



Maternal and Child Health (Title V) Stakeholder Survey – Findings

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1. Background and Methods

Background

The Iowa Department of Health and Human Services (HHS) is excited to continue its Title V Maternal and Child Health (MCH) statewide needs assessment. HHS is committed to ensuring that Iowa's women, adolescents, children, their families, and their communities are able to reach their fullest potential and continue to thrive. The results of this needs assessment will be used to identify statewide health priorities and enable HHS to make targeted improvements in health outreach.

Definitions

- Definition of Health – Health is a state of complete physical, mental, and social well-being, not just being free of disease or sickness.
- Definition of a Need & Barrier – A need is defined as an underlying problem to be addressed, while a barrier is defined as something that prevents the need from being addressed.
- Example of a Need & Barrier – A non-health related need may be having a flat tire on your car, while a non-health related barrier may include not knowing how to fix the tire, a lack of financial resources to fix the tire, and/or not having the time to fix the tire.
- Definition of a Strength – A strength for your population can include something your population already has within the community that is going well, an aspect of community culture that supports positive health, resources your population has access to that support health, or any other aspect that you believe is an important asset characterizing the population.

Methods

The Iowa Department of Health and Human Services (HHS) Partner Survey was distributed to various stakeholders across the state to gain insight into what barriers to health current face Iowans, as well as what the Iowa populations strengths to care. The Iowa HHS Partner Survey was only available on an online format and was available for eight weeks. The survey link was shared out via Stakeholder presentation opportunities, as well as a targeted email campaign. There were 574 respondents to the survey, with at least two respondents from all 99 counties. Stakeholders were asked to select a population domain and a National Performance Measure, then identify a barrier affecting the selected population. Survey respondents could select up to five strengths and five barriers and had the opportunity to share their individualized thoughts via textbox.

For analysis, barriers to care were separated by the indicated population domain. The percentage of NPMs selected in regard to each population domain was calculated.

Qualitative analysis was conducted on the barrier textbox questions to obtain themes for each of the NPMs within the population domains.

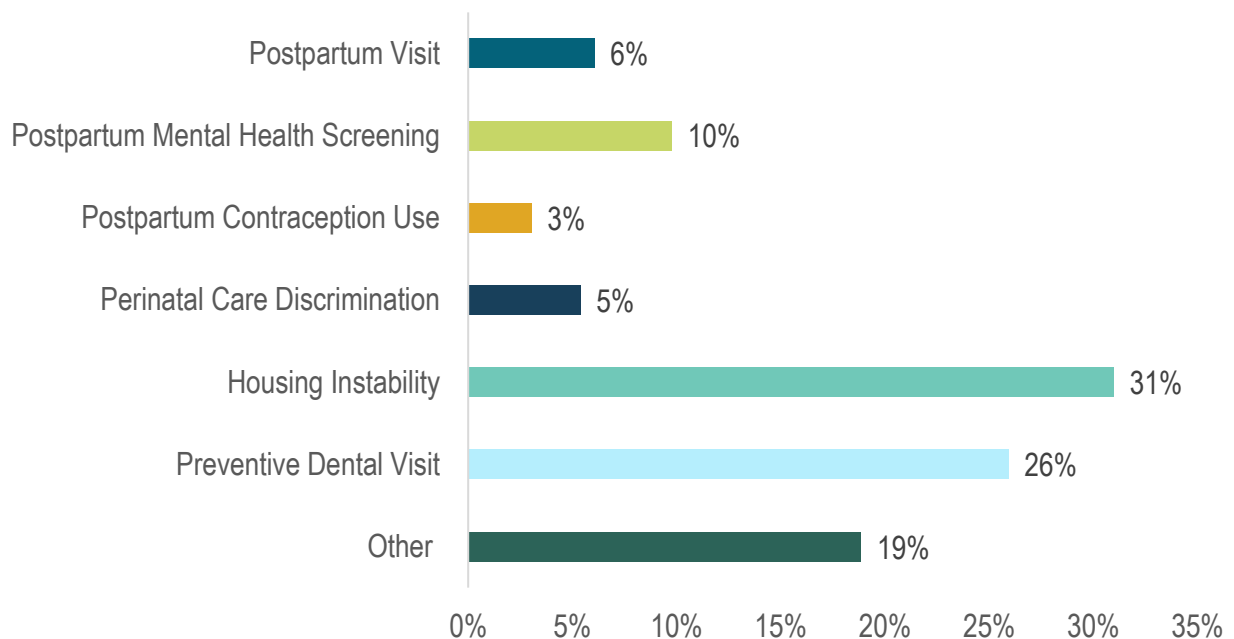
Barriers to Health:

