

A HUMAN CENTERED APPROACH TO HEALTH INFORMATION SYSTEMS



Dr. Cass Dorius



Dr. Shawn Dorius

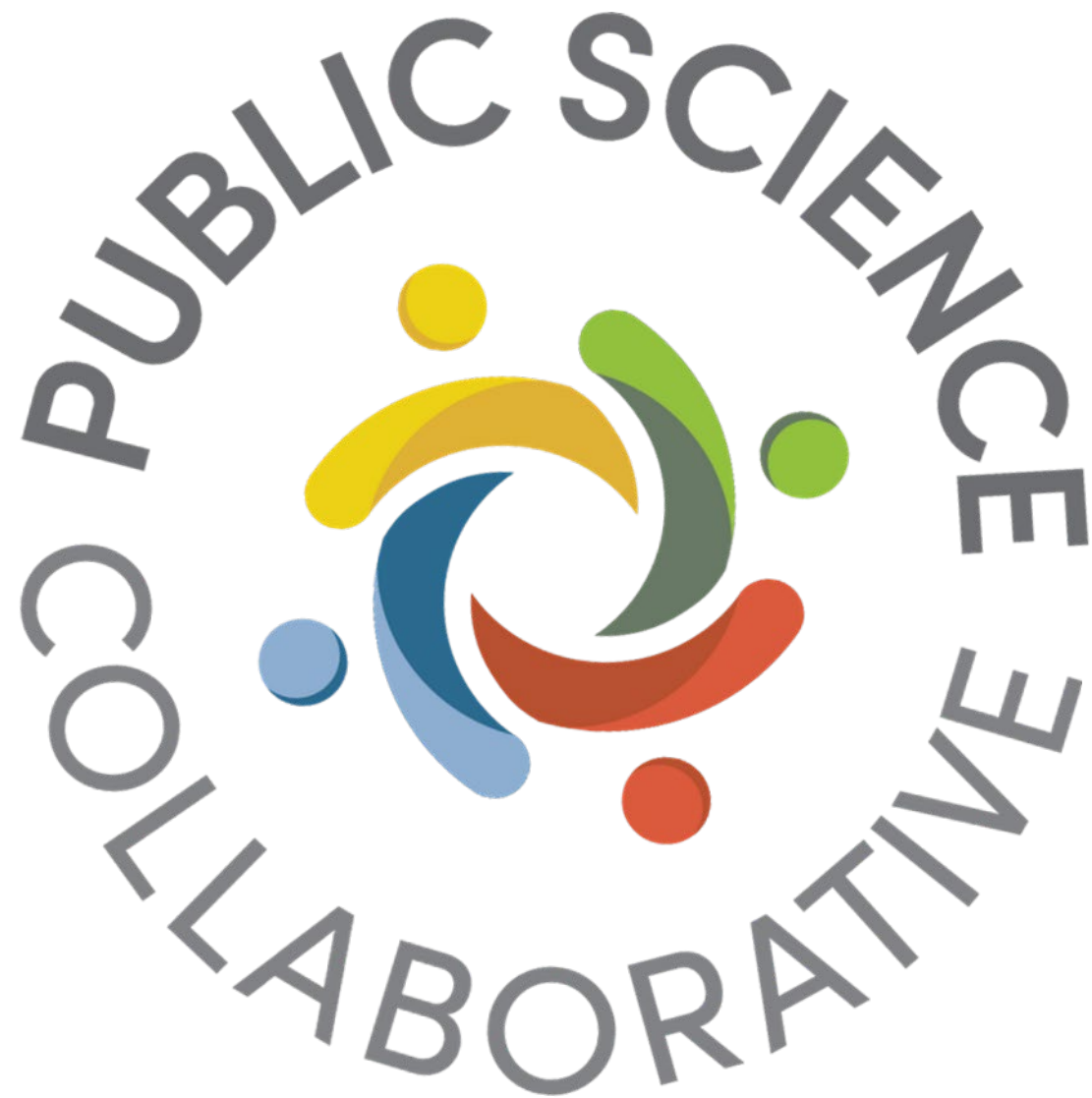




AGENDA

TODAY WE WILL DISCUSS...:

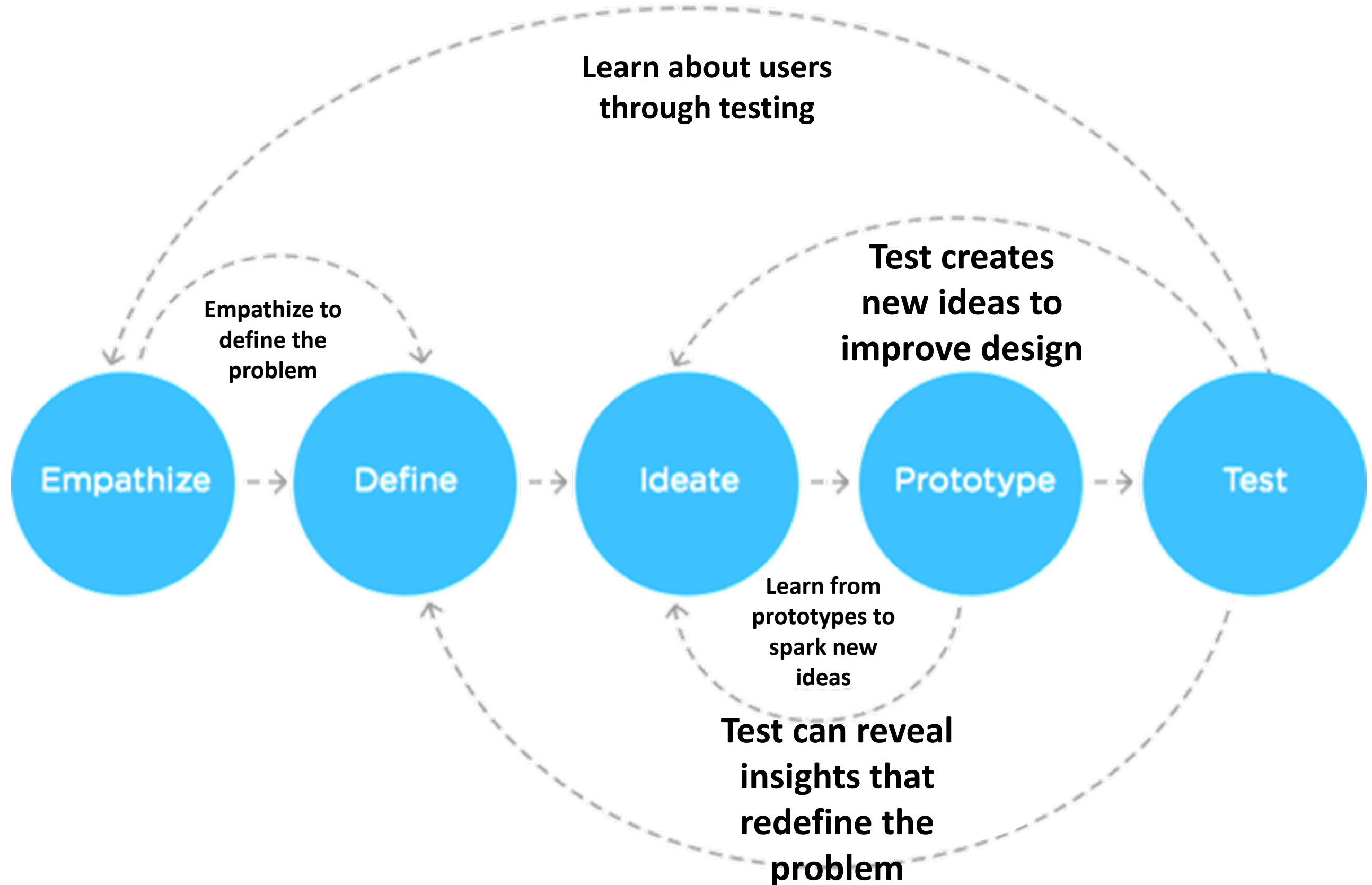
- 1. HUMAN-CENTERED DESIGN**
- 2. CASE STUDY 1- QUICK**
- 3. CASE STUDY 2- SLOW**
- 4. KEY TAKEAWAY: ENGAGE PEOPLE!!**



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



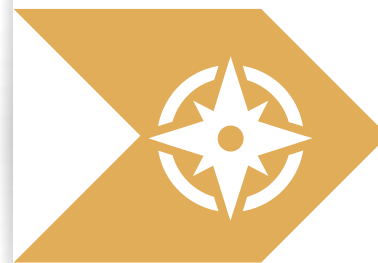
User Experience & Messaging

- (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

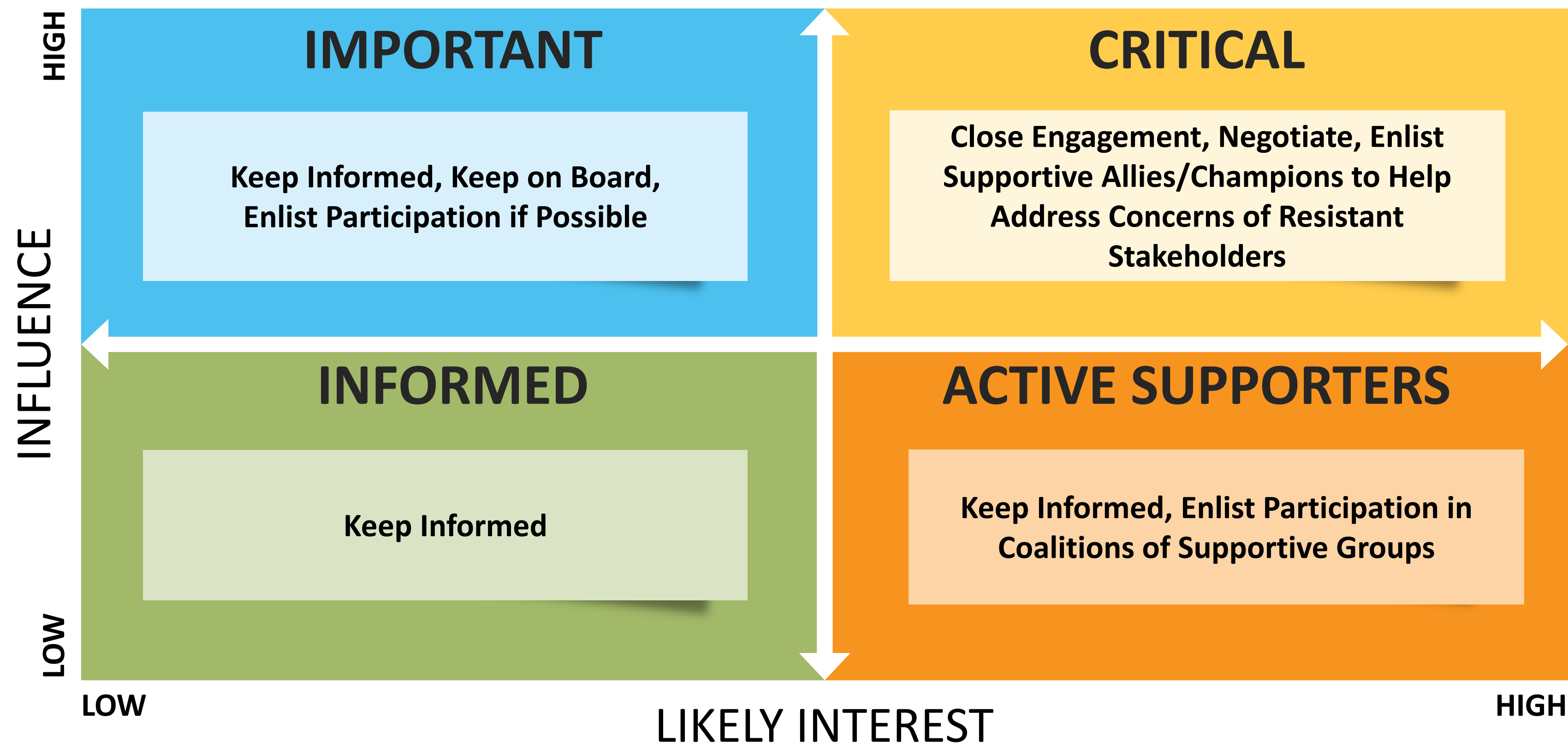


Stakeholder Mapping & Target Audience Profiles

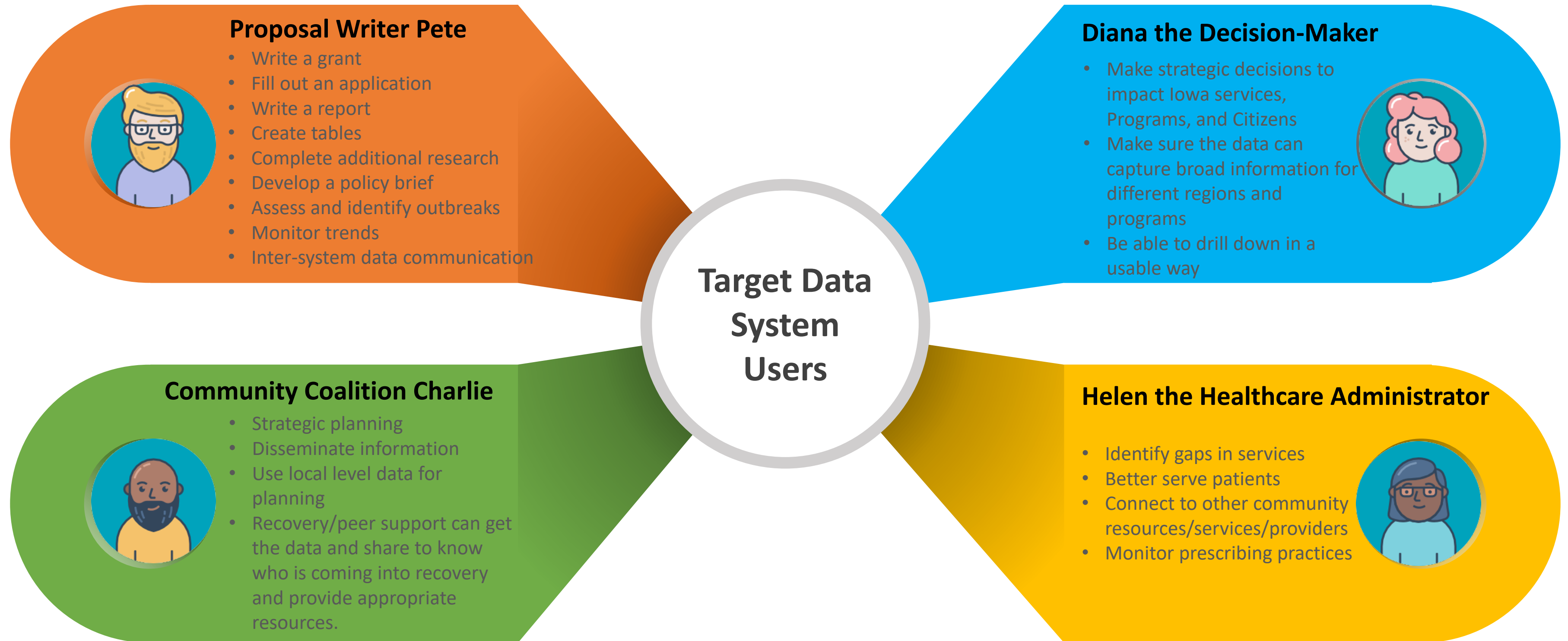
- Clearly defining stakeholders and key users of the data system (personas) gives a fuller understanding of the platform users.
- Helps make outreach, design, and content decisions to answer user-identified needs in an approachable and engaging way.
- Human-centered approach means *a better design tool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

Line graph showing the percentage of students using prescription pain medications without a prescription or differently than how a doctor instructed, by grade (8, 9, 11) in 2013, 2016, and 2019. The Y-axis represents the Percent of students (0.5% to 5.0%). The X-axis represents the years (2013, 2016, 2019). The legend indicates Grade 11 (blue), Grade 9 (green), and Grade 8 (red).

