



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

UTAH

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

Title V Federal-State Partnership – Utah

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY 2016 Application / FY 2014 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

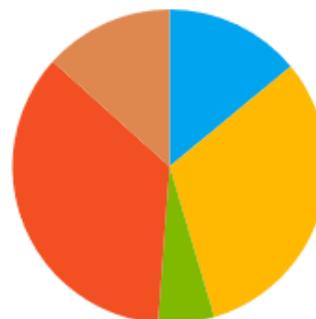
State Contacts

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Funding by Source

Source	FY 2014 Expenditures
Federal Allocation	\$6,146,160
State MCH Funds	\$13,799,573
Local MCH Funds	\$2,534,200
Other Funds	\$15,575,556
Program Income	\$5,859,293

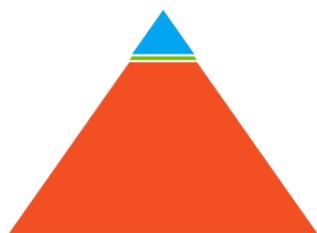
FY 2014 Expenditures



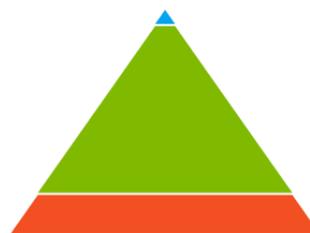
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$1,229,732	\$2,394,445
Enabling Services	\$102,734	\$28,519,165
Public Health Services and Systems	\$4,813,694	\$6,855,012

FY 2014 Expenditures Federal



FY 2014 Expenditures Non-Federal



Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2014 Expenditures	%
Pregnant Women	7,574	\$5,558,350	12.8%
Infants < 1 Year	5,998	\$6,372,540	14.7%
Children 1-22 Years	15,234	\$11,590,890	26.8%
CSHCN	2,372	\$14,794,326	34.2%
Others *	2,641	\$4,986,522	11.5%
Total	33,819	\$43,302,628	100%

FY 2014 Expenditures



FY 2014 Individuals Served



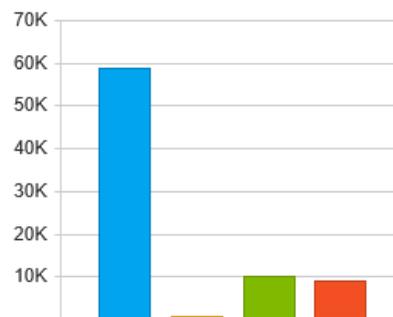
*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 3	Risk-Appropriate Perinatal Care	Perinatal/Infant Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 8	Physical Activity	Child Health, Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 12	Transition	Children with Special Health Care Needs
NPM 13	Preventive Dental Visit	Cross-Cutting/Life Course

Communication Reach

Communication Method	Amount
State Title V Website Hits:	58,752
State Title V Social Media Hits:	605
State MCH Toll-Free Calls:	10,261
Other Toll-Free Calls:	8,862



Executive Summary

Introduction

The Health Resources and Services Administration requires states to conduct a comprehensive needs assessment every five years. The purpose of the needs assessment is to review the health status of Utah's MCH/CSHCN populations and to identify emerging needs and gaps in services as we develop plans for the next five years. The goal guiding the assessment is to utilize the information gathered during the needs assessment process to formulate a plan of action to address the needs of women, mothers, infants, children, and youth in Utah, including those with special health care needs. The needs assessment helps identify key needs of the three populations we serve, determine priorities that need attention, and establish the appropriate mechanisms that are required to address the priorities.

Needs Assessment Summary

An extensive needs assessment was conducted in Utah to determine direction for the upcoming five year grant cycle. The leadership team consists of the MCH and CSHCN Directors, MCH Epidemiologist, Maternal and Infant Health Program Manager, Data Resources Program Epidemiologist, and other key data staff. The MCH Bureau Director led the initiative and organized a series of planning meetings to discuss and set the direction and goals of needs assessment. The leadership team established processes, activities, and timelines and met on a regular basis to track progress and ensure assignments were completed on time.

Needs Assessment Methodology

The FY2016 - 2020 needs assessment was based on a multi-faceted approach to collecting, reviewing, and analyzing information. The overall process consisted of three major components: 1) collection and review of secondary sources of data for all previous as well as newly proposed performance measures; 2) collection of new primary data from various stakeholders using surveys and focus groups; and 3) application of a nine-step needs assessment model. Utah's needs assessment process included both quantitative and qualitative data.

