



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

IOWA

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

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 FY2025 Application / FY2023 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

State Contacts

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SSDI Project Director	State Family Leader
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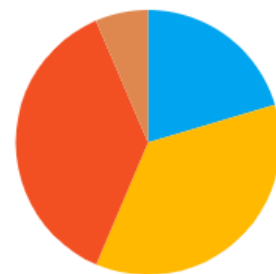
State Youth Leader
No Contact Information Provided

State Hotline: (800) 369-2229

Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	\$3,829,937
State MCH Funds	\$6,754,112
Local MCH Funds	\$0
Other Funds	\$6,978,676
Program Income	\$1,206,326

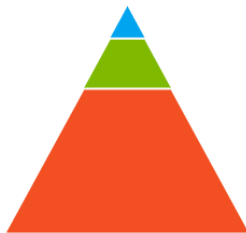
FY 2023 Expenditures



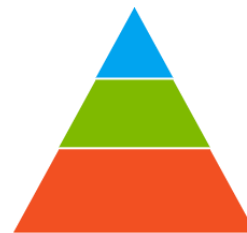
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$535,825	\$2,171,537
Enabling Services	\$829,710	\$2,083,685
Public Health Services and Systems	\$2,464,402	\$2,575,689

FY 2023 Expenditures Federal



FY 2023 Expenditures Non-Federal



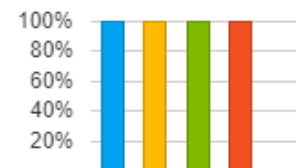
Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	100.0%	\$1,006,338
Infants < 1 Year	100.0%	\$87,696
Children 1 through 21 Years	100.0%	\$11,022,889
CSHCN (Subset of all infants and children)	100.0%	\$6,295,419
Others *	0.0%	\$0

FY 2023 Expenditures Total: \$18,412,342



FY 2023 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 2020 Needs Assessment reporting cycle. Beginning with the FY 2025 Application, 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	Reporting Domain(s)
<p>Infusing Health Equity with in the Title V System</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 6: Percent of Title V contractors with a plan to identify and address health equity in the populations they serve 	<p>Cross-Cutting/Systems Building</p>
<p>Access to care for the MCAH Population</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF <ul style="list-style-type: none"> ○ ESM BF.1: Number of businesses or organizations who were provided education by Title V agencies in the past year about the importance of strong policies to support breastfeeding through or beyond 6 months of age ○ ESM BF.2: Percent of women who receive education about breastfeeding through 6 months and pumping at work ● Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS <ul style="list-style-type: none"> ○ ESM DS.1: Percentage of Medicaid enrolled children ages 0-6 receiving a brief emotional behavioral assessment using a standardized tool according to Early Periodic Screening Diagnosis and Treatment (EPSDT) guidelines. ● Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWV <ul style="list-style-type: none"> ○ ESM AWV.1: Partner with at least two other organizations or agencies, including but not limited to family planning, substance abuse, youth serving organizations, parent and family organizations, universities, and/or community colleges to promote adolescent well ○ ESM AWV.2: Percent of children 10 through 20 years of age enrolled in Medicaid with a well visit in the past year ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH <ul style="list-style-type: none"> ○ ESM MH.1: Number of telehealth visits through Child Health Specialty Clinics ● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV 	<p>Women/Maternal Health, Perinatal/Infant Health, Child Health, Adolescent Health</p>

