HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

IOWA

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

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 FY 2016 Application / FY 2014 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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Funding by Source

Source	FY 2014 Expenditures
Federal Allocation	$5,806,061
State MCH Funds	$6,734,042
Local MCH Funds	$0
Other Funds	$5,179,383
Program Income	$471,813

FY 2014 Expenditures

Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$1,391,708	$2,960,960
Enabling Services	$1,541,971	$3,775,027
Public Health Services and Systems	$2,872,382	$5,649,251

FY 2014 Expenditures Federal

FY 2014 Expenditures Non-Federal

Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2014 Expenditures	%
Pregnant Women	8,817	$1,433,159	8.2%
Infants < 1 Year	38,718	$196,360	1.1%
Children 1-22 Years	166,642	$10,813,682	61.7%
CSHCN	6,749	$5,094,486	29.0%
Others *	0	$0	0.0%
Total	220,926	$17,537,687	100%

FY 2014 Expenditures

FY 2014 Individuals Served

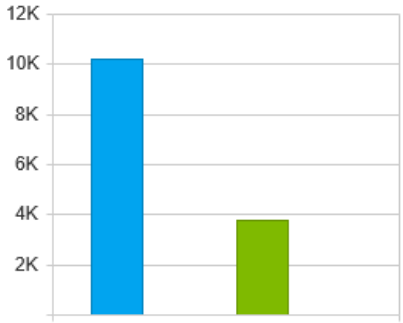
*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 9	Bullying	Adolescent Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 12	Transition	Children with Special Health Care Needs
NPM 13	Preventive Dental Visit	Cross-Cutting/Life Course

Communication Reach

Communication Method	Amount
State Title V Website Hits:	10,201
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	3,786
Other Toll-Free Calls:	0



Executive Summary

Women/Maternal Health

Impact: Since 2008, the percent of women who receive prenatal care in their 1st trimester increased almost 10% and surpassed the Healthy People 2020 (HP2020) goal. In 2013, 84% of women entered prenatal care during the first trimester, an increase from 76% in 2008. The percent of women receiving adequate prenatal care based on the Kotelchuck index of prenatal care adequacy was 84.4% in 2013.

Accomplishments: Presumptive eligibility (PE) provides a critical service for pregnant women in Iowa. Pregnant women living in households with incomes up to 375% FPL are eligible for Medicaid assistance while pregnant and for 60 days postpartum. Iowa's regionalized perinatal system of care effectively addresses maternal health across the state. The program provides consultation to regional and primary care providers and evaluation of the quality of care delivered in order to reduce the mortality and morbidity of mothers and infants. Family planning services also have a positive contribution to the health of Iowa women; over 65,000 women accessed the Medicaid Family Planning Waiver from 2006 to 2013.

Challenges/Emergent Needs: Transportation is one of the most commonly cited challenges on the topic of access to health care. Women with limited financial resources are less likely to have routine medical and dental visits than women in higher-earning households. Limited access is also a challenge for mental health needs of pregnant women with under half of women meeting criteria for clinical depression receiving treatment. Substance use remains a challenge with 20% of women of reproductive age using tobacco and nearly 25% reporting binge drinking. Many of these topics can be addressed in a preventive visit.

Priority Needs: The NPM of women with a past year preventive visit was chosen. Top priority areas related to this domain included access to care for the MCH population, insurance coverage for MCH populations and physical activity for MCH populations.

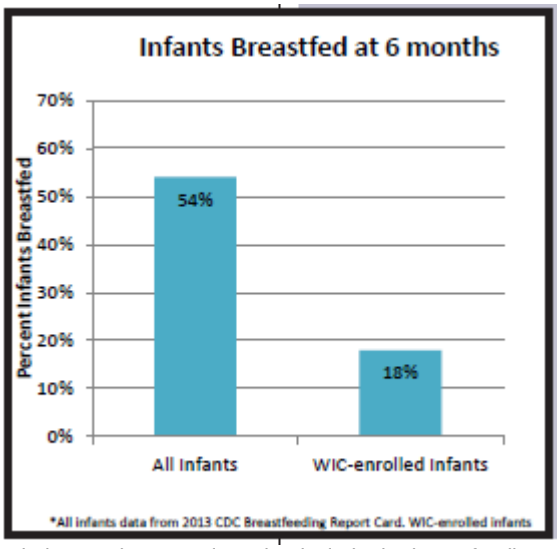
Plan: Collaborate with public health to offer PE and care coordination to pregnant women. Work locally to provide care coordination to help women start prenatal care early in a medical home and work to maximize care during the post-partum period. Implement lessons learned from the "Improving Post-Partum Care Action Learning Series". Establish relationships with new Medicaid MCOs to continue maternal health initiatives in the state.

