



2011 Iowa Family Health Plan

Thursday, October 6, 2011

**Gretchen Hageman, Stephanie Trusty,
& Mary Kay Brinkman**



Life Course Perspective

“MCHB has turned its attention to better understanding life course theory and its implications for maternal and child health. By combining a focus on health equity and social determinants with an updated understanding of how biology and environment interact, life course theory offers a rich and layered understanding of how health develops over a life time and across generations. Equally important, life course theory provides the opportunity to blend population health and medical science, to better serve the Nation’s women, children and families.” – Quote from MCHB concept paper

Federal Title V Update

- We are a LONG way from the finish line!
- We do not have a final budget for FFY12, under Continuing Resolution until November 18
- 2 Budget Proposals:



Senate	House
<ul style="list-style-type: none">• Passed FFY2012 Budget• \$50 million cut to Title V Block Grant<ul style="list-style-type: none">\$20 million state cuts\$30 million SPRANS grants	<ul style="list-style-type: none">• \$1.8 million cut to Title V Block Grant• Elimination of most mandatory Affordable Care Act appropriations, including MIECHV• Elimination of Title X fund



What can you do?

Talk with Congressional Leaders

Why does Iowa need Title V?

Explain the difference between Title V and MIECHV

Share stories with Legislators and Congressional leaders

Story Banking (visit the display for more information)

Submit Op. Ed. pieces to your local newspapers

Invite legislators to programs/clinics

Provide resources and materials

The background features a white space with abstract, overlapping geometric shapes in various colors including teal, yellow, green, and blue. A prominent teal speech bubble is centered on the page, containing the text.

**Iowa's
Title V agencies
work hard!**

Title V in Iowa : Child Health 2010

Total # of clients served	164,376
# of Inform Completions	43,942
# of Care Coordination Services	53,595
# of Dental Screens (initial and recall)	43,220
# of Transportation Services	19,510
# of Immunizations	10,025
# of Lead Screens	17,617

Title V in Iowa : Maternal Health 2010

Total # of clients served	9,560
# of Oral Health Services	6,308
# of Care Coordination Services	1,467
# of Health Education Services	10,458
# of Home Visits	1,062
# of Presumptive Eligibility Determinations	1,533
# of Medicaid Prenatal Risk Assessments	4,786



**Iowa's
State Performance
Measures**

Iowa's Performance Measure #1

The degree to which the state MCH Title V program improves the system of care for mothers and children in Iowa.



# of MCH agencies addressing this measure:	27
Activities will include:	<ol style="list-style-type: none">1. Utilizing Title V Program Index to evaluate agency status2. Implementing QI activities in agency plans

SPM 1: The degree to which Iowa's state MCH Title V program improves the system of care measured through the MCH Title V index.

