



Family Health Survey Report

MCH FFY26 Needs
Assessment

Contents

Executive Summary _____	3
Survey Purpose _____	3
Key Findings _____	3
Data-Driven Metrics	3
Community Voices	3
Introduction _____	4
Title V Overview _____	4
Methodology _____	4
Survey Design and Data collection	4
Data Analysis	4
Survey Participants at a Glance _____	6
Demographics _____	6
Region _____	6
Statistical Region _____	6
Population Domains _____	7
Key Findings by Respondent Type _____	8
Healthcare Goals _____	8
Healthcare Resources _____	9
Supporting Resources _____	10
Personal Resources _____	12
Children and Youth with Special Healthcare Needs _____	13
Key Findings by Population Domain _____	13
Baby / Young Child _____	14
Children _____	15
Adolescent / Young Adults _____	16
Qualitative Findings _____	17
Solo Respondents _____	17
Household Respondents _____	18
Baby / Young Child _____	18
Children _____	18
Adolescent / Young Adults _____	18
Participant Quotes _____	18
Conclusion _____	19
Summary of Key Insights _____	19
Implications for the MCH Title V Needs Assessment _____	20

Executive Summary

Survey Purpose

The Family Health survey was created to support the Iowa Health and Human Services (Iowa HHS) Title V Maternal and Child Health (MCH) FFY26 Needs Assessment, which is a process required by the federal Health Resources and Services Administration (HRSA) to guide MCH efforts in Iowa. The Title V Block Grant covers five key MCH population domains: Women/Maternal, Perinatal/Infant, Child, Adolescent/Young Adult, and Children and Youth with Special Healthcare Needs (CYSHCN). This survey was designed to gather population-based data on the health barriers facing Iowans, as well as the resources currently available and those most needed to address said challenges.

In addition to structured questions related to potential national performance measures, respondents had the opportunity to share additional concerns or emerging issues through open-ended responses. These insights, combined with other data sources, will inform the selection of national and state performance measures for the next Title V Block Grant cycle, ensuring that funding and initiatives are aligned with the most pressing health needs of Iowans.

Key Findings

The Family Health Survey was designed to assess what Iowans feel are their biggest health needs while identifying existing health care resources. Findings from the Family Health Survey will be incorporated into the FFY26 Needs Assessment, which is utilized to create the next five-year state action plan.

Data-Driven Metrics

1. Descriptive statistics indicate that the sample of Iowans who took this Iowa HHS Family Health Survey accurately represents the overall population, allowing for generalizable results
2. The top five health care goals for Iowans, amongst both individual respondents and household respondents, were Mental Health, Physical Activity, Nutrition, Oral Health, and Sleep.
3. Most needed resources varied by Population Domain, but key themes, regardless of age, were Medical Insurance Coverage, Dental Insurance, and Money to Meet Healthcare Needs.

Community Voices

Survey respondents were given open-textbox opportunities throughout the survey, allowing them to share their experiences or provide insight into potential health needs not being suggested by the survey development and steering committee.

1. Iowans are looking for more accessible mental health care for themselves and their children. Improved access to behavioral health services was the most commonly reported health care need.
2. Dental care coverage does not meet the needs of many survey participants, with many reporting they are unable to find local dentists who accept state insurance (Medicare, Medicaid, and Hawki, Title XIX).
3. A significant number of respondents indicated a need for weight management services. Responses included a desire for support with weight loss, including insurance coverage for weight loss medication and bariatric surgery.

Introduction

Title V Overview

The Title V MCH Block grant is one of the largest and oldest block grant programs and is the nation's longest-standing public health legislation focused solely on improving the health of all mothers and children, including children and youth with special health care needs (CYSHCN). Title V promotes the health of pregnant women, children, and their families by ensuring access to quality health services, promoting the health of children by providing preventive and primary care services, and promoting family-centered, community-based, coordinated care for children with and without special health care needs.

The Title V Needs Assessment is a comprehensive statewide needs assessment conducted every 5 years. It must cover the five HRSA-identified MCH population domains: Women/Maternal, Perinatal/Infant, Child, Adolescent, and CYSHCN. The Title V Needs Assessment must include stakeholder engagement and must support strategic planning, strategic decision-making, and resource allocation. The Needs Assessment also provides a way for Title V programs to benchmark where they are and assess progress over a five-year period.

Methodology

Survey Design and Data Collection

The Family Health Survey was designed based on similar work done by the Indiana Department of Health to support their Title V Needs Assessment. The survey was reviewed by the Iowa Title V Leadership Team, and modifications were made to ensure that the content was relevant to Iowans. The survey included a mix of multiple-choice and multiple-selection questions, allowing respondents to select up to five options that were most applicable to them. Additionally, open-ended questions were included so that respondents could share additional health-related information if they felt their experiences were not fully captured by the predefined options. The survey employed skip logic, resulting in a variable survey length depending on the respondents' answers. Respondents took an average of 27 minutes to complete the survey.

The survey was distributed in English and Spanish and was exclusively online. To encourage participation, a targeted social media campaign was conducted via the Iowa HHS Communications team. In addition to traditional outreach, creative distribution channels were utilized, including partnerships with the Iowa Library Association, local library listserv distributions, and displays/ads in Department of Motor Vehicle waiting rooms to reach a broader audience. The survey remained open for six weeks, during which 4,760 raw responses were collected.