Perinatal/Infant Health

Impact: Through a partnership with the Iowa Healthcare Collaborative (a provider led nonprofit), Medicaid and IDPH; Iowa reduced the number of early elective deliveries, from 7.6% to 0.7% between May 2012 and Sept. 2013. In January 2015, Iowa Administrative Code was amended to address statewide newborn screenings for Critical Congenital Heart Disease (CCHD). All providers are required to screen all newborns for CCHD via a screening methodology that uses pulse oximetry and are required to use guidelines published by the American Heart Association and the American College of Cardiology Foundation.

Accomplishments: Implemented an evidence-based curriculum, *The Period of PURPLE Crying (PPC)*, statewide. The aim is to reduce the number of babies who have shaken baby syndrome and abusive head trauma. Currently 87% of births occur in hospitals teaching *PPC* to all new parents. Iowa has strong programs for both Early Hearing Detection and Intervention (EHDI) and Iowa Newborn Screening Program. All of the recommended conditions on the Universal Screening Panel are included in Iowa's newborn screening panel. Results show that of those needing treatment for positive screening results, 100% are receiving follow-up and treatment.

Challenges/Emergent Needs: According to the Iowa Newborn Metabolic Screening Profile Feeding Report, Iowa continued to see a steady increase in the number of infants who are breastfed at birth between 2006 and 2013. Besides the benefits to the child, breastfeeding promotes weight loss but also has other benefits for the mother: it lowers the risk of breast and ovarian cancer, decreases the risk for osteoporosis, leads to fewer missed work or school days and saves money.



Priority Needs: Iowa elected to include the breastfeeding NPM in its priorities due to the broad effects of breastfeeding for both the infant and the mother. The percent of new moms reporting breastfeeding at hospital discharge has steadily increased over the past 5 years but is still below the HP2020 goal. Iowa's breastfeeding rates at 3 and 6 months drop considerably and are lower among low-income women and women of color.

Plan: Educate all pregnant clients on benefits and methods of breastfeeding to ensure that the feeding decision is fully informed. Provide appropriate discharge planning for breastfeeding support and provide care coordination to link women to local resources.

Encourage and support maternal health nurses membership in Iowa's Lactation Task Force. Collaborate with WIC to promote peer counselors. Encourage nursing staff to get additional breastfeeding education through attending the Iowa annual breastfeeding conference, participating in either the Certified Breastfeeding Educator program or the Certified Counselor program.

Child Health

Impact: Iowa has the most generous income requirements for enrollment in Medicaid compared to other states in the nation. For ***hawk-i***, Iowa's State Children's Health Insurance Program (CHIP), Iowa's 2014 eligibility requirements were at 302% of the FPL.

Accomplishments: Iowa's Medicaid benefits for children in the EPSDT program use guidance provided by *Bright Futures,* Third Edition, as developed by the American Academy of Pediatrics. The 1st Five Healthy Mental Development Initiative is a public-private partnership bridging primary care and public health services in Iowa. The 1st Five model supports health providers in the earlier detection of social-emotional and developmental delays and family risk-related factors in children birth to 5 years and coordinates referrals, interventions and follow-up.

Challenges/Emergent Needs: According to the 2012, National Survey of Children's Health, there were over 25,000 Iowa children, ages 2-17, currently experiencing a developmental delay, and nearly 15,000 who had previously had experienced a delay. Of those children with a developmental delay, African-American children were disproportionately affected (12.6%) compared to Hispanic (4.8%) and non-Hispanic white (3.4%) children.

Late identification of developmental delays means children may not be ready to start school12. In 2013, minority fourth graders were less likely to be reading at the fourth grade level. Additionally, 77% of 4th graders eligible for a reduced/free lunch level were not reading at their grade level, compared to 52% who were not eligible.

Priority Needs: Developmental screening ranked in top 13 in the stakeholder prioritization. Iowa's minority children are at higher risk of developmental delays, and Iowa has been engaged in efforts to expand and formalize the developmental screening and referral process. Nationally, 71% of pediatricians use observation methods to screen children. These methods identify only 30% of developmental concerns.

Plan: Promote parent and caregiver awareness of developmental screening. Work with provider champions to promote developmental screenings within clinical settings and to associations of health professionals. Support retaining reimbursement for developmental screening among newly established Medicaid MCOs. Maintain requirements for provision of developmental screening within Title V contract agencies. Promote collaboration between Title V, early care and education, and home visiting provider on the provision of developmental screens.

Adolescent Health

Impact: Iowa's teen pregnancy rate has declined by nearly 50% since its peak in 1991. 84.5% of all Iowa adolescents reporting having a preventive medical visit in the last year.

Accomplishments: Iowa adolescents have lower rates of depression, and intimate partner violence is less common. Furthermore, teen pregnancy rates have shown dramatic declines, physical activity has increased between 6th and 11th graders, and substance use has declined.

