The EMS Service and Medical Director Workshop will be held at a minimum quarterly.

Program Objective 3 / 3

Title of Program Smart Objective	FFY23 Stroke Registry License Support
---	---------------------------------------

Program SMART Objective	Between 09/01/2023 and 09/30/2024, the Bureau of Emergency Medical and Trauma Services will sustain 1 annual software license for the American Heart Association's Get With The Guidelines - Stroke registry system to serve as the state stroke registry.
Item to be measured	1 annual Get With The Guidelines - Stroke registry software license supported
Unit to be measured	Whole Number
Baseline Value	1
Interim Target Value	0
Final Target Value	1

Problem Description:

N/A - The problem is the same

N/A - The problem is the same

Key Indicator:

N/A - The problem is the same

Baseline Value for the Key Indicator:

0

Intervention Summary:

Iowa HHS will sustain Iowa's Stroke Registry by supporting the cost of the annual licensing fee for the American Heart Association's Get With The Guidelines - Stroke registry system, which serves as the stroke registry for the State of Iowa.

Iowa HHS will sustain Iowa's Stroke Registry by supporting the cost of the annual licensing fee for the American Heart Association's Get With The Guidelines - Stroke registry system, which serves as the stroke registry for the State of Iowa. The Iowa Stroke Registry was established in 2018, yet no State general funding was provided to support the registry. Iowa HHS was able to secure a grant from the American Heart Association to pay for the first full year along with funding from a chronic conditions grant program to support the 2018 and 2019 licensing fees. The PHHS Block Grant will provide a more sustainable source of funding to support the ongoing, annual costs of software licensing.

Type of Intervention:

Evidence-based intervention

Evidence Source:

- Other

American Heart Association

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.

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 1

Support 1 annual Get With The Guidelines - Stroke registry software license

Summary:

Iowa HHS will sustain Iowa's Stroke Registry by supporting the cost of the annual licensing fee for the American Heart Association's Get With The Guidelines - Stroke registry system, which serves as the stroke registry for the State of Iowa.

Description:

Iowa HHS will sustain Iowa's Stroke Registry by supporting the cost of the annual licensing fee for the American Heart Association's Get With The Guidelines - Stroke registry system, which serves as the stroke registry for the State of Iowa. The Iowa Stroke Registry was established in 2018, yet no state general funding was provided to support the registry. Iowa HHS was able to secure a grant from the American Heart Association to pay for the first full year along with funding from a chronic conditions grant program to support the 2018 and 2019 licensing fees. The PHHS Block Grant will provide a more sustainable source of funding to support the ongoing, annual costs of software licensing.

Program Description 6 / 7

Program Summary

Program Summary	
Program Name	FFY23 Strengthen Local Public Health
Program Goal	The goal of the program is to improve the ability of local public health system partners (local boards of health and local public health agencies) to meet the core public health functions and deliver essential public health services.
Healthy People 2030 Objective	ECBP-D07 Increase the number of community organizations that provide prevention services
Recipient Health Objective	Between 10/2023 and 09/2024, local governmental public health system partners in all 99 counties will receive education and technical assistance to assist them in assuring the core public health functions are met and the essential services of public health are delivered.
Total Program Allocation	\$480,124

Problem Information

Problem Description

The challenge for the Iowa Department of Health and Human Services (HHS), Division of Public Health is to not only maintain a strong local public health system (consisting of local boards of health and local public health agencies), but to build a thriving system that can weather all changes and threats.

Iowans look to local boards of health and local public health agencies to lead health efforts in their counties. However, the resources to provide high-quality public health services have not increased with the demand for additional public health services and activities. Low state revenues combined with the broader national economic situation has an unprecedented impact on the delivery of essential public health services. Public health agencies also continue to face critical budget shortfalls despite the public's appreciation and recognition of the importance of public health to all Iowans. In addition, the pressure on public health agencies to respond to emerging public health issues (i.e. COVID 19, Measles outbreaks, E-coli cases, public health concerns following natural disasters, and changes in the health care delivery system) has increased. Due to the issues mentioned above, the ability to provide education and technical assistance to local public health partners is even more critical today, especially in a decentralized state.

Key Indicator:

The key indicators for the problem include: 1) the number of new Board of Health members each year, 2) number of new public health administrators each year, and 3) the number of administrators that indicate they can meet foundational public health services measures.

Key Indicator Baseline:

1) 0; 2) 0; 3) 0

Problem was prioritized by the following factor(s)

- Conducted a topic- or program-specific assessment (e.g., tobacco assessment, environmental health assessment)

Program Strategy**Goal:**

The goal of the program is to improve the ability of local public health system partners (local boards of health and local public health agencies) to meet the core public health functions and deliver essential public health services.

SDOH Addressed by the Program:

This program is not specifically addressing a Social Determinant of Health (SDOH)

Program Strategy:

As a “home rule state,” each local board of health has jurisdiction over the public health matters within its designated geographic area. Prioritization of public health services is necessary as the local boards of health fulfill their roles of resource stewardship and oversight. Local boards of health must continually evaluate the need to increase or decrease services (or programs) based on the availability of funding, the agency mission, and community needs. Local board of health members are volunteers and come from various backgrounds. Newer board members may be lacking knowledge of public health services and community health needs and may not be comfortable with making these difficult decisions. Block Grant funds are used to support critical staff who provide assistance to, and make connections with, local and state public health partners. These staff include Regional Community Health Consultants and the Healthy Iowans Steering Committee Coordinator.

