

# STATE TITLE V BLOCK GRANT NARRATIVE

STATE: UT

APPLICATION YEAR: 2005

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## **I. GENERAL REQUIREMENTS**

### **A. LETTER OF TRANSMITTAL**

The Letter of Transmittal is to be provided as an attachment to this section.

### **B. FACE SHEET**

A hard copy of the Face Sheet (from Form SF424) is to be sent directly to the Maternal and Child Health Bureau.

### **C. ASSURANCES AND CERTIFICATIONS**

The State Title V Office has on file a copy of the Assurances and Certifications - non-construction program, debarment and suspension, drug free work place, lobbying program fraud, and tobacco smoke. They are available at any time for review upon request.

### **D. TABLE OF CONTENTS**

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published June, 2003; expires May 31, 2006.

### **E. PUBLIC INPUT**

Proposed activities to address the Performance and Outcome Measures were sent to more than 160 individuals statewide with whom we interact regularly to coordinate plans and efforts toward improved maternal and child health. These individuals included counterparts in local health departments; community health centers; the State Primary Care Association and Primary Care Organization; community and academic health professionals; community-based agencies; parent representatives, and, partners in education and human services systems. As in previous years, the mailing included a brief response form for individuals to respond and provide input on the proposed activities.

Public notices were placed in each of six newspapers published in Utah: The Salt Lake Tribune and the Deseret News (Salt Lake City); the Standard Examiner (Ogden); the Herald Journal (Logan); the Daily Herald (Provo); and, the Richfield Reaper (Richfield) inviting the public to review and make comments.

The public comment document was placed on the Internet for responses from individuals who accessed the information via the web.

The overall response rate for the FY05 Application was 21%, which is higher than the response rates for the previous three years. The feedback from the respondents was provided to key program staff to review and incorporate as appropriate into the annual plan.

## **II. NEEDS ASSESSMENT**

In application year 2005, the Needs Assessment may be provided as an attachment to this section.

### **III. STATE OVERVIEW**

#### **A. OVERVIEW**

Since the submission of Utah's FY96 Needs Assessment, some significant changes in the demographics of the State as well as in the health care systems have taken place. These are discussed in detail in the needs assessment section of the application. The following narrative highlights a few challenges that warrant our special attention in planning, implementing, and evaluating health care services for mothers, children, and families during the upcoming year.

Utah has the nation's youngest population and the highest fertility rate. The 1990 census shows 36 percent of Utahns are younger than 18. Census demographers estimate that in 1999, the state's population reached a little more than 2.1 million. The Governor's Office of Planning and Budget projects that by 2020, the state will reach 3.3 million people. As of July 1999, Utah was the eighth fastest growing state in the country. More than three-quarters of that growth will come from local births exceeding deaths. Births in 2001 were at an all time high of 47,915 for a birth rate of 20.9, down 0.2 from the previous year. Utah's birth rate remains much higher than the national average of 14.5. Preliminary data for 2002 births indicate that more than 50,000 births occurred.

While Utah continues to be predominately white, ethnic minorities make up a larger portion of the state's population. Although minority groups comprise less than 11 percent of the total population, several ethnic minority groups are growing quickly, especially the Latino population. Refugee populations are growing, with increasing demands for language translation services. These factors all have an impact on the health care system's ability to address adequately the health care needs of the MCH population. Of particular concern in terms of meeting health care needs with the ever-increasing Latino population is documentation status. The number of undocumented Latinos is on the rise with resultant challenges in meeting health care needs. Especially of concern is prenatal care for women without documentation since they are not eligible for public assistance, even though their newborns will be eligible for benefits. In recent months, INS has raided businesses with a large undocumented worker population resulting in deportation. Many undocumented workers fear any contact with a government agency due to the threat of deportation.

Utah is largely a rural and frontier state, with the majority of the state's population residing along a 75 mile strip, the Wasatch Front, running from Ogden (north) to Provo (south) with Salt Lake City, the state's Capitol, in between. Although 76% of the state's population lives along the Wasatch Front which comprises only 4% of the state's land, 17% of the state's population lives in 26% of Utah's land mass considered rural (18.1 persons per square mile) and 7% of the state's population lives in the 70% of the state land mass that is frontier (2.8 people per square mile). This distribution of urban versus rural/frontier population presents challenges in the health care service delivery system for all residents living in the rural/frontier areas of the state. Obviously in the rural and frontier areas, many residents are not able to access health care services as well as those who live in urban areas. Specialists may not be available to rural/frontier residents except by traveling hundreds of miles. Residents living in the rural/frontier areas may be unwilling to access certain services because others will automatically know what services they are accessing, thus impacting confidentiality and anonymity.

The 2001 Utah Health Status Survey showed 8.7% of residents from birth through 85 years of age had no health insurance, a decrease from the 1996 rate of 9.5%. Compared to 7.2% of the non-Hispanic population, 25.8% of Hispanics reported being uninsured. As these populations are expected to contribute to future community population growth, it can be expected that the uninsured rate among these residents will also increase. Of those with insurance, 11.6% indicated they had a problem with access, indicating an issue with adequacy of insurance.

As the lead agency in public health, the Utah Department of Health is committed to reducing the numbers of uninsured. State staff, along with many partners, provided the leadership to implement a state model Children's Health Insurance Program to address the issue of uninsured children in Utah. Utah's CHIP plan was approved in August 1998 and currently enrolls approximately 24,000 children.

The Utah CHIP eligibility level is 200% FPL for children between the ages of 0-18 years. With new appropriations, it is anticipated that another 4,000 children will be enrolled during FY04. However, even with the additional enrollment slots, it is anticipated that approximately 20,000 potentially eligible children will not be able to enroll in CHIP due to budget limitations. The state has worked diligently to establish effective enrollment processes to enroll as many eligible children as possible in this non-Medicaid State plan within the budgetary limitations. Enrollment in CHIP was capped in December 2001 due to higher than projected numbers of children enrolled, exceeding 25,000, approximately 4,000 more children than had been anticipated. Two open enrollments have been held in 2002 to accommodate additional children who qualify for the program. Current enrollment is almost 24,000 children, with a goal of maintaining an average of approximately 28,000 children annually. It is anticipated that periodic open enrollment periods will still be necessary due to the program's budget limitations.

Eligibility for Utah's Prenatal Medicaid program has not been increased from the 1990 income eligibility level of 133% of the federal poverty level (FPL). As a result, many women and their families, best categorized as working poor, are ineligible for health care coverage, making it difficult for them to access health care, especially prenatal and family planning services. Medicaid's current eligibility level for children 0-5 years of age is 133% FPL and 100% FPL for children 6-18 years of age.

The Utah 2000 Child Health Survey indicated that 29.6% of children had no regular medical checkup. Approximately 75 of those surveyed indicated that they had no regular provider or place for acute care for their children. More than 12% of families surveyed were unable to access a health care provider for a variety of reasons, including financial barriers. Almost 14% of families surveyed indicated that they had problems accessing a dentist during the previous twelve months.

Access to immunizations may be difficult for children who are underinsured, for example, children whose family income is between 100 and 200 percent of the federal poverty level who would qualify for CHIP except for the fact that they have some medical insurance. Local health departments charge an administration fee for immunizations between \$5-\$15 which can be waived for families unable to pay. The State Immunization Program's Vaccine for Children (VFC) Program is available for children who are on Medicaid, uninsured, underinsured, or of American Indian/Alaska Native heritage. All local health departments, community health centers and migrant health centers are VFC providers, making low cost immunizations available in most communities.

Most children whose family income would qualify them for CHIP except that they have some medical insurance have no dental coverage because their medical insurance does not cover dental care (estimated to be about 19,000 by the Utah 2000 Child Health Survey). As a result, they are not able to easily access dental health services unless their parents are able to pay out of pocket. In addition, the scope of CHIP dental benefits is not as broad as the benefits offered to children enrolled in CHEC (Utah's EPSDT). Children with disabilities find it especially difficult to access oral health care for several reasons including: most clients with disabilities are Medicaid recipients; many dentists are reluctant and/or not trained to treat people with disabilities in the traditional office setting; many dentists are not willing and/or do not have the appropriate anesthesia permit to see patients with severe disabilities in a hospital or surgical care center; and, few facilities in rural Utah where dental treatment can be conducted for people with severe disabilities.

Financial barriers continue to exist for families and children whose condition and/or services are not covered by third party payers (e.g., pre-existing conditions, therapy, orthodontia, dental and surgical exclusions). Limited provider panels offered through managed health care plans reduce accessibility to pediatric specialty care. The Child Health Insurance Program (CHIP) has improved basic medical coverage for uninsured families but specialty services are not covered.

The health care system in Utah is developing more cultural awareness, especially as the population of Utah changes. The results of a 1997 Department of Health qualitative study of ethnic populations indicated that individuals of ethnic populations feel as though they were inadequately or poorly treated because of their ethnicity; they wanted health care providers of their own ethnicity or providers who

could relate to them and their beliefs; they want health care providers to ask them what they need and not assume what they need; they had to wait long times while others who arrived later were seen earlier; they need access to interpreters and materials in own languages; they want acceptance of their beliefs about health and prevention (one doesn't go to doctor if not sick); and, they want providers to be sensitive to gender issues. Documenting disparities at times is difficult given small numbers of populations in which to draw significance. The Department has endeavored to include data on subpopulations in the state in an attempt to better quantify the issues faced by various groups of individuals.

Local health departments and community health centers have worked to hire bilingual health professionals to better meet the needs of their changing client population. Since the major ethnic group in Utah is Hispanic, clinics have attempted to address the needs of the Hispanic population through hiring of bilingual staff. However, there are other groups in the state that are growing in numbers that are hard to reach due to language barriers, cultural barriers, and provider acceptability. However, much remains to be done in this arena. Staff needs more training on cultural awareness and it needs to be recognized that cultural sensitivity incorporates more than language and skin color.

Utah's public health system consists of 12 autonomous local health departments (LHDs). Most local health departments are multi-county districts covering large geographic areas. Many local health departments are moving away from direct services, recognizing that they do not have the capacity to provide primary care. The Bureau of Maternal and Child Health is promoting this refocusing of public health efforts with the local health departments through piloting a new contract that includes local needs assessment (including the MCH Performance and Outcome Measures), local capacity assessment, and prioritization of health care needs in MCH populations in the LHD to determine use of the MCH Block grant funds the LHDs receive through contracts with the Bureau of Maternal and Child Health. During FY04, one district will pilot these new contract requirements, with plans to gradually implement them in all 12 districts within three years.

The health care system for MCH populations is well developed in Utah, with five large tertiary perinatal centers and two tertiary children's hospitals. Each of these centers has University of Utah Health Sciences faculty assigned and is well recognized throughout the state and the Intermountain West as a consultation and referral center for obstetrical and pediatric providers. These centers work with hospitals within their referral areas to encourage consultation and referral as needed, depending on the condition of the mother, infant or child.

Staff from CFHS interfaces with faculty from these centers through various efforts, including Perinatal Mortality Review, Child Fatality Review, clinical services, joint projects, and other committee work. Through these efforts, the need and importance for consultation and referrals between levels of service are emphasized via reports of mortality review findings, or reports on specific topics, such as low birth weight. For example, if through infant death review it is discovered that appropriate consultation and referral were not sought, the coordinator will contact the appropriate referral center to increase their awareness of the need for outreach to community providers and hospitals in their referral area.

The largest managed care organization and third party payer in Utah, Intermountain Health Care, recently developed protocols for obstetrical providers in their Utah plan, which encourage provision of care at all levels by providers most qualified to do so by training and experience. The protocols outline which conditions of pregnancy may be managed by a certified nurse midwife or other mid-level provider, a family practice physician, an obstetrician or a perinatologist. These specific guidelines promote provision of services and referrals among the various levels of care providers in this network.

Utah, not unlike other areas of the country, suffers from a shortage of certain types of health care providers, including nurses, neonatologists, dentists, etc. Provider shortages exist throughout the state, except along the Wasatch Front. The maps in the attachment detail areas of the state with provider shortages for medical, dental and mental health providers. Access to dentists in Utah is a

major issue, particularly for the Medicaid populations and for those living in rural areas of the state. The Oral Health Program initiated an Oral Health Summit designed to look at issues related to oral health in the state, with the plan to develop workgroups to identify priorities and strategies to address these issues. The difficulty of finding a dentist, especially in the rural communities, was identified as a major barrier to oral health care access. In 2002, legislation expanded the state primary care grants and loan repayment opportunities to dentists.

For the maternal population, there are areas in Utah with high ratios of women of childbearing age to providers, resulting in limited access to a prenatal provider in their geographic area (see map in attachment). Many rural counties lack obstetricians (see map in attachment). More than half of the counties (16 out of 29) are without any obstetrician-gynecologist for the management of high-risk pregnancies (see map in attachment). Four rural counties have no prenatal health care provider of any kind, requiring pregnant women in rural communities to travel many miles to a provider and/or hospital, some living more than 30 miles from a prenatal provider (see map in attachment). Obstetricians are limited in rural areas of the state as illustrated by the map in the attachment. Of concern in the past year has been obstetrical malpractice fees increase with lack of concurrent increase in Medicaid reimbursement rates for prenatal care, forcing some obstetricians to cut back on accepting Medicaid participants. The Department of Health is concerned that we soon will see a major barrier to women on Medicaid being able to access a prenatal provider due to low reimbursement rates. In several counties of Utah, there are no pediatricians or sub-specialists, necessitating families to drive long distances to access care for their children.

Mental health providers, especially those specializing in children's mental health, are limited, in part due to the mental health system in the state which is a Medicaid carve-out serving primarily the chronically mentally ill, but not necessarily those with acute conditions.

Utah is currently experiencing a nursing shortage, making it very difficult for the public health system to offer competitive salaries to nurses who are drawn to more lucrative hospital nursing positions. The number of nurses available to provide public health nursing services limits MCH services through local health departments, including home visitation.

The Utah WIC Program is continually challenged in hiring Registered Dietitians in urban and especially in rural area clinics, with several Registered Dietitians covering up to eight clinic sites. One health department's Registered Dietician is covering services for another health department due to its inability to fill the vacant position. Some sites have had positions for Registered Dietitians open for long periods.

Although all local health departments and community health centers are Vaccine for Children (VFC) providers, there are areas in the state with a shortage of VFC providers. The Immunization program is working diligently to increase the number of VFC provider sites by changing Medicaid provider enrollment to include automatic VFC provider enrollment unless a provider opts out of this program. The Program is also launching a statewide effort to increase the number of private providers enrolling in the VFC Program.

A continuing challenge in the delivery of community-based services to infants and toddlers with special needs is the availability of professionals statewide. There is a notable shortage in physical, occupational and speech therapists in remote or rural areas of the state. To solve this Baby Watch/Early Intervention Program (BWEIP) oversees a statewide credentialing program for personnel in the early intervention field for professionals working with children birth to 3 years. BWEIP has agreements with the University of Utah and Utah State University for pre-approved programs of study that will allow graduates in early childhood education to receive the state early intervention credentials. Additionally, the BWEIP and the State Office of Education collaborate on the Signal Project, which is a state improvement grant through the Federal Office of Special Education Programs that addresses the recruitment and retention of specialized personnel in early intervention and special education. The grant develops and targets strategies at the pre-service and in-service levels for personnel working in the special education field.

Access to maternal and child health care varies depending on the geographic area of the state. Even where prenatal care providers are more numerous, under- and uninsured women may be confronted with caps on the number of clients, an agency is able to accommodate including Presumptive Eligibility determination. However, gaps exist in certain areas of the state, such as Wendover, in the unique situation of being located in two states with different rules and regulations governing federal and state programs.

Presumptive eligibility for prenatal Medicaid has been problematic in some areas of the state, especially in the urban areas with limited Presumptive Eligibility (PE) sites. Co-location of PE workers and Medicaid eligibility workers has assisted women in accessing Medicaid eligibility faster. For those sites where the waiting times for appointments are too long, clients are referred directly to the department of Workforce Services workers to make a direct Medicaid application. Pregnant clients unable to afford private care in this health department are referred to adjacent local health departments. Opportunities for outreach and education may be lost without public perinatal services available in that county.

Populations of Spanish-only speaking families are growing throughout the state, mainly concentrated along the Wasatch Front, Wendover at the western border, and in northern, southern and central Utah. These families are more difficult to reach due to language barriers; cultural beliefs surrounding health care; transportation constraints; and ineligibility for many government programs if they are of undocumented citizenship status.

In the Southeastern corner of the state on the Navajo Indian Reservation, name recognition of the Baby Your Baby (BYB) Program is poor as the signal from the local CBS affiliate broadcasting the BYB public service announcements is often not available in that area. Because of the lack of broadcast of BYB public service announcements, families in this area of the state are not exposed to the resources they might access if they were aware of them. Obviously, other methods to reach these populations are necessary so that they have the ability to access needed resources.

Access to low-cost maternal and child health care services via community health centers is problematic in several areas of the state. Many rural areas of the state do not have access to a community health center that provides low-cost health care services. A new community health center has opened in the underserved and rapidly growing cities of St. George and Cedar City in the Southwest Utah Health Department. The Association for Utah Community Health, Inc., the state's primary care association, works to promote development of new or expansions of existing community health centers in the state. Recently a new community health center in Garden City, in the Bear River Health District was approved.

Other areas of the state where access to low-cost health care services is problematic include: Tooele County, especially the Wendover area; Wasatch and Summit Counties; Bear River Health Department; TriCounty Health Department; and portions of Central and Southeastern Utah Health Departments. Native American Indian women and their children in Southeastern Utah may have to travel to Tuba City, Arizona for services if they wish Indian Health Service to pay for their care. While the local health departments in all of these areas receive Title V funds, demand for services far outstrip the amount of funding available.

Through the Immunization 7-month-old survey which identifies those children who reach seven months who should have completed the majority of their first year immunizations at the 6-month well child visit, pockets of need, or children with a potential of not being fully immunized are identified. Each local health department follows up on identified children in their areas and links them to services as necessary. The largest areas of need are in the urban areas including in Salt Lake County, Ogden, Weber, and Utah Counties, representing unmet need of inner city urban areas.

A 1993 study conducted by the National Institutes of Health found 20% of Medicaid children received preventive dental services compared to 16% of Utah Medicaid children. Over the past several years, Utah Medicaid utilization of preventive dental services has gradually increased to 26%. Access to a

dentist willing to provide services for Medicaid enrollees is difficult for many in the state due to low reimbursement rates and provider unwillingness to serve this population. Medicaid operates several dental clinics in various sites in the state. While the CHIP Program covers dental health services, some needed dental services are not covered by CHIP. Access to oral health services is problematic for those families with health care coverage that does not include dental health services.

Most specialty and sub-specialty pediatric providers are located along the Wasatch Front, including the state's tertiary pediatric care centers, Primary Children's Medical Center and Shriners Hospital for Children. The location of most pediatric specialists and sub-specialists in the most populous area of the state presents a problem for provider access for special needs children in rural Utah. In several counties of Utah, there are no pediatricians or sub-specialists, necessitating families to drive long distances to access care for their children. The only licensed audiologist in the eastern half of the state is employed by the CSHCN Bureau. In most cases, there is only limited additional itinerant coverage from the private sector for this large geographic area. Several of the rural early intervention programs must contract for physical and occupational therapists outside their catchment area because these services are not locally available. In rural counties, health care is often provided to children through family practice physicians, local health departments or community health centers.

Services for the three populations served through Title V are offered in a variety of settings: private provider offices; public providers in local health departments, community health centers, a clinic for the homeless, and migrant health clinics; itinerant clinics offered through the CSHCN Bureau to rural communities without specialty providers; and, specialty settings, such as the University of Utah Health Sciences Center, Primary Children's Medical Center, and Shriners Hospital for Children.

The majority of maternal and child health services are provided through the private sector and managed care organizations. The 11 (soon to be 12) community health centers and the Wasatch Homeless Clinic provide primary care to underinsured and uninsured MCH populations. Five (soon to be six) of these community health centers are located in rural areas of the state. Three migrant farm worker clinics are co-located with Wasatch Front community health centers and a fourth clinic is located in Brigham City. Unfortunately, many of Utah's Hispanic workers, especially along the Wasatch Front, are not engaged in farm work and therefore do not qualify for these services.

Most local health districts no longer provide primary care services for MCH populations. Services available through local health departments (LHD) vary depending on priorities as established by the health district. For example, prenatal services are no longer available through LHDs, although two districts provide clinic space and support staff for prenatal clients served by University of Utah Health Sciences Center providers. Family planning services are available only through mid-level practitioners in several health district clinics. The shift away from direct services provided by local health departments reflects the changing public health system to focus more on core public health functions, including health promotion and prevention services.

Some of the twelve local health departments continue to offer well child clinic services to children, wherein well child assessments, developmental screenings, and immunizations are performed by registered nurses, nurse practitioners, and/or physicians. Whenever necessary, referrals are made to providers and/or clinics within the community for follow-up of identified health concerns, and the local health departments strive to assist families in identifying primary health care providers for their children. The Division of Community and Family Health Services has worked with the local health departments through a variety of programs to encourage the local health departments to foster medical homes for children and to redirect their resources to core public health.

Community-based dental clinics include: three community health center dental clinics in Salt Lake County; five Family Plan Dental Clinics (Medicaid only) in Salt Lake City, Ogden, Provo, and St. George; one local health department dental clinic (Medicaid only) in Vernal; three donated dental services clinics in Salt Lake City, Ogden, and Logan; and three school and community-based clinics (preventive services only) in Salt Lake City and Ogden. Funding has been requested to establish dental clinics in CHCs in Price and in Ogden. Except for Medicaid-only dental clinics in St. George

and Vernal, community-based care is not available. None of the community-based centers provides specialty care such as treatment under general anesthesia or orthodontic treatment.

Dental health services are inadequate for children with special health care needs, who have CHIP, Medicaid, or who live in rural areas. Limited availability of providers and limited coverage of specific aspects of dental care are identified barriers. Private insurance, CHIP and Medicaid often refuse to cover anesthesia for special needs children's dental care, which increases the financial burden on families. Specialty dental services, such as orthodontia for children with cleft lip/palate are only available from a few providers, and only along the Wasatch Front. These factors make the frequent and complex interdisciplinary care for children with special dental needs very difficult.

Availability and distribution of services for children with special needs varies considerably in Utah. Most of the population in Utah is located along the Wasatch Front from Ogden to Provo, where most specialty and sub-specialty pediatric providers are located. Primary Children's Medical Center in conjunction with University of Utah Health Sciences Center and Shriners Hospital for Children provide most of the specialty/subspecialty services for children in the intermountain area, especially those with special health care needs. These centers of excellence are able to provide centralized specialty and subspecialty services to children with numerous disabling conditions, such as asthma, hemophilia, cystic fibrosis, diabetes, Down syndrome, cancer and orthopedic disorders. Although this allows for better coordination of care because there are fewer providers, it also presents a problem of service delivery to special needs children in rural Utah.

Mental health services are available privately and through Medicaid Prepaid Mental Health Plans throughout Utah. However, services are not adequate for children, especially those who are under five years, living in rural Utah, dually diagnosed with mental health and chronic illness, or served by numerous agencies. A collaborative effort involving multiple agencies, including the CSHCN Bureau, is underway to improve the mental health services for children in the state. Utah Children, Utah's child advocacy organization, hosted a Children's Mental Health Summit to begin developing strategies for improving mental health services throughout Utah. A second effort to improve services to children which the CSHCN Bureau is participating with is the Department of Human Services, Division of Mental Health "Frontiers Mental Health" project, which is initially working to improve the quality of clinical therapy for children in frontier Utah. Thirdly, the CSHCN Bureau is also working with the Division of Mental Health and Medicaid to provide onsite consultation to Medicaid Prepaid Mental Health plans and provide training about the special health care needs of children to staff in public mental health agencies.

Quality and quantity of health related and enabling services such as respite care, pediatric home health nursing, vocational counseling, therapeutic recreation, translation and interpretive services for children with special needs and their families vary considerably across the state. As technology continues to advance and more children are integrated into the community, pediatric specialty services and providers seem harder and harder to find, especially in the rural areas.

The public health system in Utah is hampered in providing services to all in need due to funding shortages, staffing shortages, etc. Utah is faced with a growing population of families without insurance, especially those of undocumented citizenship status, placing a stress on a health care system with limited resources. Local health districts and community health centers in the state have been forced to place limits on the number of clients due to limited resources. Limited resources also prevent hiring additional public health nurses to provide more in-depth services to the maternal and child populations of the state, such as care coordination, home visiting services, and grief support to families that experience SIDS.

Medicaid's system of health care along the urban areas of the state is managed care or PPO type systems. Medicaid has experienced difficulty in maintaining HMOs willing to continue to contract for service coverage for Medicaid populations in the state due to economic crises that have forced some of the HMOs out of the Medicaid market. HMOs have spread to some rural areas of the state; however, Medicaid participants in rural areas do not have to enroll with a HMO for health care.

The move to managed care has made tracking of services for maternal and child health populations very difficult, if not, impossible. For example, tracking prenatal, family planning, EPSDT services, or immunizations is almost impossible because of the shift in data ownership from Medicaid to the Managed Care Organizations (MCO). Medicaid is able to track encounter data, but the MCOs are not able to provide encounter data for their clients due to problems with tracking these in their computer systems. Since clients are able to change health plans as often as monthly, it is difficult for MCOs to track client services, outcomes, etc. Medicaid is working with the MCOs to improve access to needed data to track outcomes, costs, services provided, etc. Long-range studies will be needed to assess the full impact that managed care has had on the Medicaid population in the state.

Since Medicaid mental health services are a carve-out under the managed care system and capitated mental health centers are oriented to chronic mental illness, access to mental health care is problematic for the MCH populations. Providers for Medicaid clients enrolled in managed care systems do not accept presumptive eligibility (PE) cards making it difficult for a pregnant woman on PE to access needed mental health services. Specialty mental health services for children are difficult to access due to a shortage of available providers and focus on severe chronically mentally ill conditions.

Utah's Title V staff continually identifies areas and populations to seek out underserved MCH individuals in order to prioritize allocation of programs and resources. These on-going needs assessment activities aid us in determining the importance of competing factors upon the health service delivery environment in the State. Staff then develops plans, identifies resources, and develops interventions to help support the needed MCH services. After a standard review of all the necessary structures that need to be in place to support the delivery of health services to the MCH population, the important health status measures are evaluated and the resources are directed towards those populations.

The staff also uses their expertise to identify and weigh those competing factors, which may limit the degree of accessibility or availability of MCH services across the state. This work is done in conjunction with all the other community organizations and individuals who are interested in this effort largely through the MCH Advisory Committee input as well as staff involvement in various other committees, such as the Early Childhood Council, Covering Kids Utah Project, etc. that raise issues of service need for MCH populations. Staff evaluates need and work towards refocusing efforts and resources as appropriate and available.

Utah MCH programs have worked to promote increasing awareness of the Department of Justice regulation announced in 1999 that assures families that enrolling in Medicaid or the Children's Health Insurance Program will not affect immigration status. While programs, such as the Covering Kids Utah Project, have promoted this information, many families remain skeptical about applying for any government programs for fear they will be reported to Immigration and Naturalization Services or that their immigration status will be affected.

Legislation or statutes which impact Utah's Title V programs include the ongoing challenge of addressing the needs of minors relative to sexuality and prevention of pregnancy, STDs and HIV/AIDS. Current state law prohibits any government agency, including local health departments, from providing contraceptive information or services to minors without parental consent. The optimal situation is, obviously, parental involvement and the Utah Department of Health has worked, largely through the Title V-funded Abstinence-only Education Program, to promote increased parental knowledge, skills and abilities to discuss sexuality issues with their children in their homes. During the 2001 Legislative Session, Utah legislators passed a bill prohibiting the state from applying for CDC funding related to HIV/AIDS Education due to misunderstanding of CDC requirements for use of the funding. This legislation will limit the state's ability to promote reduced risk for HIV/AIDS among its student populations. In addition, oversight of sex education in the state was changed to move approval of curricula to the local school district level. Curricula now can be approved at the local school district level, allowing for less rigorous review than might occur at the State Office of Education level. In addition, educational funding was changed to block grants for certain funding components allowing school districts to determine how they allocate this funding. Included in the block granting

was school nursing, raising a concern that school districts will prioritize other issues higher than school nursing. The Utah Legislature has been monitoring quite closely the budgets for state programs, regardless of funding sources. In the past couple of years, the appropriations committee has reduced budgets and limited out of state travel (regardless of funding source) making it difficult to foresee the possibility of funding of expansions to already existing programs, such as CHIP for pregnant women, Prenatal Medicaid above 133% FPL, etc.

In March 2002, Secretary of Health and Human Services, Tommy Thompson, signed Utah's Primary Care Network, which had been approved by the 2002 Utah Legislature. It is expected that approximately 25,000 adults with incomes between 100% - 150% of the FPL without insurance will qualify for preventive health services under this plan. This program will enable women who are enrolled in prenatal Medicaid to continue preventive health care coverage for primary preventive care, including family planning services if desired.

Additional legislative action during the 2002 Legislative session included increased tobacco tax by \$.18/pack; removal of the cap on enforcement of tobacco buys to minors and mandated tobacco education for offenders; and, a bill that prohibited use of genetic testing to discriminate against a person's ability to obtain health insurance or employment. The impact of the legislative mandate to prohibit the State Office of Education to apply for CDC HIV/AIDS Prevention funding has been loss of YRBS funding as well. The political climate regarding CDC funding is unfortunately so controversial that the State Office of Education does not seek funding to continue YRBS Surveillance. The Utah Department of Health now funds and coordinates this survey in collaboration with the State Office of Education and with support for data analysis of CDC. This change has resulted in the Division of Community and Family Health Services reallocating funding to support this effort.

Each year the Division of Community and Family Health Services identifies its priorities to address during the year. Division leadership, consisting of the Division Director and the five Bureau Directors or Assistant Bureau Directors review the priorities and determine which should remain as top Division priorities and which should be moved to a lower priority. In addition, new issues that arise may be added to the Division's priority list. For FY04, the Division priorities include:

1. Information Systems Integration
2. Injury Prevention
3. Immunizations
4. Tobacco Prevention
5. Oral Health
6. Early Childhood Services
7. Obesity
8. Genetic Services
9. Mental Health

The specific Bureau with oversight of the individual priority is responsible for ensuring that the priority is addressed during the year. Some priorities cover more than one Bureau in which case, the issue becomes a multi-faceted approach.

Due to ever tightening budgets, the Division of Community and Family Health Services has been faced with replacing state funds with federal funds to offset state budget cuts. As a result, in order to maintain established programs and services, more federal dollars are being allocated to offset state budget cuts. The changing economy is resulting in less flexibility with dollars than in previous years. State staff are sensitive to the impact that state budget cuts have on local agencies as well, and often will preserve the allocation of federal contract dollars to local agencies by eliminating state level funding. Competition for funding is becoming a matter of carefully balancing what exists with current need, consideration of how the dollars will have the most impact. State level needs, as well as local level needs, are sacrificed during a time of economic downturn.