Prioritization Process and Selection of State Priorities

An MCH Needs Assessment Summit was held on April 2, 2015, to prioritize state needs collectively with various community partners. The leadership team identified more than 50 key MCH stakeholders representing various community organizations and Utah Department of Health agencies and invited them to the Summit. The goal of the Summit was to prioritize state needs collectively with various community partners. Summit participants discussed potential state priorities/needs and voted on National Performance Measures after consideration of results and findings from surveys, focus group discussion and review of data related to previous, as well as newly proposed block grant measures.

The needs assessment leadership team then held a follow-up meeting (4/21/15) to review the top state needs identified during the voting process at the Summit and to discuss changes in those needs since the 2010 needs assessment process. In finalizing the state priorities, the leadership team took into consideration the new NPM framework that requires that states select at least one NPM per MCH population domain.

The finalized list of state priorities is as follows:

1. Preconception and interconception care
2. Breastfeeding promotion
3. Developmental screening (infants and children)
4. Preterm/low birthweight babies/NICU
5. Prevention of unhealthy weight (overweight/obesity) among children and adolescents
6. Specialty service availability in rural areas and improved care coordination, transition and medical home for children with special health care needs
7. Inadequate insurance coverage
8. Out-of-pocket costs/financial challenges faced by CSHCN parents
9. Injury and injury-related deaths (children/adolescents)
10. Suicide, mental health issues, and access to mental health services

The selection of national and preliminary state performance measures based on state priorities are shown below.

2015 State Priorities	National Performance Measures	State Performance Measures
Preconception and interconception care	NPM 1 – Well-woman visit (Percent of women with a past-year preventive medical visit)	
Breastfeeding promotion	NPM 4 – Breastfeeding A - Percent of infants who are ever breastfed B - Percent of infants breastfed exclusively through 6 months	
Developmental screening	NPM 6 – Developmental screening (Percent of children, ages 10-71 months, receiving a developmental screening using a parent-completed screening tool)	
Preterm and low-birth-weight babies / NICU	NPM 3 – Perinatal regionalization (Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU))	SPM 1—Preterm births (Percent of live births occurring before 37 completed weeks of gestation)
Prevention of unhealthy weight (overweight/obese) among children and adolescents	NPM 8 – Adolescent Physical activity (Percent of adolescents in grades 9 through 12 who report being physically active at least 60 minutes per day in the past week)	
Specialty service availability in rural areas and improved care coordination for children with special needs		SPM 2—CSHCN rural clinical services (Percent of children with special health care needs in the rural areas of the state receiving direct clinical services through the state CSHCN program)
Inadequate insurance coverage	*NPM 13 – Oral Health A - Percent of women who had a dental visit during pregnancy B - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year	
Out-of-pocket costs / financial challenges faced by CSHCN parents	NPM 11 – Medical home (Percent of children with special health care needs having a medical home) NPM 12 – Transition (Percent of adolescents with special health care needs who received services necessary to make transitions to adult health care)	
Injury and injury-related deaths (children/adolescents)		SPM 3—Child injury deaths (The rate (per 100,000) of injury deaths among children aged 1-19)
Suicide, mental health issues, and access to mental health services		SPM 4—Adolescent suicide (The rate (per 100,000) of suicide deaths among youths aged 15-19)

*Inadequate health insurance and NPM 13 (Oral Health) are paired here because they represent the same domain – Cross-Cutting/Life Course.

A series of meetings are planned for early fall 2015 to receive additional stakeholder input regarding the development of state action plans for the upcoming five years and determination of Evidence-Based Strategy Measures. As the new MCH Block Grant Guidance has allowed states another year to develop State Performance Measures, finalization of proposed measures will be conducted in these meetings as well.

ACCOMPLISHMENTS/CHALLENGES

Women/Maternal Health

For all of Utah’s previous performance measures in the Women/Maternal health domain, all selected NPMs/SPMs were achieved during the project period (Table 1). Utah has met or exceeded nearly all of the Healthy People 2020 measures for maternal health. Other accomplishments in this domain include an increase in the percentage of reproductive aged women who were insured, increasing from 77% in 2010 to 82.8% in 2014. Utah also saw an increase in the percentage of reproductive aged women who were taking a daily multivitamin, from 37.6% to 41.3%. Increasing this rate is an important strategy in improving birth outcomes.

