HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

IOWA

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 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 2017 Application / FY 2015 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	State Family or Youth Leader
Marcus Johnson-Miller Title V Director marcus.johnson-miller@idph.iowa.gov (515) 281-4911	Thomas Scholz, MD Title V CYSHCN Director thomas-scholz@uiowa.edu (319) 467-5009	Martha Hanley Family Navigator Network Coordinator martha-hanley@uiowa.edu (319) 356-0886

Funding by Source

Source	FY 2015 Expenditures
Federal Allocation	$6,265,988
State MCH Funds	$5,924,895
Local MCH Funds	$0
Other Funds	$6,436,808
Program Income	$475,268

FY 2015 Expenditures

Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$1,372,903	$2,393,646
Enabling Services	$1,379,484	$2,732,615
Public Health Services and Systems	$3,513,601	$7,710,712

FY 2015 Expenditures Federal

FY 2015 Expenditures Non-Federal

Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2015 Expenditures	%
Pregnant Women	38,776	$1,425,798	7.7%
Infants < 1 Year	39,502	$341,054	1.8%
Children 1-22 Years	780,381	$10,805,643	58.2%
CSHCN	150,000	$5,992,576	32.3%
Others *	0	$0	0.0%
Total	1,008,659	$18,565,071	100%

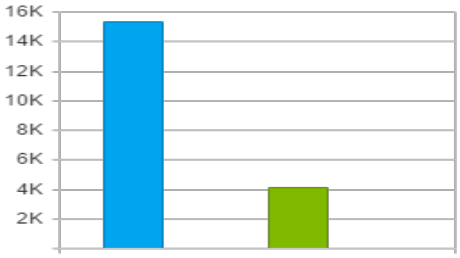
*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

FY 2015 Expenditures

FY 2015 Individuals Served

Communication Reach

Communication Method	Amount
State Title V Website Hits:	15,332
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	4,099
Other Toll-Free Calls:	0



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

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	Percent of Title V maternal health participants that received education on continuing their health care coverage.
NPM 4	Breastfeeding	ESM 4.1	Percent of women educated on the importance of breastfeeding to ensure that the feeding decision is fully-informed.
NPM 6	Developmental Screening	ESM 6.1	Percentage of Medicaid enrolled children ages 0-6 receiving a developmental screen using a standardized tool according to Early Periodic Screening Diagnosis and Treatment (EPSDT) guidelines.
NPM 6	Developmental Screening	ESM 6.2	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.
NPM 9	Bullying	ESM 9.1	Conduct an environmental scan of current bullying prevention efforts being implemented in the state.
NPM 10	Adolescent Well-Visit	ESM 10.1	Number of school districts and other adolescent serving organizations with whom Title V CAH agencies partner with and/or educate on the promotion of preventive medical visits among adolescents ages 12-17.
NPM 11	Medical Home	ESM 11.1	The percent of CYSHCN served by DCCH Regional Centers who have a Shared Plan of Care
NPM 11	Medical Home	ESM 11.2	The percent of primary care providers that serve children who received trainings about the Shared Plan of Care
NPM 12	Transition	ESM 12.1	Percent of YSHCN served by DCCH Regional Centers with an initiated transition plan
NPM 12	Transition	ESM 12.2	Percent of YSHCN served by DCCH Regional Centers with at least annual transition reviews
NPM 13	Preventive Dental Visit	ESM 13.1	Number of medical practices receiving an outreach visit from an I-Smile Coordinator.

State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Percent of CYSHCN who meet criteria for Quality of Care	Children with Special Health Care Needs
SPM 2	A)Percent of children 0-21 served by Title V who meet Iowa's Title V criteria as having a medical home B)Percent of women served by Title V who meet Iowa's Title V criteria as having a medical home	Cross-Cutting/Life Course
SPM 3	Percent of children with a payment source for dental care	Child Health
SPM 4	Percent of early care and education programs that receive Child Care Nurse Consultant services.	Child Health
SPM 5	Percent of adults aged 18-24 who report being physically active	Adolescent Health

Executive Summary

Women/Maternal Health

Impact: In 2015, 84% of women entered prenatal care during the first trimester, an increase from 76% in 2008.
"Iowa's Statewide Obstetrical Task Force," a quality collaborative for obstetrics has been developed with a mission to guide, monitor and improve obstetrical care in Iowa. The goals include:

a. Reduce early elective deliveries
b. Establish standardized progesterone treatment plan/protocol
c. Establish a statewide protocol and practices in the avoidance of Adverse Events.

