

Iowa's

Maternal Health, Child Health and
Family Planning Business Plan

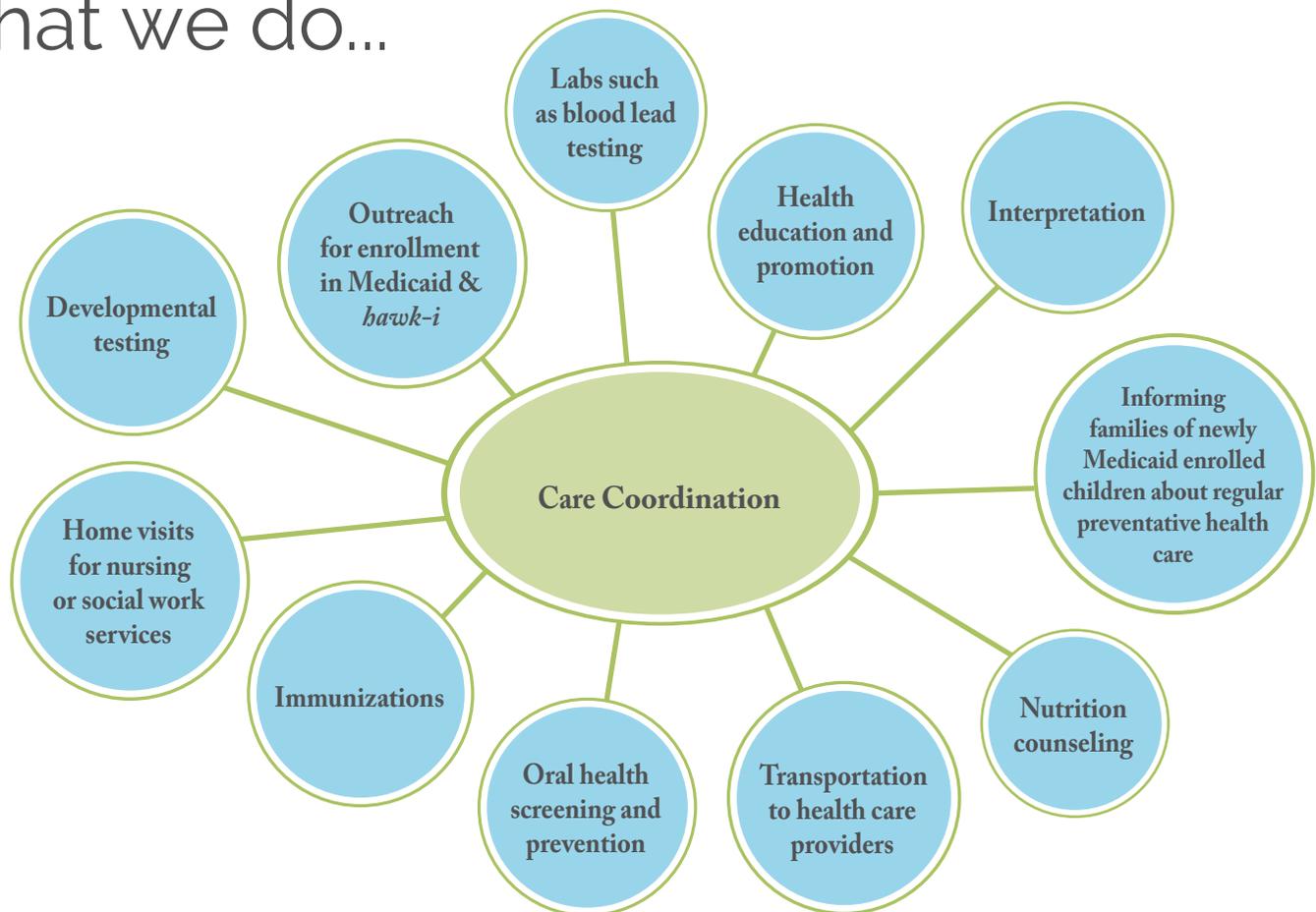
CHILD HEALTH

Who we are...

A public-private partnership that...

- Promotes access to regular preventive health care services for children through contracts with 22 agencies covering all of Iowa's 99 counties
- Fosters age appropriate growth and development by promoting early identification of children's health concerns and referral for diagnosis and treatment
- Assists families to establish medical and dental homes for their children
- Targets low income families – children on Medicaid and those who are uninsured and underinsured
- Strives to meet family needs and remove barriers to accessing health care by linking families to community-based, culturally appropriate services

What we do...



FAST FACTS

Children from low income households have poorer health outcomes. In Iowa, 28% of children are enrolled in Medicaid.