Grade	2013	2016	2019
Grade 11	2.8%	4.8%	3.1%
Grade 9	1.6%	2.9%	3.5%
Grade 8	0.6%	2.3%	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.

Hover over data points to view number of treatment admissions for the year.

Line graph showing the number of admissions to substance use disorder treatment by substance (Alcohol, Methamphetamine, Injection Drug Use, Heroin, Other Opiates) from 2011 to 2019. The Y-axis represents the Number of admissions to SUD treatment (0 to 25,000). The X-axis represents the years (2011 to 2019). The legend indicates Alcohol (red), Methamphetamine (blue), Injection Drug Use (teal), Heroin (purple), and Other Opiates (green).

Substance	2011	2012	2013	2014	2015	2016	2017	2018	2019
Alcohol	24,500	23,500	22,500	22,000	21,500	20,500	21,500	21,000	22,500
Methamphetamine	4,500	5,500	6,500	8,000	9,500	12,000	14,000	15,500	17,000
Injection Drug Use	4,000	5,000	6,000	7,500	9,000	10,000	11,000	10,500	13,500
Heroin	3,000	4,000	5,000	6,000	7,000	8,000	7,500	6,500	7,000
Other Opiates	3,500	4,500	5,000	4,500	4,000	3,500	3,000	2,500	2,000

[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 Missouri's 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 were due to opioid-involved overdose. 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 major data source that can be used to report a more informed opinion on 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 at most need.

Insurance Paysers

Missouri Opioid Misuse Emergency Room Discharges (2016-2018)

Insurance Payer	Estimated Number of Discharges	Estimated Insurance Payer Charge Total
Self Pay/Other Payer	28%	\$31,811,129
Medicaid	51%	\$15,756,360
Commercial Insurance	21%	\$1,501,429
Other (PPO/ACA)	0%	\$0
Total	100%	\$116,733,575

THE IMPACT ON THE FUTURE

Neonatal Abstinence Syndrome (NAS) can mean costly lives when a mother exposes a infant to addictive substances in utero or passes the substance to her infant through breast milk or the placenta. The infant will then experience withdrawal symptoms, separate from the substance, causing a lot of physical discomfort.

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

Year	Rural counties	Neonatal neonatal exposure	Total
2016	1,287	0	1,287
2017	1,068	0	1,068
2018	1,211	0	1,211

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 bloodstream 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 Response Team in St. Louis to reduce overdose deaths and homicides within the boundaries of the City of St. Louis, where overdose death

April 10, 2024 - 10:59 AM
COVID-19 is still spreading, even as the vaccine is tested. Wear a mask, social distance and stay up-to-date on New York State's vaccination program.
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Department of Health

You are here: [Home Page](#) > [Prevention Agenda State Page](#) > [Prevention Agenda State Dashboard](#)

New York State Prevention Agenda Dashboard - State Level

[State dashboard](#)
[County Dashboard](#)
[Sub-County](#)
[About This Site](#)
[Prevention Agenda 2019-2024](#)

[State dashboard home](#)
[Data table](#)
[Health Data NY](#)

Filter by State Status on:

PA 2024 Objective: Met ☒ Not Met ☐

Indicator Performance: Improved ☒ No Change ☐ Worsened ☐

☒ Improve Health Status and Reduce Health Disparities

Prevention Agenda (PA) Indicator	Data Views	PA 2024 Objective and Most Recent Data	Indicator Performance				
1 - Percentage of premature deaths (before age 65 years)	 	<div style="display: flex; justify-content: space-between;"> <div> Boric Boncompagni Tutor </div> <div> <table border="1" style="font-size: small;"> <tr><td>NYS</td><td>21.4</td></tr> <tr><td>PA 2024</td><td>22.8</td></tr> </table> </div> </div>	NYS	21.4	PA 2024	22.8	<div style="background-color: #d4edda; width: 100px; height: 20px; margin: auto;"></div> <p>● SIGNIFICANTLY IMPROVED</p>
NYS	21.4						
PA 2024	22.8						
1.1 - Premature deaths (before age 65 years), difference in percentages between Black non-Hispanics and White non-Hispanics	 	<div style="display: flex; justify-content: space-between;"> <div> Boric Boncompagni Tutor </div> <div> <table border="1" style="font-size: small;"> <tr><td>NYS</td><td>19.6</td></tr> <tr><td>PA 2024</td><td>17.5</td></tr> </table> </div> </div>	NYS	19.6	PA 2024	17.5	<div style="background-color: #fff3cd; width: 100px; height: 20px; margin: auto;"></div> <p>● NO SIGNIFICANT CHANGE</p>
NYS	19.6						
PA 2024	17.5						
1.2 - Premature deaths (before age 65 years), difference in percentages between Hispanics and White non-Hispanics	 	<div style="display: flex; justify-content: space-between;"> <div> Boric Boncompagni Tutor </div> <div> <table border="1" style="font-size: small;"> <tr><td>NYS</td><td>16.5</td></tr> <tr><td>PA 2024</td><td>14.2</td></tr> </table> </div> </div>	NYS	16.5	PA 2024	14.2	<div style="background-color: #fff3cd; width: 100px; height: 20px; margin: auto;"></div> <p>● NO SIGNIFICANT CHANGE</p>
NYS	16.5						
PA 2024	14.2						
2 - Potentially preventable hospitalizations among adults, age-adjusted rate per 10,000	 	<div style="display: flex; justify-content: space-between;"> <div> Boric Boncompagni Tutor </div> <div> <table border="1" style="font-size: small;"> <tr><td>NYS</td><td>126.1</td></tr> <tr><td>PA 2024</td><td>115.0</td></tr> </table> </div> </div>	NYS	126.1	PA 2024	115.0	<div style="background-color: #f8d7da; width: 100px; height: 20px; margin: auto;"></div> <p>● SIGNIFICANTLY WORSENOED</p>
NYS	126.1						
PA 2024	115.0						
2.1 - Potentially preventable hospitalizations among adults, difference in age-adjusted rates per 10,000 between Black non-Hispanics and White non-Hispanics	 	<div style="display: flex; justify-content: space-between;"> <div> Boric Boncompagni Tutor </div> <div> <table border="1" style="font-size: small;"> <tr><td>NYS</td><td>108.4</td></tr> <tr><td>PA 2024</td><td>94.0</td></tr> </table> </div> </div>	NYS	108.4	PA 2024	94.0	<div style="background-color: #f8d7da; width: 100px; height: 20px; margin: auto;"></div> <p>● SIGNIFICANTLY WORSENOED</p>
NYS	108.4						
PA 2024	94.0						
2.2 - Potentially preventable hospitalizations among adults, difference in age-adjusted rates per 10,000 between Hispanics and White non-Hispanics	 	<div style="display: flex; justify-content: space-between;"> <div> Boric Boncompagni Tutor </div> <div> <table border="1" style="font-size: small;"> <tr><td>NYS</td><td>23.9</td></tr> <tr><td>PA 2024</td><td>22.9</td></tr> </table> </div> </div>	NYS	23.9	PA 2024	22.9	<div style="background-color: #fff3cd; width: 100px; height: 20px; margin: auto;"></div> <p>● NO SIGNIFICANT CHANGE</p>
NYS	23.9						
PA 2024	22.9						
3 - Percentage of adults with health insurance, aged 18-64 years	 	<div style="display: flex; justify-content: space-between;"> <div> Boric Boncompagni Tutor </div> <div> <table border="1" style="font-size: small;"> <tr><td>NYS</td><td>92.8</td></tr> <tr><td>PA 2024</td><td>97.0</td></tr> </table> </div> </div>	NYS	92.8	PA 2024	97.0	<div style="background-color: #d4edda; width: 100px; height: 20px; margin: auto;"></div> <p>● SIGNIFICANTLY IMPROVED</p>
NYS	92.8						
PA 2024	97.0						
4 - Adults who have a regular health care provider, age-adjusted percentage	 	<div style="display: flex; justify-content: space-between;"> <div> Boric Boncompagni Tutor </div> <div> <table border="1" style="font-size: small;"> <tr><td>NYS</td><td>81.9</td></tr> <tr><td>PA 2024</td><td>86.7</td></tr> </table> </div> </div>	NYS	81.9	PA 2024	86.7	<div style="background-color: #fff3cd; width: 100px; height: 20px; margin: auto;"></div> <p>● NO SIGNIFICANT CHANGE</p>
NYS	81.9						
PA 2024	86.7						

[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)

© OpenStreetMap contributors

Rate 32.1 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.

Source: Washington Department of Health, Prescription Monitoring Program


California Opioid Overdose Surveillance Dashboard

[Home](#)
[California Dashboard](#)
[Download State Report](#)
[County Dashboards](#)
[Shareable Map](#)

[Data Definitions](#)
[Technical Notes](#)
[Data Publications](#)

[Using the Dashboard](#)
[Resources](#)

[Contact us: \[csoph@cdph.ca.gov\]\(mailto:csoph@cdph.ca.gov\)](#)
[Find a bug? Report it!](#)



California State Office of Public Health

Developed by A-Z Library

Funded by:

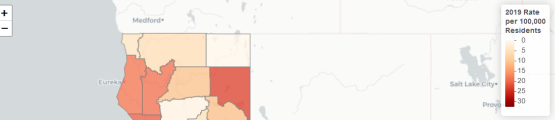
[Centers for Disease Control and Prevention](#)
[Overdose Data to Action Grant](#)
[Enhanced State Opioid Overdose Surveillance Grant](#)
[Department of Justice Grant](#)

California Dashboard

[Map](#)
[Graph](#)
[Table](#)
[Select Display Options](#)

Any Opioid-Related Overdeaths - Total Population, 2019

Age-Adjusted Rate per 100,000 Residents

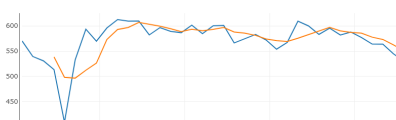


Geographic Distribution

[Graph](#)
[Table](#)
[Select Display Options](#)

Opioid Prescriptions (excl bup) - Total Population

Age-Adjusted Rate per 1,000 Residents




Time Trend

[Bar Chart](#)
[Table](#)
[Graph](#)
[Select Display Options](#)

Any Opioid-Related Overdeaths by Age Groups, 2019

Crude Rate per 100,000 Residents



Demographic Breakdown

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?

[Connecticut Dashboard Link](#)

[Connecticut Dashboard Link](#)



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

41. Some data points may be misleading without context



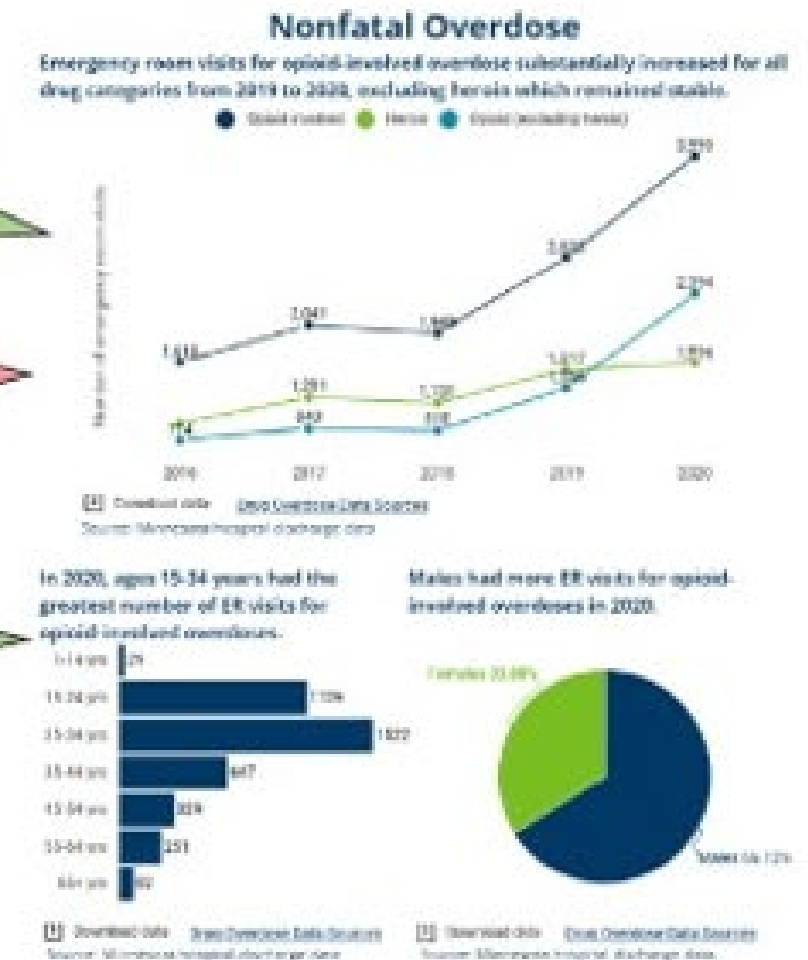
42. Graph is difficult to read, with too much text

