



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

UTAH

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 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 2017 Application / FY 2015 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

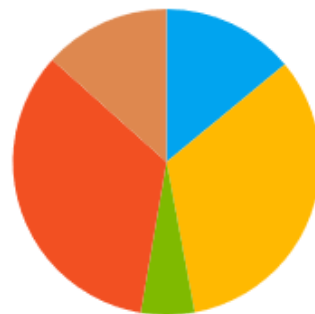
State Contacts

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Funding by Source

Source	FY 2015 Expenditures
Federal Allocation	\$5,903,090
State MCH Funds	\$13,962,879
Local MCH Funds	\$2,378,600
Other Funds	\$14,333,681
Program Income	\$5,633,918

FY 2015 Expenditures



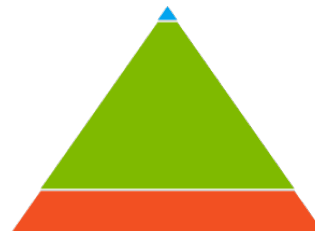
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$666,233	\$2,226,533
Enabling Services	\$355,449	\$27,262,545
Public Health Services and Systems	\$4,881,408	\$6,820,002

FY 2015 Expenditures
Federal



FY 2015 Expenditures
Non-Federal



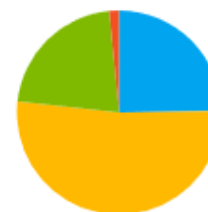
Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2015 Expenditures	%
Pregnant Women	65,940	\$5,065,806	12.1%
Infants < 1 Year	138,521	\$6,275,592	15.0%
Children 1-22 Years	57,801	\$11,808,310	28.1%
CSHCN	4,089	\$14,596,365	34.8%
Others *	0	\$4,204,198	10.0%
Total	266,351	\$41,950,271	100%

FY 2015 Expenditures



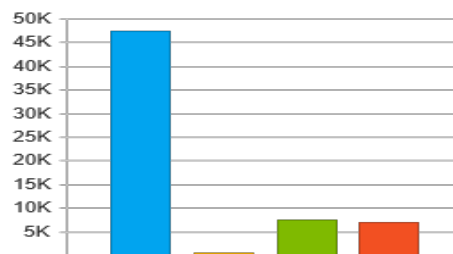
FY 2015 Individuals Served



*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.

Communication Reach

Communication Method	Amount
State Title V Website Hits:	47,539
State Title V Social Media Hits:	616
State MCH Toll-Free Calls:	7,570
Other Toll-Free Calls:	7,032



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

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	Formative Research: Number of focus groups conducted to understand why women are or are not receiving a yearly well-woman visit.
NPM 1	Well-Woman Visit	ESM 1.2	Peer preconception health: Number of institutions of higher learning partnered with to implement a peer preconception health program.
NPM 3	Risk-Appropriate Perinatal Care	ESM 3.1	VLBW REDCap Data: Percent of reporting by hospital facilities where VLBW infants were delivered
NPM 3	Risk-Appropriate Perinatal Care	ESM 3.2	LOCATe: Percent of hospital facilities completing the LOCATe survey
NPM 3	Risk-Appropriate Perinatal Care	ESM 3.3	Standardized guidelines: Percent of hospitals facilities providing support to build a consensus-based model of Utah Standardized Level of Care
NPM 4	Breastfeeding	ESM 4.1	Stepping Up for Utah Babies: Number of Utah hospitals, that deliver babies, that have implemented some of WHO's evidence based 10 Steps to Breastfeeding Success
NPM 4	Breastfeeding	ESM 4.2	Worksite lactation policy: Number of worksites that have created a lactation policy that complies with federal standards
NPM 4	Breastfeeding	ESM 4.3	Breastfeeding Peer Counselor Program (BFPCP): Number of WIC-eligible clients that are referred to the Breastfeeding Peer Counselor Program
NPM 6	Developmental Screening	ESM 6.1	Early Care Utah (ECU) effort to increase ASQ screenings: Number of ASQ screenings conducted by early care and education providers
NPM 6	Developmental Screening	ESM 6.2	Home visitors training on the use of the ASQ developmental screening tool: Number of ASQ screenings conducted by home visitors
NPM 6	Developmental Screening	ESM 6.3	Help Me Grow Utah (HMGU) ASQ screenings: Number of ASQ screenings conducted by Help Me Grow Utah (HMGU) staff
NPM 6	Developmental Screening	ESM 6.4	Healthcare provider well-child checks: Number of ASQ online screenings done during well-child checks
NPM 8	Physical Activity	ESM 8.1	Schools with CSPAP: Percent of schools within four targeted LEAs that have implemented CSPAP
NPM 8	Physical Activity	ESM 8.2	Professional Development for Local Education Agencies (LEAs): Number of LEAs receiving professional development and technical assistance to