2. Women and Maternal Health

Women before, during, and beyond pregnancy and across their life course

National Performance Measures (NPMs)

Women/Maternal Health NPMs - Barriers



The Iowa HHS Partner Survey had 529 responses regarding the barriers to Women and Maternal Health. Within the Women / Maternal Health Population Domain, the National Performance Measures (NPMs) most frequently selected by respondents were Housing Instability (31%), Preventative Dental Visits (26%) and the “Other” open textbox option (19%). From these selected NPMs, the barriers to care indicated were analyzed to generate themes.

Barriers to NPMs – Qualitative Themes

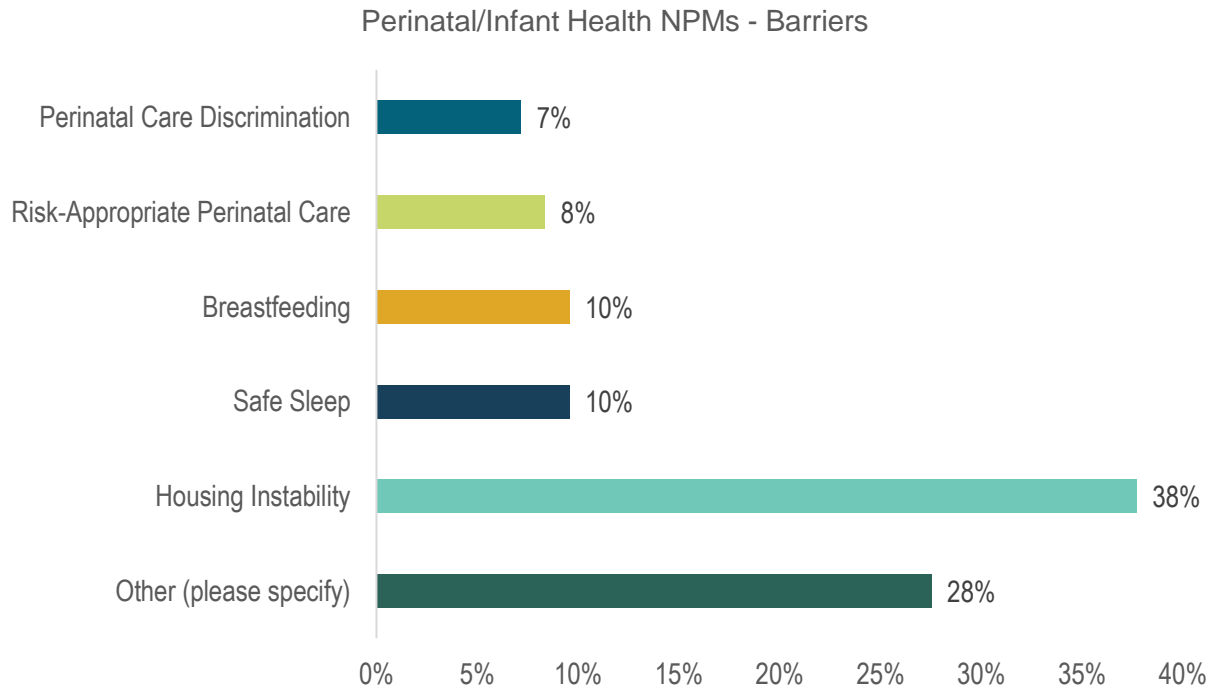
Below are the themes obtained from analyzing the qualitative barriers to each performance measure identified by stakeholders in regard to the Women and Maternal population domain.