Medicaid, being the largest budget item for health, has suffered due to the economic downturn, requiring state legislators to make hard decisions that impact those on Medicaid. For example, adult dental as well as other ancillary services, such as physical therapy, etc. was cut as a benefit in the

2002 legislative session due to revenue shortfalls. These cuts have led to confusion and concern because many erroneously thought that pregnant women, as adults, were not covered for dental care, and others were concerned that some cut benefits, while appearing to be ancillary health services, would make a significant difference in impact on one's health and later health care costs than had previously been realized, such as a diabetic unable to get care from a podiatrist.

CHIP in Utah has also suffered from budgetary constraints, requiring the program to cap enrollment and reduce some benefits, such as dental in 2002. Fortunately in the 2003 Legislative Session, legislators authorized an increase in state dollars for the program, enabling the state to restore full dental benefits and to enroll additional numbers of children in the program.

## **B. AGENCY CAPACITY**

Utah's Title V programs are administered by the Division of Community and Family Health Services of the Utah Department of Health. In addition, the Division is the lead agency for Part C and the State Immunization and WIC programs. George W. Delavan, M.D., heads the Division as its Director. Dr. Delavan oversees the Title V programs and other programs that address the health of Utah's population. The Title V programs are mainly in two Bureaus in the Division of Community and Family Health Services, the MCH Bureau and the CYSHCN Bureau. The Bureau of Health Promotion does include the Violence and Injury Prevention Program, which is funded in part with a sizeable amount from the Block Grant, along with other programs that address mothers and children that are funded with other funding sources.

The MCH Bureau includes six programs: Reproductive Health, Child Adolescent and School Health, Immunizations, WIC, Oral Health, and Data Resources. The Reproductive Health, Child Adolescent and School Health, Oral Health and Data Resources Programs are funded with Title V funding, while Immunizations and WIC are funded with CDC and USDA funding respectively.

The CSHCN Bureau is comprised of nine programs that address different needs of children with special health care needs, including the Teratology and Birth Defects, Newborn Screening, Hearing Speech and Vision, Baby Watch/Early Intervention, Neonatal Follow-up, Child Development, Community based Services, ABLE Clinic, Systems Development, and the Fostering Health Children programs. Funding for the programs comes from a variety of sources, including state general funds, Title V, Part C, billing, private funding, and grants.

The Bureau of Health Promotion includes programs that either are supported with Title V funding or target MCH populations, such as the Violence and Injury Prevention Program, Baby Your Baby, and Tobacco Prevention and Control. Other Bureau of Health Promotion programs, such as Heart Disease and Stroke Prevention, Asthma, and Diabetes Prevention and Control, Cancer Control and Arthritis Control, primarily focus on adults, although they may have some activities that focus on children, such as Five a Day. Funding sources for these programs include state general funds, Title V, CDC Preventive Block Grant, Tobacco Master Settlement Account, and other federal grants.

Direct and enabling health care services in Utah are available through both public and private providers. Local health departments and community health centers are critical resources for services for the maternal and child health populations. In Utah, 12 health departments and 12 community health centers, as well as 4 migrant centers provide public care. Local health departments provide direct and enabling services, but no primary care. Services for children with special health care needs are provided by the State CSHCN programs, rural clinic sites in collaboration with local health departments, and through private providers. Division staff provides technical assistance, consultation (administrative and clinical), training and/or mentoring as needed to local health departments and community health centers providing MCH services, such as prenatal, family planning, immunizations, and P-5 (prenatal to 5) nurse home visitation program. Program monitoring and data collection are conducted at the state level to assist in program planning and evaluation.

Each local health department determines which MCH services it will provide based on resources,

community priorities and need. The Division provides each district with MCH block grant funds for provision of services for the MCH population, although each varies in offered services. Clearly, demand and need for services exceed the system's capacity to provide them. The MCH Block Grant contracts are changing to focus more on core public health functions. Currently two local health departments are working under the provisions of the new contract, with the other ten doing so in FY06.

Prenatal services, in some degree, including Presumptive Eligibility (PE) determination, are offered by each of the twelve local health departments (LHDs). Two urban LHDs (Salt Lake Valley and Weber/Morgan Health Departments) are sites for direct prenatal services provided by the University of Utah Health Sciences Center and the Midtown Community Health Center Family Practice, respectively.

During the past few years, the Presumptive Eligibility (PE) system has become a barrier to prenatal care in Salt Lake due to restrictions on PE determinations for private provider clients by the Qualified Provider sites. The Division initiated Baby Your Baby By Phone for women to obtain PE on the phone, which has been effective in getting eligible women on PE to access prenatal care. The Division is working with a contractor to develop an online PE application process in conjunction with Medicaid.

Ten LHDs provide presumptive eligibility determination, and obtain a prenatal history, including obstetrical, nutritional, and socioeconomic and psychosocial review. Risk factors are identified and a plan of action developed. The mother is assisted in finding a provider and referrals to other resources are made based on her need. Availability of enhanced prenatal services varies among the health districts and even among an individual health district's sites. Federal MCH funding has been allocated to two agencies, Salt Lake Valley Health Department and the Community Health Centers, Inc., to support prenatal services to uninsured women in Salt Lake City. Depending on a client's payer, all or a portion of the enhanced prenatal services (perinatal care coordination and pre/postnatal home visiting, nutritional counseling, psychosocial counseling and group pre/postnatal education) is available directly or by referral to other agencies.

Complete family planning services are only available in seven local health districts; three provide partial services by obtaining medical histories, providing education on contraceptive options, and referring women to providers offering discounted services and no or low cost contraception.

The University of Utah Health Sciences Center has a comprehensive pregnant teen program in Salt Lake City, partially funded by MCH Block Grant monies, which includes PE, prenatal care, WIC, and intensive follow-up for the mothers to prevent rapid repeat pregnancies, and well child care for infants. The Salt Lake Valley Health Department's Teens N' Tots Program was developed to reduce second pregnancies among program teenagers.

Low cost perinatal and family planning services on a sliding fee scale are available in Wasatch Front and rural community health centers. Family planning services are available on a sliding fee scale through Planned Parenthood Association of Utah (PPAU), the state Title X agency. However, in the rural areas of the state, PPAU services are not readily available. MCH has developed a strong relationship with PPAU with much collaboration between the two agencies on a number of common issues. PPAU is currently collaborating with LHDs to provide emergency contraception for qualifying women.

Comprehensive health care for homeless individuals is available through a Salt Lake clinic, including PE and family planning through a contract with PPAU. Centro de Buena Salud, a migrant health center in northern Utah, provides PE screening and prenatal care to eligible women. Prenatal care and family planning services are available to Native American women at in northeastern and southeastern Utah.

The toll-free Baby Your Baby Hotline provides information and referrals on providers and/or financial assistance for prenatal care, family planning, well childcare, nutrition services, or other related

services. The hotline staff collaborates well with community resources to ensure that information is current. The hotline is viewed as a valuable resource for both callers and community resources.

The Birth Defect Network, along with WIC, Baby Your Baby, the local March of Dimes Chapter, Spina Bifida Clinic (Primary Children's Medical Center), and the University of Utah Health Sciences Center collaborate in the Utah Folic Acid Council to make sure women of childbearing age and health care providers know about the vitamin's ability to protect against some neural tube birth defects.

The Salt Lake Valley Health Department Oral Health Task Force activities have resulted in increased access to dental care for Salt Lake children. Collaboration among community health center dental clinics, Medicaid dental clinics and school nurses has resulted in a referral system which guarantees timely care for children with emergency dental needs. A similar collaboration among public dental clinics, volunteers examining Head Start children, and Smile Factory has resulted in more children in need of treatment accessing dental care. Sealant Saturday projects provide sealants for uninsured/under insured children.

MCH and CSHCN Bureau staff participates in quality monitoring of Medicaid managed care organizations (MCOs), including periodic site visits to assess services for pregnant and postpartum women, children with special health care needs, and EPSDT services. Medicaid managed care organization contracts include the requirement of a satisfaction survey for special needs populations. CSHCN Bureau staff has been involved with the planning of two surveys completed in the past 3 years. The first Consumer Assessment of Health Plans Survey (CAHPS) survey sample was taken from Medicaid disabled category children. Results were favorable and parents were generally satisfied with the availability of care and quality of services received through the MCOs, including specialty services. The initial CAHPS survey has been revised with the additional questions, but data are not yet available. CSHCN staff participate on Medicaid's Utilization Review and CHEC/EPSDT Expanded Services Committee which meets weekly to determine coverage of non-covered services for Medicaid recipients, with the CSHCN Bureau Director, a pediatric neurologist, and the Bureau pediatric physical therapist having voting status.

Medicaid added requirements to their state Plan to include consultation and quality assurance activities by CSHCN staff with the Medicaid Prepaid Mental Health plans. CSHCN Bureau staff assisted in Medicaid contract development to require mental health plans to provide outreach to children with special needs and to exchange information for children served by both agencies. CSHCN Bureau and Medicaid Mental Health staff collaborates in training children's mental coordinators and staff from Medicaid mental health plans.

The Division has collaborated with Medicaid on a Commonwealth Fund/National Academy of State Health Policy project focused on building capacity of Medicaid programs to support effective child health and development services for Medicaid enrolled children under age five. Although the funding is over, the Division and Medicaid staff are continuing efforts to ensure that Medicaid children receive needed targeted case management services. Division staff are currently collaborating with Medicaid on another COMmonwealth Fund/National Academy of State Health Policy project to promote screening for mental health issues among young children and their mothers.

CSHCN Bureau collaborated with Utah Family Voices to identify families to participate in the Brandeis University survey on quality of care for CSHCN in MCOs, with results from Utah showing overall satisfaction with medical services received for children with special needs.

The relationship between the local health departments (LHDs) and the MCH/CSHCN programs has been strong, although in recent times, it has been somewhat strained due to funding and contract issues with LHDs who believe that the Department needs to give them more funding. Additional funding is extremely challenging with flat or reduced federal funding and state cuts. MCH staff work hard to collaborate with local agencies, but at times, they bear the brunt of tensions between LHDs and the Department. One budget issue that the LHDs have struggled with is the need to bill for services for those who have insurance or a means to pay for services.

Additionally, while the relationship with community health centers in the state is positive, it needs to be strengthened since the community health centers are a critical primary health care system in the state. The relationship has not been well developed because historically the Department has considered the LHDs its primary partners. Division staff has worked on developing a stronger relationship with the Primary Care Association and the community health centers, recognizing that they are key in the provision of primary health care, especially for disadvantaged populations. For example, the Immunization Program contracts with the State Primary Care Association to promote better immunization rates among populations served by community health centers in the state.

The Department of Health has been integrally involved in a state level coalition targeted to early childhood systems improvement. Representation on the coalition includes state and local agency staff, as well as advocacy organizations interested in promoting early childhood services. The coalition has been involved in discussions centered on the need for and the development of more integrated systems of multi-agency early childhood services. The Coalition now serves as the advisory committee for the State Early Childhood Coordinated Systems grant.

The Division collaborates with Voices for Utah Children, the state advocacy organization, on their Robert Wood Johnson project for CHIP and Medicaid outreach, Covering Kids and Families Utah. Staff participate in monthly meetings and work with the project to further its goals through subcommittee work.

The CSHCN Bureau participated in development of Utah's CHIP program to insure services needed by children with special needs were included. However, CHIP coverage of certain services, such as physical, occupational and speech therapies, mental health, and dental services, is limited so that more severely disabled children referred by CSHCN find better coverage through SSI and Medicaid. CSHCN Bureau continues to work with CHIP staff to expand services and outreach to children with disabilities or those who are at risk. Additionally, as part of all the CSHCN Bureau clinics, resource specialists and/or a Medicaid/CHIP outreach worker provide parents with on-site consultation on accessing resources for coverage of care.

Local school nurses work collaboratively with school district special education departments in a variety of activities, such as developing health care plans for children with special health care needs. School nurses provide the training and education to staff regarding special needs children, and may designate responsibility for providing certain health services as appropriate under the current Nurse Practice Act and accompanying rules.

The Division has collaborated with other agencies and programs in and outside the Department of Health to improve access to important health and safety training for childcare providers through the federal Healthy Child Care America Grant. CFHS has developed partnerships with a many agencies and programs involved in Utah's childcare system to develop the Utah Health and Safety Training Curriculum for Early Childhood Providers. Trainings are available through the local child care resource and referral agencies in collaboration with local health departments. The Division recently hosted a meeting of representatives from several neighboring states to discuss training strategies and ways to promote the role of the Child Care Health Consultant.

Oral Health Program staff has well-established relationships with Utah's Medicaid staff, and regularly combines efforts to improve availability and accessibility of Medicaid dental services throughout the State. Program staff participated in defining a basic scope of dental benefits for Utah's CHIP program and serves in a consultative capacity on issues relative to access to needed dental care. The Oral Health Program coordinates with the Utah Dental Association and the Utah Dental Hygienists Association to secure volunteers for activities like Sealant Saturdays and Head Start dental examinations. The State Dental Director has worked hard to establish a strong collaborative relationship with the Utah Dental Association and has been very successful in engaging their leadership in oral health promotion and advocacy activities.

The SSI Specialist in CSHCN works with the Office of Disability Determination Services (DDS) that evaluates disability claims for SSI eligibility. The specialist reviews the claims and provides outreach and referral for appropriate families to Medicaid, which requires a separate application. The specialist also provides information, referral and enabling services to families having difficulty accessing or utilizing services, such as Utah Legal Services, Disability Law Center or consultant staff in DDS. A CHSCN Bureau staff member participates on the DDS Advisory Committee that has fostered cross training of CSHCN Bureau and DDS staff. It also provides the development of professional relationships between SSI, DDS and CSHCN Bureau staff so that conflicts over individual applicants can be resolved.

CSHCN Bureau staff participates on the Health Care Advisory Council for the Division of Child and Family Services (DCFS), Utah's child welfare agency, which advises the DCFS Board on health issues for children in their system. The Council identifies barriers and works toward solutions to improve access and continuity of health care. Through the Fostering Healthy Children Program (FHCP), CSHCN Bureau nurses co-locate with DCFS caseworkers and assist them in coordinating the children's health care. Since all foster children in Utah are covered through Medicaid, the FHCP staff collaborates closely with Medicaid to ensure that services are accessible for this population of children with special needs.

CSHCN Bureau and the Office of Students at Risk (SARS), the state special education program, enjoy a strong working relationship and have collaborated on a number of projects, such as CSHCN Bureau participating in the Office of Special Education's 5-year strategic plan. A SARS staff member sits on the MCH Advisory Committee. CSHCN Bureau and SARS have worked together on a needs assessment process for children with autism.

In Utah, children from birth to 3 years of age are served by local providers through contract with the BabyWatch/Early Intervention Program (BWEIP). The CSHCN Bureau Director hosts the Interagency Coordinating Council for the BWEIP. Membership of this council ensures a forum of collaboration among all the organizations and agencies and families of preschool children in early intervention programs.

CSHCN Bureau staff participates on a number of working and advisory committees to the vocational rehabilitation programs and the two programs have recently developed an interagency agreement. CSHCN Bureau also participates with the Utah Center for Assistive Technology (UCAT), part of the Office of Vocational Rehabilitation, through advisory boards, contractual assistive technology services and support of the UCAT assistive technology helpline and website, "Access Utah". CSHCN Bureau is involved with the Coordinating Council for People with Disabilities to review difficult issues, coordinates interagency treatment funding for individuals, and develop the Interagency Memorandum of Agreement for Assistive Technology. CSHCN Bureau staff participate in training efforts with Division of Services for People with Disabilities staff.

The School Age and Speciality Services Program houses CSHCN transition efforts. In addition to establishing the full time SSI Specialist/Program Manager, CSHCN Bureau has contracted with a specialist to provide transition services, such as vocational/career, health and financial planning to young adults (14 years of age and above) and training and consultation to CSHCN Bureau staff, other agencies and health professionals and assists individuals and their families in developing and implementing individual transition plans.

Formal agreements have been established between CSCHN and other divisions outside the Department such as the Division of Vocational Rehabilitation and the Division of Students at Risk (Special Education); and, the Division of Mental Health and the Division of Child and Family Services in the Department of Human Services. Additionally, CSHCN Bureau has established Memoranda of Agreement or contracts with programs within the Department, such as Medicaid.

CSHCN Bureau collaborates with other Department programs through committees and advisory boards such as the Emergency Medical Services for Children Advisory Board, and the Child Fatality

Review Committee. CSHCN Bureau provides consultation in the development of health care standards for programs that work with children with special health needs, such as the Violence and Injury Prevention Program, the Medicaid CHEC/EPSDT Utilization Review Committee, and the Division of Child and Family Services Health Care Advisory Committee.

CSHCN Bureau participates in Senator Orrin Hatch's Advisory Committee on Disability Issues, a forum for national and state political issues affecting people with disabilities, provides direct input to Senator Hatch's office through conferences with his congressional aides. Through this committee the scope of involvement with other public and private and private agencies is significantly broadened to include the Disability Law Center, Association of Retarded Citizens, School for the Deaf and Blind, Office of Rehabilitation, Governor's Council on People with Disabilities, University of Utah Medical Center Rehabilitation Services, Utah State University Disability Resource Center, and families of people with disabilities.

WIC, located in the MCH Bureau in the Division, participates on various committees related to maternal and child health, including immunizations, nutrition, and data integration efforts. The need for collaboration is clearly recognized by the MCH staff; however, more needs to be done to integrate WIC programs with MCH programs, all working to accomplish the same goals of healthy mothers and children.

CSHCN Bureau established a cultural diversity committee, which included representatives from Primary Children's Medical Center, University of Utah Medical Center, Americorps and others from culturally diverse backgrounds. Two large categories of barriers to health care for culturally diverse populations in Utah identified by the committee were 1) education of providers and families and 2) access to primary and specialty services and access in the rural areas of the state. The committee is developing specific action plans to deal with these barriers. The CSHCN Bureau has developed an internal plan to improve Bureau's level of cultural sensitivity, which includes cultural sensitivity training, establishment of policy which is reflective of cultural sensitivity, and establishment of translation/interpretation for clients. The Division hosted a meeting with representatives of the Ethnic Health Advisory Committee to discuss issues related to health disparities among minority populations. The Division is the host for the Ethnic Health Advisory Committee for the Department and will house the new Office of Multicultural Health which was funded during the 2004 Legislative Session.

Participation in various task forces has provided staff with opportunities to become aware of and have input into some community-based services, including HIV task forces, and participation at health fairs. Consultation is provided to the Utah Spanish Perinatal Education Board for development of conferences for providers/agencies and individuals serving the Spanish speaking prenatal population.

The Division has committed all the Title V federal Abstinence Education Program funds to community-based programs. Eleven projects are situated in local health departments, school districts and non-profit agencies. Several projects have expanded their geographic area beyond their home base allowing access to these programs in additional areas of the state. The Division is in the process of reassessing the current projects and plans to issue a new RFP for agencies to apply for funding in fiscal year 2006.

CSHCN Bureau works with Medicaid to administer the Travis C. Waiver, a home and community based waiver for technology dependent children. The CSHCN Bureau staff has worked with Medicaid to explore other waiver options, such as the Katie Beckett/TEFRA (Tax Equity and Fiscal Responsibility Act of 1982) Medicaid option, a law that allows states to adopt an optional way for CSHCN to be eligible for medical assistance. CSHCN Bureau has collaborated with Division of Services to People with Disabilities to improve medical coordination for CSHCN included in Utah's DDMR waiver.

The CSHCN Bureau itinerant clinic staffings are held with local pediatricians, public health or mental health workers, human service workers and families, family advocates to develop a multi-agency care plan for each child evaluated in the multi-disciplinary CSHCN clinics.

CSHCN works in collaboration with partners at state, community and private levels of health care provision to develop and expand existing resources for all Utah children. CSHCN and the University of Utah Department of Pediatrics collaborate to provide multidisciplinary services to children and families in rural Utah through CSHCN traveling clinics. Training efforts through the new ULEND and Utah Medical Home grants work to support and expand the expertise of local private practitioners as they provide medical homes to CSHCN. The BabyWatch/Early Intervention Task Force on Mental Health of Infants and Toddlers, an interagency task force which works to improve the early identification, prevention and treatment of children with mental illness and behavioral disorders, includes a diverse group of community early childhood practitioners, early intervention, state agencies, hospitals, pediatricians, obstetricians and advocates to complete a needs assessment, incorporating existing options for infant and toddler mental health.

Through the Utah Medical Home Grant, a SPRANS project, CSHCN is developing and implementing a statewide system to support medical homes for children with special health care needs in primary care settings at multi-agency, state and community levels. A web-based medical home resource to facilitate access to information about the medical home and family-centered care, medical literature on chronic conditions, practice guidelines, and information and links for a broad range of resources is one project component. One of the web-based modules will provide up-to-date information about ADHD for physicians, parents and educators.

CSHCN is working on the Ed/Med Task Force which is a coalition of state and local public and private health care providers, Medicaid, and special educators who are developing strategies to: 1) improve the coordination of services between health and education regarding expectations, requirements and perspectives; and, 2) to improve the understanding and communication between health and education professionals about children with special health care needs. These strategies will include training opportunities, newsletters and formal agreements between agencies.

The Community-Based Early Childhood Services Systems Development Initiative has evolved from the collaborative efforts of a broad-based group of early childhood professionals. These professionals have identified a pervasive need for improved coordination and integration of existing services for young children and families throughout the state into a unified and comprehensive early childhood service delivery system. Support made available through this initiative will assist local communities to focus efforts toward the development and or improvement of their current early childhood services system. These efforts would be designed to ensure that all families with young children from birth through age 8 years are able to access the full range of care and education, health, and social services available to them within their communities. The ultimate outcome of successful early childhood systems development and improvement activities facilitated through this initiative is anticipated to be the improved well being of Utah's young children and their families.

CSHCN Bureau staff has been active in providing technical assistance and consultation for a number of community development efforts. The BabyWatch/Early Intervention Program has initiated a training program for early childhood staff through state universities and remote campuses. The state program also provides training and certification of providers throughout Utah, in an effort to increase the quality of early childhood education providers.

CSHCN Bureau staff is working with the state directors of Children's Mental Health to develop partnerships in delivering services to children and to examine issues for children served by both agencies to establish referral protocols between agencies to minimize duplication of service and maximize quality of care. The CSHCN Bureau Director meets quarterly with the Primary Children's Medical Center Inpatient Rehabilitation Director to collaborate about children with chronic illness, such as traumatic brain injury (TBI), cerebral palsy, and transition from acute rehabilitation settings. The CSHCN Bureau Director is the Medical Consultant for the Utah Traumatic Brain Injury Surveillance Grant. No coordinated system of care for TBI exists for children. The CHSCN Bureau Director participates in Emergency Medical Services (EMS) for Children Advisory Board.

The CSHCN Bureau has begun a process of identifying Medicaid children served by CSHCN Bureau and the local community mental health centers (CMH). The CMH case file on identified children is reviewed during a yearly site visit by the state's CMH staff and Medicaid. The review assesses access to services as well as appropriateness of services and providers. The state Medicaid Mental Health Plan and the Medicaid CMH contracts require the CMH plans to participate in a monitoring process with Medicaid including CSHCN Bureau. As part of this process, Bureau staff joins Medicaid and the CMH staff to assist in site visits and client chart reviews. The Bureau has developed a monthly report of CSHCN Medicaid children, sorted by CMH district to be shared with the corresponding local CMH coordinator allowing better communication between local CMH and CSHCN Bureau coordinators.

The MCH Bureau Director participates in a collaborative effort Utah Pediatric Partnership to Improve Healthcare Quality (UPIQ) to improve health care to children through quality improvement (QI) efforts in pediatric practices. UPIQ partners include the Utah Chapter of the American Academy of Pediatrics, University of Utah Department of Pediatrics, Intermountain Health Care, HealthInsight (Utah's PRO), Title V, and Medicaid. UPIQ has submitted several grant proposals for funding of learning collaboratives that will result in more pediatric practice teams working to develop QI processes within their practices to enhance developmental screenings, promote medical homes, and address early childhood mental health issues.

## **C. ORGANIZATIONAL STRUCTURE**

The Utah Department of Health is a cabinet-level position in state government. The Executive Director of the Department, Scott D. Williams, MD, MPH, reports directly to the Governor. In December 2003, Dr. Williams, a pediatrician, was appointed by the Governor as the Executive Director of the Department. Dr. Williams had previously served as the Deputy Director of the Department and also as the Title V Director. The Division of Community and Family Health Services houses the state Title V programs, both MCH and CSHCN. In addition, the Division is the lead agency for Individuals with Disabilities Education Act (IDEA) -- Part C and the State's Immunization and WIC Programs. The Division of Community and Family Health Services is directed by George Delavan, M.D., a pediatrician, who reports to the Deputy Director of the Department of Health in the Executive Director's Office, Richard A. Melton, Dr.P.H. Dr. Delavan is the State Title V Director for Utah. Organizational charts have been attached with this section to display the organizational structure of the Utah Department of Health, the State Title V agency and its programs. Of note, the State Medicaid agency, the Division of Health Care Financing, is housed in the Utah Department of Health, which greatly facilitates the strong collaboration between Medicaid and Title V.

The majority of MCH programs are incorporated into the Bureau of Maternal and Child Health, and the Children with Special Health Care Needs programs are incorporated into the Bureau of Children with Special Health Care Needs. The Bureau of Maternal and Child Health includes the USDA funded WIC Program, as well as the CDC funded Immunization Program. The Bureau of Children with Special Health Care Needs includes all CSHCN programs in addition to the state Part C program, Baby Watch / Early Intervention.

### **Program Capacity**

The program descriptions outlined in this year's application are all in place to provide the services of preventive and primary care to pregnant women, mothers, infants, and children as well as services for children with special health care needs.

Baby Your Baby Outreach Program -- educates families throughout the state about the importance of early and regular prenatal and well-child care and where families may obtain such services. The program does this through television public service announcements and other programming, the Baby Your Baby Hotline and through free educational materials such as the Baby Your Baby Health Keepsake, newsletters, and other incentives.

BabyWatch/Early Intervention Program (BWEIP) - provides early intervention and developmental interventions statewide for young children with developmental delays and/or disabilities from birth to

age three. Children with delay in one or more of the following areas qualify for services: cognitive, motor, language/speech, psychosocial development, self-help, hearing, vision, or physical development/health. Services include multi-disciplinary evaluation and assessment; service coordination; specialty and therapy services such as nursing, physical therapy, occupational therapy, speech therapy, special instruction, family support and other related services that build on family strengths and child potential. Services are available statewide through local service delivery personnel. Early identification services, referral, and service coordination are available to families on a sliding fee.

The Birth Defects and Genetics Program houses three main projects: 1) The Pregnancy RiskLine provides health care practitioners and the public with accurate and current information and high-risk counseling about the possible effects of maternal exposure to medications, drugs, chemicals, infections, and other diseases on a fetus and breastfed infant. This information to improve the pregnancy outcome is provided over the telephone by way of a toll-free line throughout the state of Utah and in written follow-up to callers. Callers are not charged for these services. 2) The Utah Center for Birth Defects Research and Prevention identifies infants born with major birth defects in order to characterize possible causes of these defects and to provide families with education and referral to appropriate services. 3) The Utah Genetics Project oversees the integration of genetics and genomics into public health practice in Utah.

Child Adolescent and School Health Program - focuses on the assurance of health services to Utah's early childhood, school and adolescent populations by providing consultation to local health departments, schools, and others. The program oversees five areas: a Head Start-State Collaboration grant; a prenatal to five home visitation program, a Health and Safety in Child Care Program, school age and adolescent health. The Program oversees the federal abstinence-only education grant as well as the follow-up for families experiencing a SIDS death. The program is also responsible for the State Early Childhood Comprehensive Systems grant.

Child Development Clinic (CDC) -- provides multidisciplinary clinical services for children birth to five years of age that have special health care needs. The program also offers consultative and case management services for children with multiple disabilities up to 18 years of age.

Community-based Services Program (CBS) -- provides pediatric health care consultation and technical input for Early Periodic Screening Diagnosis and Treatment/Child Health Evaluation and Care (EPSDT/CHEC) children with special health needs. The program also provides care coordination to a target population of technology dependent children statewide through a Medicaid waiver.

Data Resources -- provides objective information and data analysis for planning and evaluating maternal and child health services and status in Utah. The MCH Epidemiologist heads this program. Capacity in this program has been expanded to include data support for the Immunization and WIC Programs.

Fostering Healthy Children Program (FHCP) - assists the Utah Division of Children and Families, Utah's Child Welfare agency, in meeting the health care needs of children in foster care by co-locating nurses with DCFS case workers and providing medical case management.

Hearing, Speech, and Vision Services Program -- provides statewide screening, evaluation, and referral of infants and children with hearing, speech, and/or vision problems. Third party payers are billed for clinical services; the clients' portion after third party payment is billed on a sliding fee scale.

Immunization Program -- promotes immunization as a part of comprehensive health care for all ages. It provides services through technical assistance to local health departments, community health centers, managed care organizations and private providers. Special emphasis is placed on efforts to improve immunization coverage for pre-school age children, especially those under two years of age. The program includes several components: Vaccine for Children Program; Vaccine Adverse Event

Reports System; Perinatal Hepatitis B; Disease Surveillance and Outbreak Control; Adolescent Immunization; Adult Immunization, and Smallpox Vaccination.

Neonatal Follow-up Program -- provides statewide multidisciplinary services through three satellite offices to the very low birth weight graduates of Utah newborn intensive care units.

Newborn Screening Program -- provides a statewide system for early identification and referral of newborns with any of three disorders that can produce mental retardation or death if not treated early. The disorders are phenylketonuria, galactosemia, congenital hypothyroidism, and sickle cell anemia. Hospitals are charged a fee for the testing kit.

Oral Health Program -- seeks to reduce the prevalence of tooth decay and increase access to oral health care services in conjunction with local health departments and others within the community.

Reproductive Health Program -- focuses on the assurance of health care services to Utah women of childbearing age and their infants. The program oversees five areas of reproductive health: prenatal care; family planning; case management for high-risk women; review of fetal, infant and maternal deaths; and, the Utah PRAMS (Pregnancy Risk Assessment and Monitoring System) Project.

School Age and Speciality Services Program -- the program improves the delivery of care to school-aged children who are at risk for or identified as having complex behavioral or learning disabilities as well as those with chronic physically disabling condition. The team works with families, schools and agencies and provides multidisciplinary diagnostic evaluations and school-based care coordination of services for children.

