

IOWA'S TITLE V BLOCK GRANT  
EXECUTIVE SUMMARY

2013



# Letter from Iowa's Title V Director



I am excited to share with you Iowa's Title V Maternal and Child Health (MCH) Annual Report. Through state and local partnerships Iowa's Title V MCH program continues to improve and protect the health and development of Iowa's mothers, children and youth, including those with special health care needs, and their families by assuring comprehensive systems of care to meet their needs.

The Title V MCH block grant is the foundation on which many programs help Iowa's most vulnerable child and families are built. Now more than ever, particularly in an era of health reform, the activities that are support through the Title V federal-state partnership are critical to protecting the promoting the health of America's women and children. While health insurance coverage is essential, alone it is not sufficient to improve the health of the MCH populations. Indeed, Iowa will not completely reduce health disparities or improve health outcomes unless there is a sustained effort to strengthen public health systems and services that address the root causes of disease and poor health of Iowans.

A few highlights from Iowa's Title V MCH Annual Report include:

- Title V is a partnership of the MCH and Children and Youth with Special Health Care Needs (CYSHCN) programs at the state and local level, reaching across economic lines to support such core public health functions such as resource development, capacity and systems building, population-based functions like public information and education, knowledge development, outreach and program linkage, technical assistance to communities, and provider training.
- Title V makes a special effort to build community capacity to deliver such enabling services such as care coordination, transportation, home visiting, and nutrition counseling, which complement and help ensure the success of Iowa's Medicaid and hawk-i programs.
- Title V continues to emphasis the formal and informal collaboration process with public and private sector, provider groups, state and local levels of government, and families.

Through the MCH state and local partnership one core goal continues to be the focus as we look at the future of Iowa's Title V MCH program: to ensure that the Title V MCH Block Grant continues to be a viable federal-state-local partnerships and thus, a locus of accountability in every state for our nation's mothers, children and their families, particularly those who are the most underserved and vulnerable.

As we all know, much more remains to be accomplished in order to collectively achieve and advance a vision for the future of Title V. Thank you for your partnership and dedication to children and families in Iowa.

*Gretchen Hageman*

# Title V Overview

Title V of the Social Security Act is the longest-standing public health legislation in American history. Enacted in 1935, Title V is a federal-state partnership that promotes and improves maternal and child health (MCH). According to each state's unique needs, Title V supports a spectrum of services, from infrastructure building services like quality assurance and policy development, to gap-filling direct health care services. Title V resources are directed towards MCH priority populations: pregnant women, mothers, infants, women of reproductive years, children and adolescents and children and youth with special health care needs.

## Maternal Health:

IDPH supports 21 local maternal health agencies that assure access to services in all 99 counties. Maternal health agencies provide prenatal and postpartum care to Medicaid eligible and other low income women.

Iowa's maternal health agencies link women to available prenatal services, coordinate closely with state Medicaid programs to improve outreach and enrollment and assure capacity to meet the needs of women in Iowa. MH agencies provide parent education visits, link families to health and social services, and preconception care. The focus is to improve women's health prior to pregnancy in order to improve pregnancy related outcomes.

## Child and Adolescent Health:

The Title V program provides funding to 22 child health agencies that assure access to services in all 99 counties. The child health agencies help families access preventive health services for their child. Iowa's child health agencies actively promote medical homes for children and provide technical assistance. Child health agencies provide the following services:

- Care coordination
- Developmental/social-emotional screening
- Gap-filling direct care services (Immunizations, blood lead screening, and nutrition screening), when needed
- Health education
- Dental education, screening, and referral

Adolescent health programs promote positive youth development, empower youth to make healthy choices, and link health programs to schools, communities, youth groups, and faith-based organizations.

Iowa's MCH agencies also work with other agencies/programs:

- Link to other community providers
- Needs assessment planning
- Social marketing campaigns
- Participate in local taskforces and committees
- Link with Local Boards of Health

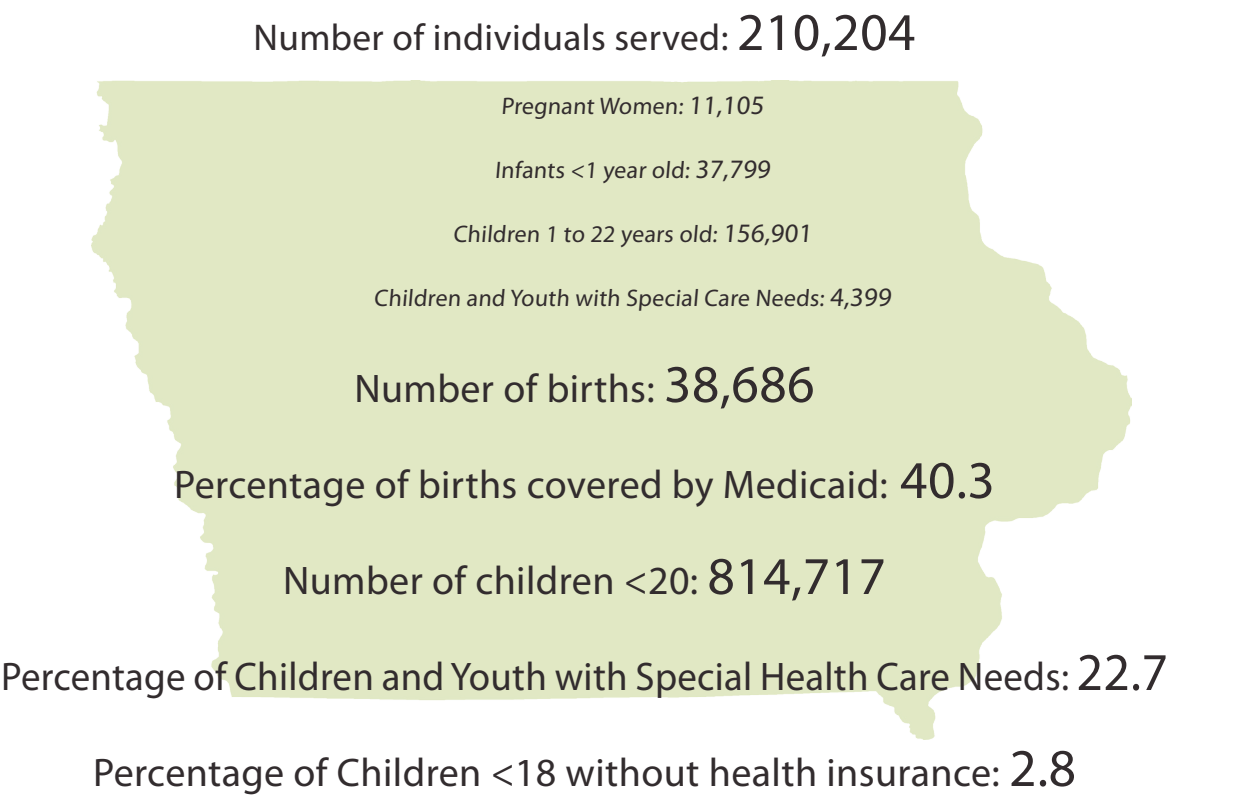
## Children and Youth with Special Health Care Needs:

Child Health Specialty Clinics (CHSC) is part of Iowa's statewide public health system that facilitates the development of family centered, community based, coordinated systems of care for Children and Youth with Special Health Care Needs (CYSHCN). CHSC is funded partially by the federal Title V, Maternal and Child Health Block Grant in addition to funding provided by the Iowa Department of Public Health, the Iowa Department of Education, the Iowa Department of Human Services and other community partners. CHSC is administrated through the University of Iowa, Department of Pediatrics.

