

2025 TITLE V PRIORITIES

Title V Team

10/08/2025

OUR MISSION:

To promote, protect, and improve the health and safety of all Hoosiers.

OUR VISION:

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.



Title V MCH Block Grant

- One of the largest (and the oldest) federal block grant programs
 - The Social Security Act of 1935
- Funds support promoting and improving the health of mothers, infants, children, including children with special health care needs, adolescents, and their families.
- Each year, funds are allotted using a formula based on low-income children and are split between Maternal and Child Health (MCH) (2/3) and Children and Youth with Special Health Needs (CYSHN) (1/3).
 - Indiana receives around ~\$12.8 million annually
- States are required to submit an annual report and application to HRSA every July.
 - Every 5 years, states must complete a Needs Assessment how they see fit as apart of the application



Purpose of the Title V Needs Assessment

- Determine top health themes, barriers, and goals of Hoosiers
- Set priorities across the six domains for a five-year cycle
 - Women/Maternal, Perinatal/Infant, Children, Adolescent, Children and Youth with Special Health Care Needs, Cross-Cutting
- Create State Action Plan
 - National Performance Measures (NPMs)
 - State Performance Measures (SPMs)
 - Evidence-based Strategy Measures (ESMs)
- Lay the foundation for continual assessment and improvement of funded state/local programs

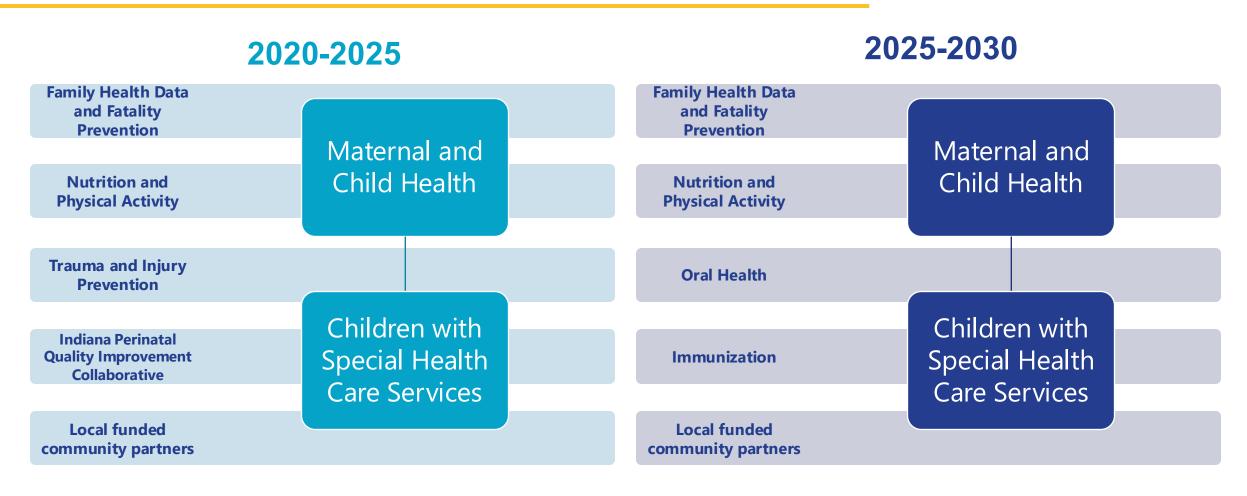


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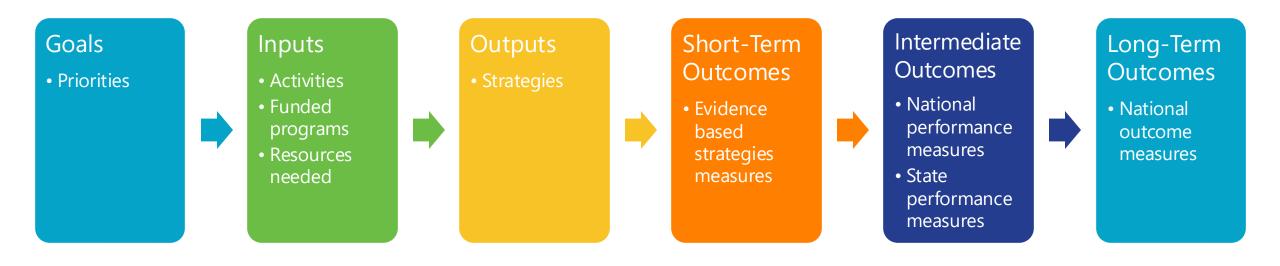


