

A HUMAN CENTERED APPROACH TO HEALTH INFORMATION SYSTEMS



Dr. Cass Dorius



Dr. Shawn Dorius





AGENDA

TODAY WE WILL DISCUSS...:

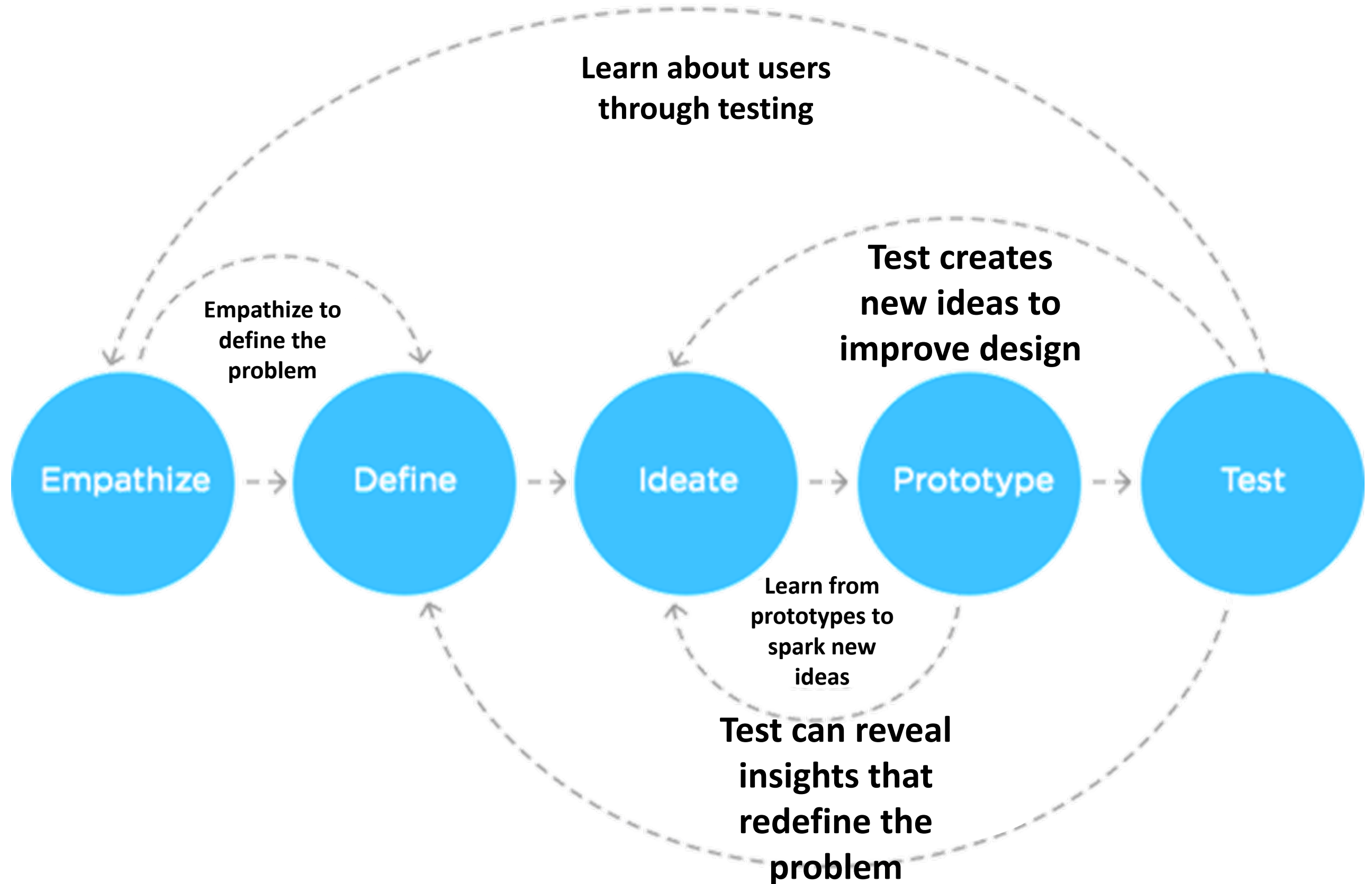
- 1. HUMAN-CENTERED DESIGN**
- 2. CASE STUDY 1- QUICK**
- 3. CASE STUDY 2- SLOW**
- 4. KEY TAKEAWAY: ENGAGE PEOPLE!!**



STATE OF IOWA DEPARTMENT OF
Health AND **Human**
SERVICES

Guiding Principle

Human Centered Design: Design Thinking





CASE STUDY

CREATING AN ONLINE STATE OVERDOSE SURVEILLANCE DASHBOARD
IN COORDINATION WITH THE LINKAGE TO CARE ADVISORY GROUP

Goals of the Substance Use Surveillance System

01

IMPROVE PREPAREDNESS

Improve the state's preparedness for public health emergencies, such as substance use outbreaks.

02

NEAR REAL-TIME

Enable near real-time, state-wide monitoring of substance use:

- Drug supply (prescription pills, alcohol sales)
- At-risk and emergent-risk populations (age and sex distributions)
- Spatial patterns of overdose deaths, emergent chemical risks and polydrug patterns

03

DATA INFORMED DECISIONS

Large streams of complex individual-level data get cleaned, anonymized, and presented as infographics, charts, and maps that help a wide range of stakeholders to make evidence-based, data-informed decisions.

Linkage to Care Workshop Series: Intentional Development to Maximize Impact



Develop Audience Profiles & Stakeholder Mapping

- (April 2021)
- Who will use
- Why do they want to use it
- What will they do with the information?
- Distinguish between informed & engaged stakeholders

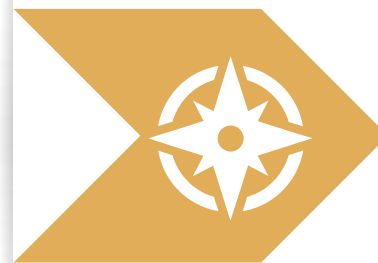


User Experience & Messaging

- (June 2021)
- Workshop elements of Personality, Language, Tone, and Purpose to develop consistent messaging for users

Mission & Vision

- (September 2021)
- Develop Team
 - Objectives
 - Values
 - Vision & Mission



Data Update & Data Discovery Workshop

- (December 2021)
- Data-to-Date Feedback
- Explore data & identify linkages & missing elements
- CLD3 Data Discovery Workshop

Governance

- (March 2022)
- Initiate development of structure of rules, processes & practices to manage program



What's next? Envisioning the future together

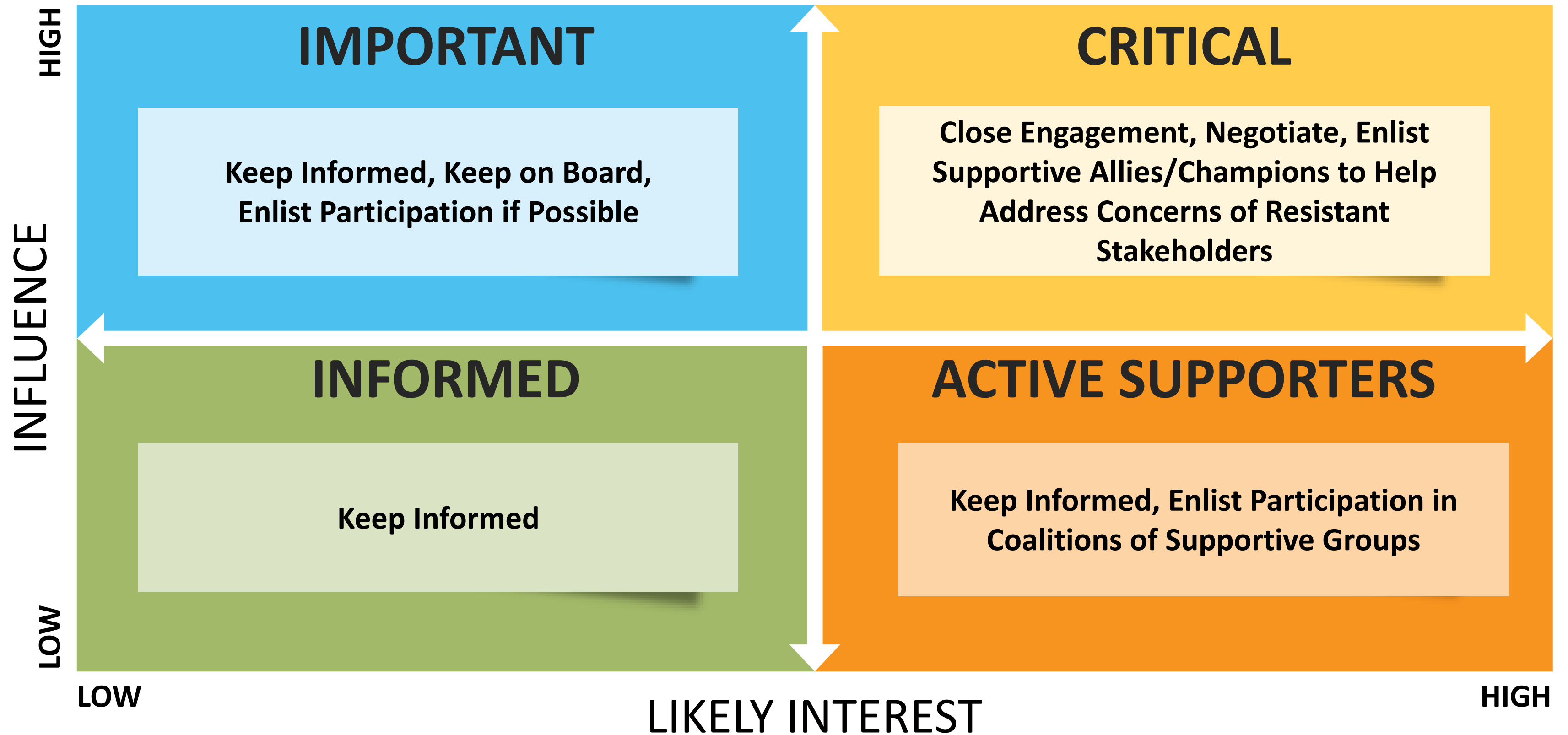
- (June 2022)
- Reporting out
- Design Thinking to create blueprint to move forward
- Workshop series close

Stakeholder Mapping & Target Audience Profiles

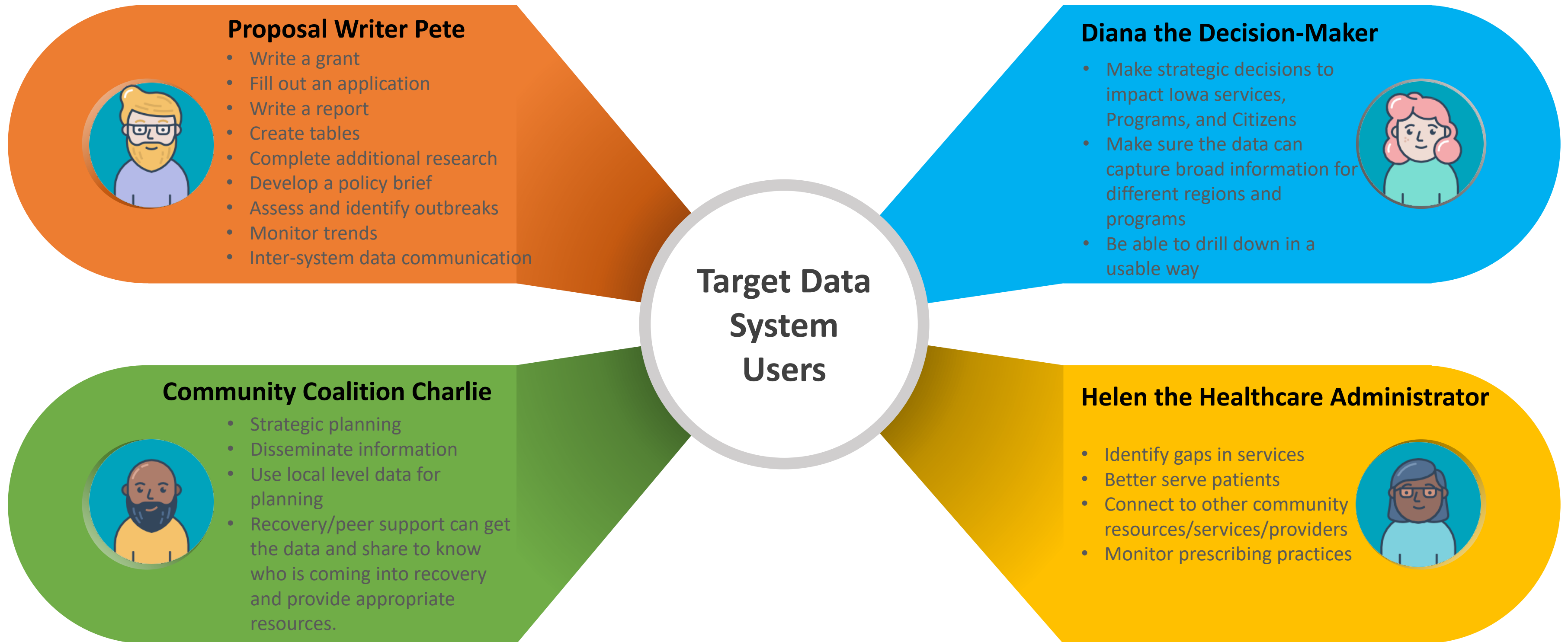
- Clearly defining stakeholders and key users of the data system (personas) gives a fuller understanding of the platform users.
- Helps make outreach, design, and content decisions to answer user-identified needs in an approachable and engaging way.
- Human-centered approach means *a better design tool to meet users' real-world needs.*



Stakeholder Mapping



Four Key Users of IHIP System



Opioid Health Information Platforms

Minnesota Department of Health

Download data [Drug Overdose Data Sources](#)
For county-level prescribing rates, visit the [Minnesota PMP 2019 Annual Report \(PDF\)](#). Rates start on page 15. Source: Minnesota Board of Pharmacy Prescription Monitoring Program.

Use and Misuse Among Youth

The percentage of Minnesota students using prescription pain medications without a prescription or differently than how a doctor instructed was higher in 2019 than in 2013. Inappropriate use by eighth grade students has increased steadily.

Year	Grade 11	Grade 9	Grade 8
2013	2.8%	1.8%	0.8%
2016	4.8%	2.9%	2.3%
2019	3.1%	3.5%	4.2%

Download data [Drug Overdose Data Sources](#)
Source: Minnesota Student Survey

Substance Use Disorder Treatment

Only 1 in 10 people with a substance use disorder receive treatment in the U.S.

Alcohol remains the primary substance used at admission to substance use disorder treatment for adults in Minnesota. In 2019, methamphetamine was the second leading substance used at admission to treatment.

Download data [Drug Overdose Data Sources](#)
Source: Minnesota Department of Human Services, BHD, DAANES

Drug Seizures

The amount of methamphetamine seized has increased since 2011, indicating

Missouri Opioids Information

DHSS Home > Data & Statistics > opioids

Resources

Opioid overdose deaths have steadily increased in Missouri. The devastating impact of opioid misuse and overdose places a tremendous burden on our families, communities, and healthcare systems. The Missouri Department of Health and Senior Services (DHSS) is committed to supporting those impacted by the opioid crisis through education, resources, and linkage to treatment. We know that every person saved from an overdose or connected with resources is a mother, father, sibling or child to someone else.

1 out of every 56 deaths in 2018 were due to Opioid Overdose

1,132 2018 Opioid Deaths

Missouri's data tell a troubling story: the opioid epidemic affects all genders, all races, and many age groups in both rural and urban Missouri communities. The impact is multi-dimensional and multi-generational. Trends indicate that misuse in our state, and nationwide, continues to affect people across all demographics. Each clickable image below provides linkages to data demonstrating the Death Toll, Burden to Healthcare, and Impact on the Future, of the opioid epidemic.

THE DEATH TOLL

The opioid epidemic, nationally and at home, continues to grow. In 2018, there were 1,132 Missourians who lost their lives due to an opioid overdose. That means one out of every 56 deaths statewide was attributed to opioid-involved overdoses. This is up from one in 65 deaths in 2017.

DEATHS DUE TO OPIOID OVERDOSES 2014 - 2018

THE BURDEN TO HEALTHCARE

Missouri Emergency Room (ER) data is a key data source that can be used to create a more detailed picture of the opioid crisis. This data can be used to identify high concentrations of opioid-related ER visits by geography and demographics and allow communities to respond more effectively by providing resources to areas and groups in most need.

Insurance Payers

Missouri Opioid Misuse Emergency Room Discharges (2016-2018)

Medicare	\$31,911,129
Medicaid	\$15,756,300
Other Payers	\$1,207,459
Estimated Emergency Room Total	\$116,733,575

THE IMPACT ON THE FUTURE

Neonatal Abstinence Syndrome (NAS) occurs most often when a mother experiences an opioid withdrawal during pregnancy. The withdrawal from opiate dependence can cause a neonatal abstinence syndrome (NAS) in the newborn. The withdrawal from opiate dependence can cause a neonatal abstinence syndrome (NAS) in the newborn.

