FFY2021 Title V Maternal and Child Health Needs Assessment

Perinatal/Infant Health Domain Summary

Bureau of Family Health
September 2020

Iowa Department of Public Health
Protecting and Improving the Health of Iowans

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FFY2021 Title V MCH Needs Assessment: Perinatal/Infant Health Domain Summary

Iowa Maternal and Child Health Program Overview

Iowa Block Grant Description and Structure

Iowa's Title V Maternal and Child Health Block grant program guides priorities and provides foundational support for community-based agencies and state level public health programs. The Iowa Legislature designates the Iowa Department of Public Health (IDPH), a cabinet level agency, as the administrator for Title V and Maternal, Child, and Adolescent Health (MCAH) services through the Bureau of Family Health (BFH). The legislature directs IDPH to contract with Child Health Specialty Clinics (CHSC) within the University of Iowa Stead Family Department of Pediatrics, Division of Child and Community Health (DCCH) for the administration of the Children and Youth with Special Health Care Needs (CYSHCN) program.

Iowa has approximately 3.1 million people according to United States Census Bureau. In 2018, approximately 35.7% of Iowans live in an area designated as rural in the state. In 2017, there were around 580,000 women of reproductive age (15-44 years) and 38,000 births. Of the 732,000 children under 18 years of age, about 18.8% had special health care needs. CYSHCN are children or youth who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.[i] Although in 2017, 90.6% identified as White, the Hispanic/Latinx population increased from 2.8% in 2000 to 5.7% in 2017. Live births to Hispanic/Latinx women made up 10.9% of all births in 2017.

Iowa Perinatal/Infant Health Population Profile

The areas of breastfeeding initiation and duration through 6 months of life, the importance of safe sleep environments, and access to appropriate care for infants born preterm continue to top the list of important health factors for infants in Iowa. Breastfeeding is one of the most important things a mother can do to provide lifelong health benefits to her child. Overall, women in Iowa have increased rates of ever having breastfed their infant. There have been some fluctuations, from 2011 (82.1%) to 2015 (81.5%) with a high in 2012 of (83.4%). The rates of women who breastfeed exclusively for the first 6 months of their child's life has increased greatly from 2011 (20.1%) to 2015 (29.5%). Unfortunately, women who receive Medicaid benefits report breastfeeding in the hospital at lower rates (72.6%), than women with private insurance (88%). Additionally, a racial disparity in breastfeeding rates is also present. Women who identify as Non-Hispanic Black breastfed in the hospital at a rate of 66.8% while women who identify as Non-Hispanic White, Hispanic and Non-Hispanic Other breastfeed at rates of 82.8% to 83.1%.

Safe sleep environments have impacts on the rates of infant mortality and infant health. The now long standing recommendations to have infants sleep on their back, on a safe sleep surface have decreased infant mortality over the past three decades. Unfortunately, in 2016, 43 infant deaths were related to an unsafe sleep environment. Racial disparities exist among how infants are placed to sleep. Infants who are Non-Hispanic Black are placed to sleep on their backs at a rate of 69.8% while Non-Hispanic White infants are put to sleep on their backs at a rate of 89.3%, with Hispanic infants being placed to sleep on their backs at a rate of 83%.

Methods

Since early 2019, the Iowa Department of Public Health's (IDPH) Bureau of Family Health (BFH) and the State Oral Health Program, along with partners at the University of Iowa Division of Child and Community Health (DCCH) collaborated to conduct the five-year Needs Assessment (NA) for the FFY2021 Title V Maternal and Child Health Block Grant.

Framework

The framework of conducting the Needs Assessment was developed based on literature review of methodologies from past Title V NA reviews, Iowa's previous NA process, comments from federal reviewers on previous NAs, and the guidance and resources provided by the Maternal and Child Health Bureau (MCHB) at Health Resources and Services Administration (HRSA).

The 2021 Title V Needs Assessment developed a vision and mission statements to guide the work.

Vision:
Families in Iowa are safe, healthy, and connected.

Overall Mission:
To ensure that mothers, infants, children and youth in Iowa, including children and youth with special health care needs, and their families have access to the resources needed to thrive in their communities.

Health Equity Mission:
To work to eliminate differences in health among ethnic, racial and other population groups who have low income or have historically had less access, power or privilege.