Structure of Title V in Indiana



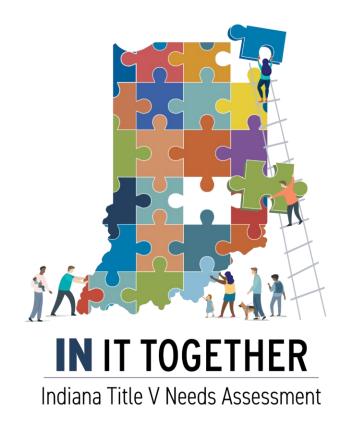


State Action Plan Roadmap





Indiana 2025 Title V Needs Assessment



Needs Assessment Structure

Title V Leadership Team

- MCH Title V Team
- CSHCS Title V Team
- Diehl Consulting

Steering Committee

- Current Funded Division Partners
- Other Division Partners that touch MCH Population

Establish a Budget for needs Collect leadership team assessment in and steering secondary data Title V spending committee Focus groups-Final collection of Statewide survey who didn't we secondary data hear from?





Share findings and gather public input





Lessons Learned from 2020

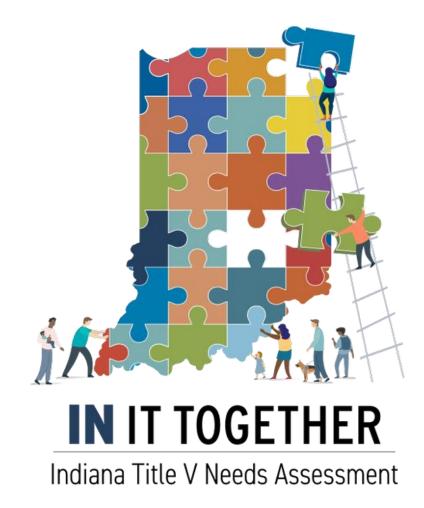
- Pilot survey with two community-based organizations
 - Shorten survey length
 - Changed how questions were asked
 - Kept language barriers in mind
- Aligned questions to include:
 - Social Determinants of Health
 - New guidance/reporting requirements
- Focus Groups
 - Who didn't we hear from?
 - What do we want to know more about?





Needs Assessment Findings

- Survey
- Focus Groups
- Secondary Data



IDOH Title V Survey Response Tracker

Total Respondents: 9138

8855

Spanish Survey Respondents:

English Survey Respondents:

283



Location of Respondents

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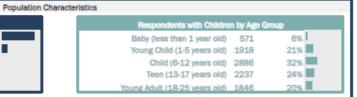
Editing this shape or saving this workbook into a different file format will permanently break the chart.

Respondents	by IHA Hospital	District
Central	2879	32%
Northeastern	856	10%
Eastern	780	9%
Southern	681	8%
Western	611	7%
Southwestern	602	7%
Northwestern	559	6%
Southeastern	558	6%
Central Southwestern	541	6%
Northern	521	6%
Midwestern	355	4%

Respondents by I	Emergency Prepare	edness District
District 5	2528	28%
District 6	1036	12%
District 3	849	9%
District 1	776	9%
District 8	733	8%
District 9	684	8%
District 4	651	7%
District 10	617	7%
District 7	541	6%
District 2	528	6%

		1 opulation	
Respondents by Gende	er		
Woman	7629	84%	
Man	1335	15%	
Non-Binary	55	1%	
Prefer not to say	56	1%	
Prefer to Self-Describe	10	0.1%	

Respondents by Race White	7584	86%
WHILE		
Black or African American	836	10%
Prefer not to say	308	4%
American Indian or Alaska Native	204	2%
Asian	163	2%
Another Race	151	2%
Middle Eastern or North African	30	0.3%
Native Hawaiian or Other Pacific Islander	28	0.3%