<p>MCAH Systems Coordination</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women who smoke during pregnancy (Smoking - Pregnancy, Formerly NPM 14.1) - SMK-Pregnancy <ul style="list-style-type: none"> ○ ESM SMK-Pregnancy.1: Percent of pregnant women served by MH agencies who are screened for tobacco use with Ask, Advise, Refer <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 1: Number of pregnancy-related deaths for every 100,000 live births ● SPM 4: Percent of adolescents who report that during the past 12 months they have felt so sad or hopeless almost every day for 2 weeks or more in a row that they stopped doing some usual activities 	<p>Women/Maternal Health, Adolescent Health</p>
<p>Dental Delivery Structure of the MCAH Population</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women who had a dental visit during pregnancy (Preventive Dental Visit - Pregnancy, Formerly NPM 13.1) - PDV-Pregnancy <ul style="list-style-type: none"> ○ ESM PDV-Pregnancy.1: Number of medical practices receiving an outreach visit from an I-Smile Coordinator ● Percent of children, ages 1 through 17, who had a preventive dental visit in the past year (Preventive Dental Visit - Child, Formerly NPM 13.2) - PDV-Child <ul style="list-style-type: none"> ○ ESM PDV-Child.1: Number of medical practices receiving an outreach visit from an I-Smile Coordinator. <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 5: Number of children 0-35 Months who have had fluoride varnish during a well visit with Physician/health care provider 	<p>Women/Maternal Health, Child Health</p>
<p>Safe and Healthy Environments</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS <ul style="list-style-type: none"> ○ ESM SS.1: Number of community education opportunities Title V agencies provide education about safe sleep environments each year <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 3: Percent of early care and education programs that receive Child Care Nurse Consultant services. ● SPM 2: Percent of children ages 1 and 2, with a blood lead test in the past year 	<p>Perinatal/Infant Health, Child Health</p>

<p>Access to community-based services and supports, pediatric specialty providers, and coordination of care</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH <ul style="list-style-type: none"> ○ ESM MH.1: Number of telehealth visits through Child Health Specialty Clinics 	<p>Children with Special Health Care Needs</p>
<p>Access to support for making necessary transitions to adulthood</p> <p>NPMs</p> <ul style="list-style-type: none"> ● 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 (Transition, Formerly NPM 12) - TR <ul style="list-style-type: none"> ○ ESM TR.1: Percent of youth ages 12--21 served by Child Health Specialty Clinics who have completed a transition checklist 	<p>Children with Special Health Care Needs</p>
<p>Support for parenting Children and Youth with Special Health Care Needs</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 7: Percent of caregivers of CYSHCN who report overall satisfaction with support services received through Title V 	<p>Children with Special Health Care Needs</p>

Executive Summary

Program Overview

Iowa's Title V Maternal and Child Health (MCH) program guides priorities and provides foundational support for community-based agencies and state-level public health programs. The Iowa Legislature designates the Iowa Department of Health and Human Services (HHS) as the administrator for Title V and Maternal, Child, and Adolescent Health (MCAH) services through the Family Health Bureau (FHB). The legislature directs the department to contract with Child Health Specialty Clinics (CHSC) within the University of Iowa Stead Family Department of Pediatrics, Division of Child and Community Health (Child and Community Health) 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. The SSDI Minimum-Core Dataset Indicator Workbook is a valuable asset for evaluation and performance reporting. The MCH state action plan priorities and measures were built on foundational logic models, and correspond to the Title V Pyramid levels. 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 the Blueprint for Change national framework along with the Standards for Systems of Care for CYSHCN 2.0 document for program planning, reporting, and evaluation. Title V CYSHCN program activities align with the Child and Community Health strategic plan and these standards.

Beginning in FFY23, Iowa HHS transitioned to Collaborative Service Areas (CSAs) to implement the MCH Title V program. The CSAs create standardized services areas and were designed to ensure a collaborative approach to address the needs of the people who will be receiving services and the infrastructure that enables them to be served, while decreasing fragmentation. The programs included in the CSAs include MCAH, WIC, 1st Five, I-Smile and Title X Family Planning. A full description, including a map, of the CSAs is included in the Overview of the State section of this application.

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 corresponding NPMs and SPMs.

