



# HRSA

Health Resources & Services Administration



## Title V MCH Block Grant Program

## IOWA

### State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

## Title V Federal-State Partnership - Iowa

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2026 Application / FY2024 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

### State Contacts

MCH Director	CSHCN Director
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SSDI Project Director	State Family Leader
Jennifer Pham SSDI and PRAMS Project Director jennifer.pham@hhs.iowa.gov (515) 499-4600	Rachel Charlot Program Coordinator and Family Navigator

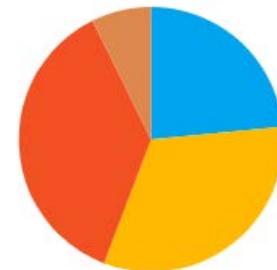
State Youth Leader
No Contact Information Provided

**State Hotline:** (800) 369-2229

### Funding by Source

Source	FY 2024 Expenditures
Federal Allocation	\$4,676,932
State MCH Funds	\$6,448,280
Local MCH Funds	\$0
Other Funds	\$7,356,922
Program Income	\$1,450,789

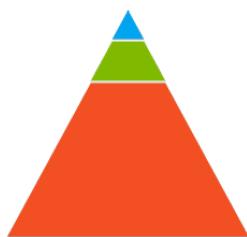
### FY 2024 Expenditures



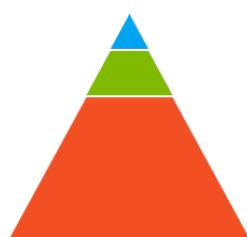
### Funding by Service Level

Service Level	Federal	Non-Federal
■ Direct Services	\$607,485	\$2,366,643
■ Enabling Services	\$832,019	\$3,049,085
■ Public Health Services and Systems	\$3,237,428	\$9,840,264

**FY 2024 Expenditures**  
Federal



**FY 2024 Expenditures**  
Non-Federal



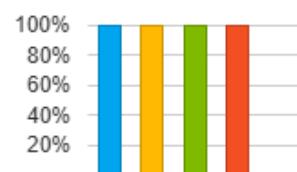
### Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
■ Pregnant Women	100.0%	\$1,668,705
■ Infants < 1 Year	100.0%	\$66,841
■ Children 1 through 21 Years	100.0%	\$11,331,475
■ CSHCN (Subset of all infants and children)	100.0%	\$6,355,367
■ Others *	0.0%	\$0

**FY 2024 Expenditures**  
Total: \$19,422,388



**FY 2024 Percentage Served**



\*Others— Women and men, over age 21.

*The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2025 Needs Assessment reporting cycle. All states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.*

### State Priorities and Associated Measures

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
Access to care for the MCAH population  NPMs <ul style="list-style-type: none"> <li>● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH               <ul style="list-style-type: none"> <li>○ ESM MH.1: Number of telehealth visits through Child Health Specialty Clinics</li> <li>○ ESM MH.2: Percent increase in the available pediatric sub-specialties with telehealth capacity</li> <li>○ ESM MH.3: Percentage of Title V clients receiving system navigation support who report having a medical home during the informing process</li> </ul> </li> </ul>	Continued	Child Health
Behavioral health care for the MCAH population  NPMs <ul style="list-style-type: none"> <li>● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth B) Percent of women who attended a postpartum checkup and received recommended care components - PPV               <ul style="list-style-type: none"> <li>○ ESM PPV.1: Percent of Title V Maternal Health agencies that have a protocol for Medical Care Coordination</li> </ul> </li> <li>● Percent of women who were screened for depression or anxiety following a recent live birth - MHS               <ul style="list-style-type: none"> <li>○ ESM MHS.1: Percent of providers that report on the evaluation, that they feel more confident in addressing pregnant patients' mental health care needs after a consultation</li> </ul> </li> <li>● Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling - MHT               <ul style="list-style-type: none"> <li>○ ESM MHT.1: Percentage of patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days prior to the date of encounter using an age-appropriate tool</li> </ul> </li> </ul>	New	Women/Maternal Health, Adolescent Health
Dental Delivery Structure of the MCAH Population  NPMs	Continued	Women/Maternal Health, Child Health