Respondents by E	thnicity	
Hispanic or Latino/a	760	8%
Non-Hispanic	8060	89%
Prefer not to say	246	3%

	amilies w	ith someone wi	no has Special Healthcare N	eeds
Yes No	1900 6647	21%	75%	4%
Unsure	322	_		

		Families with :	someone who is pregnant	
Yes	342			
No	8259	4%	95%	1%
Unsure	51			

Number of Respondents by Urban/Rural Designation



■ Urban ■ Rural

Pamily Characteristics Do you and your household currently have health insurance? Yes, we all do (n=6495) Only some of us do (n=935) No one has insurance (n=185) Unsure (n=69)

Respondents that have medicaid

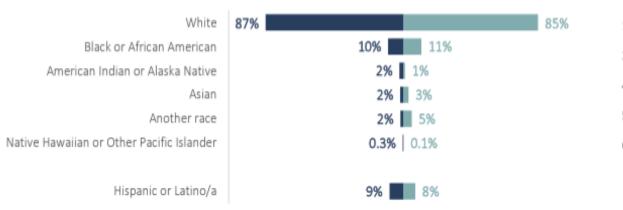
Medicald (n=2909)



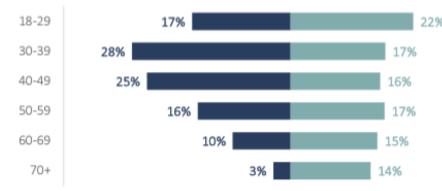
Who Took the Survey?

The percentage of survey respondents compared to the percentage of the population by race/ethnicity.

The percentage of survey respondents compared to the percentage of the state population by age group.





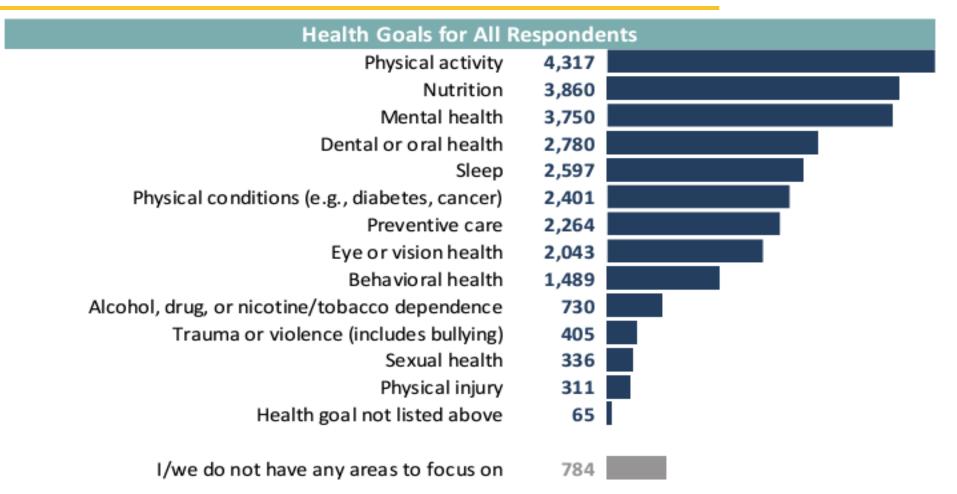


ACS 5-Year Estimate: Table S0101. Indiana population 18 and older. 2022

- Respondent demographics aligned with Indiana census data.
- All counties had at least nine responses.



Health Goals





Health Resources

No 11% 26% 38%	Unsure 2% 6%
26%	6%
38%	40/
	4%
11%	2%
10%	2%
39%	5%
25%	4%
12%	3%
18%	11%
33%	11%
49% 47% 36% 22%	47% 12% 36% 18%
	10% 39% 25% 12% 18%



Personal and Supporting Resources

Personal Resources or Experiences for All Respondents		Do yo	Do you have access to this resource?			
reisoliai Resources of Experiences	of All Respondents	Yes	Sometimes	No	Unsure	
Having enough money to meet health needs	4,197	16%	48%	34%	1%	
Having time to focus on my/our health	3,487	12%	56%	31%	1%	
My/our jobs allow for the flexibility we need	3,016	29%	48%	21%	2%	
Good social support (e.g., friends, family)	2,817	53%	35%	11%	1%	
Healthcare providers who I can trust	2,795	37%	49%	10%	4%	
Feeling safe in the community where I live	2,549	46%	42%	11%	1%	
Less time spent on electronics	2,538	19%	54%	23%	3%	
Healthcare providers who treat me well	2,302	40%	48%	9%	2%	
Feeling safe with my family	1,279	68%	26%	5%	1%	
Confidence in seeking health support	1,180	22%	52%	22%	4%	
Receiving information about health resources	982	27%	46%	22%	5%	
Cultural or language supports	323	24%	48%	26%	2%	
	_					
None of these are or would be helpful	466					

