



# Local Health Departments Study

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Health and Human Services  
Appropriations Subcommittee

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## Local Health Departments

“prevention of disease and promotion of health”  
Prevent • Promote • Protect

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## Legislative Questions

1. What is the funding per person per Local Health Department in the State?
2. Explain and justify the flow of grant monies between State agencies (DOH & DEQ) and the local health departments.

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## 12 Local Health Departments (LHDs)

- 6 Single County LHDs - Davis, Salt Lake, Summit, Tooele, Utah & Wasatch
- 6 Multi-County LHDs serving 23 counties
  1. Bear River (3) – Box Elder, Cache, Rich
  2. Central Utah (6) - Juab, Millard, Piute, Sanpete, Sevier & Wayne
  3. Southeastern Utah (4) – Carbon, Emery, Grand & San Juan
  4. Southwest Utah (5) - Beaver, Garfield, Iron, Kane & Washington
  5. Tri-County (3) – Daggett, Duchesne & Uintah
  6. Weber-Morgan (2) – Weber & Morgan

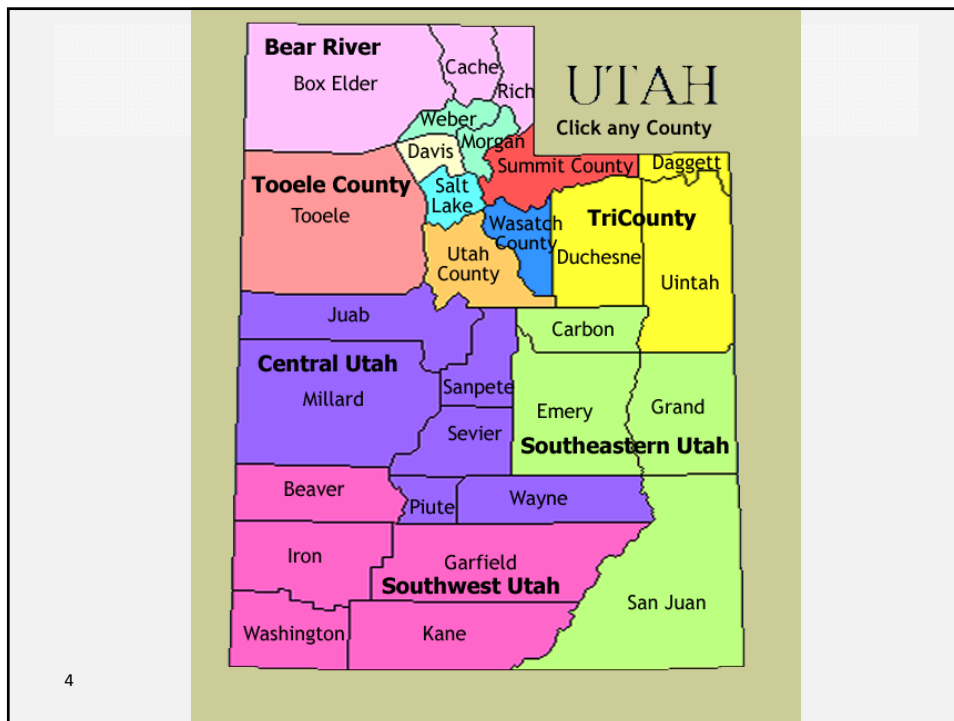
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## Statutory Requirements (UCA 26A)

1. 7 basic public health services\*
2. Minimum performance standards\*
3. Enforcement of 224 rules and regulations for the State
4. Investigate and control diseases affecting public health & coordinate with State
5. Public & private school duties
6. Local disaster & disease response plan
7. Establish a governing board of health

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## 7 Basic Public Health Services

1. Public health administration and support services
2. Maternal and child health
3. Communicable disease control, surveillance, and epidemiology
4. Food protection
5. Solid waste management
6. Waste water management
7. Safe drinking water management

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## Minimum Performance Standards

- Statute provided for the Department of Health and the Department of Environmental Quality to create the minimum standards in the following areas
  - Administration
  - Personal Health Services
  - Environmental Health Programs

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## Minimum Performance Standards; Administration

1. Qualified local health officer
2. Registered nurse
3. Health educator
4. Registered sanitarian (environmental health)

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## Minimum Performance Standards; Personal Health Services

1. Health promotion & risk reduction help
2. Communicable disease control
3. Infant and child health
4. SIDS counseling (Sudden Infant Death Syndrome)
5. Preventative health & instruction for school-aged children
6. Injury control
7. Chronic disease
8. Family planning
9. Health family
10. Dental health

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## Minimum Performance Standards; Environmental Health Programs

1. Food service establishments
2. Public swimming pools
3. Inspection of certain facilities
4. Safe drinking water
5. Nuisance complaints
6. Vector control (mosquito abatement)
7. Air quality and air pollution control
8. Injury control
9. Indoor clean air
10. Solid waste
11. Subsurface waste water systems

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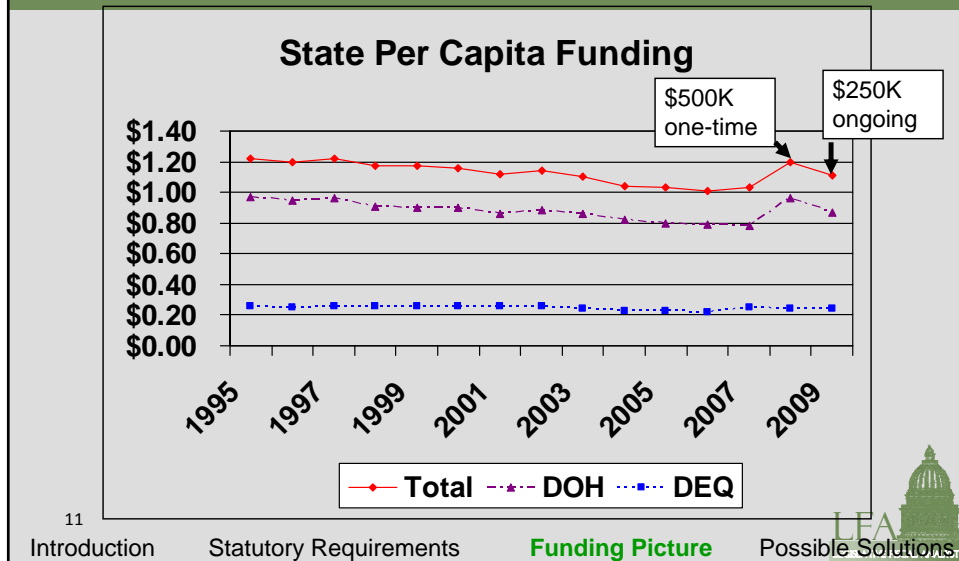
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## Funding Picture–State; LHD Statutory Requirements



## Funding Picture–State; LHD Statutory Requirements

- State minimum performance standards funding per capita went from \$1.22 in FY 1995 to \$1.11 in FY 2009 (\$0.73 inflation-adjusted)
  - Funding grew by 30% in 14 years
  - Population grew by 43% during same period
  - DOH from \$0.97 to \$0.87 (\$0.57 inflation-adjusted)
  - DEQ from \$0.26 to \$0.24 (\$0.16 inflation-adjusted)
- Annual DOH increases decided as part of provider rate increases (averaged 2.1%)
- General inflation was 53% from 1995 to 2009

## Funding Picture—County Statutory Requirements

- Counties have responsibility to make sure their LHDs are adequately funded (UCA 26A-1-115)
  - Counties range in support with fees and tax revenues of their LHDs from 37% for Central to 79% in Salt Lake
  - Statewide counties provide 63% of LHD funding, with another 6% coming from the State and 31% federal
  - county support was 58% in 1995
- Local match requirement for State funds (20% established through rule)
- No minimum funding requirement in statute
- Maximum separate property tax of 0.0004 (\$80 annually for average Utahn, generates \$79M)

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## Maximum Separate Property Tax of 0.0004

- 6 of 29 counties have a separate property tax
- Tax ranges from 0.000053 in Iron County to 0.00026 in Kane County as of August 2008
  - Range represents 13% to 66% of max tax
- 31% of total LHD funding comes from county general funds
  - Converting this to property tax equivalents shows counties contribute an average of 0.00013
  - Range of contribution from 0.00005 for Southwest LHD to 0.0004 for Tooele LHD

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## Total Spending for LHDs 1998 to 2007

- Statewide spending per capita went from \$27.11 to \$31.57 (\$25.66 inflation-adjusted)
- 1998 per capita funding ranged from \$20.91 in Weber/Morgan to \$79.04 for Southeastern
- 2007 per capita funding ranged from \$20.67 in Utah County to \$85.52 in Summit County (\$19.75 & \$69.50 inflation-adjusted)
- Total spending went from \$58M to \$76M (increase of 31%)
- Inflation 30% from 1998 to 2007
- LHDs estimate their FY 2008 cost of doing all duties associated with \$27.8M in grants is \$45.6M, which represents a 39% or \$17.8M LHD subsidy

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## Grant Money Flow; State to LHDs

- The State administers grants in 50 focus areas
  - 21 or 41% of focus areas have some money going to every LHD (universal grants)
  - 31 or 61% of focus areas have some money going to half or more of LHDs (6 to 12)
- Money source for 50 areas:
  - 66% federal & 22% State
  - 4% private & 8% state/federal match
- Monies from grants administered by the State make up 32% or \$26.0M of all LHD funding

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## Flexibility of Federal Grant Funding; Bypass State?

- Of DOH's 21 federal grants shared with non-State providers, 5 might be granted directly to LHDs
  - Represents \$8.5M in monies currently used by DOH
  - \$6.5M is preparation for bioterrorism
  - All grants limited to specific uses
  - All grants are competitive, 12 grantees instead of 1 (assuming all LHDs decide to apply)
- None of DEQ's 10 grants can be awarded to LHDs

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## Top 4 Universal Grants; \$38.7M or 47% of All Grant Monies

- Bioterrorism: \$13.8M with 47% State, 36% LHDs & 17% others
  - State spends 52% of their \$6.5M on emergency supplies, regional epidemiologists, & maintaining bioterrorism State Lab testing ability
  - LHDs spend their money on local emergency response plans and training
  - Other providers spend 56% of their \$2.4M on partnership development, information systems for laboratory, State, & stakeholders
- WIC admin: \$11.4M with 16% State, 80% LHDs & 4% others
  - DOH has 11 FTE's & spends \$1.8M to implement statewide policies & vouchers
  - LHDs spend their \$9.2M operating 49 WIC clinics
  - \$0.4M for banking services and infusion innovations for special formula purchases

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## Top 4 Universal Grants (cont.)

- CHEC: \$10.0M with 0% State, 5% LHDs & 95% others
  - LHDs spend their \$0.5M money on increasing access for at risk mothers
  - Pays for over 140,000 health screens
- Immunization: \$3.4M with 47% State, 26% LHDs & 27% others
  - State spends their \$1.6M on CDC-required State administration
  - LHDs spend their \$0.9M on education and outreach
  - \$0.9M for providers to expand immunization outreach activities and a media campaign

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## How is Grant Funding Used in DOH?

- Overall the Department of Health keeps 26% or \$20.4M of \$77.8M grant monies (32% goes to LHDs, 42% to others)
  - Amount retained by Health by grant ranges from 0% to 93%
  - \$0.3M Oral Health 93%/7% (lowest percentage sharing):
    - 2.5 DOH FTE's for statewide collaboration and education outreach
    - 7 LHDs receive a combined total of \$20,000

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## How is Grant Funding Used in DOH? (cont.)

- \$1M HIV Counseling & Testing 47%/16%/37% (equally shared)
  - 7 DOH FTE's for statewide collaboration, provider training, & partner notification
  - 11 LHDs & 10 other providers for prevention education, counseling, & testing
- \$2.4M Comprehensive Tobacco 0%/21%/79% (highest percentage sharing)
  - LHDs spend their \$0.5M money on prevention and cessation activities
  - Other providers spend their \$1.9M money on a media campaign and quitline services

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## How is Grant Funding Used in DEQ?

- DEQ keeps 39% or \$1.9M of \$5.0M grant monies (22% goes to LHDs, 39% to others)
  - Amount retained by DEQ by grant ranges from 0% to 91%
  - \$0.2M Lead Program 91%/9% (lowest percentage sharing):
    - DEQ uses its \$0.2M for lab work for samples taken & 2.1 FTE's monitor and certify lead abatement activities
    - LHDs use their \$18,000 for public education, trainings, & testing

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## How is Grant Funding Used in DEQ? (cont.)

- \$0.6M Used Oil 39%/20%/41%
  - DEQ has \$0.2M for 2 FTE's for issuing permits and inspections & grants and reimbursements for do it yourself activities
  - LHDs with \$0.1M provide outreach and inspection of used oil facilities
  - Other providers with \$0.3M receive equipment and do promotion of recycling used oil
- \$1.6M Clean Water Act Monies 0%/1%/99% (highest percentage sharing)
  - LHDs and other providers do pollution abatement & stream restoration

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## Possible Solutions

- Increase required county match rate of 20% for State funds
- Require dedicated property tax minimum for county health departments (0.0004 levy = \$79M FY 2009)
- Increase State contribution through General or other funds (i.e. – tobacco settlement or tobacco taxes)
- Reduce/clarify statutory requirements
- Make LHDs part of the statewide Health Department (as done in 14 states)
- Diversion of more grant monies to LHDs
- Standardize distribution of grant monies
- Enable transition to local districts
- Grant taxing authority to LHDs (legally more likely for multi-county LHDs)
- Turn 2008 local contributions into property tax mill levy

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## Other Parallel Study Efforts

- 8/20 combined Legislative Committee Meeting
  - Health & Human Services Interim to look further at:
    - Source & funding of LHD duties (federal, State, local, etc.)
    - National standards and effective practices
    - Any duplication of fees among State and LHDs or others
    - Cigarette tax earmarked for LHDs
  - Political Subdivisions Interim to look further at:
    - Emergency fund  $\frac{1}{2}$  State and  $\frac{1}{2}$  property tax
    - Mandatory consensus approach to allocation of grant monies

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## Other Parallel Study Efforts

- Utah Public Health Statewide Comprehensive Plan
  - DOH Executive Management & Utah Association of Local Health Officers
  - Governance recommendations will be ready by December 2008.

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## Utah Public Health Statewide Comprehensive Plan-Goals

- Determine and clarify LHDs and the State's roles in delivering services
- Better communication, collaboration, and cooperation between DOH and LHDs
- Cooperative agreement to determine appropriate standards, accountability for service delivery, and reporting requirements
- Acknowledge the complexities of State and local public health agencies
- Build relationships that foster a system which addresses public health issues and priorities

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## **Utah Statute Explaining Duties of Local Health Departments**

### **19-1-201. Powers of department.**

(1) The department shall:

(a) enter into cooperative agreements with the Department of Health to delineate specific responsibilities to assure that assessment and management of risk to human health from the environment are properly administered;

(b) consult with the Department of Health and enter into cooperative agreements, as needed, to ensure efficient use of resources and effective response to potential health and safety threats from the environment, and to prevent gaps in protection from potential risks from the environment to specific individuals or population groups; and

(c) coordinate implementation of environmental programs to maximize efficient use of resources by developing, with local health departments, a Comprehensive Environmental Service Delivery Plan that:

(i) recognizes that the department and local health departments are the foundation for providing environmental health programs in the state;

(ii) delineates the responsibilities of the department and each local health department for the efficient delivery of environmental programs using federal, state, and local authorities, responsibilities, and resources;

(iii) provides for the delegation of authority and pass through of funding to local health departments for environmental programs, to the extent allowed by applicable law, identified in the plan, and requested by the local health department; and

(iv) is reviewed and updated annually.

(2) The department may:

(a) investigate matters affecting the environment;

(b) investigate and control matters affecting the public health when caused by environmental hazards;

(c) prepare, publish, and disseminate information to inform the public concerning issues involving environmental quality;

(d) establish and operate programs, as authorized by this title, necessary for protection of the environment and public health from environmental hazards;

(e) use local health departments in the delivery of environmental health programs to the extent provided by law;

(f) enter into contracts with local health departments or others to meet responsibilities established under this title;

(g) acquire real and personal property by purchase, gift, devise, and other lawful means;

(h) prepare and submit to the governor a proposed budget to be included in the budget submitted by the governor to the Legislature;

(i) (i) establish a schedule of fees that may be assessed for actions and services of the department according to the procedures and requirements of Section 63J-1-303; and

(ii) in accordance with Section 63J-1-303, all fees shall be reasonable, fair, and reflect the cost of services provided;

(j) prescribe by rule reasonable requirements not inconsistent with law relating to environmental quality for local health departments;

(k) perform the administrative functions of the boards established by Section 19-1-106, including the acceptance and administration of grants from the federal government and from

other sources, public or private, to carry out the board's functions; and

(l) upon the request of any board or the executive secretary, provide professional, technical, and clerical staff and field and laboratory services, the extent of which are limited by the funds available to the department for the staff and services.

**26-1-23. Rules for local health departments prescribed by department.**

The department may prescribe by rule reasonable requirements not inconsistent with law for local health departments.

**26A-1-101. Short title.**

This part is known as the "Local Health Department Act."

**26A-1-102. Definitions.**

As used in this part:

- (1) "Board" means a local board of health established under Section 26A-1-109.
- (2) "County governing body" means one of the types of county government provided for in Title 17, Chapter 52, Part 5, Forms of County Government.
- (3) "County health department" means a local health department that serves a county and municipalities located within that county.
- (4) "Department" means the Department of Health created in Title 26, Chapter 1.
- (5) "Local health department" means a county or multicounty local health department established under this part.
- (6) "Multicounty local health department" means a local health department that serves two or more contiguous counties and municipalities within those counties.

**26A-1-103. County health departments.**

The governing body of each county shall create and maintain a local health department which includes and serves all incorporated and unincorporated areas in the county.

**26A-1-105. Multicounty local health departments.**

- (1) Two or more contiguous counties may unite to create and maintain a local health department by executing an agreement pursuant to the provisions of Title 11, Chapter 13, Interlocal Cooperation Act.
- (2) Any municipalities within counties comprising a multicounty local health department shall be served by the multicounty local health department.

**26A-1-106. Assistance in establishing local departments -- Monitoring and standards of performance -- Responsibilities.**

- (1) (a) By request of county governing bodies, the department may assist in the establishment of a local health department.
- (b) The department shall monitor the effort of the local health department to protect and promote the health of the public.
- (c) The department shall establish by rule minimum performance standards for basic programs of public health administration, personal health, laboratory services, health resources, and other preventive health programs not in conflict with state law as it finds necessary or desirable for the protection of the public health.



- (d) The department may by contract provide:
  - (i) funds to assist a local health department if local resources are inadequate; and
  - (ii) assistance to achieve the purposes of this part.
- (2) Regulations or standards relating to public health or environmental health services adopted or established by a local health department may not be less restrictive than department rules.
- (3) Local health departments are responsible within their boundaries for providing, directly or indirectly, basic public health services that include:
  - (a) public health administration and support services;
  - (b) maternal and child health;
  - (c) communicable disease control, surveillance, and epidemiology;
  - (d) food protection;
  - (e) solid waste management;
  - (f) waste water management; and
  - (g) safe drinking water management.
- (4) The Department of Environmental Quality shall establish by rule minimum performance standards, including standards for inspection and enforcement, for basic programs of environmental health, not inconsistent with law, as necessary or desirable for the protection of public health.

**26A-1-108. Jurisdiction and duties of local departments.**

A local health department has jurisdiction in all unincorporated and incorporated areas of the county or counties in which it is established and shall enforce state health laws, Department of Health, Department of Environmental Quality, and local health department rules, regulations, and standards within those areas.

**26A-1-108.7. Procurement -- Use of recycled goods.**

The procurement officer or other person responsible for purchasing supplies for each local health department shall:

- (1) maintain for reference a copy of the current listing of recycled items available on state contract as issued by the chief procurement officer under Section 63G-6-204; and
- (2) give recycled items consideration when inviting bids and purchasing supplies, in compliance with Section 11-37-101.

**26A-1-109. Local boards of health -- Membership -- Organization -- Meetings.**

- (1) A local health department shall have a board of health with at least three members.
  - (a) (i) Board members shall be appointed pursuant to county ordinance or interlocal agreement by the counties creating the local health department.
  - (ii) The board may include representatives from the municipalities included within the area served by the local health department.
  - (b) The board shall be nonpartisan.
  - (c) An employee of the local health department may not be a board member.
- (2) (a) As possible, of the initial board:
  - (i) 1/3 shall serve a term of one year;
  - (ii) 1/3 shall serve a term of two years; and
  - (iii) 1/3 shall serve a term of three years.

(b) All subsequent appointments shall be for terms of three years and shall be made, as possible, so 1/3 of the terms of office of those serving on the board expire each year. Members appointed to fill vacancies shall hold office until expiration of the terms of their predecessors.

(c) Board members may be removed by the appointing county for cause prior to the expiration of the member's term. Any board member removed pursuant to this Subsection (2) may request and receive a hearing before the county legislative body prior to the effective date of the removal.

(3) (a) All members of the board shall reside within the boundaries of the area served by the local health department.

(b) A majority of the members may not:

(i) be primarily engaged in providing health care to individuals or in the administration of facilities or institutions in which health care is provided;

(ii) hold a fiduciary position or have a fiduciary interest in any entity involved in the provision of health care;

(iii) receive either directly or through a spouse more than 1/10 of the member's gross income from any entity or activity relating to health care; and

(iv) be members of one type of business or profession.

(4) (a) The board shall at its organizational meeting elect from its members a chairman and a vice chairman and secretary.

(b) The health officer of the local health department appointed pursuant to Section 26A-1-110 may serve as secretary to the board.

(5) (a) (i) Regular meetings of the board shall be held not less than once every three months.

(ii) Special meetings may be called by the chairman, the health officer, or a majority of the members at any time on three days' notice by mail, or in case of emergency, as soon as possible after the members of the board have been notified.

(b) A board may adopt and amend bylaws for the transaction of its business. A majority of the board members constitute a quorum.

(c) Members serve without compensation, but shall be reimbursed for actual and necessary traveling and subsistence expenses when absent from their place of residence in attendance at authorized meetings.

(d) All meetings are presumed to have been called and held in accordance with this section and all orders and proceedings are presumed to be authorized unless the contrary is proved.

(6) The board shall annually report the operations of the local health department and the board to the local governing bodies of the municipalities and counties served by the local health department.

(7) The board shall annually send a copy of the local health department's approved budget to the department and all local governing bodies of the municipalities and counties served by the local health department. The report shall be submitted no later than 30 days after the beginning of the local health department's fiscal year.

(8) The board shall determine the general public health policies to be followed in administration of the local health department and may adopt and enforce public health rules, regulations, and standards necessary to implement the board's public health policies. The board shall adopt written procedures to carry out the provisions of this section.

**26A-1-110. Local health officer -- Powers and duties -- Vacancy.**

(1) The board shall appoint a local health officer and determine the officer's compensation:

(a) subject to ratification by the county executive of the county or counties in the local health department; and

(b) as provided by:

(i) ordinance adopted by a county creating a county health department; or

(ii) the interlocal agreement pursuant to which a multicounty health department is created.

(2) The local health officer shall:

(a) have the qualifications of training and experience for that office equivalent to those approved by the department for local health officers;

(b) be the administrative and executive officer of the local health department and devote full time to the duties of the office;

(c) if provisions have been made with the department, act as the local registrar of vital statistics within the local health department's boundaries without additional compensation or payment of fees provided by law;

(d) (i) prior to the beginning of each fiscal year, prepare an annual budget approved by the board and present it:

(A) to the county legislative body if the local health department is a county health department; or

(B) to the entity designated in the interlocal agreement creating the local health department if the local health department is a multicounty health department; and

(ii) obtain final approval of the annual budget from the governing bodies designated in Subsection (2)(d)(i)(A) or (B) after the governing body either:

(A) reviews and approves the budget; or

(B) amends and approves the budget; and

(e) prepare an annual report and provide it to the department and all counties in the local health department.

(3) The report under Subsection (2)(e) shall contain a copy of the independent financial audit required under Section 26A-1-115, a description of the population served by the local health department, and other information as requested by the board or the county or counties creating the local health department.

(4) In the absence or disability of the local health officer, or if there is a vacancy in that office, the board shall appoint an acting health officer for a temporary period not to exceed one year. The appointment shall be ratified by the county executive of the county or counties in the local health department.