1. Postpartum Visits
 - a. Follow Up Visits
 - b. Transportation
 - c. Access to Funding
2. Postpartum Mental Health Screening
 - a. Lack of Providers
 - b. Stigma
 - c. Need for Earlier Intervention
3. Postpartum Contraception Use
 - a. Access to Resources (transportation, childcare, language)
 - b. Access to Funding
4. Perinatal Care Discrimination
 - a. Access to Resources
 - b. Stigma
 - c. Insurance
5. Housing Instability
 - a. Lack of Safe, Affordable Housing
 - b. Access to Resources
 - c. Personal Barriers (mental health, previous evictions, etc.)
6. Preventative Dental Visits
 - a. Lack of Providers
 - b. Medicaid / Insurance not Accepted
7. Other
 - a. Substance Use
 - b. Transportation
 - c. Access to Resources (providers, funding, education)

3. Perinatal and Infant Health

The Perinatal and Infant population domain describes the time immediately before birth through the first year of life (<365 days).

National Performance Measures (NPMs)



The Iowa HHS Partner Survey had 340 responses regarding the barriers to Perinatal and Infant Health. Within the Perinatal / Infant Health Population Domain, the National Performance Measures (NPMs) most frequently selected by respondents were Housing Instability (38%) and the “Other” open textbox option (28%). From these selected NPMs, the barriers to care indicated were analyzed to generate themes.

Barriers to NPMs – Qualitative Themes

Below are the themes obtained from analyzing the qualitative barriers to each performance measure identified by stakeholders in regard to the Perinatal / Infant population domain.

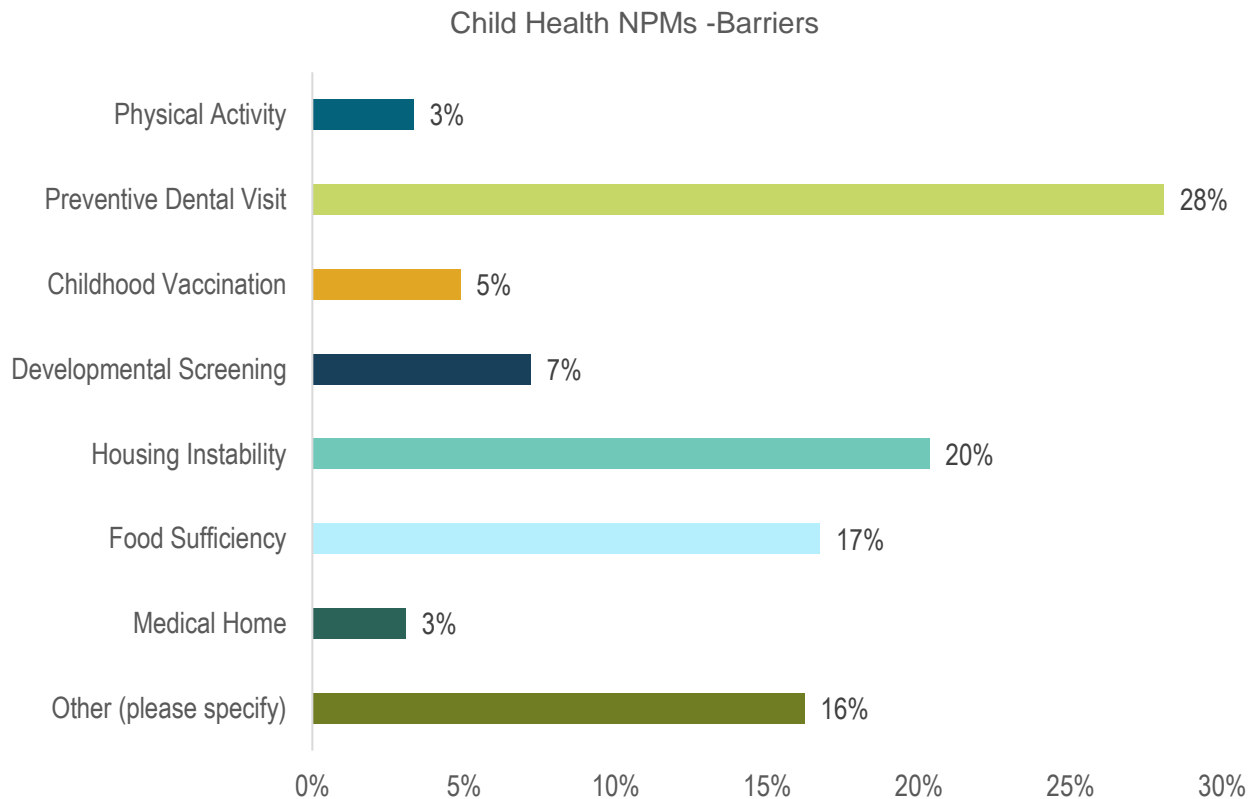
1. Perinatal Care Discrimination
 - a. Access to Resources
 - b. Lack of Birthing Hospitals / Providers
 - c. Stigma
2. Risk-Appropriate Perinatal Care
 - a. Transportation (location of providers)