Setting:

- Community based organization
- Local health department
- State health department

Primary Strategic Partners:

Local public health agencies, local boards of health, and Iowa Department of Health and Human Services staff.

Evaluation Methodology:

The Local Public Health Services (LPHS) program located in the Division of Public Health will participate in performance management efforts. Results Based Accountability will serve as the methodology for monitoring and evaluating program services provided with Strengthening Local Public Health funds. These activities will help LPHS staff identify issues, areas of need, or areas for improvement. Performance management activities will also assist in making management decisions. A primary performance management goal for FFY23 is to monitor the quality of services provided by Regional Community Health Consultants (RCHCs) to local public health agencies and local boards of health across the state. Information gleaned from data collection, evaluation and analysis will lead to identification of actionable strategies for improvements in program operations and strategies of RCHCs.

Planned non-monetary support to local agencies or organizations:

- Technical Assistance
- Training
- Resources/Job Aids

Program Budget for Block Grant Funds

Program Budget	
FY2023Basic Allocation	\$480,124
FY 2023 Sex Offense Allocation	\$0
Total Allocation	\$480,124

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program.

PHHS Block Grant funds made up 50-74% - Significant source of funding of the total program funding.

The other funds came from:

- State or local funding

The role of PHHS Block Grant funds in supporting the program was to Maintain existing program (as is)

Amount of funding to populations disproportionately affected by the Problem: \$0

Amount of planned funding to local agencies or organizations: \$0

Type of supported local agencies or organizations:

FTEs (Full Time Equivalents)

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 6

Total FTEs Funded: 3.8

FTEs (Full Time Equivalents)

Full Time Equivalents positions that are funded with PHHS Block Grant funds. 6

Position 1 / 6 Title:	Regional Community Health Consultant
Position Name:	Heather Bombei
Jurisdiction-level:	5%

PHHS BLOCK GRANT INFORMATION SYSTEM – Iowa Department of Public Health 2023 Work Plan

Local	15%
Total	20%

This position is not vacant.

Position 2 / 6 Title: Regional Community Health Consultant

Position Name:	Diane K Anderson
Jurisdiction-level:	5%
Local	10%
Total	15%

This position is not vacant.

Position 3 / 6 Title: Regional Community Health Consultant

Position Name:	Dawn Mouw
Jurisdiction-level:	10%
Local	75%
Total	85%

This position is not vacant.

Position 4 / 6 Title: Healthy Iowans Steering Committee Coordinator

Position Name:	Katie Damon
Jurisdiction-level:	85%
Local	15%
Total	100%

This position is not vacant.

Position 5 / 6 Title: State PHHS Block Grant Coordinator

Position Name:	Lindsay Schmauss
Jurisdiction-level:	75%
Other	25%
Total	100%

This position is not vacant.

Position 6 / 6 Title: Regional Community Health Consultant

Position Name:	
-----------------------	--

Jurisdiction-level:	20%
Local	40%
Total	60%

This position is vacant.

The plan to fill the vacant position is:

Recruitment and hiring will take place in the first quarter of FFY23.

Target Population of Program 6 / 7

Program name:

FFY23 Strengthen Local Public Health

Number of people served:

1075

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years
- 55 - 64 years
- 65 – 74 years

Gender Identity:

- Male
- Female

- Transgender

Sexual Orientation:

- Gay (lesbian or gay)
- Bisexual
- Straight, this is not gay (or lesbian or gay)
- Something else

Geography:

Both

Location:

Statewide

Occupation:

All

Educational Attainment:

- Some High School
- Some College
- Graduate Degree
- High School Diploma
- College Degree

Health Insurance Status:

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

All

Program Objective 1 / 3

Title of Program Smart Objective	FFY23 Build Local Public Health Capacity
Program SMART Objective	Between 10/2023 and 09/2024, Regional Community Health Consultants (RCHCs) will provide education and technical assistance, aimed to support and build public health capacity, to local governmental public health system partners in all 99 counties.
Item to be measured	Unduplicated people, learning opportunities/trainings, and meetings attended
Unit to be measured	Number of people, learning opportunities/trainings, and meetings attended
Baseline Value	0

Interim Target Value	33
Final Target Value	99

Problem Description:

Maintaining a strong local public health system that can weather all changes and threats.

The challenge for the Division of Public Health is to not only maintain a strong local public health system (consisting of local boards of health and local public health agencies), but to build a thriving system that can weather all changes and threats. Due to limited resources, local boards of health must prioritize public health services while assuring their roles of resource stewardship and oversight. Local boards of health must continually evaluate the need to increase or decrease services (or programs) based on the availability of funding, the agency mission, and community needs. Local board of health members are volunteers and come from various backgrounds. Newer board members may be lacking knowledge of public health services and community health needs and may not be comfortable making difficult decisions without additional information. Block Grant funds are used to support critical staff who provide assistance to, and make connections with, local and state public health partners.

Key Indicator:

The key indicators for this objective are the number of new Board of Health members and new public health administrators oriented each year, number of learning opportunities and trainings held, and the number of local meetings attended.

Baseline Value for the Key Indicator:

0

Intervention Summary:

Regional Community Health Consultants (RCHCs) will provide necessary education and technical assistance to local Boards of Health (BOH) and Local Public Health Agencies (LPHA).

