

**TITLE V BLOCK GRANT APPLICATION**  
**FORMS (1-21)**  
**STATE: UT**  
**APPLICATION YEAR: 2005**

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<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED <b>7/15/2004</b>	APPLICANT IDENTIFIER									
1. TYPE OF SUBMISSION:  Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER									
		4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER									
5. APPLICANT INFORMATION												
Legal Name: <b>Utah Department of Health</b>		Organizational Unit: <b>Division of Community &amp; Family Health Services</b>										
Address (give city, county, state and zip code) <b>288 North 1460 West PO Box 142001 Salt Lake City, UT 84114 County: Salt Lake</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: <b>George W. Delavan, MD</b> Tel Number: <b>801-538-6901</b>										
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <table border="1" style="width:100%; text-align: center;"><tr><td>8</td><td>7</td><td>6</td><td>0</td><td>0</td><td>0</td><td>5</td><td>4</td><td>5</td></tr></table>		8	7	6	0	0	0	5	4	5	7. TYPE OF APPLICANT: (Enter appropriate letter in box) <b>A</b> A. State                      H. Independent School District B. County                    I. State Controlled Institution of Higher Learning C. Municipality            J. Private University D. Township                K. Indian Tribe E. Interstate                L. Individual F. Intermunicipality      M. Profit Organization G. Special District        N. Other (Specify)	
8	7	6	0	0	0	5	4	5				
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration Decrease Duration Other (specify):		9 NAME OF FEDERAL AGENCY: <b>Health Resources and Services Administration, Maternal and Child Health Bureau</b>										
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <table border="1" style="width:100%; text-align: center;"><tr><td>9</td><td>3</td><td>9</td><td>9</td><td>4</td></tr></table> TITLE: <b>Maternal and Child Health Services Block Grant</b>		9	3	9	9	4	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>Utah Maternal &amp; Child Health Services Block Grant</b>					
9	3	9	9	4								
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): <b>Statewide</b>												
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:										
Start Date: <b>10/01/2004</b>	Ending Date: <b>09/30/2005</b>	a. Applicant	b. Project									
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?										
a. Federal	\$ <u>6,222,721.00</u>	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:  b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW										
b. Applicant	\$ <u>1,920,000.00</u>											
c. State	\$ <u>17,957,500.00</u>											
d. Local	\$ <u>4,025,645.00</u>											
e. Other	\$ <u>10,446,600.00</u>											
f. Program Income	\$ <u>6,576,300.00</u>											
g. TOTAL	\$ <u>47,148,766.00</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT <input type="checkbox"/> Yes. If "Yes", attach an explanation <input checked="" type="checkbox"/> No										
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.												
a. Typed Name of Authorized Representative <b>Shari A. Watkins, CPA</b>		b. Title <b>Director, Fiscal Operations</b>	c. Telephone Number <b>801-538-6601</b>									
d. Signature of Authorized Representative		e. Date Signed										

**FORM 2**  
**MCH BUDGET DETAILS FOR FY 2005**

[Secs. 504 (d) and 505(a)(3)(4)]

**STATE: UT**

**1. FEDERAL ALLOCATION**

(Item 15a of the Application Face Sheet [SF 424])  
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 6,222,721

A. Preventive and primary care for children:

\$ 2,172,352 ( 34.91% )

B. Children with special health care needs:

\$ 2,404,459 ( 38.64% )

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C. Title V administrative costs:

\$ 303,669 ( 4.88% )

(The above figure cannot be more than 10% ) [Sec. 504(d)]

**2. UNOBLIGATED BALANCE** (Item 15b of SF 424)

\$ 1,920,000

**3. STATE MCH FUNDS** (Item 15c of the SF 424)

\$ 17,957,500

**4. LOCAL MCH FUNDS** (Item 15d of SF 424)

\$ 4,025,645

**5. OTHER FUNDS** (Item 15e of SF 424)

\$ 10,446,600

**6. PROGRAM INCOME** (Item 15f of SF 424)

\$ 6,576,300

**7. TOTAL STATE MATCH** (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 3,897,700

\$ 39,006,045

**8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)**

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 47,148,766

**9. OTHER FEDERAL FUNDS**

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 303,000

b. SSDI: \$ 94,000

c. CISS: \$ 66,200

d. Abstinence Education: \$ 294,300

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 34,683,500

h. AIDS: \$ 0

i. CDC: \$ 9,858,200

j. Education: \$ 4,909,000

k. Other:

See Notes \$ 1,067,100

\$ \_\_\_\_\_

**10. OTHER FEDERAL FUNDS** (SUBTOTAL of all Funds under item 9)

\$ 51,275,300

**11. STATE MCH BUDGET TOTAL**

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 98,424,066

**FORM NOTES FOR FORM 2**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Main  
**Field Name:** OtherFedFundsOtherFund  
**Row Name:** Other Federal Funds - Other Funds  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Pedestrian Safety  
Child Fatality Review  
Safe Kids Coalition  
Intimate Partner Violence Prevention  
State Early Childhood Plan  
Regional Head Start  
Birth Defects Surveillance  
BW/EI Arizona Project

**FORM 3  
STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506((a)(1-3)]*

**STATE: UT**

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 6,348,719	\$ 4,451,671	\$ 6,336,960	\$ 0	\$ 6,222,721	\$ 0
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 1,550,000	\$ 1,666,243	\$ 1,862,640	\$ 0	\$ 1,920,000	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 16,679,300	\$ 16,391,001	\$ 17,819,150	\$ 0	\$ 17,957,500	\$ 0
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 4,087,970	\$ 4,025,645	\$ 3,912,196	\$ 0	\$ 4,025,645	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 10,941,100	\$ 10,836,234	\$ 11,104,700	\$ 0	\$ 10,446,600	\$ 0
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 5,212,000	\$ 7,185,774	\$ 5,887,000	\$ 0	\$ 6,576,300	\$ 0
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 44,819,089	\$ 44,556,568	\$ 46,922,646	\$ 0	\$ 47,148,766	\$ 0
<b>(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)</b>						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 45,142,900	\$ 48,113,546	\$ 50,436,400	\$ 0	\$ 51,275,300	\$ 0
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 89,961,989	\$ 92,670,114	\$ 97,359,046	\$ 0	\$ 98,424,066	\$ 0
<b>(STATE MCH BUDGET TOTAL)</b>						

**FORM 3  
STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506((a))(1-3)]*

**STATE: UT**

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 6,225,106	\$ 4,776,710	\$ 6,267,131	\$ 4,440,341	\$ 6,260,561	\$ 4,682,476
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 620,000	\$ 1,144,979	\$ 1,219,369	\$ 1,490,421	\$ 1,700,000	\$ 1,820,220
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 11,579,300	\$ 11,820,133	\$ 15,088,700	\$ 14,068,764	\$ 15,639,144	\$ 15,780,332
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 2,622,437	\$ 3,586,460	\$ 2,848,527	\$ 4,087,970	\$ 3,586,460	\$ 3,912,196
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 9,282,300	\$ 10,242,418	\$ 10,625,200	\$ 10,726,793	\$ 10,563,000	\$ 10,967,907
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 4,061,900	\$ 4,382,617	\$ 4,327,700	\$ 5,550,490	\$ 5,296,269	\$ 6,106,580
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 34,391,043	\$ 35,953,317	\$ 40,376,627	\$ 40,364,779	\$ 43,045,434	\$ 43,269,711
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 39,458,500	\$ 39,149,286	\$ 42,764,800	\$ 41,454,475	\$ 44,815,261	\$ 42,615,128
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 73,849,543	\$ 75,102,603	\$ 83,141,427	\$ 81,819,254	\$ 87,860,695	\$ 85,884,839
(STATE MCH BUDGET TOTAL)						

**FORM NOTES FOR FORM 3**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Main  
**Field Name:** FedAllocExpended  
**Row Name:** Federal Allocation  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
Unobligated Balance expenditures (Line 2) for FY2002 are \$1,820,220 reflecting the actual carryover balance, a difference of about \$120,000 from the estimated FY2002 unobligated balance of \$1,700,000. The unobligated funds are a result of vacancies within the Division and correspondingly less indirect costs for FY2002. Unobligated funding is allocated each year to enhance MCH activities which are identified as special needs projects.
2. **Section Number:** Main  
**Field Name:** FedAllocExpended  
**Row Name:** Federal Allocation  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
The Federal Allocation was underspent in FY2003 due to a number of factors. Programs funded with MCH federal funds continue to have vacant positions which resulted in lower expenditures and less indirect costs. Also, other funding such as collections, private grants and Medicaid matching funds all increased within the Division. These funds were utilized first in order to avoid losing the funds at the end of the state fiscal year, this resulted in less federal MCH funds being spent for FY2003. The two year grant period for MCH funding allows the Division to allocate the unspent funds for special needs projects which are used to enhance MCH activities throughout the state. An evaluation of MCH budgets is planned and MCH funding will be re-allocated based on the five year needs assessment.
3. **Section Number:** Main  
**Field Name:** ProgramIncomeExpended  
**Row Name:** Program Income  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
Higher expenditures in Program Income (Line 6) for FY2002 are a result of increased collections for the Baby Watch/Early Intervention Program, collections in several CSHCN clinical programs and also collections in the Immunization Program for purchase of vaccine for the CHIP program. Medicaid match for the Tobacco Media Campaign and Fostering Healthy Children Program also increased.
4. **Section Number:** Main  
**Field Name:** ProgramIncomeExpended  
**Row Name:** Program Income  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Higher expenditures in Program Income for FY2003 are a result of increased collections for the Baby Watch/Early Intervention Program, Newborn Screening Program, collections in several CSHCN clinical programs and also collections in the Immunization Program for purchase of vaccine for the CHIP program. Medicaid match for the Tobacco Media Campaign and Fostering Healthy Children Program also increased.