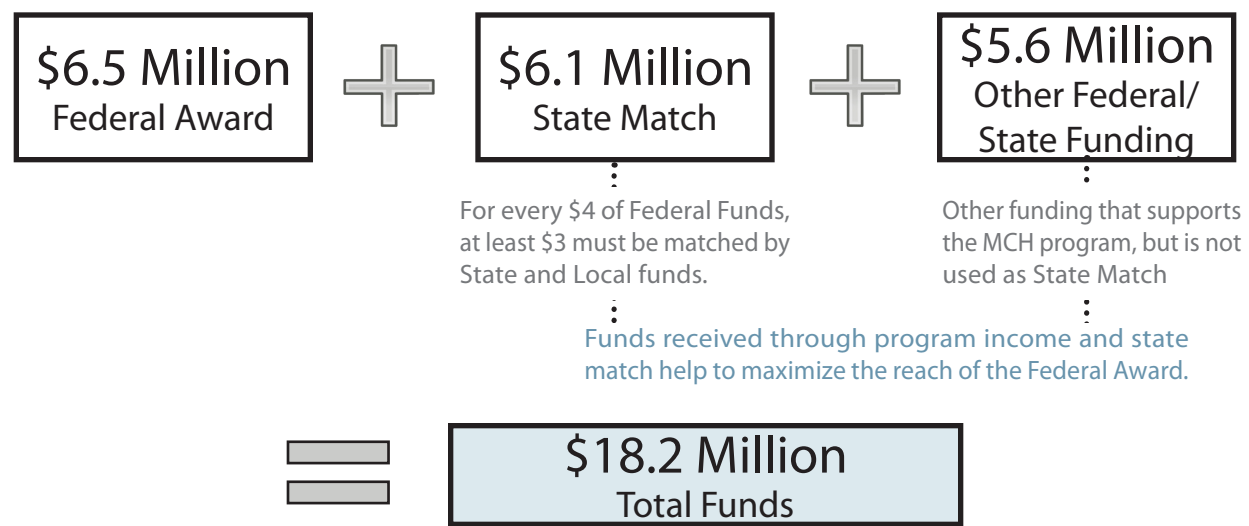
CHSC has many partners, both public and private entities that share the goal of providing quality family centered and community based services. CHSC supports community based medical homes and best practice protocols. Each CHSC regional center works closely with local stakeholders to collaborate and coordinate efforts.

CHSC serves children and youth, birth through 21 years of age, who live in Iowa and have a chronic condition (physical, developmental, behavioral, or emotional) or are at increased risk for a chronic condition and also have a need for special services.

# Key Iowa Characteristics



# Budget Overview



# Title V Success Story

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***“It was such a rewarding feeling to think that the services that [Title V] provides had something to do with encouraging her, empowering her, and keeping her motivated to do great things, not only for herself, but for her son as well.”***

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Submitted by:

**Jenny Myers, RNC, BSN**

Visiting Nurse Services of Iowa

I met Dakata in May of 2012 when she was attending Scavo Alternative High School and due with her first baby in August. Dakaka is a very ambitious young woman who found herself in the difficult situation of being a single pregnant teenager. Luckily, Dakata has a very supportive mother and stable home environment.

I followed Dakata throughout her pregnancy and got her enrolled in storks nest. Since she had an August due date, we were able to work with the school and the school daycare to ensure enrollment for the fall term after her delivery.



Dakata did a great job taking prenatal classes, never missing appointments with me, or with her providers. Dakata had a healthy pregnancy and delivery in August. Her son, Kaden, is growing and healthy. I continued to work with Dakata until Kaden was about 2 months old. She was still breastfeeding Kaden, attending school regularly, working part time, and on reliable birth control. It's funny how you never know how your client's will do once you're not working with them anymore. Will they stumble and fail? Some will. Will they succeed and go on to do great things? Some will.

I started my day on May 16th preparing to go meet three new pregnant teens at Scavo who were interested in services at VNS. It just so happened that May 16th was graduation day at Scavo. I had the honor and the privilege to attend Dakata's graduation from High School an entire year ahead of her expected graduation date. Bells rang up and down the halls by a sweet boy named Kaden held by his mom, Dakata. Students, teachers, and family gathered in the gym to support and celebrate the work of the two students graduating. It was a very heart felt moment as I watched her accept her diploma with her baby in her arms.

Dakata plans on attending DMACC in the fall and taking coursework to become a phlebotomist. It was such a rewarding feeling to think that maybe the services that VNS provides had something to do with encouraging her, empowering her, and keeping her motivated to do great things, not only for herself, but for her son as well.



# Iowa's Priorities

MCH2015, Iowa's MCH Needs Assessment submitted in federal fiscal year 2011, served as an essential tool to reflect on system changes and examine the health status of Iowa's families. Although there were improvements in some areas, there continue to be disparities based on race, income, and age in areas of the state. These variations continue to present challenges. Based on this assessment the following eight State Performance Measures were identified and provide guidance for MCH related activities and funding during the FFY11-FFY2015:

	State Performance Measure (SPM)	FFY2012 Target	FFY2012 Indicator	Data Source
1	The degree to which the state MCH Title V program improves the system of care for mothers and children in Iowa.	21	20	Title V Program Index
2	The degree to which components of a coordinated statewide system of care for CYSHCN are implemented.	70	81	CHSC Scoring Tool, including the Title V Index
3	The degree to which Iowa's state MCH Title V program addresses health equity in MCH programs measured through the MCH Title V index.	19	18	Title V Program Index
4	Percent of family planning clients (women and men) who are counseled about developing a reproductive life plan.	61%	71.2%	Ahlers Family Planning Data
5	The degree to which the health care system implements evidence based prenatal and perinatal care.	14	23	Title V Program Index
6	Percent of Medicaid enrolled women receiving preventive dental health services during pregnancy.	21%	19%	Medicaid Match Report
7	The percent of Medicaid-enrolled children ages 0-5 years who receive a dental service.	46.9%	52.3%	CMS 416 Report
8	Rate of hospitalizations due to unintentional injuries among children ages 0-14.	11	14.7	Iowa Hospital Association Inpatient Data



All States are required to report on a core set of National Performance Measures. A Performance Measure describes a specific maternal and child health need that, when successfully addressed, can lead to a better health outcome within a specific time frame. There are 18 National Performance Measures:

	National Performance Measure (NPM)	FFY2012 Target	FFY2012 Indicator	Data Source
1	The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs	100%	100%	Center for Congenital and Inherited Disorders/Iowa Neonatal Screening Program
2	The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive.	76%	75.8%	National Survey of Children with Special Health Care Needs
3	The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home.	47%	47%	National Survey of Children with Special Health Care Needs
4	The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need.	66.6%	64.6%	National Survey of Children with Special Health Care Needs
5	The percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily.	68%	70%	National Survey of Children with Special Health Care Needs
6	The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work and independence.	45%	45%	National Survey of Children with Special Health Care Needs
7	Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.	65%	71%	2012 Immunization Program Annual Report
8	The rate of birth (per 1,000) for teenagers aged 15 through 17 years.	11.2	10.7	Vital Statistics
9	Percent of third grade children who have received protective sealants on at least one permanent molar tooth.	47%	45.6%	2012 Third Grade Oral Health Survey
10	The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.	2.1	2.5	Vital Statistics
11	The percent of mothers who breastfeed their infants at 6 months of age.	17.5%	17.7%	IWIN Breastfeeding Duration Report
12	Percentage of newborns who have been screened for hearing before hospital discharge.	99.3%	99.4%	Iowa EHDI Program - eScreener Plus
13	Percent of children without health insurance.	2.8%	2.8%	Iowa Child and Family Household Health Survey
14	Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.	31%	21.9%	IWIN Prevalence of Nutrition Risk Report
15	Percentage of women who smoke in the last three months of pregnancy.	12%	12.1%	Vital Statistics
16	The rate (per 100,000) of suicide deaths among youths aged 15 through 19.	11	11.1	Vital Statistics
17	Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.	93%	82.4%	Vital Statistics
18	Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.	86%	84%	Vital Statistics

# Child and Adolescent Health

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## ***NPM 1: Newborn Screening***

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Work will continue on the strategic plan for the provision and coordination of genetic/genomic programming across the life span. Key informant interviews will be conducted and stakeholders from chronic disease prevention, preconception health & family planning, health promotion, cancer prevention, and environmental health will be involved.

The Bureau of Family Health will develop a request for bids for a new newborn screening data system that will include data collection and reporting for all newborn screening programs, laboratory/machine testing result import capability, and follow up/case management documentation.

Newborn screening for CCHD will be monitored, as more hospitals screen newborns based on the 2013 legislation. Newborn screening for SCID will begin, and will be monitored for quality assurance, follow up and referrals to subspecialty care.

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## ***NPM 7: Immunizations***

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The IDPH Immunization Program will continue to work with primary care providers and other public health providers on technical assistance or data needs related to the new version of IRIS.

Staff members are participating in

the CDC bar-coding pilot project for IRIS. Through funding from the CDC, Immunization Program staff is developing policies that will allow an exchange between IRIS and electronic medical records. IDPH will provide immunization education to Vaccine for Children Providers through 11 different regional trainings.

All 22 local CH contract agencies developed action plans related to immunizations. Agencies' activities include providing community education on importance of immunizations, utilizing IRIS to identify children who need follow-up services, providing fact sheets in the newborn discharge package from hospital, and offering on-site immunizations at WIC clinics and other community settings.

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## ***NPM 9: Dental Sealants***

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The Oral Health Center (OHC) will maintain current activities, including working with Delta Dental of Iowa on ways to expand school-based sealant programs (SBSP); participating in a task force supporting education efforts on the benefits of community water fluoridation; and providing guidance for state SBSP.

The OHC will also continue to support local contractors with health promotion guidance that promotes preventing dental disease, as well as continue providing messages through social media.

OHC staff will work with Bureau of Family Health staff to respond to changing needs for provision of care coordination services,

including consideration of client-specific letters to health providers as billable care coordination. Gap-filling preventive services will continue through local contractors and ensuring services for ages 0-2 at WIC will be a requirement.

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## ***NPM 10: Motor Vehicle Deaths***

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Although the IDPH Bureau of EMS-EMSC program is longer be the grant recipient for the National Highway Traffic Safety Administrative funds, the EMSC program manager will continue to be actively involved in the state's injury prevention projects and initiatives, including the occupant protection projects, Love Our Kids program administration, Injury Prevention subcommittee of the state's trauma system, and the planning committee member for the state's injury prevention yearly conference. Instead those funds will be expended on the Safe Kids Iowa program.

Two local CH agencies have specific action plans related to this measure. Agencies will utilize Safe Kids USA information and posting at immunization clinics, WIC clinics, schools, faith based organizations, libraries, physicians' offices, etc. One agency is seeking local funding to purchase car seats and will provide free car seat safety checks at various locations.



## ***NPM 12: Early Hearing Detection***

EHDI staff will continue efforts to educate midwives, PCPs, audiologists, and ENTs about the importance of timely screening and follow-up for children who do not pass the initial screen or have risk factors for late-onset hearing loss.

EHDI staff will continue evaluation regarding the EHDI program's System of Care, including hearing screening and follow-up processes, referral, early intervention and family support. Evaluation will include analysis of the physician survey, ENT/audiology survey, and analysis of new data included in the new case management module .

IDPH and CHSC will continue to work with Center for Disabilities and Development (CDD) audiologists to provide training or technical assistance to hospitals, AEAs staff, private audiology clinics and healthcare providers. EHDI program staff will continue to recruit additional private practice clinics to report all screening or diagnostic assessment results to IDPH through the EHDI web-based data system versus paper reports.

The EHDI program will work with the Center for Genetics to issue a request for information to explore integration of the two web based data systems.

All birthing hospitals will provide universal newborn hearing screening services as required by law. The EHDI program will continue to participate in outreach and public education opportunities regarding the program.

## ***NPM 13: Health Insurance***

Iowa's Children's Health Insurance Program (CHIP) administrators indicated the program's primary focus for FFY2014 will be maintaining the CHIP program and the Presumptive Eligibility for Children Program. DHS is designing and implementing an Express Lane Eligibility (ELE) process that will enroll children who receive Food Assistance, but not Medicaid, into the Medicaid program. It is anticipated that the ELE will be expanded to include programs outside of DHS in years to come. The state hawk-i coordinator will work in collaboration with DHS to plan for ACA provisions.

The primary focus of outreach across Iowa will be to increase enrollment of Iowa's children in Medicaid and hawk-i by utilizing the Presumptive Eligibility for Children Program. The focus of all outreach will continue to be on hawk-i enrollment, the hawk-i dental only program, and presumptive eligibility for children.

All hawk-i outreach coordinators will continue their certification as qualified entities and local outreach efforts will focus on enrolling children in Medicaid and hawk-i through the Presumptive Eligibility for Children Program. As a result of the hawk-i dental only program, outreach workers will also assist families in enrolling in the dental only option offered by hawk-i. Coordinators will continue to identify barriers through the use of occurrence reports and other forms of established communication.

All 22 local CH contract agencies

have action plans related to enrolling children in health insurance through hawk-i. Activities include developing community partnerships, providing outreach to schools, health care providers, faith-based organizations, and vulnerable populations, providing public education, providing presumptive eligibility, and care coordination services.

## ***NPM 14: BMI of WIC Children***

The State WIC office will work with local child health agencies to share action plans addressing childhood obesity and continue to update modules in [www.wichealth.org](http://www.wichealth.org). The WIC Farmers Market Program will continue to work with ISU Extension and local farmers to continue to increase redemption of Farmers Market checks.

WIC breastfeeding peer counselors will continue to receive training including the relationship of breast feeding and reduced childhood obesity.

The Iowa Nutrition Network (INN) School Grant Program will continue to serve low-resource Iowa schools in the coming year. The INN School Grant Program contractors will provide monthly Pick a better snack nutrition education to over 20,000 students in 89 low-resource elementary schools.

