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## Financial and Human Resources Inventory *Iowa Comprehensive HIV Plan 2017-2021*

REGION	Midwest
PLAN TYPE	Integrated state-only prevention and care plan
JURISDICTIONS	State of Iowa
HIV PREVALENCE	Low

Iowa’s financial inventory and workforce development sections are detailed and provide all required information. An interesting and strong component to this jurisdiction is a result of the unique HIV/AIDS population/distribution in the state. Since Iowa does not have a large metropolitan hub, the prevalence is spread throughout the state. As a result, the workforce in the state is also dispersed. As a way to address this issue, Iowa has created “Centers of Excellence” which could be replicated for other states in a similar situation. The strength of the workforce development section is that it is separated by Center of Excellence. Each Center provides a description of their individual work and also provides short, precise action steps for needed services/resources.

### **SELECTION CRITERIA: FINANCIAL AND HUMAN RESOURCES INVENTORY**

Exemplary Financial and Human Resources Inventory sections met the following criteria (based on the Integrated HIV Prevention and Care Plan Guidance):

- Includes amount of financial resources from both private/public funding sources
- Description of how resources are being used and which components of the HIV prevention program or HIV Care Continuum is/are impacted
- Description of Workforce capacity including what resources/services are missing/lacking and steps to address



Additional exemplary plan sections are available online:  
[www.targetHIV.org/exemplary-integrated-plans](http://www.targetHIV.org/exemplary-integrated-plans)

# Financial and Human Resources Inventory

The geographic distribution of HIV in Iowa provides a unique and often overlooked context from which to assess levels of resources and to ensure their appropriate distribution. Iowa does not have a single epicenter of disease, such as a large metropolitan area, which would allow for efficiencies in the delivery of services. Instead, there are ten mid-sized (micropolitan) population centers that together contain just over 70% of PLWH. The Des Moines metropolitan area, Iowa's largest city, contains fewer than 30% of PLWH in Iowa. This creates an added challenge for delivering services. Expert services are needed in each of those ten population centers, but even this means that nearly one-third of PLWH must travel to reach one of these centers. It also means that Iowa's resources must be divided to support infrastructure, staff, and supplies in many different areas.

## **Financial Resources**

The table on the next two pages provides an inventory of public and private funding sources for HIV prevention, care, and treatment services in Iowa. Unless otherwise indicated, funding is indicated for the most recently completed fiscal year.

Resource	Dollar Amount	Funded Service Provider Agencies	Services Provided	HIV Care Continuum Steps Impacted
Medicaid	Total: \$7,273,953 (2011)	Iowa Department of Human Services	Medical	linkage through viral suppression
Corrections	\$1,035,225 (2014)	Iowa Department of Corrections	Testing all offenders upon entry; medications	diagnosis through viral suppression
HRSA RW Part B  Base+ADAP+-ADAP Supplemental+ADAP Emergency Relief	\$3,607,090 (2016)	Iowa Department of Public Health  Contractors: Siouxland Community Health Center, University of Nebraska Medical Center, Mid-Iowa Community Action Agency (MICA), North Iowa Community Action Organization (NICA), The Project of Primary Health Care, Cedar AIDS Support System (CASS), University of Iowa Hospitals and Clinics, Linn County Community Services, The Project Quad Cities, Finley Visiting Nurse Association	core medical services and support services	diagnosis through viral suppression
Rebates from ADAP	\$2,419,905 (2015)	Iowa Department of Public Health	Case finding, core and support services, capacity building, outreach services	diagnosis through viral suppression
State of Iowa Funding	\$547,982	Iowa Department of Public Health	ADAP	viral suppression
Ryan White Part B Supplemental	\$6,913,713 (2017)	Iowa Department of Public Health	Case finding, core and support services, capacity building, outreach services	Diagnosis through viral suppression
HRSA RW Part C	\$151,322  (46.4% of a total grant award of \$326,126 for services delivered in Iowa)	Genesis	Outpatient ambulatory health service and support services	linkage through viral suppression
	\$399,005	Primary Health Care	same as above	linkage through viral suppression
	\$253,450	Siouxland Community Health Center	same as above	linkage through viral suppression
	\$605,732	University of Iowa Health Care	same as above	linkage through viral suppression
	\$100,680  (28% of a total grant award of \$359,574 for services rendered in Iowa)	University of Nebraska Medical Center	same as above	linkage through viral suppression
HRSA RW Part D	\$15,730  (4.5% of a total grant award of \$349,571 for services rendered in Iowa)	University of Nebraska Medical Center	Outpatient ambulatory primary and specialty medical care and support services for women, infants, children, and youth	linkage through viral suppression