**FORM 4**  
**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: UT**

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 5,991,379	\$ 5,236,135	\$ 5,895,861	\$ 0	\$ 5,724,326	\$ 0
b. Infants < 1 year old	\$ 5,439,024	\$ 5,812,709	\$ 5,590,831	\$ 0	\$ 5,774,342	\$ 0
c. Children 1 to 22 years old	\$ 17,767,053	\$ 18,979,965	\$ 18,869,790	\$ 0	\$ 19,247,670	\$ 0
d. Children with Special Healthcare Needs	\$ 11,546,531	\$ 10,865,834	\$ 12,528,926	\$ 0	\$ 12,638,435	\$ 0
e. Others	\$ 2,872,510	\$ 2,670,257	\$ 2,968,628	\$ 0	\$ 2,782,243	\$ 0
f. Administration	\$ 1,202,592	\$ 991,668	\$ 1,068,610	\$ 0	\$ 981,750	\$ 0
g. SUBTOTAL	\$ 44,819,089	\$ 44,556,568	\$ 46,922,646	\$ 0	\$ 47,148,766	\$ 0

**II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).**

a. SPRANS	\$ 0	\$ 0	\$ 303,000
b. SSDI	\$ 93,800	\$ 93,600	\$ 94,000
c. CISS	\$ 94,200	\$ 50,000	\$ 66,200
d. Abstinence Education	\$ 270,000	\$ 270,000	\$ 294,300
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 32,266,000	\$ 34,143,800	\$ 34,683,500
h. AIDS	\$ 0	\$ 0	\$ 0
i. CDC	\$ 6,615,300	\$ 10,147,400	\$ 9,858,200
j. Education	\$ 4,836,000	\$ 4,423,500	\$ 4,909,000
k. Other			
See Notes	\$ 0	\$ 0	\$ 1,067,100
See Notes FY2004	\$ 0	\$ 1,308,100	\$ 0
See notes FY03	\$ 967,600	\$ 0	\$ 0
<b>III. SUBTOTAL</b>	\$ 45,142,900	\$ 50,436,400	\$ 51,275,300

**FORM 4**  
**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: UT**

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 5,123,817	\$ 5,280,189	\$ 5,635,647	\$ 5,492,265	\$ 5,891,890	\$ 5,504,946
b. Infants < 1 year old	\$ 4,931,446	\$ 5,231,280	\$ 5,159,586	\$ 5,470,607	\$ 5,589,338	\$ 5,516,598
c. Children 1 to 22 years old	\$ 12,378,541	\$ 13,434,100	\$ 16,241,467	\$ 16,058,201	\$ 16,940,432	\$ 17,691,360
d. Children with Special Healthcare Needs	\$ 9,483,728	\$ 9,437,226	\$ 10,267,878	\$ 10,331,351	\$ 11,287,344	\$ 10,977,476
e. Others	\$ 1,268,511	\$ 1,483,203	\$ 1,917,349	\$ 2,034,228	\$ 2,170,630	\$ 2,455,829
f. Administration	\$ 1,205,000	\$ 1,087,319	\$ 1,154,700	\$ 978,127	\$ 1,165,800	\$ 1,123,502
g. SUBTOTAL	\$ 34,391,043	\$ 35,953,317	\$ 40,376,627	\$ 40,364,779	\$ 43,045,434	\$ 43,269,711

<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 93,000		\$ 94,200		\$ 23,600	
c. CISS	\$ 45,400		\$ 0		\$ 94,000	
d. Abstinence Education	\$ 325,700		\$ 325,700		\$ 325,700	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 30,632,600		\$ 32,555,100		\$ 34,537,500	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 3,999,600		\$ 5,301,200		\$ 4,873,819	
j. Education	\$ 3,631,800		\$ 4,162,400		\$ 4,186,142	
k. Other						
See notes FY02	\$ 0		\$ 0		\$ 774,500	
See notes FY01	\$ 0		\$ 326,200		\$ 0	
See Notes	\$ 730,400		\$ 0		\$ 0	
<b>III. SUBTOTAL</b>	\$ 39,458,500		\$ 42,764,800		\$ 44,815,261	

**FORM NOTES FOR FORM 4**

None

**FIELD LEVEL NOTES**

1. **Section Number:** I. Federal-State MCH Block Grant Partnership

**Field Name:** PregWomenExpended

**Row Name:** Pregnant Women

**Column Name:** Expended

**Year:** 2003

**Field Note:**

The major decrease of expenditures for FY2003 in the Pregnant Women category is due to less expenditures being incurred by the Local Health Departments. Local Health Departments reported a small decrease in spending in this category, but reported an increase in collections which resulted in a net decrease in overall expenditures. Other small decreases in this category are the result of less Baby Your Baby contributions, keepsake sales and corresponding Medicaid match. WEE Care expenditures were also down due to vacancies within the program.

2. **Section Number:** I. Federal-State MCH Block Grant Partnership

**Field Name:** AllOthersExpended

**Row Name:** All Others

**Column Name:** Expended

**Year:** 2002

**Field Note:**

The increase in expenditures in the All Other category for FY2002 are due to increases in Local Health Department funds, Tobacco Settlement funds, and American Legacy Foundation private grant for tobacco prevention.

3. **Section Number:** I. Federal-State MCH Block Grant Partnership

**Field Name:** AdminExpended

**Row Name:** Administration

**Column Name:** Expended

**Year:** 2003

**Field Note:**

Administration expenditures decreased in FY2003 due to a re-allocation of expenditures in the Financial Resources program. Costs were allocated to the programs benefiting from Financial Resources services. Indirect costs were also lower for FY2003 due to vacancies throughout the Division.

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

*[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]*

**STATE: UT**

TYPE OF SERVICE	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 8,378,816	\$ 7,732,594	\$ 8,927,137	\$ 0	\$ 8,528,436	\$ 0
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 14,789,761	\$ 14,764,529	\$ 15,805,598	\$ 0	\$ 15,790,021	\$ 0
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 13,084,826	\$ 13,909,459	\$ 13,323,441	\$ 0	\$ 13,714,873	\$ 0
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 8,565,686	\$ 8,149,986	\$ 8,866,470	\$ 0	\$ 9,115,436	\$ 0
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 44,819,089	\$ 44,556,568	\$ 46,922,646	\$ 0	\$ 47,148,766	\$ 0

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

*[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]*

**STATE: UT**

TYPE OF SERVICE	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 6,592,273	\$ 7,131,062	\$ 7,003,273	\$ 7,764,662	\$ 8,073,995	\$ 8,042,326
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 13,184,172	\$ 14,319,603	\$ 14,618,469	\$ 15,017,140	\$ 15,104,712	\$ 15,540,628
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 7,629,076	\$ 7,867,301	\$ 10,587,765	\$ 10,216,494	\$ 11,236,999	\$ 11,575,686
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 6,985,522	\$ 6,635,351	\$ 8,167,120	\$ 7,366,483	\$ 8,629,728	\$ 8,111,071
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 34,391,043	\$ 35,953,317	\$ 40,376,627	\$ 40,364,779	\$ 43,045,434	\$ 43,269,711

**FORM NOTES FOR FORM 5**

None

**FIELD LEVEL NOTES**

None

**FORM 6**

**NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED**

*Sect. 506(a)(2)(B)(iii)*

**STATE: UT**

Total Births by Occurrence: 50,314

Reporting Year: 2002

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment(3)	
	No.	%			No.	%
Phenylketonuria	49,633	98.6	32	7	7	100
Congenital Hypothyroidism	49,633	98.6	274	16	16	100
Galactosemia	49,633	98.6	33	0	0	
Sickle Cell Disease	49,633	98.6	308	2	2	100

**Other Screening (Specify)**

**Screening Programs for Older Children & Women (Specify Tests by name)**

phe monitoring - Children to age 18	65		627	65	65	100
phe monitoring - maternal over 18	5		59	5	5	100

- (1) Use occurrent births as denominator.  
 (2) Report only those from resident births.  
 (3) Use number of confirmed cases as denominator.