Iowa's Community Transformation Grant will continue to collaborate with the Department of Education to promote healthy food procurement practices and increase opportunities for physical activities in schools and child care facilities.

Three local CH agencies have activities related to reducing the percent of children with a BMI at or above the 85th percentile. Activities include utilizing IDPH Family Support Nutrition Training Resource Manual and Iowans Fit For Life resources to promote physical activity and nutrition at CH clinics in the service area, such as Pick a better snack & ACT handouts and posters.

BFH will continue to solidify established relationships, strengthen

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### ***NPM 16: Suicide Deaths***

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MCH agencies on adolescent health issues through trainings, resources and technical assistance and continue to partner with new and existing youth serving agencies. BFH will continue to maintain and promote the IAmInControl website ([www.iamincontrol.org](http://www.iamincontrol.org)).

BFH staff will research and identify a screening tool to be used at MCH agencies for depression in adolescents. Completion of this undertaking will allow for a consistent referral process among MCH agencies. PREP grantees will continue to address mental health and suicide prevention through programming with Iowa youth.

Adolescent health staff will work to become more involved with the ACEs efforts by attending the statewide steering committee meeting. Staff will take the information from these meetings and work with local agencies and grantees to infiltrate the ACEs work in their communities.

Two local agencies have activities that include providing education to teenagers, caregivers, and schools

about recognizing symptoms of depression, suicide ideation, and positive coping skills aimed at reducing risks.

The bulk of activities targeting this performance measure will be accomplished within the I-Smile

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### ***SPM 7: Dental Care for Children***

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project. OHC staff will participate on the Community of Practice Care Coordination meetings, discussing strategies for expansion of 1st Five, MIECHV, and other health programs for children.

Health promotion activities will continue, with an emphasis on “first visit by first birthday”. OHC and Bureau of Family Health staff will work with local contractors to determine care coordination policy needs, then work with IME to address those needs.

Gap-filling preventive services will continue through local contractors. All will be required to ensure that children ages 0-2 at WIC are served.

The BFH will continue to be involved in the Child Death Review Team

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### ***SPM 8: Unintentional Injuries of Children***

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and will be looking at trend data for unintended injuries for children. BFH will promote the Annual Iowa Child and Youth Injury Prevention Conference.

BFH will continue to promote health and safety assessments in child care settings. The updated Injury Prevention Checklist will be used to assess providers under updated guidelines, best practices, and lessons learned of child care nurse consultation in Iowa. over the past ten years.

BFH staff will continue to promote reinforcement of messages families receive in the hospital about preventing Shaken Baby Syndrome. Dissemination of the Period of PURPLE Crying program to new mothers both prenatally and postnatally provides parents with information about the characteristics of normal infant crying, the dangers of shaking an infant, and techniques to soothe and cope with infant crying.

Three local CH agencies have action plans related to unintentional injuries. Activities include utilizing Safe Kids USA safety posters to display at immunization clinics, WIC clinics, schools, faith based organizations, libraries, and physician office, conducting home safety checks for all families receiving home visits utilizing SAFE KIDS AT HOME Assessment Tool and assisting families to obtain needed safety devices, if funding is available.



### ***SPM 1: State MCH System of Care***

Both the Title V Director and CYSHCN Director serve on the AMCHP Board and several staff members serve on AMCHP Committees. Through these roles, Title V leadership helps influence decisions made on behalf of the Title V program.

Staff continues to follow progress being made related to the ACA to ensure Title V programs are integrated into the health home and with accountable care organizations (ACOs). IDPH staff will monitor of provision of services for special populations and care coordination services. CHSC will maintain service delivery improvements through telehealth.

Utilizing the MCH Navigator training portal, State and local Title V staff will conduct the self-assessment of the MCH Leadership Competencies to focus training and education opportunities. Iowa's Title V program will continue to seek out new funding opportunities, especially as they relate to integration into the ACA.

Based on the results of a Request for Information, the BFH will release a Request for Proposals to acquire a data system that will meet the integration needs of the Title V program, including maternal health, child health, home visiting, oral health, and family planning. The goal of the project is to reduce the burden of data entry on local Title V staff and replace aging data systems used by these programs.

### ***SPM 3: Health Equity***

Staff from the IDPH Office of Minority and Multicultural (OMMH) will discuss how to increase partnerships to address community based/ agency based health initiatives and collaboration with MCH agencies to address targeted disparities. During the BFH Fall Seminar, OMMH staff will present on the National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care. The CLAS Standards are intended to advance health equity, improve quality and help eliminate health care disparities by establishing a blueprint for health and health care organizations.

IDPH staff is working with agencies in Hamilton, Humboldt, and Wright Counties to provide interpreter training. The OMMH has also helped establish a Native American cancer support group.

All local MCH agencies are required to address health disparities within their annual application. Activities include distribution of promotional materials in multiple languages, assisting with transportation and interpretation services, and other outreach activities.



### ***SPM 5: Prenatal and Perinatal System of Care***

The Statewide Perinatal Team will release its strategic plan in 2013. The main goals involve reduction of early elective deliveries, reduce preterm birth, and avoid adverse events. The mission is to guide, monitor and improve obstetrical care in Iowa. The vision statement is by 2018, to improve obstetrical and neonatal outcomes in quality, patient safety and cost.

The Medicaid Maternal Health Task is exploring methods to improve quality of care for pregnant Medicaid eligible women. Needs are identified through a matched data set that included Medicaid claims data and birth certificate data. IDPH is working on strategies to link hospital discharge data to birth file to improve data tracking of elective deliveries prior to 39 weeks gestation.

BFH staff will collaborate with the Iowa Medicaid Enterprise to advance evidence- based strategies into provider requirements and recommendations (i.e., screening & risk assessment tools, physician education, and policy development). The maternal health program will continue to partner with Title X Family Planning to promote preconception care and reproductive life planning and March of Dimes to reduce preterm births.

Iowa PRAMS will employ a mixed model approach for data collection. The mixed model approach combines two modes of data



# Maternal Health

collection: mail and telephone. Up to three self-administered surveys are mailed to a randomly selected sample of women who gave birth to a liveborn infant in the Iowa. Women who do not respond to the mailings are contacted by telephone and encouraged to complete a telephone interview.

State MH programs play integral roles in collecting, analyzing, reporting and using health data to assess performance of the health system for women, and families and drive quality improvement initiatives. IDPH data is being used to track state efforts to reduce early elective inductions and c-sections.

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## ***NPM 8: Teen Birth Rates***

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IDPH will continue to provide training and technical assistance to PREP and Abstinence Education (AE) contractors, focusing on outreach activities and sustainability of the program. PREP and AE contractors will continue to recruit youth to participate in the program in a variety of settings.

Outreach plans to adolescents and males include: 1) continuing to investigate and disseminate best practices for working with adolescents; 2) expanding the use of social media to reach youth; 3) expanding the role of youth on the state family planning Information and Education committees; 4) continuing work with the Iowa DE staff informing them of Title X services for use in their HIV/STI prevention and pregnancy prevention curricula; 5) developing more formalized partnerships between Title X agencies and foster

care, intimate partner violence, and substance abuse community resources; and 6) collaborating with other state agencies for increased funding for adolescent pregnancy prevention efforts in Iowa.