Leadership Team

The Needs Assessment Leadership team was composed of IDPH Staff, DCCH staff and staff from the University of Kansas Center for Public Partnerships and Research (KU). IDPH staff included Population Domain Leads, Health Equity Advisory Committee Coordinators, Oral Health Leadership, State Title V Director, and Process Facilitator. DCCH staff included a representative from the Family Navigator Network, the Title V CYSHCN Program Manager and the CYSHCN Title V program coordinator.

Health Equity Advisory Committee

The Health Equity Advisory Committee (HEAC) provided overall project guidance and assisted with the recruitment of participation of underrepresented populations. HEAC members were recruited utilizing a variety of strategies including internet searches for organizations serving the target population, outreach through community organizations including known organizations working with priority populations, local Title V Agencies and networking through professional and personal relationships. For the Key Informant Conversations, facilitators were recruited through HEAC members and participants were recruited by facilitators, utilizing a variety of strategies including social media, outreach through community organizations (including Title V Agencies), relationships/networking with facilitators and/or HEAC members.

Stakeholder Involvement

IDPH, DCCH and KU program leadership met to identify stakeholders to provide guidance and input throughout the needs assessment process. A network analysis was conducted by over 30 leaders to

identify current stakeholders and needed stakeholders. After conducting the network analysis, an initial list was compiled for a comprehensive identification of stakeholders for the 2021 Needs Assessment work. The Leadership team conducted a second round of consideration through a health equity lens to broaden the stakeholder base to include nontraditional partners. Stakeholders that were identified included individuals, community organizations, professional organizations, faith based groups, institutions of higher education, philanthropic organizations, advocacy groups, consumers, providers and governmental entities. Stakeholders were then analyzed and sorted into data collection activities such as focus group and key informant conversation participants as well as survey respondents.

Data

Data Sources

Data from national surveys, such as the National Survey of Children's Health and state-level data, including the Behavioral Risk Factor Surveillance System, as well as internal data sources such as Iowa's Vital Records, the Barriers to Prenatal Care Survey, and the state's MCH data systems, were reviewed.

Quantitative

Data Snapshots were created for each of the five population domains. Snapshots contain available data for all National and current State Performance Measures (NPMs and SPMs). In addition to traditional data sets, disparity data was included if available. Emerging issues that were not a current NPM or SPM were identified by staff and included in the discussion portion of the documents. The intent for these documents was to be a concise tool that stakeholders could use to discern current landscape and make recommendations for priority selections.

The Perinatal/Infant Health Data Snapshots can be found in the Appendix A.

Qualitative

The Title V and MIECHV needs assessments have significant overlap in target populations, predominantly in the population domains of women/maternal, Perinatal/Infant, and child health. Coordinating qualitative data collection efforts for both needs assessments provided rich data from diverse voices enhancing both needs assessments. The Iowa Title V Needs Assessment aimed to collect data from participants in each of six Title V regions, participants representing each of the five population domains, Title V recipients and Title V eligible non-recipients, and participants in each of eight underrepresented groups: Fathers, People with Disabilities, LGBTQIA+, Refugees/Immigrants, Native American/Alaskan Native, Asian/Pacific Islander, Hispanic/Latinx, and Black/African American.

For the Perinatal/Infant Health Domain, IDPH conducted three focus groups, five Title V interviews, and three Key Informant Conversations (KIC) for a total of 25 participants. Focus groups were held in both urban and rural areas and had a set of common questions across all population domains, with specific questions for the Perinatal/Infant Health Domain. The focus group and KIC questions are included in Appendix B.

KICs were conducted with 1-5 participants from each of the identified underrepresented populations. Title V utilized trained community champions as facilitators who also acted as recruiters for KICs. KICs were conducted either in-person or through teleconferencing based upon participant needs. KICs were conducted in MIECHV counties and other communities of interest to Iowa's Title V program. KICs were

conducted using interpreters when needed for the following languages: Spanish, Karen, Tigrinya, Vietnamese, Marshallese and Captioning.

The thematic summaries from the Perinatal/Infant Health focus groups and KICs can be found in Appendix C.