Tobacco Prevention and Control Program -- provides technical expertise and coordination at the state and community level to prevent and reduce tobacco use in Utah through educational programs and policy development. The Program focuses on adult and youth tobacco use, including tobacco use by pregnant women. Cessation programs focus on youth, adults, and pregnant women while the prevention programs are primarily targeted to youth in grades 5-7.

Violence and Injury Prevention Program (VIPPP) -- works to reduce the incidence of injury in the state of Utah, with a specific focus on youth injury prevention. This program has several components: school safety, suicide, bicycle safety, car restraint, etc. In addition, the program houses the Department's efforts to prevent rape and sexual assault and domestic violence.

WIC Program -- Women, Infants and Children Supplemental Food Program is funded through the USDA. WIC provides supplemental food and nutritional education to pregnant, breastfeeding or postpartum women, infants and children up to age five years from low-income families at nutritional risk because of inadequate nutrition, health care, or both. WIC is specifically designed to serve as an adjunct to good health care during critical periods of growth and development. WIC provides services to more than 60,000 women and children each year.

In addition to these programs, other programs within the Division serve MCH populations, although this may not be their primary purpose or focus. For example, the Cardiovascular Program works with school-age children to promote healthy eating.

## **D. OTHER MCH CAPACITY**

George W. Delavan, M.D., who heads the Division of Community and Family Health Services, is the State Title V Director. Dr. Delavan is a board-certified pediatrician with expertise in Children with Special Health Care Needs. (Please see the Attachment for his C.V). CFHS is organized into three bureaus, comprising twenty-five programs. Each program reports to one of four Bureau Directors or Assistant Bureau Director.

The MCH Bureau includes six programs: Reproductive Health, Child Adolescent and School Health, Immunizations, WIC, Oral Health, and Data Resources. The MCH programs and services are operating in an improved manner with the WIC and Immunization programs co-located within the MCH Bureau, allowing for stronger collaborative relationships. During 2002, the MCH Bureau appointed a MCH Epidemiologist who also is the Program Manager of the Data Resources Program. The MCH Bureau is headed by Nan Streeter, a master's prepared nurse who brings thirty years of experience to this position. The Attachment to this section includes her C.V.

The CSHCN Bureau is comprised of nine separate programs that address different needs of children with special health care needs. These include the Birth Defects and Genetics, Newborn Screening, Hearing Speech and Vision, Baby Watch/Early Intervention, Neonatal Follow-up, Child Development Clinic, Community-based Services, School Age and Speciality Services, and the Fostering Health Children Programs. The Bureau is headed by Vera Frances Tait, M.D., a pediatric neurologist with more than 17 years of experience in rehabilitation. Holly Balken, Assistant Bureau Director, is a Master's prepared nurse with 30 years of experience. See Attachment for their curriculum vitae.

Additionally, the Bureau of Health Promotion includes programs that either are supported with Title V funding or target MCH populations, such as the Violence and Injury Prevention Program, Baby Your Baby, Tobacco Prevention and Control, Cardiovascular, Asthma, and Diabetes. The Bureau Director is LaDene Larsen, a master's prepared nurse who brings more than 20 years of experience. See Attachment for her curriculum vitae.

The senior level management staff in charge of this entire Division brings a wealth of experience and a depth of training to their respective program areas. They have the opportunity to lead an expert staff of approximately 300 individuals in carrying out their mission to improve the health of Utah's residents.

Division program planning and evaluation occurs at the program level with support from Division data resources as well as Department-level data analytical resources. The Division has dedicated staff who provides data analysis to aid the Division Program Managers and Bureau Directors in planning and evaluation processes. In December 2002, after several years of searching for an appropriate candidate, the Division reorganized the Division-level Data Resources Program to a Bureau of Maternal and Child Health program to better support the data needs of the Bureau. This change resulted in filling the position of MCH Epidemiologist with the Manager of the Data Resources Program who has proven to be skilled and adept for the position.

Data capacity is strong in the Department of Health, including in the Division of Community and Family Health Services. The Department's Center for Health Data provides a great deal of support for Title V data needs, including Vital Records; the Office of Public Health Assessment with oversight over the Department's IBIS (Indicator-Based Internet Query System) which includes many MCH Performance and Outcome Measures; and the Office of Health Care Data which houses the Hospital Discharge Database. Division staff is familiar with and facile at analyzing vital records data. Data Resources staff as well as the PRAMS Data Manager have taken instruction on LinkSolv, a linking software based on ACCESS, which they will use to link Medicaid and Vital Records data for analysis. With PRAMS staff, the MCH Epidemiologist and Data Resources staff, the MCH Bureau is well situated for addressing its data analytic needs. The Data Resources staff includes a data analyst who is assigned to analyze CSHCN data, such as SLAITS, which will complement the MCH data analytical capacity, and during the past year, a research analyst who supports the data needs of the WIC and Immunizations programs, enabling better integration of data analysis among programs that primarily focus on maternal and child populations.

Because the data capacity of the Department is strong, the Division has successfully submitted abstracts to the Annual MCH Epidemiology Meetings, which have resulted in several presentations and poster sessions at the meetings for a number of successive years. Staff in the other Bureaus of the Division have also submitted abstracts and presented at various national meetings.

The CSHCN Bureau has one parent on staff who has had children with special needs who makes a substantial contribution to our agency's capabilities to provide quality care to the state's children and families. The Bureau has a contract with LINCOS to provide parent support and input in rural travelling clinics.

The Division staff are stationed in two buildings in Salt Lake City, the main Department of Health Building, the Martha Hughes Cannon Building, and the clinical services building, the Center for Children with Special Health Care Needs at Medical Triangle across the street from Primary Children's Medical Center the University of Utah Health Sciences Center. Some Salt Lake City based staff provide services in outlying areas of the state through traveling clinics, while other state staff are stationed outside of Salt Lake to provide services in local communities outside the Salt Lake area.

Twenty-five outstationed nurses working in the Fostering Healthy Families Program are outstationed throughout various parts of the state. The Hearing Speech and Vision Program has 4.75 employees outstationed in the southeastern part of the state and in Ogden, including three audiologists, one PT speech pathologist and several secretarial staff. The CSHCN satellite clinics have 3 employees who are outstationed in Ogden.

## **E. STATE AGENCY COORDINATION**

The Division of Community and Family Health Services coordinates its efforts for the MCH/CSHCN populations with many other agencies in the state. The Division of Community and Family Health Services works closely with the Department of Human Services, which serves the maternal and child population statewide related to child welfare, mental health and substance abuse. Within the Department of Human Services, the Division of Mental Health and the Division of Substance Abuse were combined in 2002 into a single entity, the Division of Substance Abuse and Mental Health. Department of Health staff have sought to strengthen the relationship with the Division of Substance Abuse and Mental Health by discussing areas in which the two agencies have mutual interest in working together to achieve stronger support for their efforts.

Title V staff work collaboratively with other state agencies, such as the Office of Education, Juvenile Justice, School for the Deaf and Blind, the Office of the Courts, Utah Highway Safety Office, to name a few. These efforts occur in conjunction with various activities to improve the health of mothers, children and children and youth with special needs. The Bureau of Children and Youth with Special Health Care Needs works with various state agencies that relate to the population served through its work, such as the Governor's Council on People with Disabilities, Special Education, state vocational rehabilitation, and the Social Security Administration.

The formal state agency coordination effort FACT (Families, Agencies, and Communities Together) Initiative was defunded by the State Legislature during the 2002 session. This initiative was an effort of five state agencies: Health, Education, Human Services, Workforce Services and Juvenile Justice to promote better learning among Utah's children, with the recognition that learning is impacted by factors outside of education, such as illness, emotional and psychological stresses, economic stresses, etc. State agency level meetings of the FACT Steering Committee have continued on a regular basis to address coordination of services at the state level as well as at the community level. For those state agencies that have local offices throughout the state, such as Human Services and Workforce Services, coordination of services at the local level is much easier to implement because the state agency has jurisdiction over the local offices. For the other state agencies, such as Health, coordination at the local level is not as easy because the state agencies have no jurisdiction over the local health departments. Directors of all five state agencies have developed a memorandum of agreement to continue collaborative efforts on behalf of Utah's children. Each state agency also developed a statement on collaboration that is the guiding principle for its work.

The state Medicaid and CHIP programs reside in the Utah Department of Health, which makes collaboration much easier than if they were located in another agency. The Division of Community and Family Health Services has a MOA with Medicaid that promotes collaboration between the two

agencies. The two Divisions work very closely together on a number of efforts related to MCH populations including early childhood services, and support of various program efforts through provision of Medicaid match for non-federal program dollars, such as Baby Your Baby Outreach, Early Intervention, PRAMS, early childhood services, immunizations, etc. State Title V staff has participated with Medicaid staff in review of HMO services and systems for MCH populations. Medicaid staff sit on the MCH Advisory Committee, as well as other committees that the Division has developed related to its work. State Title V staff participates on Medicaid advisory committees. CYSHCN Bureau staff participates in Medicaid's Utilization Review and CHEC/EPSDT Expanded Services Committee which meets weekly to determine coverage of non-covered services for Medicaid recipients. The CYSHCN Bureau Director, a pediatric neurologist, and the Bureau pediatric physical therapist have voting status on the committee.

Division staff has worked with Medicaid staff to try to address the issue of low Medicaid reimbursement rates for prenatal care. Title V staff participated with Medicaid staff in discussions of low reimbursement rates which are now impacting providers' ability or willingness to provide prenatal care for women on Medicaid. Utah's private provider prenatal care community is in the process of joining the AFL-CIO Union in an attempt to negotiate higher reimbursement rates for prenatal care from private insurance companies. The State Title V and Medicaid agency staff are very concerned that the current situation with reimbursement rates will result in very restricted access for Medicaid enrolled pregnant women to obtain prenatal care. As with other states, Utah's medical malpractice insurance rates for obstetrical providers, including certified nurse midwives, have skyrocketed, impacting providers' ability to cover overhead costs. The Department staff is concerned that there will be a crisis in prenatal care availability for Medicaid participants.

Local health departments (LHDs) and community health centers (CHCs) provide the local systems of care throughout the state for the MCH population. The 12 autonomous local health departments (LHDs) have their own unique governance and array of services. Most local health departments are multi-county districts covering large geographic areas. The Utah Department of Health contracts with each of the health departments to provide various services and core public health functions on a local level, including maternal and child health block grant funds, immunization infrastructure, WIC administration, tobacco prevention, prevention block grant funds, etc. Each local health department prioritizes its use of the Title V funds. The Department of Health is responsible for oversight of the state and federal funds that are distributed to the local health departments through contracts. Representatives of the local health officer association and the local nursing director association are invited to participate in various Division advisory committees or task forces in order to ensure their input and support. MCH programs have staff who work closely with local health department staff on MCH services and needs. The Bureau of Children and Youth with Special Health Care Needs contracts with several local health departments to coordinate clinical services for the itinerant clinics in the rural areas of the state. State staff meets with local health officers and nursing directors during their quarterly meetings on an as needed or requested basis.

The Utah Department of Health also has contracts with community health centers for maternal and child health services, mainly for immunization infrastructure. The Division does provide a small amount of funding from the MCH Block Grant to fund prenatal services for uninsured women in the Salt Lake Community Health Centers, Inc. system.

The Division works with the state Primary Care Association, AUCH (Association for Utah Community Health) on a regular basis. The Executive Director of the Association sits on the MCH Advisory Committee and frequently provides input on activities and priorities. Quarterly calls among the Title V agency, Primary Care Association, and the Primary Care Organization had been held with support from the Region VIII HRSA Office to discuss federal and state issues that impact MCH, and primary care. However, with the changes in structure and function in HRSA, these calls have been discontinued. The calls were beneficial in networking and sharing of ideas on better ways to collaborate.

The Division has effective relationships with the tertiary facilities in the state. Primary Childrens

Medical Center (PCMC), one of two children's hospital in the state, works closely with the Bureau of Children and Youth with Special Health Care Needs to coordinate services for children with special needs. PCMC physicians participate in the Department of Health's Child Fatality Review Committee which reviews deaths of all children that are possibly considered preventable, such as those due to suicide, child abuse or neglect, drowning, motor vehicle crashes, etc. In addition, the Division works closely with faculty at the University of Utah College of Medicine on various issues and projects, including the Department of Health's Perinatal Mortality Review Program. Currently Division staff has provided significant data support to the University Obstetrical Department on a National Institutes of Health grant for investigation of fetal deaths. The six tertiary perinatal centers in the state are the University of Utah and five hospitals that belong to the Intermountain Health Care (IHC) system. Perinatologists and neonatologists in the tertiary centers are faculty members at the University of Utah making for a strong collaborative model of tertiary care in the state. Division staff has strong relationships with IHC staff and has worked with IHC, University of Utah, and representatives from other health systems to update and disseminate a report on Cesarean sections to include a different classification analysis, vaginal births after Cesareans, and morbidity outcomes associated with rates and rate changes.

Many Division staff holds faculty positions at the University of Utah, mainly as adjunct faculty. As a result, staff members are often mentors to student interns looking for opportunities to learn more about state-level public health activities and programs. The University of Utah College of Nursing and College of Medicine and Brigham Young University College of Health Education often arrange for students to intern with Division programs for completion of Baccalaureate or Master's degrees. The Division has participated in the Rocky Mountain Public Health Education Consortium (RMPHEC) which was formed to address the paucity of continuing education opportunities for Maternal and Child Health (MCH) practitioners in the Rocky Mountain States and West-Central Cluster through distance education to increase accessibility and availability of MCH public health continuing education courses. The Consortium members include university faculty and public health staff from the states represented in the Consortium. Division staff has attended the Summer Institute as well as teaching several courses for the Institute. In addition to this effort, the first ever MCH public health course, offered through the University of Utah, was a joint effort of University of Utah faculty and the MCH Bureau Director from the Utah Department of Health. This course was developed as a collaborative model and will be offered every other summer, beginning in 2002.

Title V staff works closely with the state Medicaid agency on EPSDT to coordinate efforts related to EPSDT services. The Child Adolescent and School Health Program staff is knowledgeable of EPSDT as it is defined in the state. The staff member works closely with local health departments and other to promote awareness of EPSDT requirements and benefits. This promotion is all within the context of supporting the concept of the medical home, especially with local health departments that may practice in a manner that is counter to promotion of the medical home for children. Since Title V and the state Medicaid agency work closely together, coordination works well.

The area that the Division of Community and Family Health Services needs to develop more is with the private provider community because traditionally we have focused our efforts on local health departments. Programs in the Division are focusing more on interactions with private providers and are encouraging local health department staff to develop linkages with the private provider community. The work as a partner in the UPIQ Utah Pediatric Partnership to Improve Health Care Quality) has expanded work with private providers and has served to better link local services with the providers.

Title V staff participates on the Covering Kids and Families Utah Coalition, which works towards coordination with Medicaid and CHIP, facilitating enrollment into both programs. This project is administered by the Voices for Utah Children organization, affording the Department another opportunity to partner with other agencies. The Department of Health has outstationed eligibility workers in local health departments, community health centers, schools and hospitals which greatly enhances a family's ability to access eligibility services for programs they are eligible. Title V staff works with Medicaid and the Covering Kids Coalition staff and members to facilitate enrollment and

retention of children in Medicaid and CHIP.

In October 1987, the Department initiated the Presumptive Eligibility Program to facilitate access to financial assistance for early prenatal care. In April 1990, eligibility for the PE/PP was extended from 100% of the federal poverty level to its present level of 133%. During state fiscal year 1999, 6,328 women were enrolled in the PE/PP Program, representing approximately 13.7% of live births in Utah. Of the women qualifying for the PE/PP Program in 1999, 93.7% qualified for Medicaid benefits compared to only 64.4% of women in 2002. Women who are without insurance may receive care at a reduced fee through community health centers or through private providers willing to accept self-pay on a sliding scale. Women of undocumented citizenship status are referred to either Medicaid outreach workers or the Department of Workforce Services to obtain coverage for delivery expenses through Medicaid's emergency medical program. Despite this, obtaining adequate care for these women is problematic, as emergency services will not cover outpatient prenatal or postpartum care. During FY 2000, the Division instituted Baby Your Baby by Phone, which provides PE determination by telephone for Salt Lake County residents. PE applications are completed by phone and the PE card is mailed to the pregnant woman with instructions and referrals to the closest WIC clinic and Medicaid office. The Division is working with a contractor to develop an online PE application process in conjunction with Medicaid. This process should streamline the application for both Medicaid as well as PE.

To promote case identification and coordination of services for women and their infants, staff overseeing the Baby Your Baby Pre/Postnatal Home Visiting Program, the Prenatal-5 Nurse Home Visiting Program and Medicaid Early Childhood Targeted Case Management Services have collaborated on inservices and guidance materials. Long-standing agreements with local health departments and community health centers to refer pregnant women applying for Presumptive Eligibility or WIC to the other program also promote case finding of women and infants in need of services.

CFHS maintains contracts with the 12 local health departments to provide perinatal programs at the local level. Other contracts or memoranda of agreement are maintained for Presumptive Eligibility applications with community health clinics, migrant health programs, an adolescent pregnancy program at the University of Utah, as well as other community-based programs. All local health departments, including their satellite sites, and 25 other sites provide Presumptive Eligibility determinations and referrals to Medicaid.

The Baby Your Baby Advisory Committee, consisting of Utah Department of Health staff assigned responsibility in the area of reproductive and maternal and child health, as well as outside partners, works to promote better access to early prenatal care. During this past year, the Committee has addressed the ongoing concern about Utah's low rank among state for adequate prenatal care. As a result of combined efforts of PRAMS data analysis, brainstorming, etc. the Advisory Committee developed a new campaign to address this issue by promoting "13-13" (get in before your 13th week and get at least 13 visits) which began early in 2003. The Advisory Committee has developed a formal evaluation plan to determine the impact of the new campaign.

The Bureau of Children and Youth with Special Health Care Needs is participating in a CDC-funded grant awarded to Utah State University for Early Hearing Detection and Intervention (EHDI) tracking for research and integration with other newborn screening programs. This is a 5-year grant awarded in 9-30-00 to improve the timeliness and appropriateness of early hearing detection and intervention service to infants and their families by 1) refining and expanding Utah's existing surveillance and tracking for EHDI, and 2) integrating the EHDI surveillance and tracking system with other relevant public health information databases and service systems.

The state WIC Program is co-located within the Bureau of Maternal and Child Health, which greatly enhances Title V's ability to coordinate efforts. Changes in program management and staff over the past several years have resulted in significantly improved coordination efforts with Title V, as well as Immunizations and other programs that serve maternal and child populations. WIC and the State

Immunization Program are collaborating on an incentive program through the gift of a book to WIC-enrolled children who are adequately immunized at age two. While progress has been made with WIC coordinating better and more effectively, the Bureau will continue its efforts to integrate WIC more fully into the philosophy of the program goals of promoting healthy mothers and children beyond nutrition classes and food vouchers, especially on the local level.

Title X dollars are granted to Planned Parenthood Association of Utah with which the Division works well. The Executive Director of Planned Parenthood sits on the MCH Advisory Committee and is an active participant in committee work. In addition, Planned Parenthood is one of the community grantees of the federal abstinence-only funding to provide "Growing Up Comes First" which incorporates the requirements of the federal abstinence program through maturation classes for elementary youth. The program standardizes maturation classes for schools that utilize it in an environment that previously was an informal, unstructured event that usually involved a speaker (usually a physician parent) talking to 5th-6th graders about "maturation". The "Growing Up Comes First" curricula addresses issues beyond "maturation", including healthy decision-making, etc.

The state Title V agency works closely with family leadership and support organizations, such as LINCS (Liaisons for Individuals Needing Coordinated Services), Family Resource Center and Family Support Center. Representatives of Family Voice, Family Resource Centers and family Support Centers all sit on the MCH Advisory Committee. The Bureau of CSHCN also contracts with these organizations to ensure that families' needs are addressed when a family has a child with special health care needs. In addition, since the State Head Start State Collaboration Project resides the State Title V agency, coordination between Head Start and Title V is strong.

## **F. HEALTH SYSTEMS CAPACITY INDICATORS**

During the 1996 needs assessment process, the Division utilized data from some of the health status indicators by reviewing available data to prioritize needs among the three MCH populations. Some of the health status indicators were helpful in identifying areas where Utah could improve health status for its maternal and child populations. The process used for the identification of the priority needs involved not only use of some of the indicators themselves, but also quantification of their impact on the population. Throughout the process data needs were identified and sought out as available. Through the SSDI grant activities, access to data on child health and children with special health care needs was developed through a collaborative effort with the Center for Public Health Data in the Department of Health to conduct a Utah 2000 Child Health Survey. This survey enabled the Division to access data about children in the state, including children with special health care needs, that had never been available previously. The data have provided invaluable information about needs of the child population, enabling the Division to better plan to address identified needs. In addition, the SSDI grant activities have included the planning of integration of data sets within the Department of Health including vital records, heelstick screening and hearing screening. The Department is planning on using this data integration project as a platform for integration of additional data sets, such as immunizations, WIC, etc.

For the FY2002 MCH Block Grant Application, the Division reviewed the current status of the indicators and based on the numbers, identified areas in which we need to continue our efforts to improve health status among MCH populations in Utah. For example, we know that a lower percentage of women are entering early prenatal care, although we do not know the reasons for this decline. PRAMS has provided data that assisted us in identifying reasons, primarily lack of money for care.

For the FY 2003 MCH Block Grant Application, review of the current status of the indicators revealed progress in some areas, such as lower hospitalization rates for children under five years of age; low and very low birth weight; prenatal care entry; data linkages; death rates for children under 15 years of age due to unintentional injuries and motor vehicle crashes; chlamydia among women aged 15 to 19; and, Medicaid eligible children between 6 and 9 years who received a dental visit during the year. Areas that declined included: adequacy of prenatal care; nonfatal injuries among children under 15

years of age; nonfatal injuries due to motor vehicle crashes among youth between 15 and 24 years; and, chlamydia among women aged 20-44.

For FY2004 Block Grant application, the health system capacity indicators were reviewed for changes. The trend or level of several capacity indicators is concerning including adequacy of prenatal care and dental services for children aged 6-9. The Division will continue its efforts to address these two capacity indicators.

For adequacy of prenatal care, the Division has already dedicated a great deal of effort to determine barriers to prenatal care and ways to address this decline in prenatal care entry and continuity. Division staff has met with Medicaid staff and provider representatives to discuss low reimbursement issues for prenatal care. These low rates have resulted in fewer prenatal care providers seeing Medicaid participants for prenatal care. With increasing liability insurance premiums and steady or declining rates of reimbursement, providers have joined forces with a union to help negotiate higher reimbursement rates to cover increasing overhead costs.

The dental services indicator continues to be concerning since children on Medicaid have access to dental care, however, we do know that Medicaid reimbursement rates for dental care are a major barrier to dentists' willingness to provide care to children enrolled in Medicaid. The state has been served with notice of a lawsuit regarding low reimbursement rates for dental care. The Oral Health Program works closely with Medicaid to convey issues that the dental community is facing with Medicaid services.

A dental or prenatal reimbursement rate increase is vying with numerous other competing budgetary requests and needs, with little budget relief in sight. Both groups of providers have approached the Medicaid Medical Advisory Committee to provide information on the need for higher compensation for care. The Division will continue to keep a pulse on these two important issues for mothers and children in Utah.

For the FY05 block grant application, we continue to focus on the indicators that were identified last year as concerning since little has changed in the past 12 months. We plan to reevaluate the indicators as we conduct the five year needs assessment as to which health indicators need attention for the next five years.

## **IV. PRIORITIES, PERFORMANCE AND PROGRAM ACTIVITIES**

### **A. BACKGROUND AND OVERVIEW**

During the first year of Performance Measures, CFHS developed nine State Performance Measures. In evaluating these nine Measures this year (2001), the Division has decided to drop two for the coming year with plans to develop at least two additional replacement Measures during the coming year based on the needs assessment identification of priority needs. The Performance Measure related to development of the internet-based query system for MCH Measures, MatCHIIM, was dropped because this Performance Measure has been accomplished. The second Performance Measure that was dropped was the one relating to day care provider participation in the Utah Health and Safety Curriculum. This Measure was dropped because of difficulty in measuring the objective because it depended on data sets from CFHS as well as data sets from the Division of Health Systems Improvement, Bureau of Licensing, responsible for licensing day care providers in the State. The Division will continue its efforts in this area, but will probably develop a Measure that is more reflective of Division activities. Utah's State Performance Measures include one for each of the four levels of the pyramid of services and at least one for each of the three population groups. Over the next year, Division staff will review the State Performance Measures to ensure that the priority areas identified in this year's needs assessment are reflected.

/2002/ - The Division staff, in collaboration with the MCH Advisory Committee, reviewed the current State Performance Measures along with the State priorities that had been identified to ensure that the priorities were represented in the State Performance Measures. After the review, several new State Performance Measures were proposed based on the priorities, the ability to Measure the Measure, and the locus of responsibility that the Department has over the priority. Three new State Performance Measures were accepted to be incorporated with the other State Performance Measures. These include intended pregnancy, tobacco use among pregnant women, and access to dental health services for Medicaid eligible children.

The categories were chosen for placement on the level of the pyramid of services based on the category of program activities planned to meet these Measures over the next five years.

/2003/ - No changes were made to the State Performance Measures this year.

/2004/ - No changes were made to the State Performance Measures this year. Progress has been made on the following State Performance Measures: CSHCN in rural areas receiving clinical services, smoking among teenagers, MMR immunization rates among school-aged children, neural tube defects, smoking among pregnant women, and intended pregnancies. Performance Measures that moved in the wrong direction included weight gain among pregnant women, and dental visits for Medicaid-enrolled children. Two Performance Measures remained unchanged, bicycle helmet use and car restraints.

Review of progress with the National Performance Measures indicates that Utah is making progress with 7 of the Measures: uninsured children, newborn hearing screening, breastfeeding, motor vehicle deaths, sealants, teen pregnancy, and Medicaid-enrolled children receiving services. Five Performance Measures went in the wrong direction: prenatal care, very low birth weight, very low birth weight born in tertiary hospitals, teen suicides, and immunizations.

The Division will continue to evaluate those Performance Measures that are either unchanged or moving in the wrong direction to determine if different strategies are needed to impact these in a positive direction.

***/2005/ - The Division plans to continue with the priorities identified in 2001. As we get into the needs assessment process in more depth, we will re-evaluate the priorities and do anticipate that they will change for the FY2006-2010 funding period.***

***The Division was successful in accomplishing 11 of the 18 national Performance Measures***

**and 7 of the 10 state Performance Measures. The Measures in which we did not reach our objectives include: intended pregnancy, prenatal care entry, neural tube defects, percentage of very low birth weight births and percentage born in tertiary centers, uninsured children, percent of potentially eligible Medicaid children receiving a Medicaid service, safety restraints, youth suicide, and death rate due to MVAs. Unfortunately, the percent of children in the state without insurance rose from 6.8% in 2002 to 7.3% in 2003.**

## **B. STATE PRIORITIES**

The Division has selected nine priority areas that need to be addressed to improve health of Utah mothers, infants, children, adolescents and children with special health care needs. These were selected after a prioritization process utilizing the Pickett-Hanlon Method previously used by the Washington State Department of Health.

The nine priority needs that the Division identified are:

Low birth weight

Unintentional pregnancy

Mental health

Unintentional injury

Vaccine preventable illness

Dental health

Intentional injury

Vision screening for amblyopia

Transition to adulthood for children with special health care needs

These priorities tie into some of the National Performance Measures as well as some of the State Performance Measures, with exception of the vision screening priority. The Division will reevaluate the priorities at the time of the next needs assessment to determine if they need to be amended.

*/2002/ - The Division staff, in concert with input from the three subcommittees of the MCH Advisory Committee, reviewed these priorities and decided that they remained high priority for MCH populations in the state. After review of the state performance measures and the priorities, the Division decided to add three additional state performance measures that will address three of the priority areas: low birth weight, unintentional pregnancy and dental health. /2003/ - No changes were made to the priority list this year. /2004/ - No changes have been made to the priority list and it is anticipated that the priorities will continue until another needs assessment is done to determine which health issues are priorities for the state Title V agency. /2005/ **No changes have been made to the priorities. At the time of the completion of the needs assessment, we anticipate that we will have some different priorities to address over the upcoming five years.***

***Each year the Utah Department of Health establishes its top ten priorities, followed by the Division of Community and Family Health Services with its top priorities, followed by the Bureau of Maternal and Child Health priorities. Since the Division addresses the health needs of the entire Utah population, priority needs include a broad range of issues, including MCH population needs, but also others such as data integration, obesity, etc. The priority needs for the Bureau of Maternal and Child Health include specific issues related to the MCH populations, but also include infrastructure needs, such as data analysis. These priorities are reviewed annually and redirected as needed.***

***Infrastructure building capacity is strong, with much work accomplished in the areas of data integration and data analysis. The Division has built strong collaborative relationships with many different programs within the Department as well as with outside agencies. The area that requires further attention is assisting local public health providers serve more of the low-income maternal and child health population. Strategies such as third party billing, examining cost-effectiveness of locally delivered services, etc. will enable more clients to be served. Two staffing needs that were addressed during FY03 are a MCH epidemiologist and an adolescent***

**health consultant. With some reorganization, the positions for a MCH Epidemiologist and the Adolescent Health Coordinator were found and both are in place. The Division intends to further develop the area of data support for MCH-related programs, such as Immunizations and WIC to strengthen data utilization for program planning and evaluation.**

**Population-based service capacity has developed and flourished over the past five years. The Division has developed stronger, broader programs to address the needs of the MCH population. The Injury Prevention Program, for example, has greatly expanded its activities to include domestic violence and sexual assault in its program plan. The Division has expanded its hotline services to include immunizations, CHIP and other more general health hotlines to serve better people of Utah. The Division has worked with UPIQ (Utah Pediatric Partnership to Improve Healthcare Quality) on improving preventive services for children through learning collaboratives which include areas, such as vision screening, screening for dental disease, developmental screening of all children, etc.**

**Direct and enabling services are generally available statewide for the maternal and child health populations, however, there are pockets of greater need than can be addressed with current funding and available resources. The Division has developed strong enabling services, but there is great need to examine mechanisms to ensure that more services are available for the maternal and child populations without insurance. Funding to local health departments will be examined to determine if there are better ways to allocate the available funding.**

## **C. NATIONAL PERFORMANCE MEASURES**

Performance Measure 01: *The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.*

### **a. Last Year's Accomplishments**

This Performance Measure was achieved. The Performance Objective was 98.5% and the actual Performance Indicator was 98.6%.