- b. Lack of Providers
 - c. Lack of Insurance
- 3. Breastfeeding
 - a. Lack of Support
 - b. Lack of Education / Awareness
 - c. Stigma
- 4. Safe Sleep
 - a. Lack of Education / Awareness
 - b. Access to Resources
- 5. Housing Instability
 - a. Lack of Safe, Affordable Housing
 - b. Access to Resources
 - c. Personal Barriers (mental health, previous evictions, etc.)
- 6. Other
 - a. Insurance Coverage
 - b. Transportation
 - c. Oral Health Needs

4. Child Health

The Child population domain represents children from the ages of one through nine.

National Performance Measures (NPMs)



The Iowa HHS Partner Survey had 523 responses regarding the barriers to Child Health. Within the Child Health Population Domain, the National Performance Measures (NPMs) most frequently selected by respondents were Preventative Dental Visits (28%), Housing Instability (20%) and Food Sufficiency (17%). From these selected NPMs, the barriers to care indicated were analyzed to generate themes.

Barriers to NPMs – Qualitative Themes

Below are the themes obtained from analyzing the qualitative barriers to each performance measure identified by stakeholders in regard to the Child population domain.

1. Housing Instability
 - a. Lack of Safe, Affordable Housing
 - b. Access to Resources
 - c. Personal Barriers (mental health, previous evictions, etc.)

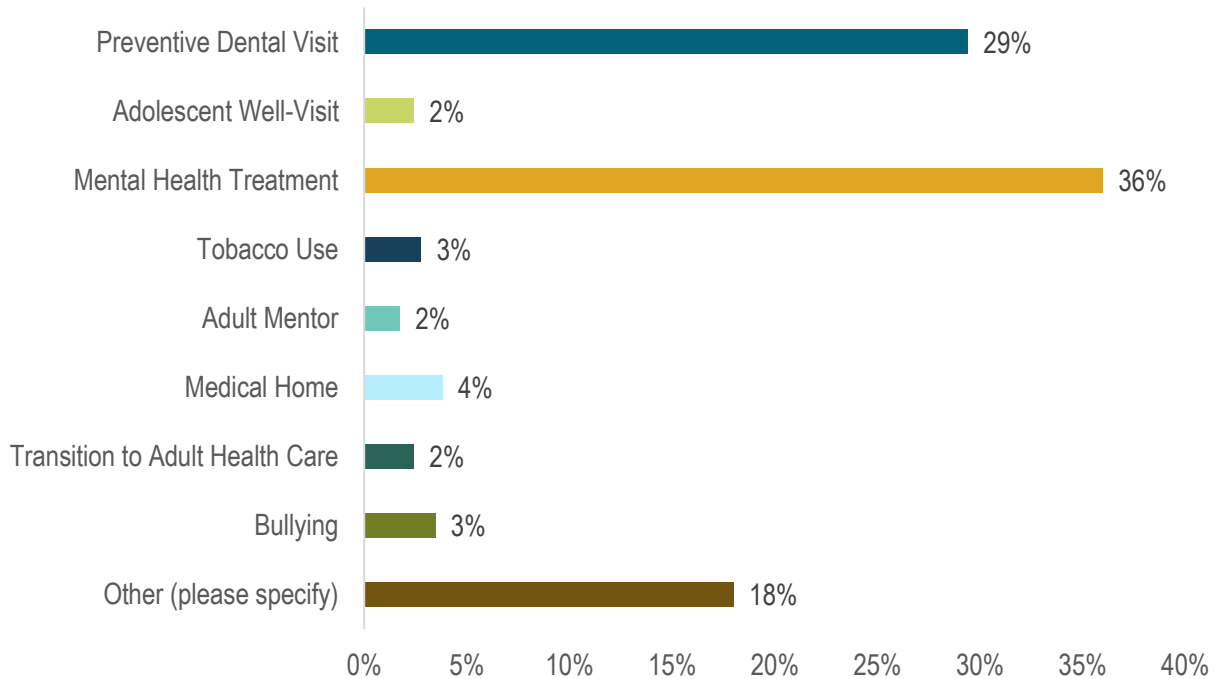
2. Developmental Screening
 - a. Transportation
 - b. Parental Awareness / Education
 - c. Access to Resources
3. Childhood Vaccination
 - a. Misinformation
 - b. Lack of Resources
 - c. Personal Beliefs
4. Preventative Dental Visit
 - a. Lack of Providers
 - b. Medicaid / Insurance not Accepted
5. Physical Activity
 - a. Lack of Access
 - b. Lack of Education
6. Food Sufficiency
 - a. Access to Affordable, Healthy Foods
 - b. Transportation (food deserts)
 - c. Income (including SNAP/WIC limitations)
7. Medical Home
 - a. Access to Resources (transportation, childcare, language)
 - b. Access to Providers
8. Other
 - a. Transportation
 - b. Insurance Coverage
 - c. Lack of Providers