Preparation (score 1)	Preliminary action steps (score 2)	Implementation (score 3)	Mastery (score 4)	Sustainability (score 5)
1. Strategic leadership:				
A strategic plan for the Title V program has been established.	The strategic plan has been shared and communicated across the Title V program.	The will and trust for realizing the strategic plan has been established within the Title V program and key stakeholders and partners.	The strategic plan is embedded within the Title V program. A number of goals associated with the strategic plan have been achieved and long term plans for sustaining these achievements are being developed.	Goals associated with the strategic plan are met consistently. Lessons learned are shared and acted on across the Title V program in an environment of mutual trust. Plans for the long term sustainability of the goals are being executed.
2. Partnerships across public and private sectors:				
The Title V program strategic plan includes areas that are specific to partnerships across public and private sectors/constituency.	Key public and private sector constituencies have been identified and initial relationships have been established.	A number of programs have begun to partner effectively with key public and private sector constituencies.	A number of targets in the Title V strategic plan have been met in partnership with key public and private sector constituencies.	Partnerships with key public and private sector constituencies have been sustained and have led to the realization of relevant targets in the Title V program strategic plan.
3. Quality Improvement:				
The Title V program strategic plan includes areas that are specific to quality improvement.	The quality improvement strategic plan has been shared and communicated across key stakeholders and partners	A number of quality improvement projects, in partnership with key stakeholders, partners and families are underway.	A number of quality improvement projects, in partnership with key stakeholders, partners and families have achieved positive results.	Quality improvement is embedded in all programs and process. Sustained results have been achieved. Lessons learned are consistently shared across key stakeholders, partners and families.
4. Use of available resources:				
The Title V program understands the need to maximize the use of available resources.	The Title V program is cognizant of available resources, including financial, personnel skill sets and knowledge systems.	Are actively engaged in maximizing productivity in some system of care areas by directly or indirectly influencing available resources.	Has achieved some success in achieving targets by directly or indirectly influencing available resources effectively.	Available resources are consistently levered so as to maximize the likelihood that the targets associated with the overall strategic plan are achieved.
5. Coordination of service delivery:				
The Title V program strategic plan includes areas that are specific to service coordination.	Have identified where there are gaps in the provision and coordination of services.	Plans are in place to reduce gaps in the provision and coordination of services.	Some success has been achieved in reducing gaps in the provision and coordination of services.	Rapid improvements in service and coordination are consistently realized in partnership with key stakeholders and families to remove these.
6. Data Infrastructure:				
The Title V program strategic plan includes areas that are specific to data infrastructure.	The need to establish effective data systems has been communicated across key stakeholders and partners.	A number of data systems have been established.	A number of data systems exist and are routinely used to share system of care performance information across key partners and stakeholders.	Information of the whole system of care is shared routinely across key partners and stakeholders in a manner that informs the knowledge and actions required to meet the targets of the overall strategic plan of the Title V program.

Iowa's Performance Measure #3

The degree to which Iowa's state MCH Title V program addresses health equity in MCH programs



# of MCH agencies addressing this measure:	22
Activities include:	Activities are included throughout all agency action plans.

SPM 3: The degree to which Iowa's state MCH Title V program addresses health equity in MCH programs measured through the Title V index.				
Preparation (score 1)	Preliminary action steps (score 2)	Implementation (score 3)	Mastery (score 4)	Sustainability (score 5)
<p>1. Strategic leadership:</p> <p>A strategic plan for the Title V program has been established.</p>	The strategic plan has been shared and communicated across the Title V program.	The will and trust for realizing the strategic plan has been established within the Title V program and key stakeholders and partners.	The strategic plan is embedded within the Title V program. A number of goals associated with the strategic plan have been achieved and long term plans for sustaining these achievements are being developed.	Goals associated with the strategic plan are met consistently. Lessons learned are shared and acted on across the Title V program in an environment of mutual trust. Plans for the long term sustainability of the goals are being executed.
<p>2. Partnerships across public and private sectors:</p> <p>The Title V program strategic plan includes areas that are specific to partnerships across public and private sectors/constituency.</p>	Key public and private sector constituencies have been identified and initial relationships have been established.	A number of programs have begun to partner effectively with key public and private sector constituencies.	A number of targets in the Title V strategic plan have been met in partnership with key public and private sector constituencies.	Partnerships with key public and private sector constituencies have been sustained and have led to the realization of relevant targets in the Title V program strategic plan.
<p>3. Quality Improvement:</p> <p>The Title V program strategic plan includes areas that are specific to quality improvement.</p>	The quality improvement strategic plan has been shared and communicated across key stakeholders and partners	A number of quality improvement projects, in partnership with key stakeholders, partners and families are underway.	A number of quality improvement projects, in partnership with key stakeholders, partners and families have achieved positive results.	Quality improvement is embedded in all programs and process. Sustained results have been achieved. Lessons learned are consistently shared across key stakeholders, partners and families.
<p>4. Use of available resources:</p> <p>The Title V program understands the need to maximize the use of available resources.</p>	The Title V program is cognizant of available resources, including financial, personnel skill sets and knowledge systems.	Are actively engaged in maximizing productivity in some system of care areas by directly or indirectly influencing available resources.	Has achieved some success in achieving targets by directly or indirectly influencing available resources effectively.	Available resources are consistently levered so as to maximize the likelihood that the targets associated with the overall strategic plan are achieved.
<p>5. Coordination of service delivery:</p> <p>The Title V program strategic plan includes areas that are specific to service coordination.</p>	Have identified where there are gaps in the provision and coordination of services.	Plans are in place to reduce gaps in the provision and coordination of services.	Some success has been achieved in reducing gaps in the provision and coordination of services.	Rapid improvements in service and coordination are consistently realized in partnership with key stakeholders and families to remove these.
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Iowa's Performance Measure #4