Findings

Stakeholder Survey

A survey was conducted to seek input about the greatest health needs and challenges for Iowa's families. A brief video was created to describe the intent and background for the survey (https://tinyurl.com/y5my4t3g). Each population group included a set of questions relating to different national and state priorities. General data about each of the priority areas was embedded into the survey. Consideration of respondents' professional, personal, and community experience was used to answer survey questions. For additional information on each population domain, the data snapshots and themes from Focus Groups and KICs were available by link within the survey. The following NPMs, SPMs and emerging issues were included in the survey:

- **National Performance Measure 3: Very Low Birth Weight**
  - Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)
- **National Performance Measure 4: Breastfeeding**
  - **A)** Percent of infants who are ever breastfed
  - **B)** Percent of infants breastfed exclusively through 6 months
- **National Performance Measure 5: Safe Sleep**
  - **A)** Percent of infants placed to sleep on their backs
  - **B)** Percent of infants placed to sleep on a separate approved sleep surface
  - **C)** Percent of infants placed to sleep without soft objects or loose bedding

For the Perinatal/Infant Health population domain, survey participants were asked the following questions for each NPM, SPM and emerging issue:

How important is it for Iowa's Perinatal/Infant Health system to address this issue?

- *Not at all important*
- *Slightly important*
- *Moderately important*
- *Very important*
- *Extremely important*

At the end of the Perinatal/Infant Health population domain section of the survey, participants were asked to rank the priorities by importance. Table 1 displays the results of the survey in rank order.

Table 1 Perinatal/Infant Health Population Domain Survey Ranking

	Rank: % Ranked as Top 3 Priorities	Importance: % Extremely or Very Important
Safe sleep environment	90%	94%

Infants placed to sleep on their backs	84%	90%
Very low birth weight	62%	63%
Infants who are ever breastfed	60%	69%

Total Survey Participants: 487
Population Group Responses:

- Women/ Maternal Health 172
- Child Health 172
- **Perinatal/Infant Health 127**
- Adolescent Health 116
- CYSHCN 110

Capacity Assessment

Local Capacity

Leadership from local agencies were brought together to reflect on local capacity to address the top three measures from the stakeholder survey for the Perinatal/Infant Health population domain. Narrowed measures were identified by being ranked high in both importance and priority in the Stakeholder Survey. Local leaders were asked to discern what the local capacity was to address the narrowed measures and to identify specific activities that could move the needle to address the needs.

There were separate discussion groups for both rural and urban agencies for each Population Domain. Participants worked through a Solvability and Control Matrix to see where they could make the most local impact. Data Snapshots, Thematic Summaries from Focus Groups/ KIC, compilations of research informed practices specific to the domain were used to guide discussion. Members of the HEAC were on site for consultation during small group work to discuss health equity strategies in each domain. Based on consensus, the groups indicated the local system's capacity to address the selected measures (Table 2).

Table 2 Results of Local Capacity Assessment for Perinatal/Infant Health Population Domain

	Capacity to Address Priority	
	Urban	***Rural***
Breastfeeding	High	Medium
Safe Sleep Environments	Medium	Medium
Very Low Birth Weight	Low	Low

State Level Capacity

Lead state staff for each Population Domain conducted a similar exercise for their respective domain from a state-level perspective. In addition to Data Snapshots, Thematic Summaries, and compilations of research informed practice feedback gathered from the Local Capacity Assessment were considered. For each population domain (Perinatal/Infant, Women/Maternal, Child and Adolescent) staff reviewed each priority based on Need and Capacity.

For Need, they identified whether or not there was a need for Iowa's Title V program to take on work in this measure. Each measure was ranked as either Low, Medium or High.

- Low Need: Another bureau or program within IDPH or state agency is addressing the issue, Title V is already a partner or could be a partner in the work, but don't see Title V as the leader in the work.
- Medium Need: There is work happening in the state, but not a clear leader. Title V could take on the leadership role, but may be better for others to.
- High Need: There is no coordination of the work in the state, or lacks clear vision of the work. Title V is positioned to be the convener/leader of the work.

For Capacity, the group identified the capacity of Iowa's Title V program to move the needle on the NPM, SPM or emerging issue. The group discussed strategies the state Title V program could perform and ranked them in capacity of Low, Medium, or High.

- Low Capacity: Iowa's Title V program could not identify strategies to address the priority.
- Medium Capacity: Iowa's Title V program identified a small number or weak strategies to address the priority.
- High Capacity: There were multiple evidence-based strategies the state Title V program could identify to address the priority.