Four MCH contract agencies have action plans to address teenage pregnancy. Activities include utilizing a teen parent panel to educate high school students, distributing information, including the IDPH TEEN Line brochures, in both English and Spanish to middle and high schools, and collaborating with middle and high school staff, faith-based organizations, teen groups, and medical providers to educate individuals on teenage pregnancy.

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## ***NPM 11: Breastfeeding***

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The Bureau of Nutrition and Health Promotion (BNHP) and BFH will continue to co-sponsor the 25th Annual Breastfeeding Conference in May 2014 and provide technical assistance to local maternal and child health agencies on breastfeeding.

The BNHP will evaluate if the training curriculum, Breastfeeding Education for Iowa Communities, needs to be updated. Staff will also evaluate how to promote and utilize the curriculum, The Business Case for Breastfeeding, which will be released in 2013.

Six local MH agencies are addressing breastfeeding through their grant activities. Activities include providing breastfeeding education and support to mothers at each MH visit or home visit. Local MH agencies collaborate with WIC agencies to provide education to WIC clients,

counsel clients about infant feeding methods and give education about the benefits of breastfeeding. Agencies will also promote "World Breastfeeding Week" and offer a Breastfeeding Support Groups.

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## ***NPM 15: Smoking During Pregnancy***

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The smoking assessment tool currently being used by local maternal health programs only asks if the client currently uses tobacco products. IDPH plans to expand the assessment to include assessment of others who might be smoking in the home.

The Medicaid taskforce will continue to work on strategies for reducing smoking during pregnancy. Five local MH agencies have activities related to reducing smoking during pregnancy. Activities include providing smoking cessation education to all MH participants at each prenatal and postpartum encounter, giving education about the benefits of quitting smoking at any time during pregnancy, training staff on tobacco cessation using the Ask, Advise, Refer Quit line Iowa model and coordinate care by referring clients to Quitline Iowa.

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## ***NPM 17: VLBW at High Risk Facilities***

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High risk infants have higher

mortality rates when born outside hospitals with the most specialized care. This fact is well understood in Iowa and is continually reinforced by the Statewide Perinatal Program in Iowa. Multiple factors, including hospital volume in rural areas and a decline in the number of birthing hospitals in Iowa, have contributed to a slight increase in the travel time to a hospital with specialty care for some rural Iowans. This can cause an increased number of very low birth weight (VLBW) babies being delivered in rural Level I hospitals. IDPH will continue to monitor access to care for rural Iowans.

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## ***NPM 18: Prenatal Care***

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IDPH will encourage agency staff to improve collaborative relationships with family planning agencies and PCPs who offer pregnancy testing. IDPH is also encouraging partnerships with school nurses who can link pregnant teens to local maternal health programs. As gas prices continue to rise, local maternal programs will also continue to focus on transportation services. Each agency will submit a transportation plan on what transportation resources are available locally.

Twenty-one local MH agencies have action plans related to early entry into prenatal care. Agencies' activities include assisting clients with presumptive Medicaid eligibility determinations, collaborating with WIC clinics, medical providers, family planning agencies, free clinics to reach pregnant women, utilizing new and innovative methods for outreach and education to clients (i.e. social media and text messaging), and

facilitating access to prenatal care for all pregnant women by providing care coordination that addresses geographic, cultural, socioeconomic, and organizational or transportation barriers unique to each county in the service area.

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## ***SPM 4: Reproductive Life Plan***

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All Title X agencies will be completing transitions to Electronic Health Record, billing meaningful use indicators and beginning to participate in the Iowa Health Information Network. IDPH anticipates having a statewide system that will bridge services into health care reform. Work on effective, correct coding and billing activities will continue.

Title X agencies will participate in Affordable Care Organizations, partner with Federally Qualified Health Centers and assist clients to navigate health care reform. Efforts will continue to make sure that all men and women attending family planning clinics receive preconception care and other health screenings as appropriate.

Seven local maternal health agencies have action plans related to Reproductive Life Planning (RLP). Activities include providing care coordination and verbal referrals to women in need of further family planning education and/or counseling; providing education at third trimester and postpartum visits, including education about birth control methods; having birth control kits available at MH clinics, WIC clinics and local public health agencies, and at outreach/education classes; and

training bi-lingual interpreters on RPL protocol to avoid potential language barriers due to different terminologies across cultures.

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## ***SPM 6: Dental Care of Pregnant Women***

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OHC will continue to work toward building systems that address the oral health needs of MH clients and link with the existing I-Smile initiative for children. The second year of oral health data from the Barriers to Prenatal Care Survey, as well as initiation of PRAMS will be used by OHC staff to consider program impacts and considerations for future program directions.

OHC staff will continue to offer preventive messages to moms on the I-Smile Facebook page. Other family health issues will also be incorporated. I-Smile coordinators will be encouraged to incorporate education for pregnant women within local health promotion efforts.

Twelve local MH agencies have action plans related to dental care for pregnant women. Activities include discussing with women the importance of dental care and good oral health at each prenatal and postpartum visit, providing education to dispel the myth that dental care during pregnancy is unsafe, and counseling Medicaid eligible women that dental care is a covered benefit.



# Children and Youth with Special

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## ***NPM 2: Satisfaction of Services Provided***

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CHSC will spread Magellan Family Peer Support Navigation for families of children and youth with serious emotional disorders across the state to assist families to enroll in and be aware of community-based resources.

CHSC will implement Community Child Health Teams in the final site (Federally Qualified Health Center) through a Health Resources and Services Administration System of Care/Evidence Based Models grant modeling the important role of family-to-family support within medical homes.

Caregivers of children with hearing loss will participate in the Early Hearing Detection and Intervention (EHDI) System of Care's Medical Home Implementation Team to assure primary care practices recognize the important role families play in their child's care plan and ongoing follow-up.

CHSC will collaborate with University of Iowa Hospitals and Clinics Department of Pediatrics to build integrated health homes and will spread the model to additional communities to offer intense direct peer to peer support to families with children with serious emotional disorders.

CHSC will expand the role of Iowa's AMCHP Family Delegate to advise and assist other Iowa MCH programs as needed. The Family Delegate will continue to serve on the team that develops and monitors the MCH Block Grant application. CHSC's AMCHP family mentor and CHSC's

former AMCHP family scholars will collaborate with family leaders from other states to share best practices.

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## ***NPM 3: Medical Home***

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CHSC Regional Centers will collaborate with community partners to create Pediatric Integrated Health Homes as their regions become eligible. Iowa Medicaid initiated its Health Home project through a State Plan Amendment on July 1, 2012, which will increase the number of children and adults with certain chronic conditions that will be enrolled in health homes.

CHSC EHDI will continue participation in the National Center for Hearing Assessment and Management Learning Community to share strategies and address challenges for providing diagnostic and audiologic tele-audiology.

CHSC will continue to facilitate collaborative efforts for Help Me Grow, with emphasis in coordinated intake processes that partner with home visiting, 1st Five, primary care, and other early care and education groups.

CHSC will coordinate educational, medical, and human services for persons with Autism Spectrum Disorders (ASD) and their families and enhance ASD-related community resources through the Regional Autism Assistance Program (RAP). CHSC will convene an Expert Panel of the RAP to assist the Department of Human Services to develop administrative rules for the Autism Support Fund.