5. Adolescent and Young Adult Health

The Adolescent / Young Adult population domain represents individuals from the ages ten through twenty-four.

National Performance Measures

Adolescent/Young Adult Health NPMs- Barriers



The Iowa HHS Partner Survey had 469 responses regarding the barriers to Adolescent and Young Adult Health. Within the Adolescent and Young Adult Health Population Domain, the National Performance Measures (NPMs) most frequently selected by respondents were Mental Health Treatment (36%), Preventative Dental Visits (29%), and the “Other” open textbox option (18%). From these selected NPMs, the barriers to care indicated were analyzed to generate themes.

Barriers to NPMs – Qualitative Themes

Below are the themes obtained from analyzing the qualitative barriers to each performance measure identified by stakeholders in regard to the Adolescent and Young Adult population domain.

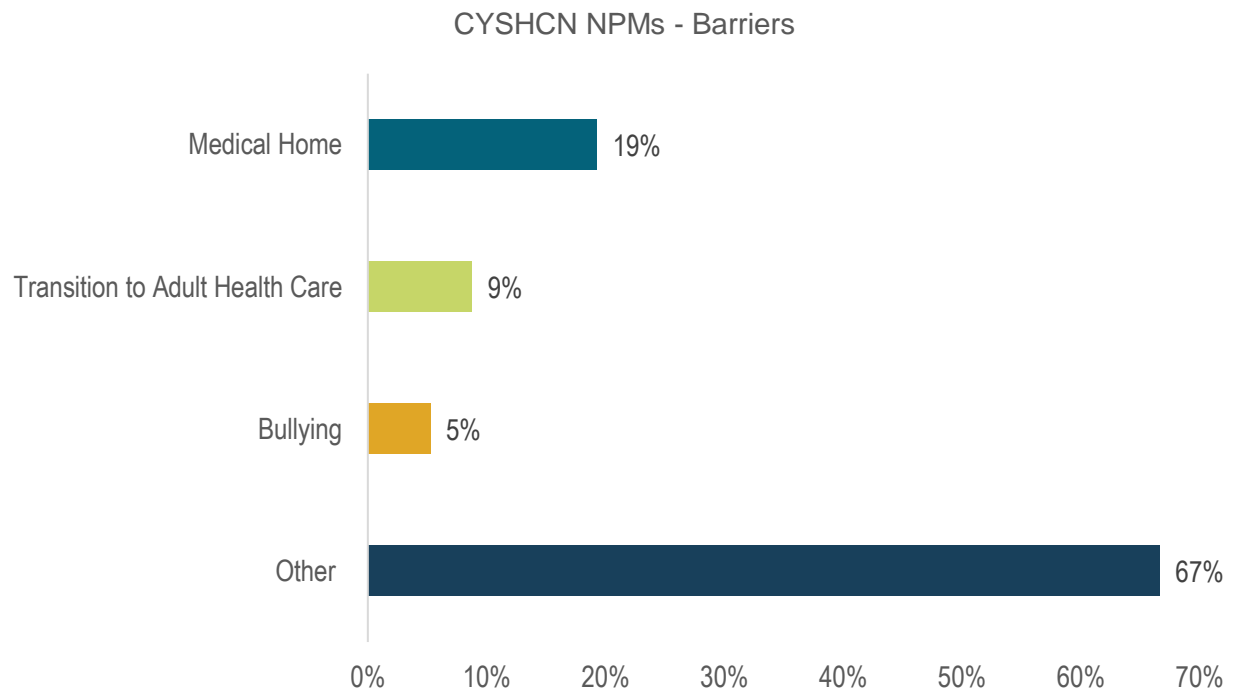
1. Preventative Dental Visit
 - a. Lack of Providers
 - b. Medicaid / Insurance not Accepted