**FORM NOTES FOR FORM 6**

Data are from CY2002 using Vital Records occurrent births and Newborn Screening Program data.

**FIELD LEVEL NOTES**

1. **Section Number:** Screening Programs for Older Children and Women  
**Field Name:** OtherWomen  
**Row Name:** All Rows  
**Column Name:** All Columns  
**Year:** 2005  
**Field Note:**  
For monitoring of older children and mothers there are multiple presumptive screens.

**FORM 7**  
**NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V**  
**(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)**

*[Sec. 506(a)(2)(A)(i-ii)]*

**STATE: UT**

Reporting Year: 2003

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	5,891	61.4		10.7	23.5	4.4
Infants < 1 year old	49,633	58.9	1.2	7.3	20.4	12.2
Children 1 to 22 years old	7,586	53.0		6.8	23.3	16.9
Children with Special Healthcare Needs	5,189	44.3	3.8	41.1	10.8	
Others	4,418	1.8		7.4	60.3	30.5
<b>TOTAL</b>	<b>72,717</b>					

**FORM NOTES FOR FORM 7**

The data for children, pregnant women and others are based on information received from autonomous local health departments that provide care, education and screenings for this MCH population and are for state fiscal year 2003.

**FIELD LEVEL NOTES**

1. **Section Number:** Main  
**Field Name:** Children\_0\_1\_TS  
**Row Name:** Infants <1 year of age  
**Column Name:** Title V Total Served  
**Year:** 2005  
**Field Note:**  
The infants listed in the class of individuals served category are those who have received a heelstick screen during CY2002 which are occurrent births and will be a larger number than resident births.
2. **Section Number:** Main  
**Field Name:** CSHCN\_TS  
**Row Name:** Children with Special Health Care Needs  
**Column Name:** Title V Total Served  
**Year:** 2005  
**Field Note:**  
Data for the CSHCN population are from the Mega West billing system for state fiscal year 2003.

**FORM 8**  
**DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE**  
**XIX**  
**(BY RACE AND ETHNICITY)**  
[SEC. 506(A)(2)(C-D)]  
**STATE: UT**

Reporting Year: 2002

**I. UNDUPLICATED COUNT BY RACE**

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	48,449	45,553	324	659	943	611		359
Title V Served	5,891	5,495	34	89	154			119
Eligible for Title XIX	14,919	13,586	109	516	0	379		329
<b>INFANTS</b>								
Total Infants in State	49,140	46,207	334	666	950	619		364
Title V Served	49,633	46,655	347	695	943	646		347
Eligible for Title XIX	28,081	27,379	112	197	28			365

**II. UNDUPLICATED COUNT BY ETHNICITY**

	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	HISPANIC OR LATINO (Sub-categories by country or area of origin)				
				(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	41,374	6,919	156					6,919
Title V Served	4,204	1,589	98					1,589
Eligible for Title XIX	8,913	6,005	0					6,005
<b>INFANTS</b>								
Total Infants in State	41,998	6,984	158					6,984
Title V Served	42,436	7,048	149					7,048
Eligible for Title XIX	16,287	11,317	477					11,317

## FORM NOTES FOR FORM 8

Even though this form asks for data from the same time period it is not possible to obtain the data from the same time period. Therefore the following data are reported based on availability.

### FIELD LEVEL NOTES

1. **Section Number:** I. Unduplicated Count By Race  
**Field Name:** DeliveriesTotal\_All  
**Row Name:** Total Deliveries in State  
**Column Name:** Total All Races  
**Year:** 2005  
**Field Note:**  
The data for Total Deliveries are from Vital Records for residential births for CY02.
2. **Section Number:** I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleV\_All  
**Row Name:** Title V Served  
**Column Name:** Total All Races  
**Year:** 2005  
**Field Note:**  
The data for Title V deliveries are from local health departments and reported for state fiscal year 2003.
3. **Section Number:** I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleXIX\_All  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total All Races  
**Year:** 2005  
**Field Note:**  
The data for Medicaid deliveries are CY 2002.
4. **Section Number:** I. Unduplicated Count By Race  
**Field Name:** InfantsTotal\_All  
**Row Name:** Total Infants in State  
**Column Name:** Total All Races  
**Year:** 2005  
**Field Note:**  
The data for Total Infants are from residential births Vital Records for CY02.
5. **Section Number:** I. Unduplicated Count By Race  
**Field Name:** InfantsTitleV\_All  
**Row Name:** Title V Served  
**Column Name:** Total All Races  
**Year:** 2005  
**Field Note:**  
The data for Title V infants are from state programs that provide services for occurrent births and reported for CY02.
6. **Section Number:** I. Unduplicated Count By Race  
**Field Name:** InfantsTitleXIX\_All  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total All Races  
**Year:** 2005  
**Field Note:**  
The data for XIX infants are from CMS 416 for FFY03

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: UT**

	FY 2005	FY 2004	FY 2003	FY 2002	FY 2001
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(800) 826-9662</u>	<u>(800) 826-9662</u>	<u>(800) 826-9662</u>	<u>(800) 826-9662</u>	<u>(800) 826-9662</u>
2. State MCH Toll-Free "Hotline" Name	Baby Your Baby	Baby Your Baby	Baby Your Baby	Baby Your Baby	Baby Your Baby
3. Name of Contact Person for State MCH "Hotline"	<u>Marie Nagata</u>	<u>Marie Nagata</u>	<u>Andrea Richardson</u>	<u>Andrea Richardson</u>	<u>Andrea Richardson</u>
4. Contact Person's Telephone Number	<u>(801) 538-6519</u>	<u>(801) 538-6519</u>	<u>(801) 538-6519</u>	<u>(801) 538-6519</u>	<u>(801) 538-6519</u>
5. Number of calls received on the State MCH "Hotline" this reporting period			<u>17,553</u>	<u>17,900</u>	<u>16,471</u>

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: UT**

	FY 2005	FY 2004	FY 2003	FY 2002	FY 2001
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(888) 222-2542</u>	<u>(888) 222-2542</u>			<u>(888) 222-2542</u>
2. State MCH Toll-Free "Hotline" Name	CHIPChildren's Health Insurance Program	CHIPChildren's Health Insurance Program			CHIPChildren's Health Insurance Program
3. Name of Contact Person for State MCH "Hotline"	<u>Marie Nagata</u>	<u>Marie Nagata</u>			<u>Andrea Richardson</u>
4. Contact Person's Telephone Number	<u>(801) 538-6519</u>	<u>(801) 538-6519</u>			<u>(888) 222-2542</u>
5. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>20,400</u>	<u>34,521</u>	<u>21,201</u>

**FORM NOTES FOR FORM 9**

Reports for the toll-free numbers are from CY 2003

**FIELD LEVEL NOTES**

None



City Salt Lake City  
State UT  
Zip 84114-2001  
Phone (801) 538-6869  
Fax (801) 538-9409  
Email nanstreeter@utah.gov  
Web http://health.utah.gov/cfhs/mch

City Salt Lake City  
State UT  
Zip 84114-4610  
Phone (801) 584-8239  
Fax (801) 584-8488  
Email ftait@utah.gov  
Web http://health.utah.gov/cshcn

**FORM NOTES FOR FORM 10**

None

**FIELD LEVEL NOTES**

None

**FORM 11**  
**TRACKING PERFORMANCE MEASURES**  
[SECS 485 (2)(2)(B)(III) AND 486 (A)(2)(A)(III)]  
**STATE: UT**

**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.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	98.5	98.5	98.5	98.5	98.5
Annual Indicator	99.4	99.1	98.1	98.6	98.6
Numerator	46,982	48,000	48,125	49,633	49,633
Denominator	47,261	48,454	49,041	50,314	50,314
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	98.5	98.5	98.5	98.5	98.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**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)

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective					63.7
Annual Indicator				63.7	63.7
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	63.7	63.7	65	65	65
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**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)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	_____	_____	55.9
Annual Indicator	_____	_____	_____	55.9	55.9
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	55.9	55.9	60	60	60
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**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)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	_____	_____	57.2
Annual Indicator	_____	_____	_____	57.2	57.2
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	57.2	57.2	59	59	59
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**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)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	_____	_____	79.1
Annual Indicator	_____	_____	_____	79.1	79.1
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	79.1	79.1	82	82	82
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**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)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	5.8	5.8
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**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.

