

**FFY2012**  
**Title V State Plan**  
**National Performance Measures (NPMs)**

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## **NPM 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**

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### **Last Year's Accomplishments (FFY2010)**

The FFY10 performance objective of 100 percent was met. Data provided by the Center for Congenital and Inherited Disorders (CCID) and the Iowa Neonatal Metabolic Screening Program (INMSP) indicate that 100 percent of all eligible Iowa newborns that screen positive receive short-term follow up through to confirmatory diagnosis, and long-term follow up for clinical case management and treatment.

#### **Infrastructure Building Services:**

The CCID consulted with software programmers within the State Hygienic Laboratory (SHL) to explore the feasibility of integrating data analysis, such as screening rates, between the neonatal metabolic screening program and the newborn hearing screening programs. CCID purchased proprietary data-matching software to match birth records with screening records. Staff members are able to assure that every child born in Iowa receives the newborn screening.

The CCID was awarded a grant from the CDC to expand the existing Iowa Registry for Congenital and Inherited Disorders (IRCID) to include confirmed newborn screening cases. Implementation began via case identification by the SHL and EHDI programs, Iowa's long-term follow-up programs. A neonatal metabolic screening program regional coordinator was hired to provide coordination, education and quality assurance services to Iowa and North Dakota. The regional coordinator implemented a quality assurance team review process to examine cases of breach in quality. The team documents corrective action and monitors for expected improvement.

A HRSA-MCHB grant was awarded to IDPH to provide support for the Iowa Family Participation Project (IFPP). The IFPP aims to gauge the awareness and perceptions of community members and primary care providers of the newborn screening programs. The project's main goal is to increase parent participation in planning, implementing, and evaluating the newborn screening programs.

IFPP staff conducted workgroup sessions with representatives of communities including Amish families, Sudanese immigrants, chiropractic college affiliates, adoptive/foster parents, and parents of children with a positive newborn screening result (false positive and true positive). The IFPP analyzed information from the workgroup sessions to date, and a summary of the information received from these community members was presented at numerous national meetings.

#### **Population-based Services:**

The INMSP is a fee-for-service program that provides laboratory, follow-up, consultative, and educational services. The State Hygienic Laboratory at the University of Iowa (UI) is responsible for the Neonatal Metabolic Screening

testing. The UI Newborn Metabolic Screening staff members provide follow up on positive screens. All newborns are screened for medium chain acyl Co-A dehydrogenase deficiency, phenylketonuria, and other amino acid, organic acid, and fatty acid oxidation disorders detectable by tandem mass spectrometry; hypothyroidism; galactosemia; hemoglobinopathies; congenital adrenal hyperplasia; biotinidase deficiency; and cystic fibrosis.

**Current  
Activities  
(FFY2011)**

**Infrastructure Building Services:**

The CCID executive committee convened to review the structure of congenital and inherited disorder programming in Iowa, discuss emerging issues, and determine potential efficiencies and quality improvement through integration of newborn screening programs. The CCID drafted a work plan for 2011, which defined approaches to address emerging issues and analyzed data from the newborn screening database to determine trends in referral patterns and community needs for quality referral subspecialty care. Surveillance for hearing loss was added to the IRCID. In light of looming state funding reductions, the INMSP is exploring options to sustain support for families unable to purchase medical foods or metabolic formula.

**Population-based Services:**

The INMSP is working with Wisconsin to add Severe Combined Immune Deficiency to the newborn metabolic screening panel, as recommended by the Secretary's Advisory Committee on Heritable Diseases in Newborns and Children. Staff is comparing new testing technologies with those used by Wisconsin.

**Enabling Services:**

While funding for the IFPP ended in 2010, family participation in the planning, implementation and evaluation of newborn screening programming continues. A communication toolkit was circulated to health care providers and families in the first quarter of 2011, providing guidance for navigating the newborn screening process and improving communication between families, providers, and newborn screening staff.

**Plan for the  
Coming Year  
(FFY2012)**

**Infrastructure Building Services:**

The CCID will continue to cultivate data linkages/integration of the newborn screening database with the early hearing detection and intervention (EHDI) and birth certificate program databases. The CCID will also continue to engage community members in the planning, implementation, and evaluation of programming through participation in advisory committees and ad hoc work groups.

In order to determine referral patterns, outcomes, and linkages with the medical home and evaluate effectiveness of follow up programming for children with a confirmed metabolic disorder or hearing loss, the CCID will continue to review data from the Iowa Newborn Screening Surveillance Project. A culture of quality improvement (QI) will be promoted through trainings of newborn screening program staff in QI methods. The QI process will also be applied to meeting performance measure indicators and policy/procedure development.

**Population-based Services:**

The CCID executive committee and the CIDAC will investigate the feasibility and appropriateness of adding critical congenital cardiac disease (CCCD) to the newborn screening panel.

**Enabling Services:**

The CCID will pursue expansion of delivery of genetic consultation services and family support services through an existing telehealth network with Child Health Specialty Clinics (CHSC). This service delivery method allows families in remote areas of the state to access services that may not be readily available in their own communities.

**Comments for  
NPM 1**

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**NPM 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.**

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**Last Year's  
Accomplishments  
(FFY2010)**

The FFY10 performance target objective of 66.4 percent was not met. The indicator value for Iowa was 64.7 percent based on data from the 2005-6 National Children with Special Health Care Needs Survey. This indicator ranks Iowa fifth highest among U.S. states and statistically significantly better than the national mean. Although a good ranking nationally, CHSC has set a higher target objective to motivate performance improvement.

**Infrastructure Building Services:**

In FFY10, the family participation program leadership participated in and contributed to all Title V CYSHCN program strategic planning, high level decision-making, and advocacy efforts with stakeholders. CHSC family participation program leadership continued to recruit parent consultant network colleagues (called Family Navigators) to formulate and influence public policy relevant to service systems for children and youth with special health care needs. CHSC emphasized family participation in the five-year Title V needs assessment activities.

CHSC used family involvement as a major strategy in the SAMHSA-supported System of Care development effort to improve services for children with severe emotional disorders. The System of Care utilizes family involvement at every level, including 52 percent parent membership on the Community Circle of Care (CCC) Governance Council. In addition, 47 percent of employees within the SAMHSA-funded System of Care are parents of children with serious emotional disabilities

(SED).

CHSC continued to coordinate the Family to Family Health Information Center (F2F HIC), a project supported by funds CHSC received in June 2009 from HRSA. F2F HIC is a nonprofit, family-staffed organization to assist families of CYSHCN and professionals who serve them by providing support, information, resources and training. CHSC received additional funding from a subcontract with the Iowa Department of Human Services to create a Family 360 Project.

CHSC continued to work with the Family to Family Iowa (F2F IA). F2F IA was formed by merging the F2F HIC and Iowa Family 360 projects. This merger created a network of over 25 family advocacy groups. F2F IA offers a network of Family Navigators to provide one-on-one enhanced care coordination, casual family support, and connections to educational and training events. F2F IA hosted a family support conference in September 2010 and brought in a national speaker, Dr. John Agosta, to help the F2F Governance Council conduct strategic planning.

**Enabling and Direct Care Services:**

The CHSC family participation program maintained a roster of parents of children and youth with special health care needs working in seven program areas to provide family support services and advocate on behalf of CYSHCN. These include CHSC Clinical Services; Ill and Handicapped Waiver/Health and Disease Management; Early ACCESS service coordination; SAMHSA-supported Community Circle of Care; Early Hearing Detection and Intervention (EHDI) Guide by Your Side; Autism Spectrum Disorder-ABA, and Family 360 Navigators.

**Current Activities  
(FFY2011)**

**Infrastructure Building Services:**

Two CHSC parent consultants continue to serve on the CHSC Leadership Council, and parent consultants also serve on multiple state level advisory groups. One Family Navigator serves as Iowa's AMCHP Family Delegate and completed the AMCHP Family Leadership Training. CHSC's Director of Public Health serves on AMCHP's Family Leadership Committee.

The F2F IA developed training modules for all Family Navigators to assure competency and consistency of family support throughout the state, which all Family Navigators completed. CHSC is working with a technical assistance mentor to earn the Iowa Family Support Credential, a state-endorsed credentialing process for Iowa's family support programs. CCC parent consultants and EHDI Guide by Your Side staff are building support services in rural Iowa.

CHSC is developing a family impact survey, currently under UI Institutional Review Board (IRB) review, to be given to all families receiving family support/care coordination. Family stories are collected to be used for advocacy efforts throughout the year.

**Enabling and Direct Care Services:**

CHSC's vision identifies family support and care coordination as two components of Iowa's system of care for CYSHCN. Family leaders implement the quality improvement process for the family support component. The CHSC family participation program maintains paid part-time parents of CYSHCN, working in the seven program areas mentioned in the previous section.

**Plan for the  
Coming Year  
(FFY2012)****Infrastructure Building Services:**

CHSC will continue to support and expand, as possible, CHSC's family participation across all levels of the MCH pyramid. The CHSC community-based family navigators will continue to serve on multiple state level advisory groups. These include Medicaid's Medical Assistance Advisory Committee, Iowa Collaborative Safety Net Provider Network, Early ACCESS (IDEA, Part C) Iowa Council on Early Intervention, Governor's Council for Prevention of Disabilities, University of Iowa Center for Disabilities and Development's Community Partnership Advisory Council, the University of Iowa Hospitals and Clinics' Family Advisory Committee, the Maternal and Child Health Advisory Council, and local and county governance boards to guide Community Circle of Care (CCC).