Data Analysis

After data collection, the Title V epidemiological team conducted validation to ensure data integrity. There was a concerted effort around deterring and removing survey bot responses. No bot activity was detected, but some responses were removed due to incomplete responses or duplicated entries, leading to a final sample of 4,366 respondents. Descriptive statistics were used to analyze the multiple-choice questions, identifying health care needs across different population domains. Open-ended questions were analyzed using qualitative

methods, including manual coding and keyword searches, to establish common themes. Responses were further categorized by whether respondents answered for themselves or on behalf of their household. Additional breakdowns were conducted for households with individuals under the age of 24. While demographics were reported to assess sample representation, analytical comparisons were not performed. Potential limitations include selection bias and recall bias. Additionally, the use of online-only distribution methods may have limited participation amongst individuals with limited internet access.

Survey Participants at a Glance

Demographics

Survey demographics show that the sample obtained by the Family Health Survey is a representative sample of the Iowa population at large. The sample reflects the entire population of Iowa and allows for generalizable results.

Race	Count	Frequency
American Indian or Alaskan Native	30	0.7%
Asian or Asian American	67	1.5%
Black or African American	321	7.4%
Native Hawaiian or other Pacific Islander	20	0.5%
White	3591	82.2%
Hispanic or Latino	209	4.8%
Muti Race	95	2.2%
Total	4366	100%

Region

Regions of the state may differ by numerous characteristics (physical, cultural, economic, etc.). Survey respondents were not siloed in any one area of Iowa, but a majority of respondents reported being in the Central (32%) and Eastern (27%) regions of Iowa.

Iowa Region	Count	Frequency
Central	1400	32.1%
East	1181	27.0%
Northeast	405	9.3%
Northwest	439	10.1%
Southeast	473	10.8%
Southwest	441	10.1%
Missing	27	0.6%
Total	4366	100%

Statistical Region

A majority of respondents reported being in metropolitan areas (57%) and rural areas (26%) of Iowa. Statistical Region was determined using county and zip code for this survey.

Statistical Region	Count	Frequency
Metropolitan	2476	56.7%
Micropolitan	725	16.6%
Rural	1138	26.15%
Missing	27	0.6%
Total	4366	100%

Population Domains

Respondents were asked to identify how many individuals live in the same house as them, including themselves. If the respondents indicated no one else lived in their household, they were classified as “solo” respondents. If the respondent indicated that other individuals lived in their household, they were classified as a “Household” respondent. “Household” respondents were asked how many individuals in the household were under the age of 24. Screener questions and skip logic were implemented to categorize respondents based on age, ensuring they received questions relevant to their specific domain (see groups below). This approach streamlined the survey experience by directing participants to the most applicable section based on their responses.

Solo Respondents

“Solo” respondent was defined as an individual over the age of 18 who took the survey, answering only for themselves (no one else lives in the household).

There were 579 “Solo” respondents who went on to identify health care needs and resources for themselves.

Baby/Young Child and Caregiver

“Baby / Young Child” was a subcategory of “Household” respondents defined as children ages 5 and below. Caregiver questions were also asked in tandem with the “Baby / Young Child” questions.

There were 1,269 respondents who indicated there was a “Baby / Young Child” in their households and who went on to identify health care needs and resources for the “Baby / Young Child” and caregiver.

Children

“Children” was a subcategory of “Household” respondents defined as individuals between the ages of 6 and 12.

There were 1,102 respondents who indicated there was a “Child” in their households and who went on to identify healthcare needs and resources for the “Child.”

Teens/Young Adult

“Teens / Young Adults” was a subcategory of “Household” respondents defined as individuals between the ages of 13 and 24.

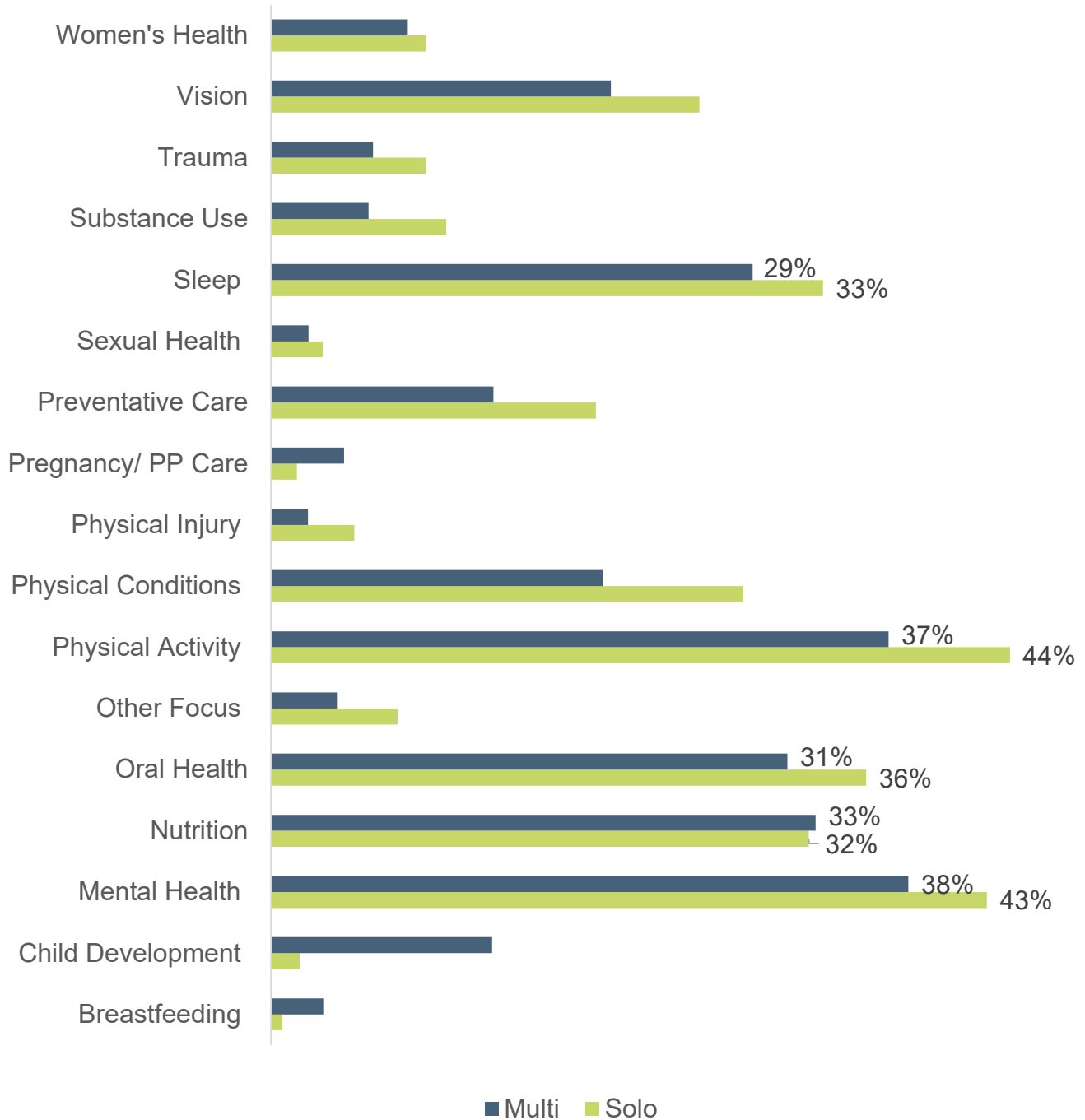
There were 1,121 respondents who indicated there was a “Teen / Young Adult” in their households and who went on to identify health care needs and resources for the “Teen / Young Adult.”