Regional Community Health Consultants, located in the Division of Public Health (DPH), provide necessary education and technical assistance to local boards of health (BOH) and local public health agencies (LPHA). Consultants assist local leaders in setting priorities so available resources are used in the most effective and efficient manner, assist BOH and LPHA in developing quality and effective services that are community-driven, culturally appropriate, and responsive to their community health needs assessment, and monitor the use of state tax dollars to meet these needs. Regional consultants are respected as public health experts. They understand what the provision of essential public health services is like at the local level and understand the effects funding cuts have on local public health. The RCHCs, through orientation, education, and technical assistance, provide local board of health members and local public health administrators with the information needed to perform their important work and play critical roles in making the governmental public health system in Iowa succeed.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

The RCHCs promote collaborative efforts with both state and local public health partners to assist local boards of health in assuring that local public health agency staff have adequate skills. They also assist agencies in building healthy communities by helping administrators obtain the resources necessary to assure the core public health functions are met and essential public health services are delivered. Much of this work is accomplished through one-on-one technical assistance, taking place at the local public health agency, requiring travel for consultants.

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 4

Maintain Relationships with Local Boards of Health

Summary:

Between 10/2023 and 09/2024, Regional Community Health Consultants will attend at least one local meeting in each county of their region to stay abreast of local public health issues or share information about current and emerging issues in public health practice (at least 99 total meetings).

Description:

As a “home rule state,” each local board of health has jurisdiction over the public health matters within its designated geographic area. Prioritization of public health services is necessary as the local boards of health fulfill their roles of resource stewardship and oversight. Local boards of health must continually evaluate the need to increase or decrease services (or programs) based on the availability of funding, the agency mission, and community needs. Attendance at local board of health meetings or other local public health meetings provide opportunities for RCHCs to stay abreast of local public health issues or share information about current and emerging issues in public health practice.

Activity 2 / 4

Orient and Educate New Local Board of Health Members

Summary:

Between 10/2023 and 09/2024, Regional Community Health Consultants (RCHCs) will provide orientation and education on the role of local board of health members to 90% of new members.

Description:

Local board of health members are volunteers and come from various backgrounds. Newer board members may be lacking knowledge of public health services and community health needs and may not be comfortable with making difficult decisions without additional information. Block Grant funds are used to support critical staff who provide assistance to, and make connections with, local and state public health partners.

Activity 3 / 4

Orient and Educate New Local Public Health Administrators and Key Personnel

Summary:

Between 10/2023 and 09/2024, Regional Community Health Consultants will complete an orientation process for 100% of the new local public health administrators and key personnel within six months of hire.

Description:

The RCHCs promote collaborative efforts with both state and local public health partners to assist local boards of health in assuring that local public health agency staff have adequate skills to do their work. They also assist agencies in building healthy communities by helping administrators obtain the resources necessary to assure the core public health functions are met and essential public health services are delivered. Regional consultants also assist LPHAs in clearly establishing and communicating their value and role in the health care system. Consultants work with LPHAs to capitalize on opportunities that help promote health and wellness where Iowans live, learn, work, and play.

Activity 4 / 4

Provide Learning Opportunities for Local Public Health Administrators

Summary:

Between 10/2023 and 09/2024, Regional Community Health Consultants will provide quarterly learning opportunities for local public health administrators to stay abreast of current and upcoming issues in public health practice.

Description:

The RCHCs promote collaborative efforts with both state and local public health partners to assist local boards of health in assuring that local public health agency staff have adequate skills to do their work. They also assist agencies in building healthy communities by helping administrators obtain the resources necessary to assure the core public health functions are met and essential public health services are delivered. Due to the ever-changing landscape, LPHAs must assume greater accountability and be at the forefront of discussions in the design and development of the overall strategic plan for improving health in their individual communities. Quarterly learning opportunities will be held as either in-person or virtual meetings.

Program Objective 2 / 3

Title of Program Smart Objective	FFY23 Build Population Health Capacity
Program SMART Objective	Between 10/2023 and 09/2024, Regional Community Health Consultants (RCHCs) will assist local governmental public health system partners in all 99 counties in building their population health capacity.
Item to be measured	Unduplicated counties
Unit to be measured	number of counties
Baseline Value	0
Interim Target Value	25
Final Target Value	99

Problem Description:

If you've seen one public health agency in Iowa, you've seen one public health agency.

As a “home rule state,” each local board of health has jurisdiction over the public health matters within its designated geographic area. Historically, interpretation of Iowa Codes 137 & 331 have been very literal. Although this interpretation has allowed local boards of health to meet some of the individualized needs of the residents in their counties, it has not established a basic level of public health practice statewide. Consequently, if you've seen one public health department in Iowa, you've seen one public health department. This has also led to confusion about what public health is (and what it is not) and varying degrees of implementation across the state. The interpretation has ultimately led to the fragmentation of Iowa's governmental public health system, making it very difficult to rise to a higher level of public health practice.

Key Indicator:

The key indicator for this objective are the number of counties implementing population health, specifically leadership and governance activities.

Baseline Value for the Key Indicator:

0

Intervention Summary:

Regional Community Health Consultants (RCHCs) will assist local boards of health (BOH) and local public health agencies (LPHA) in building their population health capacity.

Regional consultants, located in the Division of Public Health (DPH), provide necessary education and technical assistance to LBOH and LPHA. Consultants assist local leaders in setting priorities so available resources are used in the most effective and efficient manner, assist LBOH and LPHA in developing quality and effective services that are community-driven, culturally appropriate, and responsive to their community health needs assessment, and monitor the use of state tax dollars to meet these needs. Regional consultants are respected as public health experts. They understand what the provision of essential public health services is like at the local level and understand the effects funding has on local public health. The RCHCs, through education and technical assistance, provide local board of health members and local public health administrators with the information needed to perform their important work and assist in making the governmental public health system in Iowa succeed.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

The RCHCs promote collaborative efforts with both state and local public health partners to assist local boards of health in assuring that local public health agency staff have adequate skills to do their work. They also assist agencies in building healthy communities by helping administrators obtain the resources necessary to assure the core public health functions are met and essential public health services are delivered. Much of this work is accomplished through one-on-one technical assistance, taking place at the local public health agency, requiring travel for the consultants.