The Newborn Screening Program continued its surveillance and identification of children with phenylketonuria (PKU), congenital hypothyroidism, galactosemia, and hemoglobinopathy. Through the efforts of the Newborn Screening Subcommittee and the Genetic Advisory Committee, criteria for screening tests in Utah were identified and submitted. The Utah Department of Health adopted the criteria in April.

CSHCN continued to provide collaborative and financial support to the University of Utah metabolic follow-up clinic, which follows children with phenylketonuria (PKU) and galactosemia. CSHCN staff worked with families, the Insurance Department, Medicaid, and private insurance companies to facilitate the billing and coding systems.

### **b. Current Activities**

The Newborn Screening Program continues its surveillance and identification of children with congenital hypothyroidism, galactosemia, hemoglobinopathy, and phenylketonuria (PKU). Care coordination will continue for those children affected by a disorder. The data tracking system continues with additions, subtractions, and fine-tuning as necessary. The Utah battery of screening disorders and testing methods for newborn screening will be reviewed with on-going discussions of applicability of adding additional disorders.

Newborn Screening kits are sold to all institutions of birth and direct entry midwives who attend home births. Consultations with all providers are available by phone or by site visit. Consultations and education of families and the general public continue. The Newborn Screening Program continues to collaborate with data integration efforts and streamlining of data collection. The program continues its involvement in the Birth Record Number linking of newborn databases for the Newborn Child Health Advanced Record Management (NCHARM) Project. It supports and facilitates the "Medical Home" model of health care.

CSHCN continues to provide collaborative and financial support to the University of Utah Health Sciences Center Metabolic Follow-up Clinic. CSHCN staff continues working with families, insurance companies, and Medicaid to facilitate billing and coding for these services.

### c. Plan for the Coming Year

The Newborn Screening Program will continue its surveillance and identification of children with congenital hypothyroidism, galactosemia, hemoglobinopathy, and phenylketonuria (PKU). The care coordination and data tracking system will be continued with additions, subtractions, and fine-tuning implemented as necessary. Disorders that are not currently included in the Utah battery of screening disorders and testing methods for newborn screening will be reviewed, and on-going discussions of applicability will continue.

The program will participate in a two-year pilot study to evaluate expanded screening using Tandam Mass Spectrometry. This pilot will be a collaborative effort between The Associated Regional and University Pathologists, Inc. (ARUP), the University of Utah Department of Pediatrics, Division of Genetics, and the Utah Department of Health.

Newborn Screening kits will be sold to all institutions of birth and lay midwives who perform home deliveries. Consultations with all providers will be available by phone or site visit. Consultations and education of families and the general public will continue.

The Newborn Screening Program will continue to collaborate with data integration and streamlining of data collection. The program will continue its involvement in the Birth Record Number linking of newborn databases. It will support and facilitate the "Medical Home" model of health care.

CSHCN will continue to provide collaborative and financial support to the University of Utah Health Sciences Metabolic Follow up Clinic, which follows children with PKU and galactosemia. CSHCN staff will continue working with families, the Insurance Department, Medicaid, and private insurance companies to facilitate the billing and coding systems.

*Performance Measure 02: The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)*

### a. Last Year's Accomplishments

The performance measure was achieved. The Performance Objective was 63.7% and the Annual Indicator was 63.7%.

Family advocacy and support were provided to CSHCN families throughout Utah through two family advocacy organizations. The Bureau contracted with LINCS (Liaisons for Individuals Needing Coordinated Services) to identify, train, and employ a family advocate to be in attendance at itinerant clinics and to work individually with families. Secondly, in September

2002, Utah's Family Voices Coordinator was hired part-time by the Bureau to provide family advocacy and support, to represent families on Department committees and to work on specific grant projects (Medical Home, Genetics, ULEND and CHARM). The Utah Family Advocate is in charge of incorporating family involvement in all CSHCN programs including the broader MCH population, by providing parent/family/youth input to state level policy and program development, advocating for children with special health needs, and helping families build the necessary skills to be equal partners and effectively navigate the complex system of care.

The Utah Family Voices Director serves on the Medicaid Medical Care Advisory Committee, which provides a consumer voice on Medicaid funding priorities; the Primary Childrens Medical Center Family Advisory Committee which is a means for families to discuss and problem solve hospital-based family centered care issues; volunteer staff for the Utah Parent Center to work collaboratively with a family-run organization, staff, and families for input and involvement in state and community level activities, such as the Legislative Coalition for People with Disabilities.

Families are involved in the work of the Utah Collaborative Medical Home project, with identification of family advocates in the medical homes throughout Utah. Through Utah's Collaborative Medical Home Project, family advocates were identified in five separate pediatric and family practices. Title V worked closely with the parent advocates in each medical home assisting them with resource information, linkages to other community programs, and navigation of health, social services and education systems. Family Advocates not only provide medical practices with input but also will become part of a state level Family Executive Council to provide insight and advice from their own experience as well as families in the medical home in their communities. Families are helping to write, gather information and provide content for the medical home website from their perspective.

Several families sit on the Interagency Coordinating Council for Early Intervention. Families have teamed up on a FUN (Families United Network) subcommittee to involve more families with young children and support them. A list-serv was set up as a forum for families to connect with each other to reduce isolation and to advocate for their childrens' needs

## b. Current Activities

CSHCN employs a part-time family advocate who is also the State Coordinator for Family Voices. In her role as a family advocate, she works directly with parents providing them with resource and advocacy information and providing parent-to-parent support. As the State Family Voices Coordinator, she provides a parent perspective and advocate for special needs children and families through representation on numerous boards and committees. Additionally, the family advocate works closely with The Utah Medical Home Collaborative Project providing support and direction to family advocates in each of the five medical home practice sites.

CSHCN continues to hold family advocacy and support as a priority area for CSHCN, especially for rural clinics. The contract with LINC (Liaisons for Individuals Needing Coordinated Services) is continuing during FY2004. LINC identifies, trains and employs local parents who provide advocacy and resource information for families and children attending rural CSHCN clinics in their communities.

The CSHCN Bureau continues to collaborate with Measuring and Monitoring Community-Based System of Care Project staff at the Early Intervention and Research Institute at Utah State University to support efforts in measurement as well as use of data to drive system priorities.

The Bureau secured funds to fully develop the Family Executive Council, which will provide many voices representing diverse views of families and children. The funds would look at

reimbursement methods for families for their time and services, advisory roles for the state initiatives and equal partnership on developing future plans.

The Utah Family Voices Director coordinates ULEND Program activities such as having families across the state participate through seminars, including families in rural and frontier areas via video conferencing technology, families serving on vital committees, and involving many families to share their experience and expertise through one-on-one contacts with trainees, group lectures and other participatory activities that are identified throughout the academic year. (<http://medhome.med.utah.edu>).

Utah Family Voices is partnering with the University of Utah, Department of Pediatrics and the State Family Council to develop a medical resident curriculum on issues faced by families of children and youth with special health needs outside the clinic. Family involvement will include families as teachers/mentors.

The Utah Family Voices Director coordinates ULEND Program activities such as having families across the state participate through seminars, including families in rural and frontier areas via video conferencing technology, families serving on vital committees, and involving many families to share their experience and expertise through one-on-one contacts with trainees, group lectures and other participatory activities that are identified throughout the academic year. (<http://medhome.med.utah.edu>).

### c. Plan for the Coming Year

Family advocacy and support will continue as a priority area for CSHCN. The contract with LINCS (Liaisons for Individual Needing Coordinated Services) will be continued in FY2005. LINCS will identify, train, and employ local parents who will provide advocacy and resource information for families and children attending rural CSHCN clinics in their communities. Family satisfaction will be measured by completion of family satisfaction surveys by parents who have participated in CSHCN programs, including clinical programs, screening programs and Baby Watch / Early Intervention.

CSHCN will continue to employ a part-time family advocate to work directly with parents providing them with resource and advocacy information. The family advocate will recruit and train other parents to serve as mentors for families through the medical home and ULEND projects. Family representation on numerous boards and committees will continue. A parent's perspective and input will be obtained when writing new grants, other materials or implementing projects.

*Performance Measure 03: The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)*

### a. Last Year's Accomplishments

The performance measure was achieved. The Performance Objective was 55.9% and the Annual Indicator was 55.9%.

The Utah Collaborative Medical Home Project developed and implemented a statewide system to support medical homes for children with special health care needs (CSHCN) in primary care settings. At the end of FY 03, the system included the following components:

- Direct support to 7 pediatric practices and one family practice site
- A Title V MH team consisting of a family advocate, an MD investigator, two MD co-directors, a coordinator, a Medicaid staff person, and researcher from the Early Intervention Research

## Institute

- Participation in the National Initiative for Children's Healthcare Quality Learning Collaborative along with three of our supported sites.
- Development of a website to support primary care physicians in caring for CSHCN that includes diagnosis-specific modules, an extensive resource list, modules for families, care coordination and education.
- Ongoing investigation into funding sources for website development.
- Monthly phone conferences with the practice sites and the Title V staff to educate and discuss issues related to medical home.
- Published a quarterly medical home newsletter sent to all pediatricians and family practice physicians in the state.
- Quarterly meetings with the medical home advisory committee, consisting of representatives from medicine, education, community organizations, the pediatric hospital, Family Voices, Medicaid, and Title V.
- Title V collaborated with Utah State University Early Intervention Research Institute to administer family and provider surveys for the project evaluation.
- Resource information, written and electronic, is sent to the practice sites on a regular basis.
- An ongoing data collection project with the initial five practice sites to assist in reimbursement from Medicaid and their contracted HMOs.
- Conducted two focus groups, one with residents to determine their knowledge of Medical Home and one with attending physicians on transition issues.

## b. Current Activities

The Utah Collaborative Medical Home Project, funded through a federal MCHB Medical Home Development Grant, is continuing to develop and implement a statewide system to support medical homes for children with special health care needs (CSHCN) in primary care settings. Five diverse pediatric practice sites, selected during FY 02, continue implementation of medical homes for CSHCN including children with 5 targeted diagnoses who are included in the project's demonstration study. Evaluation of the project will occur this year through provider and family surveys and analysis of activities occurring in each practice site. Diagnostic modules for three of the five selected conditions (co-morbid ADD/ADHD, complicated seizure disorders, congenital heart disease, cerebral palsy, and Down Syndrome) are complete and published on the Medical Home web site. The remaining two modules as well as a module on hearing will be completed this year. CSHCN will submit a National Library of Medicine Grant for funding of ten additional modules for the site. A comprehensive resource listing, currently being developed, will be placed on the web site during the upcoming year. Other sections to be completed this year include modules on education, family support and care coordination. The project continues its collaboration with Medicaid to identify and implement existing mechanisms for reimbursement of medical home services. During the next year, strategies for long-term sustainability and funding of primary care medical homes through Medicaid, other third party payers, and provider organizations will be developed.

CSHCN will participate in the National Initiative for Children's Health Quality (NICHQ) Medical Home Learning Collaborative during FY04 and facilitate collaborative activities in 3 additional pediatric practice sites. The Title V Medical Home Team, and a physician, facilitator and family advocate from each of the three chosen practice sites will attend 3 two-day intensive learning sessions as part of the collaborative project. Action periods in between the learning sessions will consist of implementation of medical home activities. Staff from the Genetics Implementation Project (GIP) will partner with Medical Home staff to develop and disseminate information to Medical Homes about genetic issues such as resources, privacy and confidentiality, counseling, and genetic testing. Staff will also develop web-based best practice modules on those conditions included in the state newborn blood screening.

### c. Plan for the Coming Year

The Utah Collaborative Medical Home project (UCMHP) plans to continue to spread the medical home concept through ongoing collaboration with the University of Utah School of Medicine, specifically by supplementing the pediatric and family practice resident training curriculum. Regionally the plans include collaborating with the Intermountain Pediatric Society and the family practice organization to investigate the best means of spreading medical home to the surrounding states. We will continue to support the existing practice sites by continuing our current activities while investigating funds to spread to additional sites. Title V intends to collaborate with the University of Utah Department of Pediatrics to develop strategies to improve access to specialty care.

The UCMHP team will expand the advisory committee to include more community organizations, cultural groups, families, faith-based organizations and physician specialists. We plan to continue development of the website by adding more diagnostic modules, e.g., a transition module, infant mental health and early intervention. The resource section will continue to be updated. Additionally, the project will increase collaboration with Early Intervention, the Infant Mental Health Committee, Newborn Screening, the State Asthma Advisory Committee, and other grant projects within the Bureau. A component of the genetics project includes spreading of the Medical Home concept through the training of the nurses, care coordinators and discharge planners at the local pediatric hospital.

We will increase Medical Home spread through changes to University of Utah, School of Medicine pediatric and family practice resident curricula and through collaboration with professional organizations. CSHCN will work with the University of Utah School of Medicine, Department of Neurology in implementing a subspecialty Medical Home project. In FY 05, the Medical Home team will sponsor a statewide medical home conference to provide support and training to new and existing medical home providers. CSHCN will continue to support existing Medical Home sites through continuing current activities and investigate funding mechanisms to support additional practices.

Performance Measure 04: *The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)*

#### a. Last Year's Accomplishments

The performance measure was met. The Performance Objective was 57.2% and the Annual Indicator was 57.2%.

Title V assisted families to gain access to private/public insurance through programs and outreach efforts. Utah's Medicaid's Waiver for Technology Dependent Children waives parental income and asset limits for the child who is dependent on specific types of technology allowing access to Medicaid covered services. The Bureau employs social workers who evaluate families during clinic for possible eligibility for Medicaid, CHIP, SSI, waiver and other state programs. The Bureau houses and partially funds an on-site Medicaid eligibility worker to enroll families for Medicaid and CHIP. Education on eligibility guidelines and other possible funding mechanisms is provided to families directly and through care coordination and established medical homes.

Alternative funding sources such as Primary Children's Medical Center (PCMC), Shriners Hospitals for Children and other community organizations were sought to cover medical costs for eligible children with complex health care needs who do not have access to public or private insurance. CSHCN provided assistance in the development and submission of Utah Medicaid's 1115 Research and Demonstration Project. This project, if approved, will provide additional

Medicaid services and expand eligibility for children with life-threatening diagnoses.

#### b. Current Activities

CSHCN is working with Medicaid in the development of a 1115 Research and Demonstration Project which will expand eligibility for children with life-threatening diagnoses and provide for additional services for this population of children. CSHCN is assisting families in accessing health insurance coverage through the Medical Home Project by educating health care providers and support staff about resources available for families of CSHCN, including CHIP, Medicaid and SSI. CSHCN continues to collaborate with Primary Children's Medical Center, Shriners' Hospital for Children and other community organizations to cover medical costs for eligible children with complex health care needs that do not have access to public or private insurance.

#### c. Plan for the Coming Year

CSHCN will continue outreach efforts to reach families who may be eligible for Medicaid and CHIP. Additionally, the Bureau will collaborate with PCMC, Shriners and other community organizations to cover medical costs for eligible children with complex health care needs who do not have access to public or private health insurance.

CSHCN will continue to work with Medicaid during the implementation phase of Utah Medicaid's 1115 Research and Demonstration Waiver. CSHCN will also assist families to access health care coverage through the medical home project by educating health care providers and support staff about resources available for families of CSHCN, including Medicaid, CHIP and SSI.

*Performance Measure 05: Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)*

#### a. Last Year's Accomplishments

NPM 05 achieved. CSHCN provided information and referral to primary care providers and families directly and through the Medical Home web site. CSHCN improved the organization of community-based systems through the Medical Home project. CSHCN ensured community-based access to specialty care through satellite case management and traveling clinics. In coordination with Medical Home activities, CSHCN staff coordinated with community cultural agencies to improve access to health care for children and families from diverse cultural backgrounds. Clinic and care coordination services were provided by The Adaptive Behavior & Learning Evaluation Program, Child Development Clinic, Newborn Follow-Up Clinic, Hearing Speech and Vision clinics and Itinerant/Satellite clinics. To provide these services, CSHCN collaborated with the University of Utah Department of Pediatrics, PCMC and Shriners. In Salt Lake County, where the majority of Utah's pediatric tertiary care providers are located, CSHCN augmented existing multidisciplinary clinical services, as needed. CSHCN partnered with other community providers of health, education, vocational rehabilitation, and health care coverage to improve the coordination of comprehensive services for families and children.

In October 2002, CSHCN established the Utah Registry of Autism and Developmental Disabilities (URADD), a CDC project to study how many children or people with Autism Spectrum Disorders (ASDs) and developmental disabilities are in Utah. The first component of URADD was a CDC sponsored public health survey of children with ASDs and/or mental retardation who turned 8-years old in 2002. A statewide self-reporting registry was also established for all ages. The third component is mandatory reporting of ASDs and related

conditions by specialty clinics. In December 2003, the Utah Health Code was changed to make autism and related disabilities a reportable health condition. URADD provided multiple training and educational awareness activities during the year.

CSHCN provided case management to high-risk populations. Children who were dependent on specific types of technology and enrolled in Medicaid's Travis Waiver Program received home health care coordination by RNs. CSHCN had a collaborative relationship with the Dept. of Human Services Division of Child and Family Services through the Fostering Healthy Children Program, which ensured the health, dental and mental health needs of foster children were met. The Health Status Outcome Measure tool was evaluated and refined to better identify the needs of the children. The Ages and Stages Questionnaire was implemented mid-year for all children less than 36 months of age, to screen children for developmental delays.

The Baby Watch Early Intervention Program (BWEIP) collaborated in the development of a system for mental health services for infants, toddlers and their families. Additionally, a statewide database system was implemented which contract providers utilize.

## b. Current Activities

CSHCN will provide information and referral to primary care providers and families directly and through the Medical Home web site and will improve the organization of community-based systems through the Utah Collaborative Medical Home project. CSHCN will also ensure community-based access to specialty care through satellite case management and traveling clinics. The programs augment community clinical services, case management or capacity building efforts to ensure a coordinated system of care through multidisciplinary clinics for children. Partnerships are with the University of Utah Department of Pediatrics, PCMC and Shriners. CSHCN staff coordinate with community cultural agencies to improve access to health care, as well as partner with community providers of health, education, vocational rehabilitation, and health care coverage to improve the coordination of comprehensive services. The Newborn Followup Program (NFP) is working towards creating a common database to connect perinatology, obstetrics and newborn intensive care unit data with NFP outcome data. Newborn ICU mortality and morbidity data will be recorded in a relational database and shared with all Utah newborn intensive care units.

The URADD project will provide training and educational awareness for educators, community health providers, and the general public on ASD related topics and autism surveillance in Utah. A physician survey will be completed. Modifications to the URADD website will be made to focus on resources for autism and developmental disabilities.

Genetic studies will incorporate the use of the Utah Population Database, a computerized database with extensive genealogies of the founders of Utah and their Utah descendants. The project will facilitate ongoing analyses for epidemiological investigations of etiologies and trends in autism prevalence.

CSHCN will provide case management to high-risk populations. Children who are dependent on specific types of technology and enrolled in Medicaid's Travis Waiver Program will receive care coordination by registered nurses. The Fostering Healthy Children Program will work with the DOH Immunization Program to increase the immunization rate of this population. Work will continue to enhance the tracking of medical information and to increase the data gathered as children enter care.

The Baby Watch Early Intervention Program (BWEIP) experienced a budget shortfall for the State Fiscal Year 2004 due to increasing demand for services. The program narrowed program eligibility criteria to reduce caseload, and also instituted parent fees as another revenue source. BWEIP provides multidisciplinary services to infants and toddlers with disabilities and their families through one statewide and 15 local programs and provides training and technical

assistance. The Program will continue its lead in a collaborative effort to support the development of a system for mental health services for infants, toddlers and their families.

### c. Plan for the Coming Year

CSHCN will provide information and referral to primary care providers and families directly and via the Medical Home web site and will improve the organization of community-based systems through the Utah Collaborative Medical Home project. CSHCN will ensure community-based access to specialty care through satellite case management and traveling clinics.

The programs will augment community clinical services, case management or capacity building efforts to ensure a coordinated system of care. Partnerships will continue with the University of Utah Department of Pediatrics, PCMC and Shriners. CSHCN staff will coordinate with community cultural agencies to improve access, as well as partner with community providers of health, education, vocational rehabilitation, and health care coverage to improve the coordination of comprehensive services. The Newborn Followup Program (NFP) is working to create a common database to connect perinatology, obstetrics and newborn intensive care unit data with NFP outcome data. Newborn ICU outcome data (mortality and morbidity) will be recorded in a relational database and shared with all Utah newborn intensive care units.

The URADD project will provide training and educational awareness for educators, community health providers, and the general public on ASD related topics and autism surveillance in Utah, in collaboration with the University of Utah School of Medicine's Department of Psychiatry's Utah Autism Research Program. A physician survey will be completed. Modifications to the URADD website will be made to focus on resources for autism and developmental disabilities.

CSHCN will provide case management to high-risk populations. Children who are dependent on specific types of technology and enrolled in the Travis Waiver Program will receive care coordination by registered nurses. The Fostering Healthy Children Program will work with the Immunization Program to increase the immunization rate of this population. Work will continue to enhance the tracking of medical information and to increase the data gathered as children enter care.

The Baby Watch Early Intervention Program (BWEIP) experienced a budget shortfall for the SFY 2004 due to increasing demand for services. The program narrowed program eligibility criteria to reduce caseload, and also instituted parent fees as another revenue source. BWEIP will provide multidisciplinary services to infants and toddlers with disabilities and their families through one statewide and 15 local programs. BWEIP will provide training and technical assistance and lead in a collaborative effort to support the development of a system for mental health services for infants, toddlers and their families.

*Performance Measure 06: The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)*

### a. Last Year's Accomplishments

Utah continued a number of efforts to improve the transition support system for children with special needs: The Medical Home web site transition module was developed to provide on-line access to transition recommendations and resources by medical home providers and parents. CSHCN continued to collaborate with Utah's Special Education, Division of Services to People with Disabilities, Vocational Rehabilitation, Social Security Administration and Work Incentives Initiative staff to organize and improve statewide transition services for young adults in Utah. Additionally, CSHCN staff and the Medical Home advisory committee identified and developed a panel of providers, such as "dual boarded" providers (pediatrics and internal medicine) and

family practice providers, to whom children transitioning out of pediatric services could be referred.

CSHCN staff continued providing collaborative transition workshops for young adults and parents with Shriners Hospital for Children and the Intermountain Collaborative Transition Center. The CSHCN transition specialist continued to provide direct transition planning for young adults and parents through CSHCN clinics. Training was provided for transition service planning CSHCN staff, family advocates, contract case managers and medical home providers.

#### b. Current Activities

Utah will continue a number of efforts to improve the transition support system for children with special needs. The Medical Home Website transition module will be developed to provide on-line access to transition recommendations and resources by medical home providers and parents. CSHCN continues to collaborate with Utah's Special Education, Division of Services to People with Disabilities, Vocational Rehabilitation, Social Security Administration and Work Incentives Initiative staff to organize and improve statewide transition services for young adults in Utah. Additionally, CSHCN staff and the Medical Home advisory committee will develop strategies to improve the training and recruitment of providers such as "dual boarded" providers (pediatrics and internal medicine) and family practice providers to increase the numbers of medical homes as children transition out of pediatric services.

CSHCN staff continues to provide collaborative transition workshops for young adults and parents with Shriners Hospital for Children and the Intermountain Collaborative Transition Center. The CSHCN transition specialist will continue to provide direct transition planning for young adults and parents through CSHCN clinics. Training about transition service planning will continue for CSHCN staff, family advocates, contract case managers and medical home providers.

#### c. Plan for the Coming Year

For FY 05, the Bureau of CSHCN will continue to direct attention to the Medical Home Project, focusing on the development of the transition piece of the project's website. This website is designed to provide information that is critical for a successful transition to adult services, including information on funding of health care and other assistance, educational and vocational resources, employment or meaningful daytime activities, independent living, and emotional, spiritual and recreational activities.

CSHCN will promote collaborative efforts in the area of transition, working with the various state and Federal agencies including: State Office of Education, Division of Services for People with Disabilities, Vocational Rehabilitation, the Social Security Administration as well as the Work Incentive programs and Ticket to Work. CSHCN will continue to support a transition specialist for services to itinerant clinic sites including Price, Moab, Blanding, Richfield and Vernal. These sites are largely rural and underserved and will benefit from direct contact with the transition specialist. In FY 05, more than fourteen itinerant clinics will receive coordinated services from the transition specialist. This coordination includes both on-site time at the clinics and follow-up and support between clinics via phone or telehealth. The CSHCN transition specialist will work with young adults and their families, local health department case managers, other local health care providers, as well as other agencies involved in the transition process.

The transition specialist will develop a list of health care providers that have indicated a willingness to provide primary health care to young adults. This activity and list supports our Medical Home Project work in the area of transition and helps to train and recruit providers to assume the health care of the young adult special needs population. Through the Medical

Home project, CSHCN will continue to work with family practice physicians to provide information and support in accepting into their practices children with special health care needs as they transition to adult health care. CSHCN will also be working with the University of Utah School of Medicine Department of Family and Community Medicine to develop Medical Home and transition training, which will be incorporated into resident physician training.

CSHCN staff will continue to support the efforts of the Intermountain Collaborative Transitional Center, in collaboration with Shriners Hospital for Children. CSHCN will provide input regarding Shriners/Vocation Rehabilitation's "Work Preparedness" program as well as working with other community agencies that provide transition programs or community endorsed transition fairs or workshops. Staff will continue to provide training and guidance to young adults and their families, both for identified children and youth with special health care needs and for inquiries from the general community.

*Performance Measure 07: Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.*

#### a. Last Year's Accomplishments

The performance measure was achieved. The Annual Performance Objective was 72% and the actual annual indicator was 77.4%

The Child Adolescent and School Health (CASH) Program worked with local health departments to ensure that children served through them are up to date on immunizations. The Prenatal to 5 Home Visitation Program continued to promote screening for immunizations, with an emphasis on promotion of medical home.

USIS staff (Utah Statewide Immunization Information System -- Utah's registry), with support of Immunization staff, rolled out registry applications and connections to 166 private providers and 5 school districts. The private provider enrollment goal of 200 was not met but active recruitment continues. Identified barriers to provider enrollment included the need to improve office technology and web access.

The VFC Program continued to actively recruit private health care providers to increase enrollment and to provide CASA/AFIX assessments through personal contact by program regional specialists to physicians in their assigned areas. The goal of 300 VFC and VFC CHIP providers was not met. Currently 291 providers are enrolled, with staff working to recruit providers who disenroll for a variety of reasons, such as relocation, change in client demographics, retirement. All components of the VFC program were assessed through review and customer survey to improve and reduce barriers to physician involvement.

The "Immunize by Two, It's Up to You" media campaign was continued with its goal to raise awareness through education and information reminding parents of the importance of immunizing their child by age two. First Lady, Jacalyn Leavitt, continued as the spokesperson and chair of the statewide immunization taskforce until the Governor's resignation in October 2003. The campaign, in partnership with private business support, continued the media campaign and targeted promotions focusing on Infant Immunization Week. The campaign was supported by the Hallmark two-month birthday card program.

The Immunization Program identified and developed public/private partnerships to promote the immunizations. These partnerships included the Office of Child Care and Bureau of Licensing, PTA, WIC, local health departments, and community and migrant health centers. A state plan was developed and implemented with the State WIC Program to improve immunization

promotion activities in local WIC clinics, such as screening WIC participants for immunization status (4th DtaP), education on immunizations during WIC classes, and referral to primary care providers for immunizations. Special emphasis was placed on outreach to special ethnic populations, especially Native Americans, through collaboration with Indian Health Service and local tribal leaders. The mobile immunization clinic activities (Care-A-Van) provided 60 clinics in 2003 and a steering committee was formed to assist in its ongoing development and service.

#### b. Current Activities

Staff in the Utah Immunization Program will work with local health departments to ensure that the children with whom they come in contact are up to date on their immunizations for their age by encouraging the parents to obtain the immunizations at their child's medical home where possible.

The immunization registry, USIIS (Utah Statewide Immunization Information System), staff will complete the national certification process. USIIS with the support of the VFC/AFIX Immunization staff will roll out the registry applications and connections to private providers and school districts. Training and support to users at all levels will be provided. The private provider enrollment goal will be 200. Providers will be encouraged to use the Web application WebKIDS.

Staff in the VFC Program continue to actively recruit private health care providers to increase enrollment and to provide CASA/AFIX assessments through personal contact by program Provider Relations/Quality Assessment staff. The goal is to have 300 providers enrolled in VFC and VFC CHIP. All components of the VFC Program continue to be assessed and improved to reduce barriers to physician involvement and to provide office based CASA/AFIX assessments.

The "Immunize by Two, It's Up to You" media campaign is continuing with its goal to raise awareness through education and information to remind parents of the importance of immunizing their children by age two. First Lady, Jacalyn Leavitt, continues as the spokesperson and chair of the statewide immunization taskforce. The campaign, in partnership with private business support, will continue to use the media spots and targeted promotions with a focus on Infant Immunization Week. The campaign will be complemented by the Hallmark two-month birthday card program. The Immunization Program will continue to identify and develop public/private partnerships to promote the need for immunizations. These partnerships will include Office of Child Care, PTA, WIC, local health departments, and community and migrant health centers. A state plan will be developed with the State WIC Program to improve immunization promotion activities in local WIC clinics, such as screening of WIC participants for immunization status, education on immunizations during WIC required classes, and referral to the primary care provider for immunizations. Special emphasis will be outreach to special ethnic populations, especially to Native Americans. The mobile immunization clinic activities (Care-A-Van) will continue.

#### c. Plan for the Coming Year

Staff in the Utah Immunization Program will work with local health departments to ensure that the children with whom they come in contact are up to date on their immunizations for their age by encouraging the parents to obtain the immunizations at their child's medical home where possible.

The immunization registry, USIIS (Utah Statewide Immunization Information System), staff will complete the national certification process including HL7 capability. USIIS, with the support of the VFC/AFIX Immunization staff, will roll out the registry applications and connections to private providers and school districts. Training and support to users at all levels will be provided. The private provider enrollment goal will be 250. Providers will be encouraged to use

the Web application WebKIDS.

Staff in the VFC Program will continue to actively recruit private health care providers to increase enrollment and to provide CASA/AFIX assessments through personal contact by program Provider Relations/Quality Assessment staff. Increased emphasis will be placed on monitoring of appropriate vaccine storage and handling. The goal is to have 300 providers enrolled in VFC and VFC CHIP. All components of the VFC Program will continue to be assessed and improved to reduce barriers to physician involvement and to provide office-based CASA/AFIX assessments.

The "Immunize by Two, It's Up to You" media campaign will be continued with its goal to raise awareness through education and information to remind parents of the importance of immunizing their children by age two. The campaign, in partnership with private business support, will continue to use the media spots and targeted promotions with a focus on Infant Immunization Week. The campaign will be complemented by the Hallmark two-month birthday card program. The Immunization Program will continue to identify and develop public/private partnerships to promote the need for immunizations. These partnerships will include Office of Child Care, Licensing, PTA, WIC, local health departments, and community and migrant health centers.