Key Findings by Respondent Type

Healthcare Goals

"Which areas of health would you like to improve for yourself?"

Healthcare Goal by Respondent Type



Healthcare Goal Findings

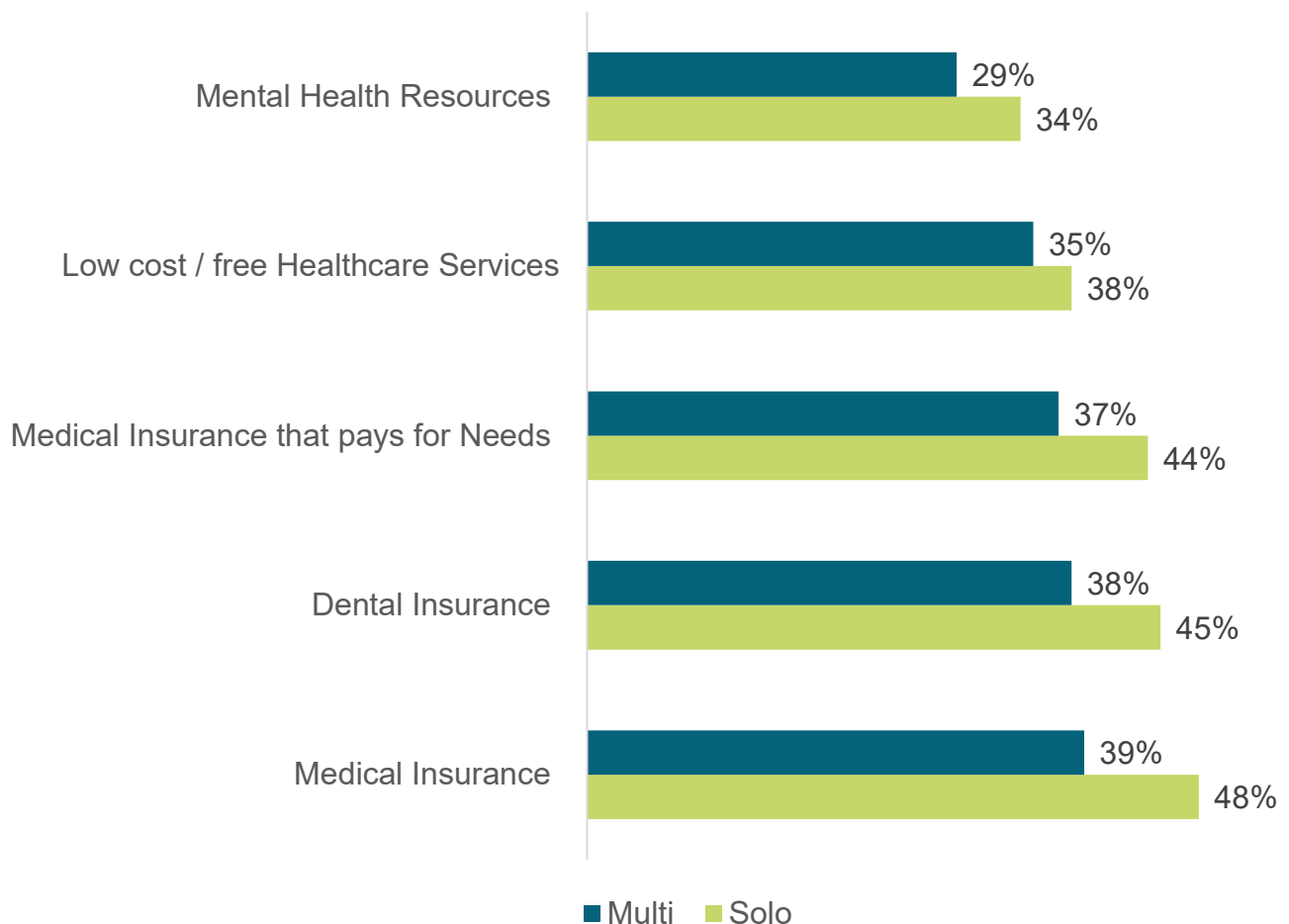
Both “Solo” and “Household” respondents indicated they had the exact top five healthcare-related needs but in different orders of importance.