# Iowa Financial Resources Inventory

Resource	Dollar Amount	Funded Service Provider Agencies	Services Provided	HIV Care Continuum Steps Impacted
HOPWA	\$425,607	Iowa Finance Authority (IFA)  Project Sponsors: <ul style="list-style-type: none"> <li>• Primary Health Care</li> <li>• Siouxland Community Health Center</li> <li>• Cedar AIDS Support System (CASS)</li> <li>• The Project of the Quad Cities</li> <li>• University of Iowa Hospitals and Clinics</li> </ul>	Short-term rent and utility assistance, Tenant-based rental assistance, Supportive services	linkage through viral suppression
CDC Surveillance	\$194,237	Iowa Department of Public Health	HIV surveillance activities, including collection of HIV-related diagnoses and care indicators, data analyses and dissemination of data to stakeholders	measurement of all steps
CDC Prevention	\$753,824 (\$189,560 to 10 test sites and SHL)	Iowa Department of Public Health  Funded contractors: <ul style="list-style-type: none"> <li>• Black Hawk County Health Dept, Waterloo</li> <li>• Cerro Gordo Public Health, Mason City</li> <li>• Council Bluffs Health Department, Council Bluffs</li> <li>• Dubuque County, Dubuque</li> <li>• Polk County Health Department, Des Moines</li> <li>• Linn County Public Health, Cedar Rapids</li> <li>• Polk County Health Department, Des Moines</li> <li>• Primary Health Care, Des Moines</li> <li>• Scott County Health Department, Davenport</li> <li>• Siouxland Community Health Center, Sioux City</li> </ul>	HIV testing, counseling, and referral	diagnosis and linkage
Abstinence Education Grant Program	\$516,176 (\$300,000 to local agencies)	<ul style="list-style-type: none"> <li>• Unity Healthcare (Trinity Muscatine), Muscatine</li> <li>• Community Opportunities (New Opportunities), Carroll</li> <li>• Planned Parenthood of the Heartland, Linn and Polk Counties</li> <li>• Youth and Shelter Services, Story and Boone Counties</li> <li>• Iowa State University Extension Ctr, Statewide</li> <li>• Community! Youth Concepts, Polk County</li> <li>• Marshalltown Community School District, Marshalltown</li> <li>• University of Iowa Policy Center, Statewide</li> </ul>	HIV prevention education	diagnosis and linkage
Iowa's Personal Responsibility Education Project	\$514,313 (\$293,554 out to local agencies)	<ul style="list-style-type: none"> <li>• American Home Finding Association, Wapello County</li> <li>• Bethany for Children &amp; Families, Scott County</li> <li>• Cerro Gordo County Department of Public Health</li> <li>• Henry County ISU Extension</li> <li>• Marshalltown Community School District</li> <li>• Planned Parenthood of the Heartland; Polk, Pottawattamie, and Woodbury Counties</li> <li>• Women's Health Services of Eastern Iowa, Clinton County</li> </ul>	HIV prevention education	diagnosis and linkage
HIP Program	\$34,259	Iowa Department of Human Services	Helps attain or retain health insurance	linkage through viral suppression

# Iowa Financial Resources Inventory

## Human Resources and Workforce Capacity

Iowa has developed a system of “centers of excellence” for HIV primary medical care, with the centers being in or contiguous to the ten most populous counties that also have the highest prevalence of PLWH. There are five Ryan White Part C clinics available across the state (and in Nebraska), two Veterans Affairs clinics (Des Moines and Iowa City), and nine state correctional facilities that treat PLWH. In addition, all ten counties have at least one private infectious disease specialist and/or clinic that care for PLWH. Other FQHCs and safety net providers in the state refer patients to these centers of excellence and/or work collaboratively with the centers. Despite this, 22% of PLWH who responded to the 2016 Consumer Needs Assessment travel more than an hour to reach an HIV specialist.