<ul style="list-style-type: none"> <li>● Percent of women who had a dental visit during pregnancy - PDV-Pregnancy           <ul style="list-style-type: none"> <li>○ ESM PDV-Pregnancy.1: Percentage of discharged maternal health program clients receiving dental care coordination and/or dental care coordination attempt during pregnancy</li> <li>○ ESM PDV-Pregnancy.2: Number of medical practices receiving an outreach visit from an I-Smile Coordinator</li> </ul> </li> <li>● Percent of children, ages 1 through 17, who had a preventive dental visit in the past year - PDV-Child           <ul style="list-style-type: none"> <li>○ ESM PDV-Child.1: Percentage of WIC-enrolled children younger than 5 years old who receive oral health risk assessment and preventive care through I-Smile</li> <li>○ ESM PDV-Child.2: Number of medical practices receiving an outreach visit from an I-Smile Coordinator.</li> </ul> </li> </ul>		
<p>Access to community-based services and supports, pediatric specialty providers, and coordination of care for CYSHCN</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH           <ul style="list-style-type: none"> <li>○ ESM MH.1: Number of telehealth visits through Child Health Specialty Clinics</li> <li>○ ESM MH.2: Percent increase in the available pediatric sub-specialties with telehealth capacity</li> <li>○ ESM MH.3: Percentage of Title V clients receiving system navigation support who report having a medical home during the informing process</li> </ul> </li> </ul>	Continued	Children with Special Health Care Needs
<p>Strengthened partnership with families/caregivers who are supporting Children and Youth with Special Health Care Needs</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 2: Score on the Family Partnership Scoring Tool for Iowa Children and Youth With Special Health Care Needs</li> </ul>	New	Children with Special Health Care Needs
<p>Access to support for making necessary transition to adult health care</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care - TAHC</li> </ul>	Continued	Children with Special Health Care Needs

<ul style="list-style-type: none"> <li><input type="radio"/> ESM TAHC.1: Percent of youth ages 12–21 served by Child Health Specialty Clinics who have completed a transition to adult health care checklist</li> </ul>		
<p>Access to community-based services and supports</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● A) Percent of infants placed to sleep on their backs</li> <li>● B) Percent of infants placed to sleep on a separate approved sleep surface</li> <li>● C) Percent of infants placed to sleep without soft objects or loose bedding</li> <li>● D) Percent of infants room-sharing with an adult during sleep - SS</li> </ul> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 1: The number of stakeholders engaged in SNAP-Ed nutrition intervention to address the unique needs of rural Iowa.</li> </ul>	New	Perinatal/Infant Health, Cross-Cutting/Systems Building

## Executive Summary

### Program Overview

The Title V Maternal and Child Health (MCH) Block Grant guides priorities and provides foundational support for community-based agencies and state-level public health programs. The Iowa Legislature designates Iowa's Title V Block Grant is administered by the Department of Health and Human Services (HHS) through the Family Health Bureau (FHB). Legislation directs the department to contract with University of Iowa Stead Family Department of Pediatrics, Division of Child and Community Health (UI Child and Community Health), Child Health Specialty Clinics for the administration of the Children and Youth with Special Health Care Needs (CYSHCN) program.

#### **Assessment of needs, program planning, and performance reporting**

Iowa's Title V program monitors MCH needs through input from family-led organizations, the MCH Advisory Council and organizational leadership. Data from state, national, local, and program-specific sources inform planning and evaluation activities. SSDI supports state level data collection for evaluation and performance reporting. Contracts with community-based local agencies are designed to build local activities to meet state action plan goals. All activities within Iowa's MCH Title V program, both locally and statewide, must connect to state action plan measures and/or the interagency agreement with Iowa Medicaid. The Iowa Title V CYSHCN program currently uses a framework consisting of 4 elements (health and well-being, access, financing, and health opportunities for all) along with core components of comprehensive, coordinated, and family-centered systems of care for program planning, reporting, and evaluation. Title V CYSHCN program activities align with the Child and Community Health strategic plan and these frameworks.

