Iowa State Action Plan Table 2024 Application/2022 Annual Report

Priority Needs	Strategies	Objectives	National and State Performance Measures	Evidence-Based or –Informed Strategy Measures	National and State Outcome Measures
Women/Maternal Health					
Dental Delivery Structure of the MCAH Population	Build and enhance partnerships with community organizations and health care providers Oral health promotion for expectant parent and baby Outreach to dental and medical providers including birthing centers Care coordination and referrals Partner with community organizations to promote health equity Gap-filling preventive services Collect race and ethnicity data to help identify gaps in services	By 2025, increase the percent of women who had a preventive dental visit during pregnancy to 65.3%	NPM 13.1: Percent of women who had a preventive dental visit during pregnancy	ESM 13.1.1: Number of medical practices receiving an outreach visit from an I-Smile Coordinator	NOM 14: Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year NOM 17.2: Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system NOM 19: Percent of children, ages 0 through 17, in excellent or very good health
MCAH Systems Coordination	Local Title V agencies utilize standardized screening tool for tobacco use (Ask Advise Refer) and motivational interviewing techniques with trained staff Local Title V agencies collaborate with their local tobacco coalitions to provide community education and outreach specific to tobacco use in pregnant women Collaborate with IDPH Tobacco Division to implement an incentive program for pregnant women accessing the Iowa Quitline pregnancy program Provide opportunities for local Title V agencies to receive training and technical assistance on tobacco cessation Provide individualized health education to all maternal health clients on the importance of tobacco cessation and provide referrals to resources to support cessation	By 2025, decrease the percent of women who smoke during pregnancy to 10.6%	NPM 14.1: Percent of women who smoke during pregnancy	ESM 14.1.1: Percent of pregnant women served by MH agencies who are screened for tobacco use with Ask, Advise, Refer	NOM 2: Rate of severe maternal morbidity per 10,000 delivery hospitalizations NOM 3: Maternal mortality rate per 100,000 live births NOM 4: Percent of low birth weight deliveries (<2,500 grams) NOM 5: Percent of preterm births (<37 weeks) NOM 6: Percent of early term births (37, 38 weeks) NOM 8: Perinatal mortality rate per

Priority Needs	Strategies	Objectives	National and State Performance Measures	Evidence-Based or –Informed Strategy Measures	National and State Outcome Measures
	MH agency staff providing health education will do so in a way that recognizes cultural beliefs and experiences				1,000 live births plus fetal deaths NOM 9.1: Infant mortality rate per 1,000 live births NOM 9.2: Neonatal mortality rate per 1,000 live births NOM 9.3: Post neonatal mortality rate per 1,000 live births NOM 9.4: Preterm-related mortality rate per 100,000 live births NOM 9.5: Sudden Unexpected Infant Death (SUID) rate per 100,000 live births NOM 19: Percent of children, ages 0 through 17, in excellent or very good health
MCAH Systems Coordination	Title V MH agencies will be provided training and communication related to the most recent MMRC findings and recommendations Title V MH agencies provide screenings and education on topics specific to preventing maternal mortality MH agency staff providing health education will do so in a culturally and linguistically appropriate way. Specific maternal mortality topics will be tailored to reflect cultural beliefs and experiences, particularly related to minority women impacted by maternal mortality at a higher rate. Title V MH agencies provide postpartum home visits to clients. Clients who decline receive a follow up phone call. Conduct annual Maternal Mortality Reviews with a multi-disciplinary review committee and distribute findings and recommendations widely	By 2025, decrease the number of pregnancy-related deaths for every 100,000 live births to 8.6	SPM 1: Number of pregnancy-related deaths for every 100,000 live births		

Priority Needs	Strategies	Objectives	National and State Performance Measures	Evidence-Based or –Informed Strategy Measures	National and State Outcome Measures
	Title V MH staff, in collaboration with the University of Iowa Department of Obstetrics and Gynecology, will develop the Iowa Maternal Quality Care Collaborative (IMQCC) Title V MH staff will assist the IMQCC in joining the Alliance on Innovation in Maternal Health (AIM) and implementing hospital safety bundles Maternal Mortality Committee will recruit multidisciplinary members to participate in the review process All Maternal Mortality Case Summaries will be entered into MMRIA and the de-identified data shared with the CDC The Maternal Mortality Review Committee will be trained on and begin using the Committee Decision form designed by the CDC in MMRIA.				
Perinatal/Infant Health					
Access to care for the MCAH Population	Title V agency will collaborate with the hospital lactation consultant in their service area to ensure mutual referrals Title V agency staff will join their local breastfeeding coalition Title V agencies will work with a minimum of 1 local employer with a minimum of 50 employees per year to educate on breast pumping policy, laws and best practice Title V agencies will ensure their staff are appropriately trained on current breastfeeding best practice through continued education Title V agencies will link their clients to a WIC peer counselor when one is available Title V agencies will maintain a list or directory of local breastfeeding resources to share with clients and the community Title V agencies will refer clients to a lactation counselor when appropriate TItle V agencies will provide breastfeeding educational materials to all	By 2025, increase the percent of infants breastfed exclusively for 6 months to 33%	NPM 4: A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months	ESM 4.1: 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 4.2: Percent of women who receive education about breastfeeding through 6 months and pumping at work	NOM 9.1: Infant mortality rate per 1,000 live births NOM 9.3: Post neonatal mortality rate per 1,000 live births NOM 9.5: Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