Table 3 Results of State Level Capacity Assessment for Perinatal/Infant Health Population Domain

	Need	***Capacity***
Breastfeeding	High	Medium
Safe Sleep Environments	High	Medium
Very Low Birth Weight	Low	Low

Priority Selection

Background

The Title V MCH needs assessment findings are designed to be used to identify priority areas to work on for the next five years. The selection of priority areas is also tied to federal guidance and requirements regarding performance and outcome measurement. The MCHB guidance lists relevant National Performance Measures, and states need to select at least one federal measure for each population group. States are also free to develop State Performance Measures. The National Performance Measures that are directly related to Perinatal/Infant Health are:

- **National Performance Measure 4: Breastfeeding**
  - **A)** Percent of infants who are ever breastfed
  - **B)** Percent of infants breastfed exclusively through 6 months
- **National Performance Measure 5: Safe Sleep**
  - **A)** Percent of infants placed to sleep on their backs
  - **B)** Percent of infants placed to sleep on a separate approved sleep surface
  - **C)** Percent of infants placed to sleep without soft objects or loose bedding

Methods for Prioritizing

The findings from the needs assessment were reviewed by the Title V Maternal and Child Health program leadership team for selecting areas to prioritize over the next five years. The review was guided

by the needs of communities and for feasibility to address and potential impact. Stakeholder input was provided through the stakeholder survey.

Final Selected Priorities

The final selected priorities were:

- Infusing Health Equity with in the Title V System
- Access to care for the MCAH Population
- MCAH Systems Coordination
- Dental Delivery Structure of the MCAH Population

The approaches will focus on

- Gap-filling direct and enabling services
- Population-based services
- Workforce development
- Health equity

Progress will be measured through the following performance measures:

- **National Performance Measure 4: Breastfeeding**
  - **A)** Percent of infants who are ever breastfed
  - **B)** Percent of infants breastfed exclusively through 6 months
- **National Performance Measure 5: Safe Sleep**
  - **A)** Percent of infants placed to sleep on their backs
  - **B)** Percent of infants placed to sleep on a separate approved sleep surface
  - **C)** Percent of infants placed to sleep without soft objects or loose bedding
- **State Performance Measure 6:** Percent of Title V contractors with a plan to identify and address health equity in the populations they serve (cross-cutting)

Plans to Address Selected Priorities

NPM 4: **A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months**

IDPH will work with the 23 maternal health agencies in Iowa to ensure women in their service receive the support they need to continue breastfeeding their infants through 6 months. This will be done through successful collaborations and referrals to lactation consultants both in hospitals where available and within the community when not, through mutually supportive collaborations with WIC agencies in the area, and individual, community and group breastfeeding education opportunities.

Women will be connected to lactation consultants in a variety of ways, one of which is through the collaboration between the Title V agencies and the birthing hospitals, and the Title V agency and the local WIC and breastfeeding coalitions. The intention of these collaborations is to ensure that the hospital staff, WIC staff and peer counselors, and any other breastfeeding support service providers in the service area are aware of the services Title V agencies are able to provide. These collaborations will help to meet women where they are at and when they need the support.

The Title V agencies across the state will also be working with one business per year in their service area to educate them on breastfeeding laws and policies, and how to create a supportive environment for women who choose to breastfeed. This will build a stronger relationship for the Title V agency and the business community which could lead to productive relationships in the future.

All Title V agencies working with women in a direct service capacity, or one on one educational opportunity, will provide culturally and linguistically appropriate educational information or teaching on breastfeeding. For women receiving direct services, specific health education will be provided to meet her individual needs. Additionally, some Title V agencies may provide group breastfeeding classes to women they provide services to, if other opportunities are not available in their service area.

NPM 5: **A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding**

IDPH will work with the 23 Title V agencies across the state to reach women in Iowa in a variety of ways to educate them about the importance of safe sleep practices and refer them to resources for safe sleep options if necessary.

The Title V agencies in Iowa will each reach out to at least community organization per year who work with anyone who puts a baby down to sleep to provide education about safe sleep environments. This education will cover topics such as: back to sleep, safe sleep environment, no co-sleeping, no extra items in the crib and any other recommendations from the Child Death Review team. Additionally, this can potentially open a line of communication between the agency and retailer for future collaborative purposes.

Each Title V agency will develop a list of safe sleep resources to distribute to women and families they reach through an enabling service, or community outreach capacity. Additionally, women will be referred to resources to obtain a free or low cost crib if needed, if that resource is available in the area.