#### **Population needs and Title V priorities**

The 5-year needs assessment cycle guides the development of activities, monitoring, and evaluation. These needs are listed below with descriptions of the NPMs and SPMs that were selected as a result of the current Title V Needs Assessment process:

##### **Access to care for the MCAH population**

*Postpartum Visit: A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth B) Percent of women who attended a postpartum checkup and received recommended care components*

*Medical Home: Percent of children without special health care needs, ages 0 through 17, who have a medical home*

##### **Behavioral health care for the MCAH population**

*Postpartum mental health screening: Percent of women screened for depression or anxiety following a recent live birth*

*Adolescent Mental Health Treatment: Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling*

##### **Dental Delivery Structure of the MCAH Population**

*Preventive Dental Visit During Pregnancy: Percent of women who had a preventive dental visit during pregnancy*

*Preventive Dental Visit Child: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year*

##### **Access to community-based services and supports**

*Safe Sleep: A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding D) Percent of infants room-sharing with an adult*

*Nutrition SPM: The number of stakeholders engaged in SNAP-Ed nutrition intervention to address the unique needs of rural Iowa.*

##### **Access to community-based services and supports, pediatric specialty providers, and coordination of care for CYSHCN**

*Medical Home: Percent of children with special health care needs, ages 0 through 17, who have a medical home*

##### **Access to support for making necessary transition to adult health care**

*Transition: Percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care*

***Strengthened partnership with families/caregivers who are supporting Children and Youth with Special Health Care Needs***

*Family Partnership CYSHCN SPM: Score on the Family Partnership Scoring Tool for Iowa Children and Youth With Special Health Care Needs*

**Family-Centered Services**

Iowa's CYSHCN program leadership includes a Family Partnership Program team who works to build the family leadership workforce and assures that the family perspective is represented at all levels of decision-making. Iowa's Title V CYSHCN program includes the Child and Community Health Family Advisory Council that meets regularly to provide meaningful input to the planning, development, and evaluation of programs and policies. Each of Iowa's 12 community-based Regional Centers includes at least one member from Iowa's statewide Family Navigator Network to promote the development of family-professional partnerships, provide family support, and ensure that the family voice is heard. In addition, family navigators partner with families in Regional Center Satellite locations to provide tailored supports within communities. Family Navigators are paid staff members that have experience as primary caregivers of one or more children or youth with special health care needs.

**Assure MCH Populations Achieve Full Health Potential**

Prevention and early intervention are the cornerstones of Iowa's Title V program. Identifying issues early can ensure that individuals are able to achieve their health potential. Iowa's Title V program utilizes the medical home model to help women, children and adolescents receive quality care from primary care providers (doctors, nurse practitioners, physician assistants, etc.) who are responsible for both acute and preventive care (sick and well care). Iowa's Title V program defines "medical home" as a team approach to providing health care that originates in a primary care setting; fosters a partnership among the client, the personal provider, and other health care professionals, and where appropriate, the client's family; utilizes the partnership to access all medical and nonmedical health-related services needed by the client and the client's family to achieve maximum health potential; maintains a centralized, comprehensive record of all health-related services to promote continuity of care. Local Title V agencies are required to assess medical home status at every interaction with clients. When identified as not having a medical home it is required for the agency to have referral networks with local primary care providers and to have a process for providing care coordination to establish a medical home. When following the medical home model Iowa's local Title V agencies are able to focus on public health services and systems activities while providing direct care only as gap filling services.

To integrate the experience of individuals, communities, families and caregivers Iowa's Title V program has requirements in the current Request For Application (RFA) for local agencies to develop Family Engagement groups to gain feedback on the program from clients. At the state level Iowa is in the process of revamping the Maternal and Child Health Advisory Council. The goal of this group will be to bring together stakeholders which include local and state providers, individuals with lived experience/clients of Title V agencies and community organizations to discuss the needs of the MCH population and to help guide priorities and action plans. This group will not only be utilized for the Title V program but for all programs that encounter the MCH population (Title X, WIC, Healthy Eating Active Living, etc.). Iowa's Maternal Health Community Advisory Board (CAB), comprised of women with lived experience with pregnancy, provides feedback to Iowa's efforts to improve maternal health through regular meetings, focus groups and written feedback on proposed plans, grant applications, and program design.