Supporting Resources for All Respondents		Do y	Do you have access to this resource?			
Supporting Resources for All I	respondents	Yes	Sometimes	No	Unsure	
Safe and affordable housing	2,915	30%	29%	35%	6%	
Grocery stores close to where I live	2,325	52%	20%	27%	1%	
Good K-12 schools in my community	2,272	56%	24%	15%	5%	
Walking paths close to where I live	1,926	30%	23%	45%	2%	
Police and first responders who are responsive	1,789	52%	35%	9%	5%	
Affordable childcare close to where I live	1,575	13%	24%	53%	10%	
Sidewalks in my neighborhood	1,507	27%	22%	51%	1%	
Streetlights in my neighborhood	1,400	22%	30%	46%	2%	
Social services that help meet basic needs	1,361	35%	27%	31%	7%	
Reliable personal or private transportation	1,346	52%	27%	19%	2%	
Public park close to where I live	1,328	53%	15%	29%	2%	
Reliable public transportation	1,263	13%	18%	66%	3%	
Public library close to where I live	1,020	68%	9%	21%	3%	
Family support services (e.g., HFI, NFP)	1,010	32%	23%	29%	16%	
Bicycle lanes on the roads	922	9%	33%	58%	1%	
Dependable relief services for caregivers	898	9%	23%	50%	18%	
None of these are or would be helpful	794					



Top Survey Findings

Health Goals:

- Pregnancy/Postpartum care
- Physical activity/Nutrition
- Mental health

Health Care & Health Insurance Resources:

- Local providers with flexible hours
- Quick access to providers
- Cost and coverage of services

Supporting Resources:

- Housing/Built environment (this includes sidewalks, gyms)
- Public transportation/Transportation
- Childcare

Personal Resources and Experience:

- Cost and coverage of health services
- Support systems for family and caregivers CYSHN
- Time and flexibility to focus on health



Focus Groups

Formal

- IDOH staff was not present
- Consulting group conducted each group
- Population specific groups (moms, caregivers, youth)
- Local partners hosted and recruited
- Indiana Youth Advisory Board
- English and Spanish speaking participants

Informal

- IDOH staff was present unless stated not to be
- Community discussions hosted by local partners
- Focused on populations that were missing from the survey
 - Haitian Creole, Burmese,
 Spanish, Amish
- Women in the Leath Unit in the Indiana Women's Prison
- Continuing conversations throughout the year



Top Focus Group Findings

Health Areas Going Well:

- Physical Activity
 - Valuable Resources (parks, trails, sidewalks) and Exercise Opportunities
- Nutrition
 - Education, social services (WIC SNAP)
- Mental Health
 - Social Supports, School Resources and Supports
- Baby's Health
 - Safe Sleep Education, Postpartum Support in the Hospital

"I found a good balance with my mental health between school, working, my friends, my relationships, so I've been very in tune with my mental health. That's been my priority."



Top Focus Group Findings

Barriers to Being Healthy:

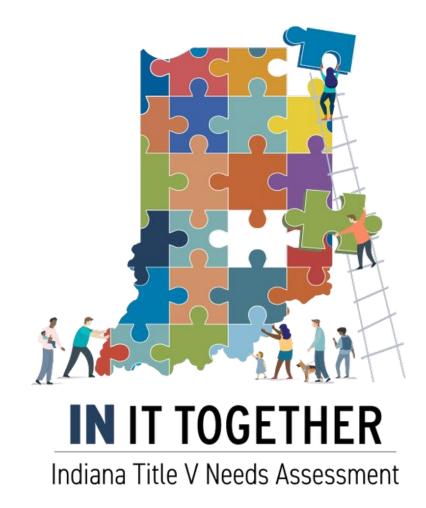
- Mental Health
 - Stigma and Support, Access, Coverage, and Availability
- Physical Conditions
 - Access to Providers, Support Groups, Time and Knowledge
- Postpartum Health
 - Mental Health, Physical Health, Support Groups, and Quality,
 Caring, Relatable, and Understanding Providers
- Nutrition
 - Cost and Access to Healthy Food, Education on Nutrition and long-term benefits, and Personal Motivation

"My health has been on the back burner because I have 2 children with major health needs. When I think of that, I think of making sure I have good insurance coverage."