Challenges for women’s health include increasing rates of maternal deaths due to drug overdose or suicide and health care provider shortages for prenatal/obstetric services. An additional challenge is that less than one-third of women who delivered an infant in 2011 reported seeing a provider to plan for a healthy pregnancy. Setting a goal to improve the rates of preventive health visits will also impact this measure.

Perinatal/Infant Health

Utah’s MCH programs have seen successes in this area and only two of our current NPMs/SPMs were not achieved (Table 1). Utah signed on to the ASTHO challenge to reduce preterm birth by 8% by the year 2014. In 2012, Utah was awarded the Virginia Apgar award by the March of Dimes for accomplishing this goal. Work needs to continue in this area, however, as prematurity continues to be the largest contributor to infant death in Utah. Continuing to reduce preterm birth will impact neonatal/infant mortality rates in Utah.

Challenges encountered in this domain were encountered in attempts to improve the number of very low birthweight infants delivered in level III facilities, where Utah did not achieve its goals. While the data for this measure did not improve, much work was done in this area to lay the foundation for future improvements. Therefore, this measure will continue to be one of Utah’s selected NPMS. Neonatal Abstinence Syndrome is on the rise in Utah and while current work is underway on improving care for these vulnerable infants, we must also look to interventions upstream with pregnant women. Lastly, Utah’s breastfeeding practices in Utah are not keeping up with national trends and Utah fell from #24 on the Maternity Practices Survey to #36, reinforcing current work on improving baby friendly practices in Utah’s delivery hospitals.

Child Health:

All but one of Utah's current NPMs/SPMs for Child Health were met during the last project period (Table 1). Improvements noted were that Utah's immunization rates among 19 to 35 month olds who have received full schedule of age appropriate immunizations increased from 70.6% to 80.5% and the rate of deaths to children under the age of 14 reduced dramatically from 2.8/100,000 to 0.8/100,000.

Challenges in this domain have historically been the result of data not being available on a yearly basis to measure progress and target interventions. It is hoped that with the changes to the National Children's Health Survey, that Utah will be better able to measure successes in this domain. Other challenges Utah faces is the growing population of families without insurance, especially those of undocumented citizenship status, placing a stress on a health care system with limited resources. Utah's rate of uninsured children grew from 7.9% in 2010 to 8.7% in 2013. Additionally, financial barriers continue to exist for families and children whose condition and/or services are not covered by third party payers (e.g., pre-existing conditions, therapy, mental, orthodontia, dental and surgical exclusions). The proposed health reform law will increase access and extend health care coverage, but as of now, Utah is not expanding Medicaid. Mental health services for children may be difficult to access, especially for very young children.

Adolescent Health:

In the adolescent health domain, all of Utah's current NPMs/SPMs were met during the last project period (Table 1). Utah's adolescent birth rate among both 15-17 and 18-19 year olds reached an all-time low in 2013. Utah's teen birth rates are now amongst the 10 lowest in the nation. During the last block grant cycle, the birth rate among teens ages 15-17 declined over 20%. Progress was also seen in the area of youth smoking, with rates declining from 7.8% to 5.6%.

A challenge for MCH in this domain is that no one program or department has oversight on adolescent health issues. MCH oversees teen pregnancy, VIPP works on suicide and injury, and EPICC works on issues around physical activity and school activity. It is felt there is little oversight of bullying prevention in the Dept. of Health. Suicide deaths among adolescents increased from 10.8/100,000 to 15.6/100,000 in the last five years, prompting us to select this area for state performance measures.

Children with Special Health Care Needs:

All NPMs/SPMs for CSHCN were met during the last project period (Table 1). Successes in this domain include a new Cytomegalovirus public education program that includes a rule for reporting testing results. Utah's newborn screening program received an award from Governor Herbert for their work in reducing specimen transit time from rural hospitals for the first newborn screen. Utah enjoys a strong partnership with the Family to Family program who documents needs and gaps in health care, family support, and community based resources. The Department partners with the Utah Pediatric Partnership to Improve Healthcare Quality (UPIQ) to promote medical home improvements.

Challenges in this area also include issues with annual data collection as noted in the child health domain. Families of CSHCN continue to express the need for adequate resources to meet the needs of their child and family. This includes affordable insurance that covers the services that the child needs to maintain or improve their quality of life; family support services including respite care for the family and the child to function at their maximum potential; and easily accessible resources that are current and credible. There continues to be national and statewide shortages in developmental pediatricians, pediatric subspecialties, genetics and orthopedics, ancillary pediatric service providers, and child psychologists with specialty training in areas such as behavioral intervention, neurodevelopment and autism spectrum disorder. There continues to be service gaps for CSHCN as they transition to adult life. CSHCN Integrated Services program offers care coordination, medical home and transition from youth to adulthood. A substantial challenge of the coming year will be to ensure quality clinical services for children with special health care needs are being provided and expanded from the University of Utah Department of Pediatrics. Staff will be working to ensure that contract requirements are met and Utah's children continue to be appropriately served.