Iowa Medicaid Enterprise and 2011 Census

81% of Medicaid enrolled children received at least one preventive health exam in 2012.

Iowa Medicaid 2012 CMS 416 Report and 2011 Census

Through Iowa's I-Smile™ initiative, 62% more Medicaid-enrolled children saw a dentist in 2012 than in 2005, nearing the same level of access as children with private dental insurance.

Iowa Medicaid SFY 2012 Medicaid Claims Data

Why we do it...

Identifying health conditions early is critical for children's optimal growth and development. The future health of the U.S. population and the nation's healthcare costs depend upon health behaviors established in childhood.

Reduced healthcare costs

Increased productivity

A healthier future workforce

Our impact...

187,556 children were enrolled in Iowa's Child Health program and received 609,000 services to support their access to medical and dental care.

FFY 2012 Child and Adolescent Reporting System (CAREs)

94% of children enrolled have a medical home compared to only 70% of children with public insurance in the general population.

FFY 2012 CAREs and 2010 Household Health Survey

9,677 times transportation services were provided for children that otherwise would not have been able to get to health appointments.

FFY 2012 CAREs

57.5% of all low-income children enrolled in the program had a dental home in 2012, up from 35% in 2010.

FFY 2010 and 2012 CAREs

MATERNAL HEALTH

Who we are...

A public-private partnership that...

- Manages 21 community based maternal health agencies covering all of Iowa's 99 counties
- Provides services to improve birth outcomes and maternal and infant health, with a particular focus on reducing health disparities and ensuring racial equity
- Helps pregnant women establish medical and dental homes for their pregnancy
- Improves health care by linking women to community-based, culturally appropriate services, and supporting their ability to get the services they need
- Recognizes the values of psychosocial support in promoting healthy pregnancy

What we do...



FAST FACTS

Women from low income households have poorer birth outcomes.

Vital Records 2012

49% of non-hispanic black women in Iowa who just had a new baby report an annual family income of under \$10,000.

Iowa Barriers to Prenatal Care Survey 2012

Untreated oral disease during pregnancy may pose a risk to the health of both a woman and her fetus.

MCH Journal, 2006

Why we do it...

We aim to reduce health disparities for low income pregnant women to improve birth outcomes and lower cost.

Partnering with medical providers and Medicaid improves birth outcomes, which also lowers Medicaid costs.

40% of Iowa births are to Medicaid eligible women. We work to improve their birth outcomes through preventative health services.

Vital Records 2012

Our impact...

11,105 women and their infants were served in 2012.

Women's Health Information System, FFY 2012

\$3 is **saved** in Neonatal Intensive Care Unit (NICU) costs for every **\$1** **spent** in smoking cessation counseling for pregnant women.

Association of Maternal and Child Health Programs (AMCHP)

The total cost for a woman to receive **ALL** Maternal Health program services is **1/5 of the cost of ONE DAY** in the Neonatal Intensive Care Unit (NICU).

IME Claims Data 2013

Promotion of breastfeeding **reduces total medical costs** due to reduced illnesses, prescriptions and hospitalizations.