CHSC will continue to lead and implement F2F IA's statewide network of family support organizations. They will also subcontract with the Iowa Department of Human Services to implement components of Iowa's Family 360 grant (awarded from US Dept of HHS-ACF). CHSC will maintain a collection of family stories for use in program marketing and stakeholder education. F2F IA will roll out its new website to promote easier access to peer-to-peer support and web-based resources.

CHSC will pursue a process to assure standard skills and competencies of its parent consultants through the technical assistance provided under the Iowa Family Support Credential process. Family navigators will implement the family impact data survey to collect ongoing family satisfaction and impact data to be used for continuous quality improvement.

CHSC will implement the activities in the Heartland Genetics grant to connect families with children and youth with inheritable disorders to information and peer-to-peer support using social media. Data regarding family satisfaction with social media will be collected to determine future communication mechanisms with families.

**Enabling and Direct Care Services:**

Family support in CHSC will continue to be supported through a roster of parents of children with special health care needs working in the seven program areas. Parent consultants will receive ongoing training to fulfill specific care coordination and family support functions within CHSC's system of care for CYSHCN. A minimum of 15 additional family support workers from Iowa's family support groups will be trained in Family 360 Navigator skills and deliver family navigation services.

CHSC will contract with Iowa's health literacy consultant to ensure CHSC staff are using formats for care coordination and clinical services that meet the health literacy and cultural needs of families served.

Parents of children with hearing loss will participate in the EHDI Systems 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.

## Comments for NPM 2

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### **NPM 3: The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home.**

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#### **Last Year's Accomplishments (FFY2010)**

The FFY10 performance target objective of 61.5 percent was not met. The indicator value for Iowa was 57.4 percent based on data from the 2005-6 National Children with Special Health Care Needs Survey. This indicator ranks Iowa 1st among U.S. states and statistically significantly better than the national mean. Although a good ranking nationally, CHSC has set a higher target objective to motivate performance improvement.

#### **Infrastructure Building Services:**

In FFY10, the Iowa Medical Home Initiative continued partnerships with the Iowa Department of Public Health 1<sup>st</sup> Five project and the Iowa Primary Care Association (IAPCA). The first partnership emphasized improved early childhood developmental screening and referral practices by primary care providers, and the second focused on facilitating investigation of medical home model practices by Iowa's safety net providers (e.g. free clinics, MCH agencies, and local boards of health). CHSC hired a Pediatric Clinical Consultant to oversee all aspects of CHSC's clinical care. She is a member of the Iowa Medical Home Advisory Council and partnered with the director of the IAPCA to advise safety net providers in becoming medical homes.

The CHSC Director participated in planning meetings with Iowa Medicaid Enterprise to explore potential funding incentives for primary care practices seeking to become medical homes. The Director also collaborated with the Iowa Chapter of the American Academy of Pediatrics to strategize how best to assist primary care practices in accomplishing the requirements to become medical homes.

CHSC registered nurses and family navigators were available to community primary care providers to provide family support and subspecialty referrals for families with special health care needs. Iowa's EHDI System of Care conducted

quality improvement measures with primary care practices. CHSC was a planning partner in a statewide early childhood advocacy effort, the "Off to a Good Start Coalition", that promoted the concept of assuring medical homes.

CHSC improved the case management components of its electronic medical record system, EPIC, and trained all CHSC clinical staff to use the electronic Individualized Family Service Plans to enter health and service coordination information.

**Current Activities  
(FFY2011)**

**Infrastructure Building Services:**

The Pediatric Clinical Consultant continues to oversee all aspects of CHSC's clinical care and serves on the Iowa Medical Home Advisory Council. CHSC's Clinical Care Division is conducting a quality improvement activity to assure CYSHCN seen in CHSC Regional Centers are appropriately referred back to their primary care physicians.

CHSC is initiating a project with the National Improvement Partnership Network to assure NICU graduates receive high quality care within medical homes and neighborhoods. CHSC is also implementing Partnership to Improve Child Health in Iowa (PI-CHI) in collaboration with the Iowa Academy of Pediatrics to improve child health outcomes. PI-CHI also collaborates with Project LAUNCH to improve quality.

CHSC continues to implement the electronic medical record system, EPIC, which has a care coordination module.

The SAMHSA supported System of Care for youth with SED keeps youth connected to their medical home with care coordination and support services. EHDI staff met with primary care practices to share information regarding the importance of family support to the lives of families of children with hearing loss.

CHSC became a state affiliate agency for Help Me Grow and will incorporate primary care champions into early identification and screening efforts.

**Enabling and Direct Care Services:**

CHSC staff members provide care coordination activities for CYSHCN in partnerships with primary care and health neighborhood providers.

**Plan for the  
Coming Year  
(FFY2012)**

**Infrastructure Building Services:**

CHSC will make its expertise available and position itself as a potential partner for any state or regional efforts to spread the medical home model, in accordance with the legislative requirements of Iowa's health care reform statute. The CHSC Pediatric Clinical Consultant will continue collaborations with the IDPH 1<sup>st</sup> Five Program, focusing on social/emotional health. CHSC will utilize data obtained from the 2010 Iowa Household Health Survey and the 2010 National CYSHCN surveys, when available, to evaluate the status of medical homes for CYSHCN in Iowa.

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.

CHSC leadership will again partner with the IAPCA Safety Net Provider projects to explore opportunities for care coordination in the medical home model. CHSC strategic plans will promote stronger, more effective connections between Iowa's primary care providers and community-based care coordination resources, through the work of its care coordination workgroup.

CHSC will educate staff regarding concepts of social determinants of health and will identify and integrate related strategies in the delivery of clinical care, care coordination and family support. Iowa Early Hearing Detection and Intervention (EHDI) System of Care will disseminate "Lessons Learned" from 2010-11 activities regarding medical homes into other regions of the state. The SAMHSA supported System of Care for youth with SED will continue to connect youth to their local medical home with care coordination and support services.

CHSC will continue to improve the case management components of its electronic medical record system.

Iowa will participate as a state affiliate of Help Me Grow to apply lessons learned from the national network to Iowa practices regarding intake care coordination, long-term follow-up care coordination, and the interface of both types of care coordination with medical homes.

**Enabling and Direct Care Services:**

CHSC parent consultants, staff nurses, dietitians, social workers with the CCC program, and Advanced Registered Nurse Practitioners will continue to provide care coordination activities for CYSHCN in partnership with primary care and health neighborhood providers.

**Comments for  
NPM 3**

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**NPM 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.**

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**Last Year's  
Accomplishments  
(FFY2010)**

The FFY10 performance target objective of 73.4 percent was not met. The indicator value for Iowa was 68.6 percent based on data from the 2005-6 National Children with Special Health Care Needs Survey. This indicator ranks Iowa 4th highest among U.S. states and statistically significantly better than the national mean.

Although a good ranking nationally, CHSC has set a higher target objective to motivate performance improvement.

**Infrastructure Building Services:**

CHSC staff served on the Iowa Autism Council (IAC) that voted to make the 19<sup>th</sup> state autism insurance reform law a priority. The law was enacted in May 2010 and provides coverage of autism therapies for state employee insurance policies only – a first step in bringing about statewide reform of the private insurance market throughout Iowa.

CHSC's care coordination work group created a data collection tool to illustrate the benefits of care coordination for CYSHCN. CHSC used information gathered from the tool to advocate for Medicaid policy that reimburses for care coordination.

**Enabling and Direct Care Services:**

CHSC regional centers worked with families of CYSHCN to apply for Medicaid or SCHIP and, if needed, assist them with the application process. CHSC's Health & Disease Management unit provided guidance and information for families of children enrolled in Medicaid Waiver and EPSDT programs regarding health care financing.

**Current Activities  
(FFY2011)**

**Infrastructure Building Services:**

CHSC participates on the IAPCA Leadership and Advisory Committees to help assure that Iowa's safety net providers enhance access to health care services for underinsured and uninsured Iowans. CHSC is represented on Iowa's ECI Stakeholders Alliance, which contains strategic goals to assure adequate health and dental insurance coverage.

CHSC's care coordination work group continues to collect data that will be used for discussions with Iowa Medicaid to illustrate the benefits of care coordination to CYSHCN and advocate for Medicaid policy that reimburses for care coordination. A CHSC Family Navigator serves on a Governor-appointed Medicaid Advisory Committee.

**Enabling and Direct Care Services:**

CHSC regional centers work with families of CYSHCN to apply for Medicaid or SCHIP. CHSC's Health & Disease Management unit continues to provide guidance and information for families of children enrolled in Medicaid Waiver and EPSDT programs regarding health care financing. CHSC is conducting quality improvement measures to assure billing codes are being maximized for all services delivered.

Family Navigators are working with children with autism spectrum disorder to collect data on a NIH-research grant that seeks to demonstrate the benefits of Applied Behavioral Analysis. Data will be used to educate private and public insurers for potential policy changes.