			establish, implement, and evaluate the Comprehensive School Physical Activity Program (CSPAP)
NPM 11	Medical Home	ESM 11.1	UESC Family Survey: Number of responses to the Utah Enhanced Services for CYSHCN (UESC) Family Survey
NPM 11	Medical Home	ESM 11.2	UESC Practitioner Survey: Number of responses to the Utah Enhanced Services for CYSHCN (UESC) Practitioner Survey
NPM 11	Medical Home	ESM 11.3	Linkage to community resources: Percent of families served who were connected to a needed resource
NPM 12	Transition	ESM 12.1	UESC Family Survey: Number of responses to the Utah Enhanced Services for CYSHCN (UESC) Family Survey
NPM 12	Transition	ESM 12.2	Written transition plan: Percent of CSHCN, at least 15 years old, with a written transition plan to promote transition to adulthood
NPM 12	Transition	ESM 12.3	Linkage to community resources: Percent of families served who were connected to a needed resource
NPM 13	Preventive Dental Visit	ESM 13.1	Collaborate with EHS: Percent of pregnant women who had a dental exam and/or treatment during pregnancy
NPM 13	Preventive Dental Visit	ESM 13.2	Collaborate with Medicaid. Percent of Medicaid children who had a preventive dental visit

State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Preterm Births: The percent of live births occurring before 37 completed weeks of gestation	Perinatal/Infant Health
SPM 2	CSHCN Rural Clinical Services: The percent of children with special health care needs in the rural areas of the state who receive direct clinical services contractually from the University Developmental Assessment Center (UDAC)	Children with Special Health Care Needs
SPM 3	Child Injury Deaths: The rate of injury-related deaths among children and adolescents ages 1 to 19 (per 100,000)	Child Health, Adolescent Health
SPM 4	Adolescent Suicide: The rate of suicide death among youth ages 15 to 19 (per 100,000)	Adolescent Health

Executive Summary

The Utah Department of Health (UDOH) is pleased to submit the Title V Maternal and Child Health Services Block grant plan for FFY 2017 and annual report for FFY 15. The Bureaus of Maternal and Child Health (MCH) and Children with Special Health Care Needs (CSHCN) are the lead agencies in the UDOH responsible for the work of this grant. The Executive Summary provides an overview of highlights, accomplishments and challenges as the work progresses to move the needle for women, infants and children.

Utah is the thirteenth largest state in the nation and is a largely rural and frontier state. The majority of the population resides along the Wasatch Front, a 75-mile strip running from Ogden (north) to Provo (south), with Salt Lake City, the state's Capital, in between. The Wasatch Front comprises just 4% of the state's land mass but 75% of the population.

Utah is well-known for its signature demographics, which include the youngest population, largest household sizes, and among the most rapidly growing populations compared to other states. Utah reached the 3 million person milestone in 2015.

The population of Utah is predominately white and non-Hispanic with the overall minority share of the population much lower than the national average, yet linguistic demographics are rapidly evolving, with approximately one in seven Utah residents older than age five speaking a language other than English at home,

The public health system is comprised of 14 health departments, the Utah Department of Health (UDOH) and 13 local health departments (LHDs). Approximately half of the LHDs are multi-county districts covering large geographic areas. Many include both rural and frontier areas within their service region. Many have also been gradually moving away from direct services, recognizing that they do not have the capacity to provide primary care in their communities and are not a true medical home.