Women who are receiving Title V direct care services will receive safe sleep education based on the mother's needs, taking into account any personal or cultural beliefs the mom or family express, on the following topics: back to sleep, safe sleep environment (crib), no co-sleeping, no extra items in the crib and other recommendations from the AAP and the report from the Child Death review team as applicable. MH agency staff will receive education and specific TA on addressing cultural beliefs related to safe sleep practices.

SPM 6: **Percent of Title V contractors with a plan to identify and address health equity in the populations they serve**

The Bureau of Family, including Title V staff, have been incrementally increasing internal understanding and capacity to address health equity in programs and services. The Bureau/Title V is ready to expand capacity internally and to engage contractors in assuring an application of a health equity lens in services and programs administered at the community level.

The 2021 MCAH RFA requires contractors to address strategies and activities to demonstrate application of health equity strategies and engage diverse participant voices in program planning, decision making

and implementation, and demonstrate inclusion of evidence-based/-informed community engagement and collective impact strategies. These are beginning steps to assist contractors in being prepared to comply with the inclusion of a health equity plan requirement in the next RFP.

An environmental scan of current contractors will be conducted to assess the presence of health equity plans, current engagement in health equity strategies and partnerships, and assess the support needed by Title V contractors. Title V plans to utilize the Health Equity Advisory Committee (HEAC) developed as part of the Title V Needs Assessment to provide input, technical assistance and content expertise on the health equity strategies being developed at the state and contractor level. The HEAC is comprised of members of or service providers with expertise in working with the state identified priority populations: African American/Black/African, Asian/Pacific Islander, fathers, Hispanic/Latinx, immigrants/refugees, LGBTQI+, Native American, and persons with disabilities.

The 2021 MCAH RFA outlines roles for Title V Contractors to engage diverse participant voices in program planning, decision making and implementation. Contractors shall incorporate strategies for family, youth, and community member participation into programming. Contractors will have access to the HEAC for consultation. Title V will increase membership of the state identified priority populations affected by health inequities on the MCH Advisory Committee to assure adequate representation.

Continuing to build internal capacity within the Bureau of Family Health/Title V Program is an important strategy in providing programs and services through a health equity lens. Strategies to build capacity include the development of a Health Equity Team; identification and completion of ongoing assessments/analyses of health equity data related to the Iowa Title V program, development and implementation of a data analysis plan to assess distribution of Title V resources and services through a health equity lens, and facilitation of staff professional development and technical assistance.

Appendix A – Perinatal/Infant Health Data Snapshot

IOWA HEALTH DATA HIGHLIGHTS
Perinatal & Infant

University of Iowa Stead Family Children's Hospital — Child and Community Health
chsc Child Health Specialty Clinics
IDPH Iowa Department of Public Health

BREASTFEEDING

Breast milk is critically important for infants' growth and development, especially in the development of their immune system and ability to fight off infection and viruses.

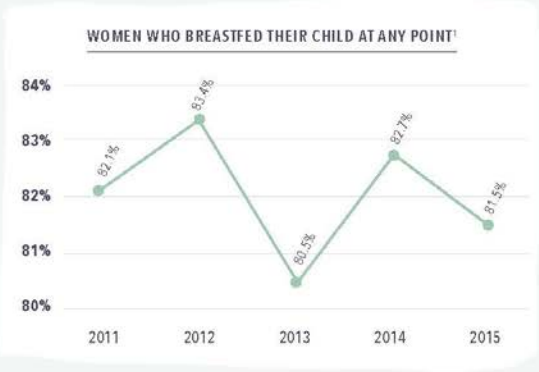
There was some fluctuation noticed in the percentage of women who had ever breastfed, and a slight decrease has been noticed from 2011 to 2015. Overall, **the rate of women ever breastfeeding has increased over the years**.

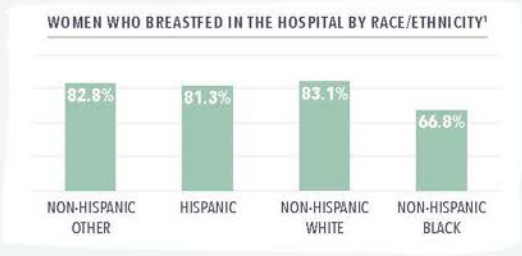
Women who exclusively breastfed their child for the first six months of their lives has also steadily increased over the years.