**Plan for the  
Coming Year  
(FFY2012)**

**Infrastructure Building Services:**

CHSC will participate, as requested, in any survey-based special reports on the insurance status of Iowa families from the 2010 Iowa Child and Family Household Health Survey. CHSC care coordination work group will present data to Medicaid to advocate for payment for care coordination activities. CHSC will continue to collect and use family stories to educate policymakers on the importance of adequate insurance coverage for CYSHCN and their families.

CHSC will continue representation on the IAPCA Committees to help assure that Iowa's safety net providers enhance access to health care services for underinsured and uninsured Iowans. A CHSC Family Navigator will also continue participation on a Governor-appointed statewide Medicaid Advisory Committee.

**Enabling and Direct Care Services:**

CHSC will continue to assist and enable families of CYSHCN to apply for Medicaid or SCHIP. CHSC's Health & Disease Management unit will continue to provide guidance and information for families of children enrolled in Medicaid Waiver and EPSDT programs regarding health care financing.

CHSC Family Navigators will continue to work with children with autism spectrum disorder to collect data for a NIH-research grant that demonstrates the benefits of Applied Behavioral Analysis (ABA). Data will be used to educate private and public insurers for potential policy changes regarding reimbursement for ABA.

**Comments for  
NPM 4**

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**NPM 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.**

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**Last Year's  
Accomplishments  
(FFY2010)**

The FFY10 performance target objective of 94.7 percent was not met. The indicator value for Iowa was 92.9 percent based on data from the 2005-6 National Children with Special Health Care Needs Survey. This indicator ranks Iowa 2nd highest among U.S. states and statistically significantly better than the national mean. Although a good ranking nationally, CHSC has set a higher target objective to motivate performance improvement.

**Infrastructure Building Services:**

In FFY10, CHSC state and regional staff participated in a SAMHSA-supported System of Care system improvement effort to develop a new, coordinated, family-

driven system of care for children with severe emotional disorders. The newly formed System of Care was centered on providing a local, central point of coordination where families and youth can get the services they need, regardless of family need or ability to pay. A CHSC internal workgroup designed standardized approaches to delivering care coordination for children who receive CHSC Clinical Services. The group also designed standardized approaches to collecting data for program planning and evaluation.

CHSC staff supported the Iowa Department of Public Health's 1<sup>st</sup> Five project to assure early childhood healthy mental development by assisting primary care practices to both identify at-risk young children and link them to Title V community-based care coordination resources.

CHSC implemented a HRSA grant to create a Family to Family Health Information Center. CHSC also received funds from a subcontract with the Iowa Department of Human Services to provide Family Navigators for a Family 360 Project. The new projects were combined to create F2F IA, a network of over 25 Iowa family support groups.

CHSC organized the Clinical Services Workgroup, which will develop processes and guidelines for standards of clinical care. These standards are designed to ensure that care is delivered in a way that meets families' needs over their children's life course. CHSC hired a 0.4 FTE Pediatric Clinical Consultant to oversee the development of standards of care for CHSC's Clinical Services.

#### **Enabling and Direct Care Services:**

The CHSC Health and Disease Management Unit provided care coordination to children with complex health care needs enrolled in Medicaid Waiver and EPSDT Programs under a contract with the Iowa Department of Human Services. CHSC regional staff utilized telehealth consultations with medical center-based child psychiatry for children with difficult behavioral problems. Additionally, telehealth communication connected CHSC regional dietitians to infants, toddlers, children and youth with feeding issues.

CHSC parent consultants functioned as service coordinators for young children with selected developmental conditions enrolled in Iowa's Early ACCESS (IDEA, Part C) program. Family navigators, registered nurses, registered dietitians, and advanced registered nurse practitioners delivered care coordination according to protocols designed by the care coordination work team.

#### **Current Activities (FFY2011)**

#### **Infrastructure Building Services:**

Iowa EHDI System of Care is expanding lessons learned from a 2010 a NICHQ project focused on improving the service system for parents to more easily access services. CHSC participates in the National Improvement Partnership Network to identify and integrate new quality improvement strategies in its programs and services.

CHSC staff participates in a SAMHSA-supported System of Care system improvement effort to develop a coordinated, family-driven system of care for children with SED. The F2F IA Network is providing advice to medical homes regarding the importance of family support services and approaches to organizing services. This outreach also focuses on developing web-based tools and exploring use of social media to reach underserved populations such as Latino populations.

CHSC is researching social determinants of health and their potential impact on the needs of Iowa's families, with emphasis on children ages 0-3 years.

**Enabling and Direct Care Services:**

The CHSC Health and Disease Management Unit continued to provide care coordination to children with complex health care needs enrolled in Medicaid Waiver and EPSDT Programs under a contract with the Iowa DHS. CHSC staff is implementing standardized protocols for care coordination.

Telemedicine consultations provide access to selected direct services (i.e. child psychiatry, nutrition, and ABA for ASD).

Through Help Me Grow, CHSC is developing a single point of entry for children at risk.

**Plan for the  
Coming Year  
(FFY2012)**

**Infrastructure Building Services:**

CHSC staff continues to play important leadership roles on the Iowa Autism Council to the Governor. CHSC will continue to partner with the Centers for Disabilities and Development to conduct ongoing trainings for all staff in issues related to cultural competence. Knowledge generated from families, Early Childhood Iowa, and other state level groups will continue to be used for educating policymakers and other key stakeholders.

CHSC will continue to implement quality improvement efforts to actualize the vision statement "Assure a system of care for CYSHCN," Special emphasis will be placed on meeting the needs of the family over the child's life course. Through NIPN, CHSC will explore ways to improve partnerships between pediatricians and subspecialty providers.

Web-based resources via F2F HIC are being constructed so families and providers can access them conveniently, including implementation of social media when appropriate. A CHSC Public Health Division employee will develop and integrate best practice protocols for all CHSC services to assure services are delivered in ways that meet the cultural preference and health literacy levels of all families served.

Iowa's EHDI System of Care will continue to spread quality improvements learned from pilot regions to remaining areas of the state. CHSC will be a screening site for otoacoustic emission screening of newborns at two CHSC regional centers to ensure access.

CHSC will continue to participate as a state affiliate of Help Me Grow, to improve Iowa's single point of entry for families at-risk for developmental delays and other conditions and assure appropriate follow-up.

CHSC will continue to collaborate with the Community Circle of Care and the University of Iowa Child Psychology Department to implement 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.

**Enabling and Direct Care Services:**

The CHSC Health and Disease Management Unit will continue to provide care coordination to children with complex health care needs enrolled in Medicaid Waiver and EPSDT Programs under a contract with the Iowa DHS. CHSC parent consultants will continue to function as service coordinators for young children with selected developmental conditions enrolled in Iowa's Early ACCESS program. F2F IA Family Navigators will provide family support services to all families served by CHSC Clinical Services or as requested by community medical homes. All Family Navigators will receive ongoing training regarding new standards and procedures for delivering care coordination and family support.

Telemedicine services will continue for Serious Emotional Disturbances and nutrition consultation. A pilot study of using telemedicine to conduct diagnostic ABRS within the EHDI System of Care will be conducted within one geographic region of Iowa.

**Comments for  
NPM 5**

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**NPM 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.**

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**Last Year's  
Accomplishments  
(FFY2010)**

The FFY10 performance target objective of 50.7 percent was not met. The indicator value for Iowa was 47.3 percent based on data from the 2005-6 National CSHCN Survey. This indicator ranks Iowa 11th highest among U.S. states and statistically significantly better than the national mean. Although a good ranking nationally, CHSC believes the indicator value is unsatisfactory and has set a higher target objective to motivate performance improvement.

**Infrastructure Building Services:**

CHSC co-led a SAMHSA-supported mental health System of Care project, using family-driven and youth-guided principles, which stands to be instrumental in

facilitating effective transition for youth to adult care and independent living.

Measurement tools for State Performance Measure #2 were created to assess each of the four elements of CHSC's new system of care (Direct Clinical Services, Care Coordination, Family Support and Infrastructure Building). Three of the four tools incorporate measures that require attention to transition services for youth with special health care needs.

**Enabling and Direct Care Services:**

CHSC nurse care coordinators assisted families with eligible adolescents to enroll in Medicaid Waiver programs and, when relevant, to address transition issues (e.g. linking adolescents to Vocational Rehabilitation services).

**Current Activities  
(FFY2011)**

**Infrastructure Building Services:**

CHSC's Pediatric Clinical Consultant serves as the Director of Adolescent Medicine Program at the University of Iowa's Department of Pediatrics. CHSC staff members coordinated youth feedback to the F2F IA Governance Council and the Iowa Autism Council. CHSC co-lead a SAMHSA-supported mental health System of Care project to, in part, facilitate effective transition for youth to adult care and independent living.

Measurement tools for State Performance Measure #2 for three of the four elements of the four elements of CHSC's new system of care (Direct Clinical Services, Care Coordination, Family Support, and Infrastructure Building) address transitions issues and are being evaluated for effectiveness.

**Enabling and Direct Care Services:**

CHSC's Health and Disease Management Unit will continue to assist families with eligible adolescents to enroll in Medicaid Waiver programs and, when relevant, to address transition issues. Family 360 Navigator/care coordinator training includes topics relevant to youth and life course development.