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

Minnesota:

[Minnesota Dashboard Link](#)



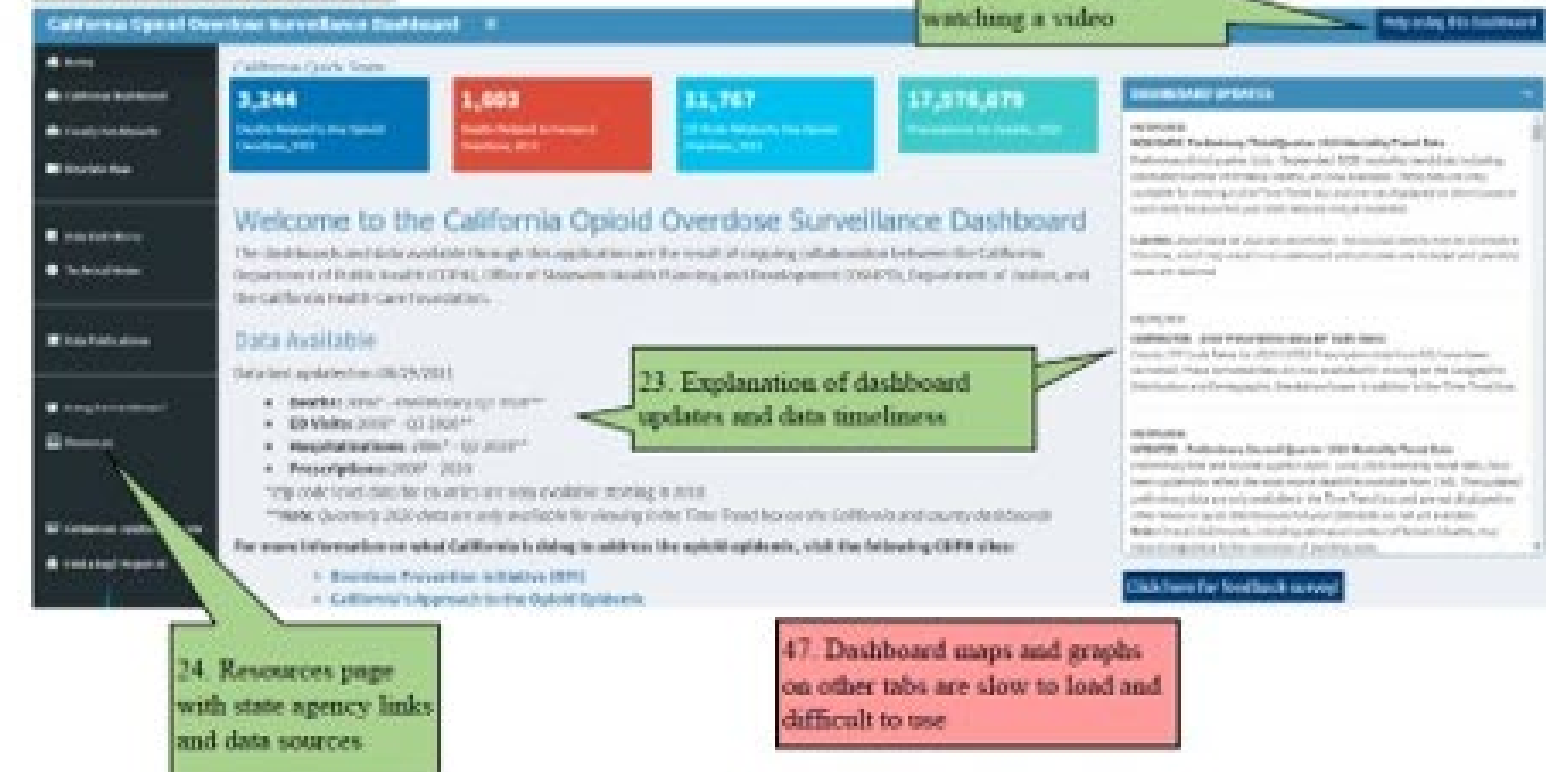
46. No interactivity, unable to see county trends or county map

- 21. Provides main take-away for each graph

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



[California Dashboard Link](#)



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

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

Everyone needs:

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

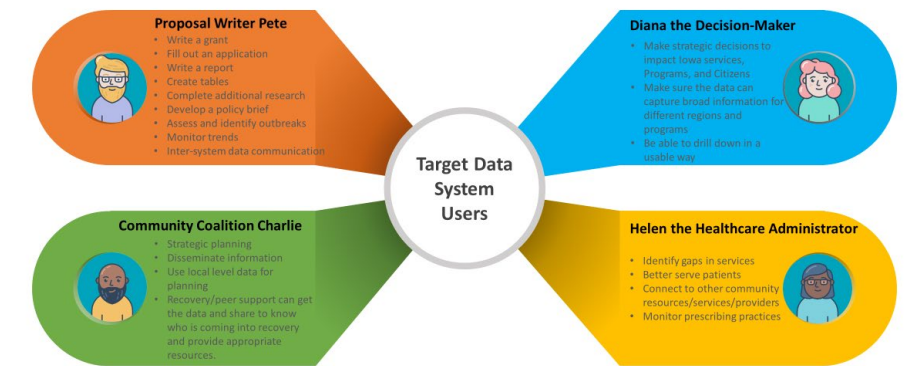
Pete (proposals)

- Downloadable images
- Time trends

Charlie (coalitions)

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

Four Key Users of IHIP System



Diane (decisions)

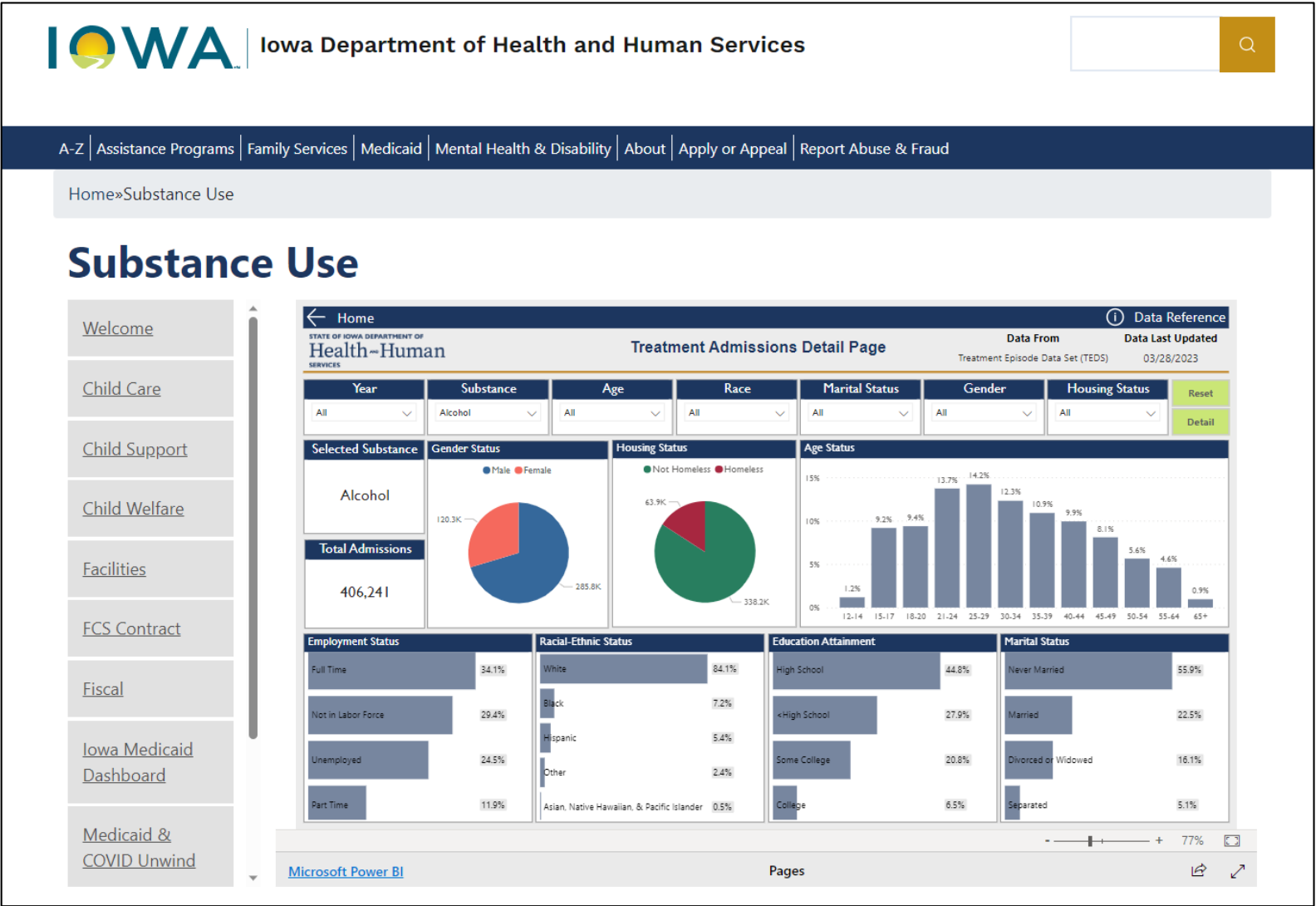
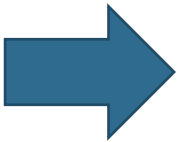
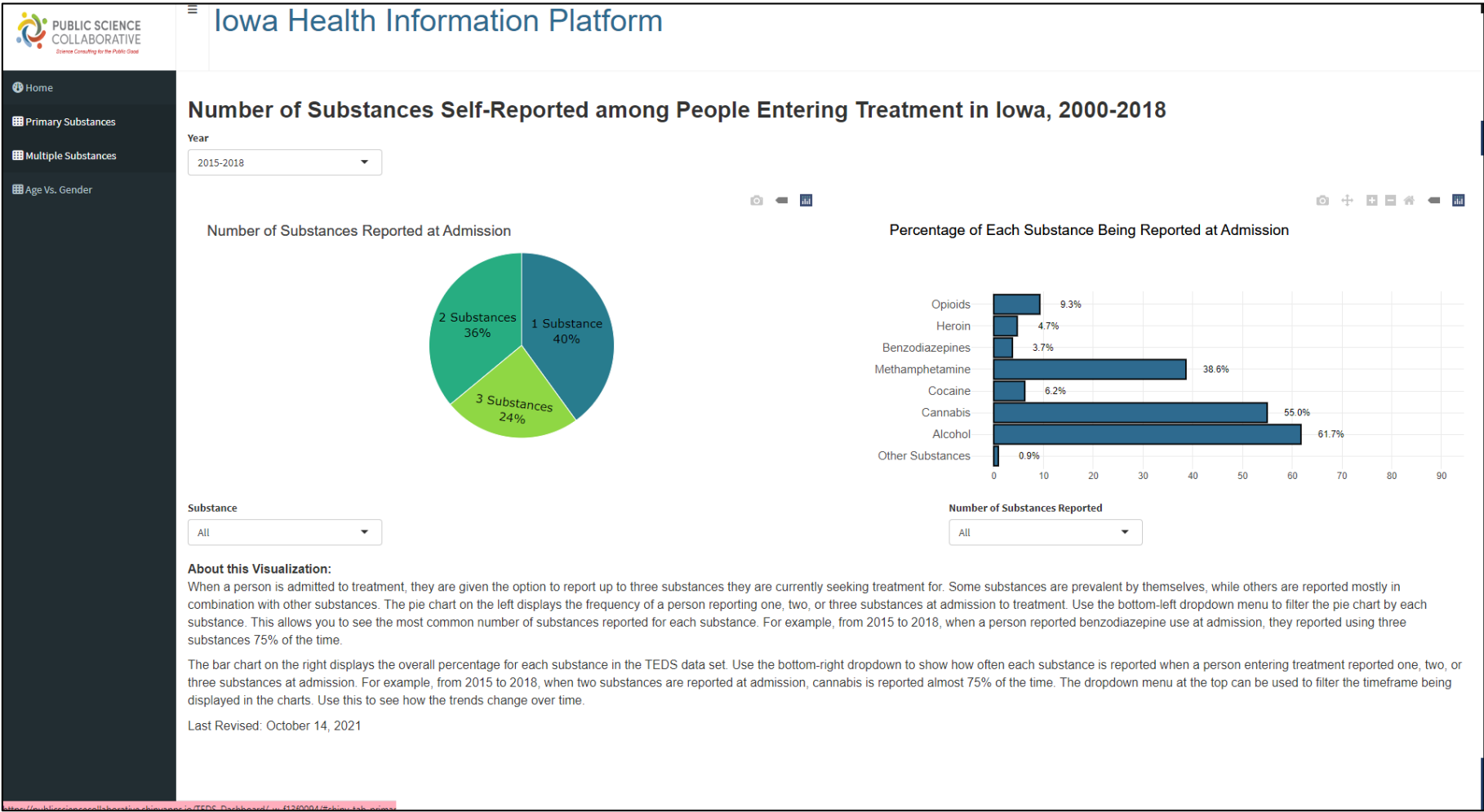
- Table of contents
- High chart interaction
- State initiatives

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

LEARNING FROM LEADERS

National recovery leaders suggest 8 tips for building impactful Recovery Community Centers

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.

This publication was made possible by funding from the Iowa Department of Public Health Substance Use Bureau, Centers for Disease Control, and Substance Use and Mental Health Services Administration. 2020.

PUBLIC SCIENCE COLLABORATIVE
Science Consulting for the Public Good

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-indexes 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.