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 2

Assess Local Technical Assistance Needs

Summary:

Between 10/2023 and 09/2024, RCHCs will review work plans and bi-annual narrative reports to assess local public health agencies’ technical assistance needs in three (3) areas: leadership and governance, health promotion, and strengthening local public health infrastructure.

Description:

To understand where to focus resources, RCHCs will review work plans and bi-annual narrative reports to assess local public health agencies’ technical assistance needs in three (3) areas: leadership and governance, health promotion, and strengthening local public health infrastructure. Data from the Iowa Local Public Health Systems Survey will also be reviewed and input from local public health administrators will be requested. Information collected by RCHCs will be used to: develop leadership and governance resources, provide education or technical assistance regarding leadership and governance activities, or shared with other DPH staff so that they may assist local public health agencies or local boards of health to address needs.

Activity 2 / 2

Provide Leadership and Governance Resources

Summary:

Between 10/2023 and 09/2024, RCHCs will research best practices and develop, at a minimum, three (3) resources aimed at helping local public health administrators and local boards of health with implementing leadership and governance activities.

Description:

During the pandemic, Local Public Health Services (LPHS) staff asked the question, "What does public health in Iowa look like after COVID-19?" Staff used both quantitative data and lived experience to assess the strengths and challenges of the local public health system and identify opportunities for improvement. One conclusion was that there is not a basic level of public health practice across the state. This was partially because parameters for the use of funds provided by the state legislature to local public health agencies were not specifically defined by the state public health department. Using best practices, staff selected five objectives representing areas that every Iowan should expect from local public health in Iowa. Those objectives were categorized in to three focus areas: leadership and governance, health promotion, and strengthening local public health infrastructure. The use of the funds have since been defined by the LPHS program; population health (which includes the three focus areas) and non-population health (which includes home care services and other direct, individual services). In FFY23, RCHCs will research best practices and develop resources aimed at helping local public health administrators and local boards of health with implementing leadership and governance activities.

Program Objective 3 / 3

Title of Program Smart Objective	FFY23 Maintain Health Assessments and Plans Capacity
---	--

Program SMART Objective	Between 10/2023 and 09/2024, the Healthy Iowans Steering Committee Coordinator will coordinate and provide electronic and in-person technical assistance to a minimum of 15 groups or organizations on developing and implementing the state health needs assessment and improvement plan (SHA SHIP).
Item to be measured	Unduplicated groups/organizations
Unit to be measured	Number of groups/organizations
Baseline Value	0
Interim Target Value	5
Final Target Value	15

Problem Description:

The lack of a systems approach to planning due to siloed planning efforts.

All too often, health planning efforts take place in silos especially in decentralized states. When siloed planning happens, local planning efforts may not be informed by state data or plans (and vice versa) leading to a possible disconnect and the potential for mixed messages regarding policy development and funding priorities. To ensure future improvements in health outcomes, a systems approach must be utilized when assessing health needs and developing plans to meet those needs.

Key Indicator:

The key indicator for this objective is the number of groups/organizations involved in developing and implementing the state health needs assessment and improvement plan (SHA SHIP).

Baseline Value for the Key Indicator:

0

Intervention Summary:

The Healthy Iowans Steering Committee Coordinator will direct the Healthy Iowans steering committee and workgroup activities and provide electronic and in-person technical assistance to advisory groups, state agencies, state community planning groups and other organizations on developing and implementing the state health needs assessment and improvement plan (SHA SHIP).

As a part of the Health Assessments and Plans Team at Iowa HHS, the Healthy Iowans Steering Committee Coordinator will assist with planning and coordination of the SHA SHIP steering committee and workgroups, facilitate data collection and respond to requests, and assist with planning and implementation of the SHA SHIP process, known as Healthy Iowans.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

The health assessment and improvement plan process is a fundamental public health function. It brings partners together to talk about current health status, threats, and opportunities. It paints the picture of health in the state and assists partners in developing plans to cooperatively work together on the state's greatest health needs. This process is resource intensive; a team of individuals is necessary to do the work effectively and collaboratively. Having an individual serve in the role of Healthy Iowans Steering Committee Coordinator is essential to building and maintaining relationships with statewide partners and ensuring connections between state and local health planning and implementation efforts.

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 2

Ensure Linkages Between State and Local Planning Efforts

Summary:

Between 10/2023 and 09/2024, the Steering Committee Coordinator will assist with coordination efforts to connect the Healthy Iowans process with local community health assessments and plans (CHA CHIP), and develop frameworks for prioritizing community health issues and implementing improvement activities with community partners.

Description:

To ensure future improvements in health outcomes, a systems approach must be utilized when assessing health needs and developing plans to meet those needs. Health planning and implementation currently take place at the state level and 99 different ways at the local level. The Steering Committee Coordinator will be responsible for assisting with coordination efforts to connect the Healthy Iowans process to local CHA CHIP activities. The Steering Committee Coordinator will also be responsible for developing frameworks to help prioritize community health issues and implement improvement activities with community partners. This level of assistance is not currently in place.