Percent of family planning clients (women and men) who are counseled about developing a reproductive life plan



# of MCH agencies addressing this measure:	1
Activities include:	<ol style="list-style-type: none">1. Providing referrals and education2. Counseling about family planning issues, including STIs

Iowa's Performance Measure #5

The degree to which the health care system implements evidence-based prenatal and perinatal care



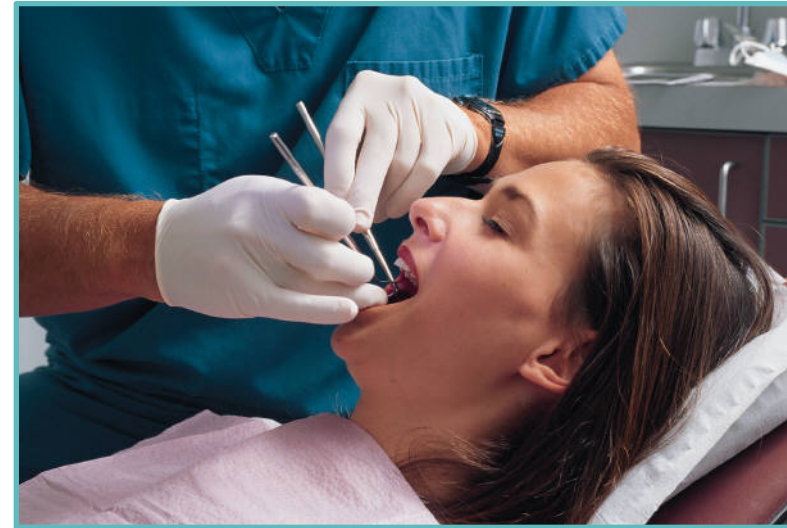
# of MCH agencies addressing this measure:	21
Activities include:	<ol style="list-style-type: none">1. Utilizing Title V Program Index to evaluate agency status2. Implementing QI activities in agency plans

SPM 5: Pregnant women receive evidence-based prenatal and perinatal care.

Preparation	Preliminary action steps	Implementation	Mastery	Sustainability
Strategic leadership:				
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2. Partnerships across public and private sectors:				
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Iowa's Performance Measure #6

Percent of Medicaid-enrolled women receiving preventative dental health services during pregnancy



# of MCH agencies addressing this measure:	16 have specific maternal OH activities in action plans 21 are providing direct care to MH clients
Activities include:	<ul style="list-style-type: none">• Providing care coordination and oral hygiene instruction• Creating public awareness campaigns• Partnering with I-Smile Coordinators to provide training to medical providers and community partners

Iowa's Performance Measure #7

Percent of Medicaid-enrolled children ages 0-5 who receive a dental service



of MCH agencies addressing this measure:

22

Activities include:

- Providing professional development to agency staff, medical providers and community partners
- Establishing referral networks
- Providing care coordination, oral hygiene instruction, and gap-filling direct dental care

Iowa's Performance Measure #8

Rate of hospitalization due to unintentional injuries among children ages 0-14.



# of MCH agencies addressing this measure:	3
Activities include:	<ul style="list-style-type: none">• Partnering with CCNC to evaluate child care facilities on health and safety issues• Creating public awareness campaigns• Providing health and safety education during WIC and CH clinics• Conducting car seat safety campaigns



National Performance Measures

National Performance Measure #1

Percent of screen positive newborns who received timely follow-up to definitive diagnosis and clinical management for condition(s) mandated by their state-sponsored programs.