Secondary Data Findings

- Women and Maternal
- Perinatal and Infant
- Children's Health
- Adolescent Health



Secondary Data

Data came from multiple sources, including:

- IDOH
 - Vital Records
 - Division of HIV/STI/VH
 - Genomics and Newborn Screening
 - Division of Family Health Data and Fatality Prevention
 - Tobacco Prevention and Cessation
 - Immunization

- National and Public Sources
 - Behavior Risk Factor Surveillance System (BRFSS)
 - Pregnancy Risk Assessment Monitoring System (PRAMS)
 - National Survey of Children's Health (NSCH)
 - Youth Risk Behavior Survey (YRBS)/School Health Profiles (SHP)
 - American Community Survey ACS 5-Year Estimate
 - Indiana Youth Institute Kids Count Data Book



Women/Maternal



84% of Indiana women visited the doctor within the last 12 months (BRFSS, 2022).

• 10% of Indiana females reported that there was a time in the past 12 months when they needed to see a doctor but **could not afford it**.



26% of Indiana women reported running out of food and not having enough money to get more at least once in the past 12 months (BRFSS, 2022).

• 9% of Indiana residents have **limited access** to healthy foods (low-income residents that do not live close to grocery stores) (USDA Food Environment Atlas, 2019 via County Health Rankings, 2024).



40% of Indiana women said that their **mental health (including stress, depression, emotional problems) was not good** for 3 or more days in the last 30 days (BRFSS, 2022).



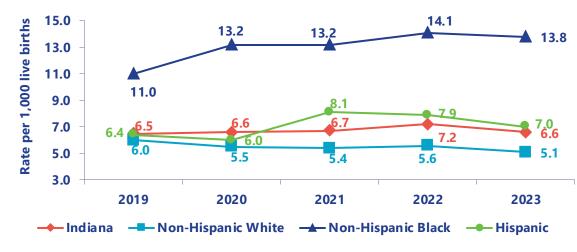
2024 Indiana Maternal Mortality Review Committee (MMRC) Annual Report

- In 2022, the Indiana MMRC deemed 83% of deaths to be preventable.
- For 2018-2022, **81% of pregnancy-associated deaths** were determined to have had a **good chance or some chance to alter** the outcome.
- Substance use was a contributing factor in 46% of deaths 2018-2022.
- Mental health conditions were a contributing factor in 26% of deaths 2018-2022.



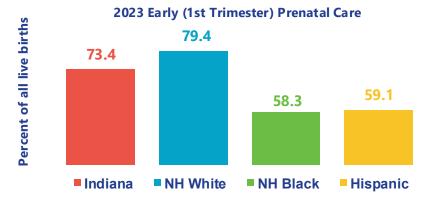
Perinatal/Infant Health

The Indiana infant mortality rate remains above the national average (5.6 per 1,000 live births) and disparities exist in these rates by race and ethnicity.



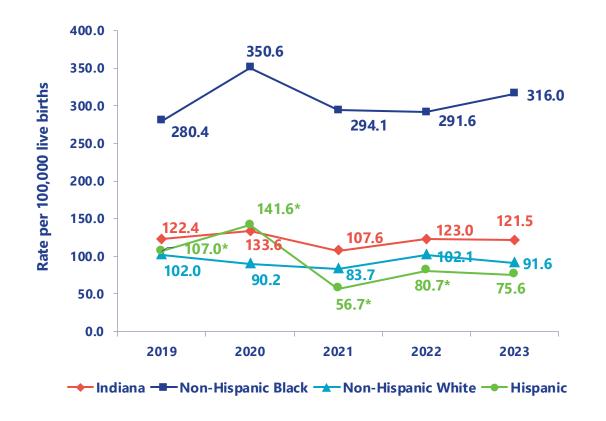
The percentage of Indiana infants breastfed at hospital discharge has been increasing but remains below the national average.