Activity 2 / 2

Plan and Coordinate Healthy Iowans Steering Committee and Workgroups

Summary:

Between 10/2023 and 09/2024, the Healthy Iowans Steering Committee Coordinator will assist with planning and coordination of committees and workgroups, including arranging meeting logistics, developing agendas, facilitating meetings, and documenting meeting discussions.

Description:

To ensure continued progress with Healthy Iowans planning and implementation, the Steering Committee Coordinator will be responsible for leading committee and workgroups efforts. This role is key as a number of people serve on the Health Assessments and Plans team; however, all other team members' primary roles focus on activities outside of Healthy Iowans work. The Steering Committee Coordinator is 100% dedicated to Healthy Iowans.

Program Description 7 / 7

Program Summary

Program Summary	
Program Name	FFY23 Iowa's Title V Community-based Doula Project for African American/Black Women
Program Goal	The Title V Doula Project will improve maternal morbidity and mortality rates, increase early initiation of prenatal care, and improve rates of breastfeeding initiation among African American/Black women in participating service areas.
Healthy People 2030 Objective	MICH-08 Increase the proportion of pregnant women who receive early and adequate prenatal care
Recipient Health Objective	Between 9/01/22 - 8/31/26, Iowa HHS, in collaboration with local Title V agencies, community-based doulas and maternal health professionals at the University of Iowa seek to: Stabilize the maternal morbidity and mortality rates of African American/Black birthing people in Iowa, improve early entry to prenatal care rates for African American/Black identifying birthing people by 2%, and improve breastfeeding initiation rates by 1% for African American/Black identifying birthing people over the course of the next 4 years through the implementation of a culturally congruent, community-based doula program.
Total Program Allocation	\$116,607

Problem Information**Problem Description**

In Iowa, non-Hispanic, African American/Black women experience poorer pregnancy-related health outcomes and health behaviors, and initiate breast feeding at lower rates compared to non-Hispanic White women, non-Hispanic women of other races, and Hispanic women.

In Iowa, non-Hispanic African American/Black women experience poorer pregnancy-related health outcomes and health behaviors including a higher prevalence of severe maternal morbidity and later entry into prenatal care compared to non-Hispanic White women, non-Hispanic women of other races, and Hispanic women. In Iowa's most recent (May 2020) Maternal Mortality Review Committee, Iowa overall pregnancy-related mortality was 9.4 deaths per 100,000 live births. The rate for non-Hispanic White women was 6.0, for non-Hispanic African American/Black women 36.9, for Asian/Pacific Islander 23.5 and for Hispanic women 9.7. The Black/White ratio is 6.1, Asian/Pacific Islander/White ratio is 3.9 and the Hispanic/White ratio is 1.6. Additionally, non-Hispanic African American/Black women initiate breastfeeding at a significantly lower rate than non-Hispanic White women, non-Hispanic women of other races, and Hispanic women. Based on the birth certificate variable that asks if the woman was breastfeeding or pumping prior to hospital discharge, in 2015, sixty-four percent (64.5%) of non-Hispanic African American/Black women reported that they were breastfeeding or pumping prior to hospital discharge. In contrast, in 2020, more than eighty percent (82.4%) of non-Hispanic White women, seventy-nine percent (79.9%) of non-Hispanic women of other races, and eighty percent (80.4%) of Hispanic women reported that they were breastfeeding or pumping prior to hospital discharge. These trends have continued for 2016-2019, thus exemplifying the need for new strategies to close the gap in breastfeeding rates.

Key Indicator:

There are distinct population disparities in Iowa's severe maternal morbidity and mortality rates, first trimester prenatal care initiation, and breastfeeding initiation rates. Disparities in maternal health outcomes and maternal health behaviors leads to poorer birth outcomes for African American/ Black women and the infants they deliver. Severe maternal morbidity includes 20 International Classification of Diseases (ICD) conditions (SMM 20), plus blood transfusions (SMM 21), this information is obtained through hospital discharge data. The top five conditions included in the definition of SMM are disseminated intravascular coagulation, acute renal failure, hysterectomy, and eclampsia. The SMM rate is based on the number of cases per 10,000 delivery hospitalizations. Disparities exist in Iowa's maternal morbidity rates as well. Maternal mortality is measured as number of deaths per 100,000 births. Finally, breastfeeding initiation rates (measured as percentage of persons reporting pumping or breastfeeding at hospital discharge) and rates of first trimester initiation of prenatal care also exhibit population disparities.

Key Indicator Baseline:

1. Severe Maternal Morbidity rate 2018-2020 (Iowa): 75.4/10,000 births for women of color.

Problem was prioritized by the following factor(s)

- Conducted, monitored, or updated a jurisdiction health assessment
- Conducted a topic- or program-specific assessment (e.g., tobacco assessment, environmental health assessment)
- Identified via surveillance systems or other data sources
- Prioritized within a strategic plan

Program Strategy**Goal:**

The Title V Doula Project will improve maternal morbidity and mortality rates, increase early initiation of prenatal care, and improve rates of breastfeeding initiation among African American/Black women in participating service areas.