<b>Annual Objective and Performance Data</b>					
	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Annual Performance Objective</b>	<u>80</u>	<u>83</u>	<u>70</u>	<u>72</u>	<u>78</u>
<b>Annual Indicator</b>	<u>81</u>	<u>68</u>	<u>66.1</u>	<u>77.4</u>	<u>78.4</u>
<b>Numerator</b>	<u>                    </u>				
<b>Denominator</b>	<u>                    </u>				
<b>Is the Data Provisional or Final?</b>				Final	Provisional

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	<u>80</u>	<u>80</u>	<u>80</u>	<u>80</u>	<u>80</u>
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 08**

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

<b>Annual Objective and Performance Data</b>					
	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Annual Performance Objective</b>	<u>23.7</u>	<u>24.2</u>	<u>24.1</u>	<u>24</u>	<u>17</u>
<b>Annual Indicator</b>	<u>24.3</u>	<u>21.2</u>	<u>18.5</u>	<u>17.5</u>	<u>17.5</u>
<b>Numerator</b>	<u>1,339</u>	<u>1,271</u>	<u>1,086</u>	<u>998</u>	<u>998</u>
<b>Denominator</b>	<u>55,210</u>	<u>60,010</u>	<u>58,746</u>	<u>57,190</u>	<u>57,190</u>
<b>Is the Data Provisional or Final?</b>				Final	Provisional

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	<u>16.5</u>	<u>16</u>	<u>15.5</u>	<u>15</u>	<u>14.5</u>
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 09**

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	43	43	50	49.9	49.9
Annual Indicator	42.6	42.6	49.9	49.9	49.9
Numerator	164	164	252	252	252
Denominator	385	385	505	505	505
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	49.9	49.9	49.9	49.9	49.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 10**

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	8.3	4.2	4.1	4	4.5
Annual Indicator	4.2	4.2	4.4	5.8	5.8
Numerator	25	25	27	36	36
Denominator	595,908	598,299	609,326	616,927	616,927
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	4.4	4.3	4.2	4.1	4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 11**

Percentage of mothers who breastfeed their infants at hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	83	86.4	86	86.2	85
Annual Indicator	86.2	85.9	86.6	84.9	84.9
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	85.1	85.2	85.3	85.4	85.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 12**

Percentage of newborns who have been screened for hearing before hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	92	98	98	98	96.5
Annual Indicator	97.9	96.1	96.5	96.8	96.8
Numerator	46,266	46,570	47,325	48,702	48,702
Denominator	47,261	48,454	49,041	50,314	50,314
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	96.5	96.5	97.5	98	98
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 13**

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>8</u>	<u>6.5</u>	<u>6.5</u>	<u>6</u>	<u>6.5</u>
Annual Indicator	<u>7.0</u>	<u>6.5</u>	<u>6.5</u>	<u>6.8</u>	<u>7.3</u>
Numerator	<u>51,524</u>	<u>48,620</u>	<u>50,300</u>	<u>49,800</u>	<u>54,500</u>
Denominator	<u>741,295</u>	<u>744,557</u>	<u>769,539</u>	<u>730,417</u>	<u>742,867</u>
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>7.3</u>	<u>7.3</u>	<u>7.2</u>	<u>7.2</u>	<u>7.2</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 14**

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>72</u>	<u>71</u>	<u>72</u>	<u>74</u>	<u>81</u>
Annual Indicator	<u>69.9</u>	<u>79.8</u>	<u>80.4</u>	<u>78.5</u>	<u>78.5</u>
Numerator	<u>120,557</u>	<u>142,227</u>	<u>97,231</u>	<u>110,002</u>	<u>110,002</u>
Denominator	<u>172,516</u>	<u>178,149</u>	<u>120,898</u>	<u>140,176</u>	<u>140,176</u>
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>81</u>	<u>82</u>	<u>82</u>	<u>83</u>	<u>83</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 15**

The percent of very low birth weight infants among all live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	1	1.2	1.2	1.2	1
Annual Indicator	1.3	1.1	1.1	1.2	1.2
Numerator	613	515	505	571	571
Denominator	46,246	47,331	47,915	49,140	49,140
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	1	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 16**

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	18.3	13.5	12.2	12	12
Annual Indicator	13.3	12.4	11.9	13.2	13.2
Numerator	27	27	25	27	27
Denominator	202,261	217,593	210,312	204,926	204,926
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	11.9	1,108	11.7	11.6	11.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 17**

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	85	78	81	84	70
Annual Indicator	75.1	80.3	67.3	66.0	66.0
Numerator	444	456	340	377	377
Denominator	591	568	505	571	571
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	71	72	73	74	75
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 18**

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	80	77.5	78	78.5	78.2
Annual Indicator	76.6	77.1	78.2	78.0	78.0
Numerator	35,417	36,509	37,454	38,324	38,324
Denominator	46,243	47,331	47,915	49,140	49,140
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	78.4	78.6	78.8	79	79.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**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.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	5.5	7.5	11.0	11.5	12.0
Annual Indicator	6.9	10.5	11.4	11.7	12.9
Numerator	2,179	2,336	2,529	2,327	2,583
Denominator	31,540	22,227	22,113	19,909	20,035
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	12.5	13	13	13.5	13.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 2**

The percent of cigarette smoking by teenagers in grades 9 through 12.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	14.9	14.9	11.9	11.9	7.3
Annual Indicator	14.9	11.9	8.3	8.3	7.3
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	7.3	7.3	7.3	7.3	7.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 3**

The percent of bicycle helmet use among bicyclists 5-12 years of age.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	12.5	16	16.5	16	20
Annual Indicator	15.6	15.1	14.6	20.1	20.2
Numerator	107	130	125	217	254
Denominator	685	861	857	1,080	1,260
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	21	22	23	24	25
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 4**

The percent of use of vehicle safety restraints among child occupants under eleven years of age.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	69	69	72	90	91
Annual Indicator	73.8	84.5	89.0	89.0	89.0
Numerator	3,187	3,099	3,547	3,547	3,547
Denominator	4,321	3,668	3,985	3,985	3,985
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	91	92	92	93	93
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 5**

Percent of children in kindergarten through twelfth grade who receive two doses of Measles, Mumps, and Rubella (MMR) vaccine.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	78.0	96	96	96	96
Annual Indicator	96.8	97.8	98.1	97.9	97.9
Numerator	430,316	469,538	476,571	478,744	478,744
Denominator	444,641	479,925	485,905	489,001	489,001
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	96	96	96	96	96
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 6**

The rate (per 10,000) of neural tube birth defects.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	6	5	6.0	6.0	6.3
Annual Indicator	5.3	6.5	8.1	6.9	6.9
Numerator	25	31	39	34	34
Denominator	47,267	47,578	48,145	49,418	49,418
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	6.3	6.3	6.3	6.3	6.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 9**

The percent of pregnant women with adequate weight gain who deliver live born infants.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	80.5	71	69.5	69.8	67.5
Annual Indicator	64.5	65.2	65.8	83.5	83.5
Numerator	29,807	30,842	31,510	39,626	39,626
Denominator	46,243	47,331	47,915	47,429	47,429
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	84	84	84	84	84
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 10**

The percent of women delivering live born infants reporting cigarette smoking during pregnancy.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	8.1	7.6	7.9	7.8	7.7
Annual Indicator	8.1	8.1	7.5	7.0	7.0
Numerator	3,766	3,828	3,612	3,455	3,455
Denominator	46,243	47,331	47,915	49,140	49,140
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	7.6	7.5	7.4	7.3	7.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 11**

The proportion of pregnancies that are intended.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	66.4	66.9	67.4	67.9	66
Annual Indicator	66.4	66.3	68.4	65.5	65.5
Numerator	28,561	31,380	32,760	32,197	32,197
Denominator	43,043	47,331	47,915	49,140	49,140
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	66	66.2	66.2	66.4	66.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 12**

Percent of children six through nine years of age enrolled in Medicaid receiving a dental visit in the past year

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective		43.5	44	43	44
Annual Indicator		43.5	42.7	46.2	45.2
Numerator		8,869	7,860	10,216	11,231
Denominator		20,367	18,414	22,134	24,863
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	45	46	47	48	49
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

## FORM NOTES FOR FORM 11

None

### FIELD LEVEL NOTES

1. **Section Number:** Performance Measure #1  
**Field Name:** PM01  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Data are from CY02 Vital Records occurrent births and Newborn Screening Program data.
2. **Section Number:** Performance Measure #2  
**Field Name:** PM02  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
3. **Section Number:** Performance Measure #3  
**Field Name:** PM03  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
4. **Section Number:** Performance Measure #4  
**Field Name:** PM04  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
5. **Section Number:** Performance Measure #5  
**Field Name:** PM05  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
6. **Section Number:** Performance Measure #6  
**Field Name:** PM06  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
7. **Section Number:** Performance Measure #7  
**Field Name:** PM07  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
CDC's National Immunization Program (NIS), only state data available.
8. **Section Number:** Performance Measure #8  
**Field Name:** PM08  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Numerator: Office of Vital Records and Statistics. UDOH. 2002  
Denominator: IBIS Population estimates for 2002
9. **Section Number:** Performance Measure #9  
**Field Name:** PM09  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Utah Oral Health Survey 2000 Oral Health Program  
CFHS, UDOH
10. **Section Number:** Performance Measure #10  
**Field Name:** PM10  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Numerator: Office of Vital Records and Statistics. UDOH 2002  
Denominator: IBIS Population estimates for 2002
11. **Section Number:** Performance Measure #11  
**Field Name:** PM11  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data reported are from the Ross Mothers' Survey. These data are only reported by percentage so no numerator or denominator is available for state level reporting.