Cross-cutting/Life Course:

Utah's rate of smoking and alcohol consumption among women and youth are usually among the lowest in the nation. Smoking during pregnancy is reported in 3.2% of pregnant women.

In 2013, 21.4% of women reported that they did not get needed care due to the cost. Close to 30% of women reported having no personal doctor or health care provider. Additionally, in 2012, 30.7% of women said they had not seen a dentist in the previous year. In 2008, seven percent of women with a live birth report that they had never had their teeth cleaned. Access to dentists in Utah is a major issue, particularly for Medicaid participants and for individuals living in rural/frontier areas of the state. Utah has not, to date, expanded Medicaid and there has not been a solution to covering the gap in uninsured.

Table 1. Performance Measure Progress for Reporting Year 2014.

Population Domain	Performance Measures of Previous Cycle	Objective Met?
Women / Maternal Health	NPM 15-Percent of women who smoke in the last three months of pregnancy	Yes
	NPM 18-Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	Yes
	SPM 1-Percent of women of reproductive age (18-44 years) who report they take a multivitamin pill or supplement containing at least 400mcg of folic acid daily	Yes
	SPM 2-Percent of primary cesarean section deliveries among low-risk women giving birth for the first time	Yes
Perinatal / Infant Health	NPM 1-Percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their state-sponsored newborn screening programs	Yes
	NPM 11-Percent of mothers who breastfeed their infants at six months of age	No
	NPM 12-Percent of newborns that have been screened for hearing before hospital discharge	Yes
	NPM 17-Percent of very low-birth-weight infants delivered at facilities for high-risk deliveries and neonates	No
	SPM 3-Percent of live births born before 37 completed week's gestation	Yes
Child Health	NPM 7-Percent of 19- to 35-month-olds who have received a full schedule of age-appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B	Yes
	NPM 9-Percent of third-grade children who have received protective sealants on at least one permanent molar tooth	Yes
	NPM 10-Rate of death to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children	Yes
	NPM 13-Percent of children without health insurance	Yes
	NPM 14-Percent of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile	Yes
	SPM 4-Percent of Medicaid-eligible children, ages 1 to 5 years, receiving any dental service	No
	SPM 5-Percent of primary care providers/medical homes that conduct routine age-specific developmental screenings in their practice	Yes
Adolescent Health	NPM 8- Rate of birth (per 1,000) for teenagers aged 15 to 17 years	Yes
	NPM 16-Rate (per 100,000) of suicide deaths among youths aged 15 to 19 years	Yes
	SPM 6-Percent of students who smoked cigarettes; smoked cigars, cigarillos, or little cigars; or used chewing tobacco, snuff, or dip on at least one day during the past 30 days	Yes
	SPM 7-Percent of youth during the last 12 months who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing usual activities	Yes
	SPM 8-Percent of students who were physically active doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time for a total of at least 60 minutes per day on five or more of the past seven days	Yes
Children with Special Health Care Needs	NPM 2-Percent of children with special health care needs, ages 0 to 18 years, whose families partner in decision-making at all levels and are satisfied with the services they receive	Yes
	NPM 3-Percent of children with special health care needs, ages 0 to 18 years, who receive coordinated, ongoing, comprehensive care within a medical home	Yes
	NPM 4-Percent of children with special health care needs, ages 0 to 18 years, whose families have adequate private and/or public insurance to pay for the services they need	Yes
	NPM 5-Percent of children with special health care needs, ages 0 to 18 years, whose families report that community-based service systems are organized so they can use them easily	Yes
	NPM 6-Percent of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence	Yes
	SPM 9-Percent of children with special health care needs in the rural areas of the state receiving direct clinical services through the state CSHCN program	Yes
	SPM 10-Percent of children, ages birth to 17 years, eligible for Medicaid DM who are eligible for SSI	Yes

Out of 28 performance measures, Utah has met 25 of them (89%).

CONCLUSION

Utah remains a leader and example for “moving the needle” for the health of women, infants and children. This application reflects the commitment and effort of MCH/CSHCN staff and numerous community partners as we work together to achieve the goals and strategies outlined here after.