Prevention service providers, mainly counseling, testing, and referral sites, are also evenly distributed throughout the state in similar centers of excellence in or near the ten most populous counties. There have been recent efforts to expand preventive services (mainly testing and PrEP/nPEP) throughout the state’s network of safety net providers, including 65 clinics in the Community-based Screening Services Program and the 13 state FQHCs. This would extend easier access to prevention services beyond the ten population centers.

The healthcare system in Iowa provides people living with HIV, and those at elevated risk, with a wide range of access to medical providers, including internal medicine and specialty and subspecialty providers located in community health centers, local health departments, hospitals, an academic medical center, family planning agencies, substance abuse treatment programs, and other community-based health and social service programs. These programs include a range of clinical and non-clinical staff, including HIV testing counselors, phlebotomists, medical case managers, behavioral health providers, and PLWH peers. These individuals often work directly, or in collaboration with, registered nurses, nurse practitioners, infectious disease physicians, and primary care providers.

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## Iowa Primary Care Association (IPCA) and Federally Qualified Health Centers (FQHC)

Iowa currently has thirteen FQHCs located within its borders with 36 locations





throughout Iowa and Illinois. Iowa also has one migrant worker health program with three locations across Iowa. The Community Health Center in Davenport was first FQHC in Iowa in 1975 and Peoples Community Health Center in Waterloo followed in 1976. During 2015, Iowa FQHCs served 184,520 patients, 5,846 homeless patients and 2,569 veterans. In total, 641,600 patient visits were completed, including 129,556 dental; 32,872 behavioral health; 1,168 substance abuse; 160 vision and 14,900 enabling services (ie case management, enrollment into other support services). Iowa's FQHC employees in 2015 amounted to a combined total of 1,350 full-time employees (FTEs). Iowa FQHCs received a total of \$32,207,006.00 in funding from the Health Resources and Services Administration's Bureau of Primary Health Care; \$6,517,362.00 in federal grants, including Ryan White Part C funding; and \$49,210,736.00 in state and local funding.

### Hospital and Medical Centers

There are 118 acute care hospitals; two Iowa-based Veterans Administration Hospitals (Iowa City and Des Moines) and one in Sioux Falls, South Dakota; and one major academic medical center, the University of Iowa Hospitals and Clinics (UIHC) in Iowa City. UIHC receives RW Part B and Part C funding and the University of Nebraska Medical Center receives RW Part C funding to serve southwest Iowa PLWH. There are three other RW Part C clinics in Iowa in Des Moines (Primary Health Care, Inc.), Sioux City (Siouxland Community Health Center), and Davenport (Genesis Health System).