NEONATAL ABSTINENCE SYNDROME (NAS) INFANTS DIAGNOSED WITH NAS IN MISSOURI (2016-2018)

Year	Neonatal Abstinence Syndrome	Potential neonatal expenses
2016	1,740	\$1.7M
2017	1,848	\$1.8M
2018	1,771	\$1.7M

DHSS' efforts to combat this epidemic are expansive. They include:

- Data tracking related to opioids misuse, to show where efforts are most needed and where progress is being made.
- Applying for and receiving grants to aid in the fight against the epidemic to support additional data tracking, awareness/outreach methods and connection to care.
- Expanding access to Narcan, through a standing order signed by DHSS Director, Dr. Randal Williams, to provide access to the medication free for emergency use in high schools, YMCA organizations, public libraries and colleges/universities.
- Pharmacists are authorized to dispense Naloxone without a prescription under another statewide standing order issued by DHSS.
- Naloxone training and distribution through the DHSS MORE program and partnering with the **MO HOPE Project**.
- DHSS, with funding from the CDC, is working to finalize county-level vulnerability assessments that will help identify areas of the state that are at the greatest risk for opioid overdoses and bloodborne infections, and findings will be used to allocate resources and target response and prevention services. The full report can be viewed [here](#).
- Establishing the Community Resource Response Team in St. Louis to reduce overdose deaths and homicides within the boundaries of the City of St. Louis, where overdose death

NEW YORK STATE COVID-19 Updates

Department of Health

New York State Prevention Agenda Dashboard - State Level

State Dashboard | County Dashboard | Sub-County | About This Site | Prevention Agenda 2019-2024

Filter by State Status on: All Met Not Met Change No Change Improved Worsened

Indicator Performance: ● Approved ● No Change ● Worsened

Improve Health Status and Reduce Health Disparities

Prevention Agenda (PA) Indicator

Indicator	PA 2024 Objective and Most Recent Data	Indicator Performance
1 - Percentage of premature deaths (before age 65 years)	PA 2024: 10.4 PA 2019: 10.8	● SIGNIFICANTLY IMPROVED
1.1 - Premature deaths (before age 65 years), difference in percentages between Black non-Hispanic and white non-Hispanic	PA 2024: 11.4 PA 2019: 11.3	● NO SIGNIFICANT CHANGE
1.2 - Premature deaths (before age 65 years), difference in percentages between Hispanic and white non-Hispanic	PA 2024: 10.5 PA 2019: 10.2	● NO SIGNIFICANT CHANGE
2 - Potentially preventable hospitalizations among adults, age-adjusted rate per 10,000	PA 2024: 104.1 PA 2019: 115.6	● SIGNIFICANTLY WORSEDED
2.1 - Potentially preventable hospitalizations among adults, difference in age-adjusted rates per 10,000 between Black non-Hispanic and white non-Hispanic	PA 2024: 104.4 PA 2019: 117.9	● SIGNIFICANTLY WORSEDED
2.2 - Potentially preventable hospitalizations among adults, difference in age-adjusted rates per 10,000 between Hispanic and white non-Hispanic	PA 2024: 103.8 PA 2019: 107.9	● NO SIGNIFICANT CHANGE
3 - Percentage of adults with health insurance, aged 18-64 years	PA 2024: 93.0 PA 2019: 92.9	● SIGNIFICANTLY IMPROVED
4 - Adults who have a regular health care provider, age-adjusted percentage	PA 2024: 81.8 PA 2019: 82.7	● NO SIGNIFICANT CHANGE

Data and Statistical Reports > Health Data Visualization > Opioid Prescriptions and Drug Overdoses County Data

Opioid Prescriptions Dashboards - County

County Dashboard | ACH Dashboard | County Data Table | ACH Data Table | State Data Table

Indicator Description:

The prevalence of prescription opioid use in the population. The number of patients, per 1,000 population, with at least one opioid prescription submitted to the PMP in a calendar quarter. Sex-adjusted rates are presented by age groups 0-9, 10-17, 18-24, 25-34, 35-44, 45-54, 55-64, 65-74, and 75+ years, and for all ages (age- and sex- adjusted).

Select a PMP Indicator

1. Patients Prescribed Any Opioid (Age Group: All)

DESCRIPTION: The prevalence of prescription opioid use in the population. The number of patients, per 1,000 population, with at least one opioid prescription submitted to the PMP in a calendar quarter. Sex-adjusted rates are presented by age groups 0-9, 10-17, 18-24, 25-34, 35-44, 45-54, 55-64, 65-74, and 75+ years, and for all ages (age- and sex- adjusted).

Time Selector (Map)

2020Q3

Select a County:

King

Patients Prescribed Any Opioid by County, 2020Q3, Rate per 1,000 population, All Ages (sex- and age-adjusted rate)

Rate: 32.1 to 83.0

Note: Select a county from the drop-down box above to compare rates in the time-series plot below. State rate is shown below as the black line with circle markers.

Rate

Calendar Year-Quarter

For more information: <https://www.doh.wa.gov/DataandStatistics/HealthDataVisualization>

Source: Washington Department of Health, Prescription Monitoring Program

California Opioid Overdose Surveillance Dashboard

Home | California Dashboard | Download State Report

Map | Graph | Table | Select Display Options

Geographic Distribution

Any Opioid-Related Overdose Deaths - Total Population, 2019
Age-Adjusted Rate per 100,000 Residents

2019 Rate per 100,000 Residents

Time Trend

Opioid Prescriptions (incl. bup.) - Total Population
Age-Adjusted Rate per 1,000 Residents

Annualized Quarterly Rate | 12-Month Moving Average

Bar Chart

Any Opioid-Related Overdose Deaths by Age Groups, 2019
Crude Rate per 100,000 Residents

Demographic Breakdown

Developed in R Shiny

Powered by: Centers for Disease Control and Prevention, Overdose Data to Action Grant, Enhanced State Opioid Overdose Surveillance Grant, Prevention for Opioid Crisis

Community Advisory Group feedback

What did you **love** about other state dashboards that we should mimic?

What did you **not like** that we should avoid at all costs?

How can Iowa's substance use dashboard **differentiate** itself from the crowd?

What do we want users to **be able to do** after visiting our website?

Minnesota: Minnesota Dashboard Link

Connecticut: Connecticut Dashboard Link

Category	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010
Age-Adjusted Rate of ED visits involving All Drug Overdoses in Connecticut	100.8	108.0 per 100,000	128.0 per 100,000	141	141	141	141	141	141	141
Age-Adjusted Rate of ED visits involving All Opioid Overdoses (excluding Heroin) in Connecticut	33.5 per 100,000	50.0 per 100,000	50.0 per 100,000	5	5	5	5	5	5	5
Age-Adjusted Rate of ED visits involving Heroin Overdoses in Connecticut	73.0 per 100,000	58.0 per 100,000	78.0 per 100,000	6	6	6	6	6	6	6
Age-Adjusted Rate of hospitalizations involving All Drug Overdoses in Connecticut	73.8	75.0	75.0	2	2	2	2	2	2	2
Age-Adjusted Rate of hospitalizations involving All Opioid Overdoses (excluding Heroin) in Connecticut	33.3	5.0	5.0	2	2	2	2	2	2	2
Age-Adjusted Rate of hospitalizations involving Heroin Overdoses in Connecticut	5.4	4.0	4.0	2	2	2	2	2	2	2
Rate of unintentional drug overdose deaths per 100,000 Connecticut Population	33.8	8.4	8.4	1	1	1	1	1	1	1
Rate of unintentional Prescription Opioid overdose Deaths per 100,000 Connecticut Population	8.5	6.7	6.7	1	1	1	1	1	1	1
Rate of unintentional Heroin overdose Deaths per 100,000 Connecticut Population	25.3	2.1	2.1	2	2	2	2	2	2	2
Rate of unintentional drug overdose Deaths involving Any Opioid per 100,000 Connecticut Population	31.5	5.0	5.0	1	1	1	1	1	1	1
Rate of unintentional Heroin overdose Deaths per 100,000 Connecticut Population	27.4	0.4	0.4	7	7	7	7	7	7	7

10. Also uses the "stoplight" color scheme to show trends

41. Some data points may be misleading without context

11. Graph shows age-adjusted trend and target rate

42. Graph is difficult to read, with too much text

12. Clickable tabs give more information about the data, about organizations working with the data, about current policy, and about goals



13. Story behind the curve tab gives background about the data, including explanations of terms and from where the data comes

California: California Dashboard Link

22. Very useful tutorial that does not require watching a video

23. Explanation of dashboard updates and data timeliness

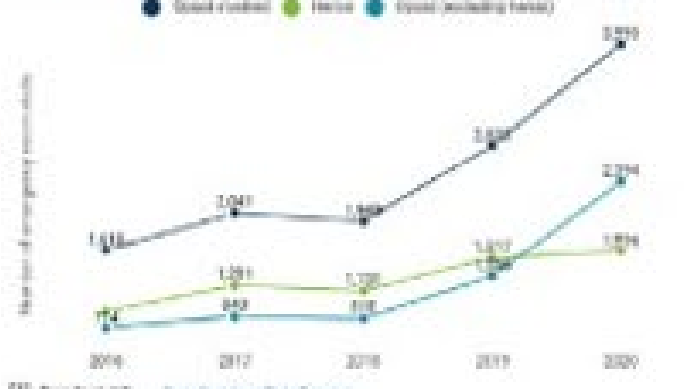
24. Resources page with state agency links and data sources

47. Dashboard maps and graphs on other tabs are slow to load and difficult to use

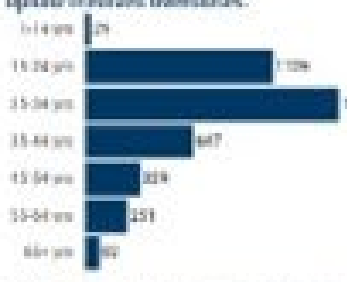
IHIP User Experience

Nonfatal Overdose

Emergency room visits for opioid-involved overdose substantially increased for all drug categories from 2019 to 2020, including heroin which remained stable.



In 2020, ages 15-24 years had the greatest number of ER visits for opioid-involved overdoses.



Males had more ER visits for opioid-involved overdoses in 2020.



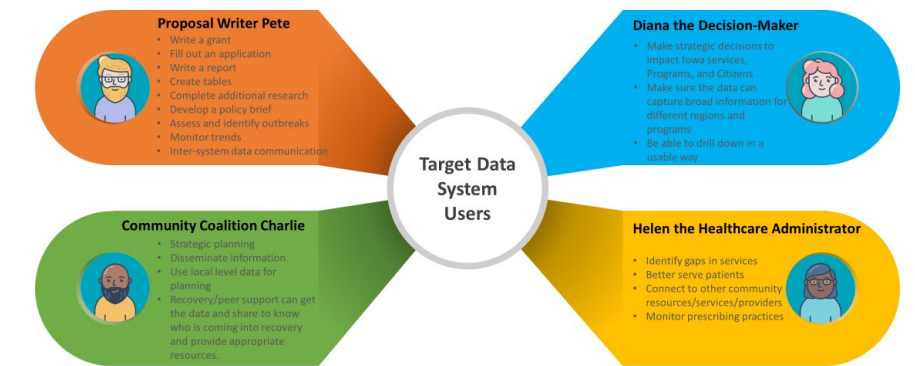
20. Gives quick overview and big picture, with simple, easy-to-read graphs

46. No interactivity, unable to see county trends or county maps

21. Provides main takeaway for each graph

How do L2C recommendations match the needs of our key users?

Four Key Users of IHIP System



Everyone needs:

- Demographics
- Basic estimates
- Tutorials
- Helpful links
- Descriptions of data
- Date of last update

Pete (proposals)

- Downloadable images
- Time trends

Charlie (coalitions)

- Stoplight color scheme
- Simple categories
- Easy-to-read charts

Diane (decisions)

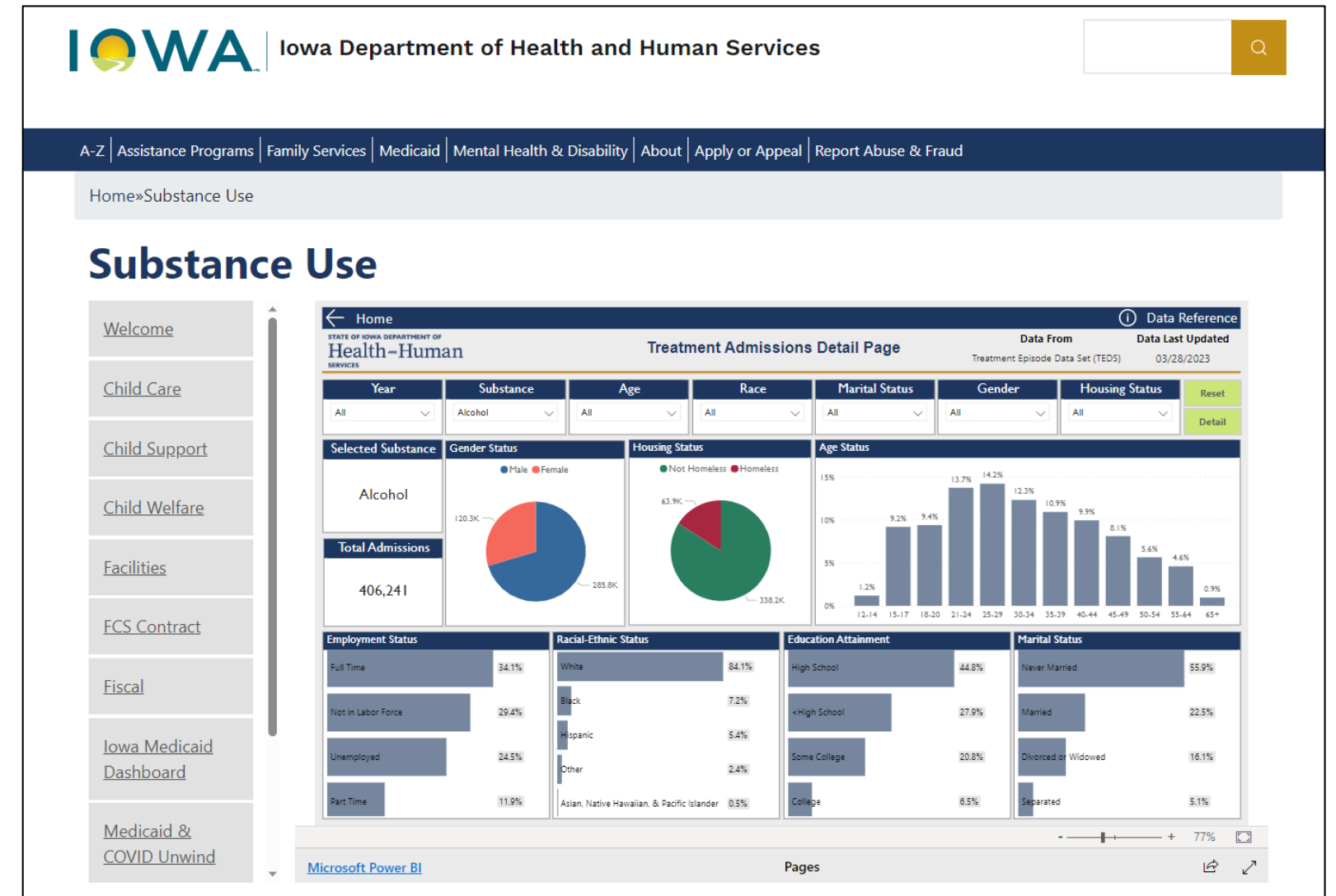
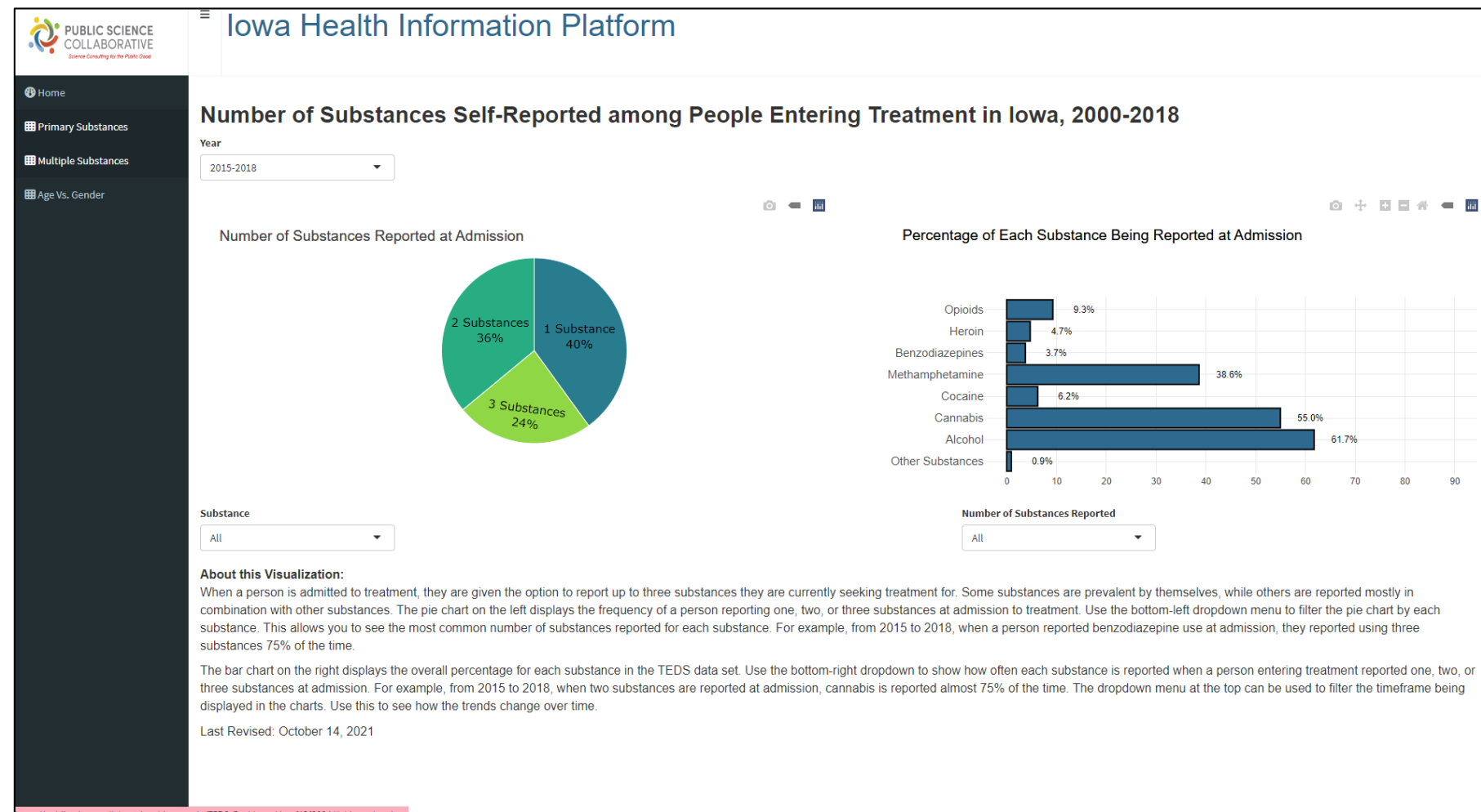
- Table of contents
- High chart interaction
- State initiatives

Helen (healthcare)

- Crosstabulations of demographic data with other key indicators

Linkage to Care: Prototyped & Iterated

Review of data conducted in R Shiny, dashboard built in Tableau , final dashboard in PowerBI





CASE STUDY #2

BUILDING A SUBSTANCE USE RECOVERY SUPPORT INFRASTRUCTURE (PHYSICAL AND ONLINE)



PUBLIC HEALTH NEEDED TO KNOW:

*What should new
RCCs know to be
successful?*



**43 in-depth
interviews with
people with lived
experience**



We asked national experts for advice

PSC interviewed 28 RCC and RCO leaders from across the country to get their advice on how to best build an RCC network in Iowa

RECOMMENDATIONS FROM LEADERS

Recovery Community Development Series
Public Science Collaborative
Ames, Iowa



Use Recovery-Specific Language

Creating a positive culture starts with using language that aligns with key principles of recovery. Vocabulary should differentiate treatment and recovery; conversations should discuss recovery as a long-term process.