Accomplishments: 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 provides consultation by medical experts from the University of Iowa Carver College of Medicine to regional and primary care providers at Iowa's birthing hospitals, evaluates the quality of care delivered, and reinforces best practice initiatives to reduce the mortality and morbidity of mothers and infants.
Over 65,000 women accessed the Medicaid Family Planning Waiver from 2006 to 2013.
Challenges/Emergent Needs: Low-income women are less likely to have routine medical and dental visits than other women. Transportation is responsibility of the Medicaid MCO's. 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, with priority given to access to care and insurance coverage.
Plan: Work locally to provide care coordination to help women start prenatal care early link women to medical and dental homes and work to maximize care during the post-partum period. Implement lessons learned from the state's participation in the CMS Maternal and Infant Health initiative: "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: Iowa is an active participant in the Infant Mortality Collaborative Improvement and Innovation Network (CoIIN) Iowa is working on the following QI initiatives.

- Enhance access to quality of care before and between pregnancies
  - Tobacco cessation and promoting the use of LARC's
- Increase quality of prenatal and maternal care – specifically 17P to prevent repeat pre-term births
- Ensure quality of care for newborns
  - provider training in tobacco cessation, breastfeeding and safe sleep practices
  - evaluate regionalized system of care
- Ensure families engage in safe sleep practices

Accomplishments:

	2010	2011	2012	2013	2014
Iowa's Preterm Birth Rate	11.6%	11.1%	11.5%	11.1%	9.3%

Preterm birth rates across racial/ethnic groups

	2014 report card	2015 report card
Black	15.6%	11.7%
Asian	12.8%	9.3%
White	11.2%	9.2%
Hispanic	11.9%	8.3%
Iowa's overall	11.1%	9.3%

Iowa remains concerned about inequities in health and health care that contribute to higher rates of preterm birth among racial minorities. We did make progress in the percentage of live births that are preterm across all reported racial/ethnic groups.
Iowa implemented *The Period of PURPLE Crying (PPC)* statewide to reduce the number of babies who have shaken baby syndrome and abusive head trauma. Currently 89% 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. A newly formed statewide Neonatal Quality Collaborative will make improving initiation and retention of breastfeeding rates with infants in the intensive care nursery as its first quality improvement project.

Child Health

Impact: Iowa has generous income requirements for enrollment in Medicaid compared to many states in the nation. For ***hawk-i***, Iowa's State Children's Health Insurance Program (CHIP), leading to 97% of Iowa's children having consistent health care coverage. In state fiscal year 2015, 71% more children saw a dentist than in 2005, which was also 7% more than in 2014.
Accomplishments: Iowa's Medicaid benefits for children in the EPSDT program align with *Bright Futures,* Third Edition, as developed by the American Academy of Pediatrics. Utilization of well-child care according to the CMS416 Report, increased in 2015 to 71% from the previous ten year low of 70%. 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. According to the National Survey of Children's Health (NSCH), only 34% of Iowa parents reported their child had a developmental screen. Medicaid paid claims data for FFY15 showed 68% of Medicaid enrollees had a developmental screen.

Challenges/Emergent Needs: According to the 2012, NSCH, 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 school. 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 the top 13 in the needs assessment 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. However, Iowa still needs to improve the quality of the well visits and also address the disparities of the Medicaid population.
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 during 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 needs assessment 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 to make a large impact.
While the need statement regarding 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: Identify evidence-based models related to bullying prevention to build statewide coordination efforts. Partner closely with IDPH staff working on bullying prevention to coordinate programming and outreach. Discover, identify, and implement evidence-informed strategies to increase adolescents' access to preventive health care visits and to improve the quality of these visits. Implement strategies identified in the AYAH CoIIN.

Children and Youth with Special Health Care Needs (CYSHCN)

Impact: Administered by University of Iowa Division Child and Community Health (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, care coordination, gap-filling services and infrastructure building as system components.

Accomplishments: 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, DCCH started the Iowa Family Leadership Training Institute for Iowa Families of CYSHCN. The program will provide information on the structure of Iowa's System of Care for CYSHCN, the role of families as change agents, family and professional partnerships, advocacy, and the power of mentoring and peer support.

New initiatives: Expanding and upgrading telehealth equipment and software in DCCH's 14 Regional Centers, reducing disparities for children with Autism Spectrum Disorder (ASD) in medically underserved areas of Iowa and working with the Iowa Breakthrough Series Collaborative on Reducing Disproportionality and Disparate Outcomes for Children and Families of Color.

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. Expanding access through telehealth and developing a workforce that is skilled in coordinating care and collaborating across agencies is a top need for Iowa.

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: DCCH will address the three 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: Through the I-Smile™ program, dental visits for Medicaid-enrolled children are 71% higher in 2015 compared to 2005. Medicaid provides comprehensive oral health care for eligible adults in Iowa.

Accomplishments: Most Iowa women report having insurance coverage at rates higher than national averages. Additionally, Iowa is one of 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. Nearly 6,000 more children received preventive fluoride through I-Smile™/Title V in 2015 than in 2014. Over time, the additional prevention is demonstrated through less overall decay.

Challenges/Emergent Needs: While 97% of children ages 0-18 years are covered by a health insurance plan, 10% do not have dental coverage. While dental visits have increased for Medicaid-enrolled children, just 18% of children younger than 3 years old saw a dentist in 2015.

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.