While health insurance coverage rates have improved for many Utahns under the Affordable Care Act (ACA), some still do not have adequate coverage. As Utah did not opt in to the Medicaid expansion opportunity, funding for additional recipients was lost. For Utah's CSHCN populations, some services are still not covered under the ACA, leaving families with out-of-pocket expenses.

Women/Maternal Health

Accomplishments: Social media platforms were used to educate women of reproductive age on the importance of the well-woman visit. A whiteboard animation video was created to explain what a well-woman visit is, who needs one, and coverage of the visit through the Affordable Care Act. The video was distributed on many social media platforms and to date has over 38,000 views.

Challenges: Baseline data needs to be collected on why women of childbearing age are not obtaining a well-woman visit to help target strategies for improvement in this NPM. We will conduct formative research in the near future to guide our efforts. There are also challenges to developing appropriate educational messages as the ACA changes were not applied uniformly and there are many exemptions. The Kaiser Foundation reports that in 2014, 26% of workers covered by employer-sponsored insurance were in grandfathered plans where the requirement for coverage of preventive services without cost sharing was exempt.

Moving the needle: Work began to implement a modified version of the preconception peer educator program from the Office of Minority Health with our first pilot site. Westminster College will begin training peer educators who will share information on the benefits of preconception health and well woman visits in that messaging.

One of the four NPM/SPM for FY15 was met for this domain (See table below).

Perinatal/Infant Health

Accomplishments: A Utah Administrative Code Rule was implemented requiring hospitals to report morbidity data on very low birth weight infants born in their facility via a secure web-based database. In 2016, MCH worked with Vital Records to add a field to the birth certificate to assess women with a previous preterm birth who received progesterone supplementation. The Utah Women and Newborns Quality Collaborative developed educational materials on screening eligibility and appropriate prescribing of progesterone to prevent recurrent preterm birth. Eleven of Utah's 45 delivering hospitals are now participating in the Stepping Up for Utah Babies program to implement baby-friendly hospital practices that will promote breastfeeding. Changes to the WIC VISION system resulted in 10,025 WIC participant referrals to the Peer Counseling Program for breastfeeding support.

Challenges: A challenge in creating and implementing Utah-specific Guidelines for Neonatal Care lies with data and stakeholder turnover. Our original stakeholder group requested additional data to make the case for adopting these standards and the process of rulemaking and data collection has been lengthy. In addition, many from the original group have retired and new participants have been added, bringing new insights and opinions. As Utah is a self-designation state for NICU levels, agreement on adopting guidelines is imperative. Ensuring that all providers across the state receive education and training on screening women for preterm birth risk and use of progesterone will pose a challenge both in person hours and cost.

Moving the needle: Preterm birth remains a leading contributor to infant death and efforts to reduce this rate are imperative. Utah's stable rate of preterm birth challenges the fact that there is a large effort being placed in this area as it is also one of Utah's Infant Mortality CoIIN strategies. To date, two participating hospitals in the Stepping Up for Utah Babies program have implemented two steps each. In June 2016, Utah disseminated the Level of Care Assessment Tool (LOCATe) survey to assess risk-appropriate care in delivering facilities.

Four of the five NPM/SPM measures in this domain were met (See table below).

Child Health

Accomplishments: A focused effort was implemented to promote the Ages and Stages Questionnaire. Trainings were conducted for the Parents as Teachers, Nurse Family Partnership and the Targeted Case Management programs. An Early Childhood Integrated Database is being implemented to facilitate data sharing among programs and agencies (developmental screening, WIC, home visiting, early intervention, CSHCN, Head Start, Dept. of Human Services, Help Me Grow Utah, etc.) for the purpose of determining what services children receive and the long-term developmental outcome for children (see supporting document #4: Early Childhood Utah). Another accomplishment is that all local health department nursing directors agreed to work on NPM #6 for the project period.