Infusing Health Equity within the Title V System

SPM 6: Percent of Title V contractors with a plan to identify and address health equity in the populations they serve

Ensure that all Title V NPMs and SPMs work towards addressing health inequities and disparities within the state and local system. Develop and implement a data analysis plan to assess distribution of Title V resources and services through a health equity lens. Develop partnerships with organizations, agencies or programs and/or those specifically designed to serve priority populations, including communities of color.

Access to care for the MCH population

NPM 4: A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

Provide education to maternal health clients on the benefits and methods of breastfeeding. Ensure maternal health nursing staff have the education and ability to provide breastfeeding education to clients. Establish links among birthing hospitals and community breastfeeding support networks. Develop partnerships and training opportunities for businesses on the topic of breastfeeding policies and best practices.

NPM 6: Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year

Promote parent and caregiver awareness of developmental screening. Continue to work with provider champions in associations of health professionals to promote developmental screenings within clinical settings. Facilitate collaboration between Title V, early care and education settings, and home visiting providers on the provision of developmental screenings.

NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year

Work with local primary care practitioners and other providers serving adolescents to increase the numbers served and enhance the quality of adolescent well visits. Collaborate and share resources with school nurses and adolescent serving organizations across the state to promote adolescent well visits.

MCAH Systems Coordination

NPM 14: A) Percent of women who smoke during pregnancy B) Percent of children, ages 0 through 17, who live in households where someone smokes

Collaborate with staff from the Division of Tobacco Use and Prevention (DTUP). Title V will support staff in the DTUP in

implementing an incentive program for pregnant women who smoke to participate in the Quitline maternal tobacco use program. All local MH agencies providing direct services to pregnant women in Iowa will provide individualized health education, in a culturally and linguistically appropriate manner, on the importance of tobacco use cessation and refer interested clients to the Quitline.

SPM 1: Number of pregnancy-related deaths for every 100,000 live births

Provide local agencies training and communication related to the most recent Maternal Mortality Review Committee (MMRC) findings and recommendations. Local Title V MH agencies provide screenings and education on topics specific to preventing maternal mortality. MH agencies are required to conduct screenings for depression, substance abuse, domestic violence, and tobacco all MH clients receiving direct services. Clients also receive health education which includes specific topics related to recommendations from the MMRC recommendations such as the importance of chronic disease management, nutrition, and physical activity.

SPM 4: Percent of adolescents who report that during the past 12 months they have felt so sad or hopeless almost every day for 2 weeks or more in a row that they stopped doing some usual activities

Explore and research the use of psychosocial assessments provided to adolescents in primary care settings across the state. If gaps in services are identified, Iowa will partner with the Iowa Medicaid Enterprise (IME) to identify billing codes that local Title V agencies can pursue under their purview of their child screening center designation. Monitor the development of the new HHS behavioral health regions to identify connections with Iowa's Title V program in each region.

Dental Delivery Structure of the MCAH Population

NPM 13.1: Percent of women who had a preventive dental visit during pregnancy

NPM 13.2: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year

SPM 5: Percent of children 0-35 Months who have had fluoride varnish during a well visit with Physician/health care provider

Outreach with medical and dental providers to educate on the need for integration. Inform, educate and disseminate scientific evidence on the importance of prenatal dental screening and treatment. Continue to advocate for dental providers to increase the acceptance of new Medicaid covered patients. Assure statewide care coordination network that includes dental home referral, tracking, and follow-up for children. Continue to expand preventive school-based sealant programs such as I-Smile@School.

Safe and Healthy Environments

NPM 5: 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

Women who are receiving Title V direct care services will receive safe sleep education based on the mother's needs, taking into account any personal or cultural beliefs the mom or family express, on the following topics: back to sleep, safe sleep environment (crib), no co-sleeping, no extra items in the crib and other recommendations from the AAP and the report from the Child Death Review Team.