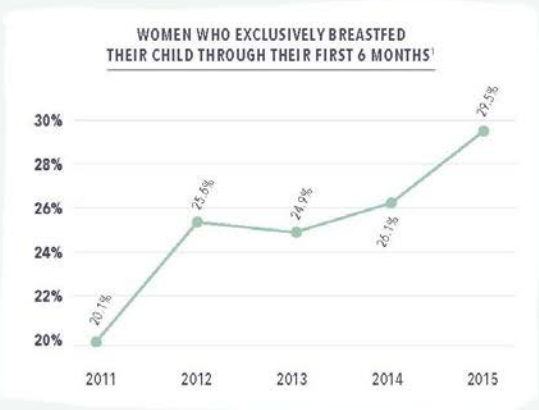
HEALTH DISPARITY

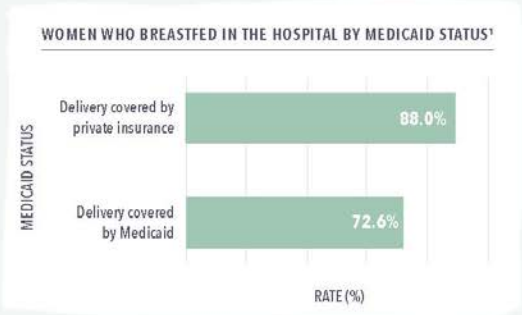
Compared to women of other race/ethnic groups, non-Hispanic black mothers reported breastfeeding upon discharge at the lowest rate.[2]

Women who were on Medicaid reported that they breastfed less often (72.6%) than women with private insurance (88%).









SAFE SLEEP

Babies who sleep on their backs are less likely to die of Sudden Infant Death Syndrome (SIDS) compared to babies who sleep on their sides or stomachs.

The percentage of infants placed to sleep on their backs has been fluctuating from 2013 to 2017 and staying in range of 85% to 87%.

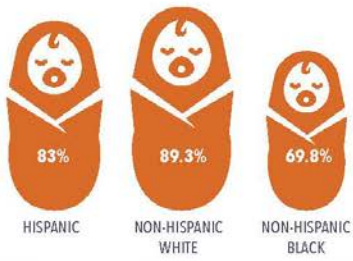
PERCENTAGE OF INFANTS PLACED TO SLEEP ON THEIR BACKS

HEALTH DISPARITY

Non-Hispanic black mothers reported placing their infants to sleep on their backs at the lowest rate (compared to Hispanics and non-Hispanic whites). Mothers 25 years old or younger reported placing their infants to sleep on their backs at the lowest rate.[1]

INFANTS PLACED TO SLEEP ON THEIR BACKS[2]

*by race/ethnicity**



VLBW FACILITIES

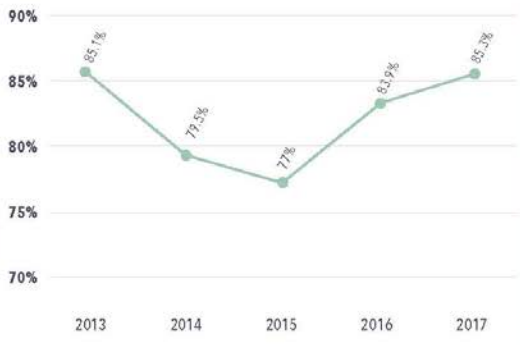
FACILITIES FOR INFANTS WITH VERY LOW BIRTH WEIGHTS

Very Low Birth Weight (VLBW) infants (<1,500 grams or 3.25 pounds), though uncommon, **have a very high death rate**. Deaths related to VLBW can be prevented if deliveries occur in facilities with an NICU (i.e. Level III or Level IV).

The rate of VLBW infants born in a facility with an NICU (i.e. Level III or Level IV) decreased initially from 85.1% in 2013 to 77% in 2015. There was then an increase to 83.9% in 2015 and to 85.3% in 2017.

This increase was likely due to an established perinatal regionalized system of care in Iowa.