SDOH Addressed by the Program:

This program is specifically addressing a Social Determinant of Health (SDOH)

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

Program Strategy:

Iowa HHS will collaborate with community-based doulas, maternal health professionals at the University of Iowa, and local Title V Agencies to implement a community based doula program for African American/Black birthing people in 4 specific service areas within the Title V Maternal Health Program. The Doula Project will support diversifying the perinatal workforce through increasing the number of African American/Black identifying doulas by providing opportunities for certification and supported mentorships for newly trained doulas to become certified doulas. Doula participants will serve African American/Black identifying birthing people participating in the Title V maternal health program. Doula participants will receive additional training to become certified lactation consultants (CLC) so they are able to provide a broad spectrum of supports to Title V participants in order to increase breastfeeding opportunities. The Doula Project will be supported by a midwife consultant and evaluation consultant from the University of Iowa. Iowa HHS and its project partners will develop a presentation for healthcare providers and community partners on the importance of culturally congruent care, the support doulas are able to provide and the opportunities a strong partnership between healthcare providers and doulas can provide for pregnant women in order to increase health system awareness and support for doula services as a maternal health disparities reduction solution.

Setting:

- Community based organization
- Local health department
- Home
- Medical or clinical site
- Other
Hospital

Primary Strategic Partners:

Iowa HHS WIC Program, Local Title V Maternal Health Centers, U of Iowa, Unity Point Health Office of Community Engagement, other Doula Professionals.

Evaluation Methodology:

The evaluation will utilize a mixed methods approach including quantitative data collection and analysis of Doula Project participant outcomes (detailed in the program SMART objectives section), and compare those findings against non-intervention participant outcomes (women in the service area). In addition to the quantitative variables measured in the SMART objectives, infant birth weight, and successful referral to mental health care services based on identified symptoms, will also be reported annually. We will also report the number of doulas who are trained, certified, and certified as lactation consultants annually. The Doula Project will contract with an external evaluator (at the University of Iowa) to conduct qualitative data collection and analysis with project participants to better understand their interest in and experience with the Doula Project. Pre-/post-intervention surveys will include questions around pre/postnatal care access as well as satisfaction regarding the intervention experience. The pre/post intervention survey will also include quantitative evaluation on the knowledge level of healthy pregnancy topics and confidence in parenting skills. Qualitative data collection will also be conducted with the contracted doulas to better understand their experience with the project and to inform project strategies moving forward. Local Title V agencies will collect informed consent of all participants choosing to participate in this project.

Planned non-monetary support to local agencies or organizations:

- Technical Assistance
- Training

Program Budget for Block Grant Funds

Program Budget	
FY2023Basic Allocation	\$116,607
FY 2023 Sex Offense Allocation	\$0
Total Allocation	\$116,607

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program.

PHHS Block Grant funds made up 75-99% - Primary source of funding of the total program funding.

The other funds came from:

- Funding from NGO or non-profit organization

The role of PHHS Block Grant funds in supporting the program was to Maintain existing program (as is)

Amount of funding to populations disproportionately affected by the Problem: \$74,253

Amount of planned funding to local agencies or organizations: \$99,253

Type of supported local agencies or organizations:

- Local Health Department

- Other
Local Non-Profit Organization, Evaluation Contractor

FTEs (Full Time Equivalents)

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 1

Total FTEs Funded: 0.25

FTEs (Full Time Equivalents)

Full Time Equivalents positions that are funded with PHHS Block Grant funds. 1

Position 1 / 1 Title:	Project Planner
Position Name:	Bea Sanchez
Jurisdiction-level:	5%
Local	20%
Total	25%

This position is not vacant.

Target Population of Program 7 / 7

Program name:

FFY23 Iowa's Title V Community-based Doula Project for African American/Black Women

Number of people served:

36058

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- 5 - 14 years
- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years

Gender Identity:

- Male
- Female
- Transgender

Sexual Orientation:

- Gay (lesbian or gay)
- Bisexual
- Straight, this is not gay (or lesbian or gay)
- Something else

Geography:

Both

Location:

N/A

Occupation:

n/a

Educational Attainment:

- Some High School
- Some College
- Graduate Degree
- High School Diploma
- College Degree

Health Insurance Status:

- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid

Primary Low Income:

Yes

Is the entire target population disproportionately affected by the Problem, or only part?

Part

Portion of the Program Target Population that Experiences Health Disparities

Number of people served:

3027

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black

Age:

- 5 - 14 years
- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years

Gender Identity:

- Male
- Female
- Transgender

Sexual Orientation:

- Gay (lesbian or gay)
- Bisexual
- Straight, this is not gay (or lesbian or gay)
- Something else

Geography:

Both

Location:

NA

Occupation:

NA

Educational Attainment:

- Some High School
- Some College
- Graduate Degree
- High School Diploma
- College Degree

Health Insurance Status:

- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid

Primary Low Income:

Yes

Portion of the Program Target Population that Experiences Health Disparities

Number of people served:

3027

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black

Age:

- 5 - 14 years
- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years

Gender Identity:

- Male
- Female
- Transgender

Sexual Orientation:

- Gay (lesbian or gay)
- Bisexual
- Straight, this is not gay (or lesbian or gay)
- Something else

Geography:

Both

Location:

NA

Occupation:

NA

Educational Attainment:

- Some High School
- Some College
- Graduate Degree
- High School Diploma
- College Degree

Health Insurance Status:

- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid

Primary Low Income:

Yes

Program name:

FFY23 Iowa's Title V Community-based Doula Project for African American/Black Women

Number of people served:

36058

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native

- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- 5 - 14 years
- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years

Gender Identity:

- Male
- Female
- Transgender

Sexual Orientation:

- Gay (lesbian or gay)
- Bisexual
- Straight, this is not gay (or lesbian or gay)
- Something else

Geography:

Both

Location:

N/A

Occupation:

n/a

Educational Attainment:

Health Insurance Status:

- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid

Primary Low Income:

Yes

Is the entire target population disproportionately affected by the Problem, or only part?