12. **Section Number:** Performance Measure #12  
**Field Name:** PM12  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Numerator Source: Data were obtained from the Hearing, Speech, and Vision Services Program.UDOH  
Denominator Source: Data are based on 2002 occurrent births obtained from Office of Vital Records and Statistics. UDOH.
13. **Section Number:** Performance Measure #13  
**Field Name:** PM13  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Numerator: The proportion of children with no insurance calculated using the data from the Utah Health Status Survey 2003.  
Denominator: IBIS Population estimates
14. **Section Number:** Performance Measure #14  
**Field Name:** PM14  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Numerator: Used HEDIS data reported by the MCOs and fee for service claims to calculate the number of children receiving a service provided by Medicaid.  
Denominator: The number of children enrolled in Medicaid plus the proportion of children with no insurance who could have been eligible for Medicaid based on income for ages 1-18, were calculated using the data from the Utah Health Status Survey 2003.
15. **Section Number:** Performance Measure #15  
**Field Name:** PM15  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Office of Vital Records and Statistics.UDOH 2002
16. **Section Number:** Performance Measure #16  
**Field Name:** PM16  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Numerator: Office of Vital Records and Statistics. UDOH 2002  
Denominator: IBIS Population estimates for 2002
17. **Section Number:** Performance Measure #17  
**Field Name:** PM17  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Office of Vital Records and Statistics. UDOH 2002
18. **Section Number:** Performance Measure #18  
**Field Name:** PM18  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Office of Vital Records and Statistics. UDOH 2002
19. **Section Number:** State Performance Measure #1  
**Field Name:** SM1  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Numerator: The number of children served in the rural area based on the Mega West billing system.  
Denominator: Estimated proportion of CSHCN children in the rural areas based on SLAITS. 11.2%
20. **Section Number:** State Performance Measure #2  
**Field Name:** SM2  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
2003 YRBS data  
  
Definition for "smoking": Percent of students in grades 9-12 who smoked cigarettes on one or more of the past 30 days. Data are collected every other year.
21. **Section Number:** State Performance Measure #3  
**Field Name:** SM3  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Data were obtained through statewide observational studies conducted by our Violence and Injury Prevention Program.
22. **Section Number:** State Performance Measure #4  
**Field Name:** SM4  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Data were obtained through statewide observational studies conducted by the Highway Safety Office, Department of Public Safety. This has not been implemented since

2001.

23. **Section Number:** State Performance Measure #5  
**Field Name:** SM5  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data were obtained from the Immunization Program, UDOH as part of the school entry database.
24. **Section Number:** State Performance Measure #6  
**Field Name:** SM6  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data are from the Utah Birth Defect Network and is tracking anencephaly, craniorachischisis, meningomyelocele and encephalocele. The ICD-9 are 740.0,740.1,741.0-741.9, and 742.0.
25. **Section Number:** State Performance Measure #9  
**Field Name:** SM9  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Office of Vital Records and Statistics. UDOH 2002  
Annual Indicators for 1999 through 2001 have been revised. The SAS code written to calculate this Indicator had to be corrected.
26. **Section Number:** State Performance Measure #10  
**Field Name:** SM10  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Office of Vital Records and Statistics. UDOH 2002
27. **Section Number:** State Performance Measure #11  
**Field Name:** SM11  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
PRAMS data projected from 2001
28. **Section Number:** State Performance Measure #12  
**Field Name:** SM12  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data are from Medicaid CMS 416 for FFY03

**FORM 12**  
**TRACKING HEALTH OUTCOME MEASURES**  
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]  
**STATE: UT**

**OUTCOME MEASURE # 01**

The infant mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	5.5	4.8	5.6	5.4	5.4
Annual Indicator	4.8	5.2	4.8		
Numerator	222	244	232		
Denominator	46,243	47,331	47,915		
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	5.2	5.1	5.2	5	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**OUTCOME MEASURE # 02**

The ratio of the black infant mortality rate to the white infant mortality rate.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	1.3	1.5	2.5	2	1.8
Annual Indicator	1.7	3.2	1.8	1.8	
Numerator	8	15.7	9	9	
Denominator	4.8	4.9	5	5	
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	1.8	1.7	2	2	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**OUTCOME MEASURE # 03**

The neonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	3.5	3.2	3.6	3.6	3.5
Annual Indicator	3.2	3.4	3.1		
Numerator	147	163	149		
Denominator	46,243	47,331	47,915		
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	3.5	3.4	3.4	3.3	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**OUTCOME MEASURE # 04**

The postneonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	2	1.5	1.6	1.6	1.5
Annual Indicator	1.6	1.7	1.7		
Numerator	75	81	83		
Denominator	46,243	47,331	47,915		
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	1.5	1.5	1.4	1.4	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**OUTCOME MEASURE # 05**

The perinatal mortality rate per 1,000 live births plus fetal deaths.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	8	7.1	8	7.9	7.8
Annual Indicator	7.1	8.0	7.3		
Numerator	331	379	352		
Denominator	46,458	47,578	48,152		
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	7.8	7.8	7.8	7.7	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**OUTCOME MEASURE # 06**

The child death rate per 100,000 children aged 1 through 14.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	25	19	19	19.1	19
Annual Indicator	19.5	19.3	19.2		
Numerator	105	107	108		
Denominator	537,757	553,419	561,402		
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	18.9	18.8	18.7	18.6	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE OUTCOME MEASURE # 1**

The maternal mortality rate per 100,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	20	20	20	22	21
Annual Indicator	15.1	10.6	14.6	16.3	
Numerator	7	5	7	8	
Denominator	46,243	47,331	47,915	49,140	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	20	19	18	17	17
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**FORM NOTES FOR FORM 12**

None

**FIELD LEVEL NOTES**

1. **Section Number:** State Outcome Measure 1

**Field Name:** SO1

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

SOM1

The maternal mortality rate is being reported on a per year basis but since the numbers are small this rate may fluctuate and not show a consistent trend over time. The rate is computed based on the women who die within 12 months of completion of pregnancy.

Maternal Mortality Review Program. 2002

**FORM 13**  
**CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS**  
**STATE: UT**

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

2

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

2

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

3

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

1

**Total Score:** 13

**Rating Key**

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

**FORM NOTES FOR FORM 13**

None

**FIELD LEVEL NOTES**

None

**FORM 14**  
**LIST OF MCH PRIORITY NEEDS**

[Sec. 505(a)(5)]

**STATE: UT FY: 2005**

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Low birth weight rates should be reduced, especially among minority and racial populations with rates above the state average.
2. Unintentional pregnancy needs to be reduced among Utah women to reduce its associated consequences of poor pregnancy outcomes.
3. Mental health services need to be more readily available to low-income maternal and child populations, especially children with special health care needs.
4. Unintentional injuries need to be reduced, especially those that are due to motor vehicle or pedestrian accidents.
5. Vaccine preventable illness needs to be reduced through improved immunization rates among Utah's population, especially among children.
6. Dental health access for low-income children and adults needs to be improved in order to ensure better oral health.
7. Intentional injury needs to be reduced, especially suicide rates of adolescents in the state.
8. Vision screening for amblyopia needs to be universally available to reduce the high morbidity due to late detected or undetected amblyopia.
9. Transition to adulthood services needs to be more readily available for children with special health care needs as they become adults.
- 10.