Items	Solo	Household
Physical Activity	44%	37%
Mental Health	43%	38%
Oral Health	36%	31%
Sleep	33%	29%
Nutrition	32%	33%

Healthcare Resources

“What resources would it make it easier for you to be healthy?”

Healthcare Resources by Respondent Type



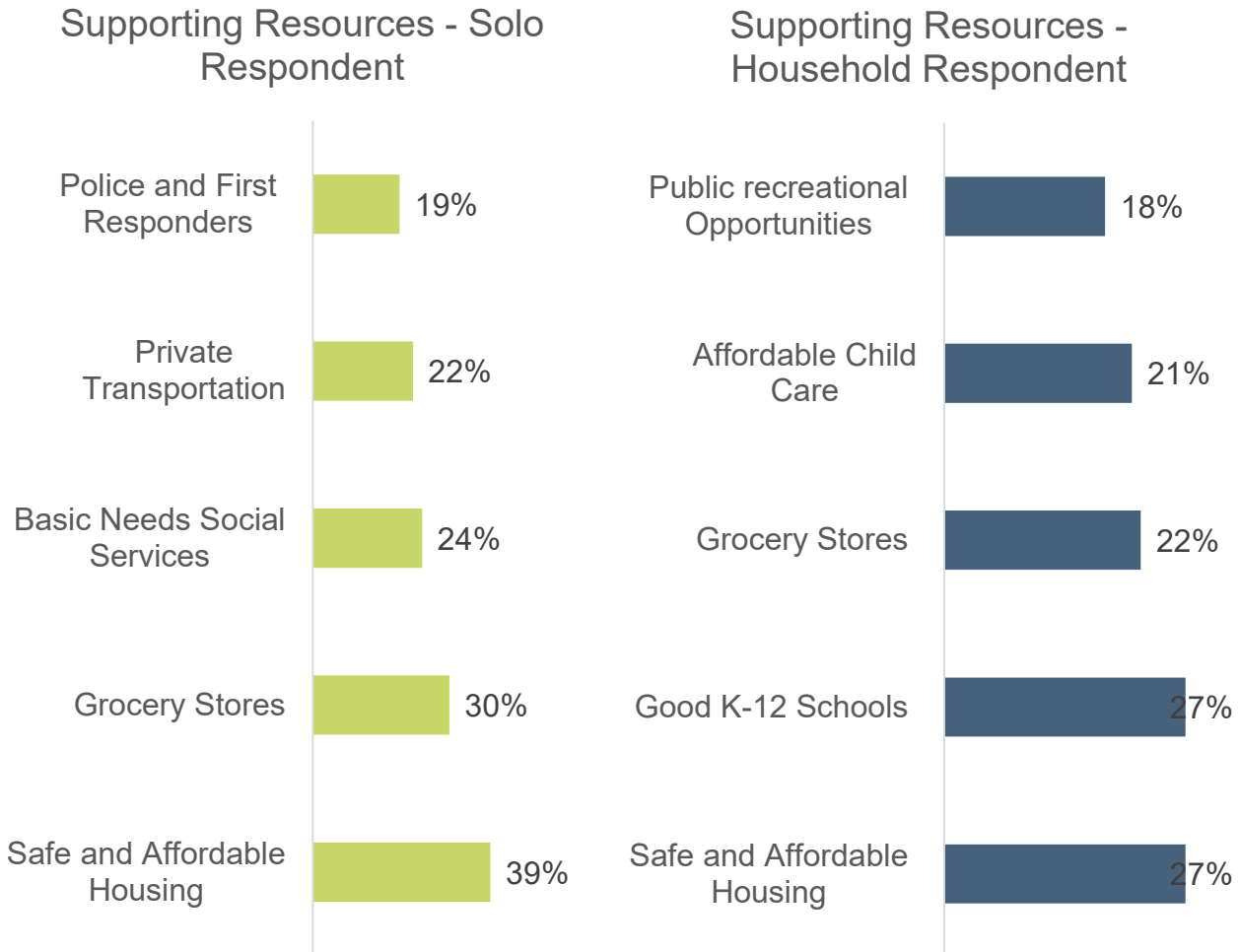
Healthcare Resources Findings

“Both “Solo” and “Household” respondents indicated that they had the same top five healthcare resources but in different orders of importance.

Items	Solo	Household
Mental Health Resources	34%	29%
Low Cost / Free Health Services	38%	35%
Medical Insurance that pays for Needs	44%	37%
Dental Insurance	45%	38%
Medical Insurance Coverage	48%	39%

Supporting Resources

“What resources or supports, if any, have been most helpful to you in addressing or overcoming health challenges?”