Part

Portion of the Program Target Population that Experiences Health Disparities

Number of people served:

3027

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black

Age:

- 5 - 14 years
- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years

Gender Identity:

- Male
- Female
- Transgender

Sexual Orientation:

- Gay (lesbian or gay)
- Bisexual
- Straight, this is not gay (or lesbian or gay)
- Something else

Geography:

Both

Location:

NA

Occupation:

NA

Educational Attainment:

- Some High School
- Some College
- Graduate Degree
- High School Diploma
- College Degree

Health Insurance Status:

- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid

Primary Low Income:

Yes

Portion of the Program Target Population that Experiences Health Disparities

Number of people served:

3027

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black

Age:

- 5 - 14 years
- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years

Gender Identity:

- Male
- Female
- Transgender

Sexual Orientation:

- Gay (lesbian or gay)
- Bisexual
- Straight, this is not gay (or lesbian or gay)
- Something else

Geography:

Both

Location:

NA

Occupation:

NA

Educational Attainment:

- Some High School
- Some College
- Graduate Degree
- High School Diploma
- College Degree

Health Insurance Status:

- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid

Primary Low Income:

Yes

Program Objective 1 / 4

Title of Program Smart Objective	FFY23 Provide Culturally Congruent Doula Services
Program SMART Objective	By September 30, 2024, provide culturally congruent, community-based doula services, including prenatal, labor and delivery and postpartum services, to 100 African American/Black pregnant persons newly enrolled in the project.

Item to be measured	Number of birthing people newly enrolled in the project from all four service areas
Unit to be measured	Number of birthing people enrolled
Baseline Value	0
Interim Target Value	50
Final Target Value	100

Problem Description:

N/A Problem is the same

N/A Problem is the same

Key Indicator:

This intervention was chosen because it focuses on providing culturally congruent support for birthing people through an accessible means. The doula model of support provides unique intervention as the care providers are generally integrated into the community. Doula services assist in reducing rates of maternal morbidity and mortality. The Severe Maternal Morbidity rate 2018-2020 for Iowa was 75.4/10,000 births for women of color.

Baseline Value for the Key Indicator:

75

Intervention Summary:

The project will work with community partners to implement a community-based doula services program to serve birthing people who identify as African American/Black with culturally congruent care.

A local network of Title V Maternal Health Centers will work with existing community-based doulas who identify as African American/Black to serve birthing people in their communities with culturally congruent care. Iowa HHS and maternal health professionals at the Title V agencies will support this network of new and existing doulas with funding for certification training, educational skill-building opportunities and technical assistance to both serve birthing people and increase the culturally congruent doula workforce in Iowa. Doula candidates will go through their choice of any of the three approved certifying entities, DONA International, National Black Doula Training Association, or CAPP training courses. Doula candidates will then be mentored by existing doulas in the communities as they continue on their path to certification as a part of the project.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

This intervention was chosen because it focuses on providing culturally congruent support for birthing people through an accessible means. The doula model of support provides unique intervention as the care providers are generally integrated into the community.

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 2

Outreach plan to recruit birthing people

Summary:

Update outreach plan to recruit birthing people to participate in the program.

Description:

Iowa HHS staff, local Title V agencies, and community doula liaisons will work together to update an outreach plan to recruit birthing people in each participating community. Local Title V agencies and doulas will provide insight into their communities' unique needs and local community groups who will be important to collaborate with as program participants are recruited. Iowa HHS staff will contribute by supporting the local agencies and doulas with best practice information and organizational support as needed.

Activity 2 / 2

Build a network of certified doulas

Summary:

Grow a network of certified African American/Black doulas to provide services to clients, and mentorship to newly trained doulas in the service areas.

Description:

Iowa HHS will work with local agencies and community-based doulas to recruit doula candidates to complete the training workshop and certification process. There will be financial support for the training as well as reimbursement for the mentor support. Mentor support will consist of client-based support, business mentoring and business mentorship. The project will also encourage mentors to offer skill-building opportunities for doulas to continue to learn from doula peers. Certified mentoring doulas will provide core competency education and support during the certification process. These doulas will work with clients and additionally work with the Title V agency and other community partners to conduct outreach to recruit new potential doula candidates. Iowa HHS staff will work with Title V Agencies and project doula liaisons to develop guidance for Title V agency incorporation of doula services, including: client recruitment, doula sub-contracts, project implementation, outreach, and reporting processes.

Program Objective 2 / 4

Title of Program Smart Objective	FFY23 Increase Initiation of Early Prenatal Care
Program SMART Objective	By September 30, 2024, increase first trimester entry into prenatal care rates for program participants by 2% above the statewide average for African American/Black pregnant people whose deliveries are reimbursed by Iowa Medicaid.

Item to be measured	Entry to prenatal care in the 1st trimester of pregnancy for African American/Black birthing people
Unit to be measured	Percent increase of program participants who initiate prenatal care by the 1st trimester
Baseline Value	68
Interim Target Value	68
Final Target Value	70

Problem Description:

N/A Problem is the same

N/A Problem is the same

Key Indicator:

The Severe Maternal Morbidity rate 2018-2020 for Iowa was 75.4/10,000 births for women of color.

Baseline Value for the Key Indicator:

75

Intervention Summary:

Program partners will provide outreach to engage and educate African American/Black women on the importance of early initiation of prenatal care.

This intervention will include identifying community gathering places and groups (faith-based organizations, community resources for immigrants and refugees) where the population this project seeks to impact routinely frequent, but are not currently identified or served through Title V programming.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

In Iowa, African American/Black birthing people initiate prenatal care later in pregnancy than pregnant people of other race/ethnicities. Early initiation of prenatal care can reduce maternal and infant mortality and morbidity through early identification and treatment of risk factors for maternal and newborn outcomes.