Create Allies, Not Competitors

Through intentional outreach and marketing, recovery communities should maintain a collaborative mindset to partner with local services, not compete.

Engage in the Local Community

Reaching out to communities early and often through farmer's market tables, social media, or community events helps foster community trust.

Pay Recovery Staff

While volunteers are important, a core team of fairly compensated staff is necessary to provide efficient, reliable recovery care to the community.

Curb Certifications

Certification for roles like recovery coaches helps to specialize their positions, but avoid over-certification, which reduces hands-on recovery support.

Allow for Holistic Funding Models

Avoid fee-for-service or for-profit funding models. Instead, utilize a holistic funding model that recognizes the individuality of recovery, allowing for versatility and uniqueness that meets each person's needs.

Move at the Speed of Trust

Building an RCC or RCO is an exciting time full of possibilities, but take the time to create a portfolio filled with realistic, attainable goals that can assess the capacity of a new organization.

Be Open to Different Pathways

RCCs and RCOs should be open to multiple pathways of recovery. Service offerings should read like a buffet menu with multiple options for anyone to choose from. The success of the recovery community relies on the ability of the organization to recognize, serve, and celebrate individuality and diversity within the recovery experience.



PUBLIC HEALTH NEEDED TO KNOW:

*Which Iowa
communities are
recovery ready?*

RECOVERY READY COMMUNITY INDEX

Iowa's Recovery Conference 2023
Public Science Collaborative
Ames, Iowa



Understanding RRCI Scores

The Recovery Ready Community Index (RRCI) measures a community's readiness for recovery by evaluating its existing substance use recovery resources. This measure identifies a community's readiness and ability to respond to substance use and support community members in recovery. The RRCI is measured by capturing a community's:

1) Breadth of Services

Providing multiple pathways to recovery is critical to successful, sustainable recovery. The RRCI measures the breadth of a community's recovery services by assessing the number of services provided.

2) Depth of Recovery Resources

Communities with various options for recovery resources provide more rapid, customizable, and culturally appropriate care. Depth is calculated by ranking Iowa communities by number of resources in each service and taking an average of the rankings across services. This measure highlights communities with a wealth of resources across all services.

3) Size of Recovery Culture

Size refers to the number of weekly recovery meetings in a town, city or county. Places with many meetings can create a strong recovery culture. Engagement in the culture is not a direct reflection of population size.

4) Recovery Strength

The recovery culture's strength, or vibrancy, is measured by calculating the total number of weekly recovery meetings against the number of meetings a community is predicted to have based on their population, allowing for a more equitable comparison among Iowa's small and large towns.

Discovering Recovery Communities

Communities with high RRCI scores are known as Recovery Ready Communities and are well-positioned to add a Recovery Community Center (RCC) to their recovery infrastructure. An RCC is a community hub connecting people in recovery with peer support and resources to improve recovery capital and sustained recovery.

In 2020, the index was used to select six Iowa communities of diverse sizes and demographics based on their RRCI rankings as potential locations for opening new RCCs. Working in collaboration with DHHS, the Public Science Collaborative led extensive community engagement in those communities, resulting in RCCs being opened in June of 2022 in Cedar Rapids, Council Bluffs, Des Moines, and Sioux City.

The Future of RRCI

The RRCI was originally created using a point-in-time snapshot of community resources in 2020. Since then, the Public Science Collaborative (PSC) has continued to expand the recovery data infrastructure that supports recovery-iowa.org's resource finders. PSC plans to use this new 2023 data to update the RRCI, as well as reevaluate the RRCI and work to provide sub-indices that can give communities more information and granularity about their recovery resources. This work will support the goal of identifying Recovery Ready communities that can build new, additional RCCs in Iowa.

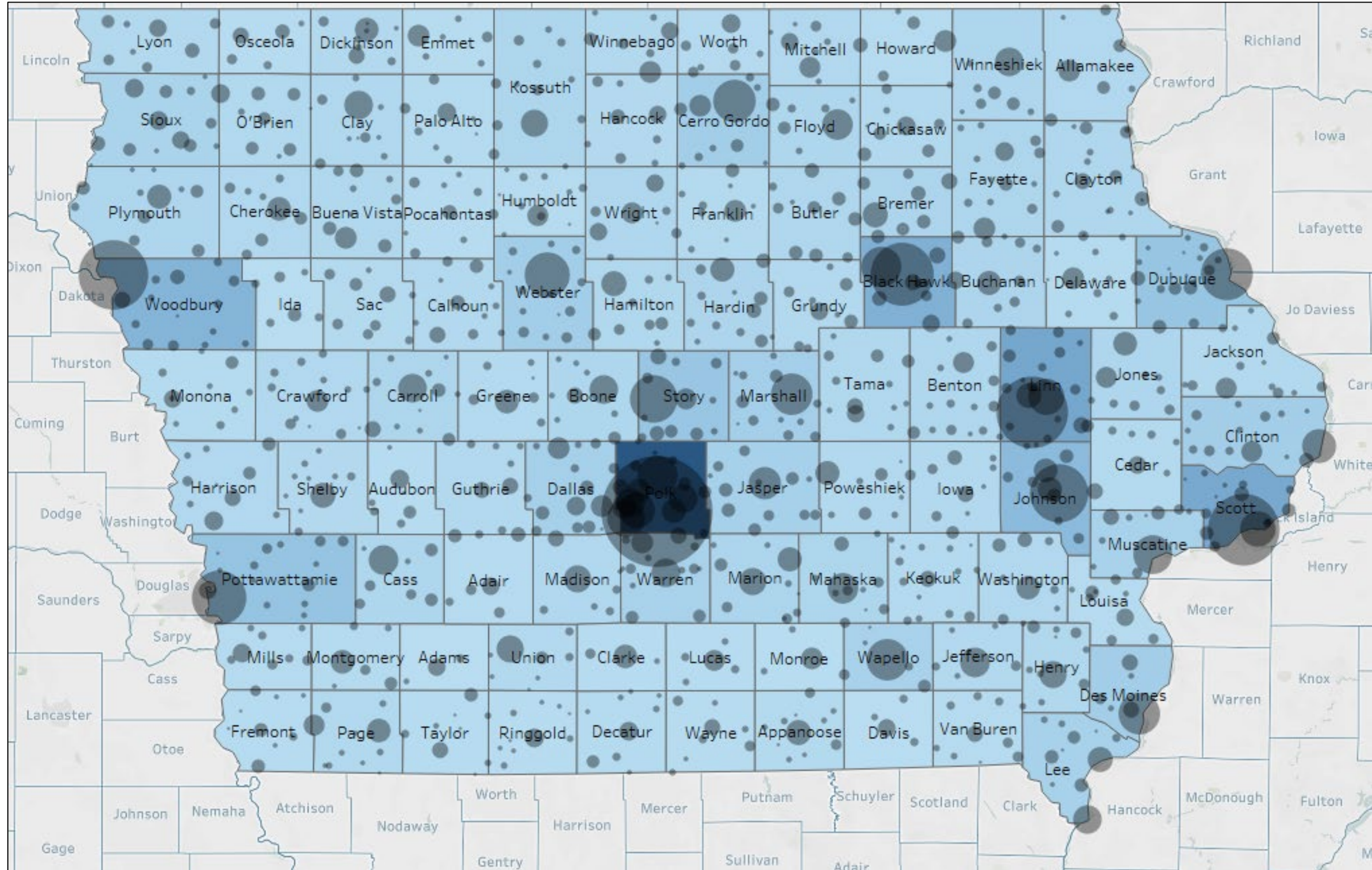
Scan here to learn more! →



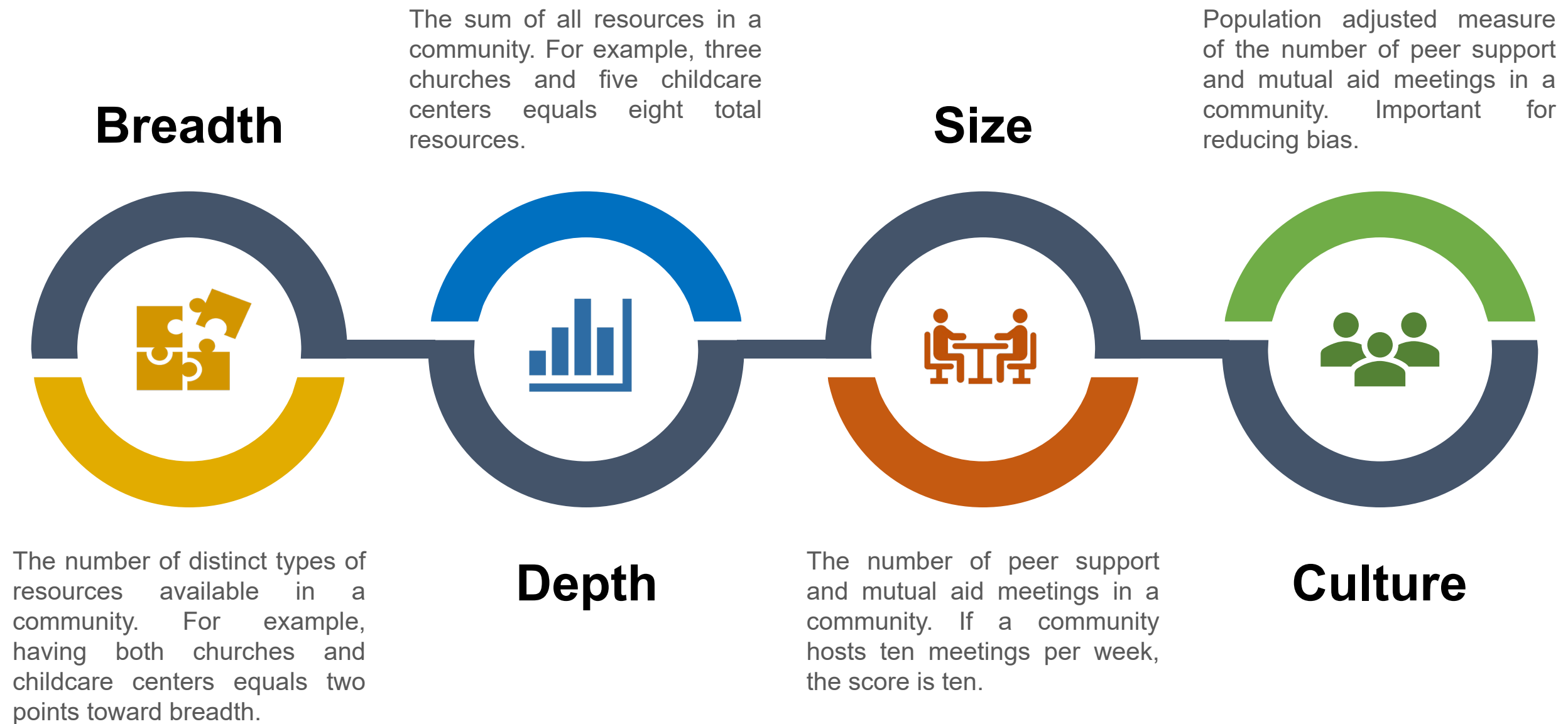
IOWA'S COMMUNITY RESOURCES



MAP RECOVERY RESOURCES

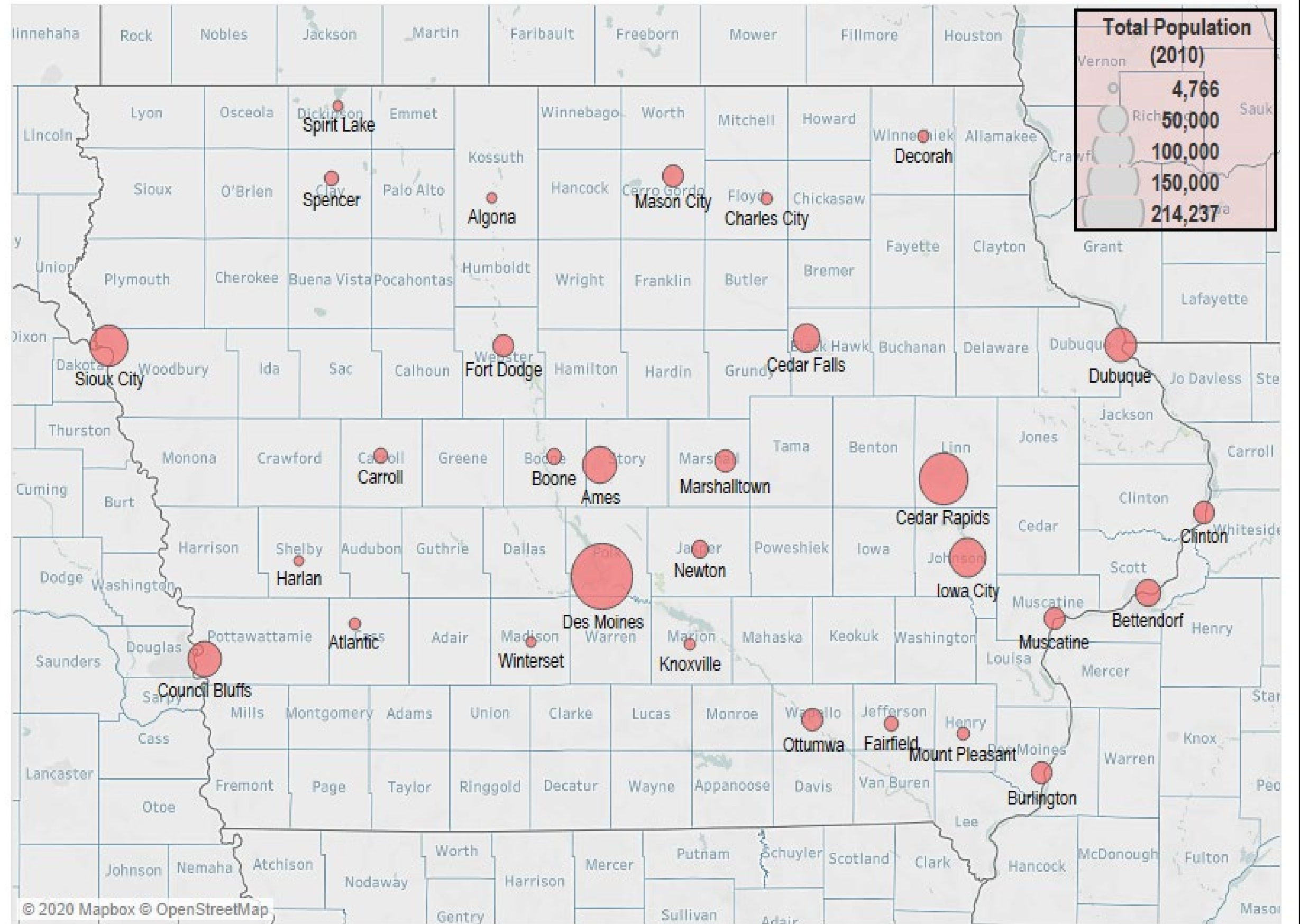


RECOVERY READY COMMUNITY INDEX



IDENTIFIED 30 RECOVERY READY COMMUNITIES ACROSS THE STATE

TOP 30 RECOVERY READY COMMUNITIES

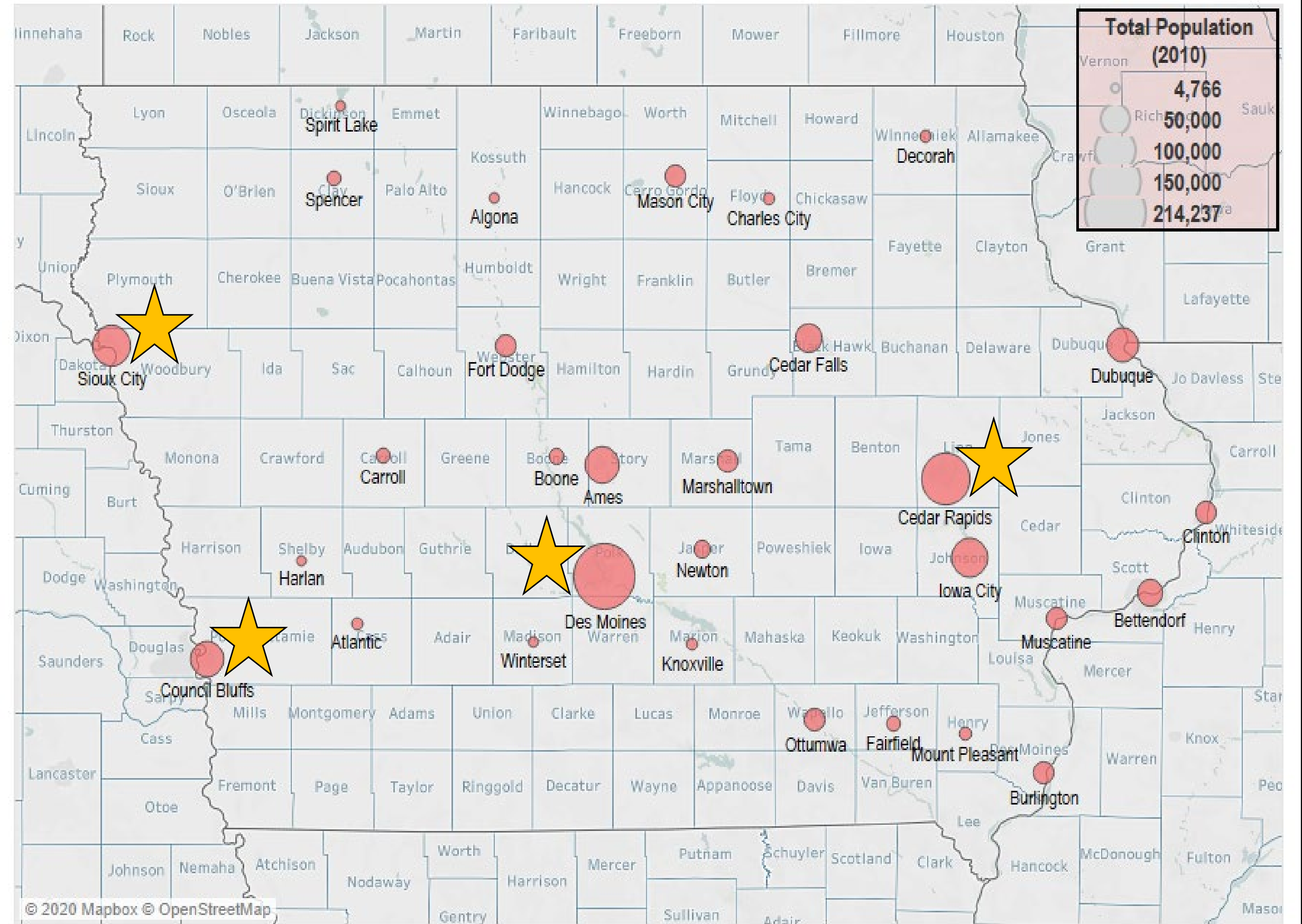


NOTES: Circles identify the top 30 recovery ready communities in Iowa. The size of circles are scaled to the size of the total population of each city.