Priority Needs	Strategies	Objectives	National and State Performance Measures	Evidence-Based or –Informed Strategy Measures	National and State Outcome Measures
	clients Title V agencies will provide health education on breastfeeding when providing direct care services, including postpartum home visit. Education will be culturally and linguistically appropriate. Title V agencies with develop individualized breastfeeding education that is tailored to each client's needs, and will take into account cultural beliefs and experiences that may impact breastfeeding Local Title V agencies will provide breastfeeding classes for women in their service area if other classes are not available				
Safe and Healthy Environments	Title V agencies will provide education about safe sleep environments to at least one community organization or retailer in their service area per year Title V agencies will develop, and then provide each woman they serve with, a safe sleep resources directory Women who need a free or low cost crib will be referred to that community service if one is available in the Title V service area Women who receive direct care health education services will be provided safe sleep education based on the assessed needs of the mother Minority women, who are clients of a Title V agency, will receive individualized education on safe sleep best practices that emphasizes the recommendations in a culturally appropriate way to meet the client where she is A flyer on safe sleep will be distributed with each birth certificate on an annual basis IDPH will work with Iowa birthing hospitals to encourage them to conduct safe sleep audits. IDPH will share an audit tool with all of Iowa's birthing hospitals and encourage them to use the tool to increase staff awareness of the sleep environment of newborns in the hospital post delivery	By 2025, increase the percent of infants placed to sleep on their backs to 89% By 2025, increase the percent of infants placed to sleep on a separate approved sleep surface to 47% By 2025, increase the percent of infants placed to sleep without soft objects or loose bedding to 59.5%	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	ESM 5.1: Number of community education opportunities Title V agencies provide education about safe sleep environments each year	NOM 9.1: Infant mortality rate per 1,000 live births NOM 9.3: Post neonatal mortality rate per 1,000 live births NOM 9.5: Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

Child Health

Priority Needs	Strategies	Objectives	National and State Performance Measures	Evidence-Based or –Informed Strategy Measures	National and State Outcome Measures
Access to care for the MCAH Population	Provide System Coordination of development screens with local providers. This includes child care providers, home visiting programs, primary care providers, CCNC, Head Start to assess for gaps, assure access and avoid duplication Community Partnerships with Children's Mental Health System Regions throughout the state Promotion of screening to Early Childhood Education Programs (ECE) Priority Population Partnerships. Partner with specific organizations, programs or groups that address priority populations to increase culturally appropriate access, outreach and education on developmental screening and emotional behavioral assessments Educate parents on developmental milestones in their children's lives and promote the Iowa Family Support Network and Early Access Developmental Monitoring for required Early ACCESS Activity - infants and toddlers ages 0-3 found not be eligible for Early ACCESS services Monitor and assess the rates of ASQ or ASQ: SE Referrals for both Title V local agencies and 1st Five Healthy Mental Development contractors. Utilize the evaluation of 1st Five Healthy Mental Development program to identify gaps and avenues for continued collaboration.	By 2025, increase the percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year to 24.5%	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	ESM 6.1: 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.	NOM 13: Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL) NOM 19: Percent of children, ages 0 through 17, in excellent or very good health
Dental Delivery Structure of the MCAH Population	Building partnerships with organizations and health care providers Outreach to dental and medical providers Oral health promotion Care coordination and referrals Collect race and ethnicity data to help identify gaps in services	By 2025, increase the percent of children, ages 1 through 17, who had a preventive dental visit in the past year to 90%	NPM 13.2: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year	ESM 13.2.1: Number of medical practices receiving an outreach visit from an I-Smile Coordinator.	NOM 14: Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year NOM 17.2: Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system NOM 19: Percent of children, ages 0 through 17, in excellent or very

