

# WIC, Maternal , Child and Adolescent Health, I- Smile and 1st Five **Collaborative Service Areas**



September 15, 2020

# What's Happening?

- IDPH funds many different activities carried out by local public health, hospitals and Community Action Programs.
- Several of these areas– WIC, Maternal, Child and Adolescent Health, I-Smile and 1<sup>st</sup> Five – are the focus of an effort to improve health outcomes and enhance program collaboration when providing services.
- To do this, IDPH is holding today's stakeholder feedback meeting.

What do these programs do for  
Iowans?

# Women, Infant and Children (WIC)

## WIC

The mission of the Iowa WIC Program is to provide and maintain the health and well-being of nutritionally at-risk women, infants and young children.

- The program provides nutritious food, nutrition and health education, breastfeeding promotion and support and access to health care for eligible individuals.
- Women who are pregnant, breastfeeding and postpartum, infants and children up to age five who reside in Iowa and meet income guidelines are eligible for WIC services.
- The program is designed to help assure normal growth, increase immunization rates, and improve health care access.

Currently, WIC services are provided to approximately 60,000 participants per month through a network of contract agencies and clinic sites statewide. The program is federally funded.

# Maternal Health (MH), Child and Adolescent Health (CAH)

## Maternal Health

Core service for the MH Program include:

- Presumptive eligibility determination
- Care coordination, including dental
- Transportation
- Interpretation
- Medicaid prenatal risk assessment
- Health education
- Breastfeeding support
- Home visit by a nurse
- Postpartum follow-up
- Psychosocial services (required if high risk pregnancy)

## Child and Adolescent Health (CAH)

Core services include:

- Information for new Medicaid enrolled children, birth to age 21 years
- Care coordination
- Direct care services such as dental and vision screenings

Together the MH and CAH programs serve more than 110,000 Iowans each year. These programs are funded by federal and state dollars.

# I- Smile™

## I-Smile™

I-Smile™ connects children, pregnant women, and families with dental, medical, and community resources to ensure a lifetime of health and wellness.

- The program focuses on preventing dental disease, identifying ways to help families receive care from dentists, and promotes the importance of oral health within Iowa communities.
- As part of I-Smile™, I-Smile™@ School provides dental sealant and education services in schools to vulnerable children less likely to receive private dental care. Through an agreement between IDPH and Iowa Medicaid, care coordination and limited direct dental services provided by dental hygienists and/or nurses are reimbursable for MCAH contractors.
- March 2019-2020, the program served 62,902 children and pregnant women.
- It is funded through state and federal dollars.

# 1st Five

## 1st Five

- 1st Five is a public-private partnership bridging primary care and public health services in Iowa.
- The model supports health providers in the earlier detection of social-emotional and developmental delays and family risk-related factors in children birth to 5 and coordinates referrals, interventions and follow-up.
- 1st Five includes developmental support services to connect families to local community resources to address a variety of needs related to healthy development and the social determinants of health including, but not limited to, food, transportation, housing, childcare/preschool, energy assistance, and infant supplies.
- It is an evidence-informed initiative, operating based on the results of the Assuring Better Child Health and Development (ABCD II) project and recommendations of the American Academy of Pediatrics.

1st Five is state-funded and serves about 3,000 children per year.

# Why is IDPH making changes now?



- Currently, multiple WIC agencies serve a single MCAH agency and vice-versa.
- Inconsistencies leading to service issues for program participants.
- Competition/switching counties between service areas negatively impact families who struggle to navigate ongoing changes.
- Strong desire to improve health outcomes and pool resources to meet needs.
- Title V emphasizes the need for evidence-based strategies to address performance measures.
- WIC emphasizes funding creativity and partnerships.

# How will it work?

- Public meeting to assist in awarding funds to promote better collaboration.
- Ensure equity to accessing services.
- Data regarding programs and populations served was analyzed.
- One collaborative service area map will be used for all programs serving the same population.
- The department will award one contractor per collaborative service area for MCAH, I-Smile and 1<sup>st</sup> Five, and one for WIC.
- The new collaborative service areas will create stronger partnerships and allow for the best use of resources achieving improved health outcomes for the population being served.

# What was considered?

This was a data-driven process that considered which populations were served by area. Data for the past several years includes:

- Population information
- Program utilization information
  - WIC
  - Title V Maternal Health
  - Title V Child and Adolescent Health
  - I-Smile
  - 1st Five
- Medicaid enrollment
- Medicaid births
- Primary care practices