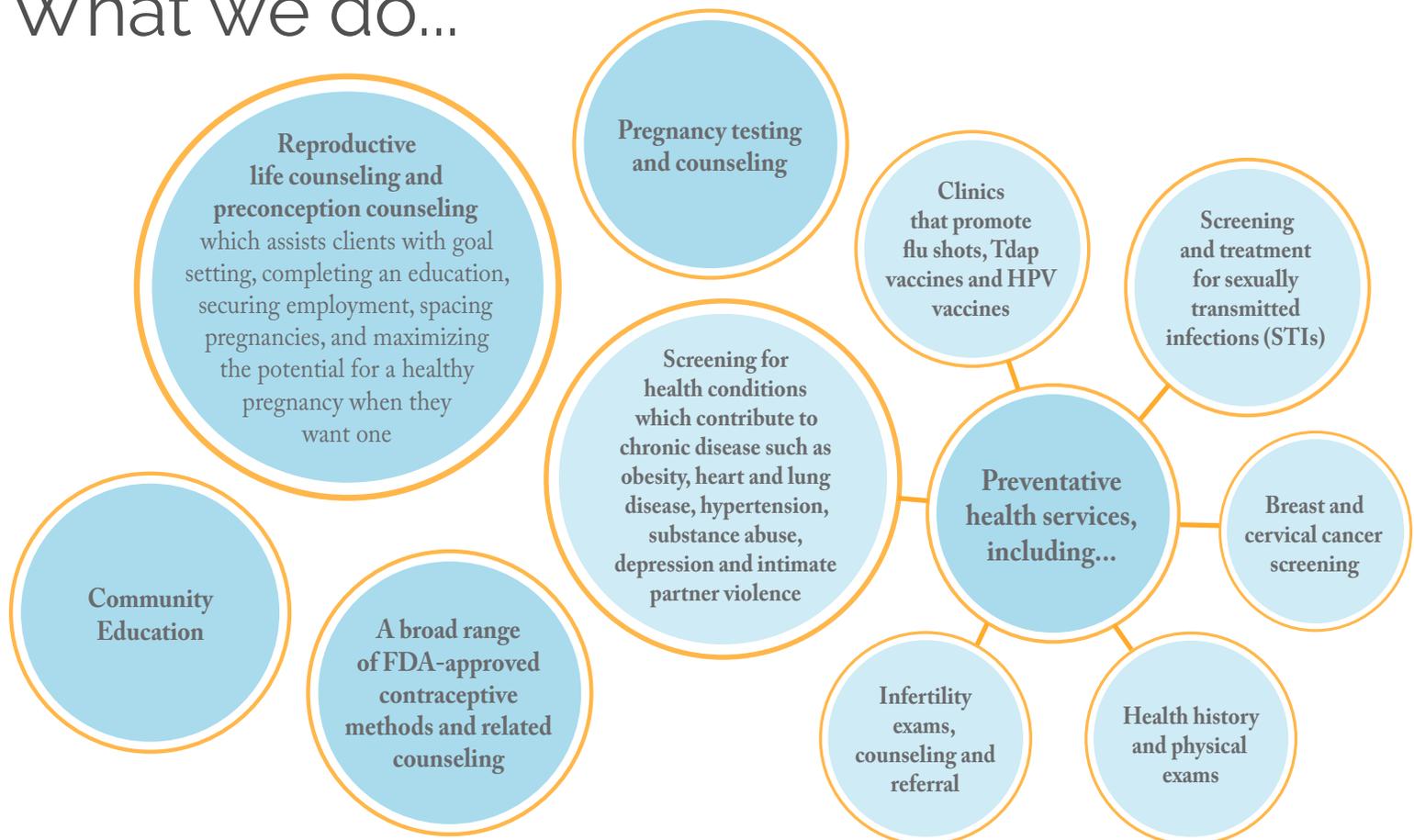
Association of Maternal and Child Health Programs (AMCHP)

FAMILY PLANNING

Who we are...

- At the core of the Title X Family Planning program is the provision of **high quality** and **cost-effective** family planning and related preventive health services for low-income women and men.
- There are two Title X grantees in Iowa, funding services to residents in all 99 counties.
- Family planning centers play a critical role in ensuring access to voluntary family planning information and services for their clients.
- Services are based on ability to pay.
- Title X provides individuals and couples the information and means to exercise personal choice in determining the number and spacing of their children, contributing to **positive birth outcomes and improved health for Iowa's families.**

What we do...



What we don't do...

Title X services do not include abortion or abortion related services.

FAST FACTS

Over 60% of family planning clients identify the family planning clinic as their primary care provider since they are not likely to see another provider for health related screenings.

Women's Health Issues, 2012

In Iowa, the cost associated with providing publicly funded family planning services to a woman is less than the potential cost of an unintended pregnancy.

Public Policy Center,
University of Iowa, 2009

Title X provides significant savings to taxpayers. In 2009, for every \$1 spent on family planning, \$3.78 was saved in averted costs.

Public Policy Center,
University of Iowa, 2009

In 2011, the percent of women with an inter-pregnancy interval of less than 18 months was just over 33%.

IDPH Bureau of Health
Statistics, 2012

Why we do it...

The overall number of Iowa **births decreased 5%** from 2008 to 2011.

At the same time the percent of **Medicaid reimbursed births increased** from 38% in 2008 to 40% in 2011.

The high percentage of Medicaid-paid births suggests that a **significant number of women of reproductive age are under the federal poverty level.**

These women may not seek contraceptive services because of cost, and may be more likely to have **unintended pregnancies** and need post-partum contraceptive services.

This translates to a need for subsidized contraceptive services and supplies, along with other reproductive health services, especially for low-income women.

IDPH Bureau of Health Statistics and Iowa Medicaid Enterprise

Our impact...

17,996

unduplicated clients were served by Iowa's Title X agencies in 2012. In 2013, Iowa Title X agencies are projected to serve 18,351 unduplicated clients with a Title X investment of \$72.64 per client annually.

Iowa Family
Planning Report
2012

78,950

of Iowa's women in need were served by publicly funded clinics in 2010.

Guttmacher
Institute,
2010

21,000 **unintended pregnancies**

10,400 **unintended births**

7,200 **abortions**

were averted due to the provision of contraceptive services by Title X clinics in 2010.

Guttmacher Institute, 2012