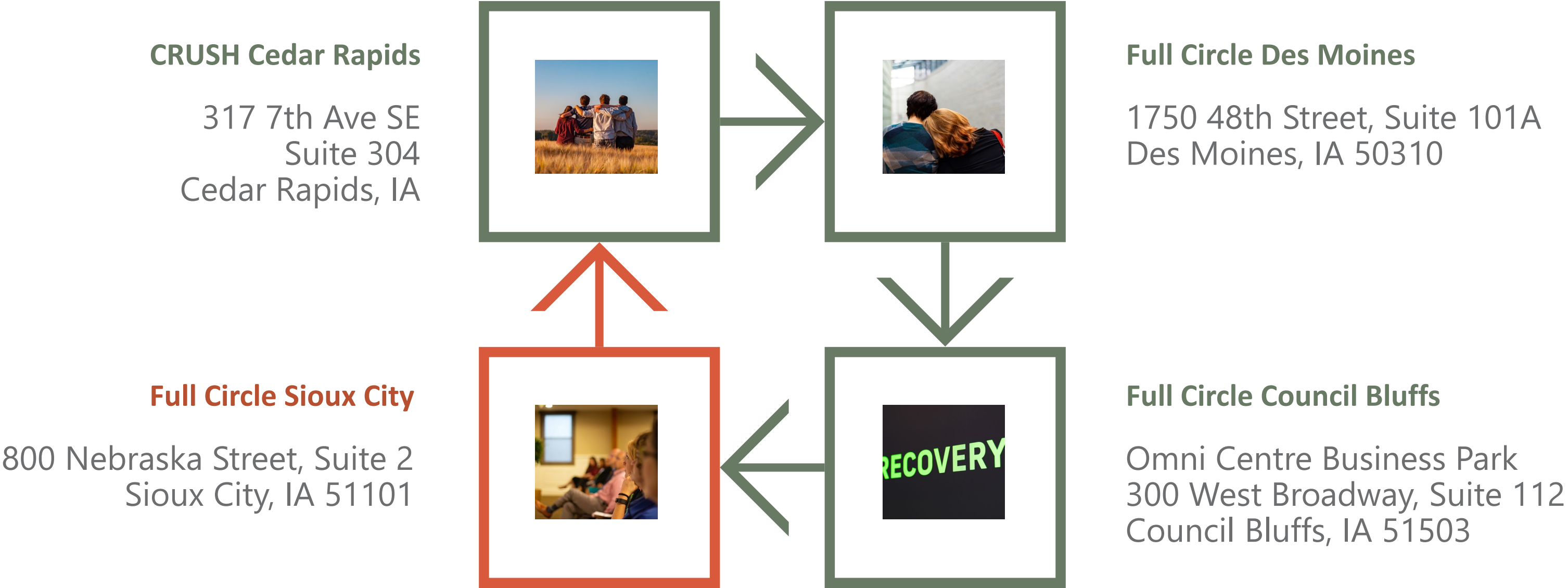
IDENTIFIED 30 RECOVERY READY COMMUNITIES ACROSS THE STATE

TOP 30 RECOVERY READY COMMUNITIES



NOTES: Circles identify the top 30 recovery ready communities in Iowa. The size of circles are scaled to the size of the total population of each city.

Iowa's Recovery Community Centers opened their doors June 2022!



PUBLIC HEALTH NEEDED TO KNOW:

Sharing results with the community groups

360 COMMUNITY PROFILES

Advancing Substance Use Recovery
Public Science Collaborative
Ames, Iowa



Overview of the 360 Series

Recovery-iowa.org is home to the Public Science Collaborative's 360 Community Profiles, a series of reports for 275 Iowa towns and cities. Community recovery refers to the systems of care a community has to support its members on their overall well-being and recovery journeys. Reports detail the peer support meetings and community and recovery resources available in each location:

Peer Support Meetings

Reports summarize the number and type of peer support recovery meetings available in the community (e.g., alcoholics anonymous, narcotics anonymous, SMART recovery, etc.) Use our web-based interactive Meetings Finder tool to search for meetings by neighborhood, day, time, and type of meeting.

Recovery Resources

The 360 Community Profiles also include a list of recovery resources for each town and city. Recovery resources include hospitals, mental health centers, recovery housing, health centers for veterans, and substance use/gambling support. This information can also be found in Recovery-iowa.org's Recovery Resource Finder.

Well-Being Resources

Local well-being resources include information such as the locations of parks, places of worship, childcare providers, schools, workforce development centers, libraries, and colleges. To find more well-being resources, check out Recovery-iowa.org's Well-being Resource Finder.

Is Your Community Recovery Ready?

The Community Profiles are data resources designed to help community organizations, local governments, and public health practitioners strategically target substance use prevention, treatment, and recovery efforts to the places in greatest need of resources. Each report includes the results of the Recovery Ready Community Index (RRCI), the first-of-its-kind index assessing the breadth, depth, size, and strength of each community's recovery resources. This tool can be used to 1) assess how your community's resources rank compared to the state, 2) determine opportunities for resource growth and 3) evaluate your community's progress over time.

Neighborhood and Health Disparities

Using statistical models and administrative data, local neighborhoods were identified that may have an increased risk and vulnerability for substance use. Factors including lack of access to education, income, and single-parent families have also been identified as social determinants of health and have a significant impact on community well-being. Once these areas have been identified, preventative action can be taken to address them with public health initiatives or other community resources.

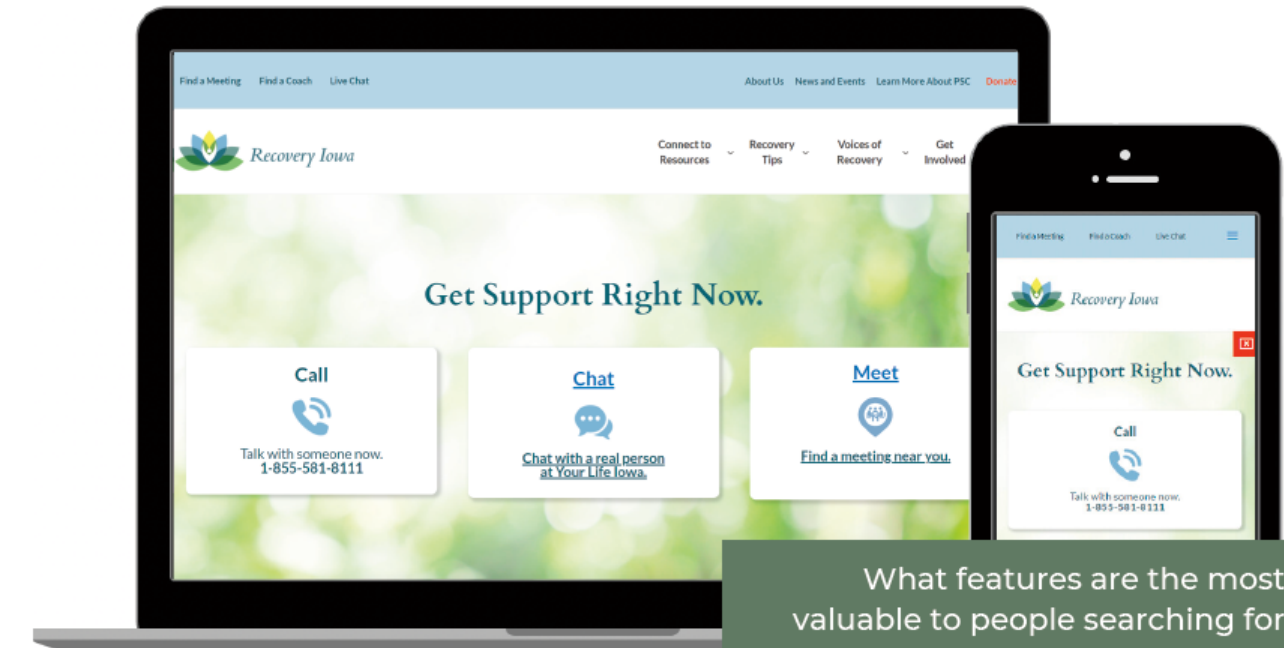
Scan here to learn more! →



CREATED WEBSITE TO HOST ALL OF THE DATA AND INFORMATION WE COLLECTED

RECOVERY IOWA WEBSITE

Advancing Substance Use Recovery
Public Science Collaborative
Ames, Iowa



What features are the most valuable to people searching for recovery assistance?

Recovery Iowa

Recovery-iowa.org is an online resource to support Iowans in their recovery journeys. The website connects people with resources to enhance their overall well-being and relationships with the people they love. The website includes six key features:

Evidence-Based Tips for Recovery

These tips encourage recovery and help site users take healthy steps to improve their well-being. Each tip includes links to resources, activities, and opportunities to help viewers learn more about caring for themselves while recovering.

Find a Meeting

The Meetings Finder provides up-to-date information on 15 different types of recovery meetings, including Alcoholics Anonymous and Narcotics Anonymous. This tool simplifies finding meetings by offering a map interface that filters meetings by location, day of the week, time, and meeting format.

Locate Recovery Resources

The Recovery Resource Finder allows website visitors to locate hospitals, mental health centers, peer support providers, recovery housing, veterans affairs health centers, drug drop-off locations, medication-assisted treatment, and more nearby and available to them.

Discover Well-being Resources

The Well-being Resource Finder displays resources related to overall well-being. Visitors can locate childcare providers, libraries, parks, playgrounds, section eight housing, intimate partner violence programs, and more.

Recovery Community Reports

The website includes community reports for 275 Iowa towns and cities. These reports provide insight into the recovery culture of Iowa communities by assessing the landscape of recovery and community resources, identifying neighborhoods in need, and highlighting health disparities. The reports also assess how ready a community is to support a Recovery Community Center (RCC) with the help of the Recovery Ready Community Index (RRCI).

Voices of Recovery

This page provides real stories from real people with lived experiences to remind visitors of the possibility for success in their recovery journey and normalizing all pathways to recovery.

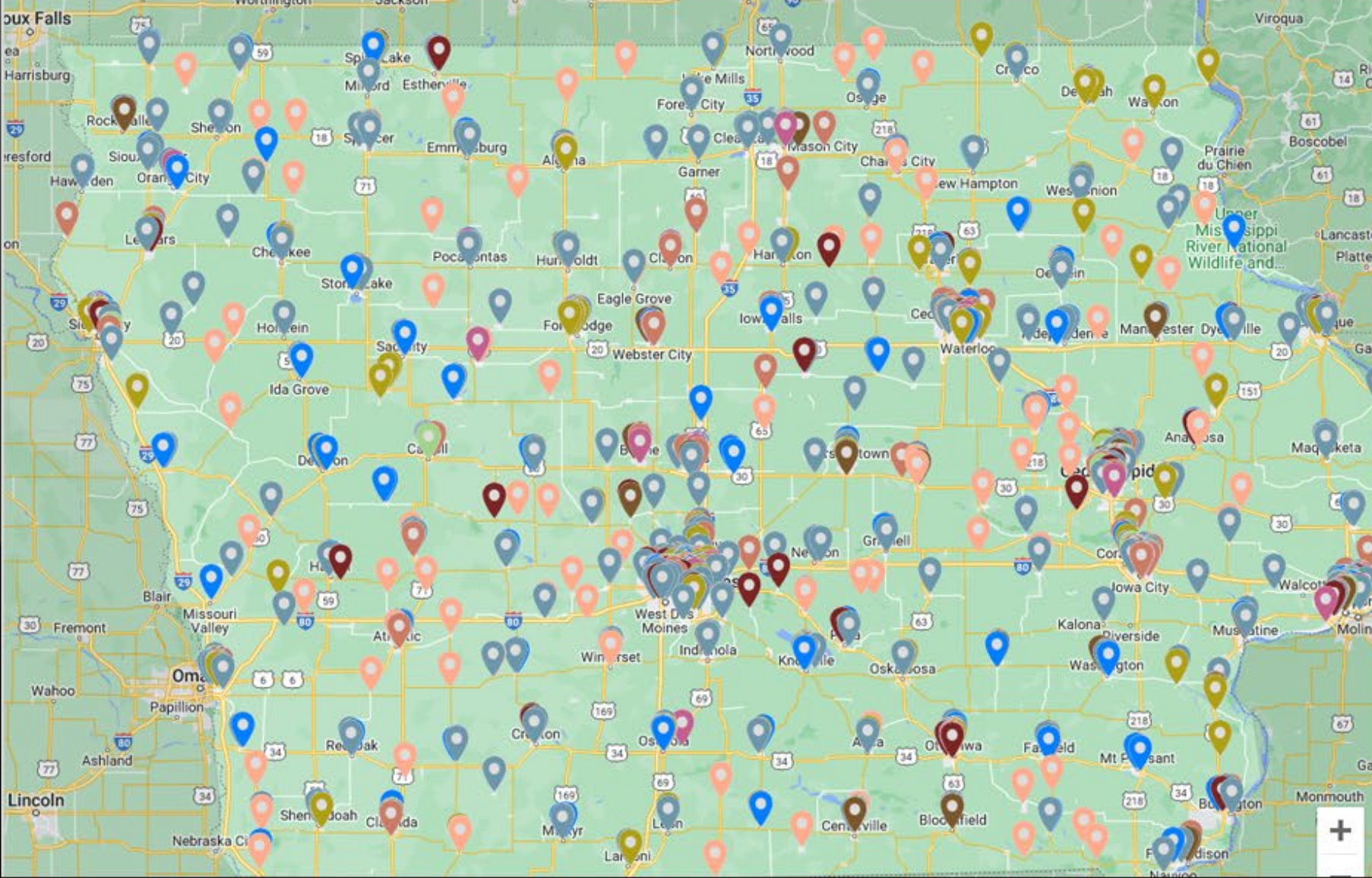
Scan the QR code to
visit the website!



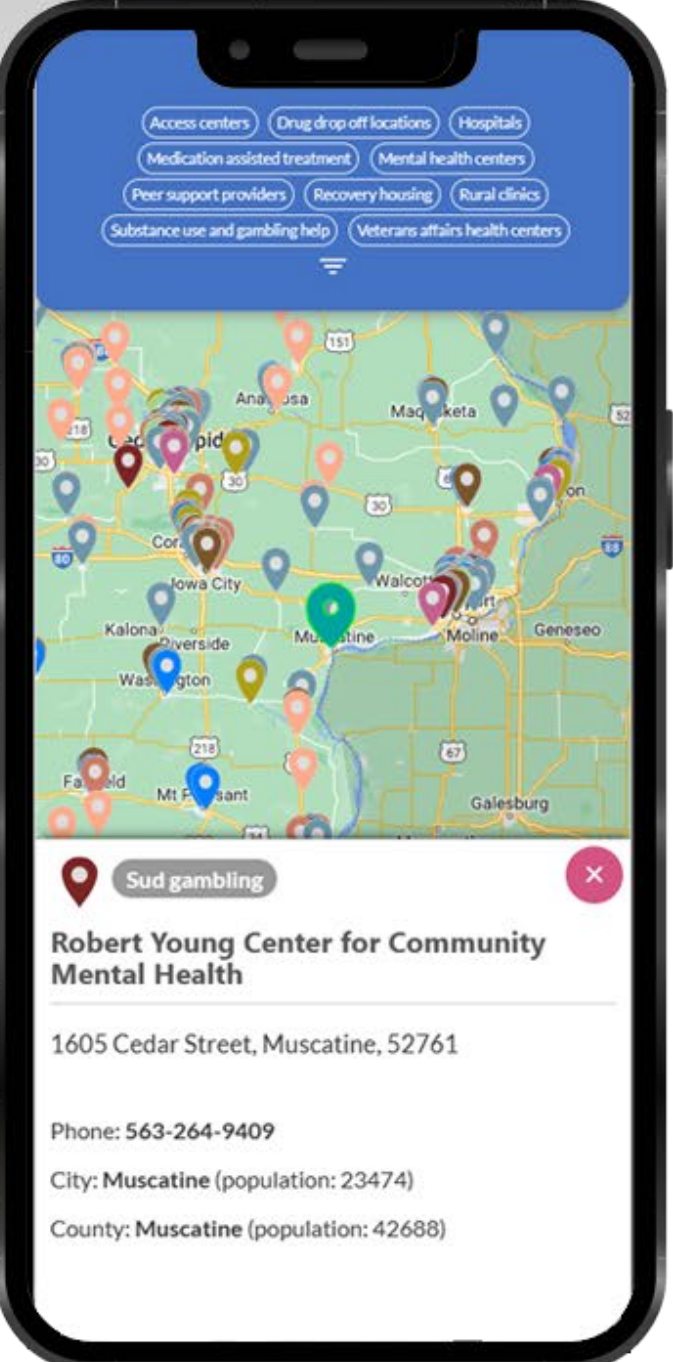
+ Select all - Unselect all

- Access centers (3)
- Drug drop off locations (434)
- Hospitals (145)
- Medication assisted treatment (206)
- Mental health centers (115)
- Peer support providers (132)
- Recovery Community Centers (4)
- Recovery housing (70)
- Rural clinics (146)
- Substance use and gambling help (99)
- Veterans affairs health centers (26)