**Plan for the  
Coming Year  
(FFY2012)**

**Infrastructure Building Services:**

CHSC's Pediatric Clinical Consultant, who has adolescent expertise, will lead efforts to assure standards of care for CHSC Clinical Services, including transition to adult services and other issues specifically required by youth. CHSC's Pediatric Clinical Consultant will also pursue opportunities to educate resident physicians in pediatrics, internal medicine and family medicine regarding the needs of transitioning youth with special health care needs.

Standardized care coordination protocols at CHSC and with Family 360/F2F IA Navigators will infuse procedures that address needs of youth, including implications of Life Course Health Development theory. Youth will continue to advise the F2F Iowa Governance Council and the Iowa Autism Council. F2F IA will publicize web-based resources for transition issues to families statewide.

CHSC will collaborate with the National Health Care Transition Center, known as "Got Transition?". This MCHB-funded organization will facilitate an exchange of

innovated approaches and provide technical assistance, allowing CHSC to develop additional transition programming and measure progress. Got Transition? Will also work with CHSC to promote policy changes for better access to transition services, such as improved health care provider reimbursement.

CHSC will continue to co-lead a SAMHSA-supported mental health System of Care project to facilitate effective transition for youth to adult care and independent living. The System of Care will continue to provide care coordination and to build support services for transitioning youth. One initiative in the next year includes ELEVATE, a support group for foster and adoptive youth who are interested in improving life connections for others in foster care by sharing their personal stories.

CHSC will work PI-CHI to explore quality improvement initiatives regarding transition issues for CYSHCN.

**Direct and Enabling Services:**

CHSC's Health and Disease Management Unit will continue to assist families with eligible adolescents to enroll in Medicaid Waiver programs and, when relevant, to address transition issues. All CHSC care coordinators will use a newly created age-based transition checklist to guide their discussions with families. These discussions will begin with CYSHCN before age 14 years.

**Comments for  
NPM 6**

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**NPM 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.**

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**Last Year's  
Accomplishments  
(FFY2010)**

The FFY10 performance target objective of 73 percent was met. Data from the 2010 Immunization Program Annual Report indicated that 76 percent of children had completed the 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B, 1 Varicella, 4 PCV immunization schedule.

**Infrastructure Building Services:**

The IDPH Immunization Program uses the Immunization Registry Information System (IRIS) to extract data to calculate county immunization rates. The data set includes patients' records that have both a zip code and are assigned to an agency's immunization home. By utilizing these criteria the report will provide a more comprehensive look at county and state level immunization rates based upon a standard vaccination series as identified by CDC.

The Immunization Program began the process of upgrading IRIS with a newer computer language and adding new functionality. After conducting research of other state registries and other software programs, the Immunization Program decided to utilize a version of Wisconsin's Immunization Registry (WIR). WIR will allow Iowa to meet CDC registry functional standards, exchange immunization data with Electronic Health Records (EHRs), and increase data integrity.

The Immunization Program received ARRA grant funds from CDC to develop the Immunization Billing Project. The purpose of this project is to create the action plan, process, and tools necessary to allow local public health agencies to bill health private insurance plans for immunization services. The Immunization Billing Project will result in cost savings and provide vaccines that are not currently offered. It will also enable programs to reach additional populations and to take on new initiatives to reach special under-vaccinated populations that face reduced access to vaccinations.

**Current Activities  
(FFY2011)**

**Infrastructure Building Services:**

All primary care providers are encouraged to use IRIS. Agencies enrolled in IRIS include private and public health care providers, hospitals, long-term care facilities, and pharmacies. Public providers include local public health agencies, local MCH contract agencies, federally qualified health centers/rural health clinics, and other public clinics that provide immunizations.

**Population-based Services:**

The IDPH Immunization Program provides funding to local public health agencies and community health centers for immunization services. Some agencies conduct satellite clinics and collaborate with the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) clinics to provide immunizations.

**Enabling Services:**

Local MCH contract agencies continue to monitor clients' immunization statuses and offer counseling to families receiving EPSDT informing and care coordination services.

**Plan for the  
Coming Year  
(FFY2012)**

**Infrastructure Building Services:**

The number of private providers using IRIS will continue to increase due to outreach of the Immunization Program. The Immunization Program will continue to work on the IRIS upgrade and to implement the Immunization Billing Program. The upgrade will include an interface with Vital Statistics records and interoperability between IRIS and electronic medical records.

**Enabling Services:**

Local CH contract agencies will continue to monitor immunization status and offer counseling to all families served. All local CH contract agencies will address immunization as a component of informing and care coordination provided to families enrolled in Medicaid.

**NPM 8: The rate of birth (per 1,000) for teenagers aged 15 through 17 years.**

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**Last Year's  
Accomplishments  
(FFY2010)**

The FFY09 performance objective of 16 per 1,000 was met, though the value of the objective was increased due to the trend of increasing rate of teen births. Data from Iowa Vital Statistics shows the rate of birth (per 1,000) for teenagers aged 15 through 17 years in 2009 was 15.4 percent. Iowa continues to monitor teen birth due to the fluctuation of annual indicator values, along with contraceptive use and the need for public awareness campaigns.

**Infrastructure Building Services:**

Title V MCH and Title X family planning programs, both directed by IDPH, are closely coordinated. IDPH MH and FP programs continued to provide services through the Iowa Family Planning Network (IFPN). In 2006, DHS received approval from the Centers for Medicare and Medicaid to implement the IFPN, which waives section 1115 of the Medicaid rules. The program extends Medicaid coverage for family planning services only to women who had Medicaid covered pregnancies and deliveries. The program is also available to all women ages 13 to 44 whose income is below 200 percent of federal poverty. Information for eligibility determination for this program is obtained at family planning clinics as well as DHS offices. The notice of determination of eligibility for the program and clinical services can be obtained at the family planning clinic from the DHS secure website the day a woman applies for the program. Almost all of the women determined eligible for the program applied at family planning clinics. In the 2011 legislative session, IFPN eligibility was expanded to include males, women ages 13-54, and underinsured Iowans whose incomes are below 300 percent of federal poverty level.

At the IDPH Bureau of Family Health Fall Conference in October 2009, a panel of youth discussed adolescent health care needs and offered ideas for making clinic settings more youth friendly. In FFY10, workshops were conducted to assist delegate agencies in the use of electronic media to reach adolescents. In September 2010, Title X services brochures were provided to Iowa Department of Education staff for use in teacher training seminars on HIV/STI prevention and pregnancy prevention. Iowa promoted research on science based practices in pregnancy prevention. Science-based practices include techniques, characteristics, activities and programs for which there is evidence of effectiveness.

**Enabling Services:**

IDPH contracted with eight Title X Family Planning (FP) programs to conduct outreach and educational programs in 45 of Iowa's 99 counties. Developmentally appropriate educational programs stressed the value of abstinence, encouraged

communication with parents, emphasized responsible decision making and the avoidance of coercive sexual activity, and provided information on pregnancy and STI/HIV prevention. A focus of FP programming was to provide clinical services to adolescents (ages 20 or younger). One of the goals for the FP program was to maintain the number of adolescents served, at least 5,277 (CY 2004) clients. This goal was met in both 2009 and 2010.

2004: 5277 adolescents served

2005: 5030 adolescents served

2006: 4892 adolescents served

2007: 4821 adolescents served

2008: 5002 adolescents served

2009: 5337 adolescents served

2010: 5285 adolescents served

The data below reflects the increasing number of adolescent males served from 2006 – 2010:

2006: 145

2007: 151

2008: 190

2009: 224

2010: 800

#### **Current Activities (FFY2011)**

##### **Infrastructure Building Services:**

The overall family planning objectives remain focused on improving the quality and quantity of services to Iowa's three priority populations (minorities, adolescents and males), increasing the number of pregnancies in Iowa that are intended, promoting long acting reversible contraceptive use, and developing sustainable IDPH family planning clinics positioned to serve an increased number of clients.

IDPH family planning programs assure ongoing high quality family planning and related preventive health services that will improve the overall health of individuals, with priority for services to individuals from low-income families. Programs are investigating ways to expand access to a broad range of family planning methods and related preventive health services.

##### **Enabling Services:**

Local agencies continue to emphasize the importance of counseling family planning clients on establishing a reproductive life plan. They encourage participation of families, parents, and/or legal guardians in the decision of minors to seek family planning services. They also provide counseling to minors on how to resist attempts to coerce them into engaging in sexual activities.

Family planning agencies address comprehensive family planning and other health needs of individuals, families, and communities. They accomplish this through outreach to hard-to-reach and/or vulnerable populations and partnerships with other community-based health and social service providers.

**Plan for the  
Coming Year  
(FFY2012)**

**Infrastructure Building Services:**

Iowa was awarded funding for implementation of the Personal Responsibility Education Program (PREP) to promote comprehensive sexuality education to teens ages 10-19. The goal of PREP is to reduce teen pregnancy, reduce the prevalence of HIV/AIDS and STIs, and educate teens on adulthood preparation subjects/life skills to prepare them for a successful future. A competitive RFP for community-based implementation of evidence-based curricula and strategies in schools, clinics and community settings will be issued and contracts will begin in October 2011. A contract with one of Iowa's three regent universities for project evaluation will also be pursued. Iowa will begin development of a statewide marketing campaign for PREP, including development of a website highlighting adolescent male reproductive health, based on survey and focus group data collected from adolescent males.

