Iowa		State Action Plan Table				2026 Application/2024 Annual Report

Priority Needs	Five-Year Objectives	Strategies		Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
Women/Maternal Health						
Dental Delivery Structure of the MCAH Population	By 2030, increase the percentage of women who had a preventive dental visit during pregnancy to 56.9%.	Build and enhance partnerships with state stakeholders, organizations and health care providers. Review and use data for policy development. Provide care coordination and referrals to clients. Provide gap-filling preventive dental services to pregnant women. Develop and provide education and oral health promotion.		ESM PDV-Pregnancy.1 - Percentage of discharged maternal health program clients receiving dental care coordination and/or dental care coordination attempt during pregnancy *Inactive - ESM PDV-Pregnancy.2 - Number of medical practices receiving an outreach visit from an I-Smile Coordinator*	NPM - Preventive Dental Visit - Pregnancy	**Linked NOMs:** Women's Health Status Children's Health Status
Behavioral health care for the MCAH population	By 2030, increase the percent of women screened for depression or anxiety following a recent live birth to 95%.	Title V agencies will screen postpartum clients for depression. Implement a perinatal psychology phone line to support doctors who are not as familiar with serving patients with mental health needs. Advocate for a universal depression screening with a consistent tool. Address barriers to postpartum clinical visits. Title V agencies will provide listening visits. Collaborate with Your Life Iowa to disseminate resources and education to Iowans.		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	NPM - Postpartum Mental Health Screening	**Linked NOMs:** Maternal Mortality Infant Mortality SUID Mortality Neonatal Abstinence Syndrome Child Injury Hospitalization Women's Health Status Postpartum Depression Postpartum Anxiety

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Behavioral health care for the MCAH population	By 2030, increase the percent of women who attended a postpartum checkup within 12 weeks after giving birth will increase to 95%. By 2030, increase the percent of women who attended a postpartum checkup and received recommended care components to 78%.	Title V MH agencies will be provided training and communication related to the most recent MMRC findings and recommendations related to the Postpartum Period. Title V MH agencies provide screenings and education on topics specific to the Postpartum period. Title V MH agencies provide postpartum home visits to clients. Title V MH staff will participate in the Iowa Perinatal Quality Care Collaborative to identify gaps in systems that delay postpartum clinic visits. Title V will identify and address barriers to postpartum clinic visits. Provide best practice educational information to organizations that serve pregnant women. Develop recommendations for topics and services to be included in the standard postpartum visit and share with providers across the state.	ESM PPV.1 - Percent of Title V Maternal Health agencies that have a protocol for Medical Care Coordination	NPM - Postpartum Visit	**Linked NOMs:** Maternal Mortality Neonatal Abstinence Syndrome Women's Health Status Postpartum Depression Postpartum Anxiety
Perinatal/Infant Health					
Access to community-based services and supports	By 2030, increase the percent of infants placed to sleep on their backs to 80%. By 2030, increase the percent of infants placed to sleep on a separate approved sleep surface to 42%. By 2030, increase the percent of infants placed to sleep without soft objects or loose bedding to 81%. By 2030, increase the percent of infants room-sharing with an adult to 78%.	Women who receive direct care health education services will be provided safe sleep education based on the assessed needs of the mother. Title V will participate in the HHS Safe Sleep Workgroup and disseminate any relevant information and best practices. Iowa HHS will promote breastfeeding as a method of SIDS prevention. A flyer on safe sleep will be distributed with each birth certificate on an annual basis. Iowa HHS will work with Iowa birthing hospitals to encourage them to conduct safe sleep audits. Iowa HHS 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	ESM SS.1 - Percent of policy or practice changes reported after receiving a safe sleep training *Inactive -* ESM SS.2 *- Number of community education opportunities Title V agencies provide education about safe sleep environments each year*	NPM - Safe Sleep	**Linked NOMs:** Infant Mortality Postneonatal Mortality SUID Mortality

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		delivery.			