The State WIC Program will continue to improve immunization promotion activities in local WIC clinics, such as screening of WIC participants for immunization status (4th DtaP), education on immunizations during WIC required classes, and referral to the participant's primary care provider for immunizations. Special emphasis will be outreach to special ethnic populations, especially to Native Americans and Hispanic populations. The mobile immunization clinic activities (Care-A-Van) will continue and collaborate with local health departments.

**Performance Measure 08:** *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

#### a. Last Year's Accomplishments

The performance measure was achieved. Annual performance Objective was 24 births per 1,000 females ages 15 through 17 and the Annual Indicator was 17.5 births per 1,000 15-17 year old females.

Utah's teen birth rate declined significantly during 2002 (the latest year for which we have data available). The Maternal Child Health Bureau was able to reallocate some funding to hire a full time Adolescent Health Coordinator who is situated within the Child Adolescent and School Health Program. As a result, many of the activities related to teen birth prevention that had previously been carried out by the Reproductive Health Program have been transferred to the Adolescent Health Coordinator. These activities include: continued support of local community efforts in adolescent pregnancy prevention and continued funding and support to community-based abstinence-only education or motivational programs for youth between the ages of 9 and 14.

The Reproductive Health Program continued to provide support for maintenance of a website that contains information on Utah teen pregnancy statistics, along with links to the National Campaign to Prevent Teen Pregnancy's website. Support for the efforts of Utahns Concerned with Adolescent Pregnancy and Parenting (UCAPP) has not continued as this taskforce has been dissolved. The new Adolescent Health Coordinator has spent considerable time and effort this year on the development of a multi-agency Adolescent Health taskforce. The taskforce has met regularly to develop a mission statement with goals and strategies to guide future endeavors related to the promotion of optimal adolescent health in Utah.

## b. Current Activities

The Division will continue to provide district-specific data to local health departments regarding teen pregnancy and assist them in analyzing and reporting their data when requested. In addition, the Division will publish a comprehensive report on Adolescent Health in Utah, including sections on Teen Sexuality and Teen Pregnancy. The Maternal Child Health Bureau continues to oversee MCH Title V federal funding for Abstinence-only Education Program. The Adolescent Health Coordinator, who has just recently been hired, will carry out oversight and technical assistance to the currently funded community-based projects, which promote abstinence from sexual activity, tobacco, alcohol and other drugs among youth aged 9-14 years through a variety of methods that are sensitive to community needs and mores. Having a full time Adolescent Health Coordinator will allow the Division to place much greater emphasis on issues related to this critical developmental period.

Continued collaboration with Planned Parenthood Association of Utah will help to accomplish common goals of teen pregnancy prevention within the parameters of the state laws governing information and services to minors on contraception. The Reproductive Health Program will continue to develop and add appropriate links and resources to its web site ([www.health.utah.gov/rhp](http://www.health.utah.gov/rhp)) and to promote its use by the public as well as by health care providers. Lastly, continued financial support of the Teen Mother and Child Program at the University of Utah will be provided to assist teen mothers with optimal age-specific health care services and to help ensure that repeat pregnancies are avoided.

## c. Plan for the Coming Year

The Maternal Child Health Bureau will continue to oversee MCH Title V federal funding for Abstinence-only Education Program. The Adolescent Health Coordinator will carry out oversight and technical assistance to the currently funded community-based projects, which promote abstinence from sexual activity, tobacco, alcohol and other drugs among youth aged 9-14 years through a variety of methods that are sensitive to community needs and mores.

Continued collaboration with Planned Parenthood Association of Utah will help to accomplish common goals of teen pregnancy prevention within the parameters of the state laws governing information and services to minors on contraception. The Reproductive Health Program will transfer appropriate publications to the Child Adolescent and School Health (CASH) website (<http://health.utah.gov/cash>) so that CASH staff can continue to develop and add appropriate links and resources related to adolescent pregnancy prevention. An extensive analysis of Utah teen pregnancy data, which will include new Pregnancy Risk Assessment and Monitoring System (PRAMS) data, will be updated and made available on the website this year. In addition, continued financial support of the Teen Mother and Child Program at the University of Utah will be provided to assist teen mothers with optimal age-specific health care services and to help ensure that repeat pregnancies are avoided.

*Performance Measure 09: Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

## a. Last Year's Accomplishments

The performance measure was achieved. The Performance Objective was 49.9% and the Annual Indicator was 49.9%.

During FY03, CFHS Oral Health Program (OHP) promoted sealants through screening and referral activities, supported direct application of sealants at local health departments, and participated in education/awareness programs among dental professionals, pediatricians and

the public. The CFHS Smile Factory Program was discontinued due to lack of funding, but the Oral Health Program did concentrate on training local health departments on screening and referring procedures for children attending high-risk elementary schools in their communities. The OHP continued to support and provide technical assistance to the Salt Lake Valley Health Department (SLVHD) in ongoing Sealant Saturday projects. SLVHD conducted two Sealant Saturdays in FY03 to place sealants on low-income uninsured and Medicaid children. The OHP supported and provided technical assistance to sealant placement projects for low-income uninsured and Medicaid children coordinated and conducted by Dental Hygiene Program at Weber State University in Weber-Morgan Health Department (W-MHD). Sealant Projects in both SLVHD and W-MHD included, in addition to health department and school personnel, volunteer dental hygienists, dentists and dental assistants. A manual outlining a sealant project protocol/model is still in the process of being developed through a cooperative effort between OHP and SLVHD and will be used to assist additional local health departments and communities in implementing sealant projects. The OHP, in collaboration with other state agencies and organizations such as Medicaid (EPSDT), CHIP and Community Health Center Dental Clinics, promoted oral health prevention including sealant utilization to the public. Other activities included making presentations and providing educational material regarding the benefits of sealants to dental professionals, pediatricians and other health care providers who have opportunities to promote and refer children for sealants.

#### b. Current Activities

The Oral Health Program (OHP) will promote sealants through screening and referral activities, support for direct delivery of sealants at the local health department level, and education/awareness programs among dental professionals, pediatric health care providers and the public. The OHP will concentrate on training local health departments to screen and refer children attending high-risk elementary schools in their communities to dental services. The OHP will continue to support and provide technical assistance to the Salt Lake Valley Health Department (SLVHD) in ongoing Sealant Saturday projects. It is anticipated that SLVHD will conduct at least four Sealant Saturdays to place sealants on low-income uninsured and Medicaid-enrolled children. The OHP will also support and provide technical assistance to sealant placement projects for low-income uninsured and Medicaid-enrolled children conducted by the Dental Hygiene Program at Weber State University in the Weber-Morgan Health Department (WMHD). Sealant Projects in both SLVHD and WMHD will include health department, school personnel, and volunteer dental hygienists, dentists and dental assistants. A manual outlining sealant project protocol/model will be completed through a cooperative effort between OHP and SLVHD and used to assist other local health departments and communities in implementing sealant projects.

The OHP, in collaboration with other state agencies and organizations such as Medicaid (EPSDT), CHIP and community health center dental clinics, will promote oral health prevention including sealants to the public. Other activities will include presentations and providing educational material regarding the benefits of sealants to dental professionals, pediatricians and other health care providers who have opportunities to promote and refer children for sealants.

#### c. Plan for the Coming Year

During FY05, CFHS Oral Health Program (OHP) will promote sealants through activities, such as screenings and referral, support for direct delivery of sealants at the local health department level, and education/awareness programs among dental professionals, pediatric health care providers and the public. The OHP will concentrate on training local health department staff on screening and referring procedures for children attending high-risk elementary schools in their communities. The OHP will continue to support and provide technical assistance to the Salt Lake Valley Health Department (SLVHD) in ongoing Sealant Saturday projects. It is anticipated

that SLVHD will conduct at least four Sealant Saturdays in FY05 for low-income uninsured and Medicaid-eligible children. The OHP will also support and provide technical assistance to other sealant placement projects for low-income uninsured and Medicaid-eligible children that will be coordinated and conducted by Dental Hygiene Programs at Weber State University, Salt Lake Community College, Utah Valley State College and Dixie College. Sealant projects in the Salt Lake Valley Health Department, Weber-Morgan Health Department, Utah County Health Department and Southwest Utah Health Department will include, in addition to local health department and school personnel, volunteer dental hygienists, dentists and dental assistants. A manual outlining a sealant project protocol/model will be developed through a cooperative effort between OHP and SLVHD and used to assist additional local health departments and communities in implementing sealant projects. The OHP, in collaboration with other state agencies and organizations such as the Utah Oral Health Coalition, Medicaid (EPSDT), CHIP and community health center dental clinics, will promote oral health prevention including sealant utilization, to the public. Other activities will include making presentations and providing educational materials regarding the benefits of sealants to dental professionals, pediatricians and other health care providers who have opportunities to promote and refer children for sealants.

**Performance Measure 10:** *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

#### a. Last Year's Accomplishments

This Performance Measure was not achieved. The Annual Performance Objective was 4.0 and the Annual Indicator was 5.8. The motor vehicle death rate increased, however the overall trend has decreased the past six years. Because of small numbers, yearly rates fluctuate. In the future, we will report rates with three year averages.

The Violence and Injury Prevention Program (VIPP) collaborated with state and local partners to develop and implement prevention strategies to reduce motor vehicle deaths among children. Partners included local health departments, Utah Highway Safety Office, Utah Department of Transportation, Utah Safety Council, Utah PTA, Primary Children's Medical Center, Utah SAFE KIDS Coalition, Coalition for Utah Traffic Safety, Mothers Against Drunk Drivers, youth councils, law enforcement, business, and media.

The UDOH Deputy Director participated as a member of the State Traffic and Pedestrian Safety Coordinating Council that investigated issues, established legislative priorities, and made recommendations regarding traffic and pedestrian safety, with a VIPP staff member serving as council chair.

VIPP continued to provide funding, training, and technical assistance to local health departments to conduct safety and injury prevention programs including bicycle helmet, child car seat and seat belt use, and pedestrian safety education. Examples of activities included: safety rodeos, school presentations, worksite safety promotion, "Saved by the safety belt" party for survivors, "Battle of the Belts" competition between high schools, development of brochures, participation on committees, anti-drinking and driving campaign among Hispanic populations, and "Day of the Dead" activities to remind high school students the danger of drunk driving. Motor vehicle safety was promoted through media campaigns, city newsletters, educational booths, flyers distributed at grocery stores, articles in school newspapers, and information on the Program website.

More than 54,000 English and 8000 Spanish Utah SAFE KIDS Coalition newsletters, which dealt with motor vehicle safety topics, were distributed to hospitals, daycares, clinics, schools, and community health centers.

VIPP staff promoted "Walk to School Day" by working with SAFE KIDS Coalitions/Chapters, and other partners. "Green Ribbon Month", a pedestrian safety program, was promoted throughout the state to increase awareness of pedestrian safety, with over 40,000 people

participating and the Institute of Transportation Engineers and the Partnership for a Walkable America awarding Green Ribbon Month the 2003 Pedestrian Project Award for Education. VIPP collaborated with the Highway Safety Office on designing a pedestrian safety program through law enforcement, similar to crosswalk enforcement programs in other states. Over 650 citations/warnings were given to drivers and pedestrians for violating pedestrian safety laws.

## b. Current Activities

The Violence and Injury Prevention Program (VIPP) will continue collaboration with state and local agencies and community partners to develop and implement strategies for reducing motor vehicle crash fatalities among children in Utah. The Program continues to fund, train and provide technical assistance to local health departments so that they can continue local motor vehicle safety and injury prevention programs including bicycle helmets, child car seats, booster seats and seat belts, and pedestrian safety education for school age children and youth. VIPP continues as a member of the Utah Department of Transportation Pedestrian Safety Transportation Committee which investigates issues, exchanges information, establishes legislative priorities, and makes recommendations regarding traffic and pedestrian safety. VIPP will provide information and assistance to the Committee as needed. VIPP will continue to coordinate with the Utah Highway Safety Office and the Utah Department of Transportation on pedestrian issues regarding enforcement and the environment. VIPP will continue to develop and coordinate a pedestrian safety campaign that targets adolescent drivers and pedestrians by increasing pedestrian safety awareness and instruction in high school driver education classes, distributing educational materials, providing articles for newspapers and information on the UDOH Internet site.

VIPP will continue to promote pedestrian safety events, such as Green Ribbon Month (September, Pedestrian Safety Awareness) and Walk to School Day (October, Pedestrian Safety). The Program will distribute a pedestrian/bicycle safety newsletter to local health departments, law enforcement, PTA, traffic engineers, and others to inform safety advocates on the latest programs, research, and educational materials available on pedestrian and bicycle safety.

## c. Plan for the Coming Year

The Violence and Injury Prevention Program (VIPP) will continue collaboration with state and local agencies and community partners to develop and implement strategies for reducing motor vehicle crash fatalities among children in Utah.

Funding, training and technical assistance to each local health department will be provided so that they can continue to conduct motor vehicle safety and injury prevention programs. These programs will include promotion of bicycle helmets, child car seats, booster seats, and seat belts. In addition, education will be provided to school-age children on pedestrian, bicycle, and motor vehicle safety. Local health departments will collaborate with community partners.

VIPP will continue to participate as a member of the Utah Department of Transportation's Traffic and Pedestrian Safety Transportation Committee by providing information and assistance. This committee investigates issues, exchanges information, establishes legislative priorities, and makes recommendations regarding traffic and pedestrian safety.

VIPP will continue to develop and coordinate a pedestrian safety campaign to target drivers and pedestrians. Pedestrian safety events, such as Green Ribbon Month (September) and Walk to School Day (October), will be promoted. Pedestrian safety awareness will be promoted by partnering with community organizations, distributing educational materials, working with the media, and providing information on the Department Internet site. VIPP will continue to coordinate with the Utah Highway Safety Office and the Utah Department of Transportation on

pedestrian issues regarding enforcement and the environment.

Please see SPM3 on bicycle helmet use and SPM4 on child safety restraints for additional activities that will be conducted to reduce motor vehicle crash deaths among children.

**Performance Measure 11: *Percentage of mothers who breastfeed their infants at hospital discharge.***

**a. Last Year's Accomplishments**

The performance measure was not achieved. The Performance Objective was 86.2% and the Annual Indicator was 84.9%.

In 2002, the WeeCare perinatal case management program within the Reproductive Health Program integrated questions about infant feeding methods into the enrollment and delivery reporting process for their clients. This assists in obtaining statistical information, and, encourages women to discuss breastfeeding issues with their case manager. WeeCare promotes breastfeeding as the healthiest feeding choice by encouraging discussion, providing information, answering questions and assisting women with breastfeeding concerns. The following information was obtained:

- 89% of women planned to either exclusively breastfeed or to combination feed (breastfeed and feed expressed breast milk or breastfeed and feed infant formula).
- After birth, 85% of women reported that they were either exclusively breastfeeding or were combination feeding. Of the women who did not breastfeed as planned, several factors may have affected the mode of feeding such as unstable maternal condition, unstable infant, and cesarean birth. However, many of the women did not have these conditions so that the factors influencing feeding method are unknown.

Through a statewide CDC Pediatric Nutrition Surveillance survey done at WIC clinics in 2002, 75.9% of women initiated breastfeeding, 39.6% were breastfeeding their infant at 6 months of age and 23.4% were breastfeeding at 12 months of age.

Consumer education about the benefits of breastfeeding was also accomplished through the Reproductive Health Program's website where various articles related to breastfeeding are posted.

Analysis of breastfeeding data from the PRAMS data was done with University graduate students in preparation for an August 2003 release of a report on breastfeeding in Utah.

The WIC program has successfully continued to offer breastfeeding classes and support groups for pregnant and postpartum mothers, to use peer counselors in WIC clinics and to distribute hand pumps and electric pumps to mothers returning to work or school. It has continued to educate public health staff in breastfeeding support skills and collaborate among WIC clinics, community hospitals and medical clinics in breastfeeding promotion. The Utah Coalition to Promote Breastfeeding collaborated with Utah Lactation Educator Training in presenting a seminar "Protecting Child and Mother for Life".

**b. Current Activities**

The Reproductive Health Program (RHP) will continue to monitor breastfeeding trends among Utah women via PRAMS and the WeeCare Program. This information will be used to develop and evaluate breastfeeding promotion activities. RHP will continue to provide information about breastfeeding to the public via its publications, web site, poster sessions, and communications with local health departments and private health care providers. WIC will continue to promote

breastfeeding support to enrolled women through peer counselors, staff Certified Lactation Educator (CLE) counseling, classes, distribution of pumps and facilitation of support groups. Breastfeeding rates among WIC enrollees will be used for tracking and evaluation of existing services. RHP and WIC will continue to participate in activities with the "Utah Coalition to Promote Breastfeeding," including promotion of breastfeeding support in workplaces throughout Utah.

### c. Plan for the Coming Year

The Reproductive Health Program (RHP) will continue to monitor breastfeeding trends among Utah women via PRAMS surveys, WeeCare program participant surveys and WIC Nutrition Surveillance Reports. These sources of information will help to identify trends and determine needs for breastfeeding promotion activities. Reproductive Health Program will continue to provide breastfeeding information to the public via its publications, web site, and communications with local health departments and other community agencies. WIC will continue to promote breastfeeding with the goal of increasing the number of mothers in the WIC population who breastfeed. This goal will be accomplished with a combination of strategies including: WIC Peer Counseling Training programs, updating and staff completion of the Breastfeeding Training Modules, sharing clinic bulletin board messages and theme designs and consistent information given during clinic classes on where to get help, providing World Breastfeeding Week information to each clinic, develop mailings and educational materials, and administering a survey to Utah WIC participants.

*Performance Measure 12: Percentage of newborns who have been screened for hearing before hospital discharge.*

### a. Last Year's Accomplishments

The performance measure was not achieved. The Performance Objective was 98% and the Annual Indicator was 96.8%. Although 98.7% of babies born in hospitals/birthing centers are screened for hearing loss, Utah has a large number of home births (1.3% of annually) with only 8% of these babies having hearing screening results reported.

Technical assistance was provided to hospital staff to improve screening techniques and data management. Through HSVS facilitated donations, all Utah hospitals can now report hearing screening data electronically. A unique newborn identification number was initiated through the Newborn Child Health Advanced Records Management (NCHARM) Project, with 93% propagation achieved by June 2003. NCHARM has improved tracking and follow-up, collaboration with mandated newborn programs (birth records, heelstick screening and EHDI), and identified unknown data quality issues. Both CDC and MCHB fund EHDI projects in Utah.

Technical assistance was provided for three highest birth hospitals to enable the change to dedicated hearing screeners, resulting in higher pass rates and improved follow-up. EHDI Training Guidelines were developed and distributed and a Training and Certification Program implemented. Standardized evaluation measures for screeners, coordinators and supervising audiologists resulted. HSVS EHDI staff provided technical assistance to the lower performing hospitals to identify problems and explore methods for improvement. Implementation of proposed recommendations along with continued technical support have contributed to increased pass rates for these sites. Twenty-two technical assistance hospital visits were made during FY03.

A Utah Consortium of Pediatric Audiologists (UCOPA) list-serve has provided updates to audiologists and served as a tool for on-going training and communication. Classroom training on infant diagnostics was provided in August 2002 with follow-up activities and on-site

demonstrations. As a result of this training, more Utah audiologists are now providing bone conduction and tone burst auditory brainstem response (ABR) testing as part of a routine diagnostic protocol. HSVS audiologists initiated comprehensive ABR testing in rural Utah through traveling clinics and home visits. Native American populations in rural and frontier areas are becoming aware of and increasingly taking advantage of regionalized services.

Medical Home coordination and expedient referral and follow-up of infants with permanent hearing loss have been stressed in all technical assistance interactions. A family physician, pediatrician and pediatric ENT have been recruited to the Newborn Hearing Screening Committee. Their involvement provides a forum for screening and early intervention issues and a shared commitment to fostering medical home objectives.

## b. Current Activities

The HSVS Program will continue to assist hospitals in using the UNHS data more effectively. Expanded HI\*TRACK capabilities and updates will be made available to hospitals during this budget year. Training sessions will concentrate on the use of this new software and on improved tracking and reporting functions. The NCHARM three-way match and data sharing will allow for improvements in the State Central database. UNHS will be involved in the first CHARM prototype linkage with Vital Records, and a projected linkage to the Early Intervention database is expected early in this grant year.

Continued assistance will be given to hospitals not meeting the 90% inpatient pass rate standard and those with out-patient completion rates under 90%. Emphasis will be placed on the follow-up of infants who do not pass the screening process and are referred for audiological diagnosis. This will include working with hospital programs, audiologists, and parents, providing technical assistance, targeted site visits and parent education. A new standardized reporting protocol will be developed by the UNHS staff.

The Utah Consortium of Pediatric Audiologists (UCOPA) will be expanded through regular email communications. It will concentrate on appropriate and timely diagnostic evaluations and on complete and expedient reporting to the State. Auditory Brainstem Response evaluations by HSVS regional audiologists will continue throughout rural Utah, which will enhance follow-up services in these areas.

HSVSV will also stress education of primary care providers about the importance of medical home coordination and expedient referral and follow-up of infants with hearing loss. We will develop and implement strategies for making UNHS services family friendly and culturally appropriate.

## c. Plan for the Coming Year

The goal of the Hearing, Speech and Vision Services (HSVSV) Newborn Hearing Screening Program is to screen all newborns for hearing loss before hospital discharge or by one month of age. Babies who do not pass initial screening will have a diagnostic evaluation by three months. Babies with a hearing loss will be enrolled in appropriate early intervention services by six months of age. Efforts will be made to assure that every baby has a Medical Home. HSVSV will continue to provide training for hospital staff and regional audiologists involved in newborn hearing screening. Additional data training will be provided when the Hi\*Track data system update is released. Continued efforts and additional resources will be committed to the Child Health Advanced Records Management (CHARM) data integration project. The expected outcome of these efforts is to improve identification, tracking, and reporting of hearing results statewide.

To support this goal, five primary issues will be addressed in FY05: 1) through the CHARM

Project, increased accuracy of tracking and follow-up will be accomplished through linkages with other state databases; 2) training activities will be increased to midwives to improve hearing screening for home births and birth center deliveries; 3) HSVS will train participating Early and Migrant Head Start programs to perform OAE hearing screening to further reduce the number of infants lost to follow up and improve identification and tracking; 4) CDC/EHDI research activities will be ongoing including:

a) Economic Impact Study will accurately identify the costs of newborn hearing screening and their distribution across different sectors, both public and private since cost is a barrier to implementation of newborn screening programs. b) Genetic Analysis Study will provide information on the etiology of hearing loss through infants identified by newborn hearing screening. Babies failing newborn screening and then identified with a sensorineural or permanent conductive hearing loss are being offered a genetic evaluation. c) Cytomegalovirus Study (CMV) seeks to determine the contribution of congenital CMV infection to occurrence of sensorineural hearing loss in infants and establish the role of specific laboratory methods to detect CMV infected infants. d)

Loss to Follow-Up Study will identify factors responsible for loss to follow-up in EHDI programs and to develop successful and innovative strategies that will reduce loss to follow-up. Key stakeholders such as advisory committees, hospitals, parents, audiologists, physicians, and state EHDI and early intervention programs will help identify issues and solutions. And 5) HSVS will stress the importance of Medical Home coordination and expedient referral and follow-up of infants with permanent hearing loss. These collaborative activities enhance the goal of screening all newborns for hearing loss prior to hospital discharge.

### Performance Measure 13: *Percent of children without health insurance.*

#### a. Last Year's Accomplishments

The performance measure objective was not achieved. The indicator 7.3% of children without health insurance was higher than the annual performance objective of 6.5%. We are unsure as to the reason that the percentage of uninsured children increased.

The Division of Community and Family Health Services (CFHS) collaborated with Medicaid and Children's Health Insurance Program (CHIP) staff, partnering agencies on Covering Kids and Families National Program grant activities, administered by Voices for Utah Children, a statewide child advocacy organization. The program provided outreach through neighborhoods and schools. The Division participated on the Covering Kids Coalition and worked within the Department to promote enrollment and retention in Medicaid and CHIP. Concurrent efforts were used to enroll eligible children in CHIP and eligible adults in the Primary Care Network Waiver program.

The Utah Department of Health and Voices for Utah Children worked together to train eligibility workers, outreach staff, and other professionals to assist families in coordination of health programs and services. The Department worked with the Covering Kids Utah Project to continue to encourage CHIP and Medicaid outreach and referral through local WIC Programs, immunization clinics, early childhood home visiting, Head Start programs, schools, and child care facilities.

One challenge that affected the percentage of children without health insurance during the 2003 fiscal year was that CHIP reached enrollment capacity. CHIP Open Enrollment periods were used to enroll eligible children while maintaining control over the CHIP budget. The second open-enrollment period, since the December 2001 implementation of the Open Enrollment periods, occurred in November 2002, resulting in approval of over 4,000 applications with nearly 9,000 additional children being added to CHIP. To promote the CHIP Open Enrollment period and encourage the submission of applications, the Utah Department of

Health used radio, television, and internet advertising in addition to the network of local community agencies. The CHIP web site outreach was effective with 45% of the applications being received online, compared to 18% during the first open-enrollment period.

The CFHS Division promoted the enrollment of children in insurance programs through two of its programs. The Prenatal to 5 (P-5) Nurse Home Visiting Program used home visiting nurses to promote enrolling eligible children in available insurance programs. The home visiting nurses asked parents about the health insurance status of their children, provided information about programs, and initiated referrals to community agencies as appropriate. Additionally, Utah's Healthy Child Care America (HCCA) Project, in collaboration with the Advisory Committee and other partnering agencies, disseminated information on CHIP open enrollment, actively participated in the Covering Kids Utah Project, and collaborated with the CHIP Program.

#### b. Current Activities

During FY04, Division staff will work with the Covering Kids Utah (CKU) Project staff to collaborate closely in planning, implementing, and evaluating the effectiveness of outreach activities, including those specifically designed to target special populations and ethnic groups along with CHIP and Medicaid staff, and partnering agencies. Utah Children, with funding from a Robert Wood Johnson grant, administers and coordinates the CKU project through community outreach activities in neighborhoods and schools through three community-based projects and partnerships with community agencies. Division staff will work with the CKU Project to encourage CHIP and Medicaid outreach and referral through local clinics, home visiting, Head Start programs, schools, and child care facilities. Division staff will participate on CKU workgroups on simplification processes, coordination, outreach, and practices to implement to find strategies to improve these areas.

The Department of Health will continue its mass media campaign, including television, radio, print, internet advertising and evaluation of this campaign, which will include public relations and news releases about CHIP on the Utah Department of Health website. CHIP staff will conduct a grass-roots component that will include a mailing to many partners involved in reaching children prior to each open-enrollment session. The Division of Community and Family Health Services staff will continue to contribute to the development of this list of partners.

The School Nurse Consultant will continue to collaborate with the CHIP Outreach Coordinator to encourage school nurses to disseminate CHIP and Medicaid information and outreach within the school setting whenever possible. The Child, Adolescent and School Health (CASH) Program will continue the Prenatal to 5 (P-5) Nurse Home Visiting contracts with local health departments. Local health departments are required to report on health insurance status at entry and at closure from the program. CASH Program staff will assist CHIP staff in notifying the local health departments of open enrollment dates.

Under the auspices of Utah's Transitioning Healthy Child Care America (THCCA) grant, the CASH Program will continue to collaborate with other partnering agencies in planning and developing ways to strengthen outreach activities in child care settings. These partners include the Covering Kids Utah Project, child care providers, local health departments, and Child Care Resource and Referral agencies.

#### c. Plan for the Coming Year

During FY05, the Division of Community and Family Health Services staff will work with the Covering Kids and Families Utah (CKU) Project, Medicaid, and CHIP to collaborate closely in planning, implementing, and evaluating the effectiveness of outreach activities including those specifically designed to target special populations and ethnic groups. Voices for Utah Children, with funding from a Robert Wood Johnson grant, administers and coordinates the CKU project through community outreach activities in neighborhoods and schools through three community-

based projects and partnerships with community agencies. The Division staff will work with the CKU Project to encourage CHIP and Medicaid outreach and referral through local clinics, home visiting and Head Start programs, schools, and child care facilities. Division staff will participate on the three CKU workgroups to address 1) the simplification of CHIP and Medicaid application processes, 2) coordination of efforts with partners, and 3) outreach strategies to eligible populations. The CKU will explore options to address challenges of limited funding exacerbated by the depressed economy. The Division will work with the CHIP and Medicaid staff to promote outreach efforts.

The Utah Department of Health will continue its mass media campaign, including television, radio, print, and internet advertising and evaluation of this campaign. The success of the internet portion will be strengthened with public relations and news releases about CHIP on the Utah Department of Health web site. Utah Department of Health CHIP staff will conduct a grass-roots component that will include a mailing to many partners involved in reaching children prior to each open-enrollment period. Division staff will attend CHIP Advisory Committee meetings, work with CHIP staff on collaborative projects, support policy changes that promote continuity of coverage, and disseminate information to partner agencies regarding changes in CHIP policies and open-enrollment periods. Prior to and during CHIP open-enrollment periods, the Division staff will disseminate information and outreach materials to local health department staff, school nurses, community partners, and the public through visits, mailings, and website postings. Through the Prenatal-5 Nurse Home Visiting Program, local health departments will be required to inquire about the health insurance status of children and identify strategies used to support the enrollment of children in various insurance programs. The Division staff will contribute to the development of new partnerships and distribute outreach materials through those partnerships.

**Performance Measure 14:** *Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.*

#### a. Last Year's Accomplishments

The performance measure objective was not achieved. The indicator of 78.5% of potentially Medicaid eligible children who received a service paid by the Medicaid Program was less than the annual performance objective of 81%. We are unsure of the reason for a lower percentage of Medicaid eligible children getting a Medicaid-paid service.

Voices for Utah Children, a child advocacy organization, received the Robert Wood Johnson grant to continue the Covering Kids Utah project. The Division of Community and Family Health Services staff worked closely with Voices for Utah Children to support the project activities to promote enrollment in Medicaid and the Children's Health Insurance Program (CHIP). State CHIP and Medicaid staff participated in the Covering Kids Utah Project to provide support for the implementation of CHIP outreach activities and materials that facilitate the identification and enrollment of both CHIP and Medicaid eligible children.

While the Families, Agencies and Communities Together (FACT) site-based program was planned to be an integral part of outreach efforts, the program was de-funded and outreach efforts were addressed by the partner agencies. As part of outreach activities, Division staff encouraged local health departments, WIC clinics, nurse home visiting and Head Start Programs, and school nurses to identify children and families needing services and to refer as appropriate.