**26A-1-111. Removal of local health officer.**

(1) The local health officer may be removed for cause in accordance with this section by:

(a) the board; or

(b) a majority of the counties in the local health department if the county executives rescind, or withdraw, in writing the ratification of the local health officer.

(2) (a) A hearing shall be granted, if requested by the local health officer, prior to removal of the local health officer.

(b) If a hearing is requested, it shall be conducted by a five-member panel with:

- (i) two elected members from the county or counties in the local health department, selected by the county executives;
  - (ii) two members of the board of the local health department who are not elected officials of the counties in the local health department, selected by the board; and
  - (iii) one member selected by the members appointed under Subsections (2)(b)(i) and (ii), however, the member appointed under this Subsection (iii) may not be an elected official of the counties in the local health department and may not be a member of the board of the local health department.
- (c) (i) The hearing panel shall report its decision regarding termination to the board and to the counties in the local health department.
- (ii) The counties and board receiving the report shall vote on whether to retain or terminate the local health officer.
- (iii) The health officer is terminated if:
- (A) the board votes to terminate; or
  - (B) a majority of the counties in the local health department vote to terminate.

#### **26A-1-112. Appointment of personnel.**

- (1) All local health department personnel shall be hired by the local health officer or his designee in accordance with the merit system, personnel policies, and compensation plans approved by the board and ratified pursuant to Subsection (2). The personnel shall have qualifications for their positions equivalent to those approved for comparable positions in the Departments of Health and Environmental Quality.
- (2) The merit system, personnel policies, and compensation plans approved under Subsection (1) must be ratified by all the counties participating in the local health department.
- (3) Subject to the local merit system, employees of the local health department may be removed by the local health officer for cause. A hearing shall be granted if requested by the employee.

#### **26A-1-113. Right of entry to regulated premises by representatives for inspection.**

- (1) Upon presenting proper identification, authorized representatives of local health departments may enter upon the premises of properties regulated by local health departments to perform routine inspections to insure compliance with rules, standards, regulations, and ordinances as adopted by the Departments of Health and Environmental Quality, local boards of health, county or municipal governing bodies, or the Division of Occupational and Professional Licensing under Section 58-56-4.
- (2) Section 58-56-9 does not apply to health inspectors acting under this section.
- (3) This section does not authorize local health departments to inspect private dwellings.

#### **26A-1-114. Powers and duties of departments.**

- (1) A local health department may:
- (a) subject to the provisions in Section 26A-1-108, enforce state laws, local ordinances, department rules, and local health department standards and regulations relating to public health and sanitation, including the plumbing code adopted by the Division of Occupational and Professional Licensing under Section 58-56-4 and under Title 26, Chapter 15a, Food Safety Manager Certification Act, in all incorporated and unincorporated areas served by the local health department;

(b) establish, maintain, and enforce isolation and quarantine, and exercise physical control over property and over individuals as the local health department finds necessary for the protection of the public health;

(c) establish and maintain medical, environmental, occupational, and other laboratory services considered necessary or proper for the protection of the public health;

(d) establish and operate reasonable health programs or measures not in conflict with state law which:

(i) are necessary or desirable for the promotion or protection of the public health and the control of disease; or

(ii) may be necessary to ameliorate the major risk factors associated with the major causes of injury, sickness, death, and disability in the state;

(e) close theaters, schools, and other public places and prohibit gatherings of people when necessary to protect the public health;

(f) abate nuisances or eliminate sources of filth and infectious and communicable diseases affecting the public health and bill the owner or other person in charge of the premises upon which this nuisance occurs for the cost of abatement;

(g) make necessary sanitary and health investigations and inspections on its own initiative or in cooperation with the Department of Health or Environmental Quality, or both, as to any matters affecting the public health;

(h) pursuant to county ordinance or interlocal agreement:

(i) establish and collect appropriate fees for the performance of services and operation of authorized or required programs and duties;

(ii) accept, use, and administer all federal, state, or private donations or grants of funds, property, services, or materials for public health purposes; and

(iii) make agreements not in conflict with state law which are conditional to receiving a donation or grant;

(i) prepare, publish, and disseminate information necessary to inform and advise the public concerning:

(i) the health and wellness of the population, specific hazards, and risk factors that may adversely affect the health and wellness of the population; and

(ii) specific activities individuals and institutions can engage in to promote and protect the health and wellness of the population;

(j) investigate the causes of morbidity and mortality;

(k) issue notices and orders necessary to carry out this part;

(l) conduct studies to identify injury problems, establish injury control systems, develop standards for the correction and prevention of future occurrences, and provide public information and instruction to special high risk groups;

(m) cooperate with boards created under Section 19-1-106 to enforce laws and rules within the jurisdiction of the boards;

(n) cooperate with the state health department, the Department of Corrections, the Administrative Office of the Courts, the Division of Juvenile Justice Services, and the Crime Victim Reparations Board to conduct testing for HIV infection of convicted sexual offenders and any victims of a sexual offense;

(o) investigate suspected bioterrorism and disease pursuant to Section 26-23b-108; and

(p) provide public health assistance in response to a national, state, or local emergency, a public health emergency as defined in Section 26-23b-102, or a declaration by the President of the United States or other federal official requesting public health-related activities.

(2) The local health department shall:

(a) establish programs or measures to promote and protect the health and general wellness of the people within the boundaries of the local health department;

(b) investigate infectious and other diseases of public health importance and implement measures to control the causes of epidemic and communicable diseases and other conditions significantly affecting the public health which may include involuntary testing of convicted sexual offenders for the HIV infection pursuant to Section 76-5-502 and voluntary testing of victims of sexual offenses for HIV infection pursuant to Section 76-5-503;

(c) cooperate with the department in matters pertaining to the public health and in the administration of state health laws; and

(d) coordinate implementation of environmental programs to maximize efficient use of resources by developing with the Department of Environmental Quality a Comprehensive Environmental Service Delivery Plan which:

(i) recognizes that the Department of Environmental Quality and local health departments are the foundation for providing environmental health programs in the state;

(ii) delineates the responsibilities of the department and each local health department for the efficient delivery of environmental programs using federal, state, and local authorities, responsibilities, and resources;

(iii) provides for the delegation of authority and pass through of funding to local health departments for environmental programs, to the extent allowed by applicable law, identified in the plan, and requested by the local health department; and

(iv) is reviewed and updated annually.

(3) The local health department has the following duties regarding public and private schools within its boundaries:

(a) enforce all ordinances, standards, and regulations pertaining to the public health of persons attending public and private schools;

(b) exclude from school attendance any person, including teachers, who is suffering from any communicable or infectious disease, whether acute or chronic, if the person is likely to convey the disease to those in attendance; and

(c) (i) make regular inspections of the health-related condition of all school buildings and premises;

(ii) report the inspections on forms furnished by the department to those responsible for the condition and provide instructions for correction of any conditions that impair or endanger the health or life of those attending the schools; and

(iii) provide a copy of the report to the department at the time the report is made.

(4) If those responsible for the health-related condition of the school buildings and premises do not carry out any instructions for corrections provided in a report in Subsection (3)(c), the local health board shall cause the conditions to be corrected at the expense of the persons responsible.

(5) The local health department may exercise incidental authority as necessary to carry out the provisions and purposes of this part.



**26A-1-115. Apportionment of costs -- Contracts to provide services -- Percentage match of state funds -- Audit.**

(1) (a) The cost of establishing and maintaining a multicounty local health department may be apportioned among the participating counties on the basis of population in proportion to the total population of all counties within the boundaries of the local health department, or upon other bases agreeable to the participating counties.

(b) Costs of establishing and maintaining a county health department shall be a charge of the county creating the local health department.

(c) Money available from fees, contracts, surpluses, grants, and donations may also be used to establish and maintain local health departments.

(d) As used in this Subsection (1), "population" means population estimates prepared by the Utah Population Estimates Committee.

(2) The cost of providing, equipping, and maintaining suitable offices and facilities for a local health department is the responsibility of participating governing bodies.

(3) Local health departments that comply with all department rules and secure advance approval of proposed service boundaries from the department may by contract receive funds under Section 26A-1-116 from the department to provide specified public health services.

(4) Contract funds distributed under Subsection (3) shall be in accordance with Section 26A-1-116 and policies and procedures adopted by the department.

(5) Department rules shall require that contract funds be used for public health services and not replace other funds used for local public health services.

(6) All state funds distributed by contract from the department to local health departments for public health services shall be matched by those local health departments at a percentage determined by the department in consultation with local health departments. Counties shall have no legal obligation to match state funds at percentages in excess of those established by the department and shall suffer no penalty or reduction in state funding for failing to exceed the required funding match.

(7) (a) Each local health department shall cause an annual financial and compliance audit to be made of its operations by a certified public accountant. The audit may be conducted as part of an annual county government audit of the county where the local health department headquarters are located.

(b) The local health department shall provide a copy of the audit report to the department and the local governing bodies of counties participating in the local health department.

**26A-1-116. Allocation of state funds to local health departments -- Formula.**

(1) (a) The Departments of Health and Environmental Quality shall each establish by rule a formula for allocating state funds by contract to local health departments.

(b) This formula shall provide for allocation of funds based on need.

(c) Determination of need shall be based on population unless the department making the rule establishes by valid and accepted data that other defined factors are relevant and reliable indicators of need.

(d) The formula shall include a differential to compensate for additional costs of providing services in rural areas.

(2) (a) The formulas established under Subsection (1) shall be in effect on or before July 1, 1991.

- (b) The formulas apply to all state funds appropriated by the Legislature to the Departments of Health and Environmental Quality for local health departments.
- (c) The formulas do not apply to funds a local health department receives from:
  - (i) sources other than the Departments of Health and Environmental Quality; and
  - (ii) the Departments of Health and Environmental Quality:
    - (A) to operate a specific program within the local health department's boundaries which program is available to all residents of the state;
    - (B) to meet a need that exists only within the local health department's boundaries; and
    - (C) to engage in research projects.

**26A-1-117. Funding of departments -- Tax levies.**

- (1) Counties involved in the establishment and operation of local health departments shall fund the local health departments with appropriations from the General Fund, from the levy of a tax, or in part by an appropriation and in part by a levy under Section 17-53-221.
- (2) A local health department may be funded as provided by law from:
  - (a) local, state, and federal funds within local levy ceilings;
  - (b) a separate ceiling exempt tax under Section 59-2-911, which may not exceed .0004 per dollar of taxable value of taxable property; or
  - (c) in part by each.
- (3) Local funds from either tax source shall be appropriated by the local governing authorities of the counties participating in the local health department.

**26A-1-118. Treasurer of local department -- Bond.**

- (1) In county health departments, the county treasurer shall serve as treasurer of the local health department.
- (2) Unless another county treasurer is designated pursuant to the interlocal agreement creating the multicounty local health department, the county treasurer of the county in which the headquarters of the local health department is located shall serve as treasurer of the local health department.
- (3) The official bond of a county treasurer shall cover the duties as treasurer of a local health department.

**26A-1-119. Local health department fund -- Sources -- Uses.**

- (1) The treasurer of a local health department shall, as part of the department organization, create a local health department fund to which shall be credited any moneys appropriated or otherwise made available by participating counties or other local political subdivisions, and any moneys received from the state, federal government, or from surpluses, grants, fees, or donations for local health purposes.
- (2) (a) Moneys credited to the fund shall be placed in a restricted account and expended only for maintenance and operation of the local health department.
- (b) Claims or demands against the fund shall be allowed on certification by the health officer or other employee of the local health department designated by the health officer.

**26A-1-120. County attorney or district attorney to represent and advise department, board, officers, and employees.**

(1) Except as otherwise provided in this section, the county attorney of the county in which the headquarters of the local health department is located shall serve as legal advisor to the local health department in all civil matters involving the local health department.

(2) The county attorney of the county where a civil claim arises shall bring any action requested by a local health department to abate a condition that exists in violation of, or to restrain or enjoin any action which is in violation of the public health laws and rules of the Departments of Health and Environmental Quality, the standards, regulations, orders, and notices, of a local health department, and other laws, ordinances, and rules pertaining to health and sanitary matters.

(3) (a) The district attorney or county attorney having criminal jurisdiction shall prosecute criminal violations of the public health laws and rules of the Departments of Health and Environmental Quality, the standards, regulations, orders, and notices, of a local health department, and other laws and rules pertaining to health and sanitary matters.

(b) Violations of local ordinances relating to public health matters shall be prosecuted by the prosecuting attorney of the jurisdiction enacting the ordinance.

(4) The county attorney of a county where an action arises shall, if requested by the county attorney designated in Subsection (1):

(a) act as legal adviser to the local health department and the board with respect to the action; and

(b) defend all actions and proceedings brought in that county against the local health department, the board, or the officers and employees of the local health department.

#### **26A-1-121. Standards and regulations adopted by local board -- Administrative and judicial review of actions.**

(1) (a) The board may make standards and regulations not in conflict with rules of the Departments of Health and Environmental Quality and necessary for the promotion of public health, environmental health quality, injury control, and the prevention of outbreaks and spread of communicable and infectious diseases.

(b) The standards and regulations supersede existing local standards, regulations, and ordinances pertaining to similar subject matter.

(c) The board shall provide public hearings prior to the adoption of any regulation or standard. Notice of any public hearing shall be published at least twice throughout the county or counties served by the local health department. The publication may be in one or more newspapers, so long as notice is provided in accordance with this Subsection (1)(c).

(d) The hearings may be conducted by the board at a regular or special meeting, or the board may appoint hearing officers who may conduct hearings in the name of the board at a designated time and place.

(e) A record or summary of the proceedings of any hearing shall be taken and filed with the board.

(2) (a) Any person aggrieved by any action or inaction of the local health department relating to the public health shall have an opportunity for a hearing with the local health officer or a designated representative of the local health department. The board shall grant a subsequent hearing to the person upon his request in writing.

(b) In any adjudicative hearing, a member of the board or the hearing officer may administer oaths, examine witnesses, and issue notice of the hearings or subpoenas in the name of the board requiring the testimony of witnesses and the production of evidence relevant to any

matter in the hearing. A written record shall be made of the hearing, including findings of facts and conclusions of law.

(c) Judicial review of a final determination of the local board may be secured by any person adversely affected by the final determination, or by the Departments of Health or Environmental Quality, by filing a petition in the district court within 30 days after receipt of notice of the board's final determination.

(d) The petition shall be served upon the secretary of the board and shall state the grounds upon which review is sought.

(e) The board in its answer shall certify and file with the court all documents and papers and a transcript of all testimony taken in the matter together with its findings of fact, conclusions of law, and order.

(f) The appellant and the board are parties to the appeal.

(g) The Departments of Health and Environmental Quality may become a party by intervention as in a civil action upon showing cause.

(h) A further appeal may be taken to the Court of Appeals under Section 78A-4-103.

#### **26A-1-122. Counties joining existing department -- Abolition of department -- Withdrawal of county from department.**

(1) If additional or adjacent counties join an existing local health department, provisions shall be made for the appointment and terms of new board members in accordance with the applicable provisions of this part.

(2) (a) A local health department established under this part may not be abolished until it has been in existence at least two years.

(b) A participating county may not withdraw from a local health department until the county has participated in maintenance of the local health department for at least two years. The effective date of any withdrawal shall be December 31. Ninety days prior written notice of the withdrawal shall be given to the board.

(3) If a local health department is abolished, the participating counties shall establish local health departments under Section 26A-1-103, 26A-1-105, or 26A-1-106 at least 30 days prior to abolishment.

#### **26A-1-123. Unlawful acts -- Criminal and civil liability.**

(1) It is unlawful for any person, association, or corporation, and the officers of the association or corporation to:

(a) violate state laws or any lawful notice, order, standard, rule, or regulation issued under state laws or local ordinances regarding public health or sanitation;

(b) violate, disobey, or disregard any notice or order issued by a local health department pursuant to any state or federal law, federal regulation, local ordinance, rule, standard, or regulation relating to public health or sanitation;

(c) fail to make or file reports required by law relating to the existence of disease or other facts and statistics relating to the public health;

(d) willfully and falsely make or alter any certificate or certified copy issued under public health laws;

(e) fail to remove or abate from private property under the control of the person, association, or corporation at their own expense, within a reasonable time not to exceed 30 days after issuance of an order to remove or abate, any nuisance, source of filth, cause of sickness,

dead animal, health hazard, or sanitation violation within the boundaries of the local health department whether the person, association, or corporation is the owner, tenant, or occupant of the private property; or

(f) pay, give, present, or otherwise convey to any local health officer or employee of a local health department or any member of a local board of health any gift, remuneration, or other consideration, directly or indirectly, which the officer or employee is prohibited from receiving by this section.

(2) Removal or abatement under Subsection (1)(e) shall be ordered by the local health department and accomplished within a reasonable time determined by the local health department, but not exceeding 30 days after issuance of an order to remove or abate.

(3) It is unlawful for any local health officer or employee of any local health department or member of any local board of health to accept any gift, remuneration, or other consideration, directly or indirectly, for the performance of the duties imposed upon the officer, employee, or member by or on behalf of the health department or by this part.

(4) It is unlawful for any local health officer or employee of a local health department, during the hours of the officer's or employee's regular employment by the local health department, to perform any work, labor, or services other than duties assigned to the officer or employee by or on behalf of the local health department.

(5) (a) Any person, association, corporation, or the officers of the association or corporation who violates any provision of this section is:

(i) on the first violation guilty of a class B misdemeanor; and

(ii) on a subsequent similar violation within two years, guilty of a class A misdemeanor.

(b) In addition any person, association, corporation, or the officers of the association or corporation, are liable for any expense incurred in removing or abating any nuisance, source of filth, cause of sickness, dead animal, health hazard, or sanitation violation.

(6) Conviction under this section or any other public health law does not relieve the person convicted from civil liability for any act that was also a violation of the public health laws.

(7) Each day of violation of this section is a separate violation.

#### **26A-1-124. Religious exemptions.**

This part does not authorize a local health department to impose on any person any mode of treatment inconsistent with the creed or tenets of any religious denomination of which the person is an adherent, provided the person complies with sanitary and quarantine laws, rules, and regulations.

#### **26A-1-125. Existing local health departments required to conform to statutory amendments.**

Each county or municipality operating or participating in the operation of a local health department in existence as of January 1, 2002, shall, no later than June 30, 2003, amend its local ordinances, policies, or interlocal agreements relating to the organization and operation of the local health department to conform to the statutory amendments to Title 26A during the 2002 General Session.

#### **26A-1-126. Medical reserve corps.**

(1) In addition to the duties listed in Section 26A-1-114, a local health department may establish a medical reserve corps in accordance with this section.

(2) The purpose of a medical reserve corps is to enable a local health authority to respond with appropriate health care professionals to a national, state, or local emergency, a public health emergency as defined in Section 26-23b-102, or a declaration by the president of the United States or other federal official requesting public health related activities.

(3) When an emergency has been declared in accordance with Subsection (2), a local health department may activate a medical reserve corps for the duration of the emergency.

(4) For purposes of this section, a medical reserve corps may include persons who:

(a) are licensed under Title 58, Occupations and Professions, and who are operating within the scope of their practice;

(b) are exempt from licensure, or operating under modified scope of practice provisions in accordance with Subsections 58-1-307(4) and (5); and

(c) within the ten years preceding the declared emergency, held a valid license, in good standing in Utah, for one of the occupations described in Subsection 58-13-2(1), but the license is not currently active.

(5) (a) Notwithstanding the provisions of Subsections 58-1-307(4)(a) and (5)(b) the local health department may authorize a person described in Subsection (4) to operate in a modified scope of practice as necessary to respond to the declared emergency.

(b) A person operating as a member of an activated medical reserve corps under this section:

(i) must be volunteering for and supervised by the local health department;

(ii) must comply with the provisions of this section;

(iii) is exempt from the licensing laws of Title 58, Occupations and Professions; and

(iv) must carry a certificate issued by the local health department which designates the individual as a member of the medical reserve corps during the duration of the emergency.

(6) The local department of health may access the Division of Occupational and Professional Licensing database for the purpose of determining if a person's current or expired license to practice in the state was in good standing.

(7) The local department of health shall maintain a registry of persons who are members of a medical reserve corps. The registry of the medical reserve corps shall be made available to the public and to the Division of Occupational and Professional Licensing.

#### **26A-1-127. Surge capacity, surveillance, and community outreach plan.**

(1) In addition to the duties listed in Section 26A-1-114, a local health department shall develop and implement a locally appropriate plan, in coordination with appropriate local, state, and federal partners, to:

(a) investigate disease outbreaks;

(b) expand outreach and education efforts to employers, schools, and community organizations; and

(c) expand local capacity to respond to disasters or disease outbreaks.

(2) The plan required by Subsection (1) shall include as a minimum, details on how the local health department will maintain, train, and strengthen:

(a) the Medical Reserve Corps authorized by Section 26A-1-126;

(b) disease surveillance systems;

- (c) disease outbreak management systems to respond to communicable and food borne illness; and
- (d) emergency preparation and response plans to address infrastructure capacity and outreach and training to community partners.

**53A-11-305. Immunization by local health departments -- Fees.**

(1) If a student has not been immunized against a disease specified by the Department of Health, he may be immunized by the local health department upon the request of his parent or guardian, or upon the student's request if he is of legal age. The local health department may charge a fee to cover the cost of administration of the vaccine.

(2) The vaccine necessary for immunizations required under Sections 53A-11-301 and 53A-11-303 shall be furnished to local departments of health by the Department of Health. The Department of Health may recover all or part of the cost of vaccines purchased with state funds by charging local health departments a fee for those vaccines. Local health departments may pass the cost of the vaccine on to the student, his parent or guardian, or other responsible party. However, a child may not be refused immunizations by the local health department in his area of residence because of inability to pay.

(3) The Department of Health shall establish the fee for administration of vaccines, as provided by Subsection (1), and shall establish fees for vaccines.

# 7 Basic Public Health Services

1. Public health administration and support services
2. Maternal and child health
3. Communicable disease control, surveillance, and epidemiology
4. Food protection
5. Solid waste management
6. Waste water management
7. Safe drinking water management

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## **7 Basic Public Health Services in Utah Statute**

### **26A-1-106. Assistance in establishing local departments -- Monitoring and standards of performance -- Responsibilities.**

(3) Local health departments are responsible within their boundaries for providing, directly or indirectly, basic public health services that include:

- (a) public health administration and support services;
- (b) maternal and child health;
- (c) communicable disease control, surveillance, and epidemiology;
- (d) food protection;
- (e) solid waste management;
- (f) waste water management; and
- (g) safe drinking water management.

## Minimum Performance Standards

- Statute provided for the Department of Health and the Department of Environmental Quality to create the minimum standards in the following areas
  - Administration
  - Personal Health Services
  - Environmental Health Programs

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## Minimum Performance Standards; Administration

1. Qualified local health officer
2. Registered nurse
3. Health educator
4. Registered sanitarian (environmental health)

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## Minimum Performance Standards; Personal Health Services

1. Health promotion & risk reduction help
2. Communicable disease control
3. Infant and child health
4. SIDS counseling (Sudden Infant Death Syndrome)
5. Preventative health & instruction for school-aged children
6. Injury control
7. Chronic disease
8. Family planning
9. Health family
10. Dental health

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## Minimum Performance Standards; Environmental Health Programs

1. Food service establishments
2. Public swimming pools
3. Inspection of certain facilities
4. Safe drinking water
5. Nuisance complaints
6. Vector control (mosquito abatement)
7. Air quality and air pollution control
8. Injury control
9. Indoor clean air
10. Solid waste
11. Subsurface waste water systems

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## **Minimum Performance Standards**

### **Utah Statute**

#### **26A-1-106 (1) (c). Assistance in establishing local departments -- Monitoring and standards of performance -- Responsibilities.**

(c) The department shall establish by rule minimum performance standards for basic programs of public health administration, personal health, laboratory services, health resources, and other preventive health programs not in conflict with state law as it finds necessary or desirable for the protection of the public health.

#### **26A-1-106 (4). Assistance in establishing local departments -- Monitoring and standards of performance -- Responsibilities.**

(4) The Department of Environmental Quality shall establish by rule minimum performance standards, including standards for inspection and enforcement, for basic programs of environmental health, not inconsistent with law, as necessary or desirable for the protection of public health.

### **Administrative Rule**

#### **R380. Health, Administration.**

##### **R380-40. Local Health Department Minimum Performance Standards.**

##### **R380-40-1. Authority.**

This rule is promulgated as required by Section 26A-1-106(1)(c). The minimum performance standards apply to all local health department services, regardless of funding sources.