**Enabling and Direct Care Services:**

IDPH will implement its objectives for year three of the five year Title X plan, including expanding services to minorities, adolescents and males. Minorities and adolescents are disproportionately affected by reproductive health issues and the male role in family planning remains underestimated.

Outreach plans to adolescents and males include: 1) continuing to investigate and disseminate best practices for working with adolescents; 2) expanding the use of electronic 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 Department of Education 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.

Title X clinics will initiate efforts to ensure that all clients, including adolescents and males, are counseled about the importance of establishing a reproductive life plan (RLP) to set personal goals about having (or not having) children. The RLP will also describe plans to achieve those goals. In the upcoming year, RLP will be expanded to WIC and MH clinic clients. Provider coding initiatives began and will continue in 2012 to promote clinic sustainability, especially in light of the Affordable Care Act (ACA) activities.

**Comments for  
NPM 8**

## **NPM 9: Percent of third grade children who have received protective sealants on at least one permanent molar tooth.**

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### **Last Year's Accomplishments (FFY2010)**

The FFY10 performance objective of 50 percent was met. Iowa's 2010 sealant survey data showed 50 percent of third graders have protective sealants.

#### **Infrastructure Building Services:**

The Oral Health Center (OHC) at IDPH provided oversight for seven programs that placed 18,178 sealants during the 2009-2010 school year. In addition, OHC began discussions with Delta Dental of Iowa Foundation to explore methods to increase the number of state school-based sealant programs.

Health promotion activities included media and radio public service announcements emphasizing the importance of early preventive care for children. Promotions were funded through a HRSA Targeted Oral Health Service Systems grant and Delta Dental of Iowa Foundation. Also, primary care and pediatric physicians' offices received children's oral health books to give to families, further increasing the understanding of preventing children's dental disease.

### **Current Activities (FFY2011)**

#### **Infrastructure Building Services:**

IDPH continues to collaborate with Delta Dental to purchase sealant program equipment to maintain the OHC school-based programs. IDPH decided not to expand the OHC's sealant program due to state budget cuts and lack of other funds to pay for additional program expenses. The existing sealant programs and the school screening requirement are enhancing the state's dental delivery and referral systems through partnerships between Title V, schools, and dental providers.

The OHC completed improvements to CAREs that provide local agencies ways to evaluate the oral health status and accessibility to preventive care for children. Agency staff members are now able to generate reports, helping them assess their population, determine program effectiveness, and assist in planning future services and projects. I-Smile™ Coordinators continue to promote prevention via community-based activities, along with media and radio public service announcements.

#### **Population-based Services:**

Following a competitive bid process, IDPH awarded funding to seven CH contractors to administer school-based sealant programs. The rate of free/reduced lunch participation for targeted schools increased to 40 percent this year, meaning that more at-risk children were served through school-based programs. OHC also recommends fluoride varnish application for program participants.

### **Plan for the Coming Year (FFY2012)**

#### **Infrastructure Building Services:**

Oral Health Center (OHC) staff will continue to partner with Delta Dental, seeking ways to expand state school-based programs through equipment purchasing assistance, and also determining methods that may improve upon the number of children enrolled in *hawk-i* who receives dental sealants. OHC will also pursue

ways to leverage the available funds for sealant programs in an effort to increase the number of children benefiting from them.

OHC staff will also work with I-Smile™ Coordinators to determine the advantage of their becoming Qualified Entities to determine presumptive eligibility for maternal and child health clients. Based on local programming, this could impact and improve access to preventive and restorative care for at-risk children. During the second year of the three-year project period for school-based sealant programs, OHC staff will oversee a process for retention checks within each program as a quality assurance measure.

**Population-based Services:**

As part of the HRSA TOHSS grant, OHC staff will make improvements to the I-Smile™ Dental Home website. The improvements will incorporate promotion of sealants, as well as other preventive services for children. Changes are being made to try to increase website traffic, including adding interactive capabilities. The overall goal is to improve users' understanding of the importance of good oral health for children.

**Comments for  
NPM 9**

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**NPM 10: The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.**

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**Last Year's  
Accomplishments  
(FFY2010)**

The FFY09 performance objective of 3.0 percent was not met. Iowa's 2009 Vital Statistics provisional data indicate the rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children was 3.1 percent.

**Infrastructure Building Services:**

The Bureau of Emergency Medical Services (EMS) and other IDPH injury prevention programs worked with the Iowa Safe Kids Coalition and other nonprofit injury prevention organizations to support statewide child passenger safety activities. These included check-ups at community events as well as regularly scheduled child passenger safety inspection stations.

IDPH continues to promote physician outreach for child passenger safety. Physicians have the opportunity to educate families with young children about appropriate child passenger safety systems, and materials are provided at no cost. Outreach in child care settings and schools assures that a broad population receives education on appropriate occupant protection. Youth outreach groups, led by the Iowa Health System, are presenting the "Think First! Injury Prevention Program." The program informs youth during school programs about the profound

consequences of not wearing seatbelts and encourages safe behaviors.

The Bureaus of Family Health and EMS and the Iowa Safe Kids Coalition are collaborating to provide outreach to childcare providers and families. Information regarding recalls of child safety seats and bicycle safety around cars is provided online. More information can be found on the Healthy Child Care Iowa website (<http://www.idph.state.ia.us/hcci/products.asp>). Training continued for certified child passenger safety technicians. Six CPS certification trainings were conducted for FY10. Technicians received continuing education on new trends in occupant protection at the annual CPS Technician Workshop.

**Population-based Services:**

Local contract agencies are focusing on decreasing child mortality related to motor vehicle accidents. The local agencies focused on distribution of car seat safety materials and certified car safety seat technicians provide education and demonstrations at community events.

During FFY10, certified technicians were available to inspect child passenger safety seats at 30 Fit (Inspection) Stations throughout the state. The Fit Stations hosted monthly events or served their community by appointment. A total of 683 new seats were distributed to families. Child passenger safety advocates worked to provide outreach to physicians, health care agencies, and child care providers.

**Current Activities  
(FFY2011)**

**Infrastructure Building Services:**

Community outreach activities include "spot the tot" training, which teaches drivers to keep their eyes on children while backing up. Updated car seat safety inspection cards were developed. The car seat safety inspection cards will be distributed at community events. Through feedback from the car seat safety technicians who do check-up events and community inspection stations, the Bureau of EMS assesses of the needs of local communities. This assessment allows the bureau staff to address the areas where education is needed. This education will involve demonstration of proper booster seat installation and booster seat checks.

**Population-based Services:**

IDPH is currently completing activities to decrease the mortality rate, including a campaign focusing on pedestrian safety. The plan is to educate children on safe street crossing and proper utilization of sidewalks. IDPH and the Iowa Safe Kids Coalition are also planning targeted interventions to encourage booster seat usage.

**Plan for the  
Coming Year  
(FFY2012)**

**Infrastructure Building Services:**

The Iowa Department of Public Health, through funding from the Governor's Traffic Safety Bureau, offers Certified Passenger Safety Technician courses, with a minimum of four classes per year throughout the state. The Bureau of EMS and the Safe Kids Coalition will continue to host inspection stations held on a regular basis. The state's Child Passenger Safety coordinator will provide the Annual Technician Update to provide continuing education for technicians on new trends in occupant protection.

**NPM 11: The percent of mothers who breastfeed their infants at 6 months of age.**

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**Last Year's  
Accomplishments  
(FFY2010)**

The FFY09 performance objective of 20 percent was not met. Data from the Pediatric Nutrition Surveillance Survey show 18.1 percent of mothers breastfeed their infants at 6 months of age.

**Infrastructure Building Services:**

The Bureau of Nutrition and Health Promotion staff provided technical assistance to local maternal and child health agencies on breastfeeding. State and local WIC staff members were involved in the Iowa's Fit for Life Early Childhood workgroup that focused on implementation of family friendly policy recommendations on breastfeeding. The Bureau of Family Health staff supported local contract agencies as they work with businesses to become breastfeeding friendly.

**Current Activities  
(FFY2011)**

**Infrastructure Building Services:**

The IDPH Bureau of Nutrition and Health Promotion requires local contract agencies to expend a minimum of 20 percent of the total allocated Nutrition Program for Women, Infants, and Children (WIC) funds on nutrition education, including a minimum of three percent to be spent on breastfeeding promotion and support.

**Enabling Services:**

The Bureau has received USDA Peer Counseling funds since 2004 through a grant. The purpose of the grant was to start and then maintain a peer counseling program. A pilot project was started in a local WIC agency in 2005. In 2008, four additional agencies started peer counselor programs. Two additional peer agencies were added March 2010 to total seven breastfeeding peer counseling agencies with a total of 28 peer counselors.

All 20 WIC agencies, including 14 that integrate Title V services, implemented action plans targeting community-based breastfeeding promotion and support. Planned activities of local WIC contract agencies include: breastfeeding fairs for pregnant women, breastfeeding education and support to communities, and continuing education to community partners and contacting businesses to discuss worksite lactation policies throughout the state.