THE RATE OF VLBW INFANTS BORN IN A FACILITY WITH AN NICU (I.E. LEVEL III OR LEVEL IV)[3]



*Because of low sample size, these should be interpreted with caution.
[1] National Immunization Survey (NIS) [2] Pregnancy Risk Assessment Monitoring System (PRAMS) [3] Iowa Bureau of Family Health

Appendix B – Perinatal/Infant Health Focus Group and Key Informant Conversation Questions

Core Questions

1. What health services does your baby receive? I am interested in all the types of health care they receive.

> *Probe: Mental health care services, health education, health screening, oral health, growth and development, family support programs, or others.*

2. What services that support your baby's health are most important to you?

3. Tell me about a time when you had difficulty obtaining a health service that your baby needed.

4. Where do you get health information you trust?

5. People are often treated differently based on who they are and what they have. This can be based on race, culture, ethnicity, language, gender, sexual orientation, citizenship status, health care needs, how much money you have, having insurance, or the type of insurance you have, or others. How has this affected your child's health care?

Home Visiting Questions

I am going to ask you a few questions about family support home visiting programs. These are programs where a home visitor comes to your home anywhere from once a week to once a month free of charge to provide resources and parenting support for pregnant women and parents with young children.

1. What do you know about home visiting programs available in your community?
2. How interested are you in home visiting services?

> *Probe: How would you want to hear about home visiting programs?*

3. What, if anything, would make it difficult for you to sign up for or receive home visiting services?
4. Who or where do you go to for parenting/child development information?
5. What should we know about why families may decide not to enroll in home visiting programs?

Population Domain Questions

1. What information influenced your decision to breastfeed or not?
2. What have you heard about co-sleeping with your baby?

> *Probe: Co-sleeping is when your baby sleeps with you, another person or pet in the same bed, couch or other place.*

3. How do you put your baby to sleep?

> *Probe: Both for naps and at night.*

4. What do you know about taking care of your baby's mouth, including their teeth and gums.

Probe: Cleaning the teeth and mouth, going to the dentist, foods and drinks they consume, or others.

5. What concerns do you have about the health of babies in your community?

Health Equity Questions

Community means many things to different people. Community can be your city or town, your neighborhood, people who are similar to you or organizations like your church or mosque, or school.

1. What can the community do to help with the concerns you have about the health of babies?

2. How have experiences from your past, like historical racism, gender bias, historical trauma or distrust, influenced your decisions around health care?

3. What are common things people in your culture do to keep their babies healthy?

4. How can the community support these cultural practices?

5. How can the community provide support to the people making decisions about your baby's health?

Probe: Grandparents, partner, child care, neighbors, other family or friends.

Appendix C – Perinatal/Infant Health Focus Group Summary

IOWA HEALTH DATA HIGHLIGHTS

Perinatal & Infant

University of Iowa Stead Family Children's Hospital
Child and Community Health

chsc Child Health Specialty Clinics

IDPH Iowa Department of Public Health

This is a preliminary summary of themes based on focus groups and interviews conducted with Iowa mothers of infants and toddlers in July and August of 2019.

PROVIDER ISSUES

- Parent concerns not taken seriously
- Not explaining what is happening with their child
- Did not accept insurance
- Judgement

INSURANCE ISSUES

- Lack of insurance
- Coverage issues
    - Difficulty figuring out what is covered
    - Needed care/services not covered
- MCO/Medicaid issues
    - Poor coordination between private insurance and Medicaid on coverage
    - Communication problems with MCOs
- Gaps in coverage due to insurance changes causes well-child visit delay

ACCESS ISSUES

- Age requirements for specific care/services
- Lack of quality providers
- Paying for needed care/services/prescriptions
- Insurance coverage denied due to citizenship status
- Not knowing resources/services exist
- Times of education/support groups
- No longer qualifying for previously accessed services
    - WIC lactation consultant

IOWA HEALTH DATA HIGHLIGHTS

Perinatal & Infant

University of Iowa Stead Family Children's Hospital Child and Community Health | chsc Child Health Specialty Clinics | IDPH Iowa Department of Public Health

SERVICES NEEDED OR DESIRED

- On-going support after pregnancy
- Breastfeeding support
  - Education before and continuing support after delivery
- Non-Emergency Medical Transportation (NEMT)
- More childcare options
- Increased awareness/advertisement of available programs and resources
- Additional educational resources
- Additional financial resources
- More OB/GYN providers
- Improved referral networks for family support programs
- Summer programs for preschoolers with ASD
- Healthier food options at food pantries
- Affordable electronic breast pumps
- Interpreter services

HEALTH ISSUES

- Autism
- Breastfeeding difficulties
- Co-sleeping
- Neglect
- Food insecurity
- Community violence
- Broken bones
- Skin problems
- Speech issues
- Behavior problems
- RSV
- Vaccination
- Premature birth
- SIDS