##### **R380-40-2. Definitions.**

- (1) "Department" means the Utah Department of Health.
- (2) "Local health department" means a city/county or district health department.
- (3) "General performance standards" means the minimum duties performed by local health departments for public health administration, personal health, environmental health, laboratory services, and health resources in addition to the powers and duties listed in Section 26A-1-114 and is equivalent to the phrase "minimum performance standards" in Section 26A-1-116(1)(c).
- (4) "Specific level of performance" means the measurable level of each general performance standard.

##### **R380-40-3. Negotiation.**

The local health department and the department shall jointly negotiate specific measurable levels of performance, not inconsistent with corresponding general performance standards, and record them in a negotiated standards document. The department and the local health department shall take into account in the negotiation process availability of local technical and financial resources, availability of department technical and financial assistance, and past practices between the department and local health departments in providing the programs under consideration.

**R380-40-4. Compliance.**

The local health department and the department shall monitor compliance with general performance standards and specific levels of performance.

**R380-40-5. Corrective Action.**

If the department finds that a local health department is out of compliance with general performance standards and specific levels of performance then the local health department shall submit a plan of corrective action to the department that is satisfactory to the department. The corrective action plan shall include but not be limited to: local health department name; the specific program under consideration; the general performance standard(s) and specific levels of performance in question; date of report; corrective actions; responsible individual; date of plan implementation.

**R380-40-6. General Performance Standards For Local Health Department Administration.**

(1) Local health departments shall exercise the powers and duties as outlined in Section 26A-1-114.

(2) The local board of health shall:

- (a) establish local health department policies;
- (b) adopt an annual budget;
- (c) monitor expenditures;
- (d) oversee compliance with general and specific performance standards;
- (e) provide for long range planning;
- (f) appoint a qualified local health officer, subject to ratification by the governing bodies of the participating jurisdictions;
- (g) periodically, but at least annually, evaluate the performance of the local health officer; and
- (h) report at least annually to county commissioners regarding health issues.

(3) Each local health department shall have an annual financial audit. The local board of health shall appoint an independent auditor or the audit may be conducted as part of the county audit and, in any event, the local board of health shall accept the audit.

(4) (a) A local health officer who is a physician shall:

- (i) be a graduate of a regularly chartered and legally constituted school of medicine or osteopathy;
- (ii) be licensed to practice medicine in the state of Utah;
- (iii) have successfully completed at least one year's graduate work in public health, public administration or business administration;
- (iv) be board certified in preventive medicine or in a primary care specialty such as family practice, pediatrics, or internal medicine; and
- (v) have at least two years of professional full-time experience in public health or preventive medicine in a senior level administrative capacity.

(b) A local health officer who is not a physician shall:

- (i) have successfully completed a master's degree in public health, nursing or other health discipline related to public health, or public administration, or business administration from an accredited school and have at least five years of professional full-time public health experience, of which at least three years were in a senior level administrative capacity; or

(ii) have successfully completed a bachelor's degree in a field closely related to public health work from an accredited school and have at least 12 years of professional full-time public health experience, of which at least 10 years have been in a senior level administrative capacity.

(c) If the local health officer is not a physician, the local health department shall contract with or employ a physician that is:

- (i) residing in Utah and licensed to practice medicine in the state;
- (ii) competent and experienced in a primary medical care field, such as family practice, pediatrics, OBGYN, or internal medicine;
- (iii) board certified in preventive medicine or in a primary care specialty such as family practice, pediatrics, or internal medicine;
- (iv) able to supervise and oversee clinical services delivered within the local health department, including the approval of all protocols and standing orders;
- (v) able to play a substantial role in reviewing policies and procedures addressing human disease outbreaks of public health importance; and
- (vi) able to participate in the Department's local health department physician network.

(d) Local health officers serving as of November 1, 2004, as well as the contracted or employee physician, are deemed to meet the requirements of R380-40-6(4) for the period that the individual so identified serves in those capacities. Upon the hiring of a new local health officer or employing or contracting with a new physician, the requirements of R380-40-6(4)(a), (b), and (c) must be met.

(e) The Executive Director may grant an exception to the local health officer and physician requirements upon written request from a Local Board of Health documenting the failure of serious and substantial efforts to recruit candidates who meet the requirements or how the intent of the rule can be met by a method not specified in the rule.

(5) The local health officer shall:

- (a) promote and protect the health and wellness of the people within the jurisdiction;
- (b) function as the executive and administrative officer;
- (c) report to and receive policy direction from the board of health;
- (d) coordinate public health services in the district;
- (e) direct programs assigned by statute to the local health department, including administering and enforcing state and local health laws, regulations and standards;
- (f) direct the investigation and control of diseases and conditions affecting public health;
- (g) be responsible for hiring, terminating, supervising, and evaluating all local health department employees;
- (h) oversee proposed budget preparation;
- (i) present the budget to the board of health for review and approval;
- (j) develop and propose policies for board consideration;
- (k) implement policies of the local board of health;
- (l) advise the department with regard to policy development as those policies impact upon the mission, purpose, and capacity of the local health department; and
- (m) perform other duties as assigned by the board of health.

(6) The local health officer shall ensure that an ongoing planning process is initiated and maintained that includes mission statement; community needs assessments; problem

statements; goals, outcomes, and process objectives or implementation activities; evaluation; public involvement; and use of available data sources.

(7) The local health officer shall ensure that fiscal management procedures are developed, implemented and maintained in accordance with federal, state, and local government requirements.

(8) Consistent with federal and state laws and local ordinances and policies, the local health officer shall ensure:

(a) that employees are recruited, hired, terminated, classified, trained, and compensated in accordance with relevant merit principles, federal civil rights requirements, and laws of general applicability, and that their qualifications are commensurate with job responsibilities;

(b) the orientation of all new employees to the local health department and its personnel policies;

(c) the maintenance of a personnel system that includes an accurate, current, and complete personnel record for each local health department employee;

(d) the verification of all current licensure and certification requirements;

(e) continued education and training for all employees;

(f) that each employee receives an annual performance evaluation, based upon a job description and written performance expectations for each employee; and

(g) all training and certification programs for establishing and maintaining quality performance will be conducted as required by the Utah Department of Health and the Utah Department of Commerce.

(9) A local health officer or designee who is a physician or osteopath licensed to practice medicine in Utah shall supervise and be accountable for medical practice conducted by local health department employees. If the local health officer is not a physician or osteopath licensed in Utah, he shall appoint a medical director licensed to practice medicine or osteopathy in Utah to supervise and be accountable for medical practice conducted by local health department employees.

(10) Each local health department shall employ a registered nurse with education, experience, and Utah licensure consistent with the position requirements to supervise, evaluate, and be accountable for nursing practice conducted by local health department nurses in order to provide quality public health nursing service.

(11) Each local health department shall employ a health educator or other qualified person with education and experience consistent with the position requirements to direct health education activities.

(12) Each local health department shall employ a sanitarian registered in Utah with education and experience consistent with the position requirements to supervise, evaluate, and be accountable for environmental health activities in order to protect and promote public health and protect the environment.

(13) Programs provided by local health departments shall be developed, directed, and organized in response to community needs; delivered and controlled in accordance with approved budget; and evaluated by using a management information system. The management information system, when consistent with program objectives, shall include a method to determine client satisfaction.

(a) Each local health department shall collect and manage data in accordance with the needs of local health department programs, department programs, and other funding sources.

(b) Each local health department shall provide all public health services in compliance with federal, state, and local (including district) laws, regulations, rules, policies and procedures; and accepted standards of public health, medical and nursing practice.

(c) Each local health department shall maintain an ongoing quality assurance program for public health services designed to objectively and systematically monitor and evaluate the quality of public health services and resolve identified problems.

#### **R380-40-7. General Performance Standards For Local Health Department Personal Health Services.**

(1) Each local health department shall provide health education, health promotion and risk reduction services to assist residents to:

(a) obtain the necessary knowledge, skills, capacity, and opportunity to improve and maintain individual, family, and community health;

(b) use preventive health services, practices, and facilities appropriately;

(c) understand and participate, where feasible, in decision-making concerning their health care;

(d) understand and encourage compliance with prescribed medical instructions;

(e) participate in community health decision making; and

(f) prevent or delay premature death, disease, injury, or disability through services that encourage the long-term adoption of healthy behavior.

(2) Each local health department shall provide communicable disease control services to include: reporting, surveillance, assessment, epidemiological investigation, and appropriate control measures for vaccine-preventable diseases, sexually transmitted diseases, tuberculosis, AIDS, and other communicable diseases to attempt to prevent, control, or prevent and control epidemics, cases of vaccine-preventable diseases, and the spread of sexually transmitted diseases, AIDS, and tuberculosis.

(3) Each local health department shall provide infant and child health services to help prevent illness, injury, and disability; reduce the preventable complications of illness, injury, and disability; maintain health; and foster healthy growth and development. These services shall include: periodic health assessments; screening for and early identification of health and developmental problems; and provision of appropriate treatment, education, or referral.

(4) Each local health department shall ensure that families of referred cases of infant and childhood death including Sudden Infant Death Syndrome cases, are offered counseling services or referred to counseling services.

(5) Each local health department shall advocate and promote preventive health services and health instruction for school-aged children.

(6) Each local health department shall ensure that injury control needs are identified and programs or services are available to reduce the occurrence of injury and unintentional death.

(7) Each local health department shall provide chronic disease control services which may include screening, referral, education, promotion, and preventive activities



related to the prevention of cardiovascular disease, cancer, diabetes, and other chronic diseases to reduce premature morbidity and mortality associated with these diseases.

(8) Each local health department shall provide family planning services including information to clients who request it and referral in accordance with State law.

(9) Each local health department shall ensure that women and families have access to risk appropriate preconceptional, interconceptional, prenatal, intrapartum, and postpartum health services with the objective of lowering the frequency of maternal and infant death, disease and disability, and promoting the development and maintenance of a healthy, nurturing family unit.

(10) Each local health department shall provide dental health services which may include dental health screening, referral, education, promotion, and preventive activities.

#### **R380-40-8. General Performance Standards For Local Health Department Environmental Health Programs.**

(1) Each local health department shall ensure that there is a program for:

(a) food service establishments to include: the maintenance of an inventory, directory, or listing of establishments; inspections including corrective actions; plan reviews; an information management system; and the dissemination of public information;

(b) public swimming pools to include: the maintenance of an inventory, directory, or listing of facilities; inspections including corrective actions; plan reviews; an information management system; and the dissemination of public information;

(c) institutions, public facilities, and indoor and outdoor facilities to include: the maintenance of an inventory, directory, or listing of facilities; inspections including corrective actions; plan reviews; an information management system; and the dissemination of public information;

(d) safe drinking water to include: the maintenance of an inventory, directory, or listing of systems; inspections including corrective actions; an information management system; and the dissemination of public information;

(e) nuisance complaints to include: inspections including corrective actions; an information management system; and the dissemination of public information;

(f) vector control to include: complaint inspections including corrective actions; an information management system; and the dissemination of public information;

(g) air quality and air pollution control to include: conducting limited inspections of visible emissions including corrective actions; an information management system; and the dissemination of public information;

(h) injury control to include: inspections including corrective actions; an information management system; and the dissemination of public information;

(i) indoor clean air to include: inspections of public facilities including corrective actions; an information management system; and the dissemination of public information;

(j) solid waste to include: an inventory, directory, or listing of locations; inspections including corrective actions; an information management system; and the dissemination of public information; and

(k) subsurface waste water systems to include: the maintenance of an inventory, directory, or listing of facilities; inspections including corrective actions; plan reviews; an information management system; and the dissemination of public information.

(2) Each local health department shall develop, implement, and maintain special programs, such as programs to respond to noise, hazardous waste, and asbestos abatement control, to meet the special or unique needs of its community as determined by local or state needs assessment.

**R380-40-9. General Performance Standards For Local Health Department Laboratory Services.**

All local health departments that have a laboratory are not exempt from existing state and federal laboratory requirements.

**R380-40-10. General Performance Standards For Local Health Department Health Resources.**

(1) Epidemiology. Each local health department shall provide for the investigation, detection, control, and development of preventive strategies of any communicable, infectious, acute, chronic, or other disease, or environmental or occupational health hazard that is considered dangerous or important or which may affect the public health. Reportable diseases shall be reported.

(2) Vital Statistics. Each local health department designated as a local registrar of vital statistics shall ensure the registration of appropriate certificates for all live births, deaths, and fetal deaths that occur in the registration area, as required by State statute.

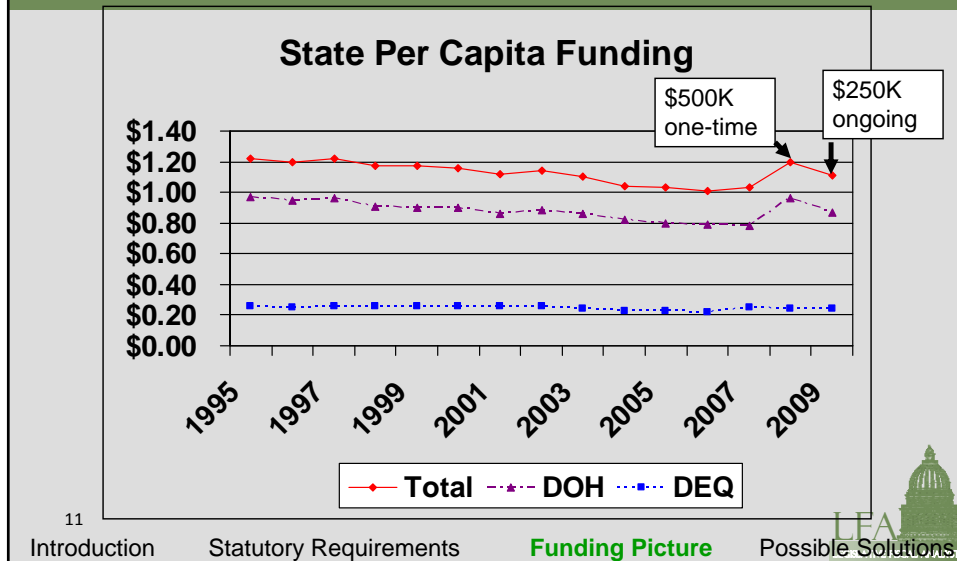
**KEY: local health departments, performance standards**

**Date of Enactment or Last Substantive Amendment: February 2, 2005**

**Notice of Continuation: June 6, 2005**

**Authorizing, and Implemented or Interpreted Law: 26A-1-106(1)(c)**

## Funding Picture–State; LHD Statutory Requirements



## Funding Picture–State; LHD Statutory Requirements

- State minimum performance standards funding per capita went from \$1.22 in FY 1995 to \$1.11 in FY 2009 (\$0.73 inflation-adjusted)
  - Funding grew by 30% in 14 years
  - Population grew by 43% during same period
  - DOH from \$0.97 to \$0.87 (\$0.57 inflation-adjusted)
  - DEQ from \$0.26 to \$0.24 (\$0.16 inflation-adjusted)
- Annual DOH increases decided as part of provider rate increases (averaged 2.1%)
- General inflation was 53% from 1995 to 2009

## State Per Capita Funding for Minimum Performance Standards (Real Dollars)

Fiscal Year	Utah Population (UPEC) <sup>1</sup>	General Funds for Minimum Performance Standards						Inflation (cumulative) <sup>2</sup>
		Department of Environmental Quality (DEQ)	DEQ per person	Department of Health (DOH)	DOH per person	Total Statewide	Total per person	
1995	1,995,228	\$ 516,000	\$ 0.26	\$ 1,925,500	\$ 0.97	\$ 2,441,500	\$ 1.22	2%
1996	2,042,893	\$ 510,000	\$ 0.25	\$ 1,945,000	\$ 0.95	\$ 2,455,000	\$ 1.20	5%
1997	2,099,409	\$ 538,100	\$ 0.26	\$ 2,023,800	\$ 0.96	\$ 2,561,900	\$ 1.22	7%
1998	2,141,632	\$ 555,600	\$ 0.26	\$ 1,947,000	\$ 0.91	\$ 2,502,600	\$ 1.17	9%
1999	2,193,014	\$ 573,200	\$ 0.26	\$ 1,983,500	\$ 0.90	\$ 2,556,700	\$ 1.17	12%
2000	2,246,553	\$ 589,700	\$ 0.26	\$ 2,027,300	\$ 0.90	\$ 2,617,000	\$ 1.16	15%
2001	2,305,652	\$ 589,700	\$ 0.26	\$ 1,984,600	\$ 0.86	\$ 2,574,300	\$ 1.12	18%
2002	2,358,330	\$ 610,700	\$ 0.26	\$ 2,085,700	\$ 0.88	\$ 2,696,400	\$ 1.14	20%
2003	2,413,618	\$ 571,820	\$ 0.24	\$ 2,085,700	\$ 0.86	\$ 2,657,520	\$ 1.10	23%
2004	2,469,230	\$ 565,700	\$ 0.23	\$ 2,012,600	\$ 0.82	\$ 2,578,300	\$ 1.04	27%
2005	2,547,389	\$ 592,700	\$ 0.23	\$ 2,041,200	\$ 0.80	\$ 2,633,900	\$ 1.03	32%
2006	2,615,129	\$ 586,900	\$ 0.22	\$ 2,055,700	\$ 0.79	\$ 2,642,600	\$ 1.01	34%
2007	2,699,554	\$ 676,900	\$ 0.25	\$ 2,092,200	\$ 0.78	\$ 2,769,100	\$ 1.03	40%
2008	2,781,954	\$ 667,100	\$ 0.24	\$ 2,681,600	\$ 0.96	\$ 3,348,700	\$ 1.20	49%
2009	2,856,158	\$ 681,500	\$ 0.24	\$ 2,497,000	\$ 0.87	\$ 3,178,500	\$ 1.11	53%
<b>Growth</b>	<b>43%</b>					<b>30%</b>		<b>53%</b>

<sup>1</sup> All Utah Population Estimates Committee (UPEC) data is dated July 1 of the calendar year

<sup>2</sup> Inflation numbers from the Consumer Price Index (general inflation).

## Funding Picture—County Statutory Requirements

- Counties have responsibility to make sure their LHDs are adequately funded (UCA 26A-1-115)
  - Counties range in support with fees and tax revenues of their LHDs from 37% for Central to 79% in Salt Lake
  - Statewide counties provide 63% of LHD funding, with another 6% coming from the State and 31% federal
  - county support was 58% in 1995
- Local match requirement for State funds (20% established through rule)
- No minimum funding requirement in statute
- Maximum separate property tax of 0.0004 (\$80 annually for average Utahn, generates \$79M)

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## Maximum Separate Property Tax of 0.0004

- 6 of 29 counties have a separate property tax
- Tax ranges from 0.000053 in Iron County to 0.00026 in Kane County as of August 2008
  - Range represents 13% to 66% of max tax
- 31% of total LHD funding comes from county general funds
  - Converting this to property tax equivalents shows counties contribute an average of 0.00013
  - Range of contribution from 0.00005 for Southwest LHD to 0.0004 for Tooele LHD

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## Total Spending for LHDs 1998 to 2007

- Statewide spending per capita went from \$27.11 to \$31.57 (\$25.66 inflation-adjusted)
- 1998 per capita funding ranged from \$20.91 in Weber/Morgan to \$79.04 for Southeastern
- 2007 per capita funding ranged from \$20.67 in Utah County to \$85.52 in Summit County (\$19.75 & \$69.50 inflation-adjusted)
- Total spending went from \$58M to \$76M (increase of 31%)
- Inflation 30% from 1998 to 2007
- LHDs estimate their FY 2008 cost of doing all duties associated with \$27.8M in grants is \$45.6M, which represents a 39% or \$17.8M LHD subsidy

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### Total Spending and Per Capita by Local Health Department (LHD)

<u>Population by LHD</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>
Cache County	88,326	89,874	91,897	93,372	95,460	98,176	100,182	103,564	105,671	109,022
Box Elder County	41,507	42,399	42,860	43,245	43,812	44,022	44,654	45,304	45,987	47,491
Rich County	1,889	1,978	1,955	1,983	2,050	2,079	2,069	2,062	2,121	2,162
<b>Bear River LHD</b>	<b>131,722</b>	<b>134,251</b>	<b>136,712</b>	<b>138,600</b>	<b>141,322</b>	<b>144,277</b>	<b>146,905</b>	<b>150,930</b>	<b>153,779</b>	<b>158,675</b>
Juab County	7,898	8,021	8,310	8,570	8,643	8,713	8,826	8,974	9,315	9,654
Millard County	12,246	12,236	12,461	12,486	12,760	13,068	13,127	13,171	13,230	13,414
Piute County	1,372	1,433	1,436	1,404	1,409	1,358	1,366	1,368	1,373	1,385
Sanpete County	22,445	22,513	22,846	23,572	24,521	24,787	25,043	25,454	25,799	26,464
Sevier County	18,294	18,555	18,938	19,180	19,232	19,318	19,415	19,649	19,984	20,442
Wayne County	2,421	2,492	2,515	2,509	2,504	2,487	2,518	2,504	2,535	2,635
<b>Central Utah LHD</b>	<b>64,676</b>	<b>65,250</b>	<b>66,506</b>	<b>67,721</b>	<b>69,069</b>	<b>69,731</b>	<b>70,295</b>	<b>71,120</b>	<b>72,236</b>	<b>73,994</b>
Carbon County	20,695	20,500	20,396	19,858	19,858	19,558	19,385	19,338	19,504	19,730
Emery County	11,059	11,095	10,782	10,473	10,540	10,477	10,493	10,491	10,438	10,461
Grand County	8,197	8,329	8,537	8,423	8,468	8,464	8,611	8,826	9,024	9,125
San Juan County	14,779	14,573	14,360	14,063	14,216	14,240	14,353	14,571	14,647	14,807
<b>Southeaster Utah LHD</b>	<b>54,730</b>	<b>54,497</b>	<b>54,075</b>	<b>52,817</b>	<b>53,082</b>	<b>52,739</b>	<b>52,842</b>	<b>53,226</b>	<b>53,613</b>	<b>54,123</b>
Beaver County	5,705	5,951	6,023	6,198	6,285	6,285	6,308	6,341	6,428	6,466
Garfield County	4,570	4,650	4,763	4,630	4,599	4,532	4,625	4,703	4,772	4,872
Iron County	31,687	32,879	34,079	35,541	36,122	37,559	38,925	41,397	43,424	44,813
Kane County	6,012	6,073	6,037	6,037	5,958	5,937	6,056	6,211	6,294	6,440
Washington County	84,579	88,105	91,104	96,902	103,750	109,767	117,316	127,127	134,899	140,908
<b>Southwest Utah LHD</b>	<b>132,553</b>	<b>137,658</b>	<b>142,006</b>	<b>149,308</b>	<b>156,714</b>	<b>164,080</b>	<b>173,230</b>	<b>185,779</b>	<b>195,817</b>	<b>203,499</b>
Daggett County	783	884	933	944	916	921	954	963	949	969
Duchesne County	14,177	14,293	14,397	14,646	14,856	14,698	14,933	15,237	15,585	16,163
Uintah County	24,262	25,004	25,297	26,049	25,984	26,019	26,224	26,883	27,747	28,806
<b>Tri-County LHD</b>	<b>39,222</b>	<b>40,181</b>	<b>40,627</b>	<b>41,639</b>	<b>41,756</b>	<b>41,638</b>	<b>42,111</b>	<b>43,083</b>	<b>44,281</b>	<b>45,938</b>
<b>Davis County LHD</b>	<b>229,450</b>	<b>235,364</b>	<b>240,204</b>	<b>246,744</b>	<b>255,099</b>	<b>262,038</b>	<b>268,916</b>	<b>278,278</b>	<b>286,547</b>	<b>296,029</b>
Morgan County	6,889	6,973	7,181	7,548	7,639	7,938	8,249	8,516	8,888	9,265
Weber County	189,553	193,508	197,541	200,567	203,377	205,882	209,547	213,684	215,870	220,781
<b>Weber-Morgan LHD</b>	<b>196,442</b>	<b>200,481</b>	<b>204,722</b>	<b>208,115</b>	<b>211,016</b>	<b>213,820</b>	<b>217,796</b>	<b>222,200</b>	<b>224,758</b>	<b>230,046</b>
<b>Salt Lake County LHD</b>	<b>870,735</b>	<b>885,216</b>	<b>902,777</b>	<b>918,279</b>	<b>927,564</b>	<b>940,465</b>	<b>955,166</b>	<b>978,285</b>	<b>996,374</b>	<b>1,018,904</b>
<b>Summit County LHD</b>	<b>27,674</b>	<b>28,799</b>	<b>30,048</b>	<b>31,279</b>	<b>32,236</b>	<b>34,073</b>	<b>35,090</b>	<b>36,283</b>	<b>36,871</b>	<b>38,412</b>
<b>Tooele County LHD</b>	<b>35,476</b>	<b>38,294</b>	<b>41,549</b>	<b>44,425</b>	<b>47,019</b>	<b>48,956</b>	<b>50,075</b>	<b>52,133</b>	<b>54,375</b>	<b>56,536</b>
<b>Utah County LHD</b>	<b>344,820</b>	<b>358,463</b>	<b>371,894</b>	<b>390,447</b>	<b>405,977</b>	<b>423,286</b>	<b>437,627</b>	<b>456,073</b>	<b>475,425</b>	<b>501,447</b>
<b>Wasatch County LHD</b>	<b>14,132</b>	<b>14,560</b>	<b>15,433</b>	<b>16,278</b>	<b>17,476</b>	<b>18,515</b>	<b>19,177</b>	<b>19,999</b>	<b>21,053</b>	<b>21,951</b>
<b>State of Utah</b>	<b>2,141,632</b>	<b>2,193,014</b>	<b>2,246,553</b>	<b>2,305,652</b>	<b>2,358,330</b>	<b>2,413,618</b>	<b>2,469,230</b>	<b>2,547,389</b>	<b>2,615,129</b>	<b>2,699,554</b>