Child Health					

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
Access to care for the MCAH population	By 2030, increase the percent of children without special health care needs, ages 0-17, who have a medical home to 52.8%	Expand Care Coordination for high risk/high needs families identified through the Informing process with a focus on building stronger referral relationships with local providers. Promote the creation of policies promoting medical homes. Enhance the quality of informing calls made by local contractors. Promote and expand the Community Health Worker model that is already being utilized by some Title V agencies. Utilize the annually available CMS-416 data provided by Iowa Medicaid that tracks the number and percentages of children receiving at least one initial or periodic health screening. Local Title V agencies will assess medical home status of all clients at every interaction.	*Inactive - ESM MH.1 - Number of telehealth visits through Child Health Specialty Clinics* ESM MH.2 - Percent increase in the available pediatric sub-specialties with telehealth capacity ESM MH.3 - Percentage of Title V clients receiving system navigation support who report having a medical home during the informing process	NPM - Medical Home	**Linked NOMs:** Children's Health Status CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All
Dental Delivery Structure of the MCAH Population	By 2030, increase the percent of children, ages 1 through 17, who had a preventive dental visit in the past year to 86.1%.	Build and enhance partnerships with state stakeholders, organizations and health care providers. Conduct outreach to dental and medical providers. Provide care coordination and referrals to clients. Develop and provide education and oral health promotion. Provide gap-filling preventive dental services to children.	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 *Inactive - ESM PDV-Child.2 - Number of medical practices receiving an outreach visit from an I-Smile Coordinator.*	NPM - Preventive Dental Visit - Child	**Linked NOMs:** Tooth decay or cavities Children's Health Status CSHCN Systems of Care

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Adolescent Health					
Behavioral health care for the MCAH population	By 2030, increase the percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling to 96.8%.	Contract with the Iowa Primary Care Association to positively influence adolescent health care outcomes through long-term practice changes. Expand access to school-based health and behavioral health services through partnerships with Iowa Medicaid and the Iowa Department of Education. Partner with the Division of Behavioral Health to identify existing mental health services/initiatives, assess gaps/areas for improvement and brainstorm collaborative efforts to improve overall adolescent mental health and well-being. Conduct mental health awareness and stigma reduction initiatives. Assess and improve the current level of knowledge, attitudes, and perceptions related to adolescent mental health among key stakeholder groups — including parents, educators, healthcare providers, contractors and adolescents themselves. Collaborate with Iowa's Pediatric Mental Health Care Access (PMHCA) program to promote Title V participation in mental health training opportunities, increasing knowledge base and access to resources.	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	NPM - Mental Health Treatment	**Linked NOMs:** Adolescent Mortality Adolescent Suicide Adolescent Firearm Death Adolescent Injury Hospitalization Children's Health Status Adolescent Depression/Anxiety CSHCN Systems of Care Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All
Children with Special Health Care Needs					
Access to community-based services and supports, pediatric specialty providers, and coordination of care for CYSHCN	By 2030, increase the percent of children with special health care needs, ages 0 through 17, who have a medical home to 59%	Expand access through telehealth. Expand access through relationship building with community-based providers, including primary care providers. Expand access through direct clinical services/ARNPs.	*Inactive - ESM MH.1 - Number of telehealth visits through Child Health Specialty Clinics* ESM MH.2 - Percent increase in the available pediatric sub-specialties with telehealth capacity ESM MH.3 -	NPM - Medical Home	**Linked NOMs:** Children's Health Status CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All

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			Percentage of Title V clients receiving system navigation support who report having a medical home during the informing process		
Access to support for making necessary transition to adult health care	By 2030, 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%	Provide direct support for the transition to adult health care for families with YSHCN. Build opportunities to offer resources for providers and families statewide to facilitate transitions to adult health care. Build opportunities to offer YSHCN-centered programming.	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	NPM - Transition To Adult Health Care	**Linked NOMs:** CSHCN Systems of Care
Strengthened partnership with families/caregivers who are supporting Children and Youth with Special Health Care Needs	By 2030, increase the strength of activities through the Title V partnership with families/caregivers who are supporting children and youth with special health care needs by 10%	Provide direct support to parents/ caregivers of CYSHCN. Strengthen family leadership capacity and opportunities. Increase activities to provide whole-family support.	No ESMs were created by the State. ESMs are optional for this measure.	SPM 2: Score on the Family Partnership Scoring Tool for Iowa Children and Youth With Special Health Care Needs	**Linked NOMs:** CSHCN Systems of Care

Cross-Cutting/Systems Building

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
Access to community-based services and supports	By 2030, increase the number of stakeholders engaged in SNAP-Ed nutrition intervention to address the unique needs of rural Iowa to 20.	Collaborate with SNAP-ed to develop an intervention that address healthy eating throughout the lifespan. Title V agencies will collaborate with WIC programs. Identify gaps in current maternal, child and adolescent health nutrition education. Identify gaps in current maternal, child and adolescent health physical activity education.	No ESMs were created by the State. ESMs are optional for this measure.	SPM 1: The number of stakeholders engaged in SNAP-Ed nutrition intervention to address the unique needs of rural Iowa.	