**Plan for the  
Coming Year  
(FFY2012)**

**Infrastructure Building Services:**

The Bureau of Nutrition and Health Promotion staff will provide technical assistance on breastfeeding to the local contract agencies. Local maternal health contract agencies will continue to develop and implement community-based strategies for breastfeeding. IDPH will support the agencies that have WIC

breastfeeding peer counselor programs. The WIC Program, at the state and local levels, is helping the Iowa Breastfeeding Coalition develop a four-hour breastfeeding training for communities.

## Comments for NPM 11

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## NPM 12: Percentage of newborns who have been screened for hearing before hospital discharge.

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### Last Year's Accomplishments (FFY2010)

The FFY10 annual indicator objective of 99.5 percent was not met. Provisional data from the eSP newborn hearing screening data system indicates that 98.9 percent of newborns were screened for hearing loss before hospital discharge. Reasons that children may not have been screened by the birth hospital may include: transfer to another facility for a higher level of care prior to screening, missed cases by the birth hospital, child death, or family refuse.

#### **Infrastructure Building Services:**

The Iowa Early Hearing Detection and Intervention (EHDI) program staff began conducting site visits with Iowa birthing hospitals in 2009 and continued in 2010. The hospital site visits resulted in a decrease in refer and miss rates for hospitals not meeting state goals – in some cases as much as a 10 percent decrease. The EHDI program continued to participate in a number of outreach and public education opportunities.

The EHDI program was successful in obtaining a grant, iEHDI, from the Centers for Disease Control and Prevention (CDC). Through iEHDI, Iowa's program assists in assessing the feasibility of providing individual-level data beyond the data currently provided through the annual CDC Screening and Follow-up Survey. The survey provides state-level data on screening, diagnosis, and early intervention services. Iowa's EHDI database currently provides individual level data along with aggregate data for screening and diagnosis and the program is working to include more comprehensive early intervention and family support data.

The EHDI program began a comprehensive evaluation of the newborn hearing screening and follow up program. The program developed a logic model and prioritized various components of the system to be evaluated. In addition, the program established a timeline for evaluation and revised program indicators. The first area evaluated was the EHDI database used to track newborn hearing screening and diagnostic assessments for children under the age of three. Results of the data will be used to build on strengths identified and add functionality to capture early intervention and family support data more easily.

**Current Activities  
(FFY2011)**

**Infrastructure Building Services:**

The EHDI program compiled lessons learned through the National Initiative for Children's Healthcare Quality learning collaborative and began to share best practices through hospital site visits, education and protocol development.

EHDI audiology technical assistants continue to provide training on newborn hearing screening to reduce the number of children that refer on the initial birth screen. EHDI team members conducted hospital visits to share best practices, identify strengths and areas for improvement, and provide technical assistance related to hearing screening and follow up.

The data team workgroup continued to meet to identify data sharing mechanisms between EHDI and Early ACCESS. The workgroup identified common data elements, as well as possible strategies to share data between data systems.

**Population-based Services:**

Eighty-one birthing hospitals provided universal newborn hearing screening services as required by law.

**Enabling Services:**

The EHDI program contacts families of children that did not return for a hearing re-screen and/or obtain a diagnostic assessment. The program also notifies the medical home so they can assist with contacting families. The EHDI program also sends letters to families and physicians of children with risk factors for hearing loss to provide recommended follow-up. EHDI also provides family support services to families of children with hearing loss through the Iowa Guide by Your Side program.

**Plan for the  
Coming Year  
(FFY2012)**

**Infrastructure Building Services:**

EHDI staff will continue efforts to educate midwives, primary care providers, 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.

The EHDI program will continue spreading effective strategies learned through the NICHQ learning collaborative to facilities across the state that provide newborn hearing screens, outpatient screens and diagnosis for children under the age of three. EHDI staff will continue program evaluation on various aspects including hearing screening, follow-up, referral, early intervention, family support and data reporting. Evaluation results will be shared with the EHDI Advisory Committee and other partners to help guide policy and program development.

IDPH and CHSC will continue to work with Center for Disabilities and Development (CDD) audiologists to provide training to hospitals and AEA staff. This training will emphasize "refer" and "miss" rates as well as timely follow-up, including referral for diagnostic assessments and/or Early ACCESS and family support.

**Population-based Services:**

All birthing hospitals will provide universal newborn hearing screening services as required by law. The EHDI program will also work with birthing facilities that have NICUs to implement AABR screening as a standard of care as recommended by the Joint Committee on Infant Hearing Screening. The EHDI program will participate in outreach and public education opportunities regarding the program.

**Comments for  
NPM 12**

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**NPM 13: Percent of children without health insurance.**

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**Last Year's  
Accomplishments  
(FFY2010)**

The FFY10 performance objective of 2.8 percent was met. Data from the 2005 Iowa Child and Family Household Health Survey shows a 2.8 percent of uninsured children in Iowa.

**Infrastructure Building Services:**

At the state level, the state *hawk-i* outreach coordinator partnered with St. Ambrose University in presenting a series of continuing education credit courses entitled, "Finding Coverage: The Uninsured". Twelve courses were offered across the state. The primary focus of the class was to identify insurance options for uninsured children in Iowa.

Statewide outreach continued to target large venues, including events such as Iowa's "I'll Make Me A World in Iowa" African American Celebration, school nursing conferences, Iowa's Nurse Practitioner's Conference, a training event for Iowa State University Extension Healthy Families Line call staff, and the Iowa Farm Progress Show.

**Population-based Services:**

In 2010, the Iowa Department of Human Services (DHS) continued to contract with IDPH to provide oversight of the local grassroots *hawk-i* outreach across the state. Child health agencies continued to provide localized outreach to four required focus areas: schools, medical providers (including dentists), faith-based communities, and diverse ethnic populations. Outreach coordinators received trainings throughout the year assisting them with their outreach efforts. Specifically, coordinators participate in two outreach taskforce events where best practices are shared and new training is provided.

Every year, outreach coordinators go beyond these four required focus areas to reach families who may have children eligible for CHIP or Medicaid coverage. In light of recent reductions in the workforce and increasing unemployment rates, local outreach coordinators focused on strengthening the information link to workforce development centers, temporary employment agencies, and community

job loss rapid response teams.

Iowa was the first state in the nation to implement a dental only program under its Children's Health Insurance Program (CHIP) in March 2010. The *hawk-i* dental program is a supplemental dental only program designed for families who may already have health care coverage for their children but lack dental health coverage. Outreach coordinators expanded their outreach efforts to inform and provide information to community partners about the new dental option available to eligible children.

**Enabling Services:**

Outreach coordinators were instrumental in assisting the Iowa Department of Human Services in the implementation of Iowa's Presumptive Eligibility for Children program. Iowa Senate File 389 (2009 Iowa Acts, chapter 118, section 38) required DHS to utilize presumptive eligibility when determining a child's eligibility for the medical assistance program.

DHS designed presumptive eligibility to allow qualified entities (QE's) to become certified to make presumptive determinations through a web-based provider portal. Initially, the DHS limited the number of QE's to a select number of local *hawk-i* outreach coordinators as a pilot project. From March 1, 2010 through October 31, 2010, a total of 304 children were approved for presumptive Medicaid. The number of children enrolled in presumptive Medicaid increased consistently each month since implementation in March of 2010.

According to DHS, of the 217 children whose applications for ongoing Medicaid have been processed so far, 139 children have been approved for ongoing Medicaid and 23 have been approved for ongoing *hawk-i* coverage. Another 55 children were denied ongoing Medicaid, most commonly because the family did not provide the requested documentation to determine the child's eligibility.

**Current Activities  
(FFY2011)**

**Infrastructure Building Services:**

Iowa's focus for Medicaid and CHIP continues to be supporting efforts to align policies of multiple programs to allow for simplified and streamlined application processes. DHS implemented two large systems last year. Iowa implemented a dental only program under CHIP presumptive eligibility system for children. IDPH is active in collaborating with DHS and CMS to strengthen CHIP quality improvement activities related to increasing access to care and the use of preventative care.

**Population-based Services:**

Local outreach coordinators continue to educate families, community partners, and primary care providers about Iowa's health insurance options for children. Local coordinators continue to focus efforts on the four primary areas. Specifically, they will focus efforts on recruiting Medicaid providers (including hospitals, physicians, rural health clinics, area education agencies, and Indian health service providers) to become qualified entities to enroll children in the Presumptive Eligibility for Children Program.

**Enabling Services:**

Iowa's local outreach coordinators have the capacity to enroll children in the Presumptive Eligibility for Children Program. They focus on assisting families to enroll in Medicaid or *hawk-i* through the presumptive eligibility program. They continue to assist families in navigating the Medicaid and *hawk-i* enrollment and renewal processes.

**Plan for the  
Coming Year  
(FFY2012)****Infrastructure Building Services:**

Iowa's CHIP administrators have indicated the program's primary focus for FFY2012 will be maintaining the Presumptive Eligibility for Children Program. It is anticipated that QE's will include hospitals, physicians, rural health clinics, local MCH agencies, federally qualified health centers, family planning centers, area education agencies, advanced registered nurse practitioners, Early ACCESS service coordinators, and Indian health service providers.

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.