Bike trails Traffic Cluster markers



- Rural clinic**
RICEVILLE CLINIC
109 Westward Drive, #6, Riceville IA 50466
- Medication assisted treatment**
PAUL NILES PA, Akron Mercy Medical Clinic
321 Mill Street, AKRON, IA 51001
- Hospital**
MONROE COUNTY HOSPITAL
6580 165TH ST, ALBIA, IA
- Hospital**
KOSSUTH COUNTY HOSPITAL
1515 SOUTH PHILLIPS, ALGONA, IA
- Hospital**
MARY GREELEY MEDICAL CENTER
1111 DUFF AVE, AMES, IA
- Hospital**
JONES REGIONAL MEDICAL CENTER
1795 HIGHWAY 64 EAST, ANAMOSA, IA



- Access centers
- Drug drop off locations
- Hospitals
- Medication assisted treatment
- Mental health centers
- Peer support providers
- Recovery housing
- Rural clinics
- Substance use and gambling help
- Veterans affairs health centers



Sud gambling

Robert Young Center for Community Mental Health

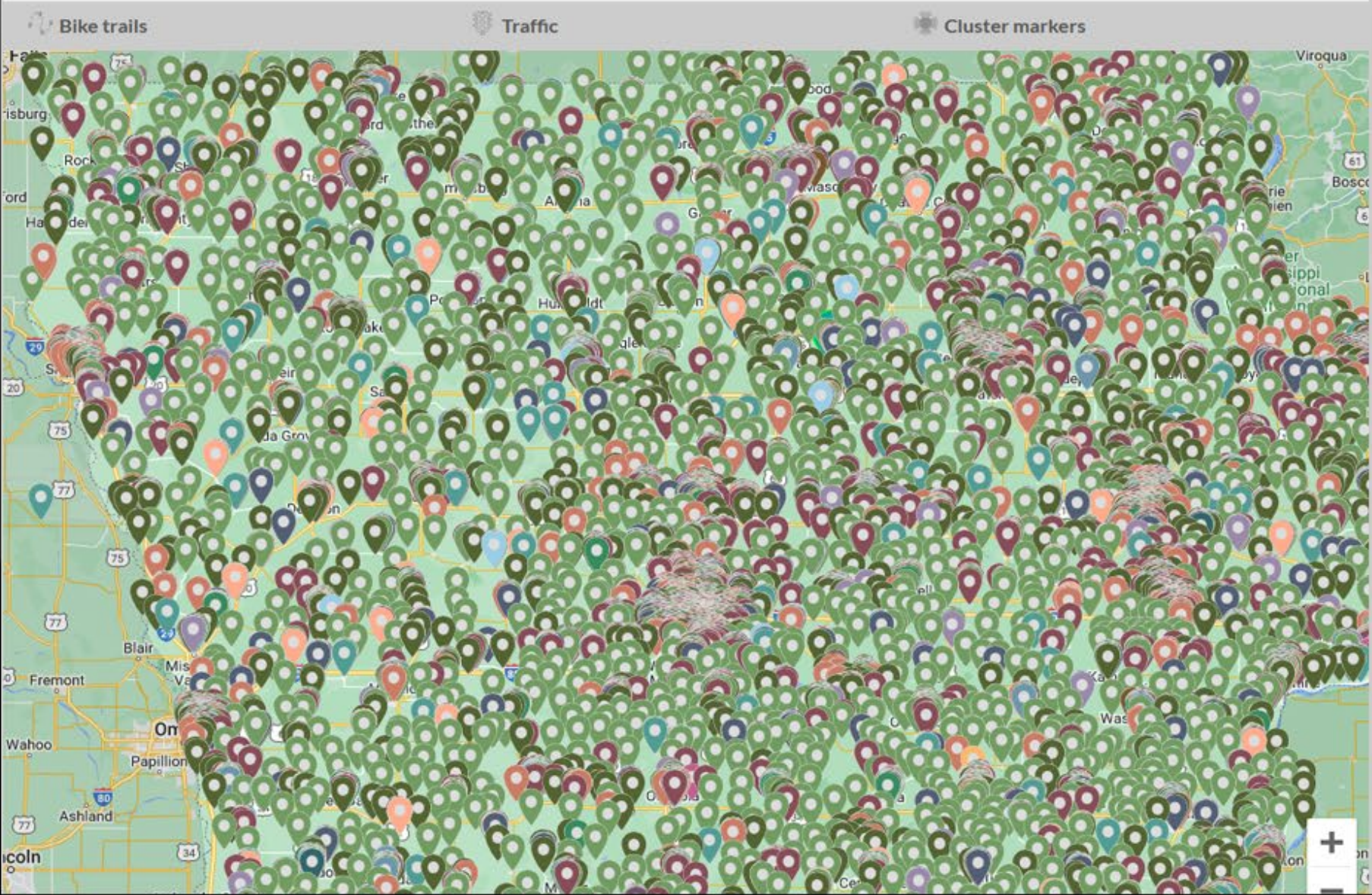
1605 Cedar Street, Muscatine, 52761

Phone: 563-264-9409

City: Muscatine (population: 23474)

County: Muscatine (population: 42688)

- + Select all - Unselect all
- Childcare providers (3929)
- Colleges (57)
- Homeless shelters (43)
- Intimate partner violence program (25)
- Libraries (784)
- Parks (2913)
- Places of worship (5464)
- Playgrounds (2219)
- Schools K-12 (1530)
- Section eight housing (262)
- Workforce development centers (20)
- YMCA's (46)



Drug drop off
NuCara Ackley
[722 Main Street, Ackley, Iowa 50601](#)
 Phone: 641-847-2585
 City: Ackley (population: 1576)
 County: Hardin (population: 16708)

Law enforcement
Ackley Police Department
[120 State Street, Ackley, IA 50601](#)

Library
Ackley Public Library
[Ackley Public Library, State Street, Ackley, IA 50601](#)
 United States of America

Park
Prairie Bridges Park
[Ackley, IA 50601](#)

Playground
Playground
[Ackley, IA 50601](#)

Childcare providers, Colleges, Homeless shelters, Intimate partner violence program, Libraries, Mutual aid meetings, Parks, Places of worship, Playgrounds, Schools, Section eight housing, Workforce development centers, YMCA's

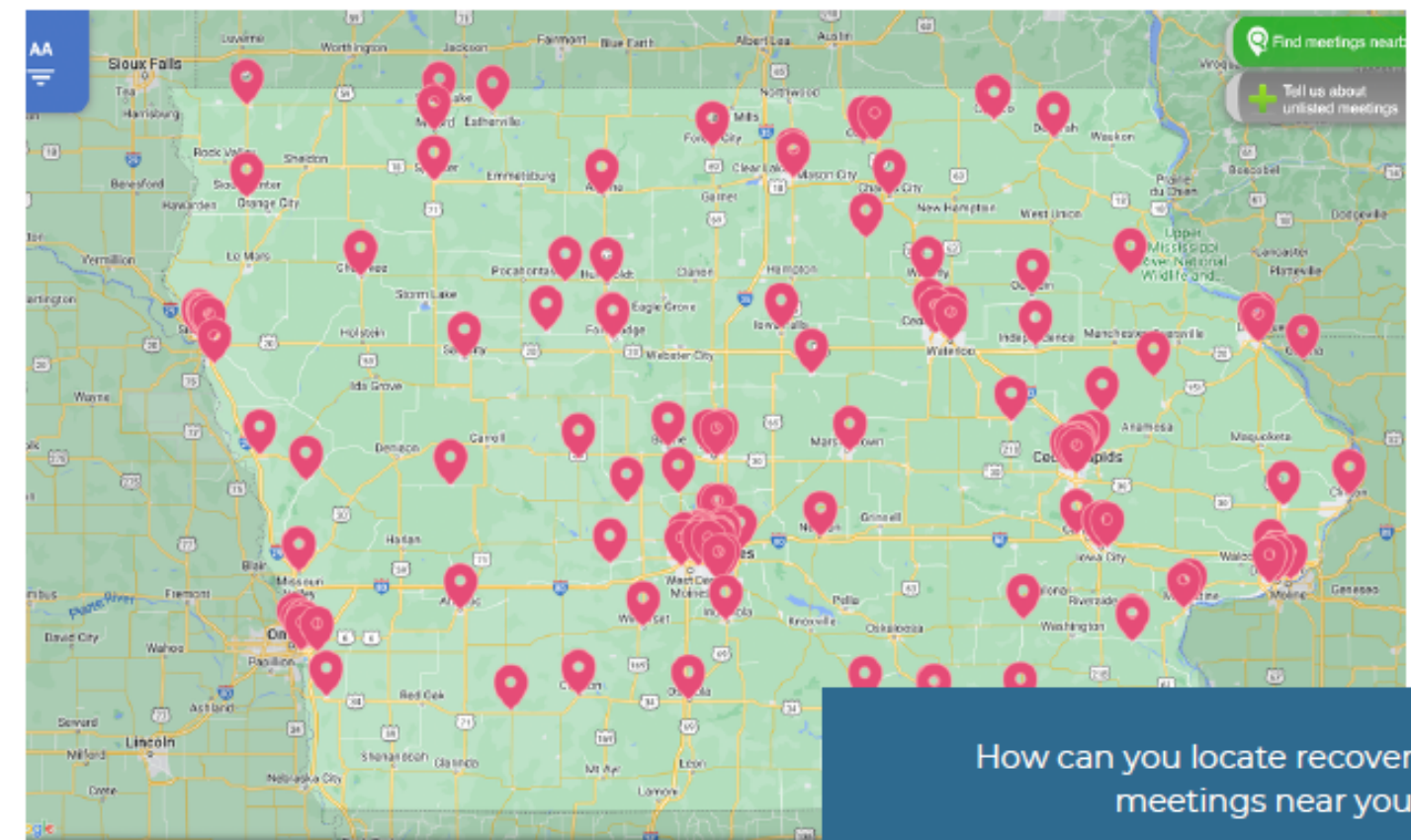
Childcare provider
Valarie Berry
[2316 Indianola AVE, Des Moines, IA, 50315](#)
 Phone: (515) 639-5530
 City: Des Moines (population: 212031)
 County: Polk (population: 496844)

PUBLIC HEALTH NEEDED TO KNOW:

*How can we better
identify and share peer-
support meeting
opportunities online?*

PEER SUPPORT MEETINGS FINDER

Community Resources
Public Science Collaborative
Ames, Iowa



The Need for Comprehensive Support

Despite the importance of these meetings, there is no coherent 'one-stop shop' to find the meeting you need when you need it. People usually need to go through several steps, such as searching for meetings on Google, or looking for a specific meeting time or place on a local listings' website. Magnifying the challenge of finding the right meeting at the right time is being new to a community, unfamiliar with the members of a local meeting, and being in a moment of duress.

The Public Science Collaborative developed the Meeting Finder tool to make it easier to find local meetings. The information given in the Meetings Finder Tool can be sorted by criteria of meeting type, features or date and time, or by the location of the individual. With multiple ways to condense down information, it makes it easier for users to tailor their search to their needs.

User Centered Data

With a responsive design, PSC Meeting Finder Tool runs efficiently and quickly on many computers and mobile devices such as smartphones.

The primary offerings for recovery in Iowa focus on Alcoholics Anonymous, Al-Anon/Alateen, and Narcotics Anonymous, and the other meetings identified include Adult Children of Alcoholics, Buddhist Recovery, Celebrate Recovery, CRUSH, Crystal Meth Anonymous, Dual Recovery Anonymous, Nar-Anon, Pills Anonymous, Recovery Community Centers, Refuge Recovery, and SMART Recovery.

Learn More

Scan the QR code to the right
or
visit
<https://go.iastate.edu/PQTEB>
to access this recovery
resource.



Alcoholics Anonymous ▾

All types / all formats ▾

Monday ▾

From: 00:00 am ▾

To: 11:59 pm ▾

Search meeting



Find a meeting near me

Do you need help to find your meeting?