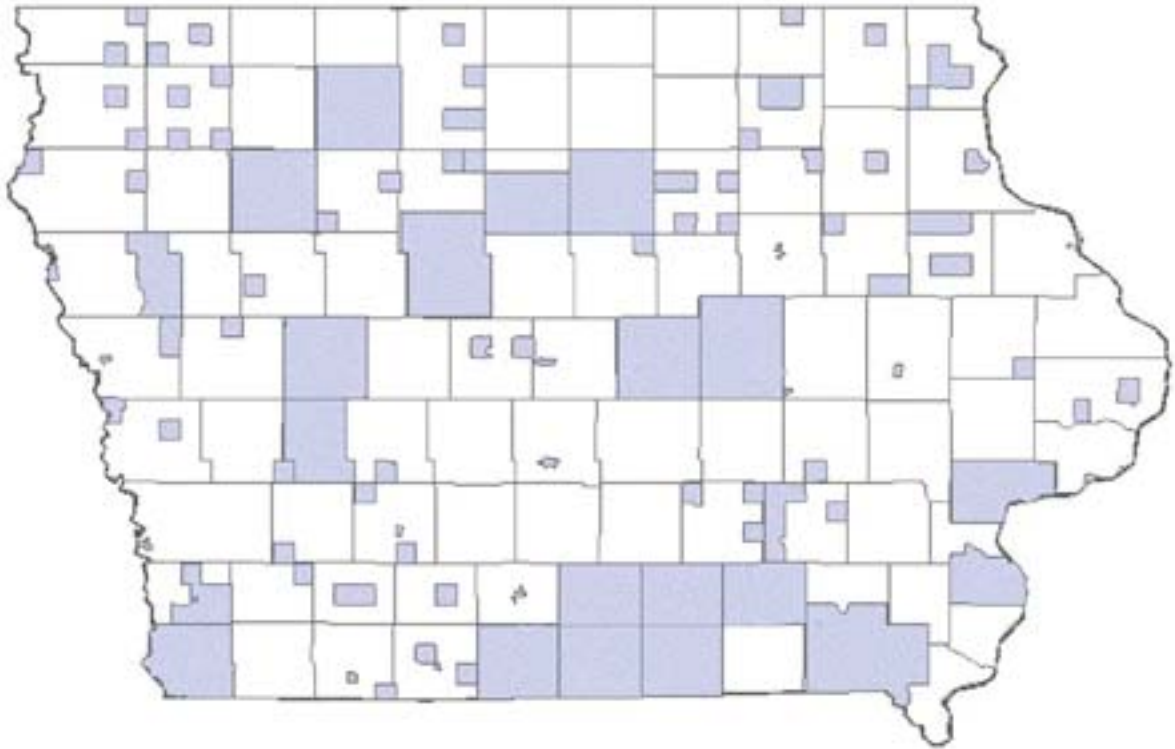
### Mental Health Programs

There are 25 accredited Community Mental Health Centers (CMHC) and 61 accredited Mental Health Services Providers in Iowa. There are also other providers of mental health services available through private organizations, hospitals, and other health care facilities. In 2015, Iowa closed two of the four state mental health facilities. This reduced the number of available state mental health hospital beds from 239 (2005) to 149 (2010) to 64 (2016). This reduction equates to 2 beds per 100,000 population. This is significantly lower than the national average of 11.7 beds per 100,000 population, which means Iowa has the fewest number of beds per 100,000 population in the nation.

The table below outlines the number of health care professionals currently (as of July 2016) providing specific health care services in Iowa.

Health Care Professionals, Iowa (July 2016)	
Occupation	Total
Physicians (all)	7,319
Primary Care Physicians	552
Physician Assistants	1,382
Registered Nurses	46,194
Licensed Practical Nurses	10,586
Nurse Practitioners	3,611
Dentists	1,546
Psychiatrists	221