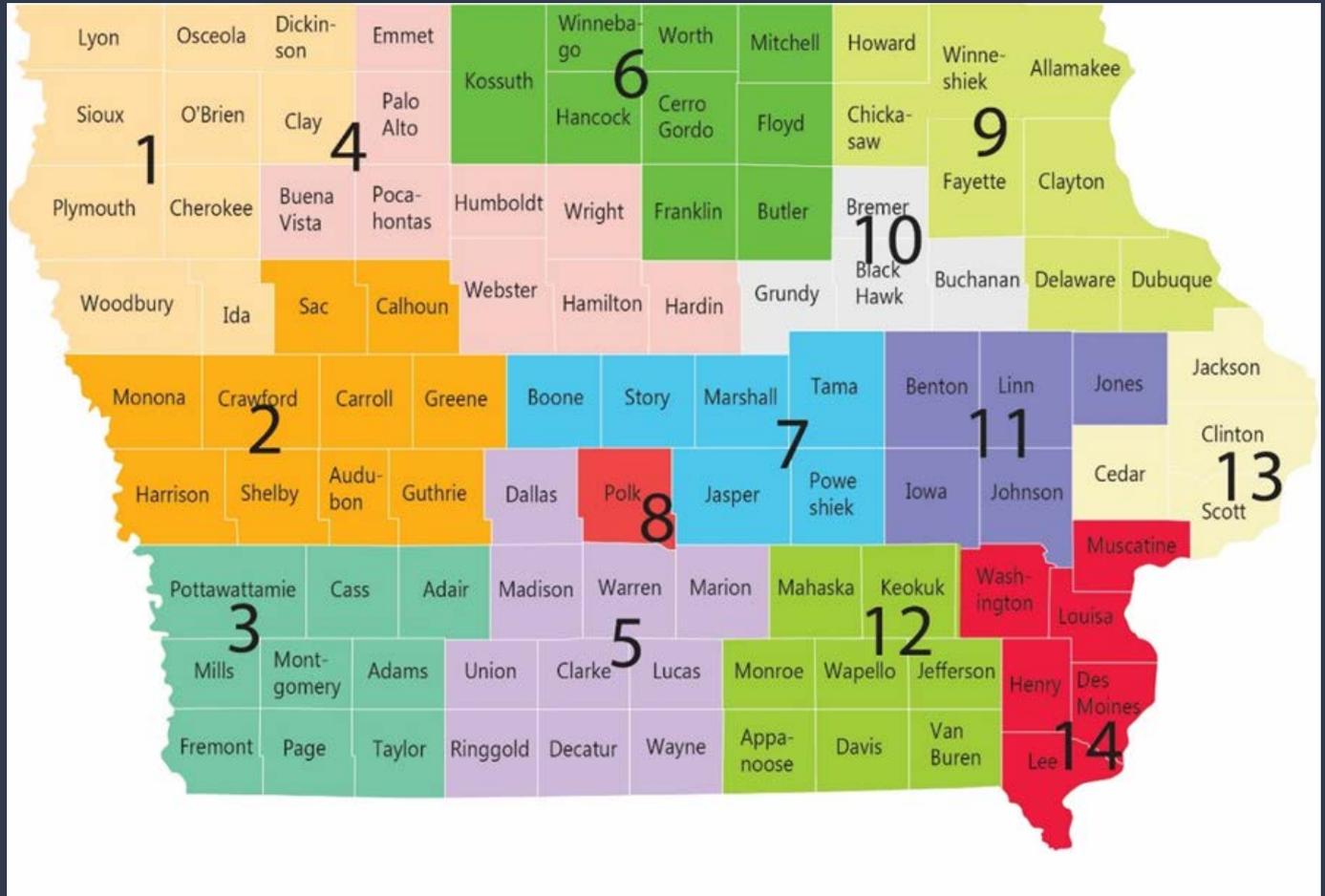


# What's the timeline?

- Public input meeting today
- Comments for consideration may be submitted to [MCH@idph.iowa.gov](mailto:MCH@idph.iowa.gov) until September 29, 2020
- The new collaborative service area map will be released for programs in the following order:
  - WIC RFP early 2021; contract start date October 2021
  - MCAH/I-Smile RFP early 2022; contract start date October 2022
  - 1<sup>st</sup> Five RFP spring 2022; contract start date October 2022



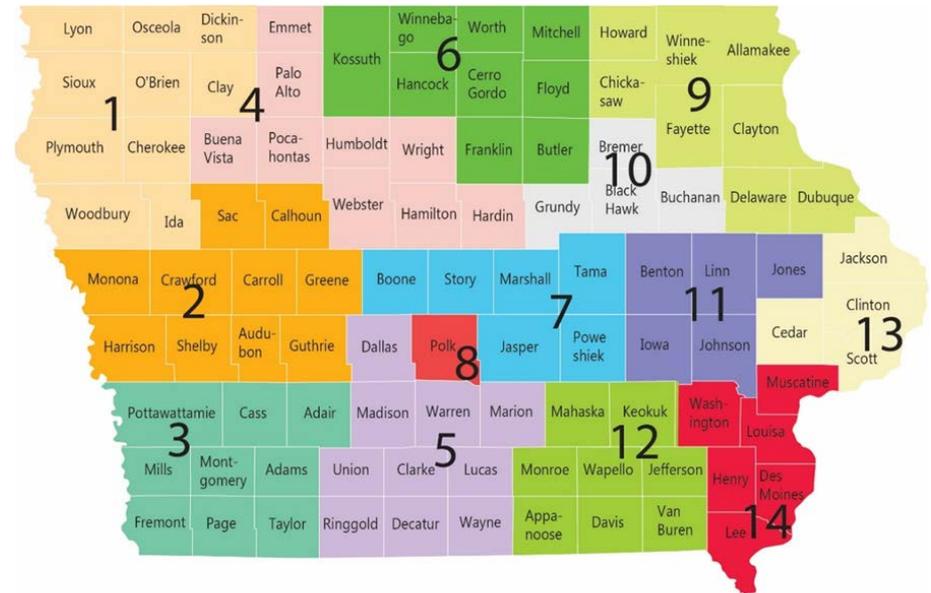
# Proposed Collaborative Service Area Map



# Public input to understand positive aspects and concerns of the proposed service areas

- Potential number of clients to be served
- Physical area (distance) to be covered
- Service delivery models
- Community partnerships
- Potential subcontracting
- Ability to assure quality services and meet health needs of both rural and urban clients, relative to service area size.
- Other considerations

\*The goal is to effectively serve families and provide consistency between programs along with appropriate funding to support the work.



# Questions



Comments for consideration  
may be submitted to  
[MCH@idph.iowa.gov](mailto:MCH@idph.iowa.gov) until  
September 29, 2020