Local *hawk-i* outreach coordinators will be required to continue outreach to health care providers, schools, the faith based community, and diverse ethnic populations. Outreach coordinators will also focus on continuing to recruit qualified entities to become certified in making presumptive eligibility determinations for children in their communities.

**Population-based Services:**

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.

**Enabling Services:**

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.

**Comments for  
NPM 13**

## **NPM 14: Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85<sup>th</sup> percentile.**

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### **Last Year's Accomplishments (FFY2010)**

The FFY09 performance objective of 32 percent was met. Iowa's PedNSS data for 2009 was 32.3 percent. Data presented is projected based upon anticipated caseload. Iowa continues to focus efforts on implementing strategies from the Healthy Kids Act legislated in 2008. The Healthy Kids Act is a collaboration with the Department of Education, Human Service and Public Health.

#### **Infrastructure Building Services:**

The Bureau of Nutrition and Health Promotion (BNHP) staff offered Value Enhanced Nutrition Assessment (VENA) Communication skills training and Maternal, Breastfeeding, Infant, and Child Nutrition trainings to WIC and MCH local contract agencies. WIC staff provided five trainings related to healthy nutrition and physical activities to family support staff and consumer skills modules to WIC agencies.

BNHP staff partnered with maternal and child state and local staff to promote fruit and vegetable consumption using the "Pick a better snack" social marketing materials in developed in 2008. They also partnered to promote breastfeeding-friendly worksites in the state.

BNHP staff developed materials for WIC participants that will ease transition to low fat milk, as well as educate them on purchase and use of fruits, vegetables and whole grain products. A selection and preparation video, along with recipes, was developed.

#### **Population-based Services:**

Twenty BASICS contractors worked with elementary and preschools. These contractors, funded through the SNAP Education program, target increasing fruit and vegetable consumption, drinking one percent and fat-free milk and being physically active every day. Each provided "Pick a better snack" nutrition education.

IDPH applied for the Communities Putting Prevention to Work (CPPW): The State and Territorial Initiative to provide funding for two initiatives in Iowa. Both are supported by the work of the Iowans Fit for Life Early Childhood Work Group. The first is to provide training to birthing hospitals to establish improved breastfeeding policy using Baby Friendly Hospital Initiative policy recommendations. The second is to develop trainings and resources for child care providers to encourage a television viewing policy limiting screen time and increasing physical activity.

I-WALK, an Iowa Safe Routes to School Project, has 12 local public health agencies leading community coalitions in assessing how students get to and from school and identifying the routes most commonly taken along with barriers to walking or biking to school.

**Enabling Services:**

Six BASICS contractors worked directly with parents of young children through storks nest and in-home visitation programs. In FY 2010, these contractors served 503 families. Work with these families related to good nutrition and food preparation skills was funded by SNAP-Ed.

**Current Activities  
(FFY2011)****Infrastructure Building Activities:**

Local MCH and WIC vendors were given materials to promote fresh fruit and vegetable vouchers from the WIC program. BNHP staff is developing snack recipes using WIC foods for use in local agencies. A survey to determine the barriers of using Farmers Market Vouchers for fresh fruits and vegetables will be completed.

BNHP staff will promote Live Healthy Iowa Kids, a free 100 Day Challenge for youth. BNHP staff also participates on the Iowa Governor's Council on Physical Fitness and Nutrition.

IDPH received a CPPW grant that focuses on working with child care centers to limit screen time and encourage physical activity. IDPH is working with the DHS Child Care Bureau, Early Childhood Iowa, WIC, and Healthy Child Care Iowa to implement activities in the grant.

I-WALK participants will be conducting walkability assessments in 12 communities using GPS units to map routes taken by students and identify barriers to walking or bicycling to school.

**Population-based Services:**

Twenty-two BASICS contractors are working with elementary and preschools. These contractors target increasing fruit and vegetable consumption, drinking one percent and fat-free milk, and being physically active every day.

**Enabling Services:**

Six BASICS contractors work directly with parents of young children through Storks Nest and in-home visitation programs. In FY 2011, these contractors will serve families to promote good nutrition and food preparation skills.

**Plan for the  
Coming Year  
(FFY2012)****Infrastructure Building Services:**

The Bureau of Nutrition and Health Promotion will use the curriculum "Food for Thought: Eating Well on a Budget" ([www.sesamestreet.org/parents/food](http://www.sesamestreet.org/parents/food)) in WIC clinics and MCH agencies. The curriculum includes tools to help inform families about locally available resources and programs for them and their children to access nutritionally sound foods. These tools include an educational outreach kit, an original video featuring debut of 4 new Muppets "Super Foods", and an activity for families to try new food, learn about importance of healthy snacks, and discover that a meal together is a perfect opportunity to connect as a family.

WIC staff is developing a plan for WIC participants to complete nutrition education classes online. Participants will complete the class on a computer, print off the completions certificate, and take it to the WIC office to fulfill the mid-certification nutrition class. BNHP staff will create materials to deliver a consistent message at every Iowa venue discussing childhood obesity prevention.

The Iowa WIC Program and 5-a-Day will present materials to WIC participants to increase the use of Farmers Market Nutrition Vouchers. I-WALK will continue initiatives in neighborhoods across Iowa.

**Population-based Services:**

The Iowa Nutrition Network will implement a new social marketing campaign to motivate mothers to serve 1% or fat-free milk to their children age 2 and older. Des Moines will be the primary implementation site for the first year of this campaign with plans to expand its reach the following year.

Pending available federal funding, the BASICS program is expected to continue with approximately twenty-two contractors delivering “Pick a better snack” nutrition education to elementary and preschool age children across the state.

**Enabling Services:**

Six BASICS contractors will continue to work directly with parents of young children through storks nest and in-home visitation programs, pending availability of federal funding. Home visitors will work with these families to promote good nutrition and food preparation skills.

**Comments for  
NPM 14**

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**NPM 15: Percentage of women who smoke in the last three months of pregnancy.**

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**Last Year’s  
Accomplishments  
(FFY2010)**

The FFY09 performance objective of 14 percent was met. Iowa's 2009 Vital Statistic data show that the percentage of women who smoked in the last three months of pregnancy was 13.6 percent.

**Infrastructure Building Services:**

The Iowa Department of Public Health’s Division of Tobacco Use Prevention and Control implemented a statewide media campaign targeting women ages 18-44 on tobacco cessation efforts and produced educational materials specific to cessation among women ages 18-44. The Division also completed training to implement a brief tobacco intervention in all 20 Planned Parenthood clinics. Through an existing provider outreach contract with the Iowa Tobacco Research Center at the University of Iowa, the Division also reached out to women's health providers to

provide training in brief tobacco cessation counseling.

Medicaid pays for nicotine replacement therapy (NRT) for pregnant women, as long as clients commit to counseling through *Quitline Iowa*, a toll-free telephone tobacco cessation counseling service. Local MH and FP agencies were trained to make fax referrals for this service. Medicaid also added payable codes for local maternal health agencies, allowing dental hygienists to provide tobacco cessation counseling to prevent oral health disease.

BFH collaborated with the Division of Tobacco Use Prevention and Control on a number of activities. Local MH agencies received education on "Ask, Advise, Refer," a brief tobacco cessation intervention, along with training on motivational intervention. The motivational interviews assist patients in making progress toward readiness to quit smoking. Finally, MH agencies received technical assistance on relapse prevention programs for pregnant women who have quit smoking during pregnancy.

**Current Activities  
(FFY2011)**

**Infrastructure Building Services:**

The IDPH Division of Tobacco Use Prevention and Control continues to reach out to women's health providers through an existing contract with the Iowa Tobacco Research Center. The Division also developed new *Quitline Iowa* outreach materials focusing on tobacco cessation for women.

Medicaid continues to pay for nicotine replacement therapy during pregnancy as long as the client will commit to counseling through *Quitline Iowa*. Maternal health agencies continue to expand the use of dental hygienists to provide tobacco cessation counseling in order to build capacity for maternal oral health services.

According to IDPH data, Iowa mothers enrolled in Medicaid smoke during pregnancy at a higher rate than the national average. A taskforce of IDPH and Iowa Medicaid Enterprise (IME) staff is exploring strategies to reduce tobacco use in pregnant women. The BFH's CDC epidemiologist completed the report on Medicaid women and smoking as a result of the IME task force recommendations. The report can be found at the following link:

[http://www.idph.state.ia.us/apl/common/pdf/health\\_statistics/2009\\_medicaid\\_smoking.pdf](http://www.idph.state.ia.us/apl/common/pdf/health_statistics/2009_medicaid_smoking.pdf). This data was also presented at a training during the 2010 MCH Fall Seminar. The presentation focused on the demographics of who smoked both before and during pregnancy and who quit smoking during pregnancy.

**Plan for the  
Coming Year  
(FFY2012)**

**Infrastructure Building Services:**

IDPH staff and Iowa Medicaid Enterprise task force continues to use the Medicaid Match report to develop strategies to address ways decrease the number of women who smoke during pregnancy. The taskforce has developed a streamlined report and is focusing on tobacco use in women of child bearing age as well as reduction of second hand smoke.

The Iowa Tobacco Research Center will continue to offer provider trainings on tobacco cessation and motivational interviewing to health care providers. Through

these trainings, providers are encouraged to ask every client about tobacco use, advise them to quit if they are using tobacco, and refer them to tobacco cessation counseling.