Infant Safe Sleep



- 64% of mothers reported that their baby always slept alone in their own crib or bed (PRAMS, 2023)
- 95% of mothers reported that they most often laid their baby on his or her back to sleep (PRAMS, 2023)
- 99% of SUIDs in Indiana 2015-2019 had at least one unsafe sleep factor present (IDOH SUIDs Report, 2023)
 - 51% of SUIDs during this period coinciding with bedsharing with at least one adult
 - 41% occurred with a thin blanket or flat sheet present

Indiana Original Source: Indiana Department of Health, Vital Records, ODA, Data Analysis Team



Children's Health



31% of Indiana children ages 6-11 are physically active for 60 minutes every day compared to just over one-fourth of all United States children ages 6-11 (NSCH, 2022-2023).



73% of SNAP participants in Indiana are families with children (US Census Bureau, ACS 5-Year Estimates S2201 via IYI KIDS COUNT Data Book, 2024).



99.8 per 100,000 Indiana youth reported frequent suicidal ideation on the PHQ-9 depression screen (Mental Health America: Mapping the Mental Health of Our Communities, 2023).



10% of Indiana families with children sometimes or often did not have enough food to eat (US Census Bureau Household Pulse Survey, Cycle 05, April-May 2024).



64% of Indiana children have adequate and continuous insurance coverage. Children ages 6-11 (68%) had a slightly higher rate compared to children ages 0-5 (65%) (NSCH, 2022-2023).



30% of Indiana children who are food insecure are likely ineligible for federal nutrition programs due to household income (Map the Meal Gap, 2022)



Adolescent Health



45% of Indiana high schoolers are active for at least 60 minutes per day on 5 or more days a week (YRBS, 2023).



16% of Indiana high school students attempted suicide one or more times during the last 12 months (YRBS, 2023).



25% of Indiana high school students reported eating fast food at least three times a week (YRBS, 2023).



22% of Indiana high school students reported getting eight or more hours of sleep on an average school night (YRBS, 2023).



Adolescent Well-Visit

73% of Indiana adolescents have a personal doctor or nurse (NSCH, 2022-2023), and **71%** of Indiana young adults have one or more personal doctors (BRFSS, 2022).

78% of Indiana adolescents and **70%** of Indiana young adults received a preventive care visit in the past 12 months (NSCH, 2022-2023 & BRFSS, 2022).

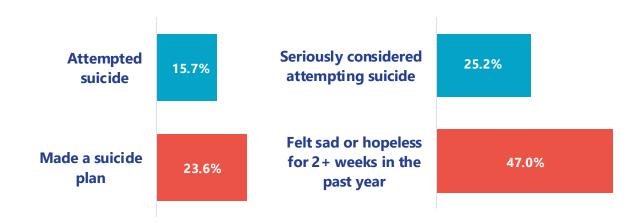
12% of Indiana young adults had a time in the past 12 months where they needed to see a doctor but could not afford it (BRFSS, 2022).

29% Of Indiana adolescents did not receive needed care coordination (NSCH, 2022-2023).

Mental Health (YRBS, 2023)



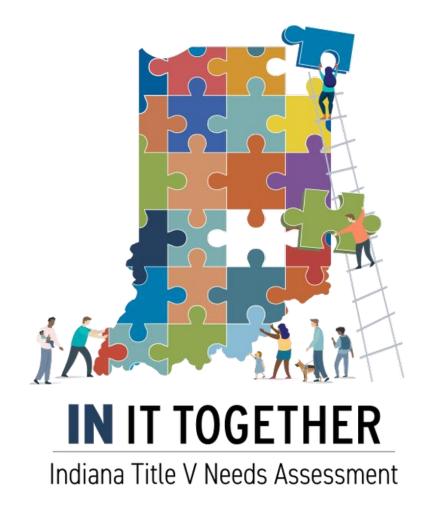
students reported poor mental health most or all the time in the past 30 days