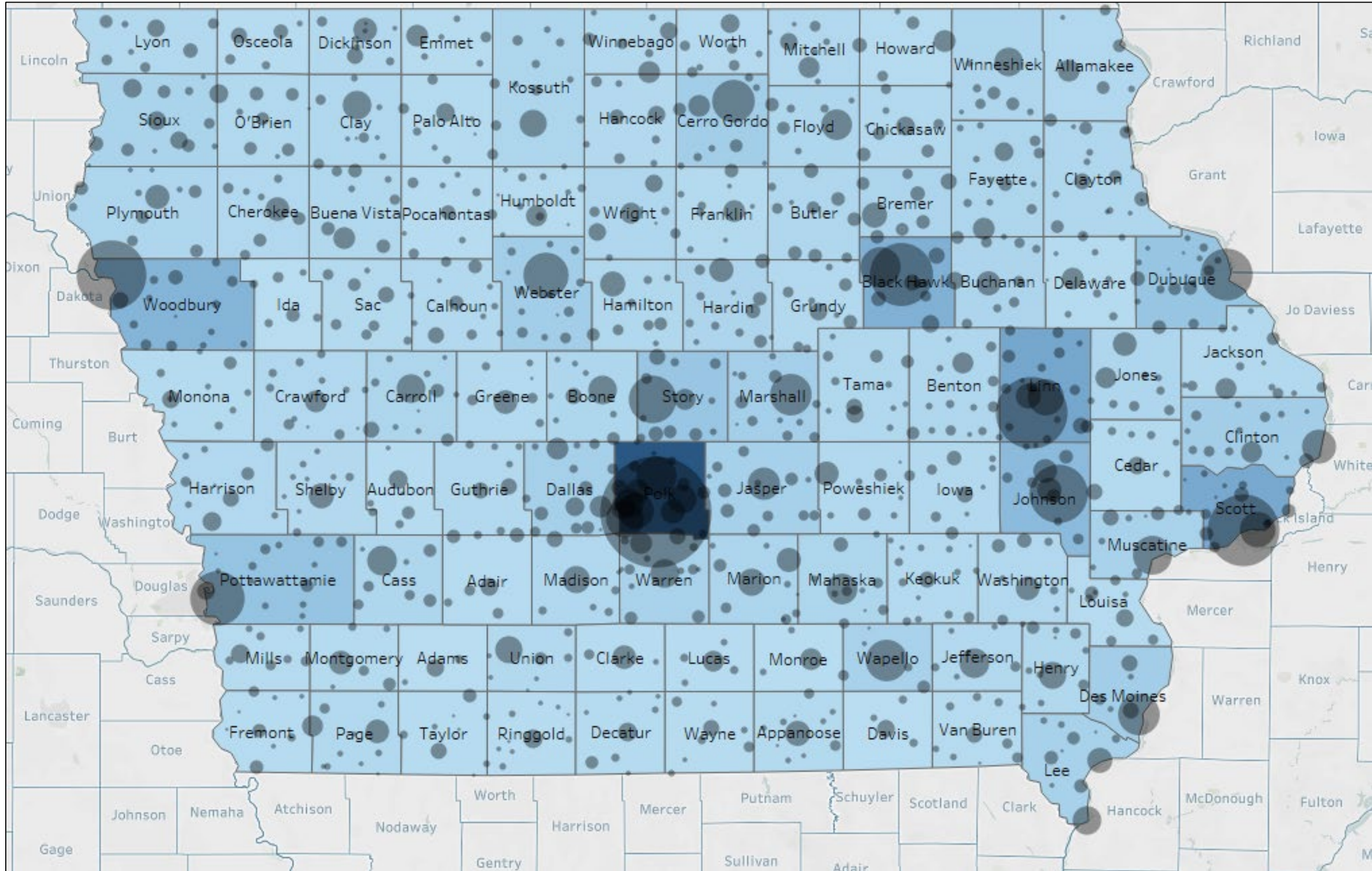
Scan here to learn more! →



IOWA'S COMMUNITY RESOURCES

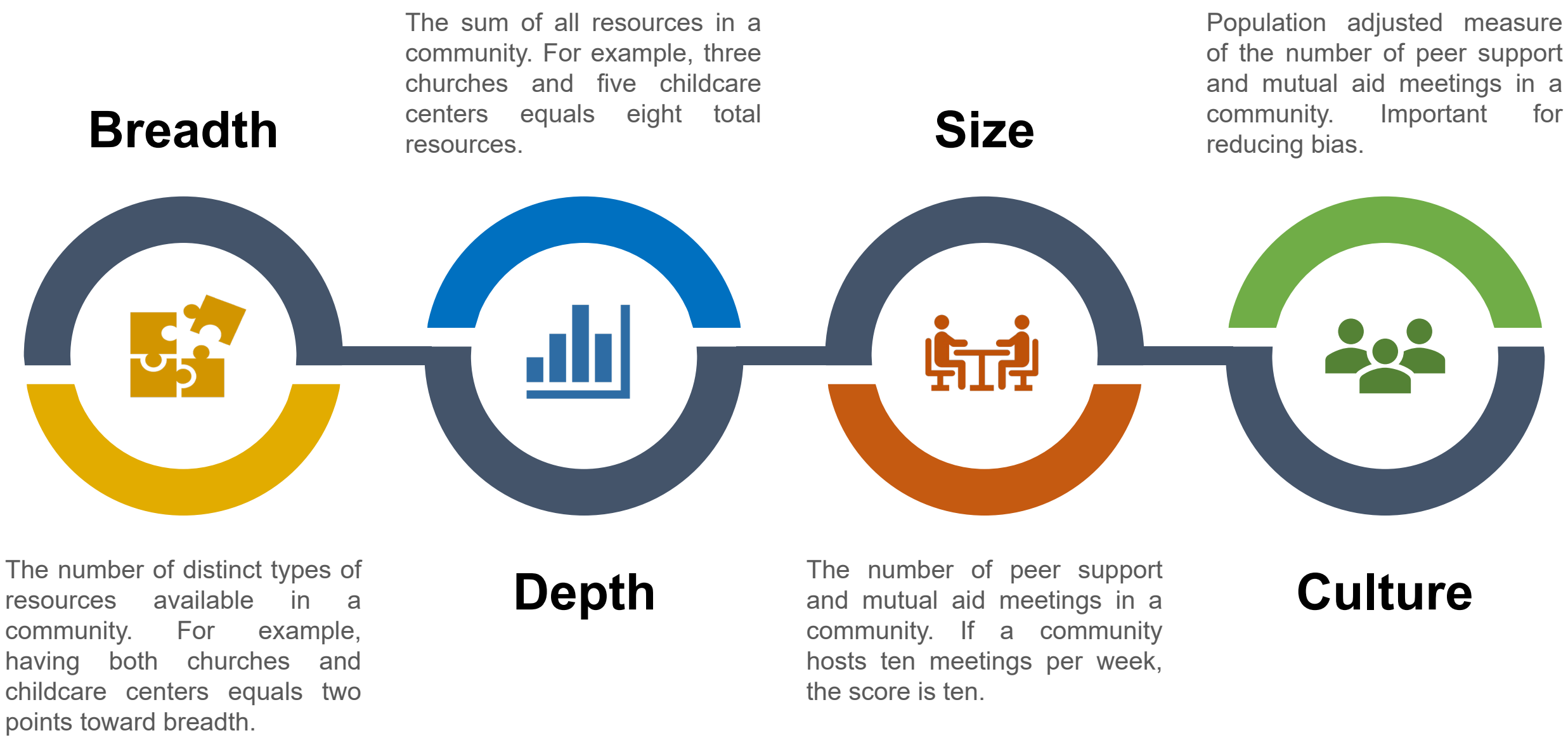


MAP RECOVERY RESOURCES



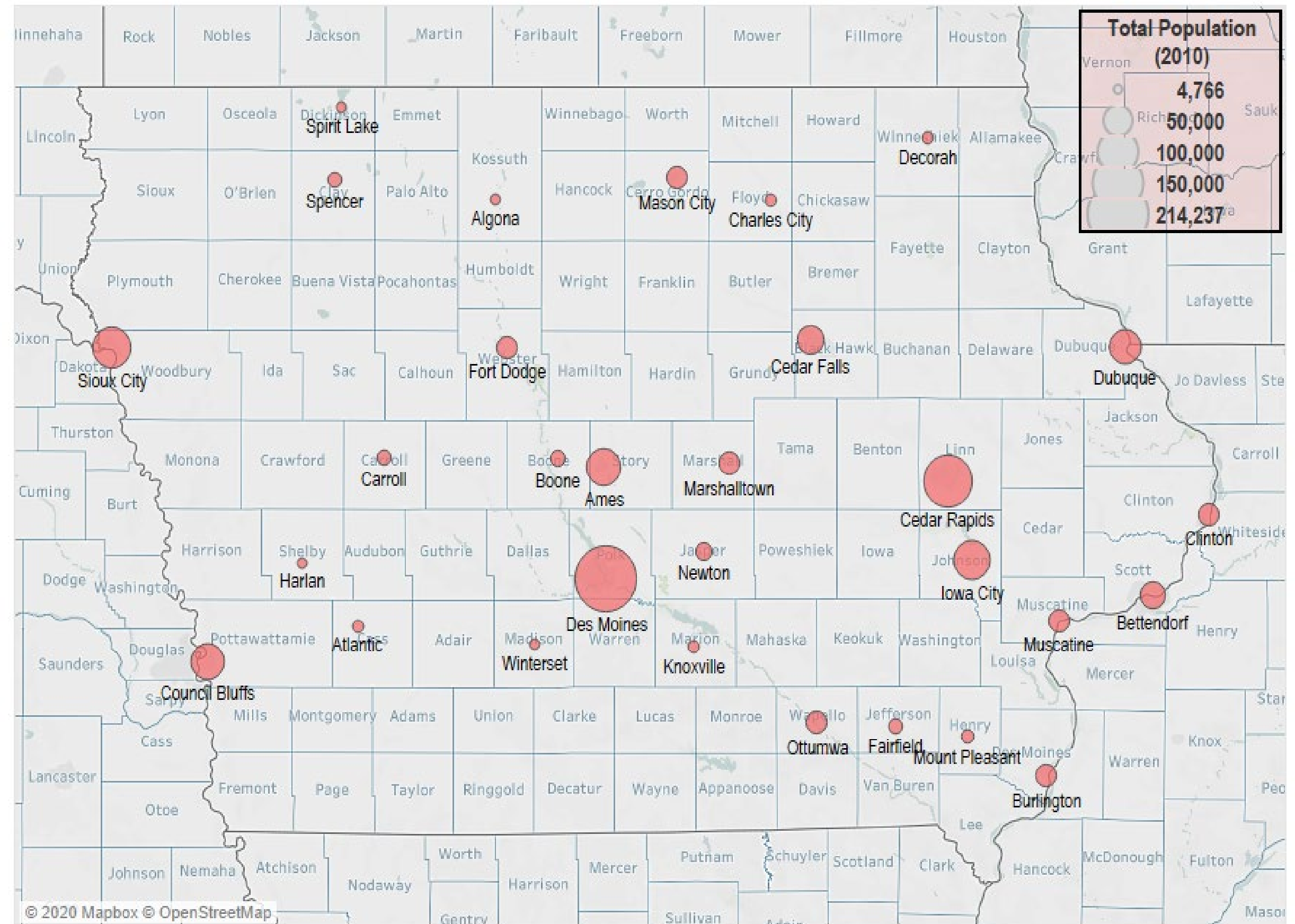


RECOVERY READY COMMUNITY INDEX



IDENTIFIED 30 RECOVERY READY COMMUNITIES ACROSS THE STATE

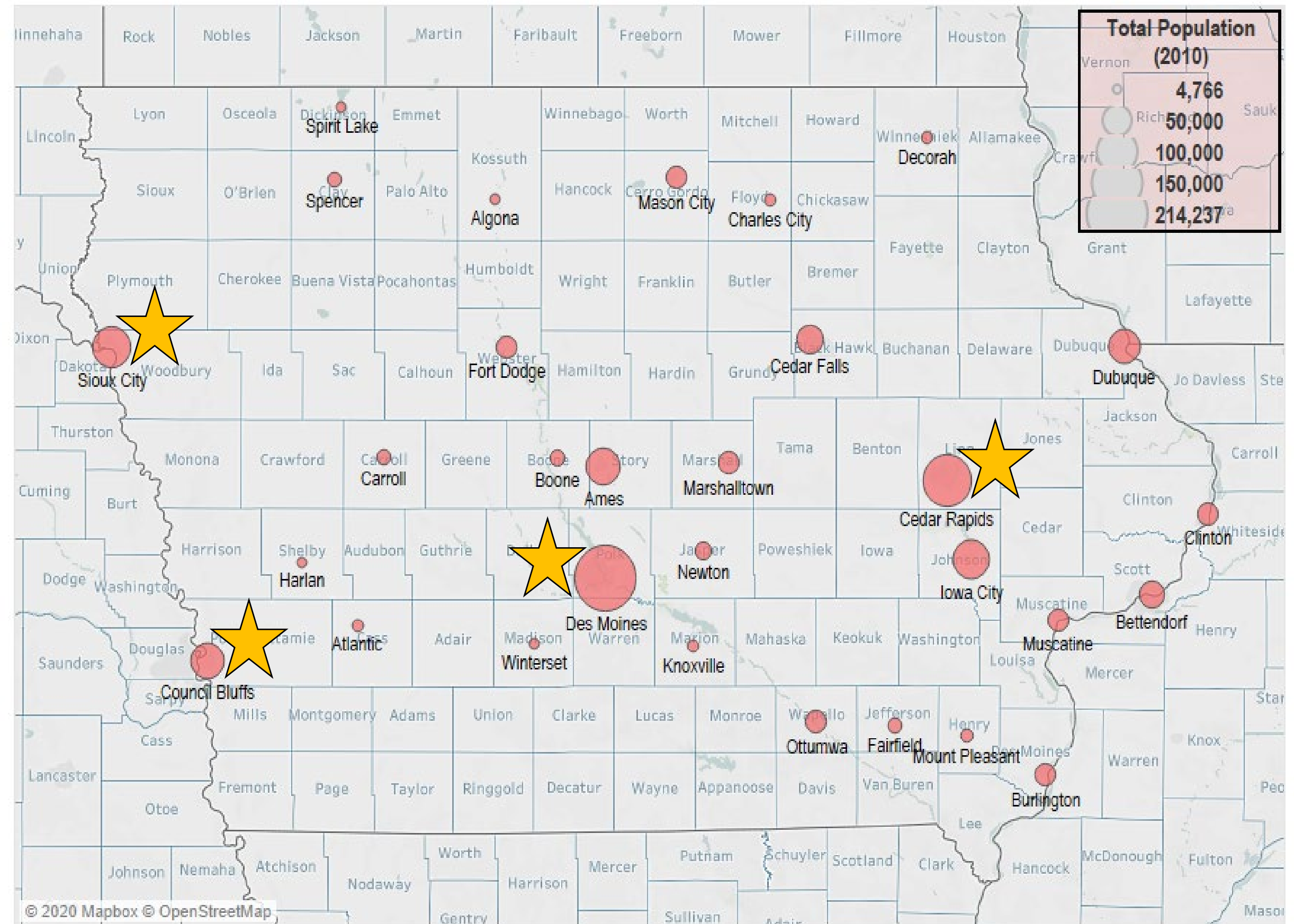
TOP 30 RECOVERY READY COMMUNITIES



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.