## Comments for NPM 15

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## NPM 16: The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

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### Last Year's Accomplishments (FFY2010)

The FFY09 objective of 12.7 was met. Iowa's 2009 Vital Statistics data indicate that the suicide rate for youths aged 15-19 was 9.7 per 100,000.

#### **Infrastructure Building Services:**

Between May 2009 and May 2010, IDPH funded seven community projects to screen youth in schools for mental health problems and referral/follow-up services. Approximately 45 schools used the Columbia TeenScreen program and over 2,200 youth were screened. Although this is the final year of funding for the Youth Suicide Prevention grant funded by SAMHSA, IDPH requested a 12 month no-cost extension. Activities for the final year of the project included:

- Funding TeenScreen programs across Iowa
- Promoting TeenScreen Primary Care with pediatricians and primary care providers
- Promoting the Suicide Prevention Lifeline
- Funding web-based gatekeeper training for college faculty and students
- Providing "Assessing and Managing Suicide Risk" training to mental health clinicians
- Providing training on the American Foundation for Suicide Prevention's (AFSP) "More Than Sad" DVD series for high school teachers and students
- Providing training for college counseling staff and faculty on the AFSP's, "Truth about Suicide" DVD for college students
- Providing funding to local suicide prevention coalitions to expand capacity and provide training
- Providing web-based training to healthcare providers through the American Association of Suicidology's "Recognizing and responding to Suicide Risk: Essential Skills in Primary Care" program
- Developing the role of suicide survivors in suicide prevention

### Current Activities (FFY2011)

#### **Infrastructure Building Services:**

During the final 12 months of the Youth Suicide Prevention grant, IDPH distributed the "More Than Sad" DVD training series by the American Foundation for Suicide Prevention to every TeenScreen program and AEA in the state. One DVD is designed specifically for high school students and the companion DVD is

for teachers and staff. IDPH also promoted Suicide Prevention Lifeline in TeenScreen program areas.

IDPH also promoted the TeenScreen Primary Care program and screening instrument to pediatric and primary care clinics. IDPH staff distributed the "Primary Care Toolkit for suicide prevention" to providers, especially in rural areas. IDPH also promoted youth suicide prevention to clinicians by promoting the "Recognizing and Responding to Suicide Risk --Primary Care" webinar (provided by the American Association of Suicidology) and training 300 mental health clinicians so far through the "Assessing and Managing Suicide Risk" course.

IDPH participates in activities coordinated by the Iowa Collaboration for Youth Development (ICYD). The ICYD is comprised of agencies within ten state departments that represent the major public systems that address the needs of Iowa's youth (ages 6 to 21). The ICYD is committed to improving results among Iowa's youth through the adoption and application of positive youth development principles and practices at the state and local levels.

**Plan for the  
Coming Year  
(FFY2012)**

IDPH submitted a proposal to SAMHSA for a 3-year Youth Suicide Prevention Grant. If selected, the grant activities will begin October 1, 2011. The Iowa Youth Suicide Prevention Program (IYSPP) will focus primarily on the estimated 170,000 Iowa youth in 9th-12th grade by supporting communities that are implementing the Columbia TeenScreen Program to expand the number of youth who are screened, identified to be at-risk and referred for mental health evaluation. IDPH will focus on three special populations: 1) lesbian, gay, bisexual, transgendered and straight-allied (LGBTQA) youth; 2) youth in families who are serving in the military, young veterans or members of the Iowa National Guard; and 3) youth being served in substance abuse programs.

Iowa will use programs included in the National Registry of Evidence-based Programs and Practices (NREPP) or the Best Practice Registry for Suicide Prevention (BPRSP). These include the TeenScreen Schools and Community Program, the "At-Risk" Gatekeeper Training programs, the Assessing and Managing Suicide Risk program and use of related resources. It is estimated that over 20,000 individuals will be reached by the programming over the course of the project period (approximately 3,880 served in Year 1; 12,920 in Year 2; and 3,250 in Year 3).

**Comments for  
NPM 16**

## **NPM 17: Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.**

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### **Last Year's Accomplishments (FFY2010)**

The FFY09 performance objective of 97 percent was not met. Iowa's 2009 Vital Statistics data indicates 93.7 percent of very low birth weight infants were delivered at facilities for high-risk deliveries and neonates.

#### **Infrastructure Building Services:**

The Statewide Perinatal Care Team continued to provide ongoing education about the importance of transferring women to appropriate facilities for birth when they are stable enough for transport.

The number of hospitals in Iowa that provide birthing services continues to decline. During their site visits, the team discussed the increased importance of the regionalized system of care in light of decreased total number of hospitals that provide birthing services. In FY10, one Des Moines hospital went from a level II to a level I and one hospital stopped doing deliveries all together.

In May 2010, Genesis Medical Center went from a level II regional center to a level II regional neonatal center. This will increase the level of neonatal service that is available in southeast Iowa. There were also two new hospitals built in West Des Moines that both plan to join the regionalized system of perinatal care and apply for level I status.

### **Current Activities (FFY2011)**

#### **Infrastructure Building Services:**

The Statewide Perinatal Care Team continues to provide ongoing education about the importance of transferring women to appropriate facilities for birth when they are stable enough for transport and will continue to travel to birthing hospitals each year. During their site visits, the team continues to stress the importance of the regionalized system of care in light of decreased total number of hospitals that provide birthing services.

In October 2010, St. Luke's Hospital in Cedar Rapids went from a level II regional center to a level II regional neonatal center. This increased the level of neonatal service that is available in eastern Iowa.

### **Plan for the Coming Year (FFY2012)**

#### **Infrastructure Building Services:**

IDPH will continue to monitor the access to high risk care for both pregnant women and their infants in rural parts of the state, as community hospitals struggle to continue their birthing services and to maintain obstetrical, surgical, anesthesia, and round-the-clock coverage needed. The Statewide Perinatal Program will continue hospital site visits, individual education, and quality improvement initiatives. IDPH staff will evaluate and consider any needed updates to the Guidelines to Perinatal Care 8<sup>th</sup> edition that were published in 2008.

### **Comments for NPM 17**

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## **NPM 18: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.**

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### **Last Year's Accomplishments (FFY2010)**

The FFY09 performance objective of 76 per 1,000 was not met. Iowa's 2009 Vital Statistics data indicates 74.3 percent of infants were born to women receiving prenatal care in the first trimester.

#### **Infrastructure Building Services:**

Fourteen local MH contract agencies continued to administer surveys to women who entered prenatal care after the first trimester. These agencies used the data to identify local barriers for accessing prenatal care. The survey indicated that African American and Hispanic women enter into prenatal care later than Caucasian women. Surveys also showed women delayed care due to denial of the pregnancy, fear of telling their parents/partner, lack of health insurance, unawareness of services available/location, and transportation issues.

#### **Enabling Services:**

Three local MH contract agencies planned specific activities for Hispanic women in their communities. Surveys have shown there is a need for education on the importance of prenatal care in this population.

To increase early referrals, maternal health agencies continued to collaborate with family planning agencies and other agencies that do pregnancy testing. Agencies are doing creative outreach to nail and hair salons, as well as traditional outreach to school nurses and local health care providers.

### **Current Activities (FFY2011)**

#### **Infrastructure Building Services:**

The Bureau of Family Health staff continues to improve a working relationship with Federally Qualified Health Centers to encourage them to provide prenatal care. This relationship would improve access to prenatal care for low income women who are not Medicaid eligible.

IME contracted with a new transportation vendor, TMS Management Group, Inc. The new vendor improves access to transportation for clients outside the agency city limits. The BFH hopes the new transportation service will reduce the transportation barrier to access services for Medicaid eligible clients.

#### **Enabling Services:**

BFH staff and local maternal and child health contract agencies continue to focus on assessment of health care coverage for each client and assisting those who are uninsured or underinsured with the presumptive eligibility application. The IME is currently converting the paper presumptive eligibility application to an online application, allowing an immediate determination of presumptive eligibility status.

All local contract agencies are implementing action plans for early prenatal care targeting vulnerable populations in their communities. Activities include a public

awareness campaign and flyer distribution to pregnant women at WIC. They also include outreach presentations to churches, schools, beauty salons, nail salons, restaurants that are near high schools and community colleges, and community centers.

**Plan for the  
Coming Year  
(FFY2012)**

**Infrastructure Building Services:**

IDPH is also working with March of Dimes to create a link to Title V MCH agencies from their website. Twenty five percent of the local maternal health agencies will have websites to assist with outreach. Several agencies are beginning to use Facebook and other social networking as effective outreach strategies. Many local agencies place public service announcements about their services on their local radio stations.

**Enabling and Direct Care Services:**

IDPH will encourage agency staff to improve collaborative relationships with family planning agencies and primary care providers who offer prenatal care. Local maternal health agencies are working with school nurses to keep them informed of agencies that provide free pregnancy testing. This relationship helps to increase the early identification of adolescent pregnancies. Outreach to all community sites that offer pregnancy testing to reach women as soon as possible will continue to be a focus. All local maternal health staff will complete training for the online presumptive eligibility application through the Iowa Medicaid Portal Access, which will streamline the application process.

**Comments for  
NPM 18**

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**General Comments**

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