# of MCH agencies addressing this measure:	0
Activities include:	Activities could include providing care coordination to assist with follow-up and referral to specialty care

National Performance Measure #7

Percent of 19 to 35 month olds who received full schedule of age appropriate immunizations for Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza and Hepatitis B (4:3:1:3)



# of MCH agencies addressing this measure:	22
Activities include:	<ul style="list-style-type: none">• Providing care coordination and gap-filling direct care services• Partnering with WIC, child care, and other community partners

National Performance Measure #8

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.



# of MCH agencies addressing this measure:	6
Activities include:	<ul style="list-style-type: none">• Building or participating in local pregnancy prevention coalitions• Partnering with schools to present pregnancy related materials• Advertising clinic availability where teens congregate

National Performance Measure #9

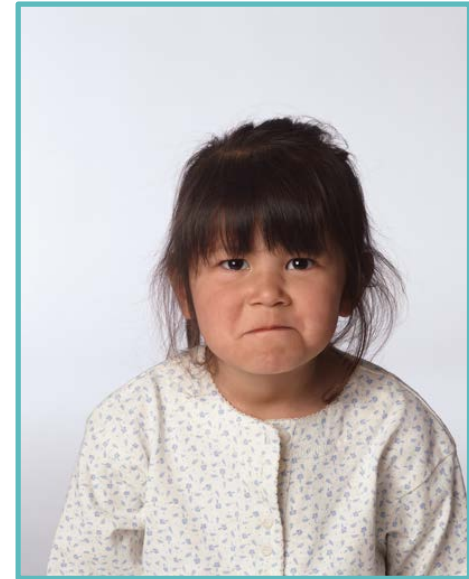
Percent of third grade children who have received protective sealants on at least one permanent molar



# of MCH agencies addressing this measure:	22, including 7 sealant contractors
Activities include:	<ul style="list-style-type: none">• Providing presumptive eligibility determinations to improve access to dental care• Promoting prevention via community-based activities• Conducting media and radio public service announcements• Providing school-based sealant clinics

National Performance Measure #10

Rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children



# of MCH agencies addressing this measure:	3
Activities include:	<ul style="list-style-type: none">• Providing car seat safety checks• Utilizing existing marketing materials to post at community sites• Working with primary care and other health partners

National Performance Measure #11

The percent of mothers who breastfeed their infants at 6 months of age.



of MCH agencies addressing this measure:

8

Activities include:

- Providing breastfeeding counseling/education
- Serving on local breastfeeding coalitions
- Partnering with local community organizations
- Monitoring breastfeeding through postpartum home visits

National Performance Measure #12

Percent of newborns that have been screened for hearing before hospital discharge



of MCH agencies addressing this measure:

0

Activities include:

Activities could include care coordination to assist families getting re-screened or follow-up audiological services

National Performance Measure #13

Percent of children without health insurance.



# of MCH agencies addressing this measure:	22
Activities include:	<ul style="list-style-type: none">• Developing community partnerships• Providing outreach to schools, health care providers, faith-based organizations, and vulnerable populations• Conducting presumptive eligibility determinations and care coordination

National Performance Measure #14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.



# of MCH agencies addressing this measure:	6
Activities include:	<ul style="list-style-type: none">• Partnering with WIC and other community organizations• Educating families through care coordination• Developing public awareness campaigns• Utilizing CCNC to work with child care providers on healthy eating and physical activity