The Iowa Perinatal Quality Care Collaborative (IPQCC) brings together a multidisciplinary group of healthcare providers and non-clinical stakeholders to share Iowa data and best practices to improve maternal and perinatal health in Iowa. The collaborative is responsible for providing input to Iowa's Maternal Health Strategic Plan and serves as a point of contact to distribute important information related to MCH populations to a broad network of providers and support systems across the state.

**Program Evaluation**

Evaluation efforts in Iowa involve continuous input from local communities, health providers, and other stakeholders. Feedback from these groups helps to assess the effectiveness of services and the relevance of health initiatives in addressing local challenges. Community-based evaluations are an essential part of ensuring that the services meet the specific needs of the population across the state.

Iowa utilizes data from various sources, including vital statistics, public health surveys, and program data, to monitor trends in maternal and child health. The data collected is used to measure performance, identify gaps, and inform decision-making. Iowa's Title V program also coordinates with other state and federal programs to track health outcomes and integrate services.

The Title V program in Iowa engages in ongoing quality improvement efforts to enhance service delivery. This includes regular assessments of program processes, implementing evidence-based practices, and making necessary adjustments to improve outcomes. Iowa is committed to ensuring that services provided under Title V are effective and efficient to meeting the health needs of all Iowans.

Iowa conducts regular quality improvement with birthing hospitals through AIM Patient Safety Bundle (PSB) implementation. Iowa has successfully implemented three PSBs: Safe Reduction of Primary Cesarean Birth, Obstetric Hemorrhage, and Severe Hypertension. Bundle implementation naturally includes extensive program evaluation based on pre-determined metrics. The Safe Reduction of Primary Cesarean Birth bundle successfully lowered the nulliparous term singleton vertex (NTSV) cesarean birth rate in Iowa to 23.3%, below the Healthy People 2030 target (23.6%), and reduced racial disparities. Improvements have also been demonstrated through process measures for the other two bundles, such as the use of a risk assessment for hypertension and measuring quantitative blood loss to prevent obstetrical hemorrhage.

Iowa's 1st Five Healthy Mental Development program has an extensive program evaluation process, completed by University of Kansas. Through this process Iowa applied and was awarded a Best Practice designation from the AMCHP Innovation Hub.

## How Federal Title V Funds Complement State-Supported MCH Efforts

Within The Family Health Bureau (FHB) the Title V Block Grant is the backbone of all programs. The FHB is organized within three sections: Reproductive Health, Child & Adolescent Health and Oral Health. Examples of programs under each section include: Early ACCESS, 1st Five, Early Childhood Iowa, Title X Family Planning, Personal Responsibility Education Program, Sexual Risk Avoidance Education Program, Pregnancy Risk Assessment Monitoring System, Hawki Outreach, and EPSDT. Each of these programs contribute, directly/indirectly, to the Title V system.

Like the FHB, the Title V Block Grant provides a strong foundation for all of UI Child and Community Health CYSHCN activities. Through University of Iowa Health Care, UI Child and Community Health supports the Regional Autism Assistance Program, the Iowa Family Leadership Training Institute, provider-to-provider education, telehealth support, outreach to communities, Early ACCESS (Part C) service coordination and dietetic activities, services to families on the waiting list for HCBS Waiver services, and regional center services including family support, care coordination, telehealth, and medical services. Title V foundational support allows Child and Community Health to maintain infrastructure and build partnerships with other areas of the University of Iowa, local and regional entities, state agencies, and national partners such as the Association of Maternal and Child Health Programs, and the American Academy of Pediatrics.

As demonstrated within the federal-state budget and expenditures, Iowa is able to braid a variety of funding to create a comprehensive Title V program. While Title V serves as the backbone for both the MCH and CYSHCN programs, additional state, federal and other funding is required to maintain Iowa's Title V program.

Iowa's Title V program's expenditures are spent according to the MCH pyramid levels. The largest proportion of funding in all levels (federal Title V, state match, and federal-state partnership) falls within the Public Health Services and Systems level of the pyramid. Iowa's state match funding for enabling and direct health care services is used at a higher proportion than other levels. This shows that state match funding is used as the gap-filling services directly to clients more than the federal funding.