CHSC will continue to participate

in Early Childhood Iowa, a state-level interagency systems and policy development group, whose mission is to improve the system of early care, health and education of young children, including access to medical and dental homes.

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## ***NPM 4: Adequate Health Insurance***

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CHSC will actively outreach to all Iowa non-profit hospitals, Maternal and Child Health grantees, and county boards of public health to ensure awareness of CHSC expertise in serving children and youth with special health care needs (CYSHCN) in a reformed health care system.

CHSC will provide family-to-family support and care coordination to assure families who qualify for the Autism Support Fund are enrolled and receive appropriate services.

CHSC Family Navigators will continue to participate in research projects, as invited, that demonstrate the benefits of Applied Behavioral Analysis (ABA) for children with ASD to obtain data that will educate payers for potential policy changes regarding reimbursement for ABA.

CHSC staff will educate policymakers regarding the continued need for public health programs, such as Title V, even after the Affordable Care Act is implemented.

CHSC Family Navigators and other staff will assist in educating and informing families of changes in health benefits options due to implementation of the Affordable Care Act.

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### ***NPM 5: Community Based Services***

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CHSC will maintain the Child and Youth Psychiatric Consult Project of Iowa (CYC-I), to provide consultative and supportive services for primary care providers caring for children and youth with mental and behavioral health needs.

CHSC will continue to implement quality improvement efforts to actualize the vision statement "Assure a system of care for CYSHCN," with emphasis on meeting the needs of the family over the child's life course.

Through the National Improvement Partnership Network, CHSC will improve partnerships between pediatricians and subspecialty providers.

CHSC leadership staff will continue to participate in statewide committee redesigning the children's mental health and developmental disabilities system.

CHSC will analyze the Iowa Household Health Survey for health disparities and will examine ways to address the issues.

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### ***NPM 6: Transition Services***

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CHSC will implement tools developed with youth, families, and providers and draft recommendations to the Early and Periodic Screening, Diagnosis, and Treatment program

policymakers regarding transition for youth with special health care needs.

CHSC will collaborate with partner agencies to train health care providers, educators, families, and youth on the transition to adult healthcare, including how to integrate health transition with education transition. CHSC will present information in multiple formats to accommodate a variety of learning styles.

CHSC will continue to facilitate a workgroup aligning state organizations' efforts regarding transition to adulthood, including health care.

CHSC will develop resources to assist families and youth in building self-advocacy skills, which may include handouts, social media, and website tools.

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### ***SPM 2: Decision Making***

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CHSC will implement comprehensive surveys of families to elicit feedback on services provided in CHSC Regional Centers, including family-to-family support.

CHSC will survey referring primary care physicians and other providers regarding care of their patients seen in CHSC Regional Centers.

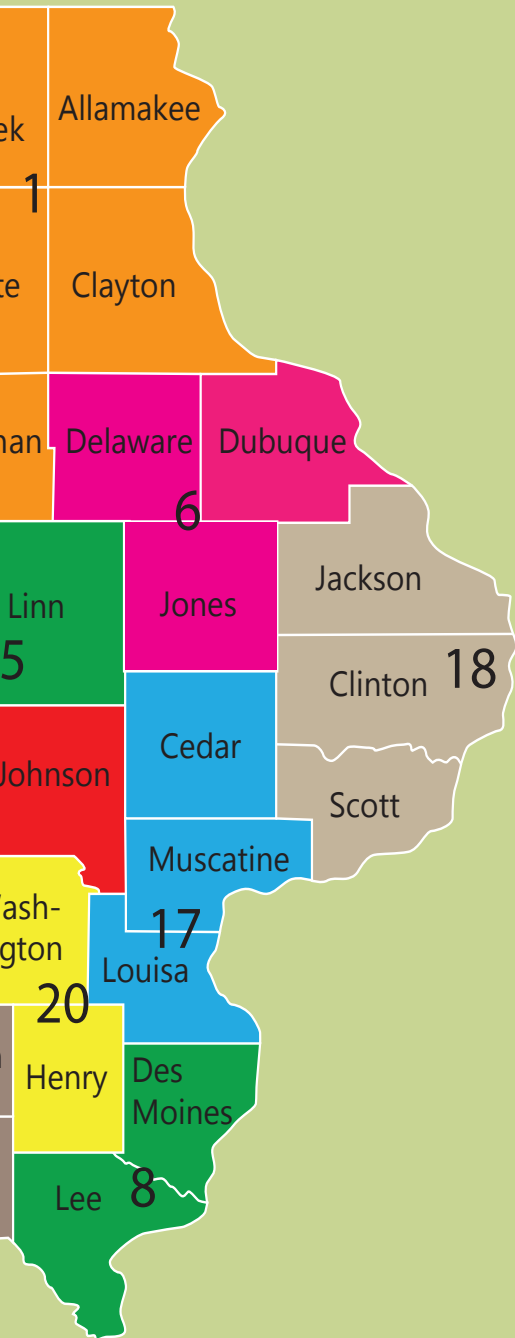
CHSC will examine ways to improving cultural competence and health literacy within CHSC's care delivery. CHSC will assure all employees receive training in cultural competence and health literacy at orientation and throughout employment as needed.

CHSC will offer gap-filling direct clinical services, family-to-family support, and specialized care coordination for CYSHCN during the evolution of health care reform and assist with policymaking as the new health care delivery system is designed and implemented. CHSC will collaborate with University of Iowa Autism Center and other experts and family groups serving children with autism, to identify best practice/evidence-based treatments and to study gaps in existing competencies of the workforce to deliver these treatments.