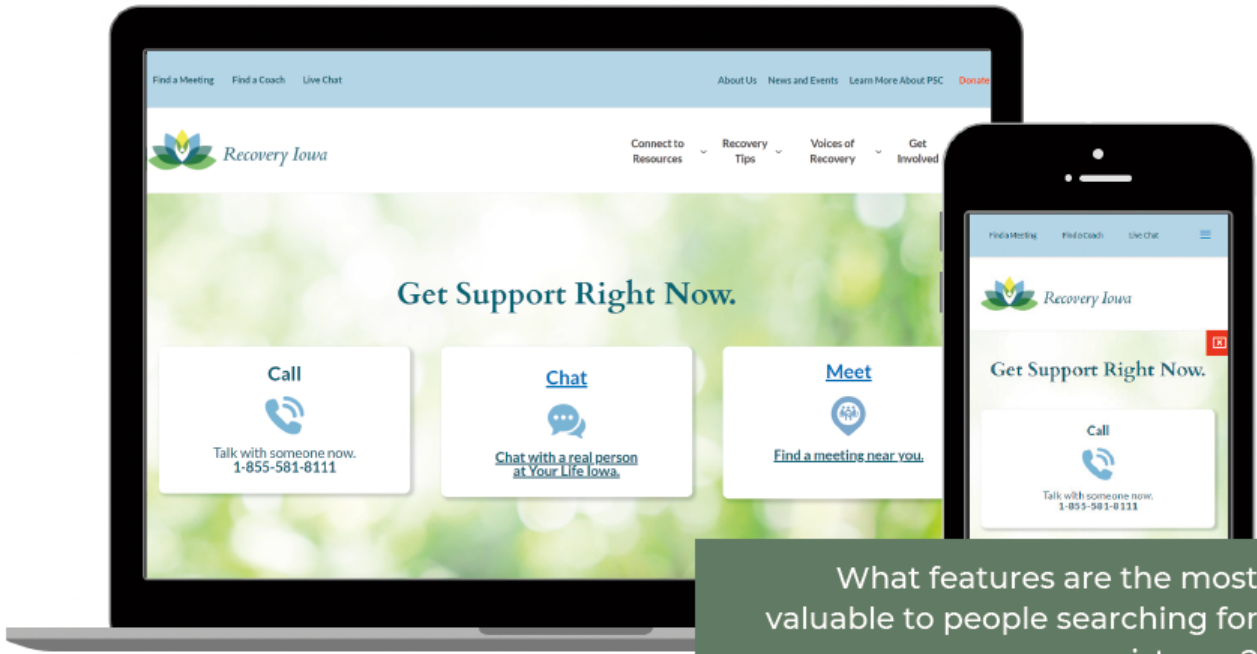
Scan here to learn more! →



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!



public-science.org/recoveryresources/index_desktop.php

Recovery Resources

+ 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)

+ Tell us about unlisted resources

PUBLIC SCIENCE COLLABORATIVE

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)

public-science.org/communityresources/index_desktop.php

Well-being Resources

Search (addresses, places, or zip-codes, etc)

+ Tell us about unlisted resources

+ 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)

YMCAs (46)

Bike trails

Traffic

Cluster markers

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

YMCAs

Childcare provider

Valarie Berry

[2316 Indianola AVE, Des Moines, IA, 50315](#)

Phone: (515) 639-5530

City: Des Moines (population: 212031)

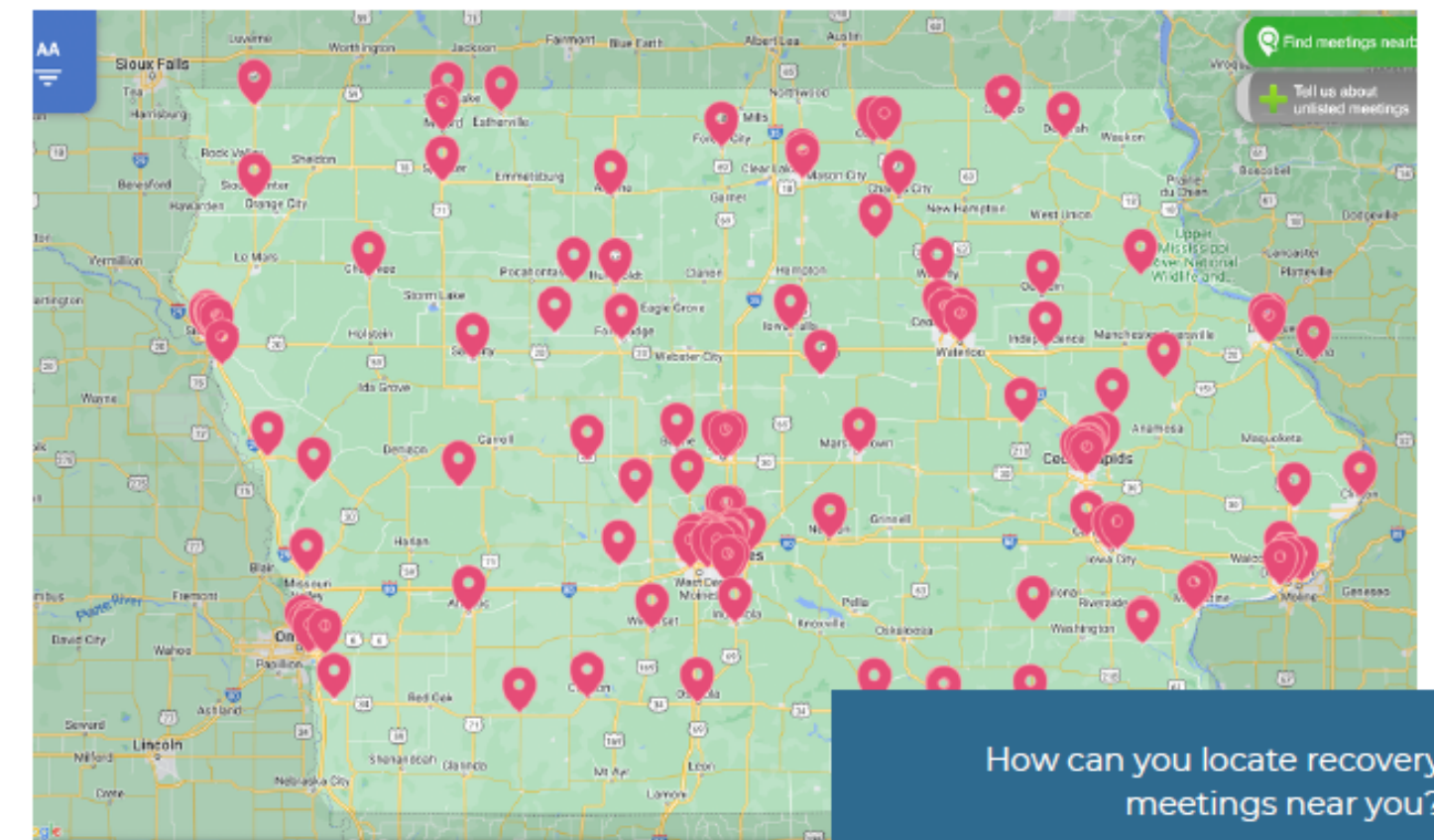
County: Polk (population: 496844)

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



How can you locate recovery
meetings near you?

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

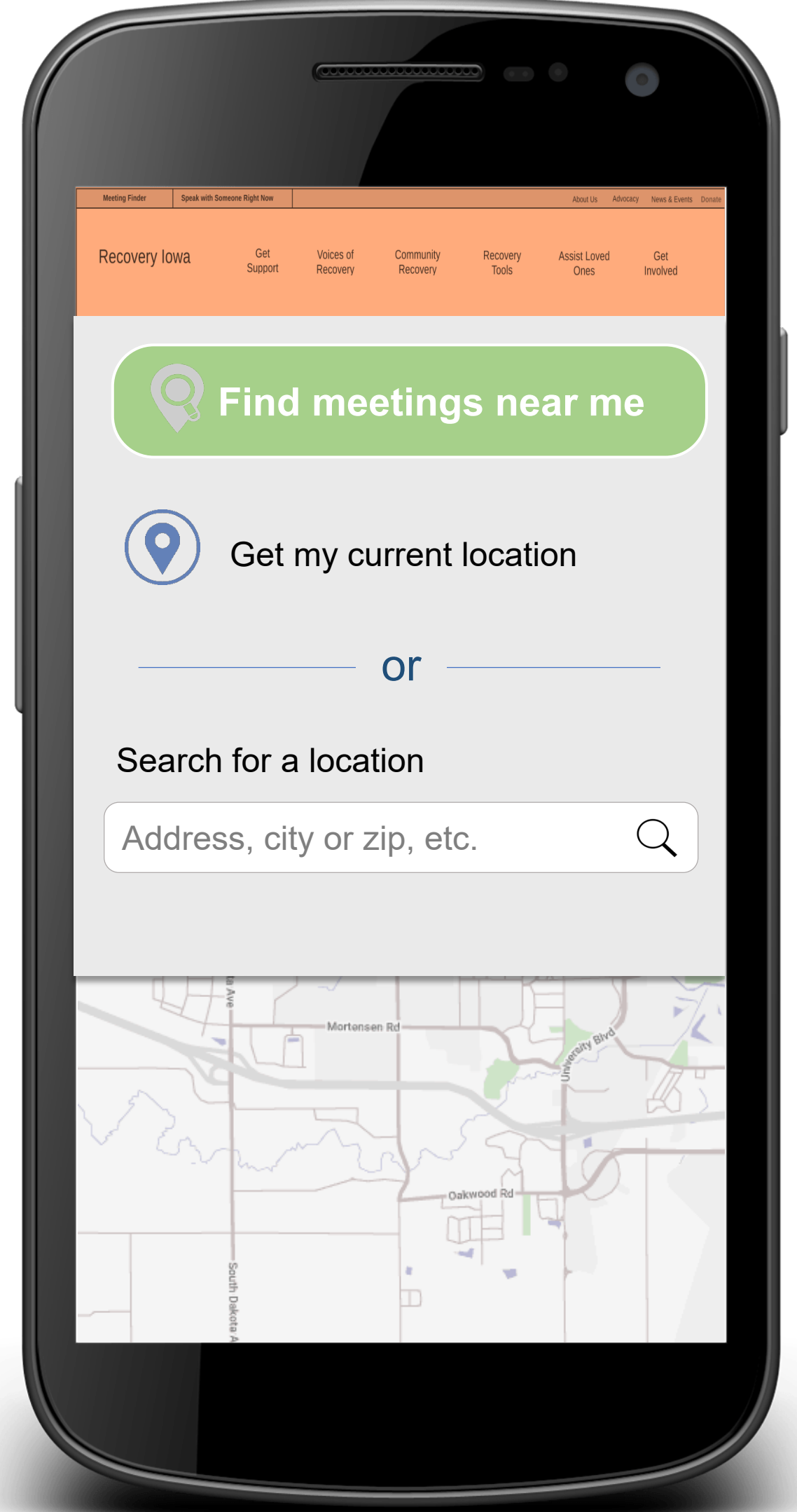
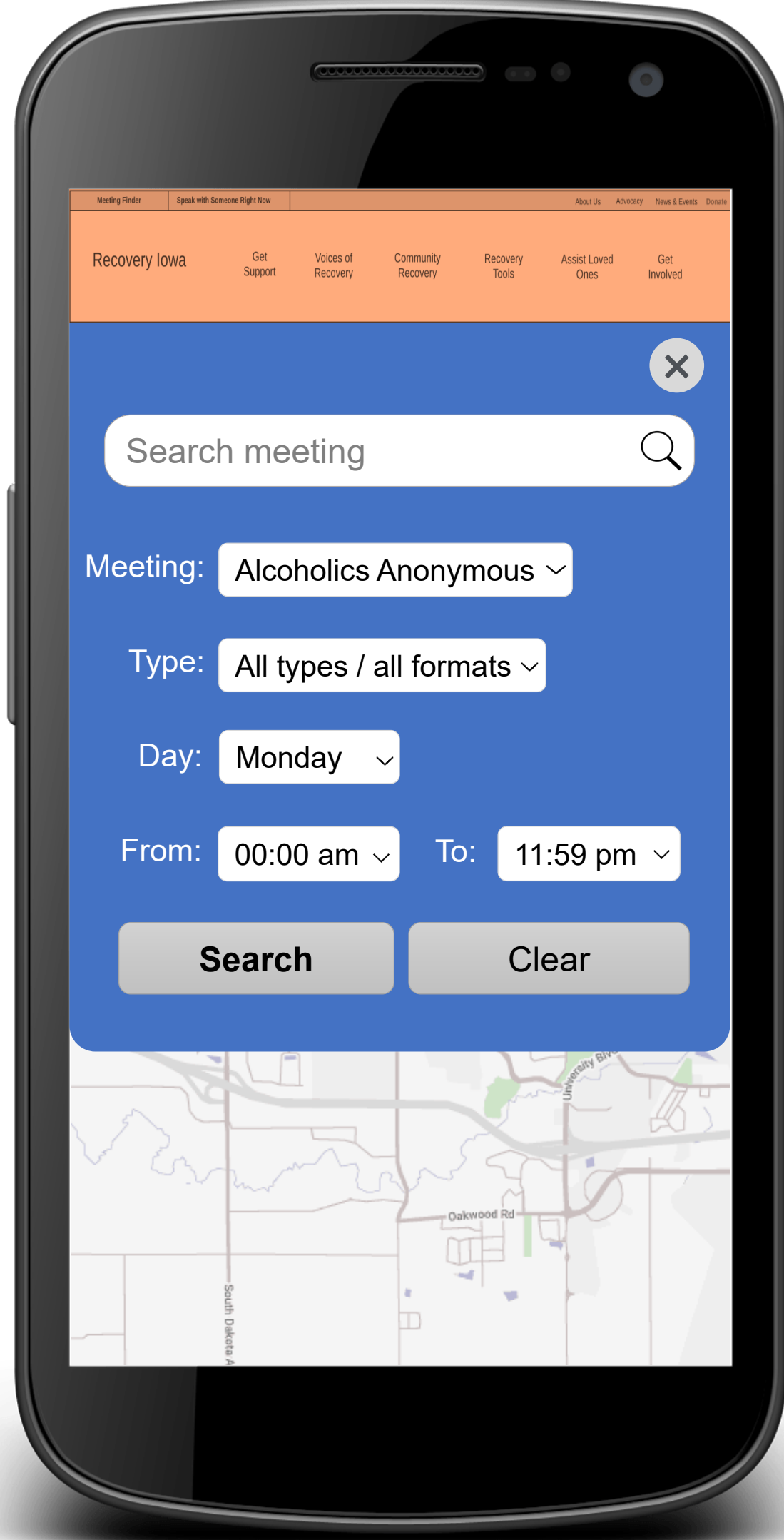
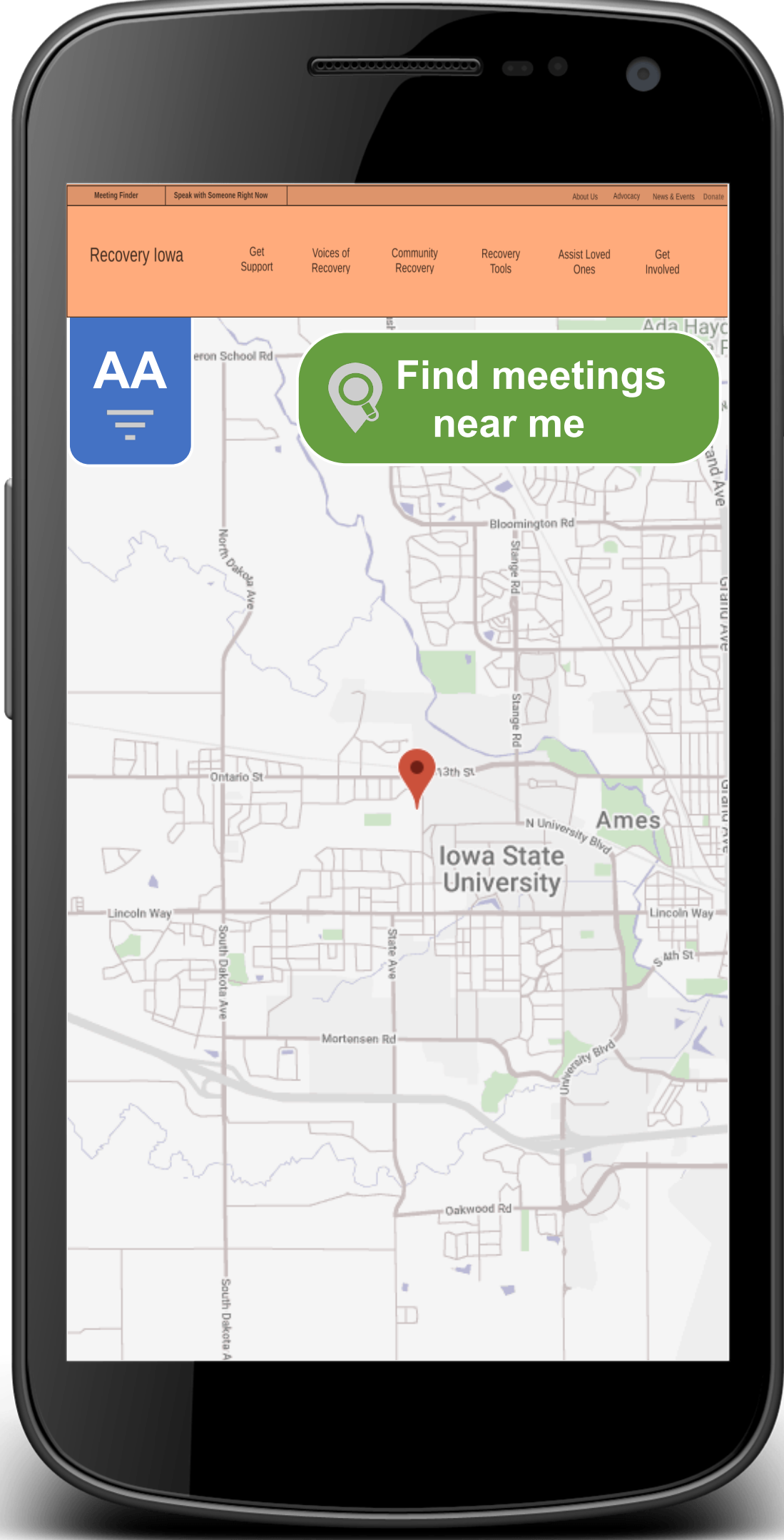
With a responsive design, PSC Meeting Finder Tool runs efficiently and quickly on many computers and mobile devices such as smartphones.