The Division's Maternal and Child Health Bureau provided technical assistance and nursing consultation as requested to Utah Medicaid staff involved in implementation of the Commonwealth Fund/National Academy For State Health Policy grant to enhance the capacity

of Medicaid in providing early child development services. This technical assistance and consultation was directed toward the overall goal of improving access of Medicaid children to needed child development and health-related services in the local communities. As part of this collaborative effort, the Child, Adolescent and School Health Program nurse consultant assisted in training local health department nurses to provide Early Childhood Targeted Case Management Services to assist in supporting effective child health and development services for Medicaid eligible infants. The Early Childhood Targeted Case Management Service was directed to infants up to age one, with the option of providing the service to children up to age four who need the service, as the home visiting nurses became familiar with implementing the service and attempted to address heavy caseloads and limited staff. Additionally, Division nursing staff collaborated with Medicaid's Managed Health Care Bureau team members to improve outreach, access, quality, and use of services for children on Medicaid, including those children with special health care needs.

#### b. Current Activities

During FY 2004, MCH and CSHCN Bureau nursing staff will collaborate with members of the Medicaid Managed Health Care (MHC) Quality Assurance monitoring team on periodic Medicaid health plans reviews with the development of recommendations regarding methods for improving outreach, access, quality, and use of services for children on Medicaid, including those with special health care needs.

Division staff will support Covering Kids Utah Project staff in encouraging local health clinics, home visiting, Head Start programs, school nurses, and child care providers to identify children and families needing services and to refer as appropriate. The Department will work with the Covering Kids Utah staff to promote the design and implementation of CHIP outreach activities and materials that facilitate the identification and enrollment of both CHIP and Medicaid eligible children.

During FY 2004 the Child, Adolescent and School Health Program (CASH) Program plans to explore ways to develop links among the fragmented network of agencies, providers, and organizations left from the demise of the FACT funding. The CASH Program will provide consultation services for Medicaid programs including the Child Health Evaluation and Care Program (CHEC), Utah's EPSDT program.

In FY 2004, the nurse consultant who oversees the Prenatal to 5 Home Visiting Nurse Program will provide technical assistance and address service challenges for nurses in local health departments. The collaboration will strengthen the coordination of the home visiting services to help assure that the service is continued and that Medicaid-eligible children are directed to existing health and developmental services.

#### c. Plan for the Coming Year

During FY 2005, Division staff, including MCH and CSHCN Bureau staff, will collaborate with Medicaid staff to improve services to children. First, the Division staff will work with the Medicaid Managed Health Care (MHC) Quality Assurance monitoring team on periodic Medicaid health plan reviews with the development of recommendations regarding methods for improving outreach, access, quality, and use of services for children on Medicaid, including those with special health care needs. Second, the Division will provide consultation services for Medicaid programs including the Child Health Evaluation and Care Program, Utah's EPSDT program. Third, the Division staff will provide technical assistance addressing service challenges for local health department home visiting nurses conducting Medicaid's Early Childhood Targeted Case Management Service. These collaborative efforts will help improve services and direct Medicaid-eligible children to other existing health and developmental services.

Division staff will support the Covering Kids and Families Utah Project staff in encouraging local health clinics, home visiting and Head Start programs, school nurses, and child care providers to identify children and families needing services and to refer as appropriate. The Division staff will work with the Covering Kids and Families Utah staff to promote the design and implementation of CHIP and Medicaid outreach activities and materials and support the training of eligibility workers to facilitate the identification and enrollment of eligible children in both CHIP and Medicaid. Additionally, the Division staff will work with the CHIP Program and Medicaid to support Utah Department of Health outreach activities.

During FY 2005 the Division, through the State Early Childhood Comprehensive Systems grant, the Early Childhood Council, and the Utah Pediatric Partnership to Improve Healthcare Quality, plans to explore ways to develop links and collaborative projects among the fragmented network of agencies, providers, and organizations. These links and collaborative projects will seek to improve and increase services to Medicaid eligible children.

Performance Measure 15: *The percent of very low birth weight infants among all live births.*

#### a. Last Year's Accomplishments

The performance measure was achieved. The Annual performance Objective was 1.2% and the actual annual indicator was 1.2% for the performance measure.

The Reproductive Health Program (RHP) promoted smoking cessation and relapse prevention among pregnant women and their families through dissemination of educational materials in WIC clinics, health fairs, local health department clinics and community health centers and the RHP website. Existing educational materials were translated into Spanish and disseminated and new materials were purchased and disseminated. The RHP collaborated with HealthInsight, a local non-profit health systems quality improvement organization, to apply for funding for a demonstration project to improve implementation of the "5As" among prenatal and pediatric health care providers in Utah. Unfortunately, the project was not funded.

The RHP utilized focus group data from Utah women who did not receive early and/or adequate prenatal care to guide the development of a media campaign that educates pregnant women about the need to begin prenatal care by the 13th week and get at least 13 visits. The campaign is currently undergoing a rigorous evaluation to determine its effectiveness. The program also conducted a survey of prenatal care providers throughout the state to assess barriers to early and continuous prenatal care participation. Although the survey yielded a good response rate, little helpful information was gained.

The WIC program has worked to increase the number of pregnant women who gain weight that falls in the recommended weight gain range (IOM). They accomplish this goal through the following strategies: every pregnant woman is weighed at every WIC clinic visit and receives educational material on healthy eating habits and their recommended weight gain range. WIC participants are also discouraged from tobacco and harmful substance use and encouraged to keep all of their prenatal medical appointments. The following data indicate that these strategies have been effective:

2000 2002

Low Maternal Weight Gain 10% 7%

Weight loss during pregnancy 19% 18%

High maternal weight gain 4% 2%

Analysis of preterm birth data due to multiple gestations was accomplished. These data were provided to the Utah Chapter of the March of Dimes, which has initiated a media campaign to

raise awareness of issues related to preterm births. The Utah Department of Health's (UDOH) MCH Bureau Director and RHP manager participate on the steering committee for the campaign.

#### b. Current Activities

The largest proportion of VLBW births continues to be related to preterm birth, for which very few successful preventive strategies exist. A variety of primary, secondary and tertiary prevention strategies will be continued by the Division to reduce the very low birth weight birth rate in Utah. Continued analysis of data related to prenatal care will be accomplished to target affected population groups with appropriate interventions to improve prenatal care access in Utah. The Division will disseminate information regarding the contribution of assisted reproductive technology to the VLBW rate to impact provider practice and Utah consumer desires. The Division is collaborating with Medicaid on a study of the impact of periodontal disease prevention and preterm labor among the Medicaid population. In addition, education of prenatal and oral health care providers about the link between preterm birth and periodontal disease will be undertaken.

The Division continues activities designed to promote smoking cessation among pregnant women. Educational materials in both English and Spanish will be disseminated through WIC clinics, health fairs, local health department clinics and community health centers. The Division continues its collaboration with Medicaid to actively screen and refer pregnant women to local smoking cessation treatment programs designed specifically for pregnant women. Tertiary prevention activities will continue to be carried out through the Bureau of Children with Special Health Care Needs programs including the Neonatal Follow-up Program and the Early Intervention Program.

#### c. Plan for the Coming Year

The Reproductive Health Program (RHP) will educate pregnant women regarding the "danger signs of pregnancy" through distribution of education materials to WIC clinics, community health centers, local health departments, health fairs and on the RHP website. In addition, the Utah PRAMS Project will incorporate oral health questions into the Phase V version of the PRAMS survey. These data and data from a Medicaid/Oral Health Program study will be analyzed to determine associations between periodontitis and premature births and will be disseminated to educate pregnant women, dentists, and prenatal care providers throughout the state.

The RHP and WIC programs will continue to educate pregnant women and prenatal care providers about the relationship between very low birth weight (VLBW) births and inadequate weight gain during pregnancy and will catalog and provide information regarding nutrition counseling resources. In addition, the WIC program has added a goal setting component for each pregnant woman during her WIC certification visit.

PRAMS data related to VLBW preterm births will be analyzed, published and disseminated to appropriate health care providers and health systems administrators throughout the state. UDOH staff will continue to participate in the planning and implementation of the Utah Chapter of the March of Dimes (MOD) Prematurity Campaign. The MOD Prematurity Campaign Steering Committee is planning a Summit on Prematurity for the fall of 2004.

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

## a. Last Year's Accomplishments

This Performance Measure was not achieved. The Annual Performance Objective was 12.0 and the Annual Indicator was 13.2. The suicide death rate went up from the previous year, however the overall trend in the rate shows a decline during the past six years. Overall trends should be considered more important than yearly rates because yearly rates tend to fluctuate, especially with small numbers.

In 1997 the Utah Youth Suicide Study began under the direction of the Violence and Injury Prevention Program (VIPP). The study was developed to identify opportunities for prevention among adolescents. Of 151 consecutive youth suicides, 89% were male; 58% of the deaths involved firearms, mainly handguns (50%). The majority, 63%, had contact with the juvenile justice system.

Based on these findings, VIPP worked with the Youth Suicide Task Force to develop and implement a Treatment Phase of the study targeting at risk youth involved with the juvenile justice system. The phase includes screening and early intervention for selected juvenile offenders in the Third Justice Court District. Participants are selected through a screening process conducted by Juvenile Probation officers using the following criteria: 1) a psychiatric diagnosis of bipolar disorder or schizophrenia; 2) referral by Juvenile Justice based on number of offenses between 2 and 12; 3) males aged 13 to 16 years; and 4) a Youth Outcome Questionnaire scaled score of >70 and a YOQ-PA score of less than or equal to 5. The Youth Outcome Questionnaire measures symptoms of distress and dysfunction associated with a mental health diagnosis, but it does not provide a diagnosis. Outcome measures will include the Youth Outcome Questionnaire and Juvenile Justice recidivism and suppression rates. The treatment group receives a psychiatric assessment and a 6-week intensive in-home family-based "Families First Program" provided by the Utah Youth Village. An individual treatment plan is developed and carried out through a core team that includes the parents, an adolescent psychiatrist, a Utah Youth Village case worker and the Youth Suicide Study Coordinator.

VIPP continued to work with the Youth Suicide Task Force to prepare and disseminate the Utah Suicide Prevention Report and Plan, and to investigate existing evaluation-based intervention programs that may be appropriate for implementation in Utah. VIPP provides staff support and co-chairs with Dr. Doug Gray, the Youth Suicide Task Force. The report was widely disseminated and much public input was received that will be used to modify the plan. Implementation has begun on many of the activities of the Action Plan.

## b. Current Activities

The Violence and Injury Prevention Program (VIPP) is working with the Suicide Prevention Task Force to revise and implement the Suicide Prevention Action Plan and continue efforts to identify and promote evaluation-based intervention programs in Utah.

To increase public awareness about youth suicide risks and prevention, VIPP will provide information to the media and on the VIPP Internet site and conduct professional and community presentations at local, state, regional and national conferences. Program staff will continue analysis and dissemination of the Youth Suicide Study data and findings.

During FY2004, the VIPP program continues the pilot youth suicide prevention project with high-risk youth in the Third Juvenile Court District through improved mental health screenings to promote early identification and intervention for youth at high risk for suicide. Preliminary results will be shared when available.

## c. Plan for the Coming Year

The Violence and Injury Prevention Program (VIPP) will work with the Youth Suicide Task Force (YSTF) to revise the Suicide Prevention Action Plan and continue efforts to identify and promote evaluation-based intervention programs in Utah. The area of youth suicide will become part of the comprehensive Strategic Plan for Injury and Violence Prevention rather than remain separate from the statewide plan.

To increase public awareness about youth suicide risks and prevention, VIPP will continue to work with the YSTF to provide information to the media, conduct professional and community presentations at local and state conferences, and provide information on the UDOH Internet site.

VIPP staff will continue collaborative efforts with partners in the YSTF to look at evaluation-based intervention programs from around the country in order to implement similar programs in Utah. Preliminary findings of a study conducted by the Utah Department of Health indicated that a majority of Utah teens who committed suicide had some history with the juvenile justice system and/or a history of mental health problems. This finding suggests that improved screening of youth in the juvenile justice system may yield opportunities for early identification and intervention for youth who are at higher risk of suicide. The Program will continue a pilot study for screening and early intervention with high-risk youth.

VIPP will also continue to work in partnership with the Child Fatality Review Committee to review youth suicides in order to enhance the quality and quantity of data available on suicide so that the data can be used for prevention purposes. Data collection will be used to track trends in rates, to identify new problems, to provide evidence to support activities and initiatives, to identify risk and protective factors, to target high-risk populations for interventions, and to assess the impact of prevention efforts.

**Performance Measure 17: *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.***

**a. Last Year's Accomplishments**

The performance measure was not achieved. The Annual Performance Objective for this indicator was set at 84% of very low birth weight infants would be delivered at facilities for high-risk deliveries and neonates. The annual indicator that was achieved was only 66% of these infants being born at facilities for high-risk deliveries and neonates. One reason for not achieving this measure is that neonatal care practices have changed over the past several years, with more Level II nurseries with a neonatologist on staff caring for these infants. Of concern here is that the perinatal specialists are not on staff to handle high-risk pregnancies. However, this picture is changing with at least one Level II hospital bringing on a perinatologist to complement the neonatologist.

The Reproductive Health Program, in conjunction with the MCH Bureau Director, worked with the Department's Bureau of Licensing to rewrite the Utah Code making it more specific in regards to hospital standards recommended in the new Fifth Edition of the Guidelines for Perinatal Care. The current rule has a limited focus on the neonatal aspects of perinatal care, neglecting the portions of the guidelines that discuss the antepartum and intrapartum aspects of perinatal care.

**b. Current Activities**

Utah will work to implement a variety of strategies in an attempt to reverse the trend of increased percentages of very low birth weight infants delivered outside Level III perinatal centers. Case review work has indicated that infants in the upper weight ranges (1,000 to 1,500

grams) of the VLBW category are receiving acceptable neonatal care equivalent to a level III standard in several level II nurseries in the state. Since admission and on-going care of high risk mothers at less than 32 weeks has become a common practice at these facilities, the Division staff will continue to collaborate with the Bureau of Licensing to promote compliance with the Utah code in these level II hospital nurseries. In addition, the Reproductive Health Program will rewrite the Utah code related to perinatal hospital services to promote compliance with the ACOG/AAP guidelines for perinatal care.

### c. Plan for the Coming Year

Intermountain Health Care (IHC), the largest integrated health care system in Utah, owns almost half of the delivery hospitals in the state with a network of over 3,000 health care providers. As a result of the Utah Code amendment of rule 432-100-17, the Director of IHC's Women and Infant Services has been collaborating with the UDOH MCH Bureau Director and the Reproductive Health Program Manager for input into revising IHC's Perinatal Program Standards for neonatal and obstetric hospital care to better reflect the new rule requirements. Although these revised standards will still most likely result in some VLBW babies being delivered at level IIB hospitals (there are three in the IHC system), they should go a long way toward improving the hospital standards for these VLBW infants. Continued collaboration to assess the impact of these revised standards will be ongoing.

Because the other half of the delivery hospitals throughout the state are owned by other corporations or a government entity, a need still exists to facilitate the dissemination of the amended rule regarding Perinatal Services. The Reproductive Health Program will publicize the rule change among non-IHC delivery hospitals and serve as a resource to clarify questions that may arise. There also exists a need for continued surveillance of the VLBW births that occur outside facilities for high-risk deliveries and neonates. The Reproductive Health Program will analyze birth and neonatal data on VLBW infants born in non-IHC facilities in the state to determine appropriateness of these delivery decisions.

Although the rule change should help to clarify expected standards of perinatal care for delivery hospitals throughout the state, market factors exist that may influence hospitals decisions regarding delivery of VLBW infants in non-tertiary care facilities. Because of this the MCH Bureau and RHP will facilitate compliance to the amended Utah code R432-100-17 rule for Perinatal Services through continued collaboration with the UDOH Bureau of Licensing to assure optimal outcomes for VLBW infants in Utah.

*Performance Measure 18: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

### a. Last Year's Accomplishments

This Performance Measure was not achieved. The Performance Objective was 78.5% and the actual Performance Indicator was 78.0%, which may be due to the continuing trend of late entry before the new media campaign had been started in 2003.

A noted increase in the number of birth certificates lacking information on the month of prenatal care entry from 3% in 1998 to 4.9% in 1999 prompted efforts in FY01 to reduce this figure, with a resultant decrease to 1.85% in 2002. Mouse pads were printed with the recommended prenatal care schedule and distributed to hospital birth certificate clerks in the state to increase accurate reporting of prenatal care data.

The Baby Your Baby (BYB) Program, a public outreach campaign to promote early prenatal care and education on the importance of care, continued to air radio and television spots. In FY2002, BYB began airing ads with a new theme "13 By 13", see your provider by week 13 of

your pregnancy and see your provider 13 times during your pregnancy. One financial and two educational ads were placed on television and radio in FY2003.

The Department continued the Baby Your Baby by Phone program for women to apply for Baby Your Baby via a telephone interview with more than 2,100 applications completed, a slight increase from FY02.

The Division began working on an on-line presumptive eligibility application that is targeted to begin in October 2004. This feature will allow women to fill out a PE application via the Internet and prequalify for presumptive eligibility automatically.

Routine local health department site visits were utilized to promote early prenatal care entry. To promote prenatal care among undocumented women, many of whom are Hispanic, local staff are encouraged to refer undocumented women to appropriate offices to apply for Medicaid's Emergency Medical Services for labor and delivery services and for Medicaid for their newborn and any other children born in this country. To promote prenatal care of uninsured women, the Division maintained its contract with Salt Lake City Community Health Centers, Inc. to provide prenatal services for these women.

A Perinatal Task Force met to discuss Utah's prenatal care entry and adequacy problems and discussed areas for further analysis and action items. The Task Force consisted of representatives from local health departments, community health centers, private providers, and DOH staff.

The Reproductive Health Program continued to support the Weber-Morgan Health Department with its lay outreach program. The outreach workers canvassed the downtown Ogden community to educate women of reproductive age on the importance of early and adequate prenatal care. Staff participated on the steering committee and provided data for the grant renewal.

The Division's WeeCare perinatal case management nurses encouraged participants to enter prenatal care in the first trimester and made provider referrals if requested.

## b. Current Activities

During FY2004, staff will continue analysis of PRAMS data to determine women's perceived barriers to early prenatal care and utilize the results to develop outreach strategies. The Perinatal Task Force, comprised of representatives from local health districts, community health centers, perinatal health care providers, public health schools, third party payers, and other organizations, will meet to seek solutions to Utah's poor adequacy of care issue. Members of the committee will assist with formation and implementation of strategies. The Baby Your Baby Advisory Committee will develop appropriate public outreach approaches to promote early entry into prenatal care of women targeted as being at-risk for late entry through analysis of data. The Baby Your Baby by phone program will continue to process presumptive eligibility applications via phone interview. In an effort to reduce the number of birth certificates lacking information on entry into prenatal care, the Division will collaborate with the Department's Office of Vital Records and Statistics efforts to improve reporting. The Reproductive Health Program will work with Vital Records staff to develop a training for hospital records staff to improve reporting of prenatal care information. The Division will also collaborate with the newly developed Medicaid Early Childhood Targeted Case Management Services, which provides targeted case management for Medicaid-enrolled children up to age four, to promote dissemination of information regarding the importance of early prenatal care. To increase early prenatal care among uninsured women, the Division will continue its contract with Salt Lake Community Health Centers, Inc. to provide funds for prenatal care services for women without third party payers, many of whom are women of undocumented citizenship status.

To reach other populations of at-risk women, the Division will collaborate with jails, prisons, halfway houses and substance abuse treatment centers to determine appropriate means of reaching women in these multi-problem populations. The RHP will continue to work with the Baby Your Baby (BYB) Advisory Committee, and the BYB sponsors to implement the new "13

by 13" (first prenatal visit by 13 weeks and 13 visits before delivery) campaign in media and print.

The RHP will continue its support of a lay outreach program with the Weber-Morgan Health Department and the March of Dimes in the downtown Ogden area. These outreach workers will educate women of reproductive age on the importance of early and adequate prenatal care.

**c. Plan for the Coming Year**

During FY2005, analysis of PRAMS data to determine women's perceived barriers to early prenatal care will continue and results will be utilized in the development of outreach strategies. The Perinatal Task Force, which was organized to seek solutions to Utah's poor adequacy of prenatal care rating, will continue to assist with formation and implementation of strategies.

Through collaboration with Baby Your Baby, appropriate public outreach approaches will continue to be developed to promote early entry into prenatal care. The Baby Your Baby by phone program will continue to accept presumptive eligibility applications via phone interview. On-line submissions of presumptive eligibility will be implemented.

The Division will collaborate with the Office of Vital Records and Statistics to address the issue of poor prenatal care data due to women who transfer care providers during pregnancy.

The Division will continue to collaborate with the Child Adolescent and School Health Program staff on its prenatal to five home visiting programs for at-risk families with infants to promote dissemination of information to participating families regarding the importance of early prenatal care.

In an effort to increase early prenatal care participation among uninsured women, the Division will continue its contract with Salt Lake Community Health Centers, Inc. to provide funds for prenatal care services for women without third party payers, many of whom are women of undocumented citizenship status.

The RHP will continue to work with the Baby Your Baby Advisory Committee, IHC, KUTV, and Bonneville Media to continue the "13 by 13" (first prenatal visit by 13 weeks and 13 visits before delivery) campaign in media and print. A survey will be conducted of women who recently delivered a baby to determine if the 13 by 13 campaign is successful in modifying women's perceptions of the importance of early and ongoing prenatal care.

**FIGURE 4A, NATIONAL PERFORMANCE MEASURES FROM THE ANNUAL REPORT YEAR SUMMARY SHEET**

**General Instructions/Notes:**

List major activities for your performance measures and identify the level of service for these activities. Activity descriptions have a limit of 100 characters.

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
1) The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.				

1. Distribute Newborn Screening kits to birthing hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Provide training and consultation about newborn screening to hospital staff and health care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Work with the medical homes to identify, follow and refer newborns with identified metabolic, hematologic or endocrine disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Provide collaborative and financial support to the University of Utah Metabolic Clinic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Participate in the pilot project for expanded newborn screening through Tandem Mass Spectrometry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
2) The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)				
1. Provide parent-to-parent support to children with special health care needs (CSHCN) families assisting them with resource information, linkages to community programs, and navigation of health, social services and education systems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Provide parent representation on relevant Department, Division and Bureau committees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Oversee and provide support to the family advocates involved in the Medical Home Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Contract with Liaison for Individuals Needing Coordinated Services (LINCS) to provide a family advocate during all rural clinics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
3) The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)				
1. Support existing medical home sites through continuing current activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Expand Utah Medical Home Advisory Committee to include more				

community organizations, cultural groups, faith based organizations and physician specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Collaborate with Early Intervention, the Infant Mental Health Committee, Newborn Screening, the State Asthma Advisory Committee, and other grant projects within the Bureau	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Provide medical home training to nurses, care coordinators and discharge planners at the local pediatric hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Expand the current website by adding more diagnostic modules, e.g., a transition module, infant mental health, early intervention and revise and update the website resource section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Investigate funding mechanisms to support additional practices as medical home sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Promote the medical home concept through resident curriculum and collaboration with professional organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
4) The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)				
1. Participate in the implementation phase of Utah's Medicaid 1115 Research and Demonstration Waiver	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Expand the number of medical home sites statewide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Collaborate with partners Primary Childrens' Medical Center, Shriners and other community organizations as resources and potential payers of health care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Continue outreach efforts to families and assess programs for which families may qualify, such as CHIP, Medicaid or Supplemental Security Income (SSI)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
5) Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)				
1. Provide multidisciplinary pediatric specialty evaluation and treatment services that are not available from private providers for children in Salt	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lake City and in rural Utah				
2. Provide case management services to eligible children and families who are served by CSHCN clinical services, to children in foster care, to children who are technology dependent, to children who live in rural Utah and to children applying for SSI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Improve the coordination of health care for children with special health care needs between the medical home and subspecialty care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Provide information and referral about health care and other appropriate resources directly and through the Medical Home Website to primary care providers and families of children with special health care needs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Partner with community providers of health, education, vocational rehabilitation, and health care coverage to improve the coordination of comprehensive services for families and their children with special needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
6) The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)				
1. Provide training and guidance to young adults and their families, for identified CSHCN clients and for inquiries from the general community	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Promote transition services in rural Utah through training and development of transition plans for individuals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Develop and maintain a statewide referral list of internal medicine and family practice health care providers who are willing to provide primary health care to young adults with special health care needs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Support efforts of Intermountain Collaborative Transitional Center, along with Shriners/Vocation Rehabilitation's "Work Preparedness" program and work with other community agencies providing transition programs, transition fairs or workshops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Develop the Transition module on the Medical Home Website	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Work with the various state and federal agencies to promote and support transition resources for children and families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Provide agency-wide transition training to insurance case managers, family advocate groups and service and health care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
7) Percent of 19 to 35 month olds who have received full				

schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.				
1. Support awareness of the importance of immunizations through the Immunize by Two media campaign	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Increase outreach efforts to special ethnic populations (Native American and Hispanic)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Screen all WIC participants for 4th DTaP and make referrals to medical home for those children who are not up to date on immunizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Increase provider enrollment in Vaccine For Children (VFC) to 300 public and private provider groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Increase private provider enrollment in Utah Statewide Immunization Information System (USIIS) to 250	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
8) The rate of birth (per 1,000) for teenagers aged 15 through 17 years.				
1. Provide oversight and technical assistance to the community-based abstinence-only projects, which promote abstinence from sexual activity, tobacco, alcohol and other drugs among youth aged 9-14 years	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Collaborate with community partners to accomplish common goals of teen pregnancy prevention within the parameters of the state laws governing information and services to minors on contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Develop and add appropriate links and resources related to adolescent pregnancy to the Child, Adolescent and School Health Program website at <a href="http://health.utah.gov/cash">http://health.utah.gov/cash</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Update Utah teen pregnancy data, including Pregnancy Risk Assessment and Monitoring System (PRAMS) data, and publish on the Reproductive Health Program website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Provide financial support to the Teen Mother and Child Program at the University of Utah to assure optimal prenatal care and education for pregnant teens	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB

9) Percent of third grade children who have received protective sealants on at least one permanent molar tooth.				
1. Address dental access issues by working with and providing technical assistance for local health departments to form local Oral Health Task Forces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Develop strategies to reduce the percentage of children with untreated dental decay and increase the percentage of children with dental sealants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Support the prevention and education activities of the Utah Oral Health Coalition and Salt Lake Valley Health Department in development of sealant project model to be implemented statewide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Train local health departments to screen children in at-risk elementary schools and refer for dental sealants and other needed dental treatment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Provide technical assistance for free sealant projects to low-income and underinsured 6-8 year olds in Salt Lake and Weber Counties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB

10) The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.				
1. Collaborate with state and local agencies and community partners to implement strategies for reducing motor vehicle crash fatalities among children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Promote pedestrian safety events, such as Green Ribbon Month (September) and Walk to School Day (October)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Provide motor vehicle safety education through presentations, community events, newsletters, the media, and the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Fund local health departments to conduct motor vehicle safety programs including promoting bicycle helmet use and child safety seats and seat belts, and providing pedestrian safety education for school-age children	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB

11) Percentage of mothers who breastfeed their infants at				
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hospital discharge.				
1. Monitor breastfeeding rates using the Pregnancy Risk Assessment and Monitoring System (PRAMS) survey, participants in the WeeCare Program and breastfeeding rates from CDC Pediatric Nutrition Surveillance Reports done in WIC clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Strengthen the message of encouragement and support of breastfeeding at every prenatal WIC clinic visit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Revitalize breastfeeding peer counseling in the WIC program with local and regional training and implement new management strategies through collaboration with the United States Department of Agriculture (USDA) and Best Start	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Implement the WIC Program's pilot program on provision of small electric breast pump for mothers returning to work combined with follow up counseling as a primary intervention to improve breastfeeding rates	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Educate WeeCare clients about the benefits of breastfeeding by discussing infant feeding at initial interview and mailing educational materials, and over the phone postpartum lactation support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Analyze intention to breastfeed and actual breastfeeding rates and look for ways to assist women in meeting their stated goal in breastfeeding and identify possible barriers or negative factors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Promote breastfeeding statewide with poster presentations, publications, web site articles, and communication with local health clinics offering direct services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
12) Percentage of newborns who have been screened for hearing before hospital discharge.				
1. Improve the accuracy of data on newborn screening through the Child Health Advanced Records Management Project (CHARM) and Newborn CHARM Project which will identify duplication within the database	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Provide Newborn Hearing Screening procedural training and education to midwives involved in home births and deliveries at birthing centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Monitor on-going research activities that assure better detection of children with hearing loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Advocate the importance of a medical home for all children in Utah, including those with hearing loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
13) Percent of children without health insurance.				
1. Collaborate with the Covering Kids and Families Utah Project to expand outreach efforts, develop and disseminate outreach materials for Medicaid and CHIP, simplify the application process and coordinate efforts with partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Collaborate with the Children's Health Insurance Program (CHIP) and Medicaid to expand outreach efforts, disseminate outreach materials, and disseminate information about CHIP and Medicaid services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Promote outreach to families and linking of potentially eligible children to community agencies by local health department home visiting nurses and school nurses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
14) Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.				
1. Collaborate with Medicaid to implement the Assuring Better Child Development (ABCD) II grant with a focus on identification of children with mental health issues to improve the quality and delivery of existing services to Medicaid eligible children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Provide technical assistance to local health department home visiting nurses to improve the Early Childhood Targeted Case Management Service and direct Medicaid eligible children to needed local services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Develop links and collaborative projects with the network of agencies and organizations that provide services to Medicaid eligible children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
15) The percent of very low birth weight infants among all live births.				