SPM 2: Percent of children ages 1 and 2, with a blood lead test in the past year

Local Title V agencies will coordinate blood lead screening with primary care providers, local public health agencies, local Childhood Lead Poisoning Prevention Programs (CLPPPs) and others providing blood lead testing in the community. Educate parents on the importance of blood lead testing at appropriate intervals. Contractors are encouraged to partner with an agency or group serving one of the priority populations to promote blood lead testing in more culturally targeted ways.

SPM 3: Percent of early care and education programs that receive Child Care Nurse Consultant (CCNC) services

Outreach to local early care and education programs regarding the participation in CCNC services. Promote the utilization of CCNCs to provide Health and Safety pre-service/orientation training for child care providers to meet the requirement within the Child Care Development Block Grant.

Access to services, pediatric specialty providers, and care coordination

NPM 11: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home.

Child Health Specialty Clinics Regional Centers will continue to provide access to specialty care for CYSHCN and their families, utilizing its existing telehealth infrastructure to increase the number and types of pediatric specialty providers available. Primary care capacity to treat children with complex and/or mental health needs and developmental and intellectual disabilities will be prioritized through provider education opportunities.

Support for making transitions to adulthood

NPM 12: Percent of children with and without special health care needs who receive services necessary to make transitions to adult health care.

Child Health Specialty Clinics Regional Centers will continue to provide gap-filling services to youth with special health care needs. Transition to adulthood resources will be regularly reviewed to ensure that best practices are followed. Transition resources will be enhanced to directly address issues for YSHCN from underrepresented backgrounds.

Support for parenting CYSHCN

SPM 7: Percent of caregivers of CYSHCN who report overall satisfaction with support services received through Title V

University of Iowa Health Care Division of Child and Community Health will continue to provide support services to Iowa families of CYSHCN, including those with diverse needs. Priority areas will include workforce recruitment and continuing education for staff on culturally responsive approaches to reduce barriers to family participation in health care. Trainings for families will focus on the development of leadership and advocacy skills among parents of CYSHCN at the individual, community, and policy levels.

Family-Centered Services

Iowa's CYSHCN program leadership includes a full-time Family Partnership Program Manager 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 a Family Advisory Council that meets regularly to provide meaningful input to the planning, development, and evaluation of programs and policies. The CYSHCN program started a Youth Advisory Council in FFY 2021 with emphasis on building youth leadership skills and providing input to the Transition to Adulthood priority area. 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 serving underserved communities. Family Navigators are paid staff members have experience as primary caregivers of one or more children or youth with special health care needs.

Eliminating Health Inequities

Iowa HHS established the Bureau of Human Rights and Equity as part of the government reorganization in 2023. This bureau has developed initial policies and plans for embedding health equity across internal and external work through accreditation, workforce development, data management, and planning efforts. There are a number of divisions and bureaus that have excelled at developing comprehensive strategies to address health inequities and develop internal strategies to support health equity infrastructure. Iowa HHS is in a position to significantly expand efforts to ensure that all people across the state have the ability to attain their highest level of health. We can accomplish this by explicitly tying a justice-centered approach to identifying and addressing pressing health inequities in historically excluded populations with a specific focus on people of color/indigenous people, people with disabilities, people who identify as LGBTQ+, people who are poor, and people with other demographic characteristics that have been historically excluded from access to opportunities and services to support optimal health.

Iowa has had a long history of participating in the MCH Workforce Development Center cohort programs. Title V staff (including CYSHCN program staff) continue to meet as a continuation of the Accelerating Equity Learning Community (AELC) cohort. The cohort assisted with identifying strategies to ensure family input, particularly families of color. This input will continue to be incorporated into the planning and implementation of Iowa's local Title V structure. Over the last few years the FHB and University of Iowa Division of Child and Community Health have been incrementally increasing internal understanding and capacity to address health equity in programs and services. In 2023, Iowa's Title V program used the Bay Area Regional Health Inequities Initiative (BARHII) to gain an understanding of the internal culture and use of equity. These results are being used to increase the state Title V internal capacity to implement practices and programming that address health inequities, moving from a working knowledge of Health Equity, to the ability to embed equity within all the programs in the Bureau, University of Iowa Health Care Division of Child and Community Health, and Title V in FFY25 and beyond.