Challenges: Developmental screening of infants and young children is not routinely or consistently done for all Utah children. Although the state is seeing a reduction in child passenger deaths, a very high percentage of car seats are still being installed incorrectly or used improperly. Utah law requires children 8 years of age and younger to be restrained in a CSS; however, if the CSS is installed incorrectly or used improperly, the effectiveness of the CSS to secure the child in the vehicle is diminished. Within Utah, only 22% of CSSs were found to have correct harnesses when inspected by child passenger safety technicians. Another challenge is parents transitioning their child to the next type of CSS prematurely. Each time a child is transitioned to a new, incorrect type of CSS, a level of safety is lost.

Moving the needle: A goal is to increase developmental screening scores by 25% in three high-risk communities by 2021 and use effective systems created in these communities to increase developmental screening scores for additional place-based communities in the state.

Increased awareness, public education, CSS inspection, installation, and distribution will impact death trends among children 1 to 8 years of age. As coordination continues among CPS technicians, local health departments, and Safe Kids Utah, CSS usage will continue to increase which would contribute to reducing child deaths due to motor vehicle crashes.

Six out of seven previous NPM/SPM measures were met (See table below)

Adolescent Health

Accomplishments: The EPICC Program builds partnerships among the Utah State Office of Education (USOE) and others to provide professional development opportunities that include physical education, physical activity and recess guidance. In the past year, 95 elementary schools participated in professional development opportunities that included Comprehensive School Physical Activity Program, School Health Index and School Health Guideline trainings. Funding was leveraged to hire a full time suicide prevention coordinator who provides a much needed public health addition to the state's suicide prevention efforts and has expanded outreach and training. Local Health Departments are now providing youth suicide prevention to their communities as well.

Challenges: A challenge for this domain is that oversight crosses multiple Divisions in the UDOH. MCH oversees teen pregnancy, VIPP (Violence and Injury Prevention Program) works on suicide, and the EPICC program works on issues around physical activity. Another challenge is getting good data and information that can be used to design prevention efforts. For example, one recent issue in Utah is a perceived increase in suicides by LGBTQ adolescents which is thought to be linked to a recent policy from Utah's predominant religious group. Because the Department isn't able to collect the data that could confirm or disprove these perceptions, it makes a public health response difficult.

Moving the needle: Building partnerships on many different levels is critical to success. The EPICC program will continue to work with USOE to create professional development opportunities for Local Education Agencies and schools. The primary focus for PE/PA has been with elementary teachers and PE specialists. Moving forward the goal is to expand efforts into secondary schools and provide professional development opportunities for health and PE teachers. This will open the doors for MCH, VIPP and EPICC to work together on these components.

The Department has begun conducting in-depth fatality reviews on each youth suicide. Multi-sectoral partners have come together to review these suicides to collect the important data that is needed to better design prevention efforts. The data will be used to produce a detailed "Youth Suicide Report" for Utah which will also contain a strategic plan for decreasing youth suicide.

Two of the five NPM/SPM measures for this domain were met (See table below).

Children with Special Health Care Needs

Accomplishments: Over the past year, the Integrated Services Program (ISP) built a new program creating a systems network educating practitioners, families and patients on the importance of a shared plan of care, transition and early screening and treatment and referral to specialists, services and support. Staff work with families to create shared plans of care, increase communication within the system and reduce redundancies.

The ISP and Utah Enhanced System for CSHCN sent a pilot survey to families of children with special health care needs at least 15 years of age to determine if they had a "transition to adulthood" plan. Preliminary results show families lack a transition plan, access to a care coordinator and a shared plan of care. Further analysis of the data will help guide activities and specific interventions for medical home and transition to adulthood.

Challenges: Families continue to express the overall need for adequate resources to meet the needs of their child and family, including: affordable health insurance; family support services including respite care and; 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. Also, service gaps continue as these youth transition to adult life. The ISP offers care coordination, autism support, family to family, medical home and transition from youth to adulthood. A substantial challenge will be to ensure quality clinical services. The University of Utah (UDAC) is expected to provide/expand services and collect data on their patients who have a medical home and transition plan. For the past year, they have not met requirements for increasing numbers and expanding services, efforts to ensure these requirements are met will continue.