1. Educate pregnant women regarding the "danger signs of pregnancy" through distribution of materials to WIC clinics, community health centers, local health departments, public health providers, health fairs and the Reproductive Health Program website	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Analyze Pregnancy Risk Assessment and Monitoring System (PRAMS) data related to very low birth weight preterm births and disseminate to health care providers and health systems administrators throughout the state	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Educate pregnant women and prenatal care providers about the relationship between very low birth weight births and inadequate weight gain during pregnancy and provide information regarding nutrition counseling resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Collaborate with the Utah Chapter of March of Dimes to plan and implement a Prematurity Summit during the fall of 2004	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
16) The rate (per 100,000) of suicide deaths among youths aged 15 through 19.				
1. Collaborate with the Child Fatality Review Committee to review youth suicides in order to enhance the data available on suicide to use for prevention purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Collaborate with the Youth Suicide Task Force to implement the action steps of the Strategic Plan for Violence and Injury Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Increase awareness about youth suicide risks through public and professional education	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Identify and promote evaluation-based intervention programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Implement effective prevention measures at the local and state level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
17) Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.				
1. Facilitate compliance with the amended Utah code rule for Perinatal Services, which emphasizes standards for all perinatal services in				

hospitals, through collaboration with the Utah Department of Health, Bureau of Licensing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Publicize the rule change among non-Intermountain Health Care (IHC) delivery hospitals and serve as a resource to clarify questions that may arise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Collaborate with Intermountain Health Care's (IHC) Women and Infant Services to promote their newly implemented Program Standards for Perinatal Services in IHC hospitals throughout the state	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Analyze birth data on very low birth rate infants born in non-IHC facilities throughout the state to determine appropriateness of delivery hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
18) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.				
1. Disseminate new Baby Your Baby campaign messages	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Continue meetings of the Perinatal Task Force to explore ways to improve early entry to prenatal care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Continue Baby Your Baby by Phone Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Expand sites for Presumptive Eligibility to hospitals in the state interested in processing presumptive eligibility applications	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Work with Vital Records staff to improve the quality of birth certificate data regarding prenatal care entry and number of visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D. STATE PERFORMANCE MEASURES**

State Performance Measure 1: *The percent of children with special health care needs in the rural areas of the state receiving direct clinical services through the state CSHCN program.*

<p>a. Last Year's Accomplishments</p> <p>Performance measure was achieved. The Performance Objective was 12% and the Annual Indicator was 12.9%.</p>
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Contracts were maintained with five local health departments across Utah to provide direct clinical services in nine sites throughout the state. The contracts provided registered nurses and clerical support staff for the following activities: scheduling CSHCN clinics, sending out appointment letters, recruiting new families, contacting current families, providing care coordination, arranging tests, collecting reports and maintaining patient charts. Title V provided support and training on clinic and care coordination to local health department staff.

Chart audits were completed and quality improvement strategies implemented as a result of the findings. Communication was facilitated between the nine sites and the clinic coordinator through monthly newsletters, phone contacts, email and telehealth. CSHCN community staff meetings and training programs with the sites were provided through telehealth. These activities supplement the direct care services provided to rural children, families and communities.

#### b. Current Activities

Community-based Services (CBS) contracts with five local health departments to continue itinerant clinics in nine sites across the state. Through the contracts, registered nurse care coordinators and clerical staff will schedule clinics, complete encounter forms, send out appointment letters, call families, provide care coordination services, arrange tests, collect reports and maintain patient charts. Ongoing support and training on care coordination issues will be provided by CBS to contract and program staff. CSHCN will support an Access software database used by each site to schedule clinics and collect patient data. Information on resources and clinical processes will be provided.

The CBS Newsletter will be distributed monthly to local sites as a method to disseminate information. Chart audits will be conducted and follow-up from last year's recommendations will be assessed as well as any new areas for improvement. CBS will work closely with new local health department staff providing an orientation to the itinerant clinic process.

The CSHCN Bureau will continue its efforts to improve services to rural children with special health care needs through telehealth technology. These activities will supplement services to rural children with special needs using videoconference technology currently in place through the University of Utah Telehealth Network by providing long-distance clinical health care, community staffings, patient and professional health-related education and public health administration.

#### c. Plan for the Coming Year

The Bureau of CSHCN will contract with five local health departments to continue itinerant clinics in nine sites across the state. Due to budget cuts in 2004, responsibilities for the contracts and itinerant clinics have been transferred to the two clinical programs that staff the clinics: Child Development Clinic (CDC) and System Development Program (SASS). Through the contracts, local registered nurse care coordinators and clerical staff will schedule clinics, complete encounter forms, send out appointment letters, call families, provide care coordination services, arrange tests, collect reports and maintain medical charts. CSHCN will provide ongoing consultation and support on care coordination issues to contract staff. CSHCN will support an Access software database used by each site to schedule clinics and collect patient data. Information on resources and clinical processes will be provided.

CSHCN will work to integrate local rural clinic activities into the statewide Medical Home effort, and will work closely with local primary care medical home providers to coordinate the care for children. Chart audits will be conducted and follow-up from last year's recommendations will be assessed. CSHCN will work closely with new local health department staff providing an orientation to the itinerant clinic process.

The CSHCN Bureau will continue its efforts to improve services to rural children with special health care needs through telehealth technology. These activities will supplement services to rural children with special needs using videoconference technology currently in place through the University of Utah Telehealth Network by providing long-distance clinical health care, community staffings, patient and professional health-related education and public health administration.

**State Performance Measure 2: *The percent of cigarette smoking by teenagers in grades 9 through 12.***

**a. Last Year's Accomplishments**

The performance measure was achieved. The Performance Objective was 7.3% and the Annual Indicator was 7.3%.

Media campaign: Utah's The TRUTH anti-tobacco marketing campaign focus-group tested and developed television and radio advertisements as well as print materials targeted to youth. To evaluate the effectiveness of the marketing campaign, the Tobacco Prevention and Control Program conducted a telephone survey with Utah teens in June 2003. Survey results showed that anti-tobacco messages reached Utah's youth. 96% of survey participants reported having seen anti-tobacco advertisements in the last month. 94% reported that they knew the campaign slogan "The TRUTH." The TRUTH campaign continued to sponsor the annual "Truth from Youth" anti-tobacco advertising contest. Since its inception in 1997, more than 36,000 Utah students participated in developing anti-tobacco ads for the contest. The winners of the contest had the opportunity to assist the media contractors in developing their concepts into public service announcements that were rotated into the formal anti-tobacco media campaign.

School policy projects: In addition to Grand County School District, the TPCP funded schools in five other districts to implement comprehensive school tobacco policies. The school policy projects used a step by step guide to revise and improve school tobacco policies, develop plans for prevention and cessation curricula, institutionalize staff training on tobacco issues, build school and community partnerships, and establish a process to evaluate these efforts.

Youth tobacco cessation: Utah's twelve local health departments and numerous community agencies implemented Utah's Ending Nicotine Dependence (E.N.D.) program and the American Lung Association's Not on Tobacco (NOT) program to help teen smokers quit. Nearly 1,200 students enrolled in these cessation programs. The TRUTH campaign was successful in informing teens about the availability of the Utah Teen Tobacco Quit Line. According to the 2003 youth media survey, 66% of Utah teens reported that they were aware of the Quit Line. During FY 2003, the Teen Quit Line received more than 800 requests for information and more than 300 teens participated in counseling services.

Youth tobacco access: Utah law prohibits tobacco sales to minors under the age of 19. All twelve local health districts completed one to four retailer compliance checks in Utah's tobacco outlets. Analysis of the first check in each outlet showed that the rate of non-compliance declined from 18.8% in FY01 to 8.9% in FFY03. The compliance checks were supported by state and local initiatives to educate retailers about Utah tobacco laws and by efforts to recognize retailers who showed a continuous record of not selling tobacco during compliance checks.

**b. Current Activities**

In the most recent statewide school tobacco survey, 8.3% of Utah students in grades 9 to 12 indicated that they smoked cigarettes in the past 30 days (YRBS, 2001). Since most tobacco users become addicted to nicotine before the age of 20, preventing teen tobacco use will continue to be a priority for the Division. The Tobacco Prevention and Control Program (TPCP) focuses on three major areas to reduce teen tobacco use: teen tobacco use prevention and education (anti-tobacco media campaign, prevention programs in schools and communities), teen tobacco cessation (school and community cessation programs, Teen Quit Line), and reducing youth access to tobacco products.

Tobacco use prevention and education: The Utah anti-tobacco media campaign "The Truth About Tobacco" will target youth with research-based anti-tobacco television, radio and print ads and community media events. The Program will conduct annual telephone surveys of Utah youth to evaluate the effectiveness of the campaign. The Program will expand funding and support for school districts and local health districts to implement CDC's "Guidelines for School Health Programs to Prevent Tobacco Use and Addiction." Utah's teen anti-tobacco coalition (The Phoenix Alliance) will expand its regional networks and continue to educate teens statewide about tobacco use.

Tobacco cessation: Support for teens that want to quit using tobacco will be available through school and community-based tobacco cessation programs and through the statewide Teen Tobacco Quit Line. The TPCP will support Utah courts in meeting the legal requirement that teens that are cited for possession of tobacco complete a tobacco education program. The Teen Tobacco Quit Line and local cessation programs will be evaluated through pre-and post-tests and follow-up surveys.

Youth access to tobacco: Local health departments, in collaboration with law enforcement agencies, will complete at least three compliance checks in all Utah tobacco retail outlets. The compliance checks will be supported by retailer education and recognition of retailers who continuously refuse to sell to minors.

### c. Plan for the Coming Year

In the most recent statewide school tobacco survey, 7.3% of Utah students in grades 9 to 12 indicated that they had smoked cigarettes in the past 30 days (YRBS, 2003). Since most tobacco users become addicted to nicotine before the age of 20, preventing teen tobacco use will continue to be a priority for the Division. The Tobacco Prevention and Control Program (TPCP) focuses on three major areas to reduce teen tobacco use: teen tobacco use prevention education (anti-tobacco counter-marketing campaign, prevention programs in schools and communities), teen tobacco cessation programs (school and community cessation programs, Teen Quit Line), and strengthening and enforcing tobacco-free policies and policies that limit youth access to tobacco.

Tobacco use prevention and education: The Utah anti-tobacco media campaign "The TRUTH" will target youth with research-based anti-tobacco television, radio and print ads and community media events. The TPCP will conduct annual telephone surveys of Utah youth to evaluate the effectiveness of the campaign. The program will expand funding and support for school districts and local health districts to implement CDC's "Guidelines for School Health Programs to Prevent Tobacco Use and Addiction".

Tobacco cessation: Support for teens who want to quit using tobacco will be available through school and community-based tobacco cessation programs and the statewide Teen Tobacco Quit Line. The TPCP will support Utah courts in meeting the legal requirement that teens who are cited for possession of tobacco complete a tobacco education program. The Teen Tobacco Quit Line and local cessation programs will be evaluated through pre-and post-tests and follow-up surveys.

Policies: Local health departments and other community partners will continue to assess and support passage of tobacco-free policies in locations that are frequented by youth. These locations include parks and other recreational venues, rodeos, sports fields, etc. Local health departments, in collaboration with law enforcement agencies, will complete an average of three compliance checks in all Utah tobacco retail outlets. The compliance checks will be supported by retailer education and recognition of retailers who continuously refuse to sell to minors.

### State Performance Measure 3: *The percent of bicycle helmet use among bicyclists 5-12 years of age.*

#### a. Last Year's Accomplishments

This Performance Measure was achieved. The Annual Performance Objective was 16% and the Annual Indicator was 20.1%.

The Violence and Injury Prevention Program (VIPP) conducted its annual observation surveys to estimate bicycle helmet use in Utah. Among the sample of 1080 elementary school-age bicyclists observed at the study sites, the helmet use rate was 20.1%. This is the highest ever rate in Utah. The results of this survey were shared with local health departments and other interested parties.

During FY2003, VIPP collaborated with local health departments and the Utah SAFE KIDS Coalition to distribute over 4,400 bicycle helmets throughout the state. Some of the groups that received helmets were elementary schools, middle schools, law enforcement, medical centers, hospital patients, refugees, boy scouts, cub scouts, missionaries, the Brain Injury Association of Utah, and businesses.

The VIPP coordinated a statewide bike helmet safety campaign that included media interviews, PSAs, news articles, distribution of educational materials, and providing information on the UDOH Internet site. Public education on bike helmets appeared in statewide newspapers, nursing newsletters, the Utah SAFE KIDS newsletter, local magazines, several television station news shows, and radio PSAs. VIPP assisted local health departments and other community partners to identify suppliers and sources for low cost helmets and obtain them for distribution through local programs. VIPP assisted local residents of Fillmore, UT in proposing a citywide bicycle helmet ordinance.

In May for National Bike Month, VIPP staff created an informational packet for schools and health departments to explain the observance, provide bicycle safety rules and statistics, and offer examples of activities that could be conducted during the month. VIPP staff coordinated with the Utah SAFE KIDS Coalition in May during SAFE KIDS Week to promote the use of bicycle helmets. Many radio and TV spots aired promoting bicycle safety. One television station aired numerous live segments on bicycle helmet safety as part of their morning news broadcast.

VIPP staff continued to provide training, technical support and funding for contracts with all local health departments to promote bicycle helmet use. Examples of local community activities included distribution of bike helmets during bike rodeos and other promotional activities, low cost helmet sales, distribution of bike safety and helmet information for parents through PTAs and school mailings, bike helmet reminders in city water bills, health fairs, bicycle safety camp, Easter bicycle helmet baskets, free ice cream coupons for those wearing a helmet, poster contests for kids, school assembly presentations, classroom instruction, local business sponsorship of bicycle rodeos, and poster displays. One local health department

provided bicycle helmets and safety presentations to every first grader in four counties.

#### b. Current Activities

The Violence and Injury Prevention Program (VIPP) will continue to collaborate with state and local partners to increase bicycle helmet use among elementary school-age children in Utah. Partners will include local health departments, the Utah SAFE KIDS Coalition and local chapters and coalitions, local law enforcement agencies, local schools and PTAs, the Utah Highway Safety Office, the Utah Safety Council, Primary Children's Medical Center and others.

VIPP will continue to conduct its annual observation survey to estimate bicycle helmet use in Utah. The results of these surveys will be shared with local health departments (LHDs) and other interested parties.

VIPP staff will continue to provide training, technical support and funding for local health departments to promote bicycle helmet use. Examples of local community activities may include distribution of bike helmets during various events, low cost helmet sales, and bike safety information for parents through PTAs and schools, community presentations, poster contests, school assemblies, and local business sponsorship of bicycle rodeos and helmets. Public education campaigns will also be conducted using statewide and local media, such as newspaper articles, radio or TV PSAs and interviews.

VIPP will develop and disseminate a pedestrian/bicycle safety newsletter to inform interested parties throughout the state about the latest programs, research, and educational materials available on bicycle safety. The program will continue to assist other organizations in promoting bicycle safety events, such as National Bike Month (May). Information about child passenger safety, bicycle safety and pedestrian safety will also be available on the VIPP Internet web site.

#### c. Plan for the Coming Year

VIPP will continue to conduct its annual observation survey to estimate bicycle helmet use in Utah. The results of this survey will be shared with local health departments, media, law enforcement, and other interested parties. Recommendations for improving helmet use will also be developed from a review of the results.

Community education will be continued through the media, distribution of educational materials, submission of articles to newsletters, provision of information on the UDOH Internet site, and at community events. The program will continue to promote bicycle safety events, such as National Bike Month (May).

VIPP will continue to seek sources for low cost helmets and make them available for distribution through local health departments, schools, law enforcement and other community partners.

VIPP staff will continue to provide training, technical support and funding for contracts with local health departments to promote bicycle helmet use. Examples of local community activities may include distribution of bike helmets during various events, low cost helmet sales, bike safety information for parents through PTAs and school, presentations in the community, poster contests for kids, school assemblies, and local business sponsorship of bicycle rodeos. Public education campaigns will also be conducted that use statewide and local media including newspaper articles, radio or TV PSAs and interviews, and letters to the editor.

State Performance Measure 4: *The percent of use of vehicle safety restraints among child occupants under eleven years of age.*

a. Last Year's Accomplishments

This Performance Measure was not achieved. The Annual Performance Objective was 90% and the Annual Indicator was 89%. Observations of vehicle safety restraints among child occupants were not conducted during 2002 so 2001 data were used.

The Violence and Injury Prevention Program (VIPP) collaborated with the Utah Department of Public Safety/Utah Highway Safety Office, Primary Children's Medical Center (PCMC), and the Utah SAFE KIDS Coalition to plan and implement strategies to increase child restraint use by identifying sources of low cost car seats and facilitating their purchase and distribution through community agencies.

VIPP provided funding, training and technical support to local health departments to promote child safety restraint use, and to continue a statewide campaign to promote use of booster seats among 4--8 year old children. The campaign included a public awareness campaign to educate parents about the importance of booster seats. Car seat checks and awareness classes were conducted throughout the state to train parents on proper booster seat use.

VIPP worked closely with the Utah SAFE KIDS Coalition and local coalitions and chapters to promote child passenger safety. Activities included car seat and booster seat inspections and training; distribution of low-cost car seats; safety education for children; safety fairs; media interviews; answering community phone calls; articles for newspapers and newsletters; and, information on the UDOH Internet website.

PCMC also served as a permanent car seat fitting station funded by a grant from the National SAFE KIDS Campaign. PCMC partnered with various agencies to provide low-cost child safety seats to their members. PCMC also educated the public on proper car seat installation.

Over 120,000 newsletters focusing on child passenger safety and other unintentional injuries, were provided to hospitals, daycare centers, schools, pediatricians and others to distribute to parents.

VIPP distributed Department of Public Safety/Utah Highway Safety Office data from observation surveys on car seat and seat belt use to local health departments and others. The Program continues to collaborative with its partners to educate the public on proper use of child safety seats.

The partners also joined together this year to conduct a "Pediatrician Road Show" with Certified Child Passenger Safety Instructors teaching child passenger safety issues to pediatricians in 24 locations in Utah.

For SAFE KIDS Week 2003, over 24 events were conducted. Local SAFE KIDS coalitions and chapters facilitated these events funded by various statewide partnerships.

During the second week of February (Child Passenger Safety Week), the local health departments and partnering organizations joined together in a statewide effort to promote booster seat use, by stand-up poster displays which demonstrate proper sizing for booster seats at hospitals, pediatric and dental offices, daycare centers, schools, and grocer

b. Current Activities

The Violence and Injury Prevention Program will continue to collaborate with state and local agencies and other community partners to plan and implement strategies to increase child

restraint use. Partners will include local health departments, the Utah SAFE KIDS Coalition and local SAFE KIDS chapters and coalitions, the Utah Highway Safety Office, the Utah Safety Council, Primary Children's Medical Center and others.

Education and prevention efforts will include such activities as conducting car seat and booster seat inspections; providing 4-day certification training sessions in local communities to increase the number of Certified Child Passenger Safety Technicians throughout the state; facilitating the purchase and distribution of low-cost car seats and booster seats; conducting safety education for school age children; conducting media PSAs and interviews; providing articles for newspapers and newsletters; responding to requests for information by the public, professionals, legislators and others; and, providing information on the VIPP internet web site.

VIPP will continue to provide funding, training and technical support to local health departments to support a coordinated statewide campaign to promote use of child safety seats and booster seats. The campaign will include local public awareness and education activities in targeted communities, as well as free car seat/booster seat checkpoints in the targeted communities. Evaluation of this campaign will be based primarily on booster seat observation surveys conducted twice yearly in the target communities. In addition to these surveys, VIPP will obtain data from Utah Highway Safety Office seat belt surveys and make the data available to local health departments and other interested parties. These statewide data will be the basis for tracking progress toward state objectives for child occupant protection.

### c. Plan for the Coming Year

The Violence and Injury Prevention Program (VIPP) will continue to collaborate with state and local agencies and other community partners to plan and implement strategies to increase child restraint use. Partners will include local health departments, the Utah SAFE KIDS Coalition and local SAFE KIDS coalitions and chapters, the Utah Department of Public Safety/Highway Safety Office, the Utah Safety Council, Primary Children's Medical Center and others.

Education and prevention efforts will include such activities as: car seat and booster seat inspections; assisting with 4-day certification training sessions in local communities to increase the number of Certified Child Passenger Safety Technicians throughout the state; facilitating the purchase and distribution of low-cost car seats and booster seats; conducting safety education for school age children; conducting media PSAs and interviews; providing articles for newspapers and newsletters; responding to requests for information by the public, professionals, legislators and others; supporting car seat fitting stations throughout the state, including the Permanent Car Seat Fitting Station at Primary Children's Medical Center; and, providing information on the UDOH Internet website.

The Utah SAFE KIDS Coalition will publish over 120,000 newsletters that will be distributed to parents with injury prevention tips and resources. SAFE KIDS will also provide grants (through the National SAFE KIDS Campaign) to local SAFE KIDS Chapters to support them in community educational events. The Utah SAFE KIDS Coalition coordinator will attend some of these events as a Certified Child Passenger Safety Senior Checker.

VIPP will continue to provide funding, training and technical support to local health departments to support a coordinated statewide campaign to promote use of child safety seats and booster seats. The campaign will include local public awareness and education activities in targeted communities, as well as free car seat/booster seat checkpoints in the targeted communities. Evaluation of this campaign will be based primarily on booster seat observation surveys conducted twice yearly in the target communities. In addition to these surveys, VIPP will obtain data from Utah Highway Safety Office seat belt surveys and make the data available to local health departments and other interested parties. These statewide data will be the basis

for tracking progress toward state objectives for child occupant protection.

**State Performance Measure 5: *The percent of kindergarten through twelfth grade students who receive two doses of Measles, Mumps and Rubella (MMR) vaccine.***

**a. Last Year's Accomplishments**

The performance measure was achieved. The Annual performance Objective was 96% and the actual annual indicator using the annual School Immunization Survey revealed that Utah was at 97.9%

Through FY03, the Immunization Program continued to educate parents, school administrators, and providers about this requirement and work with school districts and school nurses to enforce the requirement for two doses of measles vaccine. The electronic database supported end-of-year reports in collaboration with the State Office of Education. The Immunization Program continued its strong and unique collaborative relationship with the State Office of Education in collection and analysis of school immunization data to increase rates and develop strategies to increase compliance. Educational materials including, The Utah School Law -A Parent's Guide brochure, were distributed to schools, local health departments, and community and migrant health centers. The Child Adolescent and School Health Program continued to promote adequate immunizations in its activities with various agencies, such as local health departments, community health centers, etc. The Program will continue to promote the medical home concept for children with local health departments to enable parents to obtain needed child health services by one provider in one location.

**b. Current Activities**

Through FY04, the Immunization Program will continue to educate parents, school administrators, and providers about this state requirement and work with school districts and school nurses to enforce the requirement. The electronic database supports end-of-year reports in collaboration with the State Office of Education. The Immunization Program will continue its strong collaborative relationship with the State Office of Education in collection and analysis of school immunization data to increase rates and develop strategies to increase compliance. Educational materials including, The Utah School Law -A Parent's Guide brochure, will be distributed to schools, local health departments, and community and migrant health centers. The Immunization Program will continue to promote up-to-date immunizations in its activities with various agencies, such as local health departments, community health centers, and continue to promote the medical home concept for children with local health departments to enable parents to obtain needed child health services by one provider in one location.

**c. Plan for the Coming Year**

Through FY05, the Immunization Program will continue to educate parents, school administrators, and providers about this state requirement and work with school districts and school nurses to enforce the requirement. The electronic database supports annual and end-of-year reports in collaboration with the State Office of Education. The Immunization Program will continue its strong collaborative relationship with the State Office of Education in collection and analysis of school immunization data to increase rates and develop strategies to increase compliance with state laws. Educational materials including "The Utah School Law -A Parent's Guide" brochure will be distributed to schools, school nurses, local health departments, and community and migrant health centers. The Immunization Program will continue to promote up-to-date immunizations in its activities with various agencies, such as local health departments, community health centers, and continue to promote the medical home concept

for children with local health departments to enable parents to obtain needed child health services by one provider in one location.

## State Performance Measure 6: *The rate (per 10,000) of neural tube birth defects.*

### a. Last Year's Accomplishments

The performance measure was not achieved. The Performance Objective was 6.0 per 10,000 and the Indicator was at 6.9 per 10,000. Although the indicator does represents a 15% reduction from 8.1 in 2001. The rate increase may be due to better case finding.

The Utah Folic Acid Council disseminated information statewide to childbearing aged women and health providers. The Utah Birth Defects Network (UBDN) has funded a 7-question BRFSS module on women's awareness, knowledge and consumption of folic acid. The data are used by the Council to determine targeted projects during the year. The Utah-specific data from 1998-2000 were published in the American Journal of Medical Genetics 2002. The BRFSS statewide survey is ongoing, with 2002 results showing a slight increase in folic acid awareness(85.8 vs 83.3, and a slight decline in knowledge that folic acid prevents birth defects (59.2 vs. 61.9) and in consumption (46.9% from 48.4%). Since no funding supports this public health education the minimal amount of activity has helped maintain the knowledge and consumption.

The 2002 WIC survey results of the 2000 pilot multivitamin project suggest that face-to-face counseling provides the stimulus for behavior change. Of those that reported receiving free multivitamins (21%), 88% reported that they took them with 42% of them finishing the bottle and 12% finishing the bottle and receiving a second bottle.

A grant was awarded to the UBDN to purchase multivitamins for WIC participants who were not pregnant and provide face-to-face education on the importance of folic acid, which was implemented in 2003. The project has been very successful. The local March of Dimes chapter and UBDN have applied for additional funding to continue the project.

During Birth Defects Prevention Month, January 2003, activities included distribution of 3500 copies of the winter 2003 Immunize Utah, the UDOH Immunization Program newsletter, to pediatricians and school nurses in the state, as well as the UDOH's immunization registry enrollees/physicians. A messages about folic acid was included on January Utah state employee checks.

The UBDN has an active web site (<http://health.utah.gov/birthdefect>) with additional information about prevention and local and national links on birth defects and prevention.

A recurrence prevention packet available in English or Spanish was distributed to genetic counselors, perinatologists and the Spina Bifida Clinic. The NTD Recurrence Prevention packet was sent to physicians of 2 women in 2002 and 4 women in 2003 who did not receive information about folic acid for their subsequent pregnancy. These women did not see a genetic counselor or perinatologist by our records.

### b. Current Activities

During FY04, the Utah Birth Defect Network will continue monitoring the occurrence of all major structural malformations in the state. Because of the relationship between folic acid and NTDs, the Network will continue to place major focus on monitoring the trend in Utah prevalence rates for NTDs. Since folic acid will not prevent all NTDs, at some point, the prevalence rate will stabilize. The BRFSS statewide telephone survey will continue to query

women in their childbearing years, 18-44, to assess awareness, knowledge and consumption of folic acid.

The Network will provide the NTD recurrence packet to perinatologists along the Wasatch Front, genetic counselors and obstetric providers, for women who do not have a live born infant that survives the neonatal period.

### c. Plan for the Coming Year

The Utah Birth Defect Network (UBDN) will continue to monitor the occurrence of all structural major malformations for all pregnancy outcomes occurring in women who are Utah residents at time of delivery. Specifically, neural tube defects (NTDs) will be monitored closely since these congenital malformations are responsive to public health intervention with folic acid.

An annual survey to WIC participants will be administered in the late spring or early summer of 2004 which will include several questions to assess whether women received free multivitamins (through a March of Dimes grant) and determine if they consumed these vitamins and if not, the reasons why. This information will be shared with the Utah Folic Acid Council to determine if other activities will be needed to promote folic acid intake. The Utah Folic Acid Council, a multi-agency organization, will continue to meet quarterly to assess data and appropriate activities to best reach consumers and health care providers in Utah to increase awareness, knowledge and consumption of folic acid for the prevention of birth defects. If funding permits, the multivitamin project with WIC will be continued.

As funding permits, the UBDN will pay for the BRFSS statewide telephone survey to query women in their childbearing years, 18-44, to assess awareness, knowledge and consumption of folic acid.

The UBDN will publish its 2nd newsletter July 2004 that will include information about NTDs and folic acid. This newsletter will be sent to health care providers in Utah, hospital administrators, and community agencies.

The NTD Recurrence Prevention packet will be provided to families that have not seen the Pediatric Nurse Practitioner at the Spina Bifida Clinic (Primary Children's Medical Center), a genetic counselor at one of the perinatology centers or a perinatologist. These packets will contain recurrence prevention materials, resources for families and parent support groups, in both English and Spanish.

Activities for Birth Defects Prevention Month in January 2005 will be planned. The 5 banners will be located in high traffic areas around the valley, news releases will be sent to newspapers and radio stations statewide and agencies will be asked to place material in their employees' check payments

*State Performance Measure 7: The percent of pregnant women with adequate weight gain who deliver live born infants.*

### a. Last Year's Accomplishments

The performance measure was achieved. The Performance Objective was 69.8% and the Annual Indicator was 83.5%. In analysis of data from birth records, we discovered inaccurate coding of weight gain, which resulted in a significant underestimation of the percentage of mothers who do gain adequate weight during their pregnancies. Adjustments have been made in the projected objectives for the future years based on the corrected analysis of the data.

During FY03, the PRAMS Program reviewed 1999 survey data on prenatal education of pregnant women in Utah including weight gain and nutrition during pregnancy. This information was distributed via a quarterly newsletter to 700 to 1,000 prenatal care providers in Utah. Additionally, this information was placed on the Reproductive Health Program's (RHP) website ([www.health.utah.gov/rhp](http://www.health.utah.gov/rhp)). An article entitled "Nutritional Counseling for Pregnant Women" was published in the RHP newsletter in the fall of 2002. This newsletter was distributed to all local health districts, community health centers, colleges of nursing, Medicaid contracted MCOs and hospital maternity units throughout the state. It was also posted on the RHP website. Utah's Pregnancy Nutrition Surveillance Data reflecting the nutritional status of WIC participants was distributed to all local WIC Offices to assist in establishment of individual program goals. Adequate weight gain during pregnancy was not selected for inclusion among the data sets published on the state's Indicator-Based Information System for Public Health (IBIS-PH) that provides access to public health data and information via the internet. Neither the Division nor the WIC websites were determined to be appropriate formats for either the PRAMS or RHP newsletter materials. However, the Division website links to the RHP site providing another avenue of access to the information for both providers and clients.

The intent had been to provide information on adequacy of weight gain during pregnancy to MCOs and to increase monitoring of nutritional counseling and referrals made by them during quality assurance activities. However, during FY03 no QA activities with the MCOs were carried out due to ongoing revisions to the QA standards by Medicaid staff. Information on weight gain during pregnancy was also going to be distributed directly to Medicaid clients and providers through the Medicaid newsletters. Due to a reduction in the workforce, the Medicaid newsletters were discontinued at close of FY02.

#### b. Current Activities

The Division will provide information to the public and to health care providers regarding the risks of inadequate weight gain and means of obtaining nutrition information and counseling. The Division will monitor data related to adequacy of weight gain in pregnant women obtained from analysis of data from birth records, WIC's CDC Pregnancy Nutrition Surveillance Reports, and from the Pregnancy Risk Assessment and Monitoring System (PRAMS). The Reproductive Health Program will include information on the importance of adequate weight gain in pregnancy, nutrition tips for pregnant women and available resources for nutritional counseling for the public and health care providers on or linked to the Program's web site.

The RHP staff will monitor prenatal nutrition education and referral of women at high nutritional risk to appropriate counseling for managed care organizations MCOs that contract with Medicaid to provide perinatal services. The Program will encourage MCOs to increase their panel providers' awareness of nutritional counseling as a covered Medicaid benefit for pregnant women through provider newsletters and inservices.