- c. Transportation
- 2. Adolescent Well Visit
 - a. Lack of Medical Home
 - b. Parental Support
 - c. Lack of Education
- 3. Mental Health Treatment
 - a. Lack of Providers
 - b. Access to Resources
 - c. Stigma
- 4. Tobacco Use
 - a. Lack of Education (Misinformation about Vaping)
 - b. Lack of Covered Treatment Options
- 5. Adult Mentor
 - a. Lack of Access
 - b. Lack of Education
- 6. Medical Home
 - a. Access to Resources (transportation, childcare, language)
 - b. Access to Providers (PCPs and Case managers)
 - c. Insurance
- 7. Transition to Adult Health Care
 - a. Lack of Care Coordination
 - b. Lack of Education (parent and child)
- 8. Bullying
 - a. Lack of Anti-Bullying Education in Schools
 - b. Discrimination (race, sex, poverty, classism)
- 9. Other
 - a. Transportation
 - b. Insurance Coverage
 - c. Lack of Providers

6. Children and Youth with Special Health Care Needs (CYSHCN)

Children and/or adolescents who have or are at increased risk for chronic physical, developmental, behavioral or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally.

National Performance Measures



The Iowa HHS Partner Survey had 302 responses regarding the barriers to Children and Youth with Special Health Care Needs (CYSHCN). Within CYSHCN Population Domain, the National Performance Measures (NPMs) most frequently selected by respondents were the “Other” open textbox option (67%) and Medical Home (19%). From these selected NPMs, the barriers to care indicated were analyzed to generate themes

Barriers to NPMs – Qualitative Themes

Below are the themes obtained from analyzing the qualitative barriers to each performance measure identified by stakeholders in regard to the CYSHCN population domain.