Moving the needle: The ISP was created as a result of the transition of direct care services to the UDAC and the identification of services lacking throughout Utah. Collaboration with partners provides expanded capacity and improved coordinated systems of care throughout Utah. Utah enjoys strong partnerships with the Utah Pediatric Partnership to Improve Healthcare Quality to promote medical home improvements and the Family to Family program.

Six out the seven NPMs/SPMs for this domain were achieved (See table below).

Cross-Cutting/Life Course

Accomplishments: The Oral Health Program collaborates with Medicaid and other agencies (Oral Health Initiative Learning Collaborative, Utah Oral Health Coalition, Head Start, WIC, Office of Health Disparities, Utah Dental Association, etc.) to increase the percentage of children who have preventive dental visits.

Challenges: Access to dentists in Utah is a major issue, particularly for Medicaid participants and for individuals living in rural/frontier areas of the state. In some areas there may be a pediatric dentist who accepts Medicaid but no general dentist to see the mom during pregnancy. Another example is a community health center that takes Medicaid but doesn't see children under the age of eight.

Moving the needle: There is much work to be done to increase oral health access and services for pregnant women and children, especially in rural/frontier and disparate areas of the state.

New National Performance Measure Accomplishments (FY16): Progress on “Moving the Needle”

Women/Maternal Health	
<p>NPM 1 – Well-Woman Visit</p> <p>(Percent of women with a past-year preventive medical visit)</p>	<ul style="list-style-type: none"> ●A video about the well-woman visit was created and posted on Facebook. To date, it has been viewed over 38,000 times and has reached 40,000 individuals. ●Community outreach and education through health fairs and educational classes were held.
Perinatal / Infant Health	
<p>NPM 3 – Perinatal Regionalization</p> <p>(Percent of very low-birth-weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU))</p>	<ul style="list-style-type: none"> ●R433-1—Very Low Birth Weight Infant Reporting—was enacted due to two years of navigation, dedication, and motivation on the part of Utah’s Maternal and Infant Health Program. ●All 44 delivering hospitals were updated and trained on R433-1 through direct mailings to a hospital administrator, the chief of obstetrics, the chief of pediatrics, and the chief of the well-baby nursery. ●Hospitals reported VLBW infants to the VLBW database. Through quality assurance checks against Vital Records Birth Certificate data, the Data Resources and Maternal and Infant Health Programs were able to check for accuracy.
<p>NPM 4 – Breastfeeding</p> <p>4A (Percent of infants who are ever breastfed) 4B (Percent of infants breastfed exclusively through 6 months)</p>	<ul style="list-style-type: none"> ●Intermountain Healthcare has endorsed the <i>Stepping Up for Utah Babies</i> program and has recommended that all hospitals in their system implement the program. ●Women, Infants, and Children (WIC) participants are being asked if they would like help with breastfeeding and referred to peer breastfeeding support. ●The Utah Healthy Living through Environment, Policy, and Improved Clinical Care (EPPIC) program began the conversation with worksites to support breastfeeding employees by creating a lactation breastfeeding policy.
Child Health	
<p>NPM 6 – Developmental Screening</p> <p>(Percent of children, ages 10-71 months, receiving a developmental screening using a parent-completed screening tool)</p>	<ul style="list-style-type: none"> ●425 screenings by early care and education programs were entered in the Ages & Stages Questionnaire (ASQ) online database. ●2616 screenings by Targeted Case Managers were entered into the ASQ online database. ●2333 screenings by Help Me Grow Utah were entered into the ASQ online database.