**FORM NOTES FOR FORM 14**

None

**FIELD LEVEL NOTES**

None

**FORM 15  
TECHNICAL ASSISTANCE(TA) REQUEST**

STATE: UT

APPLICATION YEAR: 2005

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested <i>(max 250 characters)</i>	Reason(s) Why Assistance Is Needed <i>(max 250 characters)</i>	What State, Organization or Individual Would You suggest Provide the TA (if known) <i>(max 250 characters)</i>
1.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____	We would like to request assistance with development of our Adolescent Health component of the MCH programs.	This is a new area of focus for us. The Coordinator has only been here a year. We need guidance from an experienced individual to better establish the appropriate role and focus.	Konopka Institute
2.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    N/A    </u>	Mental Health - what is Title V's role in promoting mental health among women, infants, children and youth, including those with special health needs	Mental health should be considered part of physical health. It impacts all aspects of life, and needs to be considered on a continuum from preconceptual through adulthood	MCHB and SAMHSA, NAMI, AMCHP, etc.
3.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    N/A    </u>	Best practices, effective programs to address needs of specific populations within MCH	Promotion of effective programs will enable more states and territories to implement them, saving resources, etc.	MCHB
4.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    N/A    </u>	Issues of delivering services in rural states and territories	For states with large rural/frontier areas, challenges in access to services, especially non-general health care, is extremely difficult	MCHB, etc.
5.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    N/A    </u>	Promotion of medical home for ALL children, but especially for CYSHCN	Children and youth with special needs need coordinated care,	MCHB, Family Voices
6.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    N/A    </u>	Regional VIII meeting of state MCH and CYSHCN staff	Need opportunities to meet with Project Officer and states over a period of time (more than 1 hr) to discuss issues specific to region, challenges, best practices, implementation of needs assessment, etc.	MCHB, Region VIII MCH and CYSHCN Directors and staff
7.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    N/A    </u>	Expansion of MCH Performance Measures to include more issues related to mothers -	Healthy mothers lead to healthy babies - we cannot expect to have healthy babies if we don't put some focus on health issues of women prior to pregnancy, etc.	MCHB, CDC, USDA, CMS, etc.
8.	<b>Data-related Issues - Data Systems Development</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    N/A    </u>	Expansion of data capacity within states and territories	Data to action - data should be driving programs and resources; we need assistance with data linkages, especially with WIC and Medicaid	MCHB, CDC, CMS, USDA, etc
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

**FORM NOTES FOR FORM 15**

None

**FIELD LEVEL NOTES**

None

**FORM 16**  
**STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET**  
**STATE: UT**

SP #     1    

**PERFORMANCE MEASURE:**

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.

**STATUS:**

Active

**GOAL**

To increase the percent of children with a source of specialty care required to meet the needs of Children with Special Health Care Needs (CSHCN) in rural area of the State.

**DEFINITION**

The percentage of children served by the CSHCN programs in the rural areas.

**Numerator:**

The number of children in the State CSHCN program who received services in the rural area of the State.

**Denominator:**

Eleven point two percent of each rural county's population of children ages birth through eighteen as determined by SLAITS.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

The State CSHCN Program.web site for county rural population data<http://health.utah.gov/ibisq/>

**SIGNIFICANCE**

The State CSHCN Programs have traditionally provided and/or financed specialty and subspecialty services to populations which are otherwise not accessible or available. These specialized services are often absent and/or difficult to obtain in rural areas of the State. By increasing the percentage children receiving services provided in rural areas, disabled children lacking such services can participate in or benefit from the State Title V CSHCN Programs.

SP # 2

**PERFORMANCE MEASURE:**

The percent of cigarette smoking by teenagers in grades 9 through 12.

**STATUS:**

Active

**GOAL**

To decrease the percent of cigarette smoking among teenagers in grades 9 through 12.

**DEFINITION**

Percentage of teenagers who smoke.

**Numerator:**

Number of youth in grades 9 through 12 who report they smoked 1 or more days during the past month.

**Denominator:**

School aged youth in Utah who complete the survey.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

YRBSData collection subject to Family Education and Privacy Act.

**SIGNIFICANCE**

Over 90% of all adult tobacco users started before age 19 and over 60% by age 14. More than 3,000 youth start using tobacco every day and over 1/3 of them will die from tobacco related causes. Tobacco use is the number one preventable cause of death.

SP #        3

**PERFORMANCE MEASURE:**

The percent of bicycle helmet use among bicyclists 5-12 years of age.

**STATUS:**

Active

**GOAL**

To increase the percent of bicycle helmet use among bicyclists 5-12 years of age.

**DEFINITION**

**Numerator:**

Number of bicyclists 5-12 years of age observed wearing bike helmets during observation survey.

**Denominator:**

Total number of bicyclists 5-12 years of age observed during survey.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Utah Bicycle Helmet Observation Survey. Utah Department of Health, Violence and Injury Prevention Program.

**SIGNIFICANCE**

Injury is the leading cause of death for children over the age of one. Among Utah children ages 5-14, four die each year from bicycle crash related injuries and 125 are hospitalized. At least 70 of these are hospitalized for traumatic brain injury. Studies have estimated that wearing a bicycle helmet reduces the risk of head injury by 85% and the risk of brain injury by 90%. Increasing helmet use will reduce the rate of bicycle crash related brain injury and death among children.

SP #     4    

**PERFORMANCE MEASURE:**

The percent of use of vehicle safety restraints among child occupants under eleven years of age.

**STATUS:**

Active

**GOAL**

To increase the percent of vehicle safety restraint use among child occupants under eleven years of age.

**DEFINITION**

**Numerator:**

Number of child occupants under eleven years of age observed using vehicle restraints (child safety seats or seat belts) during survey.

**Denominator:**

Total number of child occupants observed during survey.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Utah Safety Belt Observation Survey. Utah Highway Safety Office, Department of Public Safety.

**SIGNIFICANCE**

Motor vehicle crashes are the leading cause of injury death for children under the age of eleven. Proper use of child car seats and safety belts is the single most effective action to prevent occupant injury during a motor vehicle crash. Increasing child restraint use will reduce motor vehicle occupant deaths among children under eleven years of age.

SP # 5

**PERFORMANCE MEASURE:**

Percent of children in kindergarten through twelfth grade who receive two doses of Measles, Mumps, and Rubella (MMR) vaccine.

**STATUS:**

Active

**GOAL**

To increase the percent of children in kindergarten through twelfth grade who receive two doses of Measles, Mumps, and Rubella.

**DEFINITION**

**Numerator:**

Number of public school children in kindergarten through twelfth grade who have received a second dose of MMR vaccine.

**Denominator:**

Number of public school children enrolled in kindergarten through twelfth grade.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Utah State Office of Education Fall Enrollment Summary School and Health District reports on immunization status.

**SIGNIFICANCE**

Measles disease remains an important cause of preventable illness in Utah despite significant reductions in incidence in the past 35 years. Utah had the largest measles outbreak in the United States in 1997.

SP #          6

**PERFORMANCE MEASURE:**

The rate (per 10,000) of neural tube birth defects.

**STATUS:**

Active

**GOAL**

Decrease the incidence of neural tube defects occurring in pregnancies in Utah.

**DEFINITION**

Neural tube defect is defined as several types of malformations of the skull, spine and nervous system, such as spina bifida, anencephaly, craniorachischisis, and encephalocele.

**Numerator:**

Number of pregnancies (fetal deaths and live births) with identified neural tube defects.

**Denominator:**

The number of fetal deaths and live births.

**Units:** 10000 **Text:** Rate

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Utah Birth Defects Network data base.Vital Records.

**SIGNIFICANCE**

Neural tube defects may result in significant impairment and possibly morbidity for the affected child. Health care costs and the chronic conditions resulting from the defect cause significant family stress and morbidity for the child.

SP #      9

**PERFORMANCE MEASURE:**

The percent of pregnant women with adequate weight gain who deliver live born infants.

**STATUS:**

Active

**GOAL**

Increase the percentage of pregnant women who gain adequately during their pregnancies, regardless of gestational age at the time of delivery.

**DEFINITION**

**Numerator:**

Number of women with a live birth who have achieved recommended weight gain for duration of pregnancy at time of delivery in a twelve month period of time.

**Denominator:**

Number of women who give birth that same period of time.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Birth Certificate data, WIC pregnancy weight gain charts.

**SIGNIFICANCE**

Women with adequate weight gain during pregnancy have better outcomes than women who do not gain enough weight during their pregnancies. Inadequate weight gain may be associated with increased risks for low birthweight and infant mortality.

SP # 10

**PERFORMANCE MEASURE:**

The percent of women delivering live born infants reporting cigarette smoking during pregnancy.

**STATUS:**

Active

**GOAL**

Decrease the percent of women delivering live born infants reporting cigarette smoking during pregnancy.

**DEFINITION**

**Numerator:**

The number of women delivering live born infants who reported cigarette smoking during pregnancy

**Denominator:**

The number of live births reported annually

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Utah Department of Health, Office of Vital Records and Statistics, birth certificate data.

**SIGNIFICANCE**

During 1999, Utah Vital Records data indicated that 8.8% of women delivering live born infants reported tobacco use during pregnancy. Although compared to many populations outside of Utah this rate is low, the well documented impact of tobacco use during pregnancy as an important intervention for the prevention of low birth weight infants and other poor pregnancy outcomes necessitates that the state continue to work towards further preventive efforts.

SP # 11

**PERFORMANCE MEASURE:**

The proportion of pregnancies that are intended.

**STATUS:**

Active

**GOAL**

Increase the proportion of pregnancies that are intended.

**DEFINITION**

**Numerator:**

The number of women delivering live born infants who reported that their pregnancy was intended.