Note: All population data is from the Utah Population Estimate Committee and data is dated July 1 of each year



### Total Spending and Per Capita by Local Health Department (LHD)

<u>Total Spending by LHD</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>
Bear River	\$ 5,538,862	\$ 5,325,752	\$ 4,681,838	\$ 5,289,823	\$ 6,101,770	\$ 6,088,060	\$ 6,369,144	\$ 6,363,021	\$ 6,763,739	\$ 7,223,419
Central	\$ 1,768,053	\$ 1,966,279	\$ 2,161,485	\$ 2,182,691	\$ 2,406,472	\$ 2,575,433	\$ 2,757,301	\$ 2,918,839	\$ 2,918,839	\$ 3,125,569
Davis	\$ 6,208,512	\$ 6,927,010	\$ 6,959,665	\$ 7,030,595	\$ 7,365,632	\$ 7,566,646	\$ 7,869,084	\$ 8,240,727	\$ 8,696,400	\$ 8,453,336
Salt Lake	\$ 20,866,510	\$ 22,541,883	\$ 24,495,209	\$ 25,864,418	\$ 26,096,425	\$ 25,873,175	\$ 26,446,887	\$ 27,467,568	\$ 28,845,985	\$ 30,144,251
Southeastern	\$ 4,325,906	\$ 2,287,181	\$ 2,843,616	\$ 2,445,379	\$ 2,640,321	\$ 2,658,844	\$ 2,731,314	\$ 2,796,675	\$ 2,838,333	\$ 2,902,229
Southwest	\$ 2,851,056	\$ 3,083,052	\$ 3,312,246	\$ 3,607,053	\$ 3,788,908	\$ 3,826,361	\$ 3,987,809	\$ 4,208,634	\$ 4,688,332	\$ 5,023,803
Summit	\$ 1,647,773	\$ 1,178,549	\$ 2,010,664	\$ 2,190,039	\$ 1,949,588	\$ 2,225,058	\$ 2,702,794	\$ 2,571,935	\$ 2,905,082	\$ 3,284,861
Tooele	\$ 1,117,469	\$ 1,455,013	\$ 1,580,152	\$ 1,713,598	\$ 1,854,606	\$ 2,204,322	\$ 2,346,891	\$ 2,396,835	\$ 2,396,835	\$ 2,815,771
Tri-County	\$ 1,385,346	\$ 1,382,696	\$ 1,439,304	\$ 1,646,591	\$ 1,837,891	\$ 1,808,801	\$ 2,058,697	\$ 2,357,195	\$ 2,221,456	\$ 2,383,556
Utah	\$ 7,423,140	\$ 7,491,056	\$ 8,067,089	\$ 9,031,920	\$ 9,501,000	\$ 9,707,940	\$ 10,556,755	\$ 11,684,130	\$ 11,373,370	\$ 12,186,167
Wasatch	\$ 811,645	\$ 640,502	\$ 848,491	\$ 943,436	\$ 1,194,303	\$ 1,377,490	\$ 1,434,952	\$ 1,598,304	\$ 1,598,304	\$ 1,499,236
Weber/Morgan	\$ 4,107,388	\$ 4,071,558	\$ 4,105,978	\$ 4,558,018	\$ 4,746,302	\$ 4,869,085	\$ 5,269,651	\$ 5,231,895	\$ 5,302,239	\$ 6,180,645
<b>Total (all fund sources)</b>	<b>\$ 58,051,700</b>	<b>\$ 58,350,500</b>	<b>\$ 62,505,700</b>	<b>\$ 66,503,600</b>	<b>\$ 69,483,200</b>	<b>\$ 70,781,200</b>	<b>\$ 74,531,300</b>	<b>\$ 77,835,800</b>	<b>\$ 80,548,900</b>	<b>\$ 85,222,800</b>

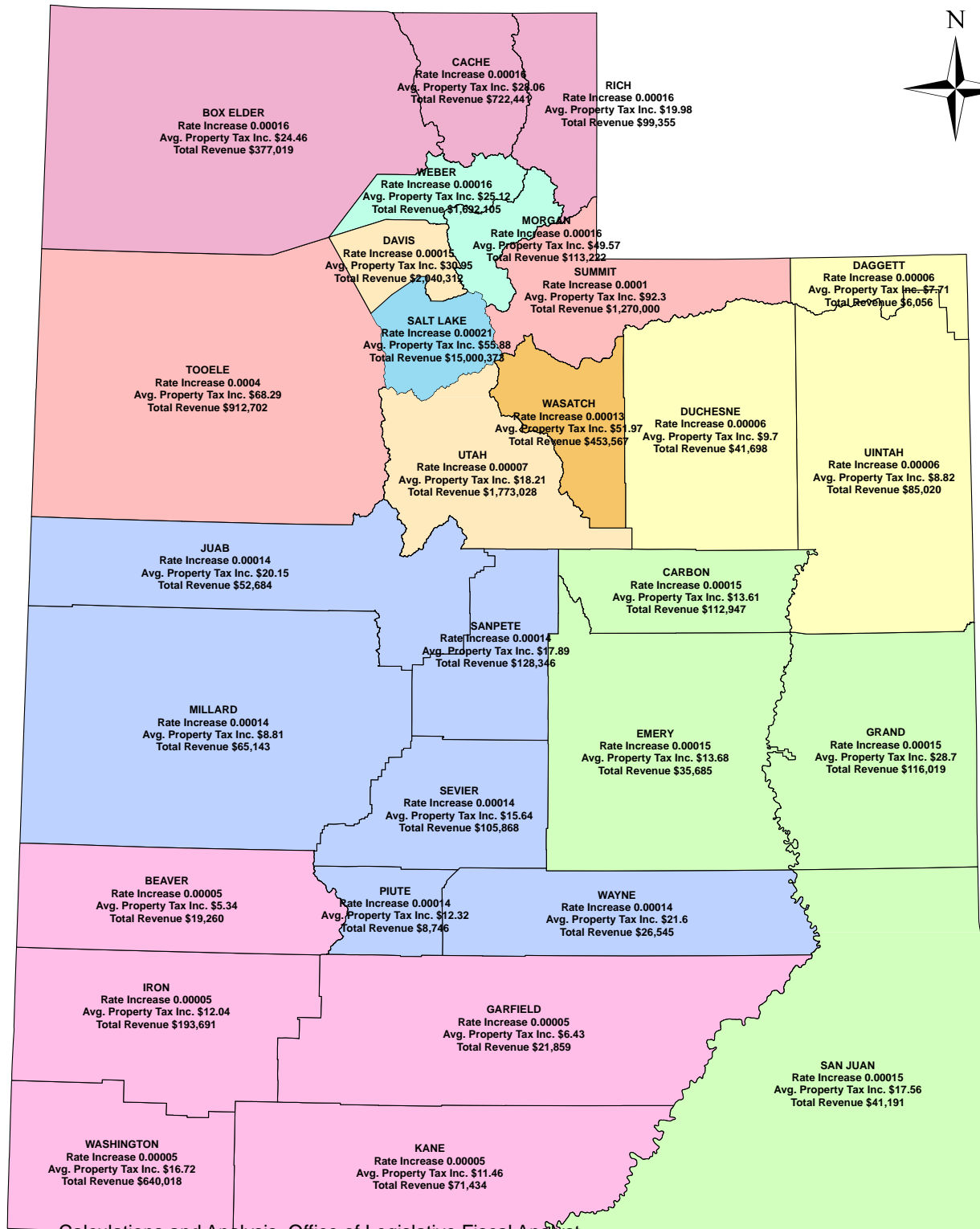
  

<u>Total Per Capita by LHD</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>
Bear River	\$ 42.05	\$ 39.67	\$ 34.25	\$ 38.17	\$ 43.18	\$ 42.20	\$ 43.36	\$ 42.16	\$ 43.98	\$ 45.52
Central	\$ 27.34	\$ 30.13	\$ 32.50	\$ 32.23	\$ 34.84	\$ 36.93	\$ 39.22	\$ 41.04	\$ 40.41	\$ 42.24
Davis	\$ 27.06	\$ 29.43	\$ 28.97	\$ 28.49	\$ 28.87	\$ 28.88	\$ 29.26	\$ 29.61	\$ 30.35	\$ 28.56
Salt Lake	\$ 23.96	\$ 25.46	\$ 27.13	\$ 28.17	\$ 28.13	\$ 27.51	\$ 27.69	\$ 28.08	\$ 28.95	\$ 29.58
Southeastern	\$ 79.04	\$ 41.97	\$ 52.59	\$ 46.30	\$ 49.74	\$ 50.42	\$ 51.69	\$ 52.54	\$ 52.94	\$ 53.62
Southwest	\$ 21.51	\$ 22.40	\$ 23.32	\$ 24.16	\$ 24.18	\$ 23.32	\$ 23.02	\$ 22.65	\$ 23.94	\$ 24.69
Summit	\$ 59.54	\$ 40.92	\$ 66.92	\$ 70.02	\$ 60.48	\$ 65.30	\$ 77.02	\$ 70.89	\$ 78.79	\$ 85.52
Tooele	\$ 31.50	\$ 38.00	\$ 38.03	\$ 38.57	\$ 39.44	\$ 45.03	\$ 46.87	\$ 45.98	\$ 44.08	\$ 49.80
Tri-County	\$ 35.32	\$ 34.41	\$ 35.43	\$ 39.54	\$ 44.02	\$ 43.44	\$ 48.89	\$ 54.71	\$ 50.17	\$ 51.89
Utah	\$ 21.53	\$ 20.90	\$ 21.69	\$ 23.13	\$ 23.40	\$ 22.93	\$ 24.12	\$ 25.62	\$ 23.92	\$ 24.30
Wasatch	\$ 57.43	\$ 43.99	\$ 54.98	\$ 57.96	\$ 68.34	\$ 74.40	\$ 74.83	\$ 79.92	\$ 75.92	\$ 68.30
Weber/Morgan	\$ 20.91	\$ 20.31	\$ 20.06	\$ 21.90	\$ 22.49	\$ 22.77	\$ 24.20	\$ 23.55	\$ 23.59	\$ 26.87
<b>Per Capita State (All LHD's)</b>	<b>\$ 27.11</b>	<b>\$ 26.61</b>	<b>\$ 27.82</b>	<b>\$ 28.84</b>	<b>\$ 29.46</b>	<b>\$ 29.33</b>	<b>\$ 30.18</b>	<b>\$ 30.56</b>	<b>\$ 30.80</b>	<b>\$ 31.57</b>

## County Funds Support of LHD's in 2007

<u>Local Health Department</u>	<u>2007 Total</u>	<u>County Support 2007</u>					
		<u>General Fund</u>	<u>Other Funds</u>	<u>Fees</u>	<u>Total County</u>	<u>% County</u>	
Bear River	\$ 7,223,419	\$ 1,198,815	\$ 85,000	\$ 1,821,900	\$ 3,105,715	43%	
Central	\$ 3,125,569	\$ 387,332	\$ 34,709	\$ 747,563	\$ 1,169,604	37%	
Davis	\$ 8,453,336	\$ 2,040,312	\$ 809,502	\$ 3,665,960	\$ 6,515,774	77%	
Salt Lake	\$ 30,144,251	\$ 15,000,373	\$ 509,894	\$ 8,395,731	\$ 23,905,998	79%	
Southeastern	\$ 2,902,229	\$ 305,842	\$ 171,429	\$ 707,752	\$ 1,185,023	41%	
Southwest	\$ 5,023,803	\$ 946,262	\$ 2,600	\$ 1,396,512	\$ 2,345,374	47%	
Summit	\$ 3,284,861	\$ 1,270,000	\$ 90,326	\$ 258,850	\$ 1,619,176	49%	
Tooele	\$ 2,815,771	\$ 912,702	\$ -	\$ 516,404	\$ 1,429,106	51%	
Tri-County	\$ 2,383,556	\$ 132,773	\$ 318,374	\$ 584,000	\$ 1,035,147	43%	
Utah	\$ 12,186,167	\$ 1,773,028	\$ 1,709,518	\$ 3,694,410	\$ 7,176,956	59%	
Wasatch	\$ 1,499,236	\$ 453,567	\$ 155,588	\$ 250,000	\$ 859,155	57%	
Weber/Morgan	\$ 6,180,645	\$ 1,805,327	\$ 29,400	\$ 1,622,550	\$ 3,457,277	56%	
<b>Total</b>	<b>\$ 85,222,800</b>	<b>\$ 26,226,300</b>	<b>\$ 3,916,300</b>	<b>\$ 23,661,600</b>	<b>\$ 53,804,300</b>	<b>63%</b>	

# Property Tax and the Local Health Department Assessing a Rate on 2007 Real Property

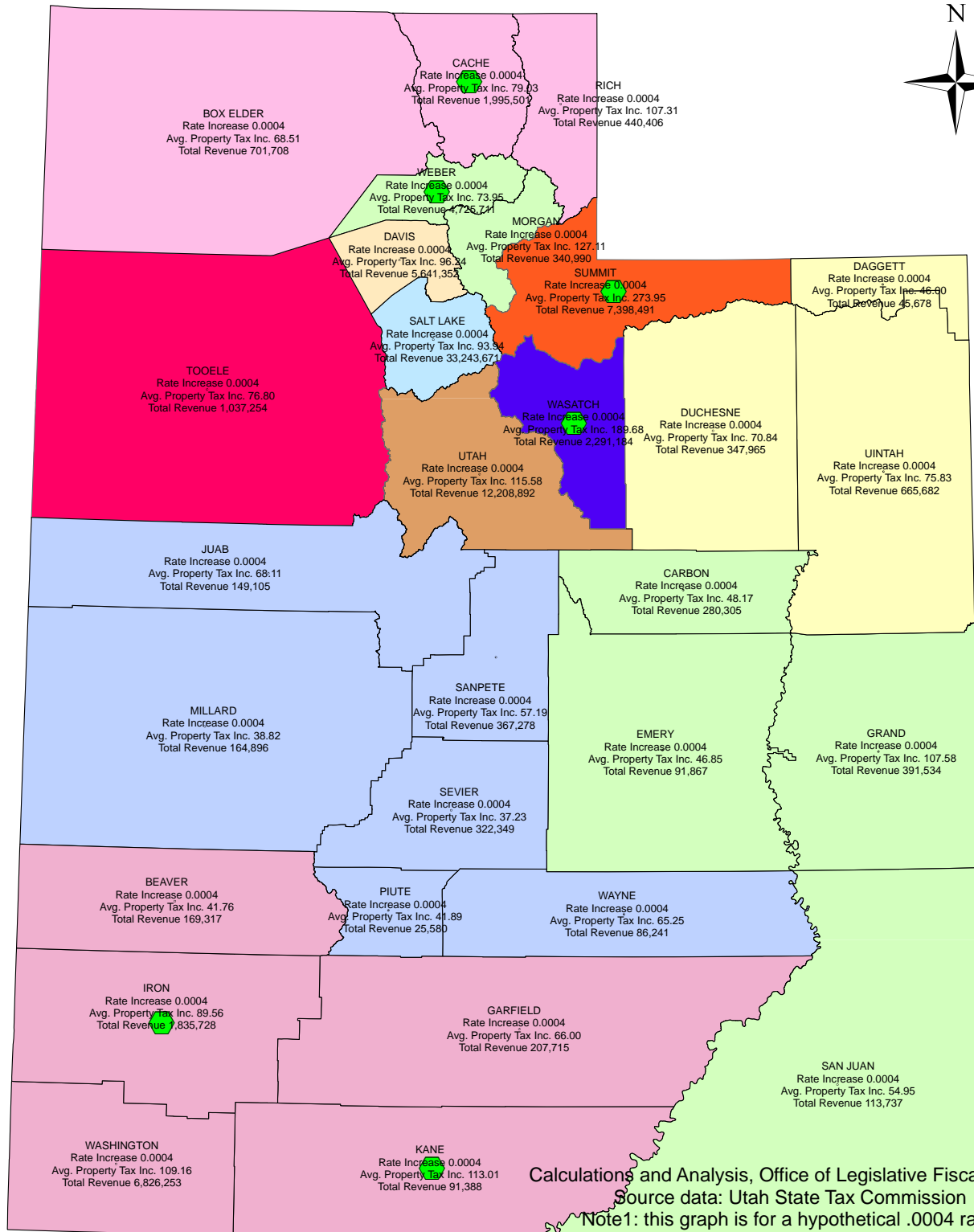


Calculations and Analysis, Office of Legislative Fiscal Analyst

Source data: Utah State Tax Commission

Note: counties that share a local health department share the same color background. For instance, Juab, Millard, Sanpete, Sevier, Piute, and Wayne are all colored blue because these counties share one local health department.

# Property Tax and the Local Health Department Assessing a .0004 on 2009 Real Property



Note3: The six counties with a green hexagon have a local health property tax rate.

Calculations and Analysis, Office of Legislative Fiscal Analyst

Source data: Utah State Tax Commission

Note1: this graph is for a hypothetical .0004 rate on all projected 2009 real property

Note2: counties sharing a local health department are marked with the same background. For instance, Box Elder, Cache, and Rich share the same local health department, thus, all have the pink background.

## Total LHD Spending vs. Money Received for Each Grant Program

Grant Program	LHD Expenditures	LHD Grant Monies	(Over)/Under Grant Amount
Women, Infants and Children (WIC)	\$ 9,707,800	\$ 9,197,600	\$ (510,200)
Minimum Performance Standards	\$ 5,543,900	\$ 2,069,100	\$ (3,474,800)
Immunization Federal	\$ 4,112,400	\$ 655,100	\$ (3,457,300)
MCH Block Grant	\$ 3,757,300	\$ 896,400	\$ (2,860,900)
BIO (Bio Terror)	\$ 3,468,500	\$ 3,238,400	\$ (230,100)
LHD Environmental Services	\$ 2,676,700	\$ 150,000	\$ (2,526,700)
Department of Environmental Quality	\$ 2,581,800	\$ 1,025,500	\$ (1,556,300)
Substance Abuse	\$ 1,768,600	\$ 1,579,400	\$ (189,200)
Tuberculosis Elimination	\$ 955,200	\$ 139,200	\$ (816,000)
Tobacco Prevention & Control	\$ 882,100	\$ 731,600	\$ (150,500)
TCM (Targeted Case Management) Smoke Free Policy	\$ 671,100	\$ 765,600	\$ 94,500
Pandemic Flu	\$ 593,400	\$ 737,300	\$ 143,900
Comprehensive Tobacco	\$ 573,700	\$ 546,700	\$ (27,000)
Prenatal to 5 Home Visitation	\$ 571,400	\$ 270,300	\$ (301,100)
Early Intervention	\$ 523,500	\$ 506,700	\$ (16,800)
MCH Injury Prevention	\$ 521,400	\$ 320,100	\$ (201,300)
Heart Disease & Stroke Prevention PB	\$ 518,700	\$ 412,200	\$ (106,500)
STD General	\$ 509,800	\$ 34,900	\$ (474,900)
Community Based CSHCN	\$ 475,200	\$ 394,700	\$ (80,500)
CHEC Professional (Medicaid)	\$ 433,900	\$ 397,700	\$ (36,200)
Tobacco Compliance Checks	\$ 409,000	\$ 461,500	\$ 52,500
Tobacco Community Collaboration	\$ 356,900	\$ 339,300	\$ (17,600)
Cancer Federal	\$ 351,300	\$ 246,100	\$ (105,200)
Consumer Ed. & Assist. (Primary Care Network)	\$ 344,300	\$ 337,100	\$ (7,200)
PRIMARY CARE (Medicaid Dental Plan)	\$ 288,100	\$ 123,700	\$ (164,400)
CDC Cancer Screen	\$ 283,900	\$ 285,000	\$ 1,100
Environmental Services II	\$ 222,500	\$ 37,800	\$ (184,700)
PBG Injury Prevention	\$ 214,200	\$ 140,100	\$ (74,100)
MADD (Mothers Against Drunk Driving)	\$ 190,500	\$ 151,800	\$ (38,700)
HIGHWAY SAFETY	\$ 178,200	\$ 117,800	\$ (60,400)
UCCP Cancer Screen	\$ 177,100	\$ 63,000	\$ (114,100)
HIV Counseling & Testing	\$ 158,300	\$ 87,800	\$ (70,500)
Abstinence	\$ 133,800	\$ 129,500	\$ (4,300)
HDSP Gold Medal Schools CDC	\$ 128,300	\$ 119,400	\$ (8,900)
Comprehensive Cancer Promo	\$ 117,500	\$ 49,800	\$ (67,700)
Refugee Health	\$ 108,500	\$ 15,000	\$ (93,500)
DSP Gold Medal School IHC	\$ 105,100	\$ 86,300	\$ (18,800)
TB Medication	\$ 104,000	\$ 21,900	\$ (82,100)
CHEC Administration (Medicaid)	\$ 85,400	\$ 123,100	\$ 37,700
Utah Indoor Clean Air Act	\$ 82,700	\$ 52,500	\$ (30,200)
Med Reserve Corps	\$ 71,600	\$ 103,900	\$ 32,300
DCFS Success by Six, High Risk Teen	\$ 65,100	\$ 33,800	\$ (31,300)
Immunization Perinatal Hep B	\$ 59,900	\$ 26,800	\$ (33,100)
MRC-FED (Medical Reserve Corp)	\$ 55,900	\$ 83,100	\$ 27,200
Summer Food	\$ 54,500	\$ 12,200	\$ (42,300)
Consumer Ed. & Assist.-PCN (Primary Care Network)	\$ 49,900	\$ 55,600	\$ 5,700
Diabetes Today	\$ 48,500	\$ 38,700	\$ (9,800)
HIV Prev Ethnic Minorities	\$ 48,300	\$ 42,000	\$ (6,300)

## Total LHD Spending vs. Money Received for Each Grant Program

Grant Program	LHD Expenditures	LHD Grant Monies	(Over)/Under Grant Amount
Child Injury Prevention	\$ 43,400	\$ 50,300	\$ 6,900
DWS (out of wedlock)	\$ 33,900	\$ 21,100	\$ (12,800)
HIV Rural Prevention	\$ 31,000	\$ 17,000	\$ (14,000)
EMS (Emergency Medical Services)	\$ 29,700	\$ 30,000	\$ 300
Medical Supervision	\$ 28,800	\$ 25,000	\$ (3,800)
Women's HIV Prevention	\$ 27,500	\$ 31,000	\$ 3,500
Public Safety (Safe communities)	\$ 16,400	\$ 10,000	\$ (6,400)
UT CAN (Cancer)	\$ 13,500	\$ 40,600	\$ 27,100
Healthy Utah	\$ 13,300	\$ 14,300	\$ 1,000
Robert Wood Johnson Foundation	\$ 12,200	\$ 21,200	\$ 9,000
Bio-Regional Epidemiologist (Bio Terror)	\$ 9,700	\$ 10,700	\$ 1,000
Oral Health	\$ 9,600	\$ 10,000	\$ 400
DEP. OF AG MOSQUITO CONTROL	\$ 6,600	\$ 6,600	\$ -
CITIZEN CORP (Medical Reserve Corp)	\$ 5,000	\$ 5,000	\$ -
Asthma	\$ 4,400	\$ 4,800	\$ 400
HIV Women at Risk	\$ 4,100	\$ -	\$ (4,100)
SUSAN G. KOMEN (Cancer)	\$ 1,400	\$ 40,000	\$ 38,600
STD Fertility	\$ 600	\$ -	\$ (600)
Ryan White Title (HIV)	\$ 100	\$ 1,300	\$ 1,200
WIC Tobacco Cessation	\$ -	\$ 10,000	\$ 10,000
Skin Cancer Project	\$ -	\$ 1,800	\$ 1,800
<b>Total - Department of Health Grants</b>	<b>\$ 45,630,900</b>	<b>\$ 27,803,800</b>	<b>\$ (17,827,100)</b>
<b>Total Local Health Department Grant Subsidies</b>		-39%	\$ (17,827,100)

## Grant Money Flow; State to LHDs

- The State administers grants in 50 focus areas
  - 21 or 41% of focus areas have some money going to every LHD (universal grants)
  - 31 or 61% of focus areas have some money going to half or more of LHDs (6 to 12)
- Money source for 50 areas:
  - 66% federal & 22% State
  - 4% private & 8% state/federal match
- Monies from grants administered by the State make up 32% or \$26.0M of all LHD funding

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## Flexibility of Federal Grant Funding; Bypass State?