## Medically Underserved Areas/Populations



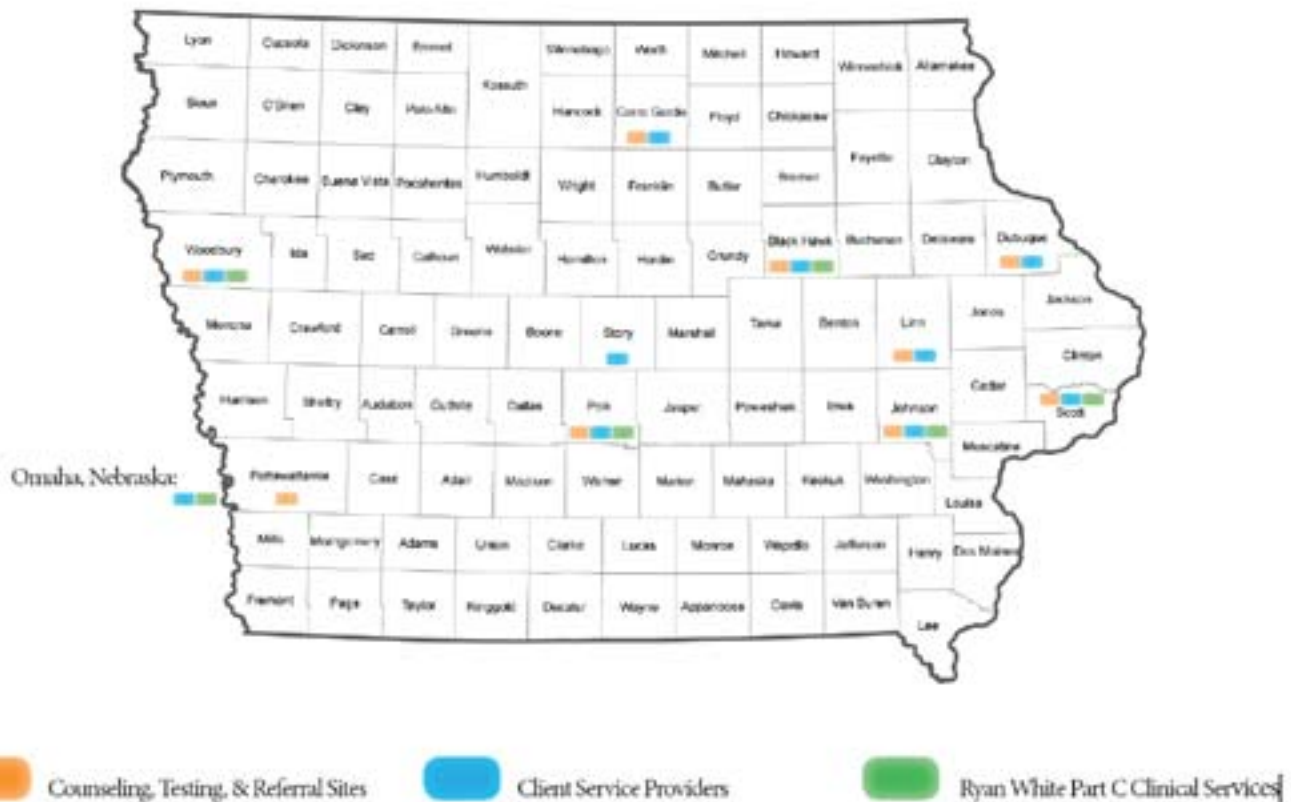
### Medically Underserved Areas

At least 19 of Iowa's 99 counties are considered to be medically-underserved areas. In addition, there are many more localized underserved areas spread throughout the state.

## Community Health Workers

Since the early years of Iowa's response to the HIV epidemic, health care workers such as case managers, outreach workers, health educators, and PLWH peers have played an important role in the HIV prevention and care service system. Iowa intends to utilize the Comprehensive HIV Plan to strengthen and diversify the HIV workforce and improve access to services for PLWH in Iowa.

### HIV Service Locations Throughout Iowa



Source: [2015 Health Profile, Center for Health Statistics, Iowa Department of Public Health](#)

## Funding to ensure continuity of HIV prevention, care, and treatment services

The funding available to programs along the HIV care continuum have unprecedented potential to provide continuity of HIV prevention, care and treatment services in Iowa. Though several of the funding sources listed in the resource inventory continue to have strict requirements on how the funding can and cannot be spent, some new funding sources do not have those same restrictions. In addition, the availability of additional resources has provided Iowa programs with the ability to provide more than the “bare-bones” programming that the jurisdiction has become accustomed to. For example, the addition of rebates through the ADAP program has not only eliminated the regular occurrence of ADAP waiting lists, common in the 2000's, but also allowed the expansion of testing, re-engagement, and other retention initiatives like housing.



## **Needed Services & Resources**

There are three main steps being taken in regard to resources for Iowa to better address the HIV epidemic: First is to increase targeted prevention funding. Since 2012 the funding provided by CDC to the health department for prevention efforts has dropped from \$1,600,000 to \$753,000 in Fiscal Year 2016. The CDC has stated that in FY 2018 the funding will be increased to \$1,000,000. The restoration of some of the funding lost will help to fill the gap in some of the state's prevention services. Next, steps have been taken to remove restrictive earmarks tied to state funding. Finally, efforts to secure Part B Supplemental funding to expand services in unprecedented ways and to address gaps and barriers described in the next session are underway. The addition of these resources, if promptly and efficiently implemented, have the potential to meet most goals and objectives laid out in this strategic plan and to change the tide of the HIV epidemic.