Yes
help me find the meeting

No
Go straight to all meetings list

Don't show this dialog again

Group

11:00 am

ision

Closed

Location Temporarily Closed

Ames, IA 50014, USA

312 626 6799 Meeting ID: 825 7275 8819 Group
e@gmail.com

758819#,,,0#,,1935#

Meeting 2

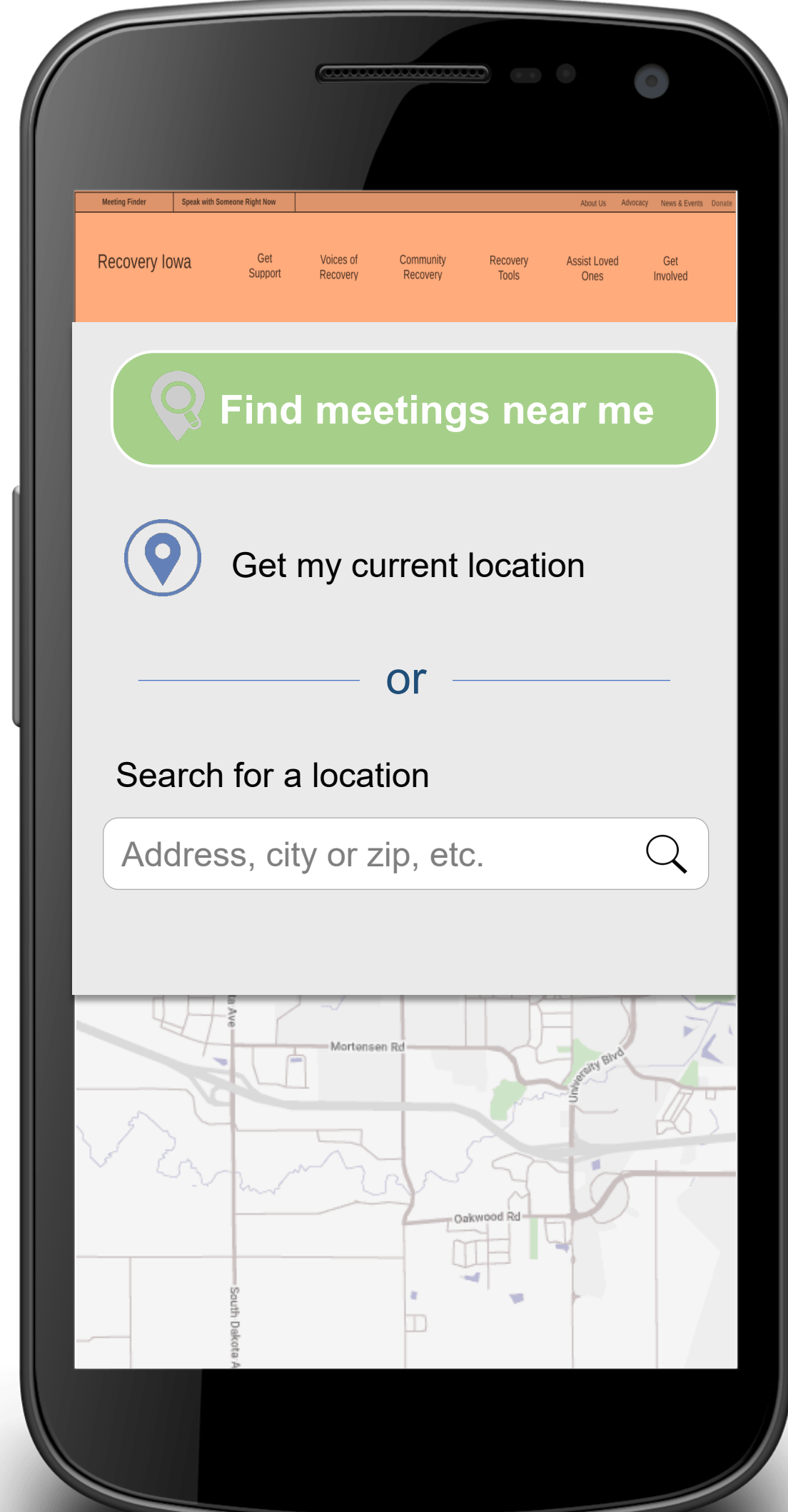
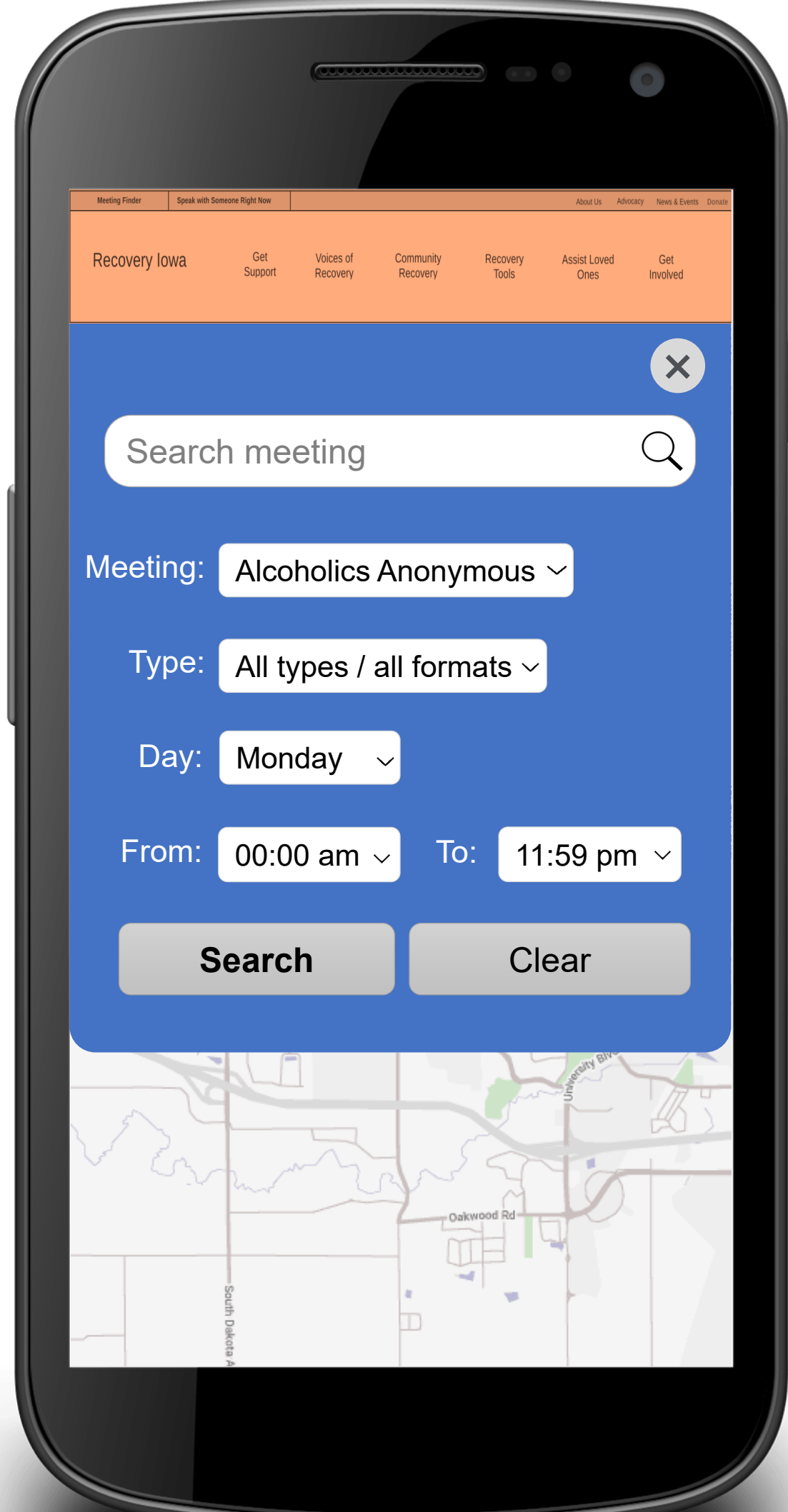
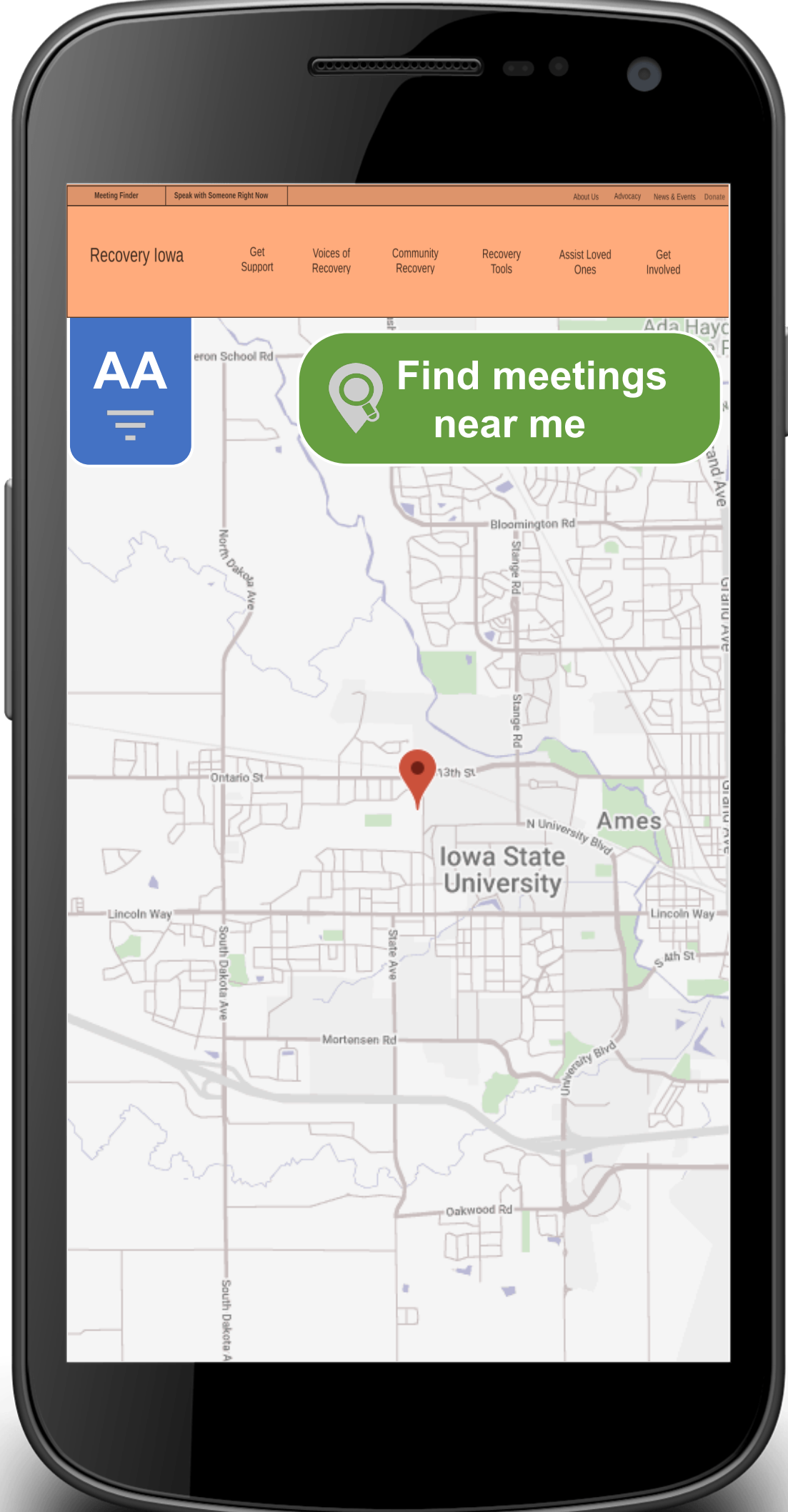
11:00 am

Meeting 3

12:00 pm

Meeting 4

1:00 pm





Key takeaway?

If you want your data dashboard, statistical tool, or integrated data product to have an impact- start with people, end with people, and engage people throughout the process!

Questions??

Thank you for being here today!

If you have any questions about these projects, please reach out to Cass Dorius (cdorius@iastate.edu) or Shawn Dorius (sdorius@iastate.edu)





IDS Governance Procedures

Heather Rouse and Cassandra Dorius

[This Photo](#)

[CC BY-SA](#)

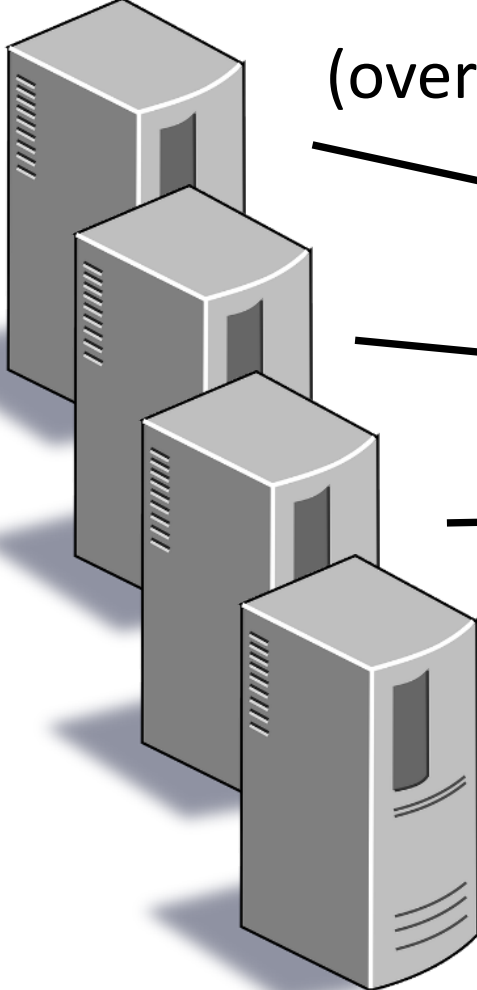
IDS Legal Approach

Memorandum of Agreement (MOA)

(“business use” of the IDS to serve Departments)

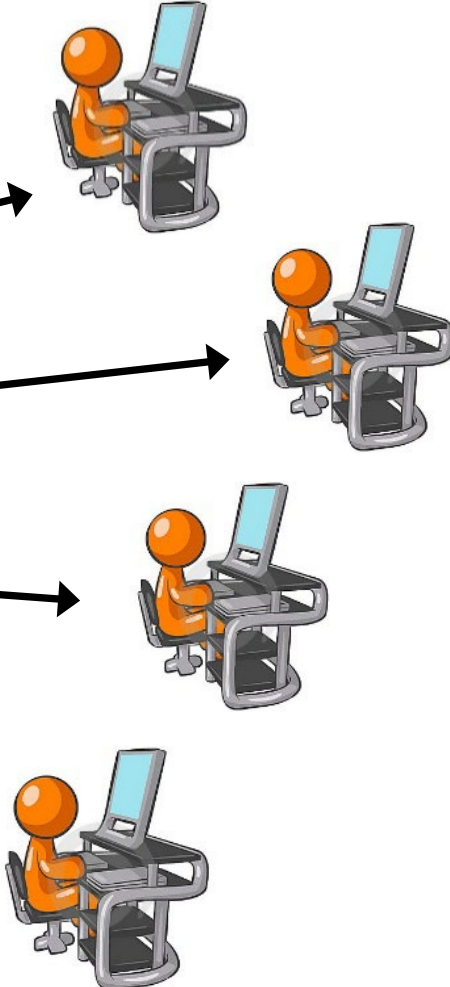
Data Sharing Agreements

(overall data security; privacy protections)



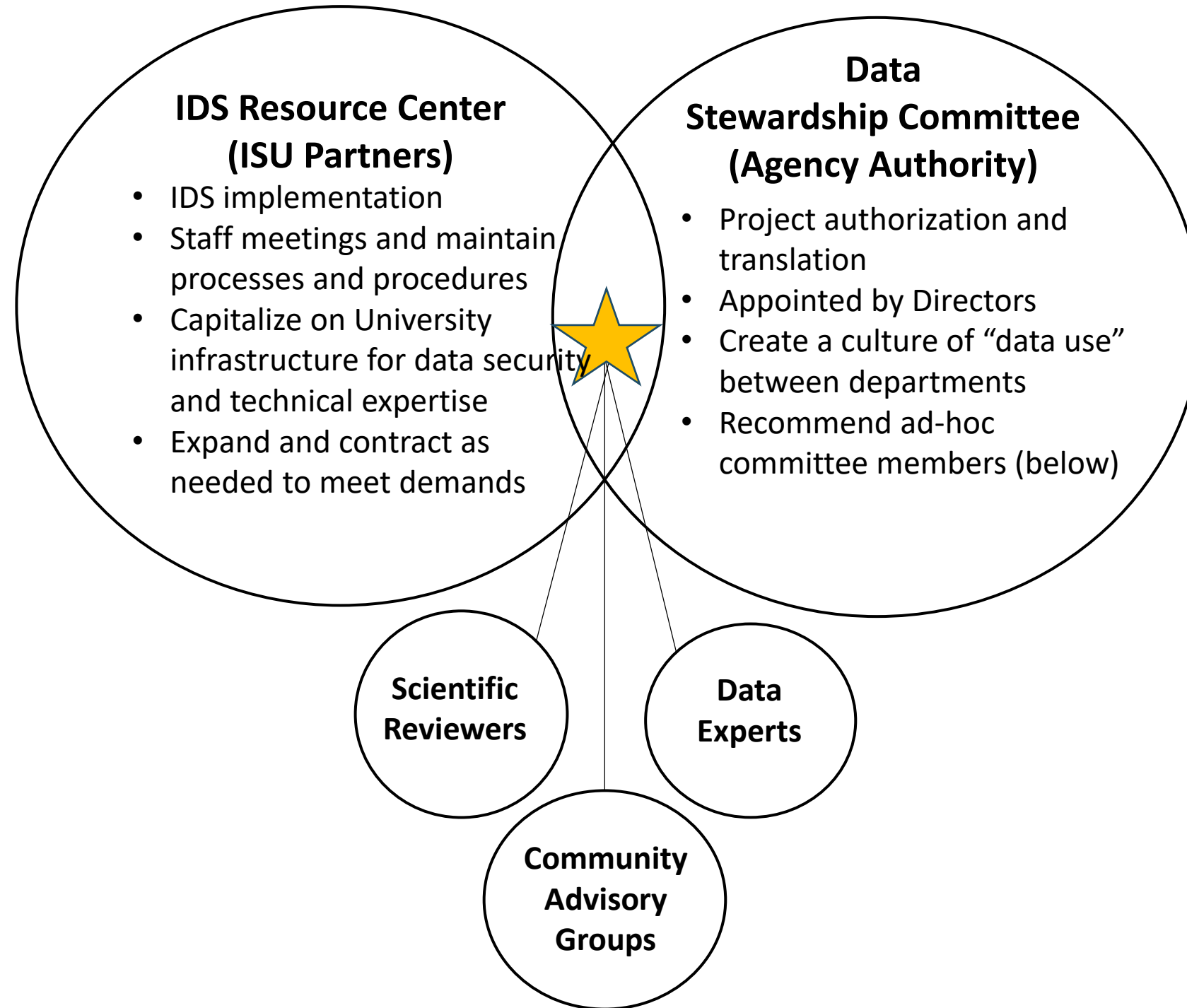
Data Use Licenses

(project specific, anonymized datasets)