- Of DOH's 21 federal grants shared with non-State providers, 5 might be granted directly to LHDs
  - Represents \$8.5M in monies currently used by DOH
  - \$6.5M is preparation for bioterrorism
  - All grants limited to specific uses
  - All grants are competitive, 12 grantees instead of 1 (assuming all LHDs decide to apply)
- None of DEQ's 10 grants can be awarded to LHDs

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## Top 4 Universal Grants; \$38.7M or 47% of All Grant Monies

- Bioterrorism: \$13.8M with 47% State, 36% LHDs & 17% others
  - State spends 52% of their \$6.5M on emergency supplies, regional epidemiologists, & maintaining bioterrorism State Lab testing ability
  - LHDs spend their money on local emergency response plans and training
  - Other providers spend 56% of their \$2.4M on partnership development, information systems for laboratory, State, & stakeholders
- WIC admin: \$11.4M with 16% State, 80% LHDs & 4% others
  - DOH has 11 FTE's & spends \$1.8M to implement statewide policies & vouchers
  - LHDs spend their \$9.2M operating 49 WIC clinics
  - \$0.4M for banking services and infusion innovations for special formula purchases

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## Top 4 Universal Grants (cont.)

- CHEC: \$10.0M with 0% State, 5% LHDs & 95% others
  - LHDs spend their \$0.5M money on increasing access for at risk mothers
  - Pays for over 140,000 health screens
- Immunization: \$3.4M with 47% State, 26% LHDs & 27% others
  - State spends their \$1.6M on CDC-required State administration
  - LHDs spend their \$0.9M on education and outreach
  - \$0.9M for providers to expand immunization outreach activities and a media campaign

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## How is Grant Funding Used in DOH?

- Overall the Department of Health keeps 26% or \$20.4M of \$77.8M grant monies (32% goes to LHDs, 42% to others)
  - Amount retained by Health by grant ranges from 0% to 93%
  - \$0.3M Oral Health 93%/7% (lowest percentage sharing):
    - 2.5 DOH FTE's for statewide collaboration and education outreach
    - 7 LHDs receive a combined total of \$20,000

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## How is Grant Funding Used in DOH? (cont.)

- \$1M HIV Counseling & Testing 47%/16%/37% (equally shared)
  - 7 DOH FTE's for statewide collaboration, provider training, & partner notification
  - 11 LHDs & 10 other providers for prevention education, counseling, & testing
- \$2.4M Comprehensive Tobacco 0%/21%/79% (highest percentage sharing)
  - LHDs spend their \$0.5M money on prevention and cessation activities
  - Other providers spend their \$1.9M money on a media campaign and quitline services

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## How is Grant Funding Used in DEQ?

- DEQ keeps 39% or \$1.9M of \$5.0M grant monies (22% goes to LHDs, 39% to others)
  - Amount retained by DEQ by grant ranges from 0% to 91%
  - \$0.2M Lead Program 91%/9% (lowest percentage sharing):
    - DEQ uses its \$0.2M for lab work for samples taken & 2.1 FTE's monitor and certify lead abatement activities
    - LHDs use their \$18,000 for public education, trainings, & testing

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## How is Grant Funding Used in DEQ? (cont.)

- \$0.6M Used Oil 39%/20%/41%
  - DEQ has \$0.2M for 2 FTE's for issuing permits and inspections & grants and reimbursements for do it yourself activities
  - LHDs with \$0.1M provide outreach and inspection of used oil facilities
  - Other providers with \$0.3M receive equipment and do promotion of recycling used oil
- \$1.6M Clean Water Act Monies 0%/1%/99% (highest percentage sharing)
  - LHDs and other providers do pollution abatement & stream restoration

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Shared Funding Resources for the State Local Health Departments FY 2007																		
Agency	Source	Local Health Departments (LHD)													Other Provider Services	State Agency Services	Total of Fund Sources	Agency % of Total
		Bear River	Central	Davis	Salt Lake & unallocated	South- eastern	South- west	Summit	Tooele	Tri- county	Utah	Wasatch	Weber- Morgan	LHD Total				
Utah Department of Health																		
General Health Services																		
General Fund Block Grant	S	192,070	250,540	107,457	389,681	231,872	241,256	44,133	74,883	171,971	188,625	42,726	156,986	2,092,200	0	0	2,092,200	0%
Contracts - Health Data & Medicine	S				74,300									74,300	0	0	74,300	0%
Bio Terrorism Contracts	F	296,048	258,213	307,797	2,032,631	250,497	300,949	194,389	201,479	244,629	379,869	186,330	285,444	4,938,300	2,406,500	6,498,900	13,843,700	47%
Total - General Health		488,100	508,800	415,300	2,496,600	482,400	542,200	238,500	276,400	416,600	568,500	229,100	442,400	7,104,800	2,406,500	6,498,900	16,010,200	41%
Epidemiology & Laboratory Services (ELS)																		
Environmental Services	S	12,800	14,000	13,800	20,400	12,700	12,600	12,500	12,500	12,500	13,300	12,500	12,700	162,300	92,000	125,000	379,300	33%
Tuberculosis (TB) Medication (a)	S	1,000	500	2,550	20,000	800		300	300	250	6,700	200	1,500	34,100	29,700	248,900	312,700	80%
Refugee Health TB	F <sup>2</sup>				15,000									15,000	538,100	246,400	799,500	31%
STD Culture & Investigation (b)	F <sup>3</sup>	992	417	992	25,172	496		595	797	397	992	303	1,984	33,100	118,500	315,800	467,400	68%
HIV Counseling & Testing (c)	F <sup>3</sup>	4,000	1,000	6,000	132,250	1,000	2,500	1,000	1,500	1,000	8,500		8,500	167,300	384,500	489,700	1,041,500	47%
TB Elimination: Prevention (d)	F <sup>3</sup>	4,150	2,895	4,825	82,881	5,935		2,895	3,040	1,592	10,374	1,592	9,795	130,000	24,300	205,400	359,700	57%
Blood Lead Test-Eureka (e)	F <sup>3</sup>		16,224											16,200		10,900	27,100	40%
National Public Health Tracking (f)	F <sup>3</sup>										14,278			14,300	0	623,600	637,900	0%
Total ELS		22,900	35,000	28,200	295,700	20,900	15,100	17,300	18,100	15,700	54,100	14,600	34,500	572,300	1,187,100	2,265,700	4,025,100	56%
Community Family Health Services (CFHS)																		
Tobacco Prevention & Control	S <sup>4</sup>	58,627	51,980	73,451	104,814	44,364	62,450	40,944	41,590	36,396	78,467	28,705	58,127	679,900	1,006,100	131,500	1,817,500	7%
Tobacco Compliance Checks	S <sup>4</sup>	30,197	22,213	33,000	169,491	22,500	62,288	11,088	11,252	9,000	53,933	4,560	35,640	465,200	688,300	90,000	1,243,500	7%
Tobacco Environmental Services	S <sup>4</sup>	3,221	1,745	5,100	21,207	1,965	2,040	1,074	1,074	865	7,544	1,074	5,079	52,000	76,900	10,100	139,000	7%
Tobacco Women, Infants & Children	S <sup>4</sup>			21,992					24,686		12,646	4,646		64,000	94,700	12,400	171,100	7%
Comprehensive Tobacco	S <sup>4</sup>	52,941	44,558	57,950	95,825	33,000	33,160		54,048	39,871	28,999	33,318	43,698	517,400	1,903,900	0	2,421,300	0%
Tobacco Community Collaboration	F <sup>3</sup>	101,874		108,254	142,105								91,717	444,000	442,500	470,600	1,357,100	35%
Healthy Utah	P <sup>5</sup>	5,000	2,000				5,000			2,000				14,000	73,400	759,200	846,600	90%
Cardiovascular	P <sup>6</sup>				35,492				10,000		35,000	4,400	21,843	106,700	37,100	156,200	300,000	52%
Basic Injury Prevention	F <sup>3</sup>	14,850	12,000	18,868	51,873	11,196	9,500			4,987	12,170		5,649	141,100	0	0	141,100	0%
Cardiovascular Disease	F <sup>3</sup>	11,628	20,345	23,076	46,324	23,333	31,956	24,504	26,962	24,697	34,083	23,179	33,698	323,800	0	0	323,800	0%
Heart Disease/ Rape Crisis	F <sup>3</sup>														54,700	155,800	210,500	74%
Cardiovascular Disease	F <sup>3</sup>		50,000			50,000	13,450		50,000	50,000				213,500	240,800	467,300	921,600	51%
Diabetes	F <sup>3</sup>	8,000		7,000			5,000		5,000	5,000	7,000		7,000	44,000	357,900	495,900	897,800	55%
Arthritis	F <sup>3</sup>													0	25,400	223,300	248,700	90%
Asthma	F <sup>3</sup>				4,750									4,800	158,600	214,200	377,600	57%
Immunization	F <sup>3</sup>	68,904	57,388	76,406	150,332	55,519	68,425	53,784	56,648	55,249	112,149	52,916	70,575	878,300	916,500	1,616,600	3,411,400	47%
Abstinence	F <sup>7</sup>	49,467							66,869			12,217		128,600	159,600	0	288,200	0%
Grants Financial Administration	F <sup>8</sup>													0		99,100	99,100	100%
Other Program Services	F <sup>8</sup>													0	618,200	2,443,900	3,062,100	80%
Block Grant	F <sup>8</sup>	94,198	29,059	69,366	230,814	87,610	88,437	12,960	40,387	48,173	87,165	19,695	117,630	925,500	0	0	925,500	0%
Community Injury Prevention	F <sup>8</sup>	35,350	32,500	39,368	72,373	31,733	30,000	20,500	25,288	25,487	33,460	20,500	26,149	392,700	0	0	392,700	0%
Home Visitation	F <sup>8</sup>	19,200	9,600	15,400	64,000	16,000	21,200	3,200	11,500	8,500	60,300	2,000	38,400	269,300	0	347,700	617,000	56%
Oral Health	F <sup>8</sup>	4,000	1,000			4,000		4,000	1,000	1,000	1,000		4,000	20,000	0	254,000	274,000	93%
Community Based Services	F <sup>8</sup>		50,000			97,022	127,800			55,000	63,630			393,500	3,700	93,000	490,200	19%
Cancer Control	S/F <sup>3,4,10</sup>	51,225	25,800	38,700	186,100	37,200	51,200	9,550	14,200	20,350	142,900	11,720	39,900	628,800	1,049,300	844,700	2,522,800	33%
Baby Watch-Early Intervention	S/F <sup>11</sup>		171,218		47,237	127,127		208,387						554,000	11,017,900	916,900	12,488,800	7%
Total CFHS		608,700	581,400	587,900	1,422,700	642,600	611,900	390,000	440,500	386,600	770,400	218,900	599,100	7,261,100	18,925,500	9,802,400	35,989,000	27%

Shared Funding Resources for the State Local Health Departments FY 2007  
Local Health Departments (LHD)

Agency	Source	Local Health Departments (LHD)												Other	State	Total	Agency	
		Bear River	Central	Davis	Salt Lake & unallocated	South-eastern	South-west	Summit	Tooele	Tri-county	Utah	Wasatch	Weber-Morgan	LHD Total	Provider Services	Agency Services	of Fund Sources	% of Total
Healthcare Financing, Medicaid Administration (HCF)																		
Children's Health Eval. and Care	S/F <sup>12</sup>	38,505	29,490	37,704	174,250	24,000	47,095	3,300	21,363	24,205	66,206	5,300	40,310	511,700	9,448,200	0	9,959,900	0%
Case Management Program	S/F <sup>12</sup>	98,000	25,249			32,825	116,200		35,500	15,225		4,214		327,200	0	32,400	359,600	9%
Total HCF		136,500	54,700	37,700	174,300	56,800	163,300	3,300	56,900	39,400	66,200	9,500	40,300	838,900	9,448,200	32,400	10,319,500	0%
Women, Infants & Children admin.	F	701,300	428,300	690,200	3,222,000	358,100	817,900	119,000	315,400	245,800	1,376,800	128,300	772,800	9,175,900	477,500	1,791,100	11,444,500	16%
Department of Health Total		1,957,500	1,608,200	1,759,300	7,611,300	1,560,800	2,150,400	768,100	1,107,300	1,104,100	2,836,000	600,400	1,889,100	24,952,500	32,444,800	20,390,500	77,787,800	26%
Department of Environmental Quality (DEQ)																		
Environmental Services	S	57,910	67,122	48,455	75,984	65,282	62,978	44,948	44,050	58,394	51,340	47,119	53,272	676,900	0	500	677,400	0%
Mercury/Construction Partnerships	F <sup>9</sup>	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	12,000	43,200	6,900	62,100	11%
Lead Program	F <sup>9</sup>	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	18,000	0	177,600	195,600	91%
Asbestos Program	F <sup>9</sup>	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	18,000	0	46,100	64,100	72%
Public Water Systems	F <sup>9</sup>	3,600	7,080	3,910	7,960	3,300	15,260	5,640	4,510		8,240		7,500	67,000	70,100	677,100	814,200	83%
Drinking Water Revolving Fund	F <sup>9</sup>	7,710	9,600	2,980	9,880	7,480	11,640	4,300	3,440	4,650	6,290	2,600	5,730	76,300	30,800	625,100	732,200	85%
Underground Storage Tanks	F <sup>9</sup>	9,870	14,110					1,030	6,600	6,020	15,290		11,350	64,300	0	120,200	184,500	65%
Radon	F <sup>9</sup>	500	300	300	300	500	500	500	500	300	500	300	300	4,800	0	37,700	42,500	89%
Used Oil	S	10,160	10,160	10,187	10,160	10,160	10,160	10,160	10,160	10,160	10,160	10,160	10,160	121,900	255,900	243,900	621,700	39%
Clean Water Act Monies	F <sup>9</sup>						21,800							21,800	1,546,200	0	1,568,000	0%
Total DEQ		93,800	112,400	69,800	108,300	90,700	126,300	70,600	73,300	83,500	95,800	64,200	92,300	1,081,000	1,946,200	1,935,100	4,962,300	39%
Total Federal Funds		1,586,600	1,160,400	1,442,700	6,622,400	1,152,600	1,736,500	576,300	879,400	834,200	2,419,500	471,900	1,569,100	20,451,600	22,366,800	20,074,800	62,893,200	32%
Total State Funds		459,700	558,200	386,400	1,061,700	498,900	535,200	262,400	291,200	351,500	477,400	188,300	390,400	5,461,300	11,913,700	1,335,400	18,710,400	7%
Total Private Funds		5,000	2,000	0	35,500	0	5,000	0	10,000	2,000	35,000	4,400	21,800	120,700	110,500	915,400	1,146,600	80%
Grand Total All Fund Sources		2,051,300	1,720,600	1,829,100	7,719,600	1,651,500	2,276,700	838,700	1,180,600	1,187,700	2,931,900	664,600	1,981,300	26,033,600	34,391,000	22,325,600	82,750,200	27%

\* Green highlight indicates grants that might be granted directly to Local Health Departments.

(a) DOH purchased \$69,100 of TB medications for shipping to LHD's as needed and spent \$10,830 for consultants to support LHD's. Other Provider services includes \$12,500 for Lab work to support LHDs.

(b) Other Provider services is entirely for Lab support for LHDs, Clearfield Job Corps, and the Open Doors clinic

(c) Other Provider services is entirely for Lab support for LHDs.

(d) DOH Admin & Services includes \$27,880 for consultant fees to support LHDs.

(e) Grant extended to three-year grant, totals are aggregate for the three years.

(f) Southwest District and Utah County were given one-time funding for a specific project. No LHD will receive funding from this grant in future years.

<sup>1</sup> S=State, F=Federal, P=Private, & S/F=State/Federal

<sup>2</sup> Funding through the Office of Refugee Resettlement in the U.S. Department of Health and Human Services.

<sup>3</sup> Funding through the Centers for Disease Control and Prevention.

<sup>4</sup> Funding from the Master Tobacco Settlement Agreement.

<sup>5</sup> Funding through the Public Employees' Health Program (PEHP).

<sup>6</sup> Funding through Intermountain Healthcare (IHC).

<sup>7</sup> Funding through the U.S. Department of Health and Human Services.

<sup>8</sup> Funding through the Maternal and Child Health Bureau in the U.S. Department of Health and Human Services.

<sup>9</sup> Funding through the U.S. Environmental Protection Agency.

<sup>10</sup> State funds 5%, Federal funds 95%

<sup>11</sup> State funds 46%, Federal Funds 54%

<sup>12</sup> State Funds 28%, Federal 72%

	Utah Department of Health										
	Bio Terror Program Allocated resources with Local Health FY07										
UNIT	Unit Description	4 Total	UDOH			LHD Benefit 3 Amount	LHD contract Amount		CBOs/ Contracts 2	Service Type	Description
			Rank	3 Amount	FTEs			rank			
		Bio Terror									
1501	HRSA Admin	\$364,300	10	\$321,300	6.8	Indirect LHD benefit	\$0	12	\$43,000	4, 5, 6, 8	For executive direction, supervision, and administrative support of the statewide Bioterrorism Program
1502	HRSA Regional Surge Capacity	\$2,343,000	1	\$1,767,000	0	1.6M indirect LHD Benefit	\$0	1	\$576,000	10	\$1.6 M for purchase of emergency preparedness supplies, equipment and medications by DOH provided statewide to hospitals and Local Health Departments.
1503	HRSA EMS	\$204,000	15	\$4,000	0		\$0	5	\$200,000	7, 10	\$200k for equipment and supplies for EMS Mobile Strike Teams
1504	HRSA Linkages to Public	\$455,000	12	\$84,359	0	Indirect LHD benefit	\$0	3	\$370,641	1, 10	Lab equipment / data systems / connectivity, contract for BEMS Prehospital Data Collection & Reporting System between DOH, LHD, & Hosp Providers
1505	HRSA Education & Training	\$156,000	14	\$6,000	0		\$0	7	\$150,000	6, 8	\$20k to Primary Children's Medical Center, \$50k contract for DOH's Web EOC, all training and travel for grant staff, and conferences and trainings conducted by grant staff.
1506	HRSA Terrorism Preparedness	\$100,000	16	\$0	0	Indirect LHD benefit		8	\$100,000	6, 8	\$95k to conduct Statewide Public Health Emergency Response Exercises. (SPHERE)
1510	HRSA Awardee-Wide Planning	\$404,400	9	\$338,000	3.21		\$0	9	\$66,400	4, 5, 6, 8	Program Managers, Training Coordinators, Planners, Registered Nurse, and IT Analyst (for data systems development and maintenance).
1521	Strategic National Stockpile	\$83,700	13	\$6,100	1.2	17K Direct & Indirect LHD benefit	\$17,092	11	\$60,508	4, 10	Coordinator for State's Strategic National Stockpile drug cache.
1522	Lab Capacity - Chemical	\$511,000	5	\$511,000	4.8	Indirect LHD benefit	\$0	14	\$0	1, 2, 7, 10	Personnel, equipment and supplies to maintain State Lab's capacity to test for chemical agents.
1523	General Preparedness	\$529,900	8	\$342,000	3.4	Indirect LHD benefit	\$0	6	\$187,900	4, 5, 6	For executive direction, supervision, and administrative support of the statewide Bioterrorism Program. Also, contracts with Utah Association of Local Health Departments, DEQ and UDAF.
1524	Focus Area B - Epi	\$1,195,300	2	\$993,800	10.47	336K Direct LHD benefit	\$0	4	\$201,500	1, 2, 3, 9	Four Regional Epidemiologists that work directly with the Local Health Departments, and contracts for access to databases.
1525	Lab Capacity	\$641,200	3	\$641,200	6.5	Indirect LHD benefit	\$0	14	\$0	1, 2, 7, 10	Personnel, equipment and supplies to maintain State Lab's capacity to test for biological agents.
1526	Health Alert Network	\$844,400	6	\$455,061	0	120K indirect LHD benefit	\$0	2	\$389,339	1, 3	\$120k for teleconferencing services, contracts for development of laboratory information system, 800MHz radios, PHIN compliance, alert notification system.
1527	Risk Communication	\$114,200	11	\$114,200	2		\$0	14	\$0	3	Public Information Office.
1528	Education & Training	\$436,600	7	\$375,368	3.6		\$0	10	\$61,232	3, 4, 5, 8	Planner and trainers, contracts for Statewide Public Health Emergency Response Exercise (SPHERE), train learning management system, contract with the Department of Safety.