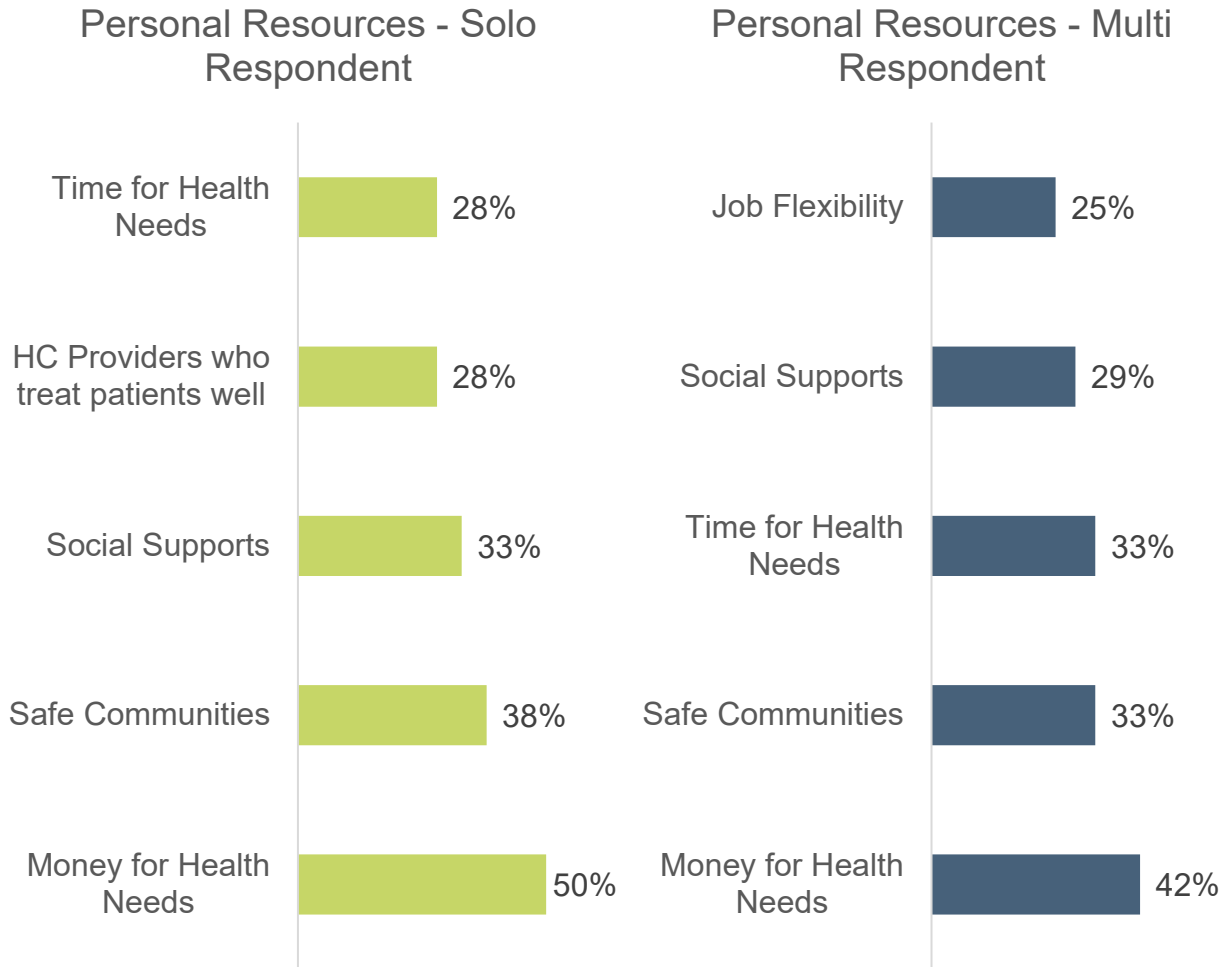
Supporting Resources Findings

Respondents were asked what resources would be most helpful in addressing or overcoming their health challenges. Respondents who answered for themselves only, “solo” respondents, indicated their most helpful supporting resource would be “safe and affordable housing” at 39%. Other top resources that rose to the top for “solo” respondents were “Grocery Stores” (30%), “Basic Needs Social Services” (24%), “Private Transportation” (22%), and “Police and First Responders” (19%).

Those who responded on behalf of their household, “Household” respondents, shared both “Safe and Affordable Housing” (27%) and “Grocery Stores” (22%), with “solo” respondents as a top supporting resource. Additional needs that rose to the top were “Good K-12 Schools” (27%), “Affordable Child Care” (21%), and “Public Recreational Opportunities” (18%).

Personal Resources

“Which personal resources or experiences are or would be most important for you/your household?”



Personal Resources Findings

Between both “Solo” and “Household” respondents, there was significant overlap in the most important personal resources or experiences. Both groups indicated “Money for Health Needs” as their top need, with 50% of “Solo” respondents and 42% of “Household” respondents selecting it as part of the top five needed personal resources. Additionally, both groups indicated “Safe Communities” as their second most need, with 38% of “Solo” respondents and 33% of “Household” respondents selecting it as part of the top five needed personal resources.

“Solo” respondents also indicated that other top personal resources are “Social Supports” (33%), “Healthcare Providers who treat patients well” (28%), and “Time for Health Needs” (28%). In comparison, those who responded for their “Household” indicated “Time for Health Needs” (33%), “Social Supports” (29%), and “Job Flexibility” (25%).

Children and Youth with Special Health Care Needs

The University of Iowa Child Health Specialty Clinics provides services and support in communities across Iowa for many children and youth who need more health care than other children. Many of those children have disabilities or complex medical conditions. In order to establish CYSCHN status, respondents were asked if any children in the household need more health care, therapies, school support, or other services than most others of the same age because of a health condition or a disability. Healthcare Goals and Resources were then further stratified by CYSCHN status.