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>
Q to access this recovery
resource.







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

IDS Legal Approach

Memorandum of Agreement (MOA)

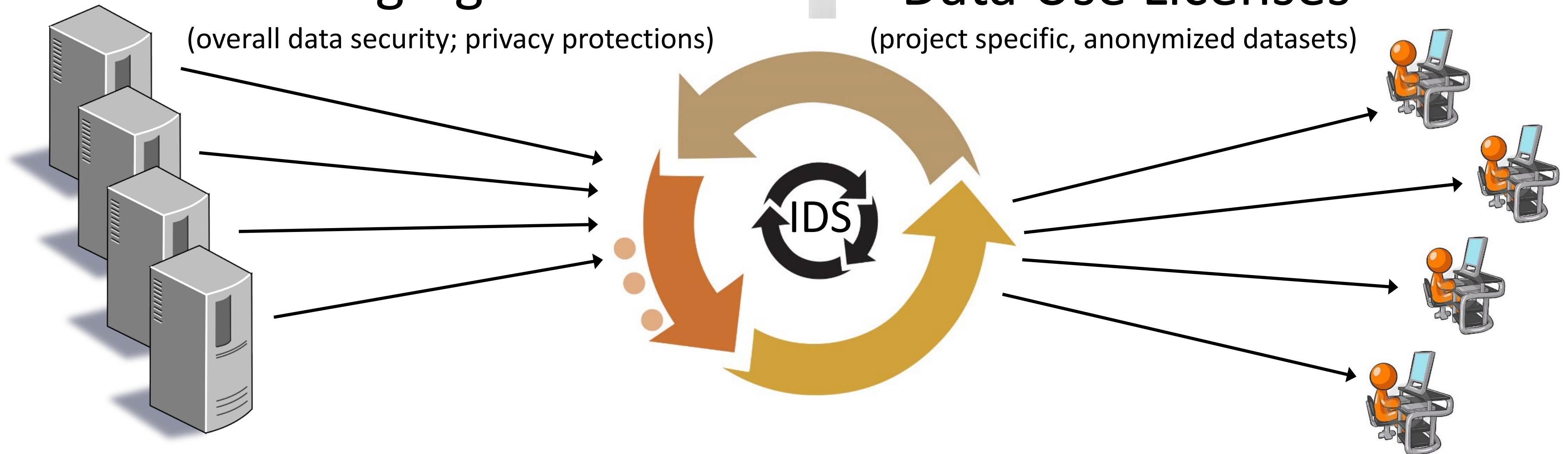
("business use" of the IDS to serve Departments)

Data Sharing Agreements

(overall data security; privacy protections)

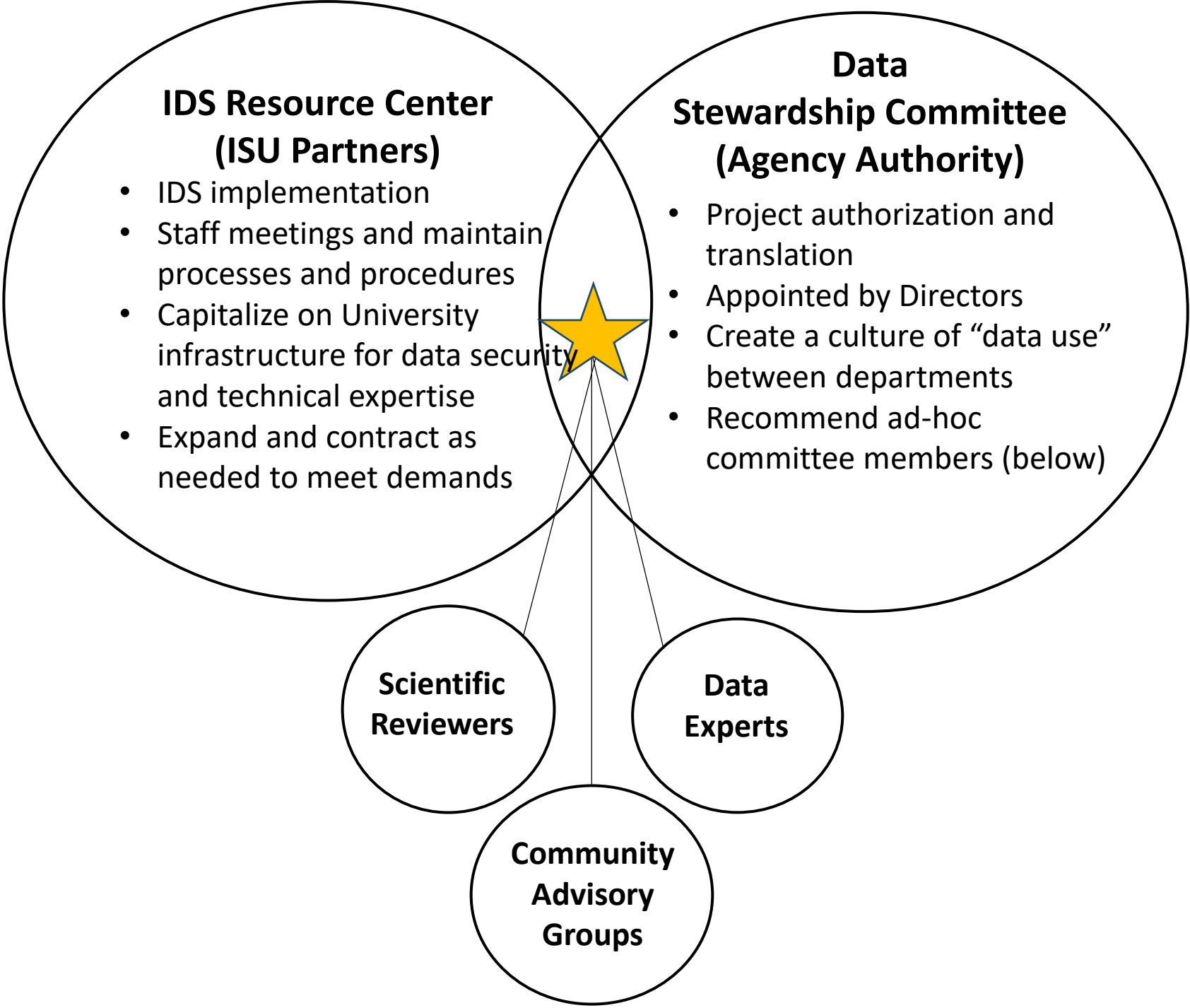
Data Use Licenses

(project specific, anonymized datasets)