Challenges/Emergent Needs: Teen pregnancy rates are higher in the state's minority communities. There is lack of programming around emerging substance use such as e-cigarettes/smokeless tobacco, binge drinking and prescription drug abuse. Many of these topics can be discussed that the adolescent well-visit. Bullying rates are higher than the national average, and though there have been laws enacted to help reduce the amount of bullying, there is a lack of enforcement.

Priority Needs: Iowa chose to include the adolescent well-visit NPM in its state priorities. This need statement ranked in top 13 of the stakeholder prioritization. The well visit serves as a point of entry for discussion regarding the changing needs of adolescents, including not only medical needs but social integration, connection to community, and school performance. The potential impact on a wide variety of NOMs made this an area opportunity.

While the need statement regarding the bullying did not rank high in the stakeholder prioritization, Iowa elected to include the bullying NPM in its priorities due to the broad effects for both children with and without special health care needs and the implications for overall mental health of children in Iowa.

Plan: Evidence-based models related to bullying, mental health, and positive youth development will be identified. With a legislative focus on bullying prevention, efforts will center on relationship building with the Department of Education for statewide coordination. Partner closely with IDPH staff working on bullying prevention and mental health to coordinate programming and outreach. Focus on discovering, identifying, and implementing evidence- informed strategies to increase adolescents' access to preventive health care visits and to improve the quality of these visits.

Children and Youth with Special Health Care Needs

Impact: Administered by UI-DCCH, the program has annually exceeded its objectives towards implementing a statewide coordinated system of care for CYSHCN. To date the implementation is 96% complete. The measure includes family engagement and care coordination as system components.

Accomplishments: UI-DCCH continues to expand its inclusion of families in all system levels. In addition to employment of Family Navigators (FN) to support families of CYSHCN, the program recently developed a Family Advisory Council that provides valuable input to the Iowa system. A FN serves as Vice Chair: AMCHP Family Leadership Committee.

Major new initiatives include: systems level projects of improving integration of services and supports; and workforce development for family/peer support personnel. In collaboration with state agencies, UI-DCCH has developed, implemented, and evaluated the Pediatric Integrated Health Home program for children with emotional challenges and is developing a state plan for systems integration through a MCHB funded project.

Challenges/Emergent Needs: A challenge for Iowa is the lack of an adequate workforce to provide sufficient resources and holistic, family-centered support to CYSHCN. Lack of coordination causes duplication and/or gaps in services. The shortage is most acute in rural areas. Developing a workforce that is skilled in coordinating care and collaborating across agencies is a top need for Iowa. A new approach that mobilizes high-level decision makers through a revised and unified state plan addressing the Triple Aim will be implemented.

Priority Needs: Iowa's 3 priority needs for CYSHCN are: 1) Effective care coordination delivered through a medical/health home approach; 2) Consistent transition planning that addresses all aspects of transition to adulthood; and 3) Integration of services and supports.
Plan: Iowa has launched an initiative to consolidate Medicaid services through managed care organizations. UI-DCCH will maximize opportunities to assure that the needs of CYSHCN are adequately met. UI-DCCH will address the 3 priority needs through development and implementation of methodologies that enhance family engagement, improve efforts for transition and care coordination, and assure quality outcomes through integration of service systems.

Cross-Cutting
Impact: Medicaid provides comprehensive oral health care for eligible adults in Iowa. Through the I-Smile™ program, dental visits are 61% higher in 2013 compared to 2005 for Medicaid-enrolled children.
Accomplishments: Most Iowa women report having insurance coverage at rates higher than national averages. Additionally, Iowa is the most inclusive state in the US in terms of Medicaid income eligibility for pregnant women and infants. Iowa's PE allows pregnant women to receive services while their Medicaid eligibility is determined, which helps women gain a point of entry into prenatal and perinatal services.
Challenges/Emergent Needs: While 97% of children ages 0 to 18 years are covered by a health insurance plan, 18% do not have dental coverage. While dental visits have increased for Medicaid-enrolled children, just 18% of all Iowa children younger than 3 years old saw a dentist in 2013.
Priority Needs: The dental need statement ranked in the top 13 in prioritization and reflects a need for additional strategies in Iowa to address access beyond the existing I-Smile program. Data indicates improvements for low-income children receiving oral health care, yet the overall dental delivery system still limits the ability to further impact at-risk families who are eligible to receive care.
Plan: Investigate best practices for medical-dental integration, particularly targeting ARNPs, PAs, and midwives. Review available state and local data to direct efforts in specific areas with low numbers of pregnant women accessing dental services. Continue oral health promotion activities about the importance of oral health throughout the life course. Population-based preventive dental services will be maintained through local contractors to include children ages 0-2 in public health settings and for children ages 6-14 in the School Based Sealant Program.