National Performance Measure #15

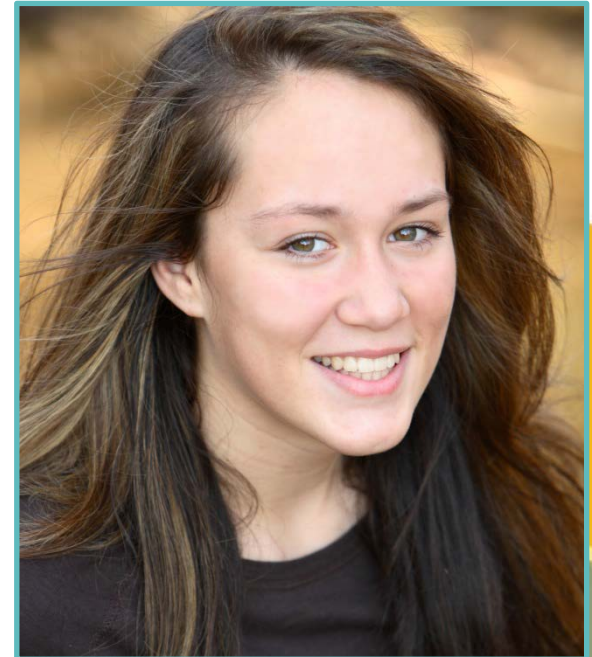
Percentage of women who smoke in the last 3 months of pregnancy.



# of MCH agencies addressing this measure:	9
Activities include:	<ul style="list-style-type: none">• Referring clients to Quitline Iowa• Providing smoking cessation education• Preparing public awareness campaigns

National Performance Measure #16

Rate (per 100,000) of suicide deaths among youth aged 15 through 19



of MCH agencies addressing this measure:

1

Activities include:

- Presenting during summer day camps for teen girls
- Partnering with local high schools and colleges to provide education on suicide risk assessments and suicide warning signs

National Performance Measure #17

Percent of very low birth weight infants delivered at facilities for high-risk and neonates.



# of MCH agencies addressing this measure:	ASK STEPH
Activities include:	

National Performance Measure #18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.



of MCH agencies addressing this measure:

21

Activities include:

- Providing care coordination
- Partnering with local agencies/programs, such as Stork's Nest
- Developing public awareness campaigns
- Working with vulnerable populations

Children with Special Health Care Needs

NPM 2

Percent of children with special health care needs 0 to 18 whose families partner in decision-making at all levels and are satisfied with the services they receive

NPM 3

Percent of children with special health care needs age 0-18 who receive coordinated, ongoing, comprehensive care within a medical home

Children with Special Health Care Needs

NPM 4

Percent of children with special health care needs 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need

NPM 5

Percent of children with special health care needs age 0-18 whose families report the community based service systems they receive are organized so they can use them easily

Children with Special Health Care Needs

NPM 6

Percent of youth with special health care needs who received the services necessary to make transition to all aspects of adult life, including adult health services, work, and independence

SPM 2

The degree to which components of a coordinated statewide system of care for CYSHCN are implemented



Title X

Title X Effect on Women's Health

- Long term benefits of HCs in reducing ovarian and endometrial cancer risk
- Short term benefits of HC's on protection against colorectal cancer
- Treatment of menstrual disorders by HCs
- STI and HIV prevention
- Infertility prevention
- Many of the women use their family planning providers as their only source of preventive health screening service.

Title X - Interesting Facts

- In 2008, Title X enabled women to avoid 973,000 unintended pregnancies, half of which would have ended in abortion.
- In Iowa, for every \$1.00 spent to provide services in publicly funded family planning clinics, \$3.78 in Medicaid expenses on births are averted.

Title X in Iowa 2010

Total # of clients served	75,073
Total # of women served	71,292
Total # of men served	3,781
People served with incomes at or below 250% of FPL	59,308
Cervical Cancer Screenings Abnormal findings	4,172 16%
STI Testing Performed	81,019
HIV Tests Performed	7,393

Assuring the delivery of quality family planning and related preventive health services, where evidence exists that those services should lead to improvement in the overall health of individuals, with priority for services to individuals for low income families

- Expand and promote quality improvement projects and activities in Title X to promote the adoption of National Standards of Practice in Title X services
- Expand access to high quality family planning services for low-income persons in Iowa

Expanding access to a broad range of acceptable and effective FP methods and related preventive health services that include natural FP methods, infertility services, and services to adolescents, emphasizing the important role Title X plays in teen pregnancy prevention. The broad range of services does not include abortion as a method of family planning.