Healthcare Goals

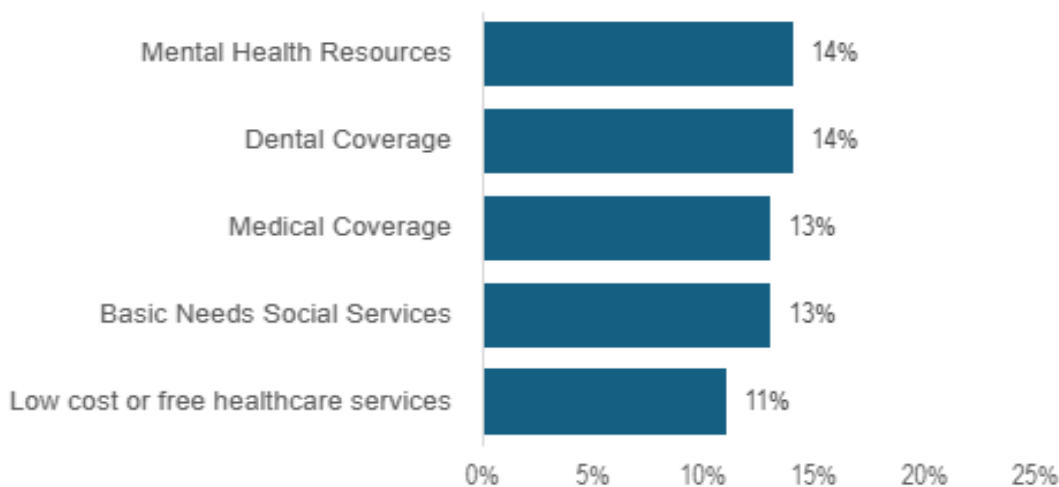
Healthcare Goals were stratified by CYSCHN status and compared to the top five Healthcare Goals amongst overall “Household” respondents and “Solo” respondents.

Healthcare Goals	Solo	Household	CYSHCN
Mental Health	34%	29%	35%
Physical Activity	44%	37%	27%
Oral Health	36%	31%	27%
Nutrition	32%	33%	23%
Sleep	33%	29%	23%

Resources for CYSHCN

Findings for Healthcare resources, Supporting resources, and Personal resources were all combined and stratified by CYSHCN status. From here, overall key resources for the CYSHCN population emerged. Across categories, the “None” textbox was selected most often amongst CYSHCN-household respondents. The “None” option was omitted from the analysis in order to highlight the resources that would be helpful. However, consideration should be given going forward to have response options that better reflect the needs of the community.

Top Resources by CYHCHN Status



Key Findings by Population Domain

Baby / Young Child

Respondents were asked to indicate whether or not there was a child 0-5 years old in the household. If yes, they were asked to answer questions regarding health barriers and health needs for the child.

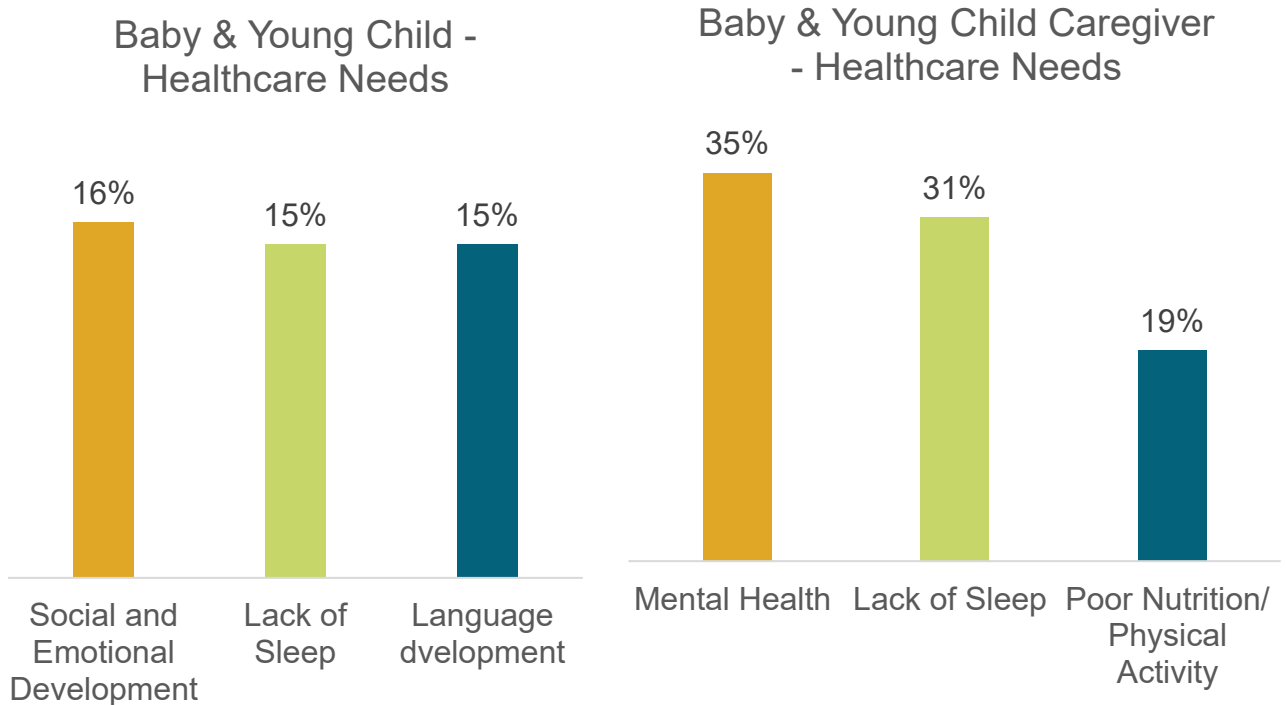
Barriers to Care

For the “Baby/Young Child” subcategory, results were grouped in three categories: barriers to accessing healthcare, barriers to accessing resources, and personal barriers. From this analysis, the top five barriers to care for babies and young children emerged.