How Federal Title V Funds Complement State-Supported MCH Efforts

Within the FHB the Title V Block Grant is the backbone of all programs. The Family Health Bureau 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 and/or indirectly to the Title V system.

Like the FHB, the Title V Block Grant provides a strong foundation for all of University of Iowa Division of Child and Community Health CYSHCN programs. Through University of Iowa Health Care, Child and Community Health supports the Regional Autism Assistance Program, Family and Professional Partnership activities, the HRSA funded Pediatric Mental Health Access and Innovations in Care Coordination for Children and Youth with ASD grants, the Iowa Family Leadership Training Institute, provider-to-provider education, telehealth support, outreach to underserved communities, and regional center services including family support, care coordination, 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.

MCH Success Story

Oral Health: The Fulfilling Iowa's Need for Dentists (FIND) loan repayment program is an initiative that awards loan repayment funds to dentists who agree to practice in underserved counties in Iowa. FIND uses state and private funding and is administered through Delta Dental of Iowa. A workgroup meets regularly to address opportunities to improve recruitment and retention of dentists and includes the Iowa HHS Oral Health Section, Delta Dental of Iowa, Iowa Area Developmental Group, the University of Iowa College of Dentistry, and the Iowa Dental Association.

Taylor County in southwest Iowa had been without a dentist for several years and efforts to change that had not been successful. But a coordinated, public-private approach recently resulted in the opening of a dental office in the town of Lenox. The collaborations began in 2020 and included the Iowa HHS Oral Health Section (who informed Taylor County Health Department – the Title V contractor – about loan repayment opportunities), Taylor County Public Health (who got support from the Lenox Chamber of Commerce and other community members to recruit a dentist), a local businessman (with a building for purchase), Iowa Area Development Group (who knew the businessman and was familiar with grant opportunities to help with constructing a dental office),

Delta Dental of Iowa (who worked with a previous loan repayment awardee in southwest Iowa to determine interest in purchasing the building) and the University of Iowa College of Dentistry (who shared a flyer about the town of Lenox with students and identified a dental student that grew up in southwest Iowa that was interested in loan repayment). Fuller Family Dentistry now has a satellite office in Lenox and Dr. Zach Johnson, who grew up in the neighboring county, is seeing patients in the Lenox dental office, on a path to ownership/partnership, and one of the newest recipients of the FIND dental loan repayment award. FIND recipients have a requirement in the award that they must accept Medicaid clients, this is a large deficit across all of Iowa. This partnership will help continue to provide gap filling services to the most vulnerable citizens in SW Iowa.

Maternal Health: In Spring 2023 Iowa HHS began offering Listening Visit trainings for Healthy Pregnancy Program contractors. The trainings were led by Dr. Lisa Segre, professor in the College of Nursing at the University of Iowa who specializes in the identification and treatment of postpartum depression, particularly among impoverished ethnic-minority mothers. Listening visits are a supportive listening intervention developed in the United Kingdom that utilizes nurses and home visitors to provide gap-filling support for women who score between 12 and 19 on the Edinburgh Postnatal Depression Scale, while they await services with a mental health professional. The sessions focus on listening to the issues and concerns a mother is experiencing in her pregnancy or postpartum, and goal setting to address those issues and concerns. Approximately 30 people were trained at the first session that was offered. Between the first training and the end of FFY23, 27 clients enrolled in the Healthy Pregnancy Program received Listening Visits. Follow-up sessions were held for those that were already trained to help support those providing Listening Visits through any issues they may have encountered, and to share successes and lessons learned. Iowa HHS plans to offer two training opportunities in calendar year 2024, this time offering nursing or social work CEUs for those who participate.

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 2023.

[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.