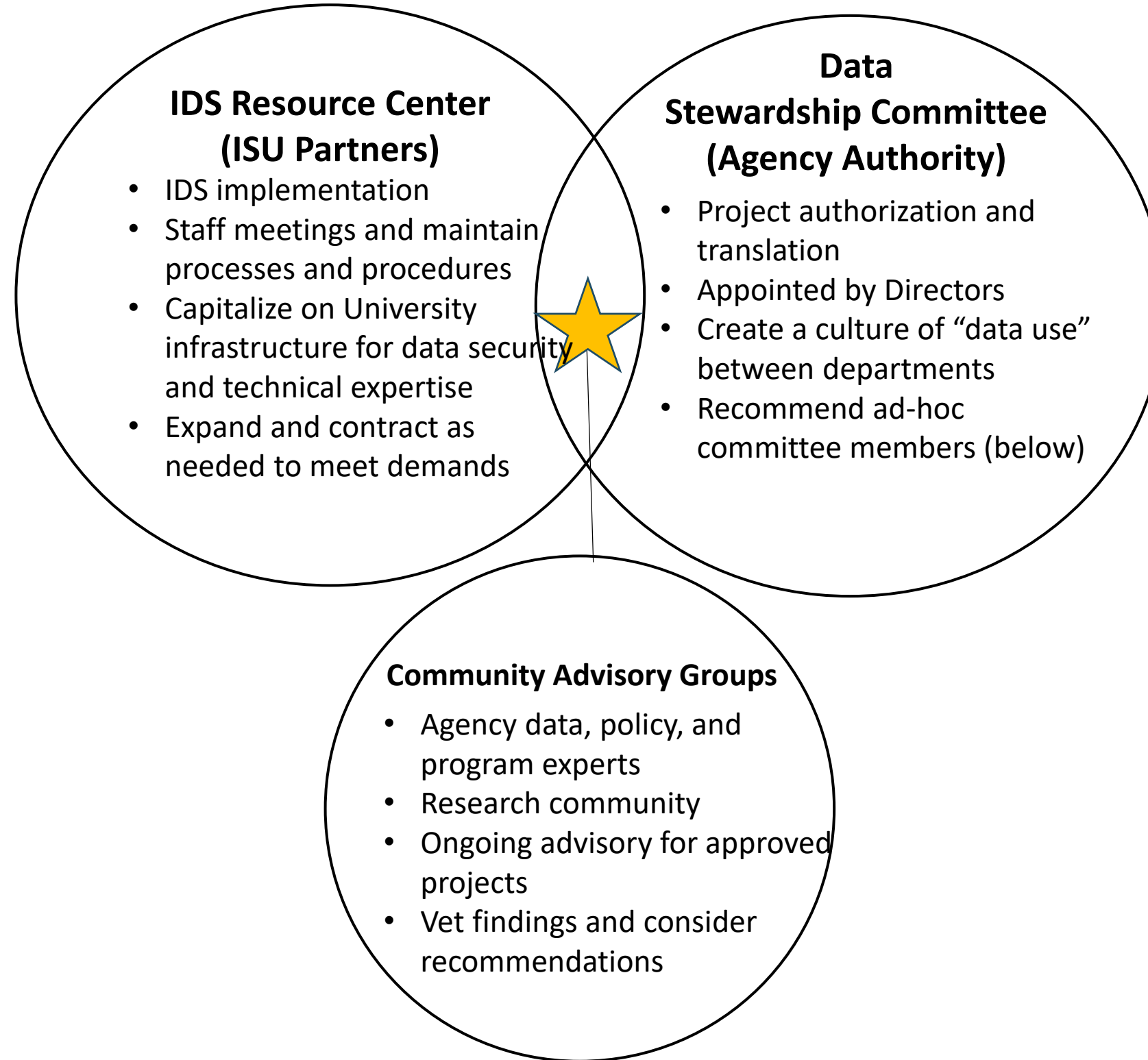
Governance Board

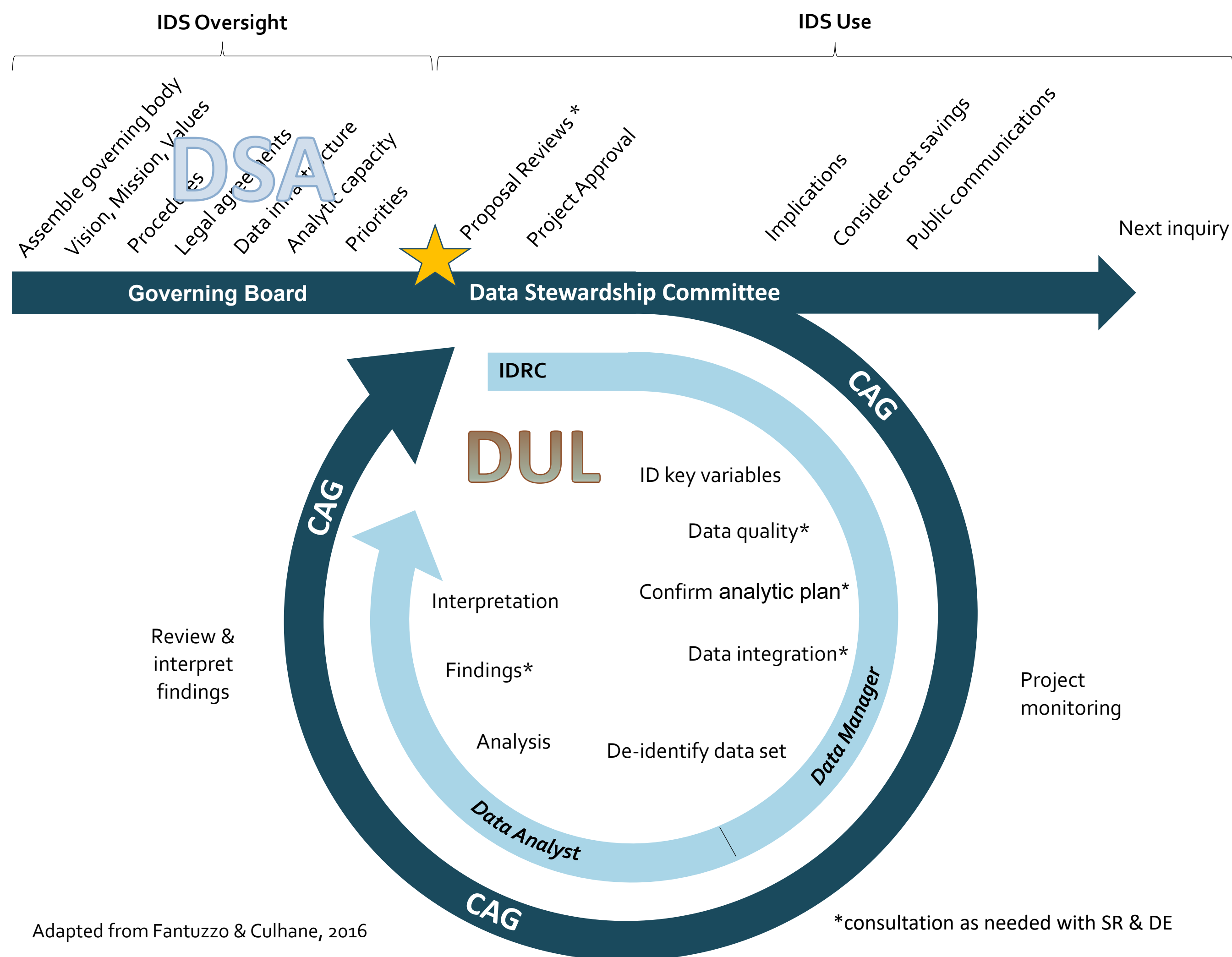
Department Directors and ex-officio members
Overall leadership and authorization of the IDS

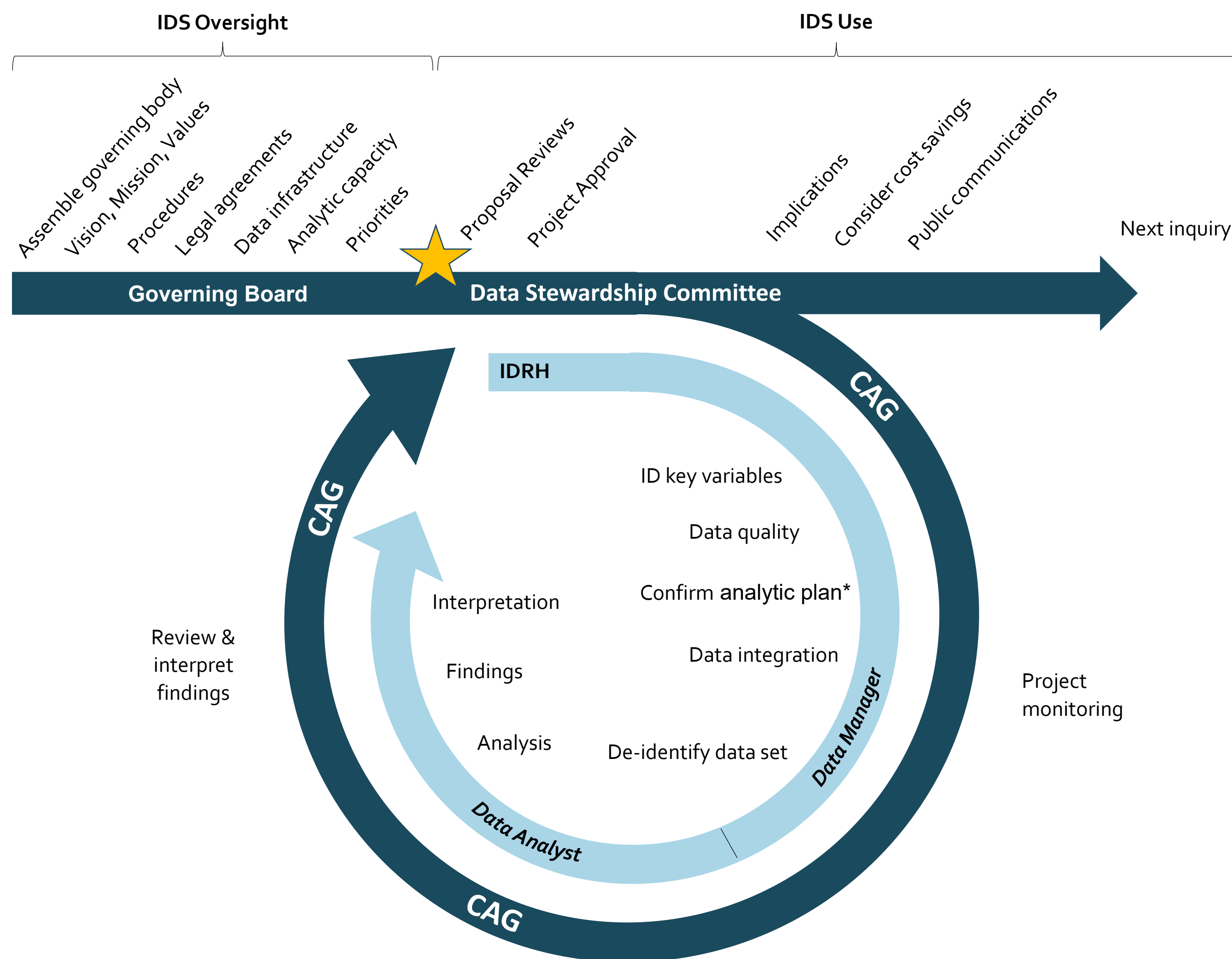


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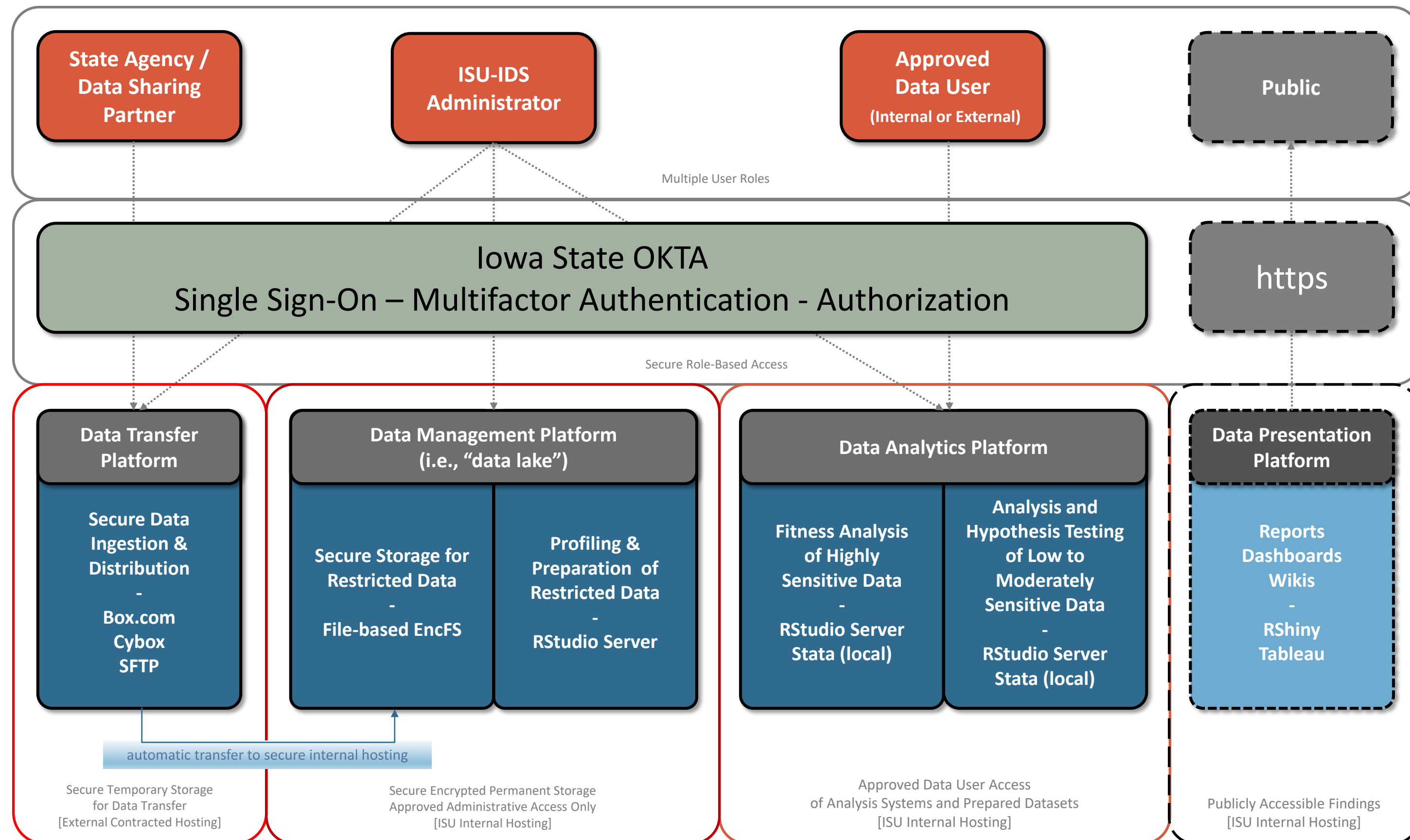