1. Medical Home
 - a. Access to Providers
 - b. Insurance
 - c. Access to Resources (transportation, language services)

2. Transition to Adult Health Care
 - a. Lack of Care Coordination
 - b. Lack of Education (parent and adolescent)

3. Bullying
 - a. Lack of Anti-Bullying Education in Schools

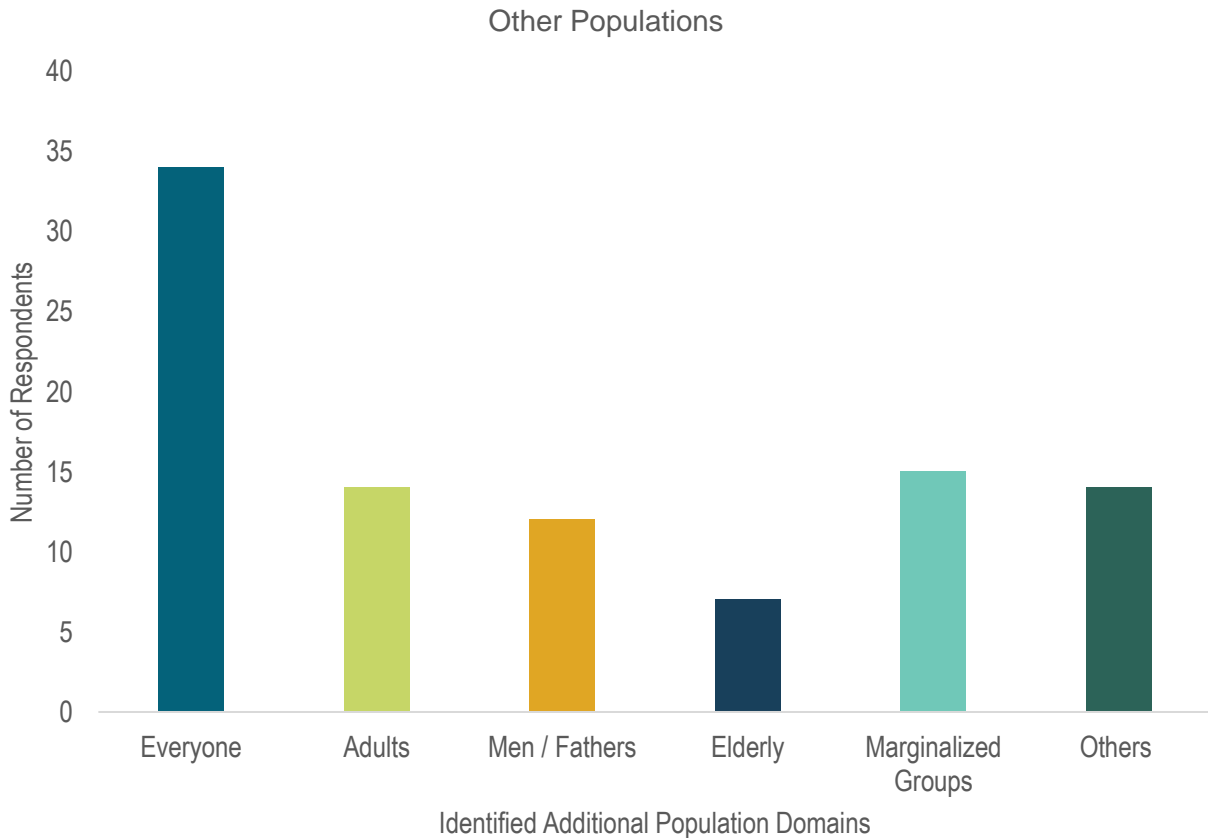
4. Other
 - a. Access to Providers (focus on respite care)
 - b. Transportation
 - c. Issues with funding (insurance coverage, Medicaid issues)

7. Additional Population Domains

Population groups identified within the Stakeholder survey utilizing the “Other” textbox.

Identified Additional Population Domains

Survey respondents were given to address the barriers for health facing population groups not included in the survey (Women/Maternal, Perinatal/Infant, Child, Adolescent/Young Adults, CYSHCN). The groups identified that did not fit into the Title V population domains were Everyone, Adults, Men/Fathers, Elderly, Marginalized Groups. Other additional write ins that did not fit with any other category were collapsed into the “Other” domain.



NPMs Selected for Additional Populations

Each of the additionally identified population domains that emerged from the Iowa HHS Partner survey were stratified for the NPM selected. The top needs for each group are listed below.

1. Everyone
 - a. Mental Health
 - b. Food Sufficiency
 - c. Housing Instability

2. Adults
 - a. Housing Instability
 - b. Mental Health
 - c. Preventative Dental Visits

3. Men / Fathers
 - a. Mental Health
 - b. Housing Instability
 - c. Food Sufficiency

4. Elderly
 - a. Mental Health
 - b. Housing Instability

5. Marginalized Groups
 - a. Preventative Dental Visits
 - b. Mental Health
 - c. Medical Home

6. Others
 - a. Mental Health

8. Health Strengths:

In addition to the barriers facing Iowans in regard to health, the Iowa Department of Health and Human Services (HHS) Partner Survey also explored populations strengths to care. Survey respondents could select up to five strengths and five barriers and had the opportunity to share their individualized thoughts via textbox. For analysis, qualitative textbox answers regarding strengths were separated by the indicated population domain. Open text box answers were thematic analyzed and primary themes were established. The primary themes that arose were further separated into key components (*Table 1*).

Iowan Healthcare Strengths: Findings

1. Women and Maternal Health

A major theme that emerged from the qualitative analysis of strengths of Women/Maternal Health was “Maternal Healthcare Access & Utilization.” Key components that arose around this theme were effectively accessing prenatal and postpartum care, understanding the importance of access and utilization, and the extension of Medicaid eligibility postpartum. Another theme that came from analyzing the feedback from stakeholder was “Maternal Health Support Services.” A key component of this theme is access to community-based programs that help support maternal health (WIC & home visiting).