Barriers	Percent
Long Wait Times	22%
Money to Meet Healthcare Needs	20%
Competing Priorities	19%
Accessing Affordable Child Care	18%
Difficulty with Medicaid	17%

Top Healthcare Needs

Respondents who indicated they are the caregiver to a child 0-5 answered the top health needs of both the child and themselves as caregivers. The top three health needs reported by respondents for “Baby / Young Child” were “Social and Emotional Development” (16%), “Lack of Sleep” (15%), and “Language Development” (15%). For caregivers, the top needs were “Mental Health” (35%), “Lack of Sleep” (31%), and “Poor Nutrition / Physical Activity” (19%).



Children

Respondents were asked to indicate whether or not there was a child 6-12 years old in the household. If yes, they were asked to answer questions regarding health barriers and health needs for the child.

Barriers to Care

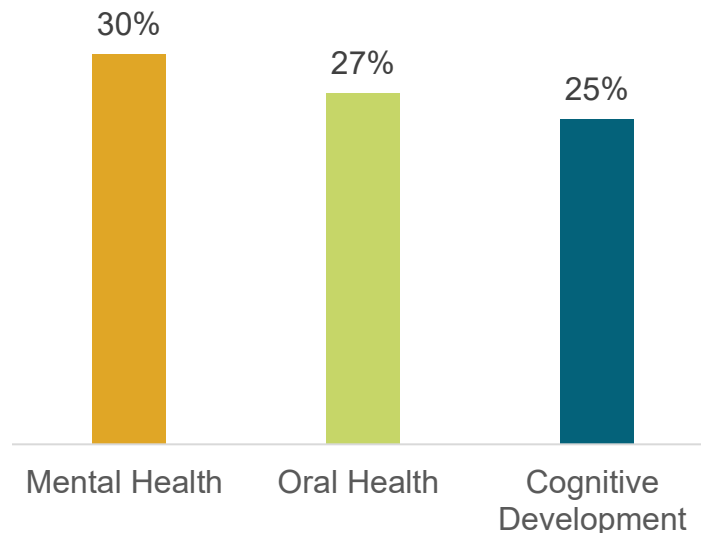
For the “Child” subcategory, results were grouped in three categories: barriers to accessing healthcare, barriers to accessing resources, and personal barriers. From this analysis, the top five barriers to care for children emerged.

Barriers	Percent
Affordable After-School Activities	23%
Long Wait Times	22%
Money to Meet Healthcare Needs	20%
Competing Priorities	17%
School Responsibilities	16%

Top Healthcare Needs

The top three health needs for the “Child” in the household reported by respondents were “Mental Health” (30%), “Oral Health” (27%), and “Cognitive Development” (25%).

Children - Healthcare Needs



Adolescent / Young Adults

Respondents were asked to indicate whether or not there was a child 13-24 years old in the household. If yes, they were asked to answer questions regarding health barriers and health needs for the adolescent / young adult.

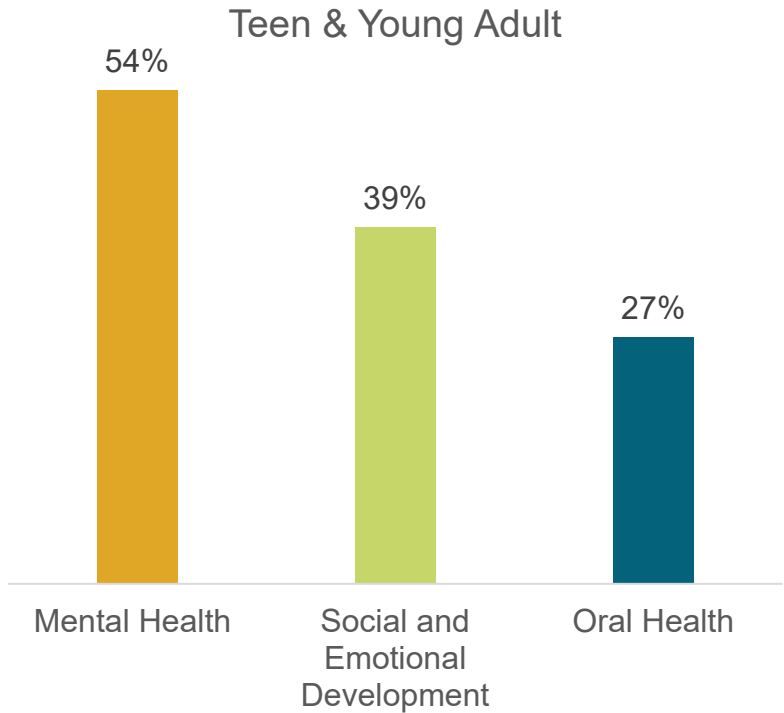
Barriers to Care

For the “Adolescent / Young Adult” subcategory, results were grouped in three categories: barriers to accessing healthcare, barriers to accessing resources, and personal barriers. From this analysis, the top five barriers to care for individuals ages 13-24 emerged.

Barriers	Percent
Electronic Use	36%
School Responsibilities	24%
Stigma	24%
Long Wait Times	23%
Money to Meet Healthcare Needs	22%

Top Healthcare Needs

The top three health needs for the “Adolescent / Young Adult” in the household reported by respondents were “Mental Health” (54%), “Social and Emotional Development” (39%), and “Oral Health” (27%).