PROPOSED: Iowa Early Childhood IDS Systems Architecture

Draft 1/24/2020

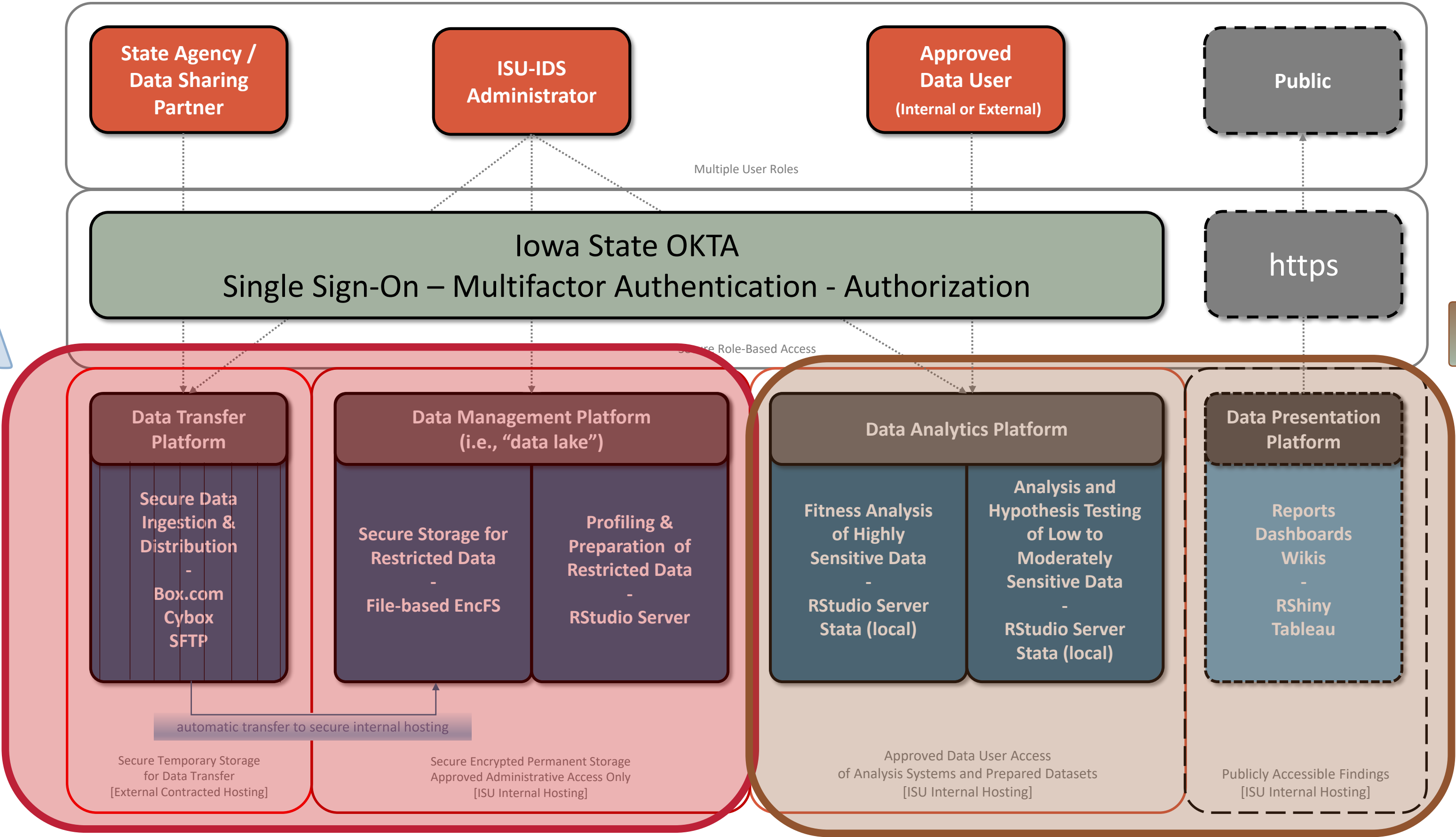


PROPOSED: Iowa Early Childhood IDS Systems Architecture

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

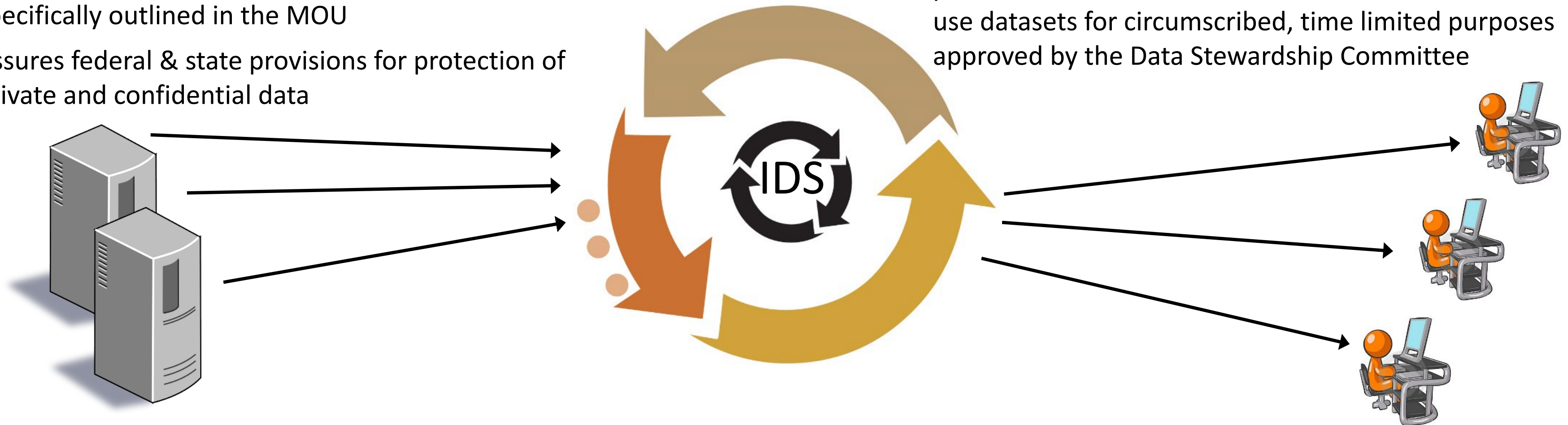
Data Sharing Agreements (DSA)

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)

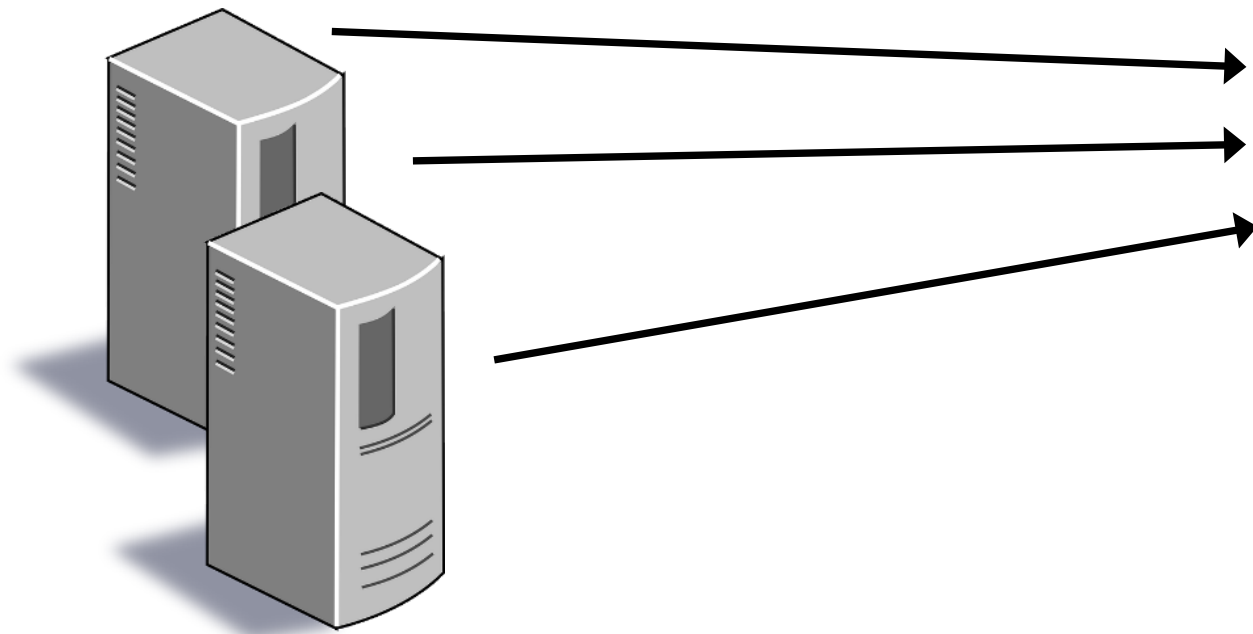
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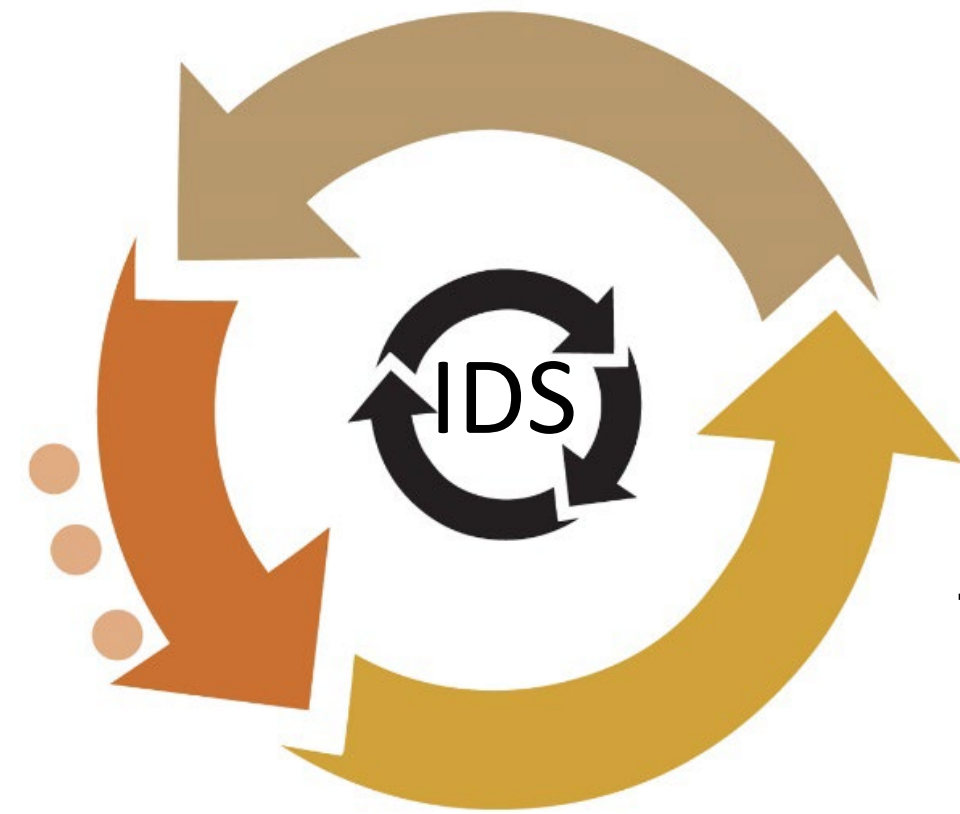
DETAILS to include in DSA

- 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

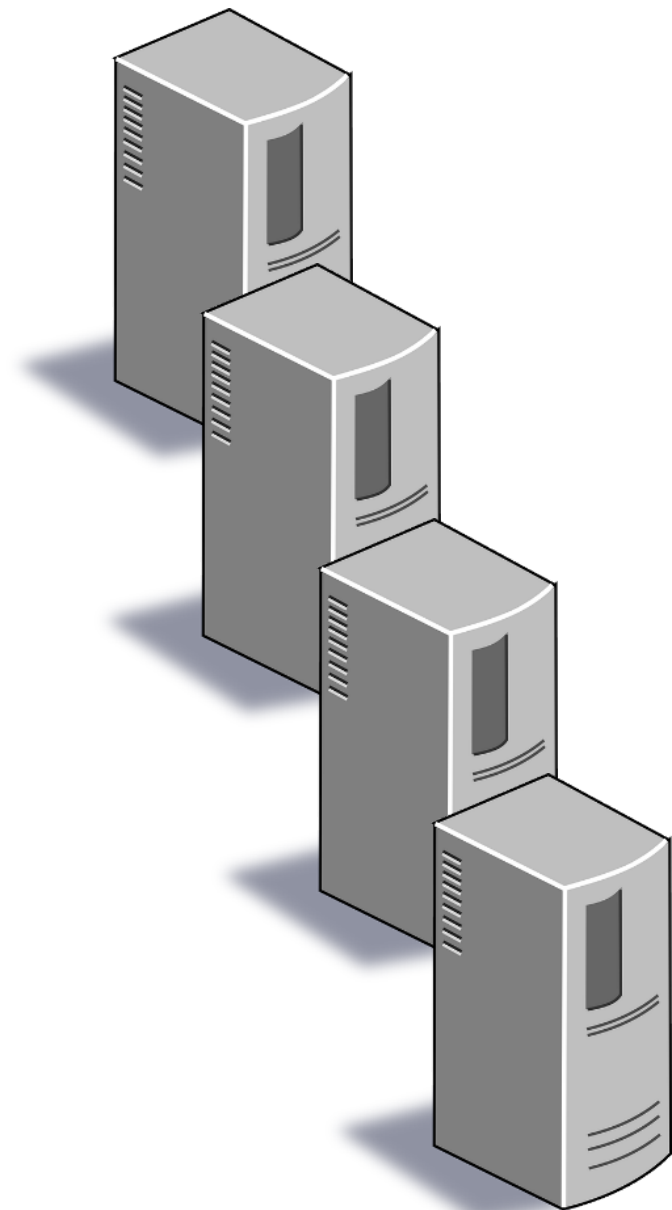
Child Support Recovery

Income Maintenance/Eligibility

SNAP

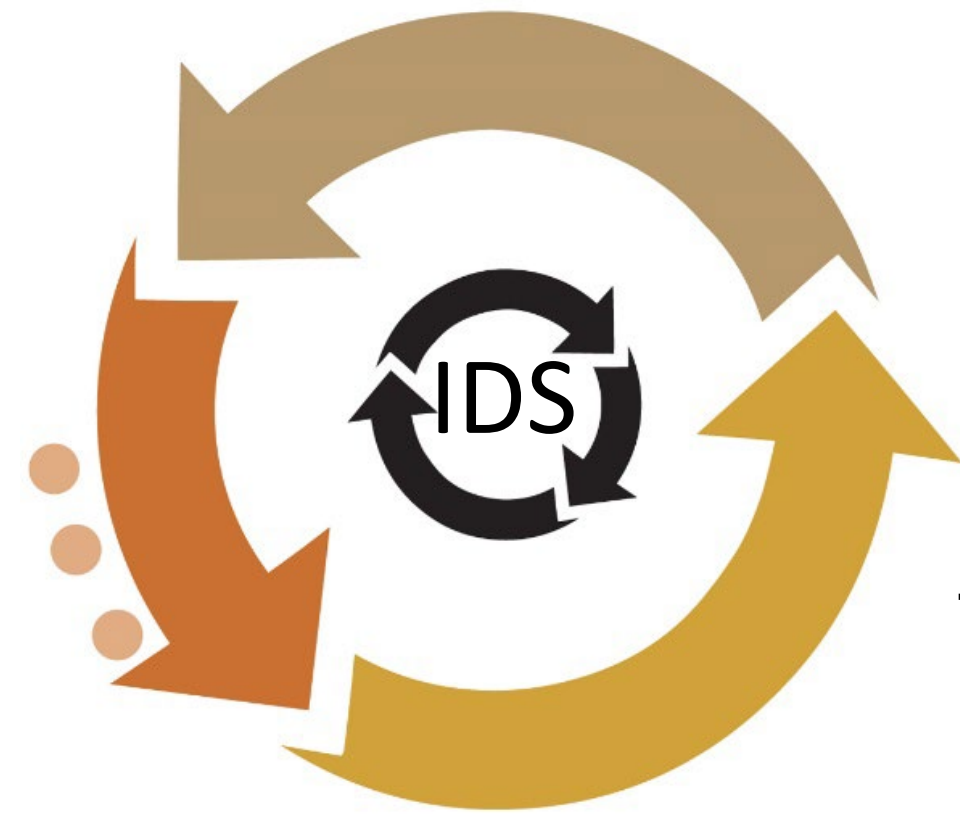
TANF

FaDSS (2 Gen program)



Phase I Incorporation

*



Department of Public Health:

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*Head Start