Adolescent Health	
<p>NPM 8 – Adolescent Physical Activity</p> <p>(Percent of adolescents in grades 9 through 12 who report being physically active at least 60 minutes per day in the past week)</p>	<ul style="list-style-type: none"> ●EPICC staff partnered with the State Office of Education Child Nutrition Program (CNP) to provide technical assistance and support to local health departments. Local health departments were encouraged to work with districts who had CNP administrative reviews this year to strengthen wellness policies. In 2014, only 9.4% of all districts in Utah mentioned physical activity in their wellness policy. Our partnership continues to grow. ●EPICC staff provided School Health Index (SHI), Comprehensive School Physical Activity Program (CSPAP), and School Health Guidelines (SHG) trainings to three school districts during a professional development day. This was a great accomplishment to be able to provide physical activity training to the districts.
Children with Special Health Care Needs	
<p>NPM 11 – Medical Home</p> <p>(Percent of children with special health care needs having a medical home)</p>	<ul style="list-style-type: none"> ●Implemented surveys for families and professionals regarding needs for CYSHCN. ●Educated professionals about the components of a medical home through four quarterly Utah Chapter of the American Academy of Pediatrics <i>Growing Times</i> newsletter articles. ●Added a 'Get Help In Utah' icon and page to the Medical Home Portal connecting families and providers to the Integrated Services Program.
<p>NPM 12 – Transition</p> <p>(Percent of adolescents with special health care needs who received services necessary to make transitions to adult health care)</p>	<ul style="list-style-type: none"> ●Implemented a survey for families regarding needs for CYSHCN. ●Added a 'Get Help In Utah' icon and page to the Medical Home Portal connecting families and providers to the Integrated Services Program. ●Partnered with the Utah Parent Center in support of education for families.

Cross-Cutting / Life Course	
<p>NPM 13A – Oral Health-Pregnant Women</p> <p>(Percent of women who had a dental visit during pregnancy)</p>	<ul style="list-style-type: none"> ●The Oral Health Program (OHP) Oral Health Specialist connected the Davis Early Head Start/Head Start Programs to a non-profit organization—Bountiful Smiles—to see if they could help pregnant moms and children get dental homes. ●The OHP has been working with four local Early Head Start Programs that have low percentages of dental homes for pregnant mothers to solve dental home access problems.
<p>NPM 13B – Oral Health-Children</p> <p>(Percent of children, ages 1 through 17, who had a preventive dental visit in the past year)</p>	<ul style="list-style-type: none"> ●The Medicaid Oral Health Initiative Learning Collaborative was able to get \$217,000 of Children's Health Insurance Program Reauthorization Act (CHIPRA) funds to use to send several hundred thousand flyers to schools and postcards to families with Medicaid benefits to educate them about dental benefits for children. ●Approximately 1,000 children received preventive as well as restorative treatment at the 2016 <i>Give Kids a Smile</i> events in Utah. ●During the screenings being done at schools throughout Utah for a new survey of the oral health status of Utah children, the OHP Oral Health Specialist also visited local Head Start groups, local WIC groups, local Community Health Centers, and local health departments in an effort to increase the number of children receiving preventive dental visits. ●The OHP started collaborations with the Office of Health Disparities for the oral health component of a grant they received to help improve oral health in two areas that have high needs over the next several years.

2015 Block Grant Performance Measure Objective Achievement Status

Population Domain	Performance Measures from Previous Cycle (FY15 Annual Report)	Objective Met?
Women / Maternal Health	NPM 15-Percent of women who smoke in the last three months of pregnancy	No
	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	No
	SPM 2-Percent of primary cesarean section deliveries among low-risk women giving birth for the first time	No
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	Yes
	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	Yes
	SPM 3-Percent of live births born before 37 completed week's gestation	No
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	No
	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	Yes
	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	No
	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	No
	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	No
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	No
	SPM 10-Percent of children, ages birth to 17 years, eligible for Medicaid DM who are eligible for SSI	Yes

Conclusion

The Title V Block Grant application for Utah represents a comprehensive effort to move the needle for improved health outcomes for women, children and infants. The National and State Performance Measures are a reflection of the important issues we face in our state. There are also many emerging issues that raise concerns and are being addressed.

Utah remains a leader and example for "moving the needle" for the health of women, infants and children. This application reflects the commitment to and efforts of MCH/CSHCN staff and community partners working together to achieve the goals and strategies outlined hereafter.