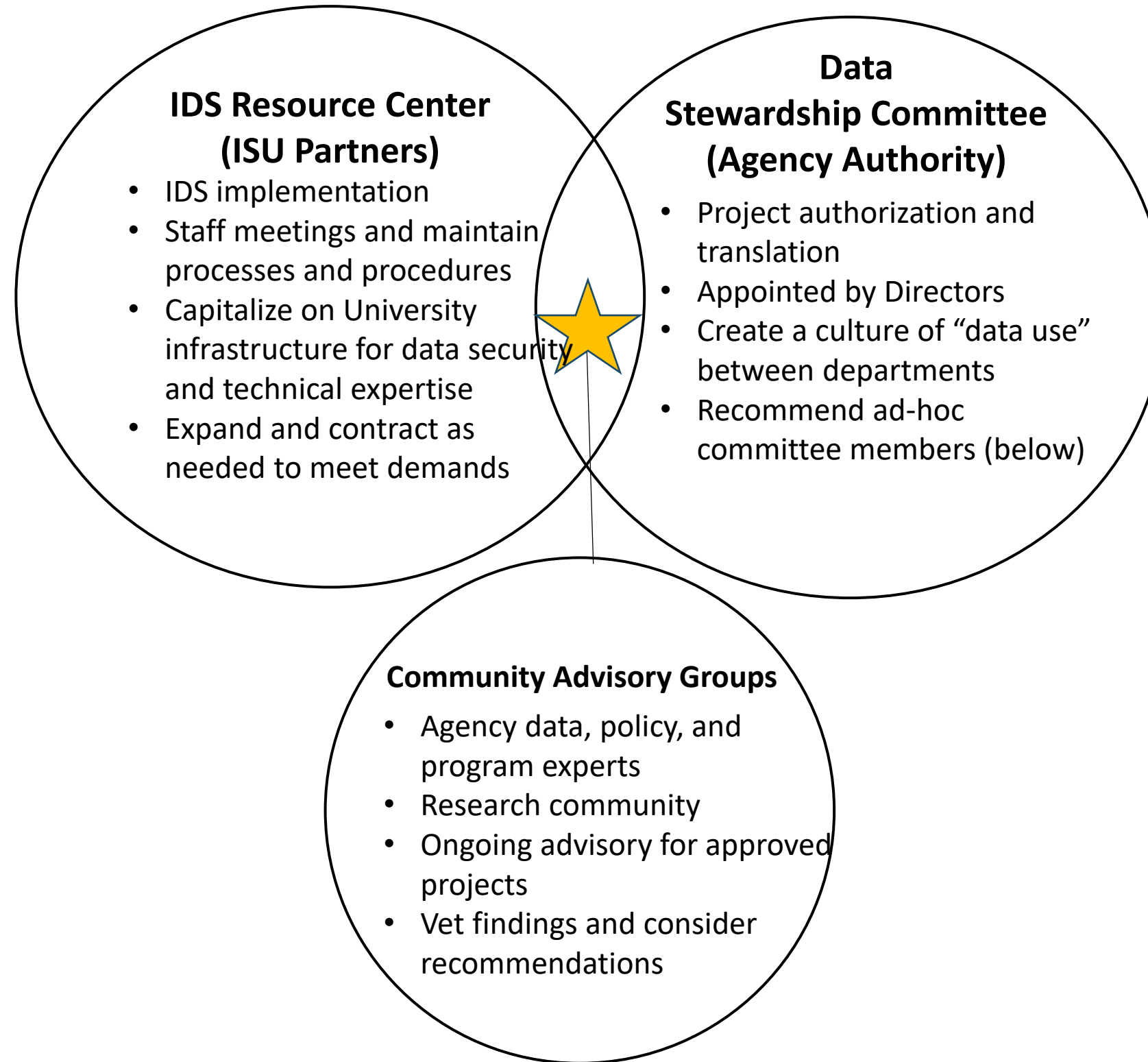
Governance Board

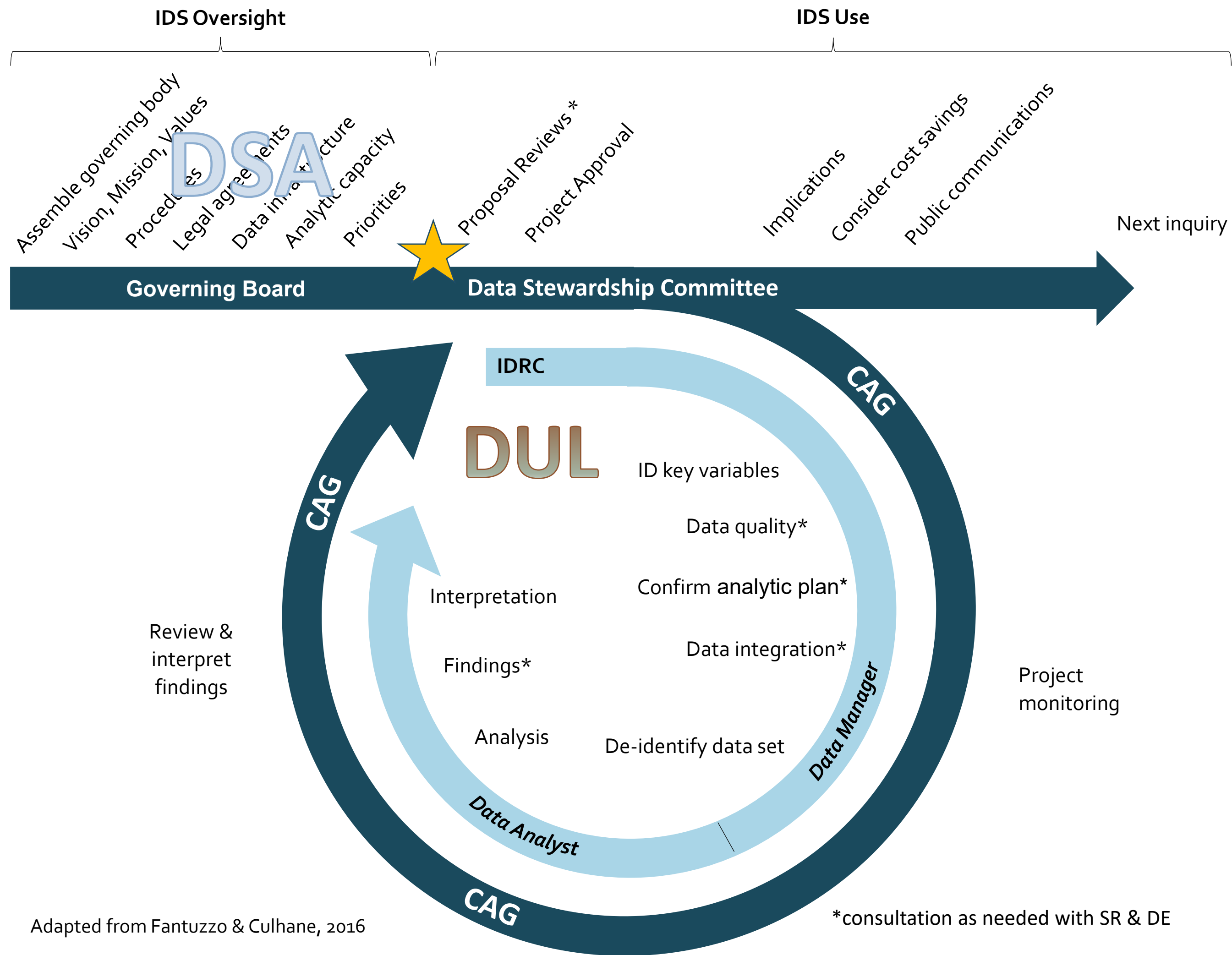
Department Directors and ex-officio members
Overall leadership and authorization of the IDS



Governance Board

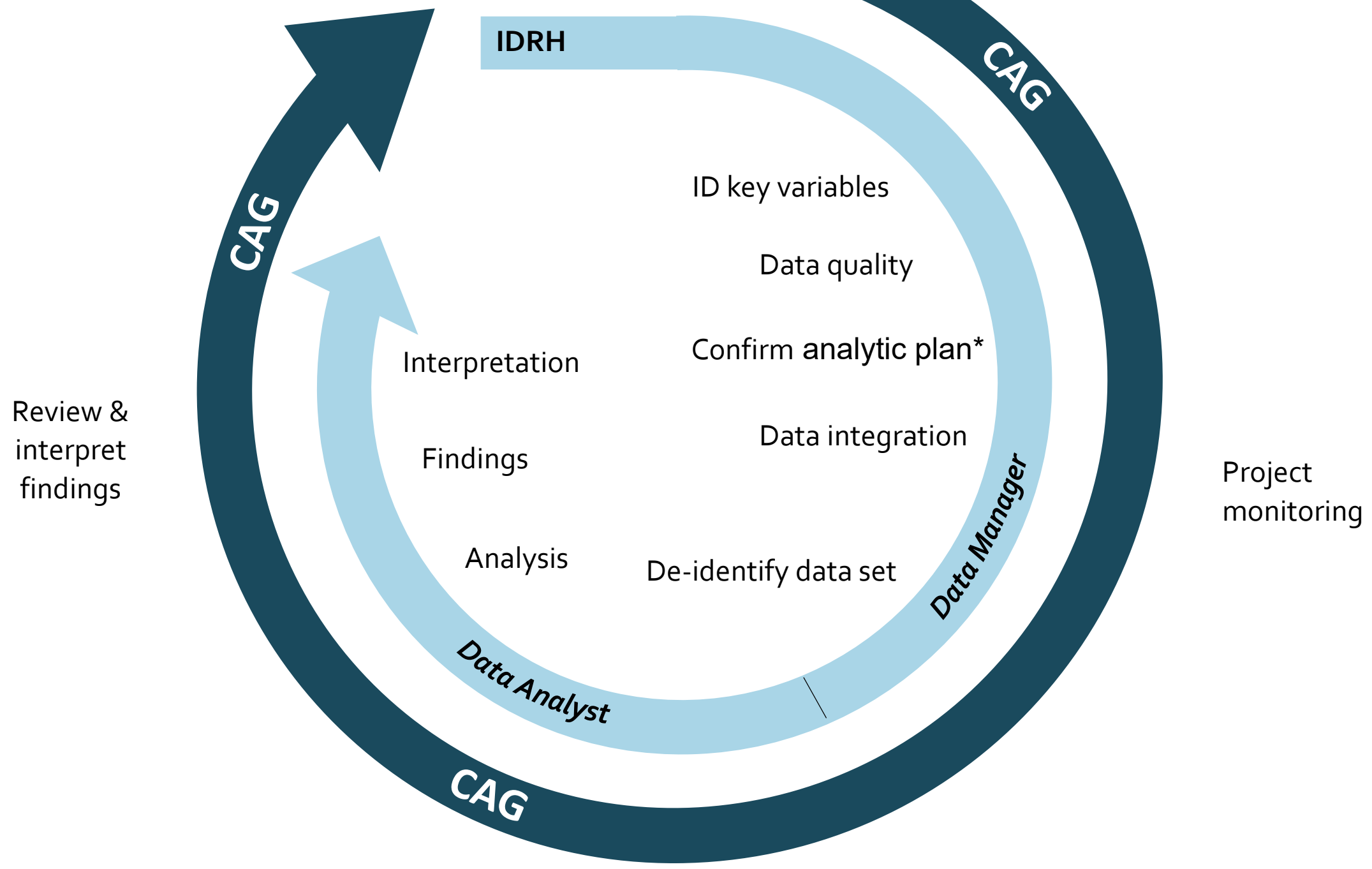
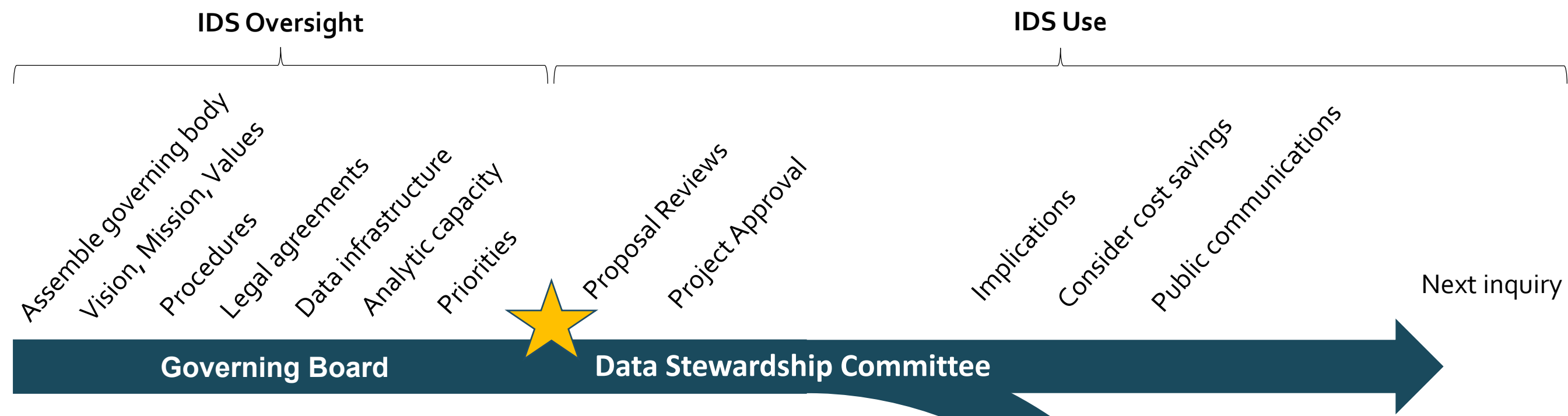
Department Directors and ex-officio members
Overall leadership and authorization of the IDS