- Increase awareness of more effective contraceptive methods, including long term reversible contraceptives (LARCs)

Preventive health care services in accordance with nationally recognized standards of care. This includes, but is not limited to, breast and cervical cancer screening and prevention services; sexually transmitted disease (TD) and HIV prevention education, testing, and referral; and other related preventive health services.

- Promote National Standards of Practice
- Identify and provide resources to advance National HIV/AIDS Strategy (NHAS) in the identified priority populations
- One DA will work with Job Corps to provide FP services on site at the Job Corps training facility in their service area
- Collaboration with local groups working in suicide prevention activities, especially with teens
- Facilitating access to prenatal care

Emphasizing the importance of counseling family planning clients on establishing a reproductive life plan (RLP) and providing preconception counseling as part of family planning services, as appropriate.

- Promote RLP as part of the Life Course Model of Health
- Expand the use of the RLP into the other reproductive health and related services (MH, WIC, pregnancy and STI tests, for example)
- Expand RLP into outreach activities (college campus sites)

Addressing the comprehensive FP and other health needs of individuals, families, and communities through outreach to hard-to-reach and/or vulnerable populations, and partnering with other community-based health and social service providers that provide needed services.

- Provide culturally and developmentally-appropriate family planning services to targeted, selected priority populations: minorities (i.e., Hispanics and African Americans), adolescents, and males
- Collaborate with PREP and Abstinence Education Programs to develop and promote a website with information specific to the vulnerable populations and link individuals with services in community-based Title X agencies to receive care
- Conduct an assessment of DA capacity to target males

Identify specific strategies for addressing the provisions of health care reform (ACA), and for adapting delivery of FP and reproductive health services to a changing health care environment, and assisting clients with navigating the change health care environment. This includes, but is not limited to, enhancing the ability of Title X clinics to bill third party payers, private insurance, and Medicaid.

- Conduct strategic planning activities for FP, including advancing public policy to support FP activities
- Continue to improve documentation, coding and billing capacity at Title X Agencies to promote sustainability
- Collaborate with other IDPH staff to train DAs in the use of health exchange with available to promote agency ability to assist clients in navigating the health exchange system in Iowa



**What's new
in the
BFH?**

New Grants/Programs

PREP will provide comprehensive sexuality education to adolescents with medically accurate, culturally and age-appropriate, and evidence-based in order to assist them to reduce their risk of unintended pregnancy, HIV/AIDS, and other STIs.

1. RFP was released and are under review
2. MCH/FP agencies may see implementation of a PREP program, may receive referrals, or be asked to host a volunteer from one of the programs

PRAMS collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. Data will be used to inform policy in women's health, family planning, MCH, and other programs.

CHIPRA will provide additional funding to *hawk-i* outreach budgets for targeted outreach to uninsured teens

New Grants/Programs

Abstinence Education Grant Program will provide abstinence education, including medically accurate, culturally and age-appropriate and evidence-informed programming to adolescents.

1. Addresses risk avoidance strategies
2. RFP will be released

Race to the Top – Early Learning Challenge helps states build more efficient and effective early learning systems for young children and their families. Iowa's application focuses on:

1. Developing/updating a tiered QRIS
2. Implementing a comprehensive
3. Statewide implementation of CCNC
4. Enhancing the professional development system
5. Developing a statewide early childhood data system

New Grants/Programs

Maternal, Infant, and Early Childhood Home Visitation Program

implements or expands evidence-based home visitation programs.

Current communities:

1. Black Hawk County
2. Appanoose/Wapello Counties
3. Lee County

Community Transformation Grants will allow local communities working through health coalitions assess health status, identify health improvement priorities and implement strategies for active living and healthy eating, tobacco free living and high impact and quality preventive services in 26 counties across Iowa.

The **Healthiest State Initiative** is a public/private initiative intended to inspire Iowans and their communities throughout the state to improve their health and happiness by uniting in a community-focused effort to make Iowa the healthiest state in the nation by 2016.