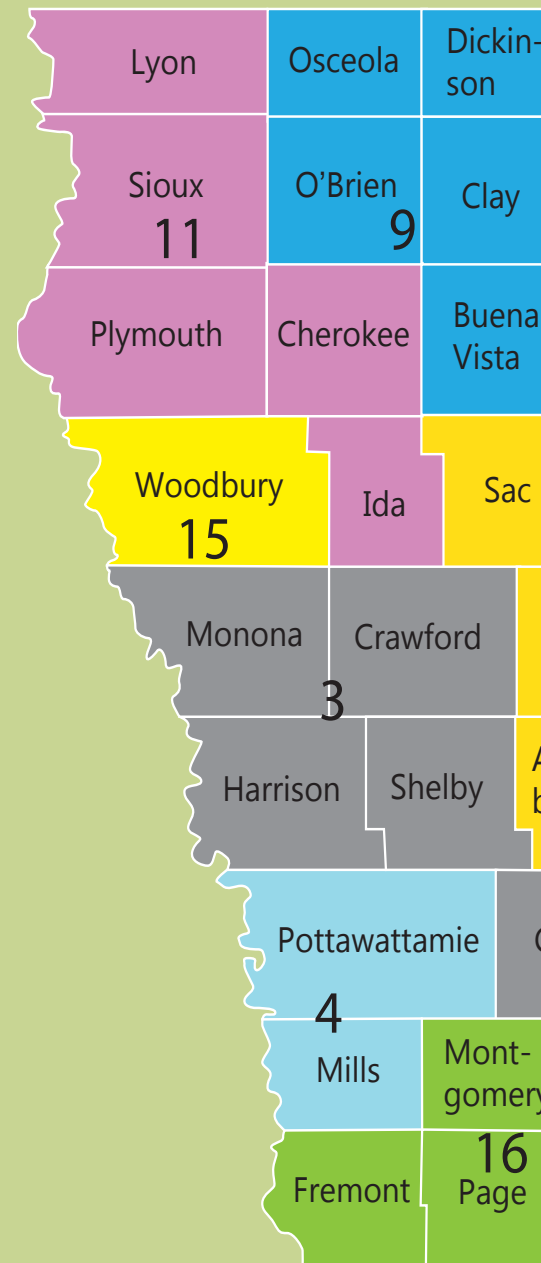
# Location of Maternal Health Services



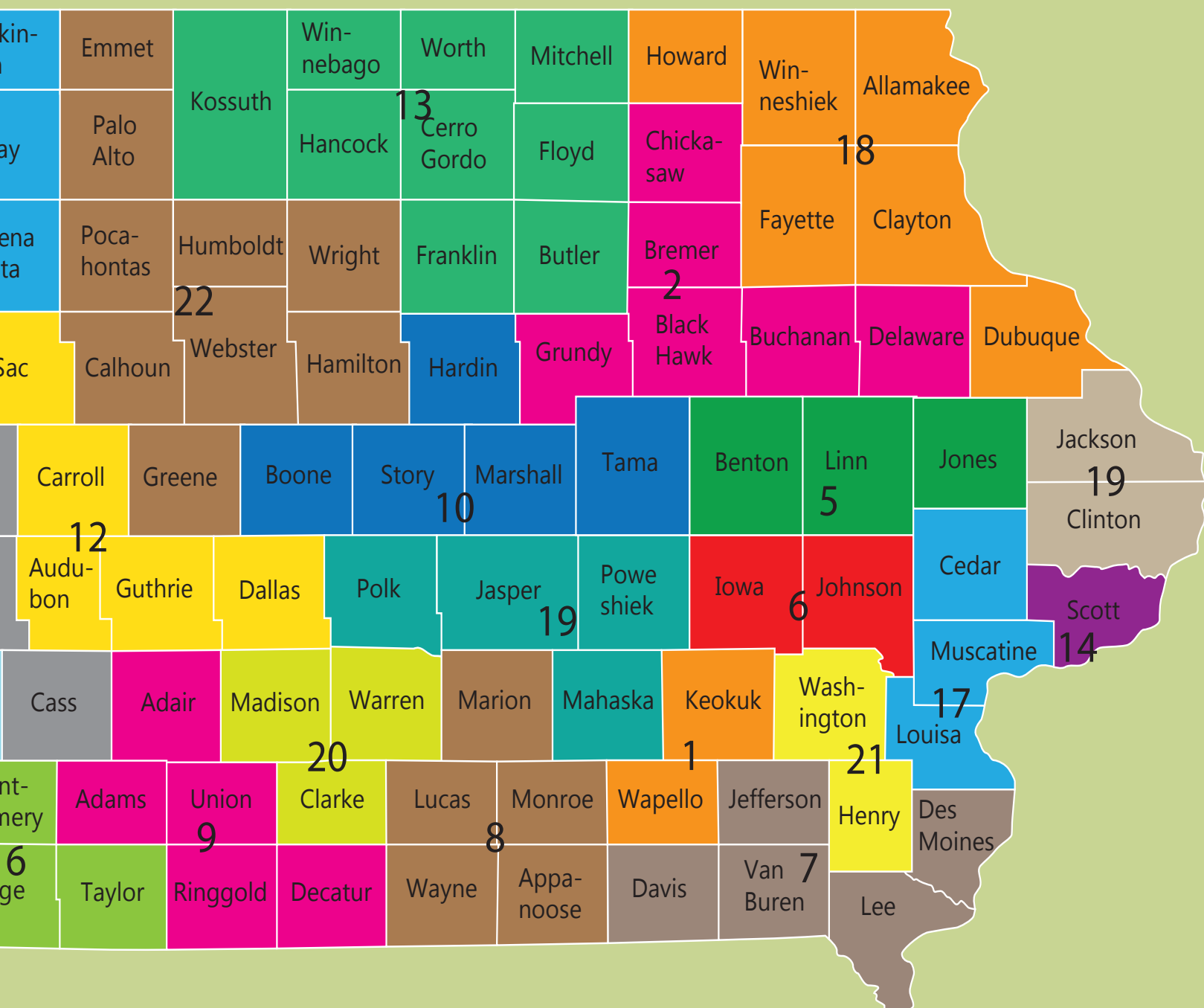
1. Allen Memorial Hospital Women's Health Center, Waterloo, IA
2. American Home Finding Association, Ottumwa, IA
3. Crawford County Home Health, Hospice, & Public Health, Denison, IA
4. Family Inc., Council Bluffs, IA
5. Hawkeye Area Community Action Program, Inc., Hiawatha, IA
6. Hillcrest Family Services, Dubuque, IA
7. Johnson County Public Health, Iowa City, IA
8. Lee County Health Department, Ft. Madison, IA
9. Marion County Public Health, Knoxville, IA
10. MATURA Action Corporation, Creston, IA
11. Mid-Iowa Community Action, Inc., Marshalltown, IA
12. Mid-Sioux Opportunity, Inc., Remsen, IA
13. New Opportunities, Inc., Carroll, IA
14. North Iowa Community Action Organization, Mason City, IA
15. Siouxland District Health Dpartment, Sioux City, IA
16. Taylor County Public Health, Bedford, IA
17. Trinity Muscatine Public Health, Muscatine, IA
18. Visiting Nurse Services of Iowa, Des Moines, IA
19. Warren County Health Services, Indianola, IA
20. Washington County Public Health & Home Care, Washington, IA
21. Webster County Health Department, Fort Dodge, IA