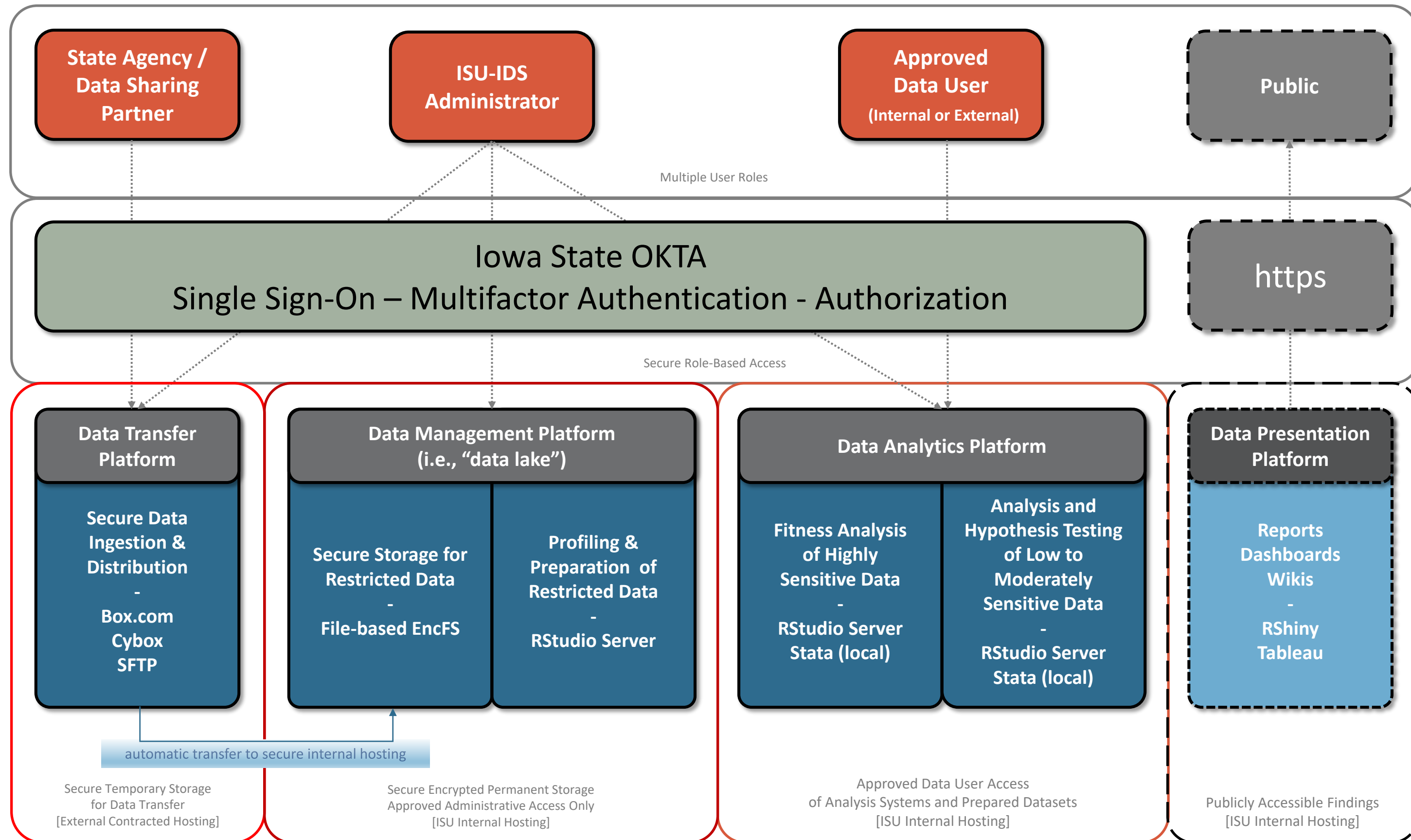
Adapted from Fantuzzo & Culhane, 2016

*consultation as needed with SR & DE



PROPOSED: Iowa Early Childhood IDS Systems Architecture

Draft 1/24/2020

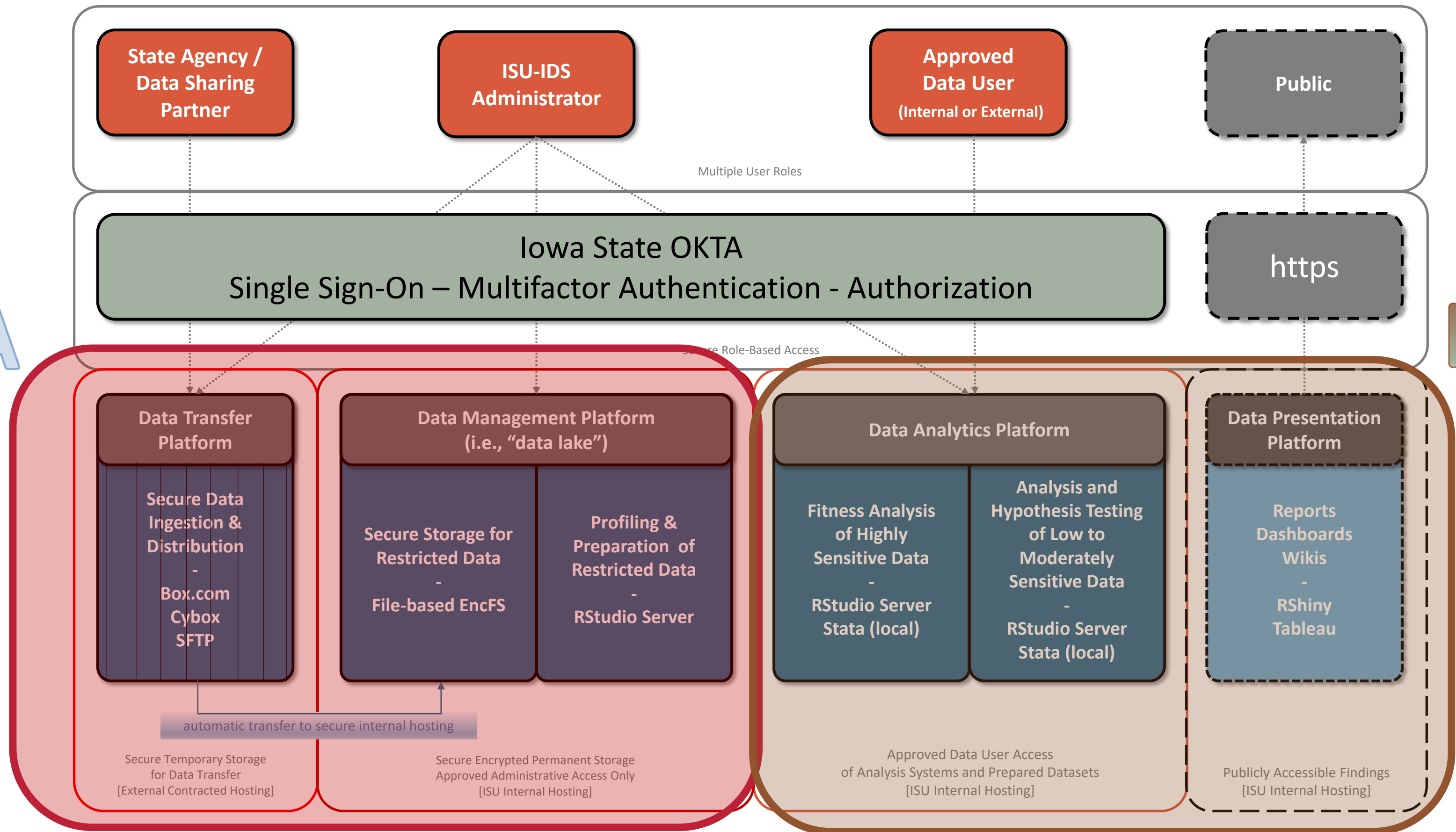


PROPOSED: Iowa Early Childhood IDS Systems Architecture

Draft 1/24/2020

DSA

DUL



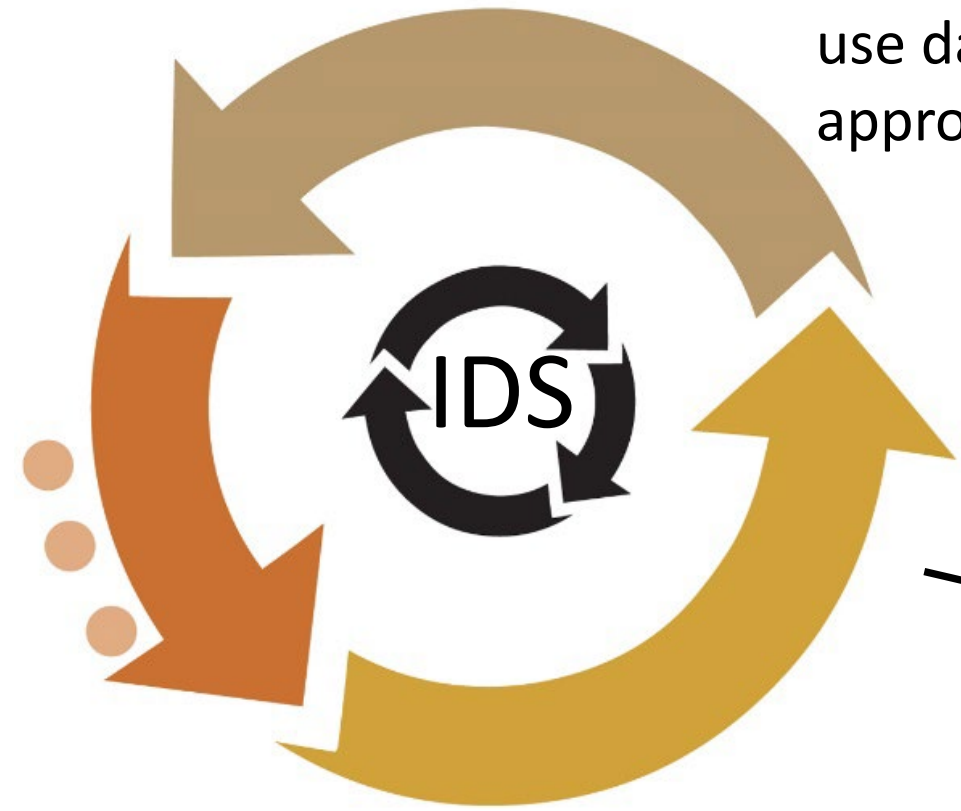
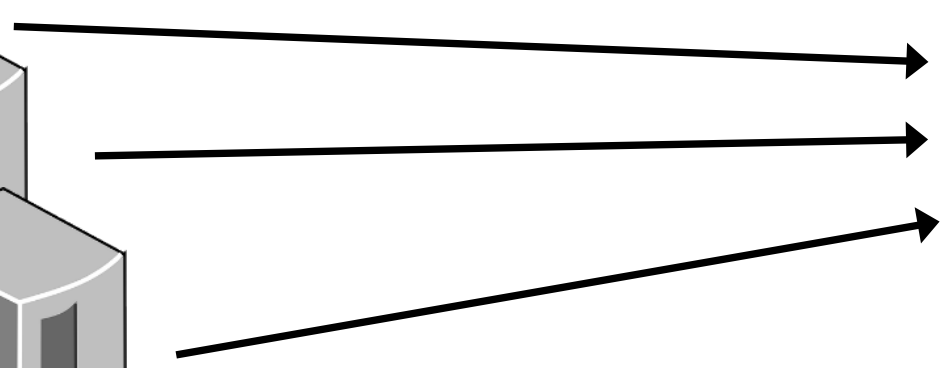
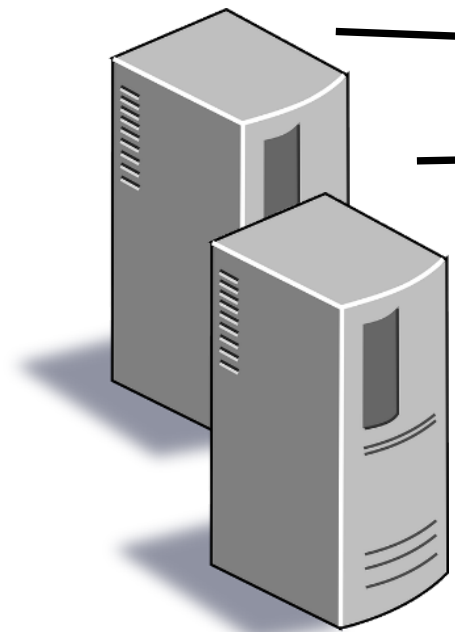
Memorandum of Agreement (MOA)

- Establishes the “business use” for the IDS
- Outlines all policies and procedures (who, what, when, how)
- Authorizes the IDS Resource Center to implement the work on behalf of Departments

Data Sharing Agreements (DSA)

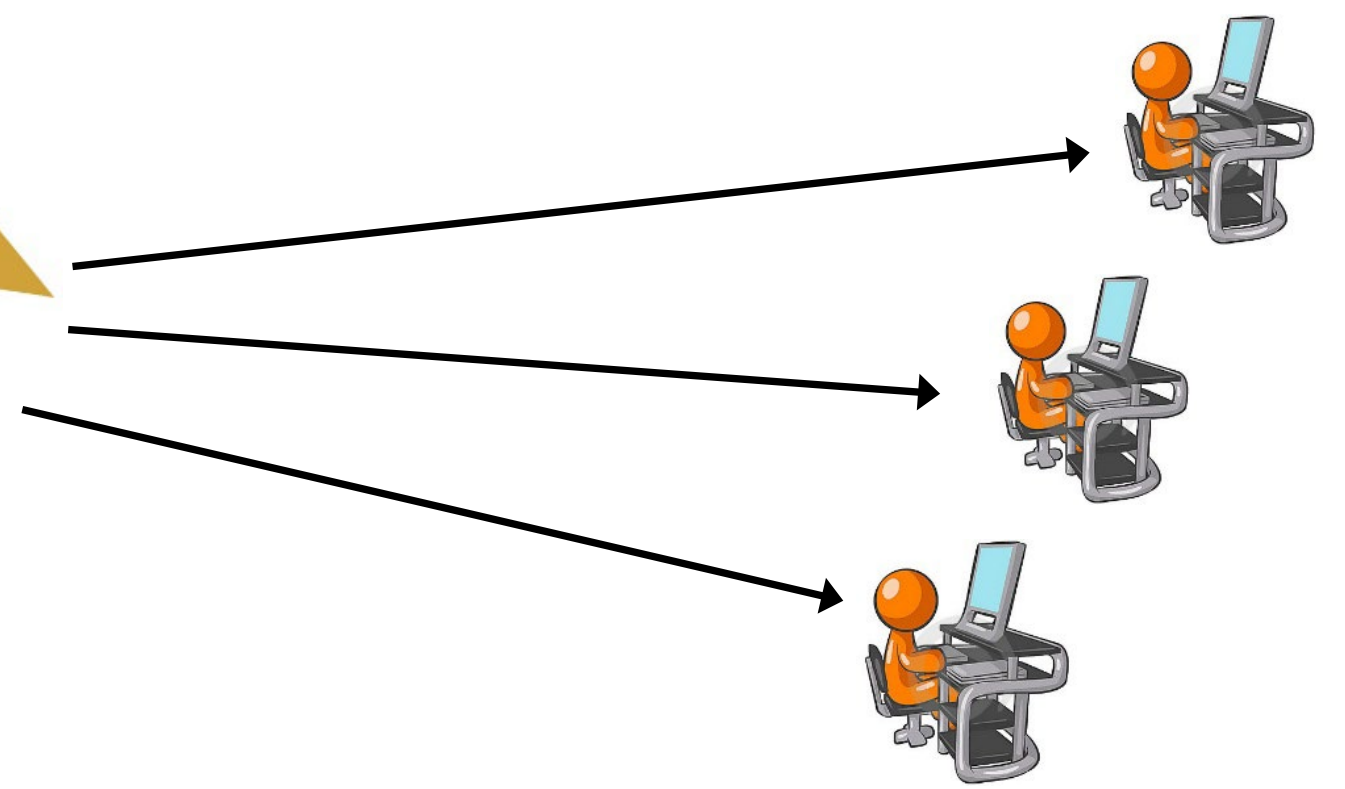
One per Data-contributing agency. Authorizes agencies to share identified data with the IDS (i.e., ISU) for purposes specifically outlined in the MOU

Assures federal & state provisions for protection of private and confidential data



Data Use Licenses (DUL)

Individual for each approved project. Establishes permissions for “users” to access de-identified, restricted use datasets for circumscribed, time limited purposes approved by the Data Stewardship Committee



IDS Memorandum of Agreement (MOA)

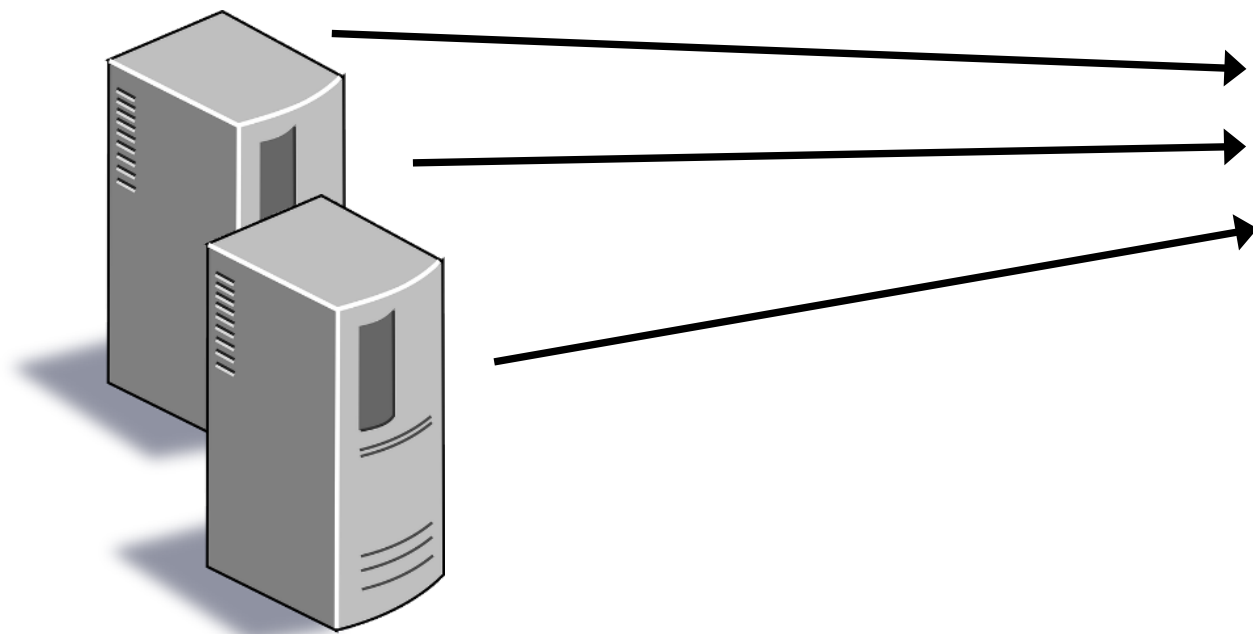
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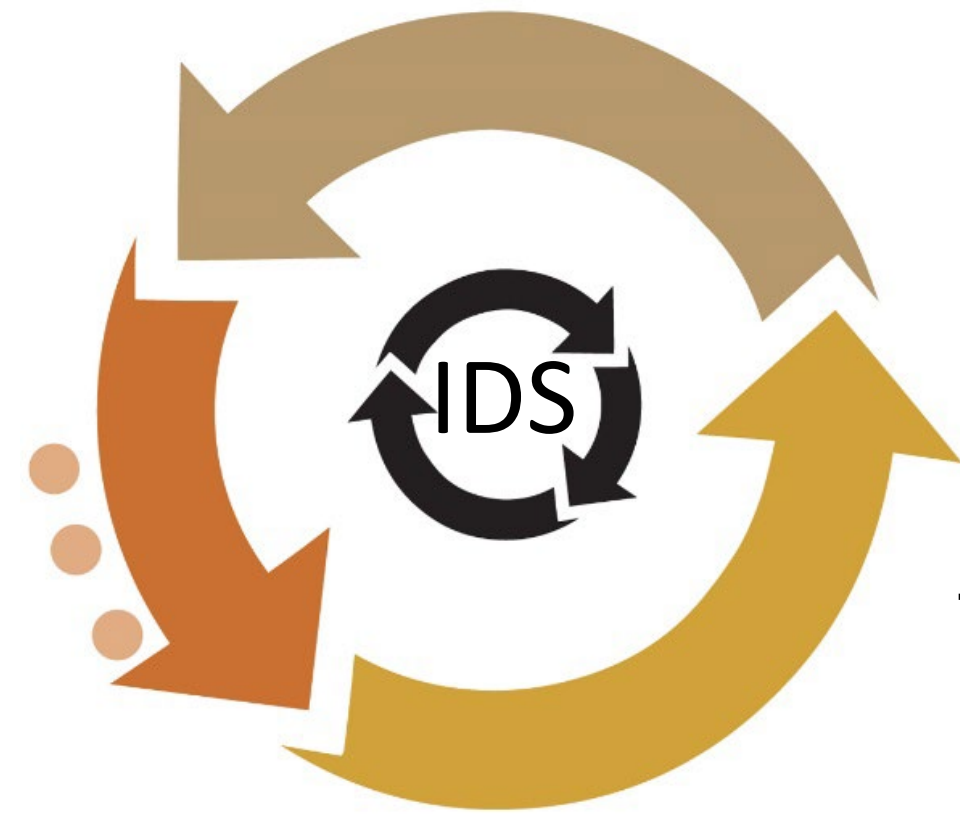
Assures federal & state provisions for protection of private and confidential data

DETAILS to include in DSA

- Data security protocols for transfer and “data lake”
- Timing and scope of data transfers to the “data lake”
- Project approval process to outline when/how projects will be approved to use the data (application process, DUL process)
- Data security protocols for providing access to approved users for time-limited analytics on limited/de-identified datasets
- Other?



Prioritized Data Systems *



Department of Public Health:

Vital Records (Birth/death/marriage)

Infant Screening System

Home Visiting (DAISEY)

Lead Registry

Maternal/Child Health (TavHEALTH)

1st Five

Department of Education:

Prek-12 (enroll, achieve, attend)

Preschool assessment

Special Education (IDEA A, B, & C)

Department of Human Services:

Child Care Subsidies

Child Welfare

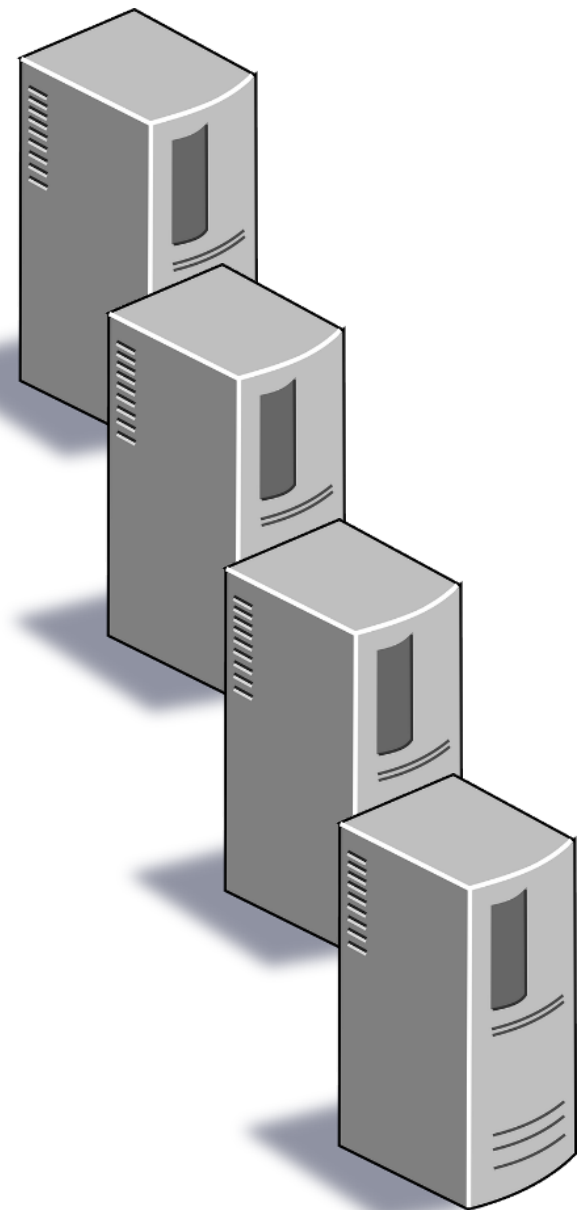
Child Support Recovery

Income Maintenance/Eligibility

SNAP

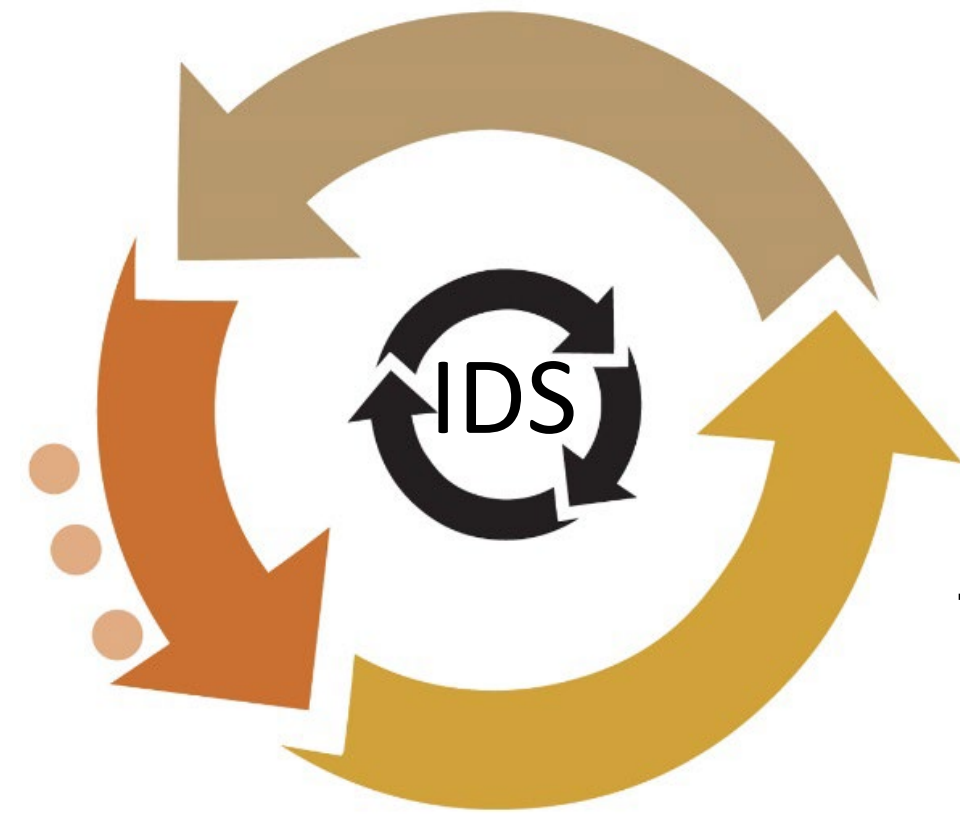
TANF

FaDSS (2 Gen program)



Phase I Incorporation

*



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TANF

FaDSS (2 Gen program)

*Head Start