2. Perinatal, Infants, and Children

Responses for Perinatal/Infants and Children were combined. One of the major takeaways gathered from stakeholder feedback is the strength of “Child Healthcare Access & Utilization.” Key components of this theme include the populations’ ability to effectively access pediatric care services (well-child exams, immunizations, developmental screenings), as well as families understand the importance of receiving care. Another component identified across stakeholder responses was “Child Health Support Services,” such as access to community-based programs help support child health (WIC, Child Care Nurse Consultants).

3. Adolescents and Young Adults

The key strength identified by stakeholders for Adolescents and Young Adults was “Mental Health Resources.” Although this did emerge as a barrier to care as well, stakeholders felt that the strengths lie in the availability of mental health resources, including school-based support, as well as that adolescents seem to understand the importance of mental health and seeking help.

4. Children and Youth with Special Health Care Needs (CYSHCN)

There were no consistent strengths that emerged amongst stakeholder respondents for the CYSHCN population domain.

5. All Populations

“All populations” is a category defined either by the population domain open-response textbox indicating the stakeholder was responding for everyone, or if the stakeholder selected all listed population domains. Key strengths for lowans at large were “Healthcare & Resource Availability,” themes of which included healthcare services, public health programs, and Medicaid coverage. Another key strength identified for “All Populations” was “Resilience, Social Support & Community Collaboration.”

Strength Themes by Population Domains

Population Domain	Primary Theme(s)	Key Components/Explanation
Women/Maternal	1. Maternal Healthcare Access & Utilization 2. Maternal Health Support Services	a. Effectively accessing prenatal/PP care b. Understand importance of receiving care c. Extension of Medicaid eligibility PP a. Access to community-based programs that help support maternal health (WIC & home visiting)
Perinatal/Infants & Children	1. Child Healthcare Access & Utilization 2. Child Health Support Services	a. Effectively accessing pediatric care services (well-child exams, immunizations, developmental screenings) b. Families understand the importance of receiving care a. Access to community-based programs help support child health (WIC, Child Care Nurse Consultants)
Adolescents & Young Adults	1. Mental Health Resources	a. Availability of mental health resources, including school-based support b. Seem to understand the importance of mental health and seeking help
CYSHCN	No consistent strengths emerged	
All Populations	1. Healthcare & Resource Availability 2. Resilience, Social Support & Community Collaboration	a. Healthcare Services b. Public Health Programs c. Medicaid Coverage a. Resilience b. Social Support Networks c. Community Collaboration

Table 1: Iowa Health and Human Services MCH (Title V) Partner Survey, 2024

Conclusion

Findings

The Maternal and Child Health (Title V) Iowa HHS Partner Survey primarily relied on qualitative, or nonnumerical data, to assess the strengths and barriers within Iowa’s healthcare system. Survey respondents, representing various population domains, provided insight into the key challenges affecting the communities they serve. A total of 574 partners participated with at least two respondents from each county.

A pattern emerged across population domains, revealing significant commonalities in the barriers faced by Iowans. Two major themes stood out: access to resources and

access to funding. “Access to Resources” encompasses the equitable distribution and availability of things such as tools, support systems, and opportunities. Partners identified transportation, language services, education, local provider availability, and childcare access as critical gaps facing Iowans in the current healthcare system. “Access to Funding” emerged as a nuanced challenge, often linked to insurance-related issues, including Medicaid coverage. However, beyond insurance concerns, funding gaps prevented individuals from securing the financial support necessary to thrive. Overall, these findings highlight the need for interventions to improve healthcare accessibility, particularly in resource acquisition and financial support. Addressing these systemic barriers will be essential to ensuring that all Iowans – regardless of location or socioeconomic status – have equitable access to the healthcare services they need.

The survey also identified key strengths across the different population domains, highlighting where Iowa’s healthcare system is effectively supporting communities. The significant overlap that exists between the strengths and barriers highlights both the progress made in key areas, as well as the persistent challenges facing Iowans. Many identified strengths, such as access to Maternal and Child Health (MCH) programs, Medicaid coverage, and mental health resources, represent existing support systems that work effectively for some individuals. However, these same areas also appear as barriers, suggesting that while services are available, they may not be universally accessible, adequately funded, or evenly distributed. This overlap underscores the need for targeted interventions that not only expand the programs but also address the structural and logistical barriers that prevent people from fully benefiting from available programs.