State Action Plan 2025-2030

- New Priorities
- Next Steps



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Title V 360 Lens

<u>Title V Leadership team looked at:</u>

- Survey Results
 - Top barriers & health goals for Hoosiers
- MCH Landscape
 - IDOH, HFI, State Agencies, Local Partners
- Partner and Local Feedback
 - Steering Committee
 - Focus Groups
- Current Available Data
 - State and Federal

Priorities

Survey

Focus Groups

Secondary Data

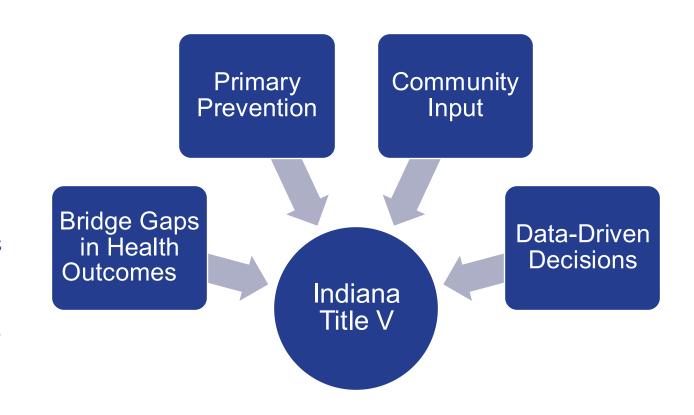
MCH Landscape

IDOH Role and Capacity



2025 Strategic Anchors Priorities

- Bridge Gaps in Health Outcomes by ensuring programs and funded partners focus on reducing barriers and challenges
- Focus on Primary Prevention to improve health outcomes, expand access to care, and support stronger, healthier families by addressing the root causes of poor health before they begin
- Community Input reflects prioritizing the experiences, needs, and strengths of Hoosier families to build effective programs and responses
- Data-Driven Decisions ensuring all elements are based on concrete evidence from the comprehensive needs assessment





New Priorities 2025-2030

Enhance Approaches to Operations, Data and Evaluation

Reduce Preventable Deaths and Advance Quality of Life Focus on Upstream Opportunities and Strategies Address Community Health Factors and Systems that Influence Health Status and Behaviors Improve Physical Health and Strengthen Mental, Social, and Emotional Wellbeing Promote Protective Factors and Uplift Hoosiers Families Foster Reciprocal Communication and Strategic and Sustainable Collaboration



2025-2030 Title V Performance Measures

Women/Maternal

NPM: Postpartum visit

SPM: Promotion of women & maternal health

Perinatal/Infant

NPM: Safe sleep

SPM: Infant wellness & protection Children

NPM: Childhood vaccination

NPM: Medical home

SPM: Child safety & supports

Adolescent

NPM: Mental health treatment

SPM: Adolescent wellbeing

Child/Youth with
Special Health Care
Needs

NPM: Medical home-family centered care

NPM: Medical home-care coordination

Cross-Cutting

SPM: Data guided initiatives

SPM: Partner & family feedback



IDOH Title V Programming

Maternal & Child Health

- Children's health
- Early Hearing Detection and Intervention (EHDI)
- Indiana Youth Upstander Project
- Lactation and mental health training

Family Health Data & Fatality

Prevention

- Safe sleep resources
- Injury prevention
- Trauma focused cognitive behavioral therapy

Immunizations

7-series vaccination

Nutrition and Physical Activity

- Physical activity: Tactical urbanism, bike & pedestrian planning
- Breastfeeding implementation

Oral Health

- Maternal tele-dentistry
- Home visiting

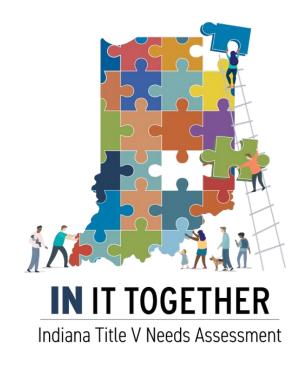
Children with Special Health Care Services

- Community recipients
- Care coordination
- Family advisory board



Upcoming Next Steps

- Collect community/public feedback
 - What are we missing?
- Hold an External RFA process (Early 2026)*
 - Similar expectations from internal process
 - Fund partners for two years with the opportunity for a performance award
- Continue to monitor needs over the cycle for pivots or adjustments





Questions?

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