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 1

Community outreach and education for early prenatal care access

Summary:

Identify new community groups and resources where outreach can be provided to African American/Black women.

Description:

Iowa HHS staff, local Title V agencies, project doula liaisons and community-based doulas will meet in the first quarter of the project to determine the best locations for outreach activities. From there, the collaborative team will develop a plan and materials to provide culturally congruent outreach regarding the importance of early prenatal care and about access to doula services to African American/Black women in the project area. The educational elements will be provided to all interested at the outreach sites. They will also have the opportunity to learn more about the doula project and the other services the Title V agency can assist with (presumptive Medicaid eligibility services for example). This outreach will continue through the entire project period. New outreach sites will continue to be added as they arise.

Program Objective 3 / 4

Title of Program Smart Objective	FFY23 Increase Breastfeeding Initiation Rates
Program SMART Objective	By September 30, 2024, increase breastfeeding initiation rates for program participants by 2% above the statewide average for the infants born to African American/Black pregnant people whose deliveries are reimbursed by Iowa Medicaid.
Item to be measured	Breastfeeding initiation
Unit to be measured	Percent of program participants who initiated breastfeeding in the hospital.
Baseline Value	70
Interim Target Value	70
Final Target Value	72

Problem Description:

N/A Problem is the same

N/A Problem is the same

Key Indicator:

N/A Problem is the same

Baseline Value for the Key Indicator:

70

Intervention Summary:

Program participants will be supported and educated by trained, culturally congruent doulas throughout the pregnancy and early postpartum period to encourage initiation of breastfeeding.

Doula care will be offered and provided to program participants beginning in the prenatal period and following through to the postpartum period. Working with pregnant people over the course of their pregnancy will give doulas the opportunity to thoroughly educate about the benefits of breastfeeding and discuss any barriers a participant may have, including past traumas that may influence their desire to breastfeed.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

In Iowa, African American/Black birthing people initiate breastfeeding at lower rates than those of other race/ethnicities.

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 1

Culturally congruent support for breastfeeding

Summary:

Culturally congruent support for breastfeeding

Description:

Identify and build culturally congruent, community supports for breastfeeding. Certified Lactation Specialist (CLS) trainings will be offered to all sub-contracted doulas as an opportunity to gain knowledge and become CLS certified. Title V agencies and community doula liaisons will identify existing community support for breastfeeding and determine where gaps exist. The doulas will work with existing lactation supports to encourage culturally congruent care. Doulas and Title V agencies will provide outreach to community organizations and groups to provide information and education about the doula project enrollment opportunities and highlight the breastfeeding support that will be offered.

Program Objective 4 / 4

Title of Program Smart Objective	FFY23 Increase Post-Service and Client Satisfaction Evaluation Survey Response Rates
Program SMART Objective	By September 30, 2024, increase survey response rates from 26% to 40% through the offering of an incentive to participating clients for survey completion.
Item to be measured	Completed Post-Service and Client Satisfaction Surveys
Unit to be measured	Percent of Post-Service and Client Satisfaction Surveys Completed

Baseline Value	26
Interim Target Value	26
Final Target Value	40

Problem Description:

Low response rates of project evaluation surveys.

Response rates for the project's post-doula services survey and client satisfaction survey are low. The data collected from the post-doula services survey is compared to the pre-doula services survey and used to measure the outcomes of having a birth doula. Both surveys are used to measure quantitative and qualitative data for the project's growth and development. Without enough data collected from surveys, project evaluation is at risk.

Key Indicator:

Surveys have the ability to show the project's objective measures and indicate target values.

Baseline Value for the Key Indicator:

26

Intervention Summary:

Incentive gift cards will be distributed by local Title V agencies, via the Department, to participating clients for the completion of evaluation surveys.

The Doula Project will use an incentive to increase survey response rates. Gift cards will be distributed by local Title V agencies, via the Department, to participating clients for the completion of post-service and client satisfaction surveys. During the project's first pilot project year, the return rate for both of these surveys was low, making it difficult to have enough data to show project impact and provide sufficient quantitative data for the evaluation report. Surveys are instrumental to the project's evaluation data and in the project's growth and development. With the use of gift cards to incentivize clients' time for completing both surveys, the aim is to increase survey response rates.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

There is a need to increase the number of surveys completed for post-doula services and client satisfaction in order to improve the project's data collection and evaluation efforts. Completed surveys will reflect the health care impact of doula services received and clients' satisfaction of services provided.

Target Population same as the Program or a subset:

Same as the Program

Distribution of incentive gift cards

Summary:

Iowa HHS will provide local Title V agencies with gift cards to WalMart to offer as an incentive to clients who complete the evaluation surveys.

Description:

Iowa HHS will provide local Title V agencies with nominal \$10 gift cards to WalMart for participants' completion of post-service and client satisfaction surveys. Offering the gift cards as an incentive is being initiated to increase the project's survey response rates. The Walmart store gift cards will be restricted, preventing the purchase of alcohol, tobacco and firearms. A total of 200 Walmart gift cards will be purchased for a total of cost of \$2,000. Local Title V agencies will have their own internal identifier tracking system, tracking the number of gift cards issued and to whom the gift cards are distributed. Client names will not be used, but rather de-identifiable labels such as "Client A" or "Client #". Tracking information, including the total number of gift cards distributed will be shared with the Department.