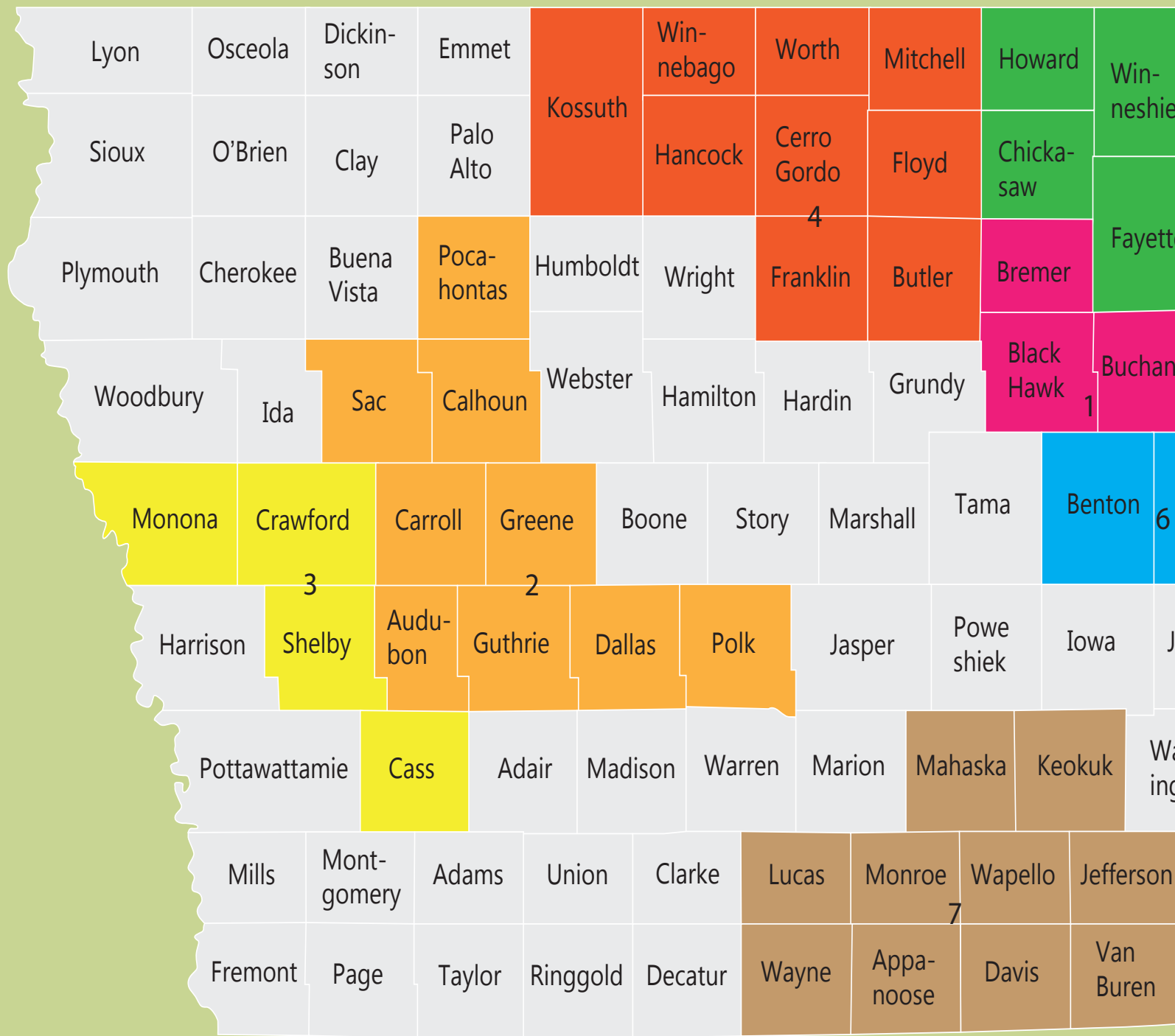
# Location of Child Health Services

1. American Home Finding Association, Ottumwa, IA
2. Black Hawk County Health Department, Waterloo, IA
3. Crawford County Home Health, Hospice, & Public Health, Denison, IA
4. Family Inc., Council Bluffs, IA
5. Hawkeye Area Community Action Program, Inc., Hiawatha, IA
6. Johnson County Public Health, Iowa City, IA
7. Lee County Health Department, Ft. Madison, IA
8. Marion County Public Health, Knoxville, IA
9. MATURA Action Corporation, Creston, IA
10. Mid-Iowa Community Action, Inc., Marshalltown, IA
11. Mid-Sioux Opportunity, Inc., Remsen, IA
12. New Opportunities, Inc., Carroll, IA
13. North Iowa Community Action Organization, Mason City, IA
14. Scott County Health Department Community Health Care Inc., Davenport, IA
15. Siouxland District Health Dpartment, Sioux City, IA
16. Taylor County Public Health, Bedford, IA
17. Trinity Muscatine Public Health, Muscatine, IA
18. Visiting Nurse Association of Dubuque, Dubuque, IA
19. Visiting Nurse Services of Iowa, Des Moines, IA
20. Warren County Health Services, Indianola, IA
21. Washington Co Public Health & Home Care, Washington, IA
22. Webster County Health Department, Fort Dodge, IA

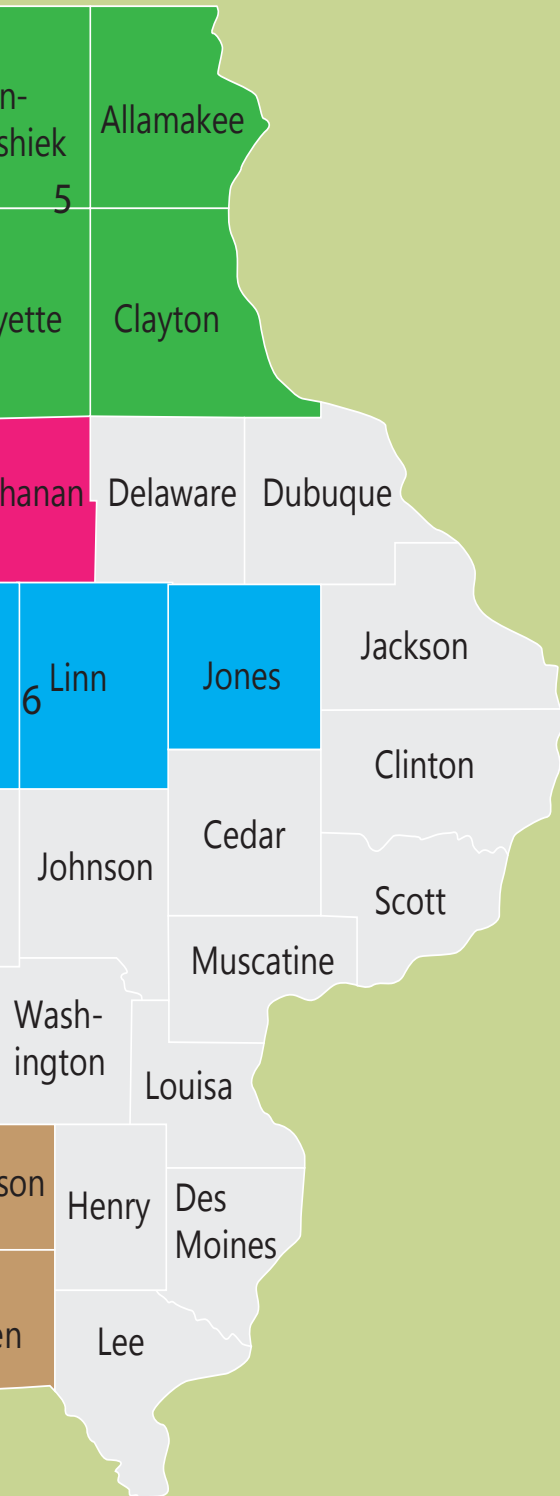








# Location of Family Planning Services



1. Allen Memorial Hospital, Waterloo IA

2. New Opportunities, Carroll IA

3. Crawford County Home Health & Hospice, Denison IA

4. North Iowa Community Action, Mason City IA

5. Northeast Iowa Community Action, Decorah IA

6. St. Luke's Family Health Center, Cedar Rapids IA

7. Southern Iowa Family Planning Clinic, Ottumwa IA

\*Remaining counties are served by the Family Planning Council of Iowa



# Location of Child Health Specialty Clinics

- 1. Bettendorf, IA
- 2. Carroll, IA
- 3. Clinton, IA
- 4. Council Bluffs, IA
- 5. Creston, IA
- 6. Decorah, IA
- 7. Dubuque, IA
- 8. Fort Dodge, IA
- 9. Iowa City, IA (Administrative Offices)
- 10. Mason City, IA
- 11. Oelwein, IA
- 12. Ottumwa, IA
- 13. Sioux City, IA
- 14. Spencer, IA