Priority Needs	Strategies	Objectives	National and State Performance Measures	Evidence-Based or –Informed Strategy Measures	National and State Outcome Measures
					good health
Safe and Healthy Environments	Title V Agencies must assure children in their service area receive age and interval appropriate blood lead testing through the provision of testing, referral to another agency, or referral to the child's primary care provider Coordinate the provision of blood lead tests in the service area to assess for gaps, assure access and avoid duplication Educate families on the importance of blood lead testing at recommended age intervals (e.g. informing scripts, initial inform mailing, social media platforms) Partner with specific organizations, programs or groups that address priority populations to increase culturally appropriate access, outreach and education on lead poisoning prevention and lead testing IDPH will provide training to Title V agencies on blood lead testing guidelines, CLPPP and strategies for engaging health care providers and families BFH and Childhood Lead Poisoning Prevention Program collaboration and coordination of programming Collaborate with different state agencies to obtain increased access to data sources and strengthen partnerships to increase data sharing Prioritize sustainable funding sources for lead screening. Work collaboratively with Iowa Medicaid Enterprise and private insurers to promote appropriate reimbursement for blood lead screening for Child Health Screening Centers Pursue a peer to peer contractor to promote blood lead testing of one and two year old individuals with primary care providers Collaborate with the IDPH Lead Poisoning Prevention Program to provide access to the HHLPSS system for Title V contractors to allow timely review of blood lead testing results	By 2025, increase the percent of children ages 1 and 2 with a blood lead test in the past year to 75%	SPM 2: Percent of children ages 1 and 2, with a blood lead test in the past year		
Safe and	Development of partnerships between Title V Child Health agencies and	By 2025, increase the percent of	SPM 3: Percent of early		

Priority Needs	Strategies	Objectives	National and State Performance Measures	Evidence-Based or –Informed Strategy Measures	National and State Outcome Measures
Healthy Environments	CCNC programs Provide annual updates on CCNC services, performance measure data, and information on child care health/nurse consultation nationally and impact on quality child care to state Early Childhood Iowa (ECI) and DHS Collaborate with state ECI Professional Development and DHS for support of CCNC services State HCCI staff will evaluate local CCNC agencies for program fidelity including annual inter-rater reliability visits with local CCNCs utilizing the Health and Safety Checklist assessment tool. Fidelity with the tool will be at 90% or higher CCNC agencies will be evaluated by State HCCI staff for program fidelity including a review of child care provider outreach activities, performance measure data collection methods, comparison of local data with statewide averages, and local partnerships/collaboration Annual HCCI CCNC Program presentation by HCCI State staff to Early Childhood Iowa Area Directors. HCCI CCNC program updates will be included in MCAH regional meetings with an annual program overview including CCNC statewide performance data with Title V Child Health agencies HCCI CCNC program will center around equity incorporating health equity language into the CCNC Role Guidance, contracts and promote (champion) equity into our state child care system. HCCI will incorporate the 10 Essential Public Health Services into program model and structure	early care and education programs that receive child care nurse consultant services to 48%	care and education programs that receive Child Care Nurse Consultant services.		
Dental Delivery Structure of the MCAH Population	Maintain and develop state and local partnerships Outreach and training for medical providers Outreach to dentists	By 2025, increase the number of children 0-35 Months who have had fluoride varnish during a well visit with Physician/health care provider to 1,049	SPM 5: Number of children 0-35 Months who have had fluoride varnish during a well visit with Physician/health care provider		
Adolescent Health					
Access to	Local Title V agencies will educate parents of adolescents on the	By 2025, increase the percent of	NPM 10: Percent of	***Inactive -*** *ESM 10.1:*	NOM 16.1: Adolescent mortality

Priority Needs	Strategies	Objectives	National and State Performance Measures	Evidence-Based or –Informed Strategy Measures	National and State Outcome Measures
care for the MCAH Population	importance of annual well visits during the Informing process Provide culturally and linguistically appropriate annual well visit reminders for adolescents who are Title V clients and for adolescents enrolled in Medicaid Fee For Service Bureau of Family Health staff will explore possible collaborations with Iowa Medicaid Enterprise, Department of Human Services, Department of Education, Managed Care Organizations, the University of Iowa EPSDT physician group, and provider associations, to assure adolescents receive annual well visits Peer to Peer PCP education and outreach on the importance of adolescent well visit this will include: Incorporating pre-participation physicals into the well visit; Maximizing pre-participation physicals, med checks, acute visits into well visits; Coding and billing the well visit appropriately; Adolescent friendly care; Elements of the well visit Health Equity Advisory Committee input on increasing adolescent well visits Agencies may provide gap-filling direct care services for adolescents based upon an assessment of need within the service area Family Engagement group involvement in increasing adolescent well visits	adolescents ages 12 through 17 with a preventive medical visit in the past year to 85%	adolescents, ages 12 through 17, with a preventive medical visit in the past year.	*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 10.2: Percent of children 10 through 20 years of age enrolled in Medicaid with a well visit in the past year	rate ages 10 through 19, per 100,000 NOM 16.2: Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000 NOM 16.3: Adolescent suicide rate, ages 15 through 19, per 100,000 NOM 17.2: Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system NOM 18: Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling NOM 19: Percent of children, ages 0 through 17, in excellent or very good health NOM 20: Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile) NOM 22.2: Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza NOM 22.3: Percent of adolescents, ages 13 through 17, who have