When comparing expenditures by populations, Iowa's Title V funding is split according to the required 30-30-10 breakout, exceeding the 30% requirement for both child health and CYSHCN. State match and the federal-state partnership expenditures far exceed the 30% requirement for child health, based on a number of state funded child health initiatives, such as 1<sup>st</sup> Five, I-Smile and work with EPSDT.

As previously noted, Iowa expends the highest amount of funding within the public health services and systems level of the MCH pyramid. The funding within this level of the pyramid includes support for epidemiologists to support data capacity of the Title V program, program management for both state and local level activities, professional development opportunities for the MCH workforce, family engagement activities. For Iowa's federal-state partnership expenditures, approximately 70% of MCH funding is allocated to local contractors carrying out Title V program activities in the 15 Collaborative Service Areas or other investments, such as Count the Kicks, Barriers to Prenatal Care and the Statewide Perinatal Care Program.

## MCH Success Story

In order to help build the capacity of family leaders across Iowa, UI Child and Community Health has developed a strong tradition of providing training opportunities to parents and primary caregivers of CYSHCN. These family trainings allow parents and caregivers of CYSHCN to build upon their personal leadership and advocacy skills, while also providing them with the opportunity to impact systems level change rooted in their family's experience.

The Title V Block Grant provides foundational support for UI Child and Community Health to provide the Iowa Family Leadership Training Institute (IFLTI). Additionally, UI Child and Community Health staff have leveraged existing partnerships with the University Center for Excellence in Developmental Disabilities (UCEDD) and Iowa's Developmental Disabilities Council (DD Council), both of which also provide support for the implementation of IFLTI.

IFLTI is currently celebrating its 10<sup>th</sup> anniversary and has trained over 100 family leaders across Iowa since 2015. IFLTI aims to teach family leaders to 1) understand how to work with partners in their child's care; 2) become aware of one's own path to leadership; and 3) discover strategies for advocacy. IFLTI staff recruit parents and primary caregivers of children ages 3 to 19 across Iowa, with a special focus on decreasing barriers to participation for caregivers from traditionally underserved backgrounds.

As part of the IFLTI curriculum, family leaders are encouraged to develop a community service project. Community service projects are meant to solve a problem that family leaders identify as impacting families of CYSHCN in their communities. For example, a

family leader from the 2018 IFLTI cohort used her family's experience as the foundation for her community service project. During her time in IFLTI, this family leader worked to increase the capacity of first responders to serve people with disabilities by providing trainings on disability awareness and how to properly handle situations involving community members with sensory issues, those who are nonverbal, and those who may use a communication device. After her time in IFLTI, this family leader continued her work to develop safer communities for those with disabilities by securing grant funding to bring Project Lifesaver to her county. Project Lifesaver is a program that assists law enforcement with locating individuals who have wandered or eloped. Most recently, this family leader partnered with other families and state leaders across the state to expand Project Lifesaver and related trainings to more counties across Iowa. More information about Project Lifesaver can be found here: [www.projectlifesaver.org](http://www.projectlifesaver.org).

Through partnerships developed during her time in IFLTI, this family leader was also able to pass Ruby's Law. Ruby's Law now makes it illegal in Iowa to deny someone an organ transplant based on disability status. The family leader used her family's experience as the foundation for implementing policy level change with skills taught through IFLTI. To expand on these efforts, the family leader is currently working on developing a new project called "Ruby's Red Bags," to provide sensory bags for emergency vehicles with hopes of expanding this initiative across the state.

Since graduating from IFLTI, this family leader now serves as a family representative on the DD Council and the skills she refined through IFLTI gave her the confidence to run for office in 2024.

Foundational support provided by the Title V Block Grant continues to prepare family leaders across Iowa achieve their full potential and utilize their family's unique experiences to strengthen systems of care to achieve improved health outcomes for all.

## Maternal and Child Health Bureau (MCHB) Discretionary Investments - Iowa

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2024.

[List of MCHB Discretionary Grants](#)

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the [Find Grants](#) page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.