**Denominator:**

The number of live births reported annually, weighted for non-response.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Utah Department of Health, Office of Vital Records and Statistics, birth certificate data and Utah Pregnancy Risk Assessment Monitoring System (PRAMS) data, weighted for sample design and non-response.

**SIGNIFICANCE**

Unintentional pregnancy (pregnancies that are mistimed (unplanned, but desired) and unwanted (unplanned and not desired) has been linked to poor pregnancy outcomes. Current Utah birth records and Medicaid data have indicated that short inter-pregnancy intervals (less than 18 months between delivery of one child and conception of a subsequent pregnancy) are associated with higher risks for low birth weight, pre-term birth, and small for gestational age infants.

SP # 12

**PERFORMANCE MEASURE:**

Percent of children six through nine years of age enrolled in Medicaid receiving a dental visit in the past year

**STATUS:**

Active

**GOAL**

Increase the percent of children six through nine years of age enrolled in Medicaid receiving a dental visit in the past year oral health care services and needed treatment care.

**DEFINITION**

**Numerator:**

Number of children six through nine years of age enrolled in Medicaid receiveing a dental visit in the past year.

**Denominator:**

Number of children six to nine years of age enrolled in Medicaid.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Medicaid claims data and Medicaid enrollment data

**SIGNIFICANCE**

Only 43% of children six through nine years of age enrolled in Medicaid had a least one dental visit in FY 2000. Increasing the number of children receiving annual dental visits, will help to insure that more children are receiving and benefiting from preventive oral health services such as sealants, fluoride applications and daily fluoride supplements as well as needed treatment care. Additionally, annual dental visits in order to receive preventive services and early intervention and treatment care will reduce the rate of untreated caries among this population. Permanent teeth have begun erupting in most children by six years of age. Regular dental visits can help ensure the healthy future of the permanent dentition by providing essential preventive care, early treatment and education and instruction for home care to children and their parents.

SO #        1

**OUTCOME MEASURE:**

The maternal mortality rate per 100,000 live births.

**STATUS:**

Active

**GOAL**

To reduce the number of women who die due to pregnancy related causes.

**DEFINITION**

**Numerator:**

Women of childbearing age who die within 12 months of completion of a pregnancy regardless of duration due to pregnancy or pregnancy related causes.

**Denominator:**

Number of live births.

**Units:** 100000 **Text:** Rate per one hundred thousand

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Match of death certificates of women of childbearing age with birth and fetal death certificates, review of deaths and classification of causes. .

**SIGNIFICANCE**

Pregnancy and pregnancy related causes of death may be preventable. Identification of the contributing factors may lead to prevention of future deaths, thus sparing children the loss of the mothers.

**FORM NOTES FOR FORM 16**

None

**FIELD LEVEL NOTES**

None

**FORM 17**  
**HEALTH SYSTEMS CAPACITY INDICATORS**  
**FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA**  
**STATE: UT**

**HEALTH SYSTEMS CAPACITY MEASURE # 01**

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>	18.6	18.0	17.2	17.4	17.4
<b>Numerator</b>	397	380	378	395	395
<b>Denominator</b>	213,130	210,667	219,482	226,599	226,599
<b>Is the Data Provisional or Final?</b>				Final	Provisional

**HEALTH SYSTEMS CAPACITY MEASURE # 02**

The percent Medicaid enrollees whose ages less than one year during the reporting year who received at least one initial periodic screen.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>	86.9	87.6	81.4	81.4	81.4
<b>Numerator</b>	21,165	21,403	22,858	24,439	24,439
<b>Denominator</b>	24,350	24,434	28,081	30,036	30,036
<b>Is the Data Provisional or Final?</b>				Final	Provisional

**HEALTH SYSTEMS CAPACITY MEASURE # 03**

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>	53.5	53.5	53.5	53.5	58.2
<b>Numerator</b>					338
<b>Denominator</b>					581
<b>Is the Data Provisional or Final?</b>				Provisional	Final

**HEALTH SYSTEMS CAPACITY MEASURE # 04**

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>	58.5	58.4	59.1	61.4	61.4
<b>Numerator</b>	27,000	26,598	28,258	30,110	30,110
<b>Denominator</b>	46,140	45,560	47,827	49,069	49,069
<b>Is the Data Provisional or Final?</b>				Final	Provisional

**HEALTH SYSTEMS CAPACITY MEASURE # 07**

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	<b>Annual Indicator Data</b>				
	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Annual Indicator</b>	<u>41.3</u>	<u>43.0</u>	<u>42.7</u>	<u>41.9</u>	<u>45.2</u>
<b>Numerator</b>	<u>9,016</u>	<u>8,869</u>	<u>7,860</u>	<u>9,605</u>	<u>11,231</u>
<b>Denominator</b>	<u>21,814</u>	<u>20,637</u>	<u>18,414</u>	<u>22,944</u>	<u>24,863</u>
<b>Is the Data Provisional or Final?</b>				Final	Final

**HEALTH SYSTEMS CAPACITY MEASURE # 08**

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	<b>Annual Indicator Data</b>				
	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Annual Indicator</b>	<u>20.5</u>	<u>23.8</u>	<u>35.0</u>	<u>22.6</u>	<u>34.6</u>
<b>Numerator</b>	<u>729</u>	<u>685</u>	<u>1,108</u>	<u>688</u>	<u>1,165</u>
<b>Denominator</b>	<u>3,560</u>	<u>2,880</u>	<u>3,170</u>	<u>3,040</u>	<u>3,366</u>
<b>Is the Data Provisional or Final?</b>				Final	Final

**FORM NOTES FOR FORM 17**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Health Systems Capacity Indicator #01  
**Field Name:** HSC01  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Numerator: Hospital Discharge Database. UDOH 2002  
Denominator: IBIS Population estimates for 2002
2. **Section Number:** Health Systems Capacity Indicator #02  
**Field Name:** HSC02  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Data from the CMS 416 for FFY 2003
3. **Section Number:** Health Systems Capacity Indicator #03  
**Field Name:** HSC03  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Data received from the State CHIP program for infants who received at least on preventive visit for SFY 2002
4. **Section Number:** Health Systems Capacity Indicator #04  
**Field Name:** HSC04  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Office of Vital Records and Statistics. UDOH 2002
5. **Section Number:** Health Systems Capacity Indicator #07  
**Field Name:** HSC07  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data are from Medicaid CMS 416 for FFY03
6. **Section Number:** Health Systems Capacity Indicator #08  
**Field Name:** HSC08  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Numerator: clinic data for State Fiscal Year 03  
Denominator: SSI for calendar year 2003

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #05**  
**(MEDICAID AND NON-MEDICAID COMPARISON)**  
**STATE: UT**

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (&lt; 2,500 grams)</i>	2002	Matching data files	<u>8.2</u>	<u>5.9</u>	<u>6.6</u>
b) <i>Infant deaths per 1,000 live births</i>	2002	Matching data files	<u>7.6</u>	<u>4.1</u>	<u>5.3</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2002	Matching data files	<u>66</u>	<u>83.8</u>	<u>78</u>
d) <i>Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2002	Matching data files	<u>57.3</u>	<u>63.3</u>	<u>61.4</u>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06 (MEDICAID ELIGIBILITY LEVEL)**  
**STATE: UT**

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2003	<u>133</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u> ) (Age range <u>6</u> to <u>18</u> ) (Age range <u>    </u> to <u>    </u> )	2003	<u>133</u> <u>100</u> <u>    </u>
c) <i>Pregnant Women</i>	2003	<u>133</u>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06 (SCHIP ELIGIBILITY LEVEL)**  
**STATE: UT**

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2003	<u>200</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>18</u> ) (Age range <u>    </u> to <u>    </u> ) (Age range <u>    </u> to <u>    </u> )	2003	<u>200</u> <u>    </u> <u>    </u>
c) <i>Pregnant Women</i>		<u>    </u>

**FORM NOTES FOR FORM 18**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Indicator 06 - SCHIP

**Field Name:** SCHIP\_Women

**Row Name:** Pregnant Women

**Column Name:**

**Year:** 2005

**Field Note:**

Pregnant women are not covered under SCHIP

2. **Section Number:** Indicator 05

**Field Name:** InfantDeath

**Row Name:** Infant deaths per 1,000 live births

**Column Name:**

**Year:** 2005

**Field Note:**

Infant mortality rate for CY2002 is 5.5 per thousand which includes all infant deaths. Based on Medicaid and Vital Records linked files the infant mortality rate is 5.3 as indicated on the All category on this form. The linked file only uses the birth cohort for the year 2002. Eleven infant deaths were excluded because the birth and infant death did not occur in the same calendar year.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: UT**

**HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)**  
*(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)*

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
<b>ANNUAL DATA LINKAGES</b>		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	3	Yes
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	2	No
<b>REGISTRIES AND SURVEYS</b>		
Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

\*Where:

- 1 = No, the MCH agency does not have this ability.
- 2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
- 3 = Yes, the MCH agency always has this ability.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: UT**

<b>DATA SOURCES</b>	<b>Does your state participate in the YRBS survey? (Select 1 - 3)*</b>	<b>Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)</b>
Youth Risk Behavior Survey (YRBS)	3	Yes
Other:		

**HEALTH SYSTEMS CAPACITY INDICATOR #09C (Data Capacity) Overweight/Obesity**  
*(The Ability of the State to Determine the Percent of Children Who are Obese or Overweight)*

<b>Data Source</b>	<b>Does your state participate in this survey/data source? (Select 1 - 3)*</b>	<b>Does your MCH program have direct access to this electronic database for analysis? (Select Y/N)</b>
Youth Risk Behavior Survey (YRBS)	3	Yes
Pediatric Nutrition Surveillance System (PedNSS)	3	Yes
WIC Program Data	3	Yes
Other:		

\*Where:  
1 = No  
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.  
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

**Notes:**  
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

**FORM NOTES FOR FORM 19**

None

**FIELD LEVEL NOTES**

None

**FORM 20**  
**HEALTH STATUS INDICATORS #01-#05**  
**MULTI-YEAR DATA**  
**STATE: UT**

**HEALTH STATUS INDICATOR MEASURE # 01A**

The percent of live births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>	7.0	6.6	6.6	6.6	_____
<b>Numerator</b>	3,222	3,101	3,155	3,155	_____
<b>Denominator</b>	46,243	47,331	47,915	47,915	_____
<b>Is the Data Provisional or Final?</b>				Provisional	

**HEALTH STATUS INDICATOR MEASURE # 01B**

The percent of live singleton births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>	5.4	5.0	5.2	5.2	_____
<b>Numerator</b>	2,449	2,317	2,440	2,440	_____
<b>Denominator</b>	44,967	46,010	46,666	46,666	_____
<b>Is the Data Provisional or Final?</b>				Provisional	

**HEALTH STATUS INDICATOR MEASURE # 02A**

The percent of live births weighing less than 1,500 grams.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>	1.3	1.1	1.1	1.1	_____
<b>Numerator</b>	613	515	505	505	_____
<b>Denominator</b>	46,234	47,331	47,915	47,915	_____
<b>Is the Data Provisional or Final?</b>				Provisional	

**HEALTH STATUS INDICATOR MEASURE # 02B**

The percent of live singleton births weighing less than 1,500 grams.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>	1.0	0.8	0.9	0.9	_____
<b>Numerator</b>	458	370	401	401	_____
<b>Denominator</b>	44,967	46,010	46,666	46,666	_____
<b>Is the Data Provisional or Final?</b>				Provisional	

**HEALTH STATUS INDICATOR MEASURE # 03A**

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	8.7	8.2	8.7	8.7	
Numerator	51	49	53	53	
Denominator	583,285	598,299	609,327	609,327	
Is the Data Provisional or Final?				Provisional	

**HEALTH STATUS INDICATOR MEASURE # 03B**

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	4.3	4.2	4.4	4.4	
Numerator	25	25	27	27	
Denominator	583,285	598,299	609,327	609,327	
Is the Data Provisional or Final?				Provisional	

**HEALTH STATUS INDICATOR MEASURE # 03C**

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	26.1	20.7	19.2	19.2	
Numerator	103	92	86	86	
Denominator	395,140	444,168	447,380	447,380	
Is the Data Provisional or Final?				Provisional	

**HEALTH STATUS INDICATOR MEASURE # 04A**

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	122.6	175.3			
Numerator	715	1,049			
Denominator	583,285	598,299			
Is the Data Provisional or Final?					

**HEALTH STATUS INDICATOR MEASURE # 04B**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	1999	2000	Annual Indicator Data		
			2001	2002	2003
Annual Indicator	67.5	33.3			
Numerator	394	199			
Denominator	583,285	598,299			

Is the Data Provisional or Final?

**HEALTH STATUS INDICATOR MEASURE # 04C**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	1999	2000	Annual Indicator Data		
			2001	2002	2003
Annual Indicator	128.1	154.4			
Numerator	506	686			
Denominator	395,140	444,168			

Is the Data Provisional or Final?

**HEALTH STATUS INDICATOR MEASURE # 05A**

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	1999	2000	Annual Indicator Data		
			2001	2002	2003
Annual Indicator	6.9	6.6			
Numerator	685	641			
Denominator	99,667	97,270			

Is the Data Provisional or Final?

**HEALTH STATUS INDICATOR MEASURE # 05B**

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	1999	2000	Annual Indicator Data		
			2001	2002	2003
Annual Indicator	2.2	2.3			
Numerator	880	907			
Denominator	398,400	402,647			

Is the Data Provisional or Final?

**FORM NOTES FOR FORM 20**

None

**FIELD LEVEL NOTES**

None

**FORM 21  
HEALTH STATUS INDICATORS  
DEMOGRAPHIC DATA  
STATE: UT**

**HSI #06A - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 0 Is this data from a State Projection? No

<b>CATEGORY TOTAL POPULATION BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	0							
Children 1 through 4	0							
Children 5 through 9	0							
Children 10 through 14	0							
Children 15 through 19	0							
Children 20 through 24	0							
Children 0 through 24	0	0	0	0	0	0	0	0

**HSI #06B - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

<b>CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1			
Children 1 through 4			
Children 5 through 9			
Children 10 through 14			
Children 15 through 19			
Children 20 through 24			
Children 0 through 24	0	0	0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: UT**

**HSI #07A - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 0 Is this data from a State Projection? No

<b>CATEGORY TOTAL LIVE BIRTHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Women < 15	0							
Women 15 through 17	0							
Women 18 through 19	0							
Women 20 through 34	0							
Women 35 or older	0							
Women of all ages	0	0	0	0	0	0	0	0

**HSI #07B - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

<b>CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Women < 15			
Women 15 through 17			
Women 18 through 19			
Women 20 through 34			
Women 35 or older			
Women of all ages	0	0	0

**FORM 21  
HEALTH STATUS INDICATORS  
DEMOGRAPHIC DATA  
STATE: UT**

**HSI #08A - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 0 Is this data from a State Projection? No

<b>CATEGORY TOTAL DEATHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	0							
Children 1 through 4	0							
Children 5 through 9	0							
Children 10 through 14	0							
Children 15 through 19	0							
Children 20 through 24	0							
Children 0 through 24	0	0	0	0	0	0	0	0

**HSI #08B - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

<b>CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1			
Children 1 through 4			
Children 5 through 9			
Children 10 through 14			
Children 15 through 19			
Children 20 through 24			
Children 0 through 24	0	0	0

**FORM 21  
HEALTH STATUS INDICATORS  
DEMOGRAPHIC DATA  
STATE: UT**

**HSI #09A - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

<b>CATEGORY Miscellaneous Data BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>	<b>Specific Reporting Year</b>
All children 0 through 19	0								
Percent in household headed by single parent									
Percent in TANF (Grant) families									
Number enrolled in Medicaid	0								
Number enrolled in SCHIP	0								
Number living in foster home care	0								
Number enrolled in food stamp program	0								
Number enrolled in WIC	0								
Rate (per 100,000) of juvenile crime arrests									
Percentage of high school drop-outs (grade 9 through 12)									

**HSI #09B - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

<b>CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>	<b>Specific Reporting Year</b>
All children 0 through 19				
Percent in household headed by single parent				
Percent in TANF (Grant) families				
Number enrolled in Medicaid				
Number enrolled in SCHIP				
Number living in foster home care				
Number enrolled in food stamp program				
Number enrolled in WIC				
Rate (per 100,000) of juvenile crime arrests				
Percentage of high school drop-outs (grade 9 through 12)				

**FORM 21  
HEALTH STATUS INDICATORS  
DEMOGRAPHIC DATA  
STATE: UT**

**HSI #10 - Demographics (Geographic Living Area)** *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: Is this data from a State Projection? No

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	_____
Living in urban areas	_____
Living in rural areas	_____
Living in frontier areas	_____
<b>Total - all children 0 through 19</b>	<b>0</b>

**Note:**

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

**FORM 21  
HEALTH STATUS INDICATORS  
DEMOGRAPHIC DATA  
STATE: UT**

**HSI #11 - Demographics (Poverty Levels)** *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Total Population	_____
Percent Below: 50% of poverty	_____
100% of poverty	_____
200% of poverty	_____

**FORM 21  
HEALTH STATUS INDICATORS  
DEMOGRAPHIC DATA  
STATE: UT**

**HSI #12 - Demographics (Poverty Levels)** *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	_____
Percent Below: 50% of poverty	_____
100% of poverty	_____
200% of poverty	_____

**FORM NOTES FOR FORM 21**

None

**FIELD LEVEL NOTES**

None