Priority Needs	Strategies	Objectives	National and State Performance Measures	Evidence-Based or –Informed Strategy Measures	National and State Outcome Measures
					received at least one dose of the HPV vaccine NOM 22.4: Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine NOM 22.5: Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine NOM 23: Teen birth rate, ages 15 through 19, per 1,000 females
MCAH Systems Coordination	Explore the use of psychosocial assessments for Adolescents in primary care settings and billing options for local Title V agencies to provide gap filling services Provide adolescent mental health training for local Title V agencies Collaborate with the Iowa Department of Education and local school districts in assessing gaps or barriers to adolescent mental health services in local communities Assist in the advancement of the efforts ordered by the Governor of Iowa in the establishment and implementation of Iowa's Children's Behavioral Health System State Board (Children's Board) and promote state and local Title V agency level participation Continue to maintain partnerships with organizations that support LGBTQI youth and collaborate in the development of evidence based strategies improving the mental well being of adolescents Participate in the AYAH CoIIN with a long term focus on system-level policies and practices to support integration of behavioral health in primary care	By 2025, decrease the 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 to 23.5%	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		

Priority Needs	Strategies	Objectives	National and State Performance Measures	Evidence-Based or –Informed Strategy Measures	National and State Outcome Measures
	Re-engage the state Adolescent Health Collaborative				
Children with Special Health Care Needs					
Access to community-based services and supports, pediatric specialty providers, and coordination of care	Provide access to specialty care through Child Health Specialty Clinics (CHSC), including attention to culturally and linguistically appropriate care Strengthen infrastructure and increase opportunities for pediatric specialty care through Telehealth Increase Primary Care capacity to treat children with complex and/or mental health needs, and developmental and intellectual disabilities	By 2025, increase the percent of children with and without special health care needs, ages 0 through 17, who have a medical home to 53.4%	NPM 11: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home	ESM 11.1: Number of telehealth visits through Child Health Specialty Clinics	NOM 17.2: Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system NOM 18: Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling NOM 19: Percent of children, ages 0 through 17, in excellent or very good health NOM 25: Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year
Access to support for making necessary transitions to adulthood	Work with youth and families in the transition to adult health care Ensure appropriate transition resources for families accessing CHSC Regional Center services Ensure appropriate resources for youth and families from underrepresented backgrounds who are transitioning from pediatric to adult health care	By 2025, increase the 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 to 24.6%	NPM 12: 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	ESM 12.1: Percent of youth ages 12--21 served by Child Health Specialty Clinics who have completed a transition checklist	NOM 17.2: Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system
Support for parenting Children and Youth with Special Health Care Needs	Provide family support services to Iowa families of CYSHCN, including recruiting and supporting ethnically diverse staff including cultural liaisons Increase appreciation of strengths and understanding of barriers to family participation and care for direct services staff statewide Ensure caregiver confidence and capacity to advocate for CYSHCN on all levels (personal/family, community, and policy), including family training to underserved/underrepresented populations	By 2025, increase the percent of caregivers of CYSHCN who report overall satisfaction with support services received through Title V to 90%	SPM 7: Percent of caregivers of CYSHCN who report overall satisfaction with support services received through Title V		

Priority Needs	Strategies	Objectives	National and State Performance Measures	Evidence-Based or –Informed Strategy Measures	National and State Outcome Measures
Cross-Cutting/Systems Building					
Infusing Health Equity with in the Title V System	Inclusion of health equity plan requirement language in BFH grant agreements Increase the percent of contractors that demonstrate application of health equity strategies Utilize Health Equity Advisory Committee (HEAC) to provide input into the health equity strategies for each NPM and SPM and local contractors Inclusion of health equity activities in all Title V funded BFH Staff positions Increase the percentage of Title V Contractors that engage diverse participant voices in program planning, decision making and implementation Build internal capacity within the Bureau of Family Health/Title V Program Health Equity Team; completion of an organizational assessment of equity practices, and facilitation of staff professional development and technical assistance Develop and implement a data analysis plan to assess distribution of Title V resources and services through a health equity lens Conduct an environmental scan of current contractors engagement in health equity and presence of health equity plans	By 2025, 99% of all Title V contractors will have developed a plan to identify and address health equity in the populations they serve	SPM 6: Percent of Title V contractors with a plan to identify and address health equity in the populations they serve		