Qualitative Findings

Open-ended survey responses were analyzed using thematic analysis, following a manual coding approach. The survey responses were carefully reviewed by reading through all of the data and noting initial themes that emerged. Then, each response was assigned a numeric code corresponding to the identified themes. To ensure accurate theme identification, keyword searches were conducted across the entire dataset using keywords specific to the themes. In total, 18 distinct themes were identified. The themes were sorted by frequency across all responses and were further sorted within each respondent subgroup.

Theme	Definition and Key Words
Mental Health Care	Behavioral health, including mental health, counseling, therapy, specific mental illnesses, stress management
Dental Care	Dental care, including insurance coverage or dental care providers within a reasonable distance for dentists and orthodontists
Weight Loss	Weight loss, including losing weight, weight management, weight, obesity and overweight
Chronic Illness and Pain Management	Chronic illnesses and related pain management needs, including but not limited to asthma, diabetes, and chronic pain conditions
Children and Youth with Special Health Care Needs (CYSHCN)	Support for their child with a disability, including medical care, therapy, treatment, school-based support, and AEA resources
Lack of Local Providers and Long Wait Lists	Lack of local providers, including the need to travel long distances for care and long wait times for providers in their area
Vision and Hearing	Vision and hearing care, including coverage for hearing aids, contacts and glasses
Affordable Childcare	Availability of adequate and affordable childcare, need for childcare financial support, very long wait lists
Cost of Healthcare/ Inadequate Coverage	High cost of health care due to inadequate insurance coverage

Solo Respondents

1. Weight Loss
2. Chronic Illness and Pain Management
3. Mental Health Care
4. Dental Care
5. Lack of Local Providers and Long Wait Lists

Household Respondents

1. Weight Loss
2. Chronic Illness and Pain Management
3. Dental Care
4. Mental Health Care
5. Vision and Hearing

Baby / Young Child

1. CYSHCN
2. Mental Health Care
3. Dental Care
4. Affordable Childcare
4. Chronic Illness/ Pain Management

Children

1. CYSHCN
2. Mental Health Care
3. Dental Care
4. Affordable Childcare
4. Chronic Illness/ Pain Management

Adolescent / Young Adults

1. Mental Health Care
2. Dental Care
3. Lack of Local Providers and Long Wait Lists
4. CYSHCN
5. Cost of Healthcare and Inadequate Insurance Coverage

Participant Quotes

Open-textbox questions allowed participants to share their lived experiences regarding health care needs in their own words:

- “...if someone needs help, they shouldn't have to be suicidal or self-harming to get in to see a mental health professional quickly.”
- “Dental providers don't accept state insurance.”
- “No dental offices accept Medicaid for my child[we] have to travel far.”
- “High-risk maternal doctors not easily accessible to rural mothers.”
- “Having to drive extended periods and be placed on extended wait lists to see providers because there is no rural availability.”
- “Overwhelming amounts of medical bills.”
- “Medication my son needs is too expensive to purchase, so we only give it to him on certain days.”

Conclusion

Summary of Key Insights

Health Goals and Resources

Respondents to the Iowa HHS Family Health Survey were categorized as “Solo” respondents if they answered the survey for themselves only and “Household” respondents if they answered on behalf of a household made up of more than one member. The respondent type was used to look at Healthcare Goals, Healthcare Resources, Supporting Resources, and Personal Resources. Both “Solo” and “Household” respondents indicated that they had the same top five healthcare-related needs but in different orders of importance. “Solo” respondents reported that Physical Activity (44%) was their greatest health goal, followed by Mental Health (43%) and Oral Health (36%). “Household” respondents reported that Mental Health (38%), Physical Activity (37%), and Nutrition (33%) were among their top health goals.

Resources were also analyzed by respondent type to identify if the top health resources needed differed amongst individuals and families comparatively. Both “Solo” and “Household” respondents prioritized the same top five resources – mental health services, low-cost/free healthcare services, medical insurance that covers needs, dental insurance, and medical insurance. Their rankings varied slightly, though, with “Solo” respondents placing a higher emphasis on medical and dental insurance. “Solo” respondents and “Household” respondents both identified “safe and affordable housing” as their top needed supporting resources but varied on other areas of key support. Between both “Solo” and “Household” respondents, there was significant overlap in the most important personal resources or experiences. Both groups indicated “Money for Health Needs” as their top need, with 50% of “Solo” respondents and 42% of “Household” respondents identifying it as a priority.

Barriers to Accessing Care

Barriers to care were looked at by Population Domains – Babies and Young Children (0-5) and their caregivers, Children (6-12), and Adolescents and Young Adults (13-24). Barrier options differed based on the age group identified. Although there was some overlap between groups, important differences were also highlighted. Among Babies and Young Children, 22% of respondents indicated that “Long Wait Times” was the greatest barrier to care and “Social and Emotional Development” was the greatest health need. For the caregivers of Babies and Young Children, the greatest health need was resources around “Mental Health.” For Children, “Affordable After School Activity” was selected by 23% of respondents, identifying it as the greatest barrier facing 6–12-year-olds. The greatest health need amongst this population was need was resources around “Mental Health.” For respondents who indicated there was an Adolescent or Young Adult in the house, the greatest barrier identified was “Electronic Use” at 36%. The greatest health need identified was resources around “Mental Health.”

Implications for the MCH Title V Needs Assessment

The findings of the Iowa HHS Family Health Survey provide valuable insight into the challenges facing Iowans in accessing healthcare and their priorities for themselves and their families. This data will serve as a crucial component of the FFY26 Title V Needs Assessment, offering a direct reflection of community input to inform the selection of performance measures.

Beyond shaping performance measures, these findings will help guide the prioritization of needs, ensuring programs can address the most pressing challenges identified by Iowans across the state.