During FY04, the RHP will develop and disseminate a PRAMS report statewide on patient education in pregnancy, including information on nutrition and weight gain in pregnancy. Recipients will include physicians and certified nurse midwives providing prenatal services as well as community health centers, hospitals, insurance companies and managed care organizations.

#### c. Plan for the Coming Year

During FY2005 adequacy of weight gain during pregnancy will be promoted through collaboration between the WIC and Reproductive Health Programs to support WIC's ongoing statewide goal of increasing the percent of pregnant women achieving ideal weight gain during their pregnancies by 1%. Activities will include promotion and assistance in distribution of

weight goal and health behavior change cards to pregnant women participating in WIC, the Presumptive Eligibility Program, March of Dimes Teddy Bear Den and to MCOs for distribution to their pregnant clients. Possible development of a brief video emphasizing healthy nutrition during pregnancy will be discussed and use of a Baby Your Baby 4th Friday segment on KUTV to promote appropriate weight gain during pregnancy will be brought before the Baby Your Baby Advisory Committee for possible development. As appropriate, monitoring of Medicaid contracted MCOs for documentation of weight gain during pregnancy and referral of women at high nutritional risk for individual nutritional counseling will be encouraged. Adequacy of weight gain during pregnancy will be monitored through review of relevant databases: vital records, PRAMS, and WIC's CDC Pregnancy Nutrition Surveillance Reports.

**State Performance Measure 8: *The percent of women delivering live born infants reporting cigarette smoking during pregnancy.***

**a. Last Year's Accomplishments**

This Performance Measure was achieved. The Performance Objective was 7.8% and the actual Performance Indicator was 7.0%.

In FY 2003, The Division of Health Care Finance continued to identify smokers at the time eligibility for Medicaid was determined. Health Program Representatives (HPR) then call back those who are identified smokers to assess readiness to quit. Referrals are made to appropriate smoking cessation programs. The HPR calls the woman back six weeks later to track progress and encourage them to remain smoke free. Ten providers who have programs specifically targeted to pregnant women have enrolled with Medicaid as eligible providers and pregnant women are referred to these programs. Self-help prevention materials are given to those women who do not have cessation providers available in their areas or to those women who choose not to go to a provider for cessation help.

The TPCP and Medicaid collaborated to provide nicotine replacement therapies or Zyban to pregnant women when prescribed by their doctor.

The WIC program inquires on smoking status for all women enrolled in the program. Those women who are identified as smokers get required counseling and are also referred to smoking cessation programs. In FY2003, WIC also collaborated with TPCP to develop short scripts based on the Public Health Service Clinical Practice Guidelines for WIC staff to use when giving advice on quitting to pregnant women. WIC staff followed up with these identified clients 2 weeks, 3 months, and 6 months after the first intervention to track their progress and offer additional encouragement. Some WIC clinics chose to display tobacco prevention and cessation media-related items in their clinics.

In FY2003, the TPCP collaborated with local health departments to provide quitting assistance to pregnant women. The TPCP also collaborated with the local health departments to develop and pilot test a standardized six step tobacco cessation program for pregnant women (First Step -- A Pregnant Woman's Guide to Quitting Tobacco Use).

During FY2003, PRAMS data on smoking before, during, or after pregnancy for 1999 -- 2000 was made available through the IBIS-PH (Indicator Based Information System for Public Health) website. Access to data on tobacco use before, during, or after pregnancy is available to any person accessing the site. Data can be stratified by various demographic variables.

In FY03, the Reproductive Health Program distributed smoking cessation materials that had been translated into Spanish to local health departments and at health fairs held around the state.

## b. Current Activities

Utah Vital Records data indicated that 7.5% of women delivering live born infants in 2001 reported tobacco use during pregnancy, a decrease of 0.3% from 2000. Although this rate is low compared to many other states, the well documented impact of tobacco use during pregnancy on low birth weight and other poor pregnancy outcomes necessitates that the state continue to work towards further preventive efforts as well as efforts to prevent relapse once cessation has been achieved.

The Reproductive Health Program (RHP) and the Tobacco Prevention and Control Program (TPCP) will implement public education regarding the importance of smoking cessation during pregnancy via health fairs, the RHP web site and media opportunities.

The RHP will distribute new smoking cessation materials translated into Spanish to local health departments, at health fairs around the state and on the RHP website. The RHP will continue to work with Medicaid to certify smoking cessation intervention programs for pregnant Medicaid recipients. The TPCP will sponsor PSAs about smoking during pregnancy to include radio and .TV spots. The Program will distribute posters on smoking during pregnancy, as well as collateral items such as quit cards, a self-help guide, hats, and t-shirts for babies.

TPCP will partner with WIC, Medicaid, Teen Mother and Child Program at the University of Utah, and local health departments. The Program also will provide services for pregnant women through the Utah Tobacco Quit Line.

## c. Plan for the Coming Year

During 2002, Utah vital records data indicated that 7.0% of women delivering live born infants reported tobacco use during pregnancy, a decrease of 0.5% from 2001. Although compared to many populations outside of Utah this rate is low, the well documented impact of tobacco use during pregnancy on low birth weight and other poor pregnancy outcomes necessitates that the state continue to work towards further preventive efforts as well as efforts to prevent relapse once cessation has been achieved.

The RHP and the Tobacco Prevention and Control Program will implement public education regarding the importance of smoking cessation during pregnancy via health fairs, the Reproductive Health Program web site and media opportunities that arise.

The RHP will continue working with the Division of Health Care Financing to certify smoking cessation interventions for pregnant Medicaid recipients.

The Tobacco Prevention and Control Program (TPCP) will work with local health departments to implement the First Step -- A Pregnant Woman's Guide to Quitting Tobacco Use program and other tobacco cessation help for pregnant women.

In FY05, the TPCP will investigate opportunities to build partnerships with existing media campaigns (i.e. Baby Your Baby) that target pregnant women.

## State Performance Measure 9: *The proportion of pregnancies that are intended.*

### a. Last Year's Accomplishments

This Performance Measure was not achieved. The Performance Objective was 67.9% and the actual Performance Indicator was 65.5%. A possible explanation for not achieving the

objective may be due to PRAMS sampling methodology, the data source. The 95% confidence interval for the reported rate is +/- 2.6%, more than the difference between the objective and the indicator which is 2.4%.

During FY2003, family planning and preconceptional brochures were distributed to WIC clinics, community health centers, local health departments, and at health fairs and other locations frequented by reproductive aged women. Information was also made available on the Reproductive Health Program's web page.

During routine site visits to local health departments, the RHP nurse consulted discussed proper family planning and use of emergency contraception.

In FY2003, the RHP continued to educate women regarding the family planning services available through the Primary Care Network program. Women who are leaving the prenatal Medicaid program were encouraged to apply for this program.

Both the WIC and PRAMS programs provided community referral lists that include information on family planning services in the state. The RHP website posted information on family planning services in Utah and links to websites with information on contraceptive methods and emergency contraception.

During FY2003, PRAMS data on unintended pregnancy for 1999 -- 2000 was made available through the IBIS-PH (Indicator Based Information System for Public Health) website. Access to data on unintended pregnancy is available to any person accessing the site. Data can be stratified by various demographic variables.

During FY2003, RHP staff collaborated with staff at Project Reality, a drug rehabilitation facility, to develop a survey for women in treatment to determine their health interests for education efforts. Included in the survey were topics on family planning needs.

The Division's WeeCare perinatal case management nurses regularly discussed optimal inter-pregnancy spacing with its clients.

#### b. Current Activities

The Reproductive Health Program (RHP) plans to distribute family planning and preconceptional brochures to WIC clinics, community health centers, local health departments, at health fairs and other locations frequented by reproductive aged women as well as distribute information on unintended pregnancy, family planning and the importance of adequate inter-pregnancy spacing via Web pages, poster sessions, and other marketing strategies. The RHP nurse consultant will continue to educate local health department and others on the availability of emergency contraception for their clients.

The RHP will continue to collaborate with Medicaid to promote awareness of the state's Primary Care Network, which includes family planning services. The RHP will implement, in conjunction with the Wasatch Homeless Health Care Program in Salt Lake City, a family planning program for women at high risk for unintended pregnancy, homeless women, women recently incarcerated, or women in substance abuse treatment programs. Women meeting these criteria will be incentivized to receive free family planning services through the Planned Parenthood Association of Utah at the Wasatch Homeless Care Program. The incentive will be awarded upon completion of the initial and one follow-up visit for family planning services.

#### c. Plan for the Coming Year

During 2001, Utah Pregnancy Risk Assessment Monitoring System (PRAMS) data reported

that 34.5% of pregnancies were unintended, an increase of 2.9% from 2000. Reduction of unintentional pregnancy (pregnancies that are mistimed (unplanned, but desired) and unwanted (unplanned and not desired) is a critical issue as it has been linked to many poor pregnancy outcomes.

The RHP plans to distribute family planning and preconceptional brochures to WIC clinics, Community Health Centers, Local Health Departments, at health fairs and other locations frequented by reproductive aged women; as well as, distribute information on unintended pregnancy, family planning and the importance of adequate inter-pregnancy spacing via Web pages, poster sessions, and other social marketing strategies. The family planning nurse consultant for the RHP will continue to educate local health department and other MCH Title V grantees on the availability of emergency contraception for their clients.

The RHP will continue to collaborate with the Division of Health Care Finance to promote awareness of the state's primary care waiver, which includes a family planning component.

The RHP will continue to work on identifying ways to procure low cost contraception for the State's local health departments.

**State Performance Measure 10: *The percent of children six through nine years of age enrolled in Medicaid receiving a dental visit in the past year.***

**a. Last Year's Accomplishments**

This Performance Measure was achieved. The Performance Objective was 44% and the Annual Indicator was 45.2%.

During FY03, the Oral Health Program (OHP) collaborated with the Oral Health Prevention and Education Workgroup in the development and implementation of a public awareness campaign emphasizing the benefits of early and regular dental visits. Efforts to update oral health education materials/curriculum which are used in elementary schools will continue. The OHP collaborated with staff in the UDOH Division of Health Care Financing in supporting and expanding CHEC outreach programs. Through these expanded efforts, outreach workers are providing a higher level of case management for children needing dental services. The OHP has continued to work closely with the Utah Dental Association Access Committee and the Utah Oral Health Legislative Policy and Funding Workgroup in efforts to increase the number of dentists willing to see Medicaid consumers in order to increase use of oral health care services. The CHEC dental case management system pilot, which has been implemented in two local health departments has been expanded into several more health departments. CHEC outreach staff are responsible for: 1) conducting outreach to encourage use of preventive and follow-up services; 2) educating children and parents about CHEC benefits and the importance of keeping appointments; 3) working with parents to help reduce barriers to accessing care such as transportation, childcare, language, etc.; 4) serving as liaisons with dental offices to recruit and encourage dentists to become Medicaid providers. In addition, Division of Health Care Financing staff work with private dental office staff on billing and other issues that arise.

**b. Current Activities**

During FY04, Oral Health Program (OHP) will promote sealants through screening and referral activities, support for direct delivery of sealants at the local health department level, and education/awareness programs among dental professionals, pediatric health care providers and the public. The OHP will concentrate on training local health departments on screening and referring procedures for children attending high-risk elementary schools in their communities. The OHP will continue to support and provide technical assistance to the Salt

Lake Valley Health Department (SLVHD) in ongoing Sealant Saturday projects, with the anticipation that SLVHD will conduct at least four Sealant Saturdays for low-income uninsured and Medicaid insured children. The OHP will also support and provide technical assistance to sealant placement projects for low-income uninsured and Medicaid insured children coordinated by Dental Hygiene Program at Weber State University in the Weber-Morgan Health Department (W-MHD). The Sealant Projects in both districts will include, in addition to health department and school personnel, volunteer dentists, and dental hygienists and assistants. A manual outlining a sealant project protocol/model will be developed through a cooperative effort between OHP and SLVHD and used to assist additional local health departments and communities in implementing sealant projects. The OHP, in collaboration with other state agencies and organizations such as Medicaid (EPSDT), CHIP and Community Health Center Dental Clinics, will promote oral health prevention including sealants to the public. Other activities will include presentations and educational materials regarding the benefits of sealants to dental professionals, pediatric health care providers and other health care providers who have opportunities to promote and refer children for sealants.

**c. Plan for the Coming Year**

During FY05, the Oral Health Program (OHP) will collaborate with the Utah Oral Health Coalition in the development and implementation of a public awareness campaign emphasizing the benefits of early and regular dental visits. Efforts to update oral health education materials/curriculum which are used in elementary schools will continue. The OHP will collaborate with staff in the UDOH Division of Health Care Financing to expand current CHEC (Utah's EPSDT) outreach programs. Through these expanded efforts, outreach workers will provide a higher level of case management for children needing dental services. The OHP will continue to work closely with the Utah Dental Association and the Utah Oral Health Coalition in efforts to increase the number of dentists willing to see Medicaid participants in order to increase utilization of oral health care services. The CHEC dental case management system, which has been implemented in some local health departments, is planned to be expanded into several more local health departments. CHEC outreach staff will be responsible for: 1) conducting outreach to encourage use of preventive and follow-up services; 2) educating children and parents about CHEC benefits and the importance of keeping appointments; 3) working with parents to help reduce barriers to accessing care such as transportation, child care, language, etc.; and, 4) serving as liaisons with dental offices to recruit and encourage dentists to become Medicaid providers. In addition, Division of Health Care Financing staff will continue to work with private dental office staff on billing and other issues that may arise.

**FIGURE 4B, STATE PERFORMANCE MEASURES FROM THE ANNUAL REPORT YEAR SUMMARY SHEET**

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
1) The percent of children with special health care needs in the rural areas of the state receiving direct clinical services through the state CSHCN program.				
1. Contract with rural local health departments for personnel and facilities for case management and itinerant clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Provide a database and training to each site to facilitate independence in scheduling and tracking of patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Continue the quality assurance program for itinerant clinics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Utilize telehealth to conduct patient follow-up visits between itinerant clinic dates, community staffing, and education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Work with rural pediatric and family practice providers to strengthen their ability and willingness to provide medical homes for children with special health care needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
2) The percent of cigarette smoking by teenagers in grades 9 through 12.				
1. Target youth with The TRUTH anti-tobacco counter-marketing messages and conduct telephone surveys to evaluate the effectiveness of the media campaign	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Promote teen tobacco use cessation through science-based school and community teen tobacco cessation programs and the Teen Tobacco Quit Line	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Promote the implementation of the CDC School Guidelines to Prevent Tobacco Use with Utah schools and school districts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Increase compliance with Utah laws that prohibit tobacco sales to minors through retailer education, retailer recognition, and compliance checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Strengthen tobacco-free norms by supporting policies that prohibit or limit tobacco use and tobacco sponsorship at recreational areas, sports fields, parks, and other outdoor venues frequented by youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
3) The percent of bicycle helmet use among bicyclists 5-12 years of age.				
1. Conduct the annual observation survey to estimate bicycle helmet use in Utah	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Conduct community education through the media, distribution of educational materials, provision of information on the Department Internet site, and at community events	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Promote bicycle safety events, such as National Bike Month (May)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Provide training, technical support, and funding for contracts with local				

health departments to promote bicycle helmet use	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Seek sources for low cost helmets and make them available for distribution through health departments, schools, law enforcement, and other community partners	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
4) The percent of use of vehicle safety restraints among child occupants under eleven years of age.				
1. Provide newsletters on injury prevention to the public	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Conduct safety events focusing on Child Passenger Safety in communities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Offer Child Passenger Safety classes for injury prevention specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Support the Permanent Car Seat Fitting Station at Primary Children's Medical Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Provide grants from National SAFE KIDS Campaign to local SAFE KIDS Chapters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Collaborate with safety advocates and agencies to strengthen injury prevention efforts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
5) The percent of kindergarten through twelfth grade students who receive two doses of Measles, Mumps and Rubella (MMR) vaccine.				
1. Review annual and end of year school immunization reports through the electronic reporting database	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Collaborate with State Office of Education regarding the annual school immunization report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Develop and distribute educational materials on immunizations for schools and parents	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Educate parents, school administrators, school nurses, and providers about the state school immunization requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
6) The rate (per 10,000) of neural tube birth defects.				
1. Educate women in their childbearing years about the importance of taking a multivitamin with folic acid	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Continue activities during January, Birth Defects Prevention Month	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Monitor the occurrence of neural tube defects (NTDs) in Utah	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Survey women in Utah about awareness, knowledge and consumption of folic acid through the Behavioral Risk Factor Surveillance System (BRFSS)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Provide neural tube defect (NTD) Recurrent Prevention packets to women as needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
7) The percent of pregnant women with adequate weight gain who deliver live born infants.				
1. Discuss development of a nutrition in pregnancy video for pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Promote and distribute weight gain goal and healthy behavior change cards to pregnant women throughout Utah	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Develop and air a media segment on adequate weight gain in pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Encourage providers enrolled with Medicaid contracted health plans to refer pregnant women with nutritional risk to registered dietitians for individual counseling through provider newsletters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Monitor referrals of pregnant clients enrolled in Medicaid contracted health plans for individual nutritional counseling services through claims data	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Monitor vital records for outcomes related to adequacy of weight gain during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
8) The percent of women delivering live born infants reporting cigarette smoking during pregnancy.				
1. Distribute information on smoking cessation through the Reproductive Health Program website, poster sessions, and other marketing strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Work with local health departments to implement the First Step smoking cessation program for pregnant women	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Work with Medicaid to certify smoking cessation interventions for pregnant Medicaid recipients	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
9) The proportion of pregnancies that are intended.				
1. Distribute information on the health impact of unintended pregnancy and short interpregnancy intervals through the Reproductive Health Program web site, poster sessions, and other marketing strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Distribute information on family planning services in Utah	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Promote the Primary Care Network for ongoing family planning coverage for women with expiring Prenatal Medicaid who desire the service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
10) The percent of children six through nine years of age enrolled in Medicaid receiving a dental visit in the past year.				
1. Support the Utah Oral Health Coalition in educating the public in an awareness campaign emphasizing the benefits of early and regular dental visits	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Collaborate with Medicaid in the expansion of CHEC Dental Case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Management Project and private dental office staff on billing and other Medicaid issues that may arise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Work with Utah Dental Association in advocating and promoting early childhood caries prevention and intervention programs, and the promotion of increased participation by dentists to treat Medicaid patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Update oral health education materials/curricula used in elementary schools	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## E. OTHER PROGRAM ACTIVITIES

CFHS has maintained the toll-free Baby Your Baby hotline, 1-800-826-9662, since 1988 with more than 250,000 calls to the hotline. For the first two years, the Baby Your Baby hotline was used mainly for prenatal care, and in 1990, the hotline expanded to include child health issues. In 2003, 17,553 calls were logged by the hotline. An extensive resource system is in place for those who answer the phone. Operators refer callers to subject matter experts in the Department on health-related issues, as well as financial and other resources, linking the caller to Title XIX, Title XXI, WIC, EPSDT/CHEC, and other public and private providers. Callers speaking languages other than English are served using AT&T's Language Line.

The same team of operators who answers the Baby Your Baby calls (the state's maternal and child health hotline) also provides staffing for three other Department hotlines (Health Resource Line, Immunization Hotline, and the WeeCare Hotline) accounting for almost 45,000 additional calls. Each of these hotlines is connected with a separate media campaign aired on the local CBS, NBC, or ABC television affiliates.

Health Resource Line: 1-888-222-2542

The Health Resource Line was originally set up in 1995 as a toll-free number for the Check Your Health program. In 1998, the name of the line was changed to enable other Health Department programs to utilize the line rather than setting up additional toll-free numbers. The Health Resource Line includes:

- Check Your Health - Check Your Health focuses on physical activity and nutrition, targeting women age 25-55 who are the primary decision makers in the family.
- Child Health Insurance Program (CHIP) Outreach and Coordination -- A state health insurance program for children of working families. In 2003, there were 20,400 CHIP calls.
- Primary Care Network (PCN) -- PCN is health coverage for adults who qualify.
- Diabetes -- Answer basic diabetes questions, refer to local screening sites, and send information packets.
- Utah Cancer Action Network (UCAN) -- Provides information and resources in an effort to reduce the incidence of skin and colorectal cancer in Utah.
- Healthy Utah -- Healthy Utah is an employee wellness program available to Utah state employees and their spouses.

Immunization Resource Line: 1-800-275-0659

Operators provide information on where immunizations and immunization records can be obtained. Refer questions and orders to Immunization Program.

PEHP WeeCare: 1-800-662-9660

WeeCare is prenatal program provided to Utah state employees and their spouses who have PEHP insurance. The purpose of WeeCare is to help expectant mothers have a healthy pregnancy, a safe delivery, and a healthy baby.

Other Hotlines that the Department offers include:

The Pregnancy RiskLine, 1-800-822-2229. All women calling the Pregnancy RiskLine are screened for entry into care. Women who need prenatal care are referred to Baby Your Baby for information on qualified providers and financial assistance. In 2003, the Pregnancy RiskLine received 9,342 calls.

CSHCN maintains a toll free telephone number for families and providers in rural Utah (1-800-829-8200) for general CSHCN information.

CSHCN and the Baby Watch Early Intervention Program continue to provide funding for ACCESS Utah, a toll free information line and computer web site through the Governor's Center for People with Disabilities, designed for adults and children with a broad range of disabilities to provide information on resources for services, equipment and funding.

The Division participates in a number of different grant opportunities that affect MCH populations. The attachment includes a list of some of the grants for which the Division has responsibility.

The Division engages in numerous other activities that impact the health of mothers, children and children and youth with special health care needs. For example, the Oral Health Program staffs the Oral Health Coalition to address oral health needs of Utah's populations, including MCH populations, but also other populations, such as adults on Medicaid without dental coverage. The Coalition includes representatives of a broad range of individuals with an interest in oral health for Utah residents. The MCH Bureau has formed a Perinatal Task Force to examine issues related to pregnancy and its outcomes, including Utah's poor adequacy of prenatal care ranking, to explore with partners the approaches that can be taken to address poor outcomes. The Perinatal Task Force has been asked to prioritize four issues related to pregnancy outcomes and infant health to develop strategies to address them, identify the appropriate agency or organization with which the Department should work to implement the strategies.

In May 2003, the Adolescent Health Coordinator, a new position, was hired and is working on pulling together programs within the Department to integrate better program efforts around adolescents. In addition, representatives of numerous agencies and organizations have met to form an Adolescent Health Task Force to examine issues relative to Utah adolescents and develop strategies and approaches to improve the health of adolescents in the state.

## **F. TECHNICAL ASSISTANCE**

Technical assistance needs include:

National:

- How can we advance the importance of concerted efforts to address the forgotten population of adolescents? While great efforts have been put into addressing the important needs of the young children, not much effort is directed to addressing the unique needs of the high-risk age group, adolescents. We need to work to promote youth development and identify ways to promote healthy behaviors as adolescents are moving towards adulthood. Healthy behaviors during adolescence will lead to healthy lives as adults.

- Mental health -- what is the role of the state Title V agency in promoting mental health and preventing, identifying mental health disorders in all MCH populations; how do we interface better with the mental health system to promote prevention and early recognition of mental health disorders so

we can refer appropriately? How do we ensure that mothers' (and fathers') mental health is considered as part of the continuum with children's mental health?

- Promotion of successful and effective programs to address needs of specific populations within MCH, e.g., pregnant women and mothers, children, adolescents, and children and youth with special needs, so that other programs can replicate
- Expansion of data capacity -- MCH epidemiology, enhanced skills and knowledge among program staff to understand how data can be used and should be used for program planning and evaluation. How program and data staff need to work together to address the data needs of MCH/CSCHN programs

Regional:

- regional meetings with state MCH and CYSHCN Directors and perhaps other key Title V staff to discuss common challenges in implementing Title V programs and addressing increasing demands with diminishing funding; challenges of addressing needs in states that are primarily rural and frontier

Utah-specific:

- We would like TA from an experienced adolescent health resource that could assist us in clearly identifying how to develop this new component to the MCH programs. Since many other programs address specific issues of adolescent health, how does one coordinate?
- How can we address Utah's low ranking for adequacy of prenatal care? Our outcomes are better than the national average, so some wonder if we really should be concerned. How do you address the problem when the health care system is, in large part, a contributor to the barrier, i.e., low reimbursement rates for prenatal care, high provider overhead due to increasing rates of liability insurance, providers opting out of OB care due to rising insurance rates, etc.?
- Methodology of determining factors related to inadequate prenatal care -- i.e., with good outcomes (low infant mortality, LBW), should we be concerned that Utah ranks 49th in the nation and why does UT rank so low -- is it because of data accuracy? Is it real?
- Data linkages -- especially how to link Vital Records data with INFANT's hospital discharge record
- Transitioning from direct services to building infrastructure and enhancing population-based services

## **V. BUDGET NARRATIVE**

### **A. EXPENDITURES**

Please see notes related to Form 3, Form 4 and Form 5.

### **B. BUDGET**

The Division of Community and Family Health Services (CFHS) is organized to address specific maternal and child health needs through a partnership between State agencies and the private sector to form a coordinated statewide system of health care. CFHS's Block Grant funds are distributed according to the plan of expenditures contained in this application which is based upon a statewide assessment of the health of mothers and children in Utah.

The amount of state funds that will be used to support Maternal and Child Health programs in FY02 is shown in the budget documentation of the state application. We assure that the FY89 maintenance of effort level of State funding at a minimum will be maintained in FY02 [sec.505(a)(4)].

It is understood that for each four federal dollars a minimum of three state dollars will be specifically designated as match. CFHS allocates a total of \$17,819,150 of state funds appropriated by the Legislature for MCH activities. A total of \$10,370,650 is designated as match for the MCH Block Grant federal funds which exceeds the minimum requirement of \$6,149,700. The remaining non-designated state funds will be used in matching Title XIX (Medicaid) and other federal and private funding to expand and enhance MCH programs and activities. Programs including Baby Your Baby, Pregnancy RiskLine, Tobacco Prevention Education, Fostering Healthy Children, Baby Watch/Early Intervention, and the Immunization Program significantly benefit from this use of the state funds. CFHS receives private donation and grant funding which is used to enhance selected programs such as Baby Your Baby, Pregnancy RiskLine, Immunization Program, and the Tobacco Prevention Program. Local MCH funds reported reflect county, health district, and other local revenue expended to conduct MCH activities and make services available in local communities.

CFHS assures that at a minimum 30% of the Block Grant allocation is designated for programs for Children with Special Health Care Needs and 30% for Preventive and Primary Care for Children. Special consideration was given to the continuation of funding for special projects in effect before August 31, 1981. Consideration was based on past achievements and the assessment of current needs. Title V funding has been allocated to support these activities which were previously funded [sec.505(a)(5)(c)(i)].

CFHS will maintain budget documentation for Block Grant funding/expenditures for reporting, consistent with Section 505(a), and consistent with Section 506(a)(1) for audit purposes. Audits are conducted by the state auditor's office following the federal guidelines applicable to the Block Grant. In addition, the State Health Department maintains an internal audit staff who reviews local health departments for compliance with federal and state requirements and guidelines for contract/fiscal matters.

CFHS will allocate funds under this title fairly among such individuals, areas, and localities identified in the needs assessment as needing maternal and child health services. Funds are distributed largely according to population, although consideration is given to districts with identifiable maternal and child health needs and factors that influence the availability and accessibility of services. These needs are identified in large part by local communities themselves. The allocation of funds is subject to review by the MCH Advisory Committee. In addition, there are a number of other program-specific advisory groups which have access to funding information for their related programs. These groups provide guidance and support for programs such as Child Fatality Review, WIC, SIDS, Newborn Screening, Baby Watch/Early Intervention, and Tobacco Prevention Education.

In an effort to keep actual expenditures in close alignment with available funding, minor ongoing adjustments are made to the budget. The Division examines health needs, staff time, and funding

allocations to ensure priority needs are addressed. The component 30%-30% requirement indices are also used to set program priorities and maintain focus. Funding reported within this application/annual report are based on the state fiscal year.

The Division is currently reviewing funding and expenditure trends among programs and contracts which are funded with Title V grant funding. Preliminary review has revealed that local health departments have not been billing against the complete amount of their contracts, which leads to increase carryover. The Division financial and program staff will review contracts to determine more appropriate allocations of the funding so that on a community-level, funds are allocated to better cover the service needs of the health districts. Since some of the contracts are service-specific, changes may need to be made to provide the local agencies with more flexibility with their internal allocation of funding while maintaining services to those most in need. The Division is also reviewing individual program budgets to determine the most appropriate funding allocations. The Division will probably set aside a certain amount of funding to provide local communities with opportunities to develop special targeted projects, such as childhood obesity initiatives or other topical areas of MCH. With the Five Year Needs Assessment, it is anticipated that the Division will identify new priority areas that may require funding in order to address them.

The Department negotiates contracts with each of the twelve local health departments encompassing many public health functions, and progress is measured against the achievement of the MCH performance measures. The following MCH activities are included: child health clinics, dental health, family planning, injury prevention, prenatal services, school health, speech and hearing screening, and sudden infant and childhood death counseling. The allocation of funds, i.e., contracts, staff, or other budget categories, to meet the maternal and child health needs of the community is left to the discretion of the local health officer. This places the determination of need and the allocation of funds for specific needs at the source of expertise closest to the community. State staff provide local health departments specific data to assist them in determining community needs. Local health department staff and state staff jointly develop an annual plan to address these needs. Annual reports are required from each local health department to monitor MCH activity and document their achievement in impacting the health status indicators for their local MCH populations.

It should be noted that the Utah Department of Health was restructured during the 1995/1996 time frame. This was a result of an internal initiative to better integrate categorical public health programs into a coordinated system of services for children and pregnant women. During this process, many programs of the former Division of Community Health Services and the Division of Family Health Services were merged to form the Division of Community and Family Health Services. Budget figures for FY97 were developed prior to these changes. Reported increases in FY97 expenditures reflect the expanded CFHS organization.

## **VI. REPORTING FORMS-GENERAL INFORMATION**

Please refer to Forms 2-21, completed by the state as part of its online application.

## **VII. PERFORMANCE AND OUTCOME MEASURE DETAIL SHEETS**

For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

## **VIII. GLOSSARY**

A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

## **IX. TECHNICAL NOTE**

Please refer to Section IX of the Guidance.

## **X. APPENDICES AND STATE SUPPORTING DOCUMENTS**

### **A. NEEDS ASSESSMENT**

Please refer to Section II attachments, if provided.

### **B. ALL REPORTING FORMS**

Please refer to Forms 2-21 completed as part of the online application.

### **C. ORGANIZATIONAL CHARTS AND ALL OTHER STATE SUPPORTING DOCUMENTS**

Please refer to Section III, C "Organizational Structure".

### **D. ANNUAL REPORT DATA**

This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.