1529	Local Health Departments	\$3,345,600	16	\$0	0	3.4 M direct LHD benefit	\$3,345,583	13	\$17	NA	Money passed through to LHDs.
1530	Pan Flu - Local Health Departments	\$1,575,600	16	\$0	0	1.6 M direct LHD benefit	\$1,575,600	14	\$0	NA	Money passed through to LHDs.
1531	Pan Flu - DOH	\$539,500	4	\$539,500	0	Indirect benefit	\$0	14	\$0	10	Pan Flu preparedness supplies and equipment
	TOTAL	\$13,843,700		\$6,498,888	41.98	75 % LHD benefit	\$4,938,275		\$2,406,537		
						39% direct					

## Community and Family Health Services

Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
MCH Block Grant - Federal MCH							
\$925,494		0.00		\$925,494		NA	<p>MCH Block grant to LHDs.</p> <p><u>Maternal &amp; Child Health (MCH) Services Block Grant Information:</u></p> <p><u>Background</u></p> <p>The Maternal and Child Health (MCH) Services Block Grant (Title V of the Social Security Act) has operated as a Federal-State partnership since 1935, when the Social Security Act (the Act) was passed. The Federal Government, through Title V, pledged its support of State efforts to extend health and welfare services for mothers and children.</p> <p>Sweeping amendments enacted under the Omnibus Budget Reconciliation Act of 1989 (OBRA '89), PL 101-239, introduced stricter requirements for the use of funds and for State planning and reporting. OBRA '89 amendments require that State and Federal Title V program activities "to improve the health of <b>all</b> mothers and children" be formulated in terms of their consistency with "applicable" Year 2000 Objectives (now 2010).</p> <p>Title V is a partnership with State Maternal and Child Health (MCH) and Children with Special Health Care Needs (CSHCN) programs, reaching across economic lines to support such core public health functions as resource development, capacity and systems building, population-based functions such as public information and education, knowledge development, outreach and program linkage, technical assistance to communities, and provider training.</p> <p>Title V makes a special effort to build community capacity to deliver such enabling services as care coordination, transportation, home visiting, and nutrition counseling, which complement and help ensure the success of State Medicaid and SCHIP medical assistance programs.</p> <p><u>Federal Guidance</u></p> <p>MCH Formula Grants to States are awarded to State health agencies on the basis of the number of children in poverty in a state in relation to the total number of such children nationally,</p> <p>States must provide a three dollar match for every four Federal dollars allocated.</p> <p>"In-kind" matching is permitted, but Federal funds from other sources may not be used to match the Federal MCH Block Grant allocation. The state provides the match for the LHD contracts.</p> <p>In order to receive Federal Title V payments, each State must prepare and transmit to the Secretary a standardized application for its Block Grant. The purpose is to provide a mechanism for program planning, management, measurement of progress, and accounting for the costs of State efforts.</p> <p><u>States will use:</u></p> <p>- * at least 30 percent of Federal MCH Block Grant funds received for preventive and primary care services for children; and</p>

Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
							<ul style="list-style-type: none"> <li>- *at least 30 percent of Federal MCH Block Grant funds received for services for children with special health care needs.</li> <li>- state "maintenance of effort" (i.e., State will maintain the level of funds being provided solely by such State for maternal and child health programs at a level at least equal to the level provided in FY 1989);</li> <li>- assurance that funds will only be used to carry out the purposes of Title V, or to continue activities conducted under the consolidated health programs prior to the 1981 establishment of the MCH Block Grant;</li> <li>- publication of a schedule of State charges for any services for which charges are made, assurance that charges will not be imposed on low income mothers and children, and will be adjusted to reflect the income, resources, and family size of individuals;</li> <li>- state toll-free number (and other appropriate methods) to be provided to make available to parents information about health care providers and practitioners who provide services under Title V and Title XIX as well as other relevant information;</li> <li>- state agency participation in coordinating activities of the Title V programs with those of EPSDT, supplemental food programs (WIC), and other health, developmental disability and family planning programs to avoid duplication of effort and to ensure effectiveness of all programs; and</li> <li>- provision of outreach services to identify pregnant women and infants who are eligible for services under the State's Medicaid program and assist them in applying for Medicaid assistance.</li> </ul>
Financial Resources - Federal MCH							
\$99,100	\$99,100	1.00				Administrative	<p>Financial Resources provides financial management for the division by managing budgets, contracts and grants; ensuring compliance with financial policies and regulations; ensuring the accuracy of all financial transactions; and providing billing services for public health services.</p> <p>* See MCH Federal Guidance Information on page 2.</p> <p><b>Bureau Director (1 FTE):</b> Oversees the financial management of the CFHS division, including contracts, grants, and medical billing.</p>
Violence and Injury Prevention/Community Injury Prevention - Federal MCH							
\$693,731	\$301,023	5.79		\$392,708		1, 3, 4, 6, 8, 9	<p>The mission of the Violence and Injury Prevention Program (VIPP) is to promote the health of all Utah residents by working to reduce the incidence and severity of fatal non-fatal injuries. VIPP focuses its prevention efforts in three priority areas: 1) motor vehicle (including injury to occupants, pedestrians and bicyclists); 2) falls and fall-related injury; and 3) family and community violence - including rape and sexual assault, child maltreatment, and domestic violence.</p> <p>* See MCH Federal Guidance Information on page 2.</p>



Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
							<p><b>Program Manager (1 FTE):</b> Oversees and works with all the VIPP budgets, contracts and grants. Serves as principle investigator on all grants and assures that grant objectives are accomplished and timelines are met. Administers all contracts, including Rape Prevention Education, Office of Highway Safety and local health department contracts. Provides supervision to the Unintentional and Intentional Team Supervisors, epidemiology staff and office specialists.</p> <p><b>Health Program Specialist (Unintentional Injury Team Supervisor) (0.80 FTE):</b> Supervises unintentional injury staff funded under special grants to provide Safe Kids, pedestrian and bicycle safety assistance to local health departments and communities. Chairs the Teen motor vehicle safety task force and works on teen motor vehicle issues. Serves as the contract liaison for local health department contracts and provides technical assistance to local health departments. Writes grants to obtain funding (when available) for special projects to assist on a statewide level with media, education, equipment or materials. Equipment such as bicycle helmets and car seats may be distributed to local health departments.</p> <p><b>Health Program Specialist (Violence Prevention Team Supervisor) (0.35 FTE):</b> Supervises violence prevention staff funded under special grants, such as Rape Prevention Education, National Violent Death Reporting System (NVDRS) and Traumatic Brain Injury TBI. Oversees the ME, police report, and hospital data abstraction for the NVDRS, TBI, domestic violence fatality review and child fatality review databases. Coordinates the Domestic Violence Fatality Review and Child Fatality Review multi-disciplinary teams.</p> <p><b>Health Program Specialist (Media and Education Coordinator) (0.52 FTE):</b> Develops news releases and press events and shares them with local health departments. Responds to media inquiries and refers to local health department as appropriate. Edits and/or prepares injury reports and fact sheets for distribution to the public and local health departments. Maintains website and assures information is regularly updated.</p> <p><b>Epidemiologist (0.60 FTE):</b> Two part time Epidemiologists to work on other data projects that the grants under which they are funded would not cover. Such projects as the Small Area Injury Report, IBIS Indicators, Student Injury database including statewide and school district specific reports, and responding to local health department, media or the public's specific injury data requests, etc</p> <p><b>Office Specialist/Student Injury Report (SIR) System Clerk (0.60 FTE):</b> Reviews SIR forms received from the Utah schools for missing information, requests the additional information from the schools and prepares all SIR forms for keypunch. Provides training to the new school and school district staff on the SIR System. Assists the epidemiologist in the development of the SIR statewide and school district specific reports as well as their dissemination.</p>

Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
							<p><b>Office Specialist (1.47 FTEs):</b> Provide secretarial support to all the VIPP staff. Assists the local health departments and the public when they request educational materials, etc.</p> <p><b>Health Program Specialist (Safe Kids Coordinator) (0.25 FTE):</b> Assists local health departments and local safe kids coalitions/chapters to obtain Safe Kids funding to do Safe Kids activities, such as car seat checkpoints etc. and assists them with their reporting.</p> <p><b>Health Program Specialist (Violence Against Women Specialist) (0.20 FTE):</b> Partial funding to allow for conducting domestic violence activities including trainings of health care providers and data collection for the Domestic Violence Fatality Review Multi-disciplinary Team.</p>
MCH Bureau - Federal MCH							
\$177,300	\$155,300	1.95			\$22,000	3, 4, 5, 6,	<p>The Maternal and Child Health Bureau oversees the needs of mothers and children in the state through a federally required five year needs assessment which identifies priority health needs of mothers and children in the state. The Bureau provides public health leadership and consultation for improving the health of mothers, infants, children, youth and adolescents in the state. The mission of the Bureau is accomplished through oversight of the maternal and child health services and development of strategies to address those areas that either require improvement, or require preventive efforts to promote healthy lifestyles and support for at-risk families. The MCH Bureau oversees six programs that work to address the health care needs of mothers and children in the state.</p> <p>Grant funds are designated for state Title V agencies. The federal requirements include that the state has to dedicate at least 30% of funding for children's health. The Bureau, by being responsible for the Annual MCH Block Grant Application and Report supports maternal, child, adolescent and CSHCN populations by virtue of completion of the grant application/annual report and oversight of programs focused on mothers and children.</p> <p>Locals benefit from funding spent at state level by 1) DOH completing the grant that provides funds for local MCH services and reporting on services provided in Annual Report, including local services and service numbers; 2) providing data to locals on performance measure values so locals can evaluate progress with improving the health of mothers and children in their districts; 3) technical assistance and consultation.</p>

Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
							<p><b>MCH Bureau Director (0.95 FTE):</b> Oversees the work and accountability of 6 programs (Child Adolescent and School Health, Data Resources, Immunizations, Oral Health, Reproductive Health, and WIC); including budgets, program planning and evaluation; responsible for :1) completion and submission of the MCH Block Grant Application and Annual Report; 2) contracts to LHDs, other contracts; interfaces with federal and national partners on efforts in MCH that may benefit Utah's mothers and children. Tracks progress of state on MCH required Performance Measures for MCH Block Grant as well as other grants administered in the Bureau.</p> <p><b>Secretary (1 FTE):</b> Provides support for secretarial needs of MCH Bureau Director and Data Resources Program staff. Responsible for typing, mailing, sorting mail, typing invoices, letters, memos, reports, travel requests, expense vouchers, and grant applications, etc. Responsible for coordination for all meetings of the MCH Bureau Director, both with internal staff as well as external partners. Responsible for complying with Department and Division policies and procedures; Responsible for public comment notification for annual MCH Block Grant Application.</p> <p>Division of Substance Abuse for Youth Risk Behavior Survey \$2,000 U of U UPIQ for Medical Home project \$20,000</p>
Reproductive Health - Federal MCH							
\$252,800	\$204,800	3.35			\$48,000	1, 2, 3, 4, 5, 6, 7	<p>The mission of the Reproductive Health Program (RHP) is to improve the health of women of childbearing age and their infants by reducing preventable illness, disability and death related to pregnancy, birth and infancy through the promotion of healthy lifestyles and optimal health care. We accomplish this mission through the activities carried out in the various components of the RHP which include: Prenatal/Family Planning component, the WeeCare Program, the Pregnancy Risk Assessment Monitoring System (PRAMS) project and the Perinatal Mortality Review (PMR) Program. The program creates and disseminates pertinent health education messages that are identified through the program's various data collection resources. These messages are distributed via presentations at schools, churches, health fairs, etc. as well as their Internet website (www.health.utah.gov/rhp), brochures, radio messages and poster displays.</p> <p>The RHP collaborates with Utah's twelve local health departments in a variety of ways. The RHP nurse consultant who oversees the MCH contracts for prenatal and family planning services with each of the local agencies collaborates closely to provide technical assistance and assure that federal priorities are adhered to. In addition, she provides technical assistance to over 60 qualified providers (many of whom are local health department staff) of presumptive eligibility for applications submitted to Medicaid via Utah Clicks or other means.</p> <p>* See MCH Federal Guidance Information on page 2.</p>

Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
							<p><b>Program Manager (0.85 FTE):</b> Oversees the general operations of the program, including supervision, contracts and budgets. Responsible for program planning and evaluation, as well as work related to the maternal and infant MCH Performance Measures of the MCH Block Grant.</p> <p><b>RN (0.80 FTE):</b> Responsible for the Prenatal Component of the program which improves access to prenatal care through expedited eligibility to Medicaid, enhanced prenatal and delivery services within Medicaid, and by covering prenatal care for uninsured women. Also responsible for the administration of the presumptive eligibility portion of the online web-based application program, <i>Utah Clicks</i> which enables low income families to be screened for presumptive eligibility for Medicaid and other services.</p> <p><b>RN (0.70 FTE):</b> Responsible for the family planning component which assures access to family planning services in under served areas of the state, and also assures reproductive health services through technical assistance to local health departments, community health centers, and other providers. Contracts are maintained with these agencies for prenatal and family planning services.</p> <p><b>Office Specialist (1 FTE):</b> Provides secretarial support to the program.</p> <p>Community Health Center for prenatal care for low income women \$25,000  U of U for prenatal care for low income women \$18,000  Various Certified Nurse Midwives for maternal interview \$5,000</p>
Child, Adolescent & School Health - Federal MCH							
\$617,000	\$341,700	3.50		\$269,300	\$6,000	1, 2, 3, 7, 8, 9, 10	<p>The Child, Adolescent and School Health Program promotes improved access to needed health and related services and promotes improved health and well-being for infants, children, and adolescents in Utah. The program addresses the following areas: health and well-being of children in early childhood, school age, and adolescence, and mental health promotion. Program staff participate with state and local programs and agencies; public and private health care providers, local health departments, Head Start, non-profit organizations, child care colleagues and others on needs assessment, systems planning, implementation and evaluation activities designed to address the broad-range of health care needs of Utah's children to optimize their overall health status.</p> <p>* See MCH Federal Guidance Information on page 2.</p> <p><b>Program Manager (1 FTE):</b> Administer Oral Health Program and Child Adolescent and School Health Program, including staff supervision, and budget management. Oversee program planning including role of State program, priority setting, program decisions, etc. Serve as a liaison and resource for promotion of oral health and child health, including early childhood, school age and adolescent periods. Oversee local health department MCH contracts.</p>

Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
							<p><b>HPS (1 FTE):</b> Identifies key issues related to children's mental health related to screening, early recognition, and referral. Develops plan to address prevention issues taking into account the primary care provider, family, mental health system, schools, and child care. Coordinates efforts to promote mental health prevention among key partners, internal and external.</p> <p><b>HPS (1 FTE):</b> Develops a vision and action plan for monitoring and improving the health of adolescents in partnership with other agencies. Oversees and coordinates the ongoing implementation, review, and evaluation of Utah's Abstinence-Only Education Program. Provide leadership in the development of new assets, programs, and strategies to address preventive and primary adolescent health needs in the State.</p> <p><b>Office Specialist (0.5 FTE):</b> Provides secretarial support for the program which includes task such as answer phones, type memos, order supplies, prepare monthly reports, schedule and maintain program manager's calendar, and compose correspondence for program. Administrator for program websites.</p> <p>Behavior Risk Factor Survey for health status survey \$4,000 Website Translation Services \$2,000</p>
Data Resources - Federal MCH							
\$248,500	\$248,500	3.09				1, 6, 8, 9	<p>Data Resources Program (DRP) assists the Maternal and Child Health (MCH) and Children with Special Health Care Needs (CSHCN) bureaus in the effective use of analytic and web resources to support the performance of the public health core functions and essential services. DRP provides health status surveillance data and information to MCH/CSHCN programs, local health departments, community based health organizations, and the public. Most of the work that Data Resources Program (DRP) does is to assist MCH/CSHCN programs to carry out public health core functions and essential services.</p> <p>* See MCH Federal Guidance Information on page 2.</p> <p><b>Epi Manager (1 FTE):</b> Manages and provides oversight to multiple epidemiologic projects. Assists public health programs in analyzing data, preparing reports, and grant applications. Collaborate with programs to conduct evaluation studies to improve the health of MCH target populations. Assists MCH and CSHCN bureau in program evaluation of program interventions. Offers and arranges epidemiologic training for state and local health department staff. Responsible for overall coordination of MCH Block Grant Application and Report assignments.</p>

Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
							<p><b>Epidemiologist (1 FTE):</b> Provides epidemiological and analytical support for the MCH, CSHCN bureau programs, the University of Utah, UARP and URADD and other outside partners. Assists programs with survey development and implementation, as well as, database development, and analysis of data. Provides technical and statistical aid to MCH and CSHCN staff in the design, implementation, and evaluation of research projects. Provides linked data sets.</p> <p><b>Research Analyst (0.5 FTE):</b> Responsible for research, data analysis, and technical writing activities. Analyzes various data sets to provide information to MCH programs. Summarizes data findings by creating tables, graphs, or written reports. Creates database and codebook for the program. Provides consultation on the principals and methods of program evaluation to MCH programs.</p> <p><b>Research Consultant (0.59 FTE):</b> Assist CFHS programs with web site design and web application development. Monitor and evaluate CFHS Division websites to maintain structural and design integrity on Internet and Intranet (DOHnet). Assists in design and maintenance of new DOHnet and UDOH main web site. Conducts research and offer classes and educate program web developers in the latest web development technologies.</p>
CSHCN Bureau - Federal MCH							
\$140,952	\$34,700	0.90			\$106,252	3, 4, 5, 6, 8	<p>CSHCN is responsible for statewide needs assessment, planning, and evaluation of services for all children who have chronic health problems. CSHCN programs reduce preventable death, disability, and illness due to chronic and disabling conditions by providing access to affordable high-quality health screening, specialty health care, and case management that are not available throughout the state. Bureau programs are focused on provision of direct services, population based services, and infrastructure building for systems of care to support Utah children and youth with special health care needs.</p> <p>* See MCH Federal Guidance Information on page 2.</p> <p>Approx. \$70,000 per year is paid out in at the state level in various CSHCN clinical programs to private providers as authorizations for direct services for CSHCN clients.</p> <p>U of U Pediatrics for Itinerant Clinics \$93,000 Various Providers for Itinerant Clinics \$13,252</p>
Hearing, Speech & Vision - Federal MCH							
\$338,900	\$326,000	6.00			\$12,900	7	<p>HS&amp;V provides statewide screening, diagnosis, consultation, and education in the area of pediatric hearing, speech and vision disorders. The mission of HS&amp;V is to assure optimal hearing, speech, language, and vision in Utah children, through a collaborative statewide system of prevention, early identification, early intervention, and care coordination.</p>

Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
							<p><a href="#">* See MCH Federal Guidance Information on page 2.</a></p> <p><b>Program Manager (0.4 FTE):</b> Act as supervisor for all State EHDI activities and is the Program Manager for the CHARM Data Integration project. Provides clinical services for itinerant and SLC clinics as needed. Manages Clinical Service providers.</p> <p><b>Audio/Speech Pathologist (1 FTE):</b> Eastern Utah Region: Provide clinical services for hearing and speech. Provide audiological screening and speech evaluations. Participate in Public Health Activities by providing information to local print media regarding hearing impairment, HSVS programs, and importance of early identification. Travel to Satellite clinics to provide screening services. Assist participating hospitals with follow-up audiological services for the NBHS programs. NFP clinics will be covered with speech-language evaluations. Supervise all assigned graduate students.</p> <p><b>Audio/Speech Pathologist (1 FTE):</b> Southern Utah Region: Provide clinical services for hearing and speech. Provide audiological screening and speech evaluations. Participate in Public Health Activities by providing information to local print media regarding hearing impairment, HSVS programs, and importance of early identification. Travel to Satellite clinics to provide screening services. Assist participating hospitals with follow-up audiological services for the NBHS programs. NFP clinics will be covered with speech-language evaluations. Supervise all assigned graduate students.</p> <p><b>Audio/Speech Pathologist (0.6 FTE):</b> Statewide: Provide clinical services for hearing and speech. Provide audiological screening and speech evaluations. Participate in Public Health Activities by providing information to local print media regarding hearing impairment, HSVS programs, and importance of early identification. Travel to Satellite clinics to provide screening services. Assist participating hospitals with follow-up audiological services for the NBHS programs. NFP clinics will be covered with speech-language evaluations. Supervise all assigned graduate students.</p>

Total	UDOH		LHD Benefit	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs	Amount				
							<p><b>Information Specialist (0.5 FTE):</b> CHARM (Children's Health Assessment and Records Management System) Management: help manage and coordinate the CHARM data integration project administrative and technical tasks. Facilitate CHARM technical meetings with the contractor and CHARM team. Participate in CHARM management meetings and in meeting with other organizations where the management team should be represented. Serve on the CHARM Core Council. Submit grants and progress reports. Manage CHARM marketing/communication efforts. Coordinate outreach and general marketing efforts to promote CHARM in Utah. Update/revise CHARM brochures as needed. Coordinate needed revisions and updates to the CHARM website. Promote Medical home access of CHARM. Develop CHARM stakeholder directory, quarterly newsletter and presentations. Prepare and negotiate Data Sharing Agreements. Be the program liaison to the Office of Public Information. Conduct any necessary research for CHARM.</p> <p><b>Office Specialist (1 FTE):</b> Provide administrative services in the HSVS office. Keep files up to date, create new charts for patients. Schedule all audio and speech appointments for HSVS. Track and file requisitions. Correspond with all HSVS clinics. Manage Authorization Data Base for all Contracted employees. Schedule out-of-state-travel and submit reimbursements. Consults with people in regards to donating hearing aids and maintains the HARP program. Active member of the NICHQ team.</p> <p><b>Secretary (0.5 FTE):</b> Eastern Utah Region: Review HSVS database and keep up to date. Set up and file patient charts. Generate monthly activities, clinics, and appointments. Maintain personnel files. Create and submit travel/purchase reimbursement requests. Order and maintain office supplies. Assist with children in the waiting room when required. Assist supervisor with public education efforts.</p> <p><b>Secretary (1 FTE):</b> Southern Utah Region: Review HSVS database and keep up to date. Set up and file patient charts. Generate monthly activities, clinics, and appointments. Maintain personnel files. Create and submit travel/purchase reimbursement requests. Order and maintain office supplies. Assist with children in the waiting room when required. Assist supervisor with public education efforts.</p> <p>MSR West, Inc. for calibration of speech and hearing equipment \$4,900 Various providers for patient medical services \$8,000</p>
Neonatal Follow-up - Federal MCH							
\$692,058	\$578,158	10.15			\$113,900	7	<p>The Neonatal Follow-up Program (NFP) offers <i>all</i> Utah residing very low birth weight (VLBW) babies periodic, multidiscipline screening. All of these VLBW babies have had a long hospital stay in a newborn intensive care unit.</p> <p>The goal of the Neonatal Follow-up Program is to promote physical health and emotional wellness, to minimize handicap and to maximize function of Utah's most at risk newborns due to very low birth weight and critical events in the newborn period.</p> <p>* See MCH Federal Guidance Information on page 2.</p>



Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
							<p><b>Medical Doctor (Program Manager) (1 FTE):</b> Directs all aspects of the program; assesses need, arranges for services; monitors quality of services; reports outcome; manages staff; monitors budget; provides medical services (evaluation, intervention, recommendation, referral, report dictation) for all three satellites.</p> <p><b>Medical Doctor (1 FTE):</b> Provide specialized medical services (evaluation, intervention, recommendation, referral, report dictation ) for all three satellites.</p> <p><b>Medical Doctor (0.10 FTE):</b> Provide specialized medical services - evaluation, intervention, recommendation in Utah County.</p> <p><b>Psychologist (0.5 FTE):</b> Provides psychological evaluations of infants and pre school age children; offers recommendation and if needed, makes referrals.</p> <p><b>Psychologist Assistant (1 FTE):</b> Provides psychological evaluations of infants and pre school age children; assesses behavior; provides parent parenting strategies, behavior modification; and home activities to encourage development; makes referral to early intervention/developmental preschool and other services.</p> <p><b>Nutritionist (0.8 FTE):</b> Provides complex nutritional evaluations; assists primary physicians with management of high risk infants/children; monitors growth and nutrition.</p> <p><b>RN (1 FTE):</b> Reviews newborn histories; determines which services are needed; attends clinics; participates in staffing; attends to needed follow-up.</p> <p><b>RN (1 FTE):</b> Reviews newborn histories; determines which services are needed; attends clinics; participates in staffing; attends to needed follow-up; assists with data entry and retrieval; assists with data analysis.</p> <p><b>HPS (1 FTE):</b> Takes responsibility for billing/collection; monitors billing codes / insurance requirements; assists parents with financial and health resources.</p> <p><b>HPS (1 FTE):</b> Creates program brochures in English and Spanish; manages program database; creates and monitors program web site; assists families finding needed resources; translates for Spanish speaking families.</p> <p><b>HPS (0.75 FTE):</b> Coordinates satellite clinics; provides resource counseling; assists Spanish speaking families with applications, assists with data entry/ retrieval/analysis.</p> <p><b>Secretary (1 FTE):</b> Provides clerical responsibilities/support such as reception, scheduling, typing letters, typing reports, mailings, and data entry.</p> <p>Mckay Dee Medical Center for nurse coordination \$2,000  Private Provider for Ophthalmology services \$7,000  U of U Ophthalmology for medical services \$19,000  U of U Pediatric Neurology for Itinerant Clinics \$40,900  Utah Valley Regional Medical Center for clinic space and staff time \$41,000  Utah School for Deaf &amp; Blind for clinic space and nurse coordination \$4,000</p>

Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
Child Development Clinic - Federal MCH							
\$131,200	\$131,200	3.25				7	<p>The Child Development Clinic provides multi disciplinary medical and developmental assessment services for children birth through 5 years of age who have developmental disabilities or chronic illness associated with developmental delay. The program also offers the same services for children with multiple disabilities up to eighteen years of age in four rural clinics as well. Furthermore, the Clinic provides care coordination, family and provider support, and parent/community education.</p> <p><a href="#">* See MCH Federal Guidance Information on page 2.</a></p> <p><b>Psychologist (0.5 FTE):</b> Provides specialized psychological testing and evaluations for children with special health care needs for local health departments.</p> <p><b>HPS (1 FTE):</b> Schedules and meets with families to determine financial responsibility and refer to Medicaid, SSI as needed. Enter clinical billing information for clinics statewide. Manages electronic dictation for clinics statewide.</p> <p><b>HPS (1 FTE):</b> Assist special needs children and their families to obtain financial assistance, i.e., Medicaid, SSI.</p> <p><b>Office Specialist (0.75 FTE):</b> Provide general office support, schedule telehealth arrangements statewide, arrange and schedule travel arrangements for statewide clinics.</p>
Community Based Services - Federal MCH							
\$490,200	\$93,000	0.00		\$393,452	\$3,748	7	<p>CSHCN staff (psychologist, social workers, pediatricians, occupational and physical therapist) as well as University contractors travel to the itinerant sites to evaluate children and coordinate treatment with the child's treatment recommendations and coordinate services with the child's medical home, local schools and community providers.</p> <p><a href="#">* See MCH Federal Guidance Information on page 2.</a></p> <p><b>Various Providers for Itinerant Clinics \$3,748</b></p>
School Age & Specialty Services - Federal MCH							
\$467,846	\$286,600	6.40			\$181,246	7	<p>The School Age and Specialty Services (SASS) program provides access to highly trained pediatric specialists for children ages birth to 18 statewide. Facilitated by contracts with the University of Utah Department of Pediatrics, children may be seen in Salt Lake City or at the various CSHCN itinerant sites including, Ogden, Provo, Price, Moab, Blanding/Montezuma Creek Specialty services provided by the University Department of Pediatrics include pediatrics, neurology medical Genetics, and cardiology. CSHCN/SASS staff (psychologist, social workers, pediatricians, occupational and physical therapist) as well as University contractors travel to the itinerant sites to evaluate children and coordinate treatment with the child's treatment recommendations and coordinate services with the child's medical home, local schools and community providers.</p> <p><a href="#">* See MCH Federal Guidance Information on page 2.</a></p>

Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
							<p><b>HPS (1 FTE):</b> Coordinate and manage authorized services for children and work with Primary Children's Medical Center for payments. Attend Oral-facial, orthopedic clinics and meet with families to determine their personal financial responsibility. Meet with families in obtaining resources, i.e., Medicaid, SSI, etc., to help with medical costs.</p> <p><b>HPS (1 FTE):</b> Coordinates all scheduling activities for specialized care, i.e., orthopedic, occupational and physical therapy services for CSHCN. Assists families in accessing financial assistance. Generates authorizations for services to be rendered to vendor, tracks and monitors each authorization. Using the MMCS system verifies third party payments against the Medicaid rate.</p> <p><b>HPS (0.60 FTE):</b> Transition coordinator for CSHCN statewide. Assists and coordinates with families whose children are transitioning into adulthood by accessing services such as medical care, vocational rehabilitation for job placement, Division of Services for People With Disabilities, Independent Living Center and other related services available.</p> <p><b>Occupational Therapist (0.60 FTE):</b> Provides occupational therapy evaluations for children with special health care needs in Southeastern part of the state.</p> <p><b>Occupational Therapist (0.60 FTE):</b> Provides occupational therapy evaluations for children with special health care needs statewide and evaluate newborn intensive care unit graduates.</p> <p><b>Physical Therapist (1 FTE):</b> Oversee and supervise all physical therapy and occupational therapy services statewide. Coordinate statewide specialized orthopedic clinics and newborn intensive care unit clinics. Assistive technology evaluations are done statewide.</p> <p><b>Physical Therapist (0.60 FTE):</b> Provides occupational therapy evaluations for children with special health care needs statewide and evaluate newborn intensive care unit graduates. Assistive technology evaluations are done statewide.</p> <p><b>Social Worker (1 FTE):</b> Assists families and their special needs children with obtaining financial assistance for medical costs. Authorizes services for medically and financially CSHCN eligible children with special needs. Provides assistance for Spanish speaking families needing assistance. Also assists and coordinates with families whose children are in transition and need access to financial assistance, medical assistance, voc rehab, DSPD, Independent Living Center.</p> <p>Various Orthopedic Providers for statewide clinics \$22,200</p> <p>Primary Childrens Medical Center for care coordination for spina bifida patients \$18,100</p> <p>U of U Pediatric Neurology for Itinerant Clinics \$83,000</p> <p>Various Providers for Medical Services and authorizations for medical services to patients \$57,946</p>

Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
Pregnancy Riskline - MCH							
\$186,500	\$108,600	2.00			\$77,900	3, 7, 8, 9	<p>The Pregnancy Risk Line (PRL) is a statewide telephone service that answers questions from health care providers and the public about medications and other exposures during pregnancy and while breastfeeding.</p> <p><a href="#">* See MCH Federal Guidance Information on page 2.</a></p> <p><b>Program Manager (1 FTE):</b> Manages a state-wide information service that answers questions regarding exposures during pregnancy and while breastfeeding.</p> <p><b>HPS (1 FTE):</b> Assist in state wide social marketing projects to decrease the number of babies born with birth defects.</p> <p><a href="#">U of U Teratology Dept for Pregnancy Riskline telephone services \$77,900</a></p>
Birth Defects Registry - MCH							
\$125,000	\$75,000	2.00			\$50,000	1, 2, 3, 4, 6, 7, 8, 9	<p>The Utah Birth Defect Network (UBDN) is a statewide population based public health program that tracks and assesses major structural birth defects in Utah. The UBDN uses this information to track the occurrence and impact of birth defects; to identify preventable risk factors for birth defects; to educate women and health professionals on how to promote healthy pregnancies (e.g., by taking folic acid to reduce the risk for spina bifida); to promote health in affected children and their families; and to identify and respond to birth defect clusters.</p> <p><a href="#">* See MCH Federal Guidance Information on page 2.</a></p> <p><b>Research Analyst (1 FTE):</b> Receives and processes all incoming birth defect reports (reported under Rule R-398-5) - assigns cases to abstractors for abstraction, data enters cases after completion</p> <p><b>Research Consultant (1 FTE):</b> Manages the public health surveillance activities of the Utah Birth Defect Network. This includes management of tracking specialist, data abstractors</p> <p><a href="#">U of U Center for Birth Defects for abstractor services for the Birth Defects Registry \$50,000</a></p>
Oral Health - MCH							
\$274,000	\$254,000	2.50		\$20,000		1, 3, 4, 8	<p>The Oral Health Program works to promote general health and well-being of all Utahns by promoting oral health and preventing oral disease. This is done by improving access to care by overcoming barriers and eliminating oral health disparities. The program works to strengthen the perception of the importance of oral health through the change of public perceptions, policy making and working with health care providers. The Oral Health Program has two FTE's that work with all issues within the State of Utah. Specific areas of oral health have to be identified because of the small staff. Much is needed from staff to ensure effective infrastructure, science base strategies, and collaboration building and policy changes. An example is the close collaboration between the Oral Health Program and LHD's for community water fluoridation.</p>

Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
							<p><a href="#">* See MCH Federal Guidance Information on page 2.</a></p> <p><b>State Dental Director (1 FTE):</b> Provides technical expertise and consultation for statewide activities which educate and promote access to oral health care for Utah residents, especially for low income, uninsured individuals and people with disabilities. Develop public policy, legislation, regulations, and budget resources to protect and promote oral health needs of Utah residents. Partner with public and private agencies and organizations, including state and local dental associations, policy makers and advocacy groups for inclusion of oral health in systems development and capacity building. Oversee the development of capacity in local health departments relative to oral health, including screening, needs assessment and planning.</p> <p><b>HPS (1 FTE):</b> Coordinate the Children with Special Health Care Needs Oral Health program. Coordinate a statewide fluoride education program. Conduct an Early Childhood Caries program, focusing on high risk children. Coordinate a statewide occlusal sealant program, focusing on high risk children. Coordinate oral health education activities. Monitor the statewide oral health plan. Coordinate oral health data and collaborate with other dental organizations.</p> <p><b>Office Specialist (0.5 FTE):</b> Provides secretarial support for the program. Work with oral health grants, survey's, and conduct computer inventory. Provide secretarial support to the State Dental Director. Tracks and maintain CDC fluoridation level records. Administrator for program websites.</p>
Preventive Health Block Grant - PBG							
\$464,900	\$0	0.00		\$464,878	\$22	NA	Preventive Health Block grant to LHDs to be used for Injury Prevention and Heart Disease and Stroke Prevention. <a href="#">The PBG is awarded to provide resources to states to address the National Healthy People 2010 Objectives which are deemed priorities for their states. Only states are eligible to apply for the PBG.</a>
Rape Crisis - PBG							
\$54,700	\$0	0.00			\$54,700	1, 3, 4, 6	Contracts awarded to Rape Crisis Centers to provide counseling services. <a href="#">Rape Recovery Center for rape crisis intervention services \$54,700</a>

Total	UDOH		LHD Benefit	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs	Amount				
Heart Disease and Stroke Prevention - PBG, Private IHC Funding, Federal CDC							
\$1,377,321	\$779,301	2.00 PBG 1.75 Prvt 6.05 CDC		\$320,185	\$277,835	1, 3, 4, 6, 8,	<p>The goal of the Heart Disease and Stroke Prevention Program (HDSPP) is to decrease premature death and disability due to heart disease and stroke through the following activities: Maintain a cardiovascular disease (CVD) data surveillance program to monitor heart health and risk status of Utahns. Develop and coordinate state partnerships with stakeholders in the state such as schools, local health districts, parks and recreation, cities and towns, health insurers, medical providers, community health centers, emergency medical providers, employers, etc. Assist communities and worksites to develop effective policies, environmental supports, and practices to promote improved nutrition, increased physical activity levels and the prevention of CVD among Utah's population. Increase school participation in the Gold Medal School program leading to the implementation of school policies and environments to promote healthy nutritional intakes and physical activity levels for students, faculty and staff. Increase the knowledge and awareness levels of Utahns through the media and other public education activities about the importance of preventing heart disease and stroke for every age group. Provide training and technical assistance, enhance knowledge, skills and resources of community partners to affect and sustain policy and environmental change and improve the quality of health care. Evaluate effectiveness of program interventions and strategies and redirect efforts, as needed.</p> <p>The CDC Division for Heart Disease and Stroke Prevention (DHDSP) has provided guidance to states in the development of State Heart Disease and Stroke Prevention Programs which indicates that DHDSP wants to build "state capacity" to coordinate and implement "state-level" interventions focusing on "policy and system changes" at the "highest level".</p> <p>Additional guidance from CDC: "The direct and primary recipient...must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible."</p> <p>The HDSPP provides LHDs with resources and materials for "Go Red for Women" events, BP training manuals and DVDs, periodically updated local health department Burden Document – providing local statistics on heart disease and stroke, risk factors, etc. LHDs also benefit from the local data that the department collects, analyzes and reports and the many resources we have available for them to down load from our website.</p>

Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
							<p>CDC recommends "approximately 7 FTEs" to plan and execute the required activities of a Basic Implementation (BI) program. The Utah program has 6.05 FTES paid for with CDC funds. HDSP requires BI programs to have a full time program manager, a half time epidemiologist and a half time evaluator on staff. The other positions are not specified but skills and knowledge required to plan and execute the activities include health care quality improvement; clinical care of stroke and heart disease; worksite health and wellness; public awareness and information; cultural competency, needs of priority populations and how to reach them; and administrative support.</p> <p><b>Program Manager (1 FTE):</b> Responsibilities include managing Program staff, monitoring the budget and contracts, overseeing consultants, developing relationships with internal and external partners, providing visibility for the program, overseeing the Alliance for Cardiovascular Health in Utah and generating agency support. This position is required by the funding agency.</p> <p><b>Epidemiologist II/Program Evaluator (1 FTE):</b> This position will conduct basic data analysis and report data from many program databases. Will also assist in developing program indicators and reporting data on the indicators in Utah's Indicator-Based Information System for Public Health. Responsible for updating the program's burden report and for developing topic-specific reports. Also responsible for program evaluation. This position is required by the funding agency.</p> <p><b>Health Systems Specialist (1 FTE):</b> Responsibilities include working at the state level with health plans, EMS, hospital groups, and providers to develop policy and environmental supports to improve heart disease and stroke care in the healthcare setting.</p> <p><b>Worksite/CHC Coordinator (1 FTE):</b> Responsibilities include Program interventions with the state's community health centers through the Association for Utah Community Health and with worksites at the macro-level. Also assists with the design and content of education and information resources to provide to partners and the public.</p> <p><b>Public Information Specialist (0.50 FTE):</b> Responsibilities include overseeing program interventions designed to improve knowledge of the signs and symptoms of heart disease and stroke and the need to call 9-1-1 including mass media and the internet.</p> <p><b>Health Disparities Coordinator (0.50 FTE):</b> Coordinates Program efforts to reduce health disparities in the American Indian and Hispanic populations as well as frontier areas of the state.</p> <p><b>Office Specialist II (1 FTE):</b> Responsibilities include paying invoices, scheduling meetings, recording proceedings, preparing and sending out mailings, preparing PowerPoint presentations, entering and tracking information in Access and Excel, and assisting in any and all support functions. 100% FTE</p>

Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
							<p><b>Support Service Coordinator (0.05 FTE):</b> Provides contract and financial management for the cooperative agreement.</p> <p><b>Health Program Specialist (1 FTE):</b> Gold Medal Schools (GMS) Program Coordinator; coordinates all aspects of the GMS (elementary school) program and the Power Up (middle school) program; writes reports, gives presentations, recruits partners; coordinates activities of two Health Program Specialist 2's and an Office Specialist 1 and hires and oversees work of about 60 mentors statewide, reviews and signs off on all mentor timesheets; monitors budget, negotiates work with LHDs; coordinates GMS activities with the State Office of Education, Action for Healthy Kids, PTA, and others; ensures that all requirements of the GMS funder (IHC) are met; staffs the GMS Advisory Committee.</p> <p><b>Health Program Specialist (1 FTE):</b> GMS program Policy Coordinator; develops trainings for LHD staff, mentors and school staff employed in the GMS Program; plans and facilitates LHD monthly meetings; reviews all school policies (statewide) and semi-annual school reports for GMS and Power-Up schools to ensure they meet specified criteria; provides technical assistance and coordinates activities of LHD staff; responds to requests from GMS's and LHDs; researches best-practices for school wellness programs, evaluates GMS criteria and suggests changes to the Advisory Board as needed, assesses and updates GMS program guide annually; updates GMS website semi-monthly; coordinates activities of a \$100,000 National Governor's Association grant.</p> <p><b>Health Program Specialist (0.75 FTE):</b> Gold Medal Schools (GMS) program Activity Coordinator; facilitates GMS weekly meetings; develops trainings for LHD staff, mentors and school staff employed in the GMS program; evaluates all trainings provided and evaluates mentors annually; provides technical assistance and coordinates activities of LHD staff; develops and distributes bi-weekly list serve messages and resources to all GMS partners; coordinates with the Tobacco Prevention and Control Program to evaluate and monitor tobacco prevention policies in the GMS program; in partnership with UDOT, serves as the Safe Routes to Schools Coordinator; evaluates and monitors school policies on Tobacco and SAFE Routes to School; oversees data collection of miles walked by all schools on the Utah Walks website; develops activities for Power-Up schools; works with school districts receiving TPCP funds to ensure they comply with contracts.</p>



Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
							<p><b>Office Specialist (1 FTE):</b> Provides administrative support to the GMS program; responsibilities include paying invoices, preparing stipend reimbursements and monetary awards for schools; monitoring GMS inventory, ordering awards, scheduling meetings, recording proceedings, preparing and sending out large state-wide mailings, preparing PowerPoint presentations, collecting, reviewing and entering timesheet data for mentors; distributing, collecting and entering data from School Heart Health Survey, entering and tracking information and data in Access and Excel, and assisting in any and all support functions.</p> <p>Various Insurance Companies to provide additional services and information to patients on their insurance plans regarding high cholestral and high blood pressure \$46,741</p> <p>Private Medical Provider for consultation to the Indian population on heart disease and stroke prevention \$49,224</p> <p>Love Communication for Heart Disease &amp; Stroke Prevention media campaign \$125,036</p> <p>AUCH Community Health Asssociation to provide information to high risk and low income groups about heart disease and stroke prevention \$45,353</p> <p>U of U for Gold Medal School program evaluation and data analysis \$11,481</p>
Diabetes - Federal CDC							
\$897,800	\$495,870	6.28		\$44,000	\$357,930	1, 3, 4, 6, 8	<p>The Diabetes Program works in partnerships to improve the quality of life of all Utahns at risk for, or affected by, diabetes. The DPCP runs periodic campaigns to improve diabetes awareness and knowledge of warning signs, risk factors, and clinical measures of diabetes in the general population, as well as campaigns aimed at diabetes prevention and control and preventing complications among those diagnosed. The goal of the DPCP is to reduce the human and fiscal costs of diabetes through improved prevention, diagnosis and treatment of diabetes and its complications. To meet this goal, the DPCP provides assistance to public and private providers and the community. We work to: collect and analyze data to define the magnitude of the diabetes problem in Utah; improve public awareness of risk factors and prevention methods for diabetes; improve access to quality health services to prevent, detect, and treat diabetes and its complications; improve medical care provided to people with diabetes and, improve access to quality diabetes self-management education.</p> <p>CDC restricts funding to include only state agencies based on their capacity to plan, implement, and evaluate statewide public health programs.</p> <p><b>Program Manager (1 FTE):</b> Focuses on developing statewide systems-based approaches to improving diabetes related awareness, advocacy, planning, implementation, and care. Oversees grant writing and reporting, partnership building, and all efforts related to CDC and national objectives. The position is at state level, as required by the CDC.</p>

Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
							<p><b>Health Program Specialist (2.8 FTEs):</b> Focus on statewide systems-based efforts to increase/improve public awareness and education; develop and distribute statewide practice guidelines; work with other similar state programs to leverage resources and share best practices; convene statewide community partners focused on consistent, measurable, statewide interventions; and train public and private health care providers. These positions are at the state level as they oversee projects and interventions implemented on a statewide basis. They work closely with community partners, including LHD, to achieve the objectives of the CDC cooperative agreement and the statewide diabetes program.</p> <p><b>Epidemiologist (0.30 FTE):</b> Focuses on providing technical assistance to community partners to increase statewide capacity related to diabetes care, awareness, and advocacy. Provides surveillance, state-level data services, and reporting of diabetes risk. These efforts are critical to planning, implementation, and evaluation of statewide programs. The position is state-level as the state-based surveys are used to gather the data. Also, program evaluation is done at a state level, as required by CDC.</p> <p><b>Information Analyst (0.10 FTE):</b> Supports all reporting and evaluation efforts conducted by the program and the bureau of health promotion. Develops crosscutting reports used by our community base partners.</p> <p><b>Support Services Coordinator (0.08 FTE):</b> Provides financial management for the program which includes monitoring grant financial information, preparing and financial monitoring of contracts, and tracking and reporting revenue and expenditures.</p> <p><b>Secretary (1 FTE):</b> Supports all activities noted above, position is at the state level because this position supports a state program.</p> <p>AUCH for Project Breakthrough to coordinate community health center education and outreach activities \$71,000</p> <p>W Communications for Diabetes media campaign \$140,000</p> <p>Carbon Medical to provide diabetes awareness and patient self care education \$3,500</p> <p>Community Health Center to provide diabetes awareness and patient self care education \$10,000</p> <p>Comunidades Unidas for community education and outreach programs \$10,000</p> <p>Navajo Health Systems for community education and outreach programs \$7,000</p> <p>Nevada Health Centers for Wendover community education programs \$3,500</p> <p>Various Insurance Companies for data extraction and reporting of patients with diabetes \$69,930</p> <p>U of U for development of data base \$8,000</p> <p>U of U Community clinics to provide diabetes awareness and patient self care education \$15,000</p>

Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
							U of U Hospitals and Clinics to provide diabetes awareness and patient self care education \$10,000 Mountainlands Community Health Center to provide diabetes awareness and patient self care education \$10,000
Asthma - Federal CDC							
\$377,500	\$214,200	3.38		\$4,750	\$158,550	1, 3, 4, 6, 8	<p>The Utah Asthma Program was developed in 2002 with funding from CDC to begin efforts to address asthma from a public health perspective. The Utah Asthma Program has developed an asthma surveillance system to measure the burden created by this chronic illness to Utah residents. A Utah Asthma Task Force, comprised of public and private organizations, assessed the state of asthma prevention and care in Utah and has designed a strategic plan that will provide direction for future program interventions.</p> <p>The Asthma Program provides opportunities each year for LHDs and other community based organizations to apply for mini-grants to implement activities from the state asthma plan.</p> <p>Eligible applicants for the Asthma grant are those entities currently funded via a competitive award process. Eligible applicants are Colorado, Connecticut, the District of Columbia, Georgia, Idaho, Maryland, Massachusetts, Missouri, New Hampshire, North Carolina, Texas, Utah, Virginia, West Virginia, and Wisconsin. Since the state was the currently funded entity, we were the only group eligible to apply.</p> <p>The CDC grant has certain requirements for staff, which include "1) at least the equivalent of one full-time program coordinator to manage the planning process and conduct other programmatic activities; (2) at least the equivalent of one full-time epidemiologist to develop and implement surveillance activities for the asthma program; (3) a supervisor to assure support for the asthma program staff; and (4) a principal investigator."</p> <p><b>Program Manager (0.5 FTE):</b> program oversight, strategic planning, supervise &amp; train employees, write and manage grants and contracts with external agencies, identify potential funding opportunities, assure implementation of cooperative agreement, submit reports to CDC and state, financial oversight, maintain and build coalition and partnerships.</p> <p><b>HPS (2 FTEs):</b> plan, implement and evaluate activities outlined in cooperative agreement, assist with implementation of state asthma plan, develop and maintain partnerships, assist with grant writing activities, oversee community mini-grants.</p> <p><b>Epidemiologist (0.7 FTE):</b> develop, enhance and maintain surveillance system, analyze data, develop and report results of analyses, evaluate surveillance system, oversee all other program evaluation activities, provide guidance on data and other technical issues to staff and the public.</p> <p><b>Support Services Coordinator (0.05 FTE):</b> provide financial assistance to track revenue and expenditures, monitor contract financial reporting requirements.</p>

Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
							Office Spec (0.13 FTE): provide secretarial support to all program activities. American Lung Association to provide leadership to develop a state asthma taskforce and state plan \$54,600 Utah Partnership for Health to provide asthma awareness and education to providers, patients and their families \$5,000 Utah Valley Pediatrics to improve pediatrician, patient and family education and treatment of asthma \$4,400 KSL Radio to provide public service announcements on asthma \$29,050 Salt Lake County Aging to provide inservice training to case management workers and assist patients with asthma management \$4,300 BRFSS for health status survey \$3,300 Office of Health Data for pharmacy data initiative \$5,000 American Lung Association to develop a school resource manual \$5,000 U of U Center for Public Policy and Administration to develop an evaluation instrument for the school asthma program \$32,400 U of U UPIQ to improve the care of pediatric patients with asthma in participating practices \$13,000 U of U Asthma Camp to promote asthma management at asthma camp \$2,500

Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
Immunization - Federal CDC							
\$3,411,400	\$1,616,600	21.45	\$5,725,000	\$878,295	\$916,505	1, 2, 3, 4, 5, 6, 8, 9	<p>The Immunization Program provides state level immunization management for the following CDC state grant required components: basic immunization activities; vaccine preventable disease/adverse event surveillance; public information/education; professional information/education; immunization registry; WIC linkages/collaboration; outreach and partnerships; surveillance/outbreak control; Vaccines for Children (VFC)/vaccine management; assessment; Perinatal hepatitis B; and, adolescent and adult immunizations. The Program also provides services for pandemic preparedness in collaboration with the Department's Bioterrorism and pandemic planning efforts. The program has established and maintained contracts as the CDC line-item budget allocation allows with the local health departments, community/migrant health centers, and developed community partnerships to achieve program objectives. Vaccines are purchased by the program through federal contracts and provided without charge using state and federal 317 funds to all public clinics and other qualified providers for eligible children 0-18.</p> <p>The VFC component furnishes vaccines without charge for eligible children (0-18) to 325 enrolled public and private provider groups for VFC and CHIP (provider groups include multi-provider practices). The program has responsibility of oversight and accountability for all vaccine funds, purchases and inventories. The program has responsibility for policy development and outreach and enrollment for the immunization registry into which 383 providers and 25 school districts are enrolled. Utah's School Immunization Statute (53 A-11-301.) requires all children entering licensed childcare facilities and public and private schools to provide documented</p> <p>As stated in "grants.gov" in the grant guidance, grant requests are accepted only from CDC eligible grantees-- states agencies and a few territories (Puerto Rico, Marshall Islands) and cities meeting grantee population definition (New York City, Los Angeles). Federal restrictions limit Utah to only one state grant. The funding restrictions is a major issue because the funding can only be used to fulfill the CDC grant requirements and activities equired to address each of the 11 grant components.</p> <p>The state provides over \$5.7 million of vaccine to LHDs in addition to providing statewide trainings, workshops, and conferences. Statewide data help LHDs develop local strategies. The state also provides technical assistance for immunization issues, school rule and exemption issues as well as immunization registry issues.</p>

Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
							<p>The CDC grant is categorical funding for specific, detailed state level functions. The grant is comprised of three separate components - personnel, infrastructure, and vaccine. CDC does not allow states to move funds from one component to another. If the UDOH determined it did not want to have all of the CDC-approved funded positions, the grant award would be reduced by the amount of the funding for those positions.</p> <p><b>Program Manager (1 FTE):</b> Manages the overall operation of the 11 immunization program components. Responsible for developing program planning, development, monitoring, and evaluation of the program budget, writing contracts, and the development of the grant application. Provides technical assistance and consults with local health departments, private health care providers, stakeholders, and public to interpret state laws related to the immunization program. Promotes immunizations by developing media campaigns and networking with local, state and national organizations. Oversees data collection and analysis. Oversees the enhancement of efforts concerning pandemic flu activities including new goals to increase vaccination coverage of seasonal influenza vaccine.</p> <p><b>HPS (Vaccine Manager - VFC) (1 FTE):</b> Directs the overall vaccine accountability and management component of the Vaccines for Children Program (VFC). Is responsible for overseeing the implementation of VFC activities, VOFA, state vaccine spend plan, coordination with other agencies, development of materials and policies, provision of training and conducting meetings, vaccine ordering and audit compliance, and doses administered reporting and analysis. Coordinates efforts concerning Bioterrorism Grant and the Immunization Grant vaccine issues. Responsible for the transition to Vaccine Management Business Improvement Project (VMBIP). Provides support in disease surveillance and outbreak control.</p> <p><b>HPS (Vaccine Management – VFC) (1 FTE):</b> Supports daily operation of the vaccine accountability and management component of Vaccines for Children Program (VFC) ordering system and reports, correspondence, provider relations, vaccine ordering and distribution using VACMAN. Activities related to storage, handling, returned vaccine, and excise tax credit Responsible for accurate data entry of provider profiles. Responsible for assisting in the transition to Vaccine Management Business Improvement Project (VMBIP). Enhance grant activities to ensure preparedness for pandemic influenza and improve efforts to increase demand for seasonal influenza vaccine among the general public by answering calls.</p>

Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
							<p><b>HPS (Provider Relations Coordinator for VFC, USIIS, and AFIX/CASA) (1 FTE):</b> Manages the provider relations team responsible for VFC, USIIS (registry information system), and provider quality assurance components (AFIX/CASA). Coordinates provider site visits by Provider Relations Team staff to assure VFC outreach, enrollment, training, and accountability. Assists with VMBIP transition. Coordinates immunization registry (USIIS) outreach, enrollment, and training, coordinates efforts of registry marketing and user group meetings, and data collection and reports. Coordinates policy development and implementing the Assessment, Feedback, Incentives and Exchange (AFIX) Program in the public health and the private sector and policy development. Is the state trainer for the CASA software and trains LHD staff of use of the software. Coordinates with the collaborative project with AAP. Enhance grant activities to ensure preparedness for pandemic influenza and improve efforts to increase demand for seasonal influenza vaccine among the general public by answering calls, visiting providers to train and educate, and assess immunization coverage rates.</p> <p><b>HPS (Provider Relations Team Member) (1 FTE):</b> Provides technical assistance on VFC, USIIS (registry information system), and provider quality assurance (AFIX) to all providers, public and private for the assigned regions of Davis HD, Southeast HD, and Northwest SLHD. Offers technical support, enrollment, trainings, and conducts VFC provider accountability site visits. Offers technical support and enrollment, training and assistance to providers related to the registry (USIIS) Responsible for review and implementing the Assessment, Feedback, Incentives and Exchange (AFIX) Program at the provider level. Provides support to local Immunization Coalitions in assigned regions. Provides support in disease surveillance and outbreak control as needed. Enhance grant activities to ensure preparedness for pandemic influenza and improve efforts to increase demand for seasonal influenza vaccine among the general public by answering calls, visiting providers to train and educate, and assess immunization coverage rates.</p> <p><b>HPS (Provider Relations Team Member ) (1 FTE):</b> Provides technical assistance on VFC, USIIS (registry information system), and provider quality assurance (AFIX) to all providers, public and private for the assigned regions of Bear River HD, Weber/Morgan HD. Offers technical support, enrollment, trainings, and conducts VFC provider accountability site visits. Offers technical support, training and enrollment assistance to providers related to the registry (USIIS) Responsible for review and implementing the Assessment, Feedback, Incentives and Exchange (AFIX) Program at the provider level. Provides support to local Immunization Coalitions in assigned regions. Provides support in disease surveillance and outbreak control as needed.</p>

Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
							<p><b>HPS (Provider Relations Team Member) (1 FTE):</b> Provides technical assistance on VFC, USIIS (registry information system), and provider quality assurance (AFIX) to all providers, public and private for the assigned regions of Southwest HD and Southeast SLHD. Offers technical support, enrollment, trainings, and conducts VFC provider accountability site visits. Offers technical support, training, and enrollment assistance to providers related to the registry (USIIS) Responsible for review and implementing the Assessment, Feedback, Incentives and Exchange (AFIX) Program at the provider level. Provides support to local Immunization Coalitions in assigned regions. Provides support in disease surveillance and outbreak control as needed. Enhance grant activities to ensure preparedness for pandemic influenza and improve efforts to increase demand for seasonal influenza vaccine among the general public by answering calls, visiting providers to train and educate, and assess immunization coverage rates.</p> <p><b>HPS (Provider Relations Team Member) (1 FTE):</b> Provides technical assistance on VFC, USIIS (registry information system), and provider quality assurance (AFIX) to all providers,, public and private for the assigned region of Utah County HD. Offers technical support, enrollment, trainings, and conducts VFC provider accountability site visits. Offers technical support, training, and enrollment assistance to providers related to the registry (USIIS) Responsible for review and implementing the Assessment, Feedback, Incentives and Exchange (AFIX) Program at the provider level. Provides support to local Immunization Coalitions in assigned regions. Provides support in disease surveillance and outbreak control as needed.</p> <p><b>HPS (Provider Relations Team Member) (1 FTE):</b> Provides technical assistance on VFC, USIIS (registry information system), and provider quality assurance (AFIX) to all providers,, public and private for the assigned region of Central HD, Summit HD, Wasatch HD, Northeast SLHD. Offers technical support, enrollment, trainings, and conducts VFC provider accountability site visits. Offers technical support, training, and enrollment assistance to providers related to the registry (USIIS) Responsible for review and implementing the Assessment, Feedback, Incentives and Exchange (AFIX) Program at the provider level. Provides support to local Immunization Coalitions in assigned regions. Provides support in disease surveillance and outbreak control as needed. Provides technical assistance on VFC, USIIS (registry information system), and provider quality assurance (AFIX) to all providers, public and private for the assigned region of Utah HD. Offers technical support, enrollment, trainings, and conducts VFC provider accountability site visits. Offers technical support, training, and enrollment assistance to providers related to the registry (USIIS)</p>



Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
							<p>Responsible for review and implementing the Assessment, Feedback, Incentives and Exchange (AFIX) Program at the provider level. Provides support to local Immunization Coalitions in assigned regions. Provides support in disease surveillance and outbreak control as needed. Enhance grant activities to ensure preparedness for pandemic influenza and improve efforts to increase demand for seasonal influenza vaccine among the general public by answering calls, visiting providers to train and educate, and assess immunization coverage rates.</p> <p><b>HPS (Provider Relations Team Member) (1 FTE):</b> Provides technical assistance on VFC, USIIS (registry information system), and provider quality assurance (AFIX) to all providers, public and private for the assigned region of Tooele HD, Tri-County HD, Southwest SLHD. Offers technical support, enrollment, training, and conducts VFC provider accountability site visits. Offers technical support, training and enrollment assistance to providers related to the registry (USIIS) Responsible for review and implementing the Assessment, Feedback, Incentives and Exchange (AFIX) Program at the provider level. Provides support to local Immunization Coalitions in assigned regions. Provides support in disease surveillance and outbreak control as needed. Enhance grant activities to ensure preparedness for pandemic influenza and improve efforts to increase demand for seasonal influenza vaccine among the general public by answering calls, visiting providers to train and educate, and assess immunization coverage rates.</p> <p><b>HPS (Perinatal Hepatitis B Coordinator) (1 FTE):</b> Responsible for administering and coordination of the Perinatal Hepatitis B prevention program component. Responsible for developing program guidelines and policies, rules, contacting hospitals and physicians to participate in the program, monitoring and evaluating the program. Also responsible for ordering, monitoring and delivering hepatitis B vaccine and HBIG. Encourages hospital VFC and registry enrollment. Coordinates VAERS activities. Acts as a nurse consultant to local health departments and other stakeholders on immunization issues, conducts immunization surveys of children attending schools or licensed childcare facilities and coordinates with USOE, participates in disease surveillance and outbreak control in school and day care setting. Assist with the implementation of the registry and VFC component into schools. Participates and provides support to local and state coalitions. Supports pandemic activities in school arena. Enhance grant activities to ensure preparedness for pandemic influenza and improve efforts to increase demand for seasonal influenza</p>

Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
							<p><b>HPS (Adolescent and Ethnic Immunization Coordinator) (1 FTE):</b> Coordinates adolescent component immunization activities, strategy, implementation, and material development. Provides technical support to adolescent committee of Every child by Two and local coalitions. Encourages VFC and USIIS enrollment in adolescent provider sites. Assists with general assessment activities. Coordinates program efforts for ethnic outreach, marketing, meetings, and training. Represents and advocates on immunization issues on Ethnic Health Committee and local coalitions. Provides support in disease surveillance and outbreak control as needed. Enhance grant activities to ensure preparedness for pandemic influenza and improve efforts to increase demand for seasonal influenza vaccine among the general public by answering calls, visiting providers to train and educate, and assess immunization coverage rates.</p> <p><b>HPS (Adult Immunization, Pandemic Planning , and Travel Vaccine Coordinator) (1 FTE):</b> Coordinates adult component immunization activities and is program lead on all adult related activities and technical assistance to Utah Adult Immunization Coalition and local coalitions. Assists in the pandemic plan development in collaboration with UDOH Preparedness Team. Coordinates travel vaccine and Yellow Fever Vaccine Certification program component. Provides support in disease surveillance and outbreak control as needed. Enhance grant activities to ensure preparedness for pandemic influenza and improve efforts to increase demand for seasonal influenza vaccine among the general public by answering calls.</p> <p><b>HPS (Public Relations Coordinator and Web Master) (1 FTE):</b> Coordinates education, information, training and partnership program component as Community and Public Relations Coordinator. Responsible for education, trainings, outreach, and technical consultant to local health departments, stakeholders, and providers, assists in public and professional awareness efforts, media campaign development (media, radio and print), program public information office liaison, develops educational and promotional materials, and acts as a consultant to the Utah Every Child by Two task force. Web master. Provides direct support to VPD Coordinator in disease surveillance and outbreak control as needed. Enhance grant activities to ensure preparedness for pandemic influenza and improve efforts to increase demand for seasonal influenza vaccine among the general public by answering calls.</p>

Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
							<p><b>HPS (Vaccine Preventable Disease Epidemiology and Surveillance Coordinator) (1 FTE):</b> to identify outbreaks, characterizes disease trends, and assists public health professionals in targeting interventions toward high-risk groups. Provides technical assistance to vaccine preventable disease outbreak investigations in coordination with local health departments and providers. Implement appropriate control measures and coordinate with the State laboratory in using laboratory testing to assist in the investigations of cases and outbreaks. Provide epidemiologic consultation and technical expertise to local health departments, physicians, laboratories, and the public to improve the quality, coordination, and timeliness of disease investigations and responses. Coordinate influenza surveillance activities of the BT and ELC grants. Coordinate enhanced rash illness surveillance activities of the BT grant. Enhance grant activities to ensure preparedness for pandemic influenza and improve efforts to increase demand for seasonal influenza vaccine among the general public by answering calls.</p> <p><b>HPS (Population Assessment, Data and Research Analyst) (1 FTE):</b> to compile and implement consistent policies, reports and procedures for the Immunization Program. Identify pockets of need and facilitate immunization program coordination and collaboration and research. Conduct needs and population assessments and surveys. Coordinate with Bureau Data Resources Program. Designs and directs the gathering, tabulating, and interpreting of required data; responsible for overall program evaluation and insures that reports and documentation are submitted to CDC on schedule. Compiles and distributes Immunization Data Coverage book to LHD and other partners to assist in planning programs. Provides data support in disease surveillance and outbreak control as needed. Enhance grant activities to ensure preparedness for pandemic influenza and improve efforts to increase demand for seasonal influenza vaccine among the general public by answering calls.</p> <p><b>HPS (Provider Relations Team Member) (1 FTE):</b> Acts as statewide trainer for Utah's Statewide Immunization Information System (USIIS) in schools and early childhood programs. Responsible for the development and implementation of USIIS in schools. Coordinates the implementation of the program in each of the local health department clinic sites, and community and migrant health centers. Enhance grant activities to ensure preparedness for pandemic influenza and improve efforts to increase demand for seasonal influenza vaccine among the general public by answering calls and supporting staff.</p>

Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
							<p><b>HPS (Early Childhood and WIC Immunization Coordinator) (1 FTE):</b> Coordinates and directs all early childhood activities and strategies including technical support to local health departments, stakeholders, providers, and public. Provides technical support to Care-A-Van program. Provides technical support to local and state coalitions including Every Child by Two. WIC liaison in implementing efforts to improve immunization coverage levels of WIC clients. Provides support in disease surveillance and outbreak control. Enhance grant activities to ensure preparedness for pandemic influenza and improve efforts to increase demand for seasonal influenza vaccine among the general public by answering calls, visiting providers to train and educate, and assess immunization coverage rates.</p> <p><b>Support Services Coordinator (0.40 FTE):</b> provide financial oversight to the grant and grant required activities.</p> <p><b>Bureau Director (0.05 FTE):</b> provide oversight to the grant and grant required activities.</p> <p><b>Secretary (1 FTE):</b> Responsible for all office procedures and support. Responsible for meeting coordination for the Every Child by Two Coalition and the Vaccine Advisory Committee. Enhance grant activities to ensure preparedness for pandemic influenza and improve efforts to increase demand for seasonal influenza vaccine among the general public by answering calls and supporting staff.</p> <p><b>Secretary (1 FTE):</b> Act as the support person for the Provider Relations Team. Responsible for reports and correspondence to provider offices. Assists in answering phone calls from the public, private providers, and immunization registry users. Assists immunization registry by using the remedy program tracking and verifying registry problems are resolved. Assists the staff by performing all secretarial duties assigned. Enhance grant activities to ensure preparedness for pandemic influenza and improve efforts to increase demand for seasonal influenza vaccine among the general public by answering calls and supporting staff.</p> <p><b>Secretary (1 FTE):</b> Acts as the support person for all education and outreach activities. Assists immunization registry by using the remedy program tracking and verifying registry problems are resolved. Assists the staff by performing all secretarial duties assigned. Assists the program secretary as needed. Assists in answering phone calls from the public, private providers, and immunization registry users. Enhance grant activities to ensure preparedness for pandemic influenza and improve efforts to increase demand for seasonal influenza vaccine among the general public by answering calls and supporting staff.</p> <p>AUCH to expand and intensify immunization activities within the community migrant and homeless health centers \$260,000</p> <p>Community Nursing Services to support the Care-A-Van operation \$25,000</p> <p>GIV-Vaccine Distribution for ordering and shipping vaccine to statewide providers \$125,000</p>

Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
							Epidemiology & Laboratory Services for perinatal hepatitis B lab testing \$2,500 Intermountain Health Care to provide training and education to promote adolescent immunizations in providers offices \$50,000 KTVX for the Immunize by Two media campaign \$153,000 Programmer - programming services for APEX immunization software \$16,000 Mountain Alarm system to monitor the refrigerators and freezer at the Cannon building for correct temperatures for vaccines \$3,800 Office of Financial Audit for auditing services of VFC providers \$56,000 WIC Linkage to pay for WIC clinical providers to encourage WIC clients to receive recommended immunizations \$65,000 U of U UPIQ to improve the integration of USIIS into primary care practices \$50,000 HLN Consulting for USIIS program evaluation and strategic recommendations \$93,000 Atlantic Management Center IT service to link USIIS with all parts of the immunization program \$1,500 BRFSS for health status survey \$5,905 State Auditors for audit fees \$9,800
Cancer Control - Tobacco Settlement Funds, Federal CDC							
\$2,522,800	\$844,655	16.31		\$628,845	\$1,049,300	1, 2, 3, 4, 5, 6, 7, 8, 10	<p>The Breast and Cervical Cancer Mortality Prevention Act of 1990 (Public Law 101-354) established the Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program (NBCCEDP). <a href="#">The NBCCEDP requires that funds be exclusively distributed to state health departments, as well as federally recognized American Indian Tribes, Tribal Organizations, Urban Indian Organizations, and Alaska Native Organizations. The program currently operates in all 50 states, the District of Columbia, 6 U.S. territories, and 12 American Indian/ Alaska Native organizations.</a></p> <p>In receiving NBCCEDP funding, the Utah Department of Health's Cancer Control Program (UCCP) is responsible for (1) screening women for breast and cervical cancer as a preventive health measure, (2) providing appropriate referrals for medical treatment of women screened and ensure, to the extent practicable, the provision of appropriate follow-up services, (3) developing and disseminating public information and education programs for the detection and control of breast and cervical cancer, (4) improving the education, training, and skills of health professionals (including allied health professionals) in the detection and control of breast and cervical cancer, (5) establishing mechanisms through which the States can monitor the quality of screening procedures for breast and cervical cancer, including the interpretation of such procedures, and (6) evaluating the abovementioned activities through appropriate surveillance or program-monitoring activities.</p>

Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
							<p>The (UCCP) contracts with local health departments (LHDs), community health centers (CHCs), mammography facilities, pathology laboratories, and private healthcare providers to provide breast and cervical cancer screening. According to the NBCCEDP, the amount paid by a State to a contracting entity for a screening procedure may not exceed the amount that would be paid under part B of title XVIII of the Social Security Act [42 U.S.C. §§ 1395j et seq.]. The UCCP is also responsible for ensuring that women diagnosed with breast or cervical cancer or precancerous conditions receive some form of treatment either through donated services, charity care, or through enrollment in Medicaid in accordance with the Breast and Cervical Cancer Prevention and Treatment Act of 2000.</p> <p><b>Program Manager (1 FTE):</b> Manages the overall operation of the Utah Cancer Control Program (UCCP), responsible for statewide, local and national cooperative agreement application and oversight of implementation of programs; budget oversight; oversees contract development and general oversight; oversees adherence with NBCCEDP/ NCCCCP policies and procedures; coordination with other state, local and national agencies; funding opportunities; over site of all abstracts and evaluation of programs; overall program documentation, reports and data are submitted to CDC.</p> <p><b>Program Coordinator (1 FTE):</b> Coordinates statewide activities and day to day operation of the NBCCEDP program, assists with cooperative agreement application and oversight of implementation of program; budget oversight; provides supervision, training, and monitoring of staff who are assigned NBCCEDP; works with case manager regarding quality assurance matters; assures compliance with State and Federal regulations and policies; develops training programs, reliable methodologies and builds and maintains effective working relationships with providers and the community; completes official reports and statistics to monitor the effectiveness of assigned program component and data submitted to CDC.</p> <p><b>Epidemiologist (1.08 FTEs):</b> Responsible to store and retrieve statewide stored data, analyze retrieved data, and arrange results in a format that effectively supports the organization's production activities; coordinate the use of information analysis related hardware, software, and data with the organization's employees and/or the public; monitor system performance; automate applications; resolves complex operation and/or data processing issues and may make recommendations for enhancements; review systems to ensure compliance with procedures, policies, regulations; ; assess needs for data analysis related hardware, software, and data; and make recommendations to management for improving and/or maintaining effective information analysis support for the UCCP</p> <p><b>Epidemiologist (0.15 FTE):</b> Coordinates state, local and national surveillance and evaluation efforts for the Utah Cancer Control Program. Teams with epidemiologist and consults with UCCP staff for all data related projects and reports.</p>

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	Amount	FTEs					
							<p><b>Accounting Technician (1 FTE):</b> Receives all billing from statewide hospitals, contracting facilities for mammograms, clinical procedures and insurance claims. Pays for all CPT codes and screenings associated with UCCP breast and cervical cancer screening and diagnostic procedures. Verifies insurance and all explanations of benefits.</p> <p><b>Secretary (1 FTE):</b> Runs all statewide reports for MERs and works with financial staff to verify statewide payments to LHD, contractors and providers. Responsible for all incoming and outgoing mail for all UCCP; scheduling and recording all meetings and conference calls; ordering office supplies for all cancer programs.</p> <p><b>Technical Writer (1 FTE):</b> Write, research and prepare technical reports, publications, related documents, and other media for state, local and national components for the Utah Cancer Control Program; reviews and edits material for proper use of terminology, style, direction, content, grammar, punctuation and clarity; designs and lays out format and estimates publication costs, etc. Develops format for UCCP manuals, writes UCCP policy, rules and procedures in accordance with goals and objectives; prepare and/or disseminate technical brochures and other technical material and responds to RFAs for funding opportunities.</p> <p><b>Nurse Practitioner (1 FTE):</b> Responsible for statewide oversight of screening clinical services that include clinical breast exams, mammograms, pelvic exams and pap tests. Responsible for the clinical quality assurance and improvement according to established standards, policies and procedures as outlined by the NBCCEDP. Oversees and evaluates case management, tracking and follow-up (screening, diagnostic and treatment) of all NBCCEDP-enrolled women. Assists individuals screened and diagnosed with breast and/or cervical cancer that meet the established criteria in completing the BCC Medicaid enrollment process. Assists with cooperative agreement application and with UCCP professional development.</p> <p><b>RN (1 FTE):</b> Case manages all Utah women with abnormal Pap results. Assesses, plans, implements, coordinate and monitors the options and services to meet a woman's health needs, using communication and available resources to promote quality, cost-effective outcomes.</p> <p><b>RN (1 FTE):</b> Case manages all Utah women with abnormal findings suspicious for breast cancer. Assesses, plans, implements, coordinate and monitors the options and services to meet a woman's health needs, using communication and available resources to promote quality, cost-effective outcomes.</p> <p><b>RN (1 FTE):</b> Case manages all Utah women with abnormal mammograms. Assesses, plans, implements, coordinate and monitors the options and services to meet a woman's health needs, using communication and available resources to promote quality, cost-effective outcomes.</p> <p><b>Administrative Services Mgr. (0.08 FTE):</b> Accounting and budget tracking for UCCP.</p>

Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
							<p><b>Data Manager (1 FTE):</b> Responsible for all statewide monitoring WHC Real Time data system to ensure that data for timely and appropriate services are documented in database; monitors local data entry and reports; monitors data for adequate follow-up; assists with claims reconciliation; prepares data for MDE submission; provides monthly communication tool for Local Coordinating Contractors.</p> <p><b>Health Program Specialist (1 FTE):</b> Communicate and coordinate state, local and national educational development programs for medical providers, health care providers and other health care professionals on issues related to comprehensive cancer. Manages and/or conducts short-term projects/studies/analyses to provide immediate response to critical issues or educational needs identified by UCCP and/or UCAN. Maintains partnership and mentors Local Health Department staff. Recruit providers for the breast &amp; cervical cancer program. Manage provider database to assure updated tracking and monitoring of UCCP providers.</p> <p><b>Health Program Specialist (1 FTE):</b> Coordinate and manage statewide comprehensive cancer program activities and interventions for the Utah Cancer Control Program and other cancer related public health interventions. Oversees all activities of the Utah Cancer Action Network and its partners, including the state cancer plan; writing goals, objectives and strategies for comprehensive cancer control; data collection/analysis to measure attainment of project goals; assisting with the coordination of key national, state and local professional and voluntary organizations for cancer prevention and control activities; assisting with developing the budget and budget oversight for all related activities.</p> <p><b>Health Program Specialist (1 FTE):</b> Assesses, monitors, implements and evaluates the need for statewide services to increase client's compliance with breast and cervical cancer screening. Coordinates the provision of services to women with abnormal results who have barriers to screening (translators, transportation).</p> <p><b>Health Program Specialist (1 FTE):</b> Reviews all statewide enrollment processes of NBBCEDP- enrolled women. Verifies all documentation for completeness and accuracy. Assists women who need a short-term follow-up with the enrollment process.</p> <p><b>Case Management/Follow-up Technician (1 FTE):</b> Processes medical records for all statewide UCCP clients, creates new charts, filing and scanning report, sends reports and forms to all Local Health Departments and screening partners.</p>



Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
							<p>Rocky Mountain Candlelighters for childhood Cancer to increase awareness of resources for family support \$3,985</p> <p>American Cancer Society to prepare and distribute cancer education materials \$4,594</p> <p>HealthInsight/End of Life Care Partnership to develop education materials \$3,921</p> <p>BRFSS for health status survey \$2,000</p> <p>Love Communication for Cancer media campaign \$45,000</p> <p>Various Translators to provide translation services to women during screening services \$5,100</p> <p>Various Medical Providers to provide cancer screening services \$884,700</p> <p>Dalcor Lab to provide statewide lab services for pap smear tests \$100,000</p>
Tobacco Prevention & Control, Comprehensive, Community Collaboration, Compliance Checks - Tobacco Settlement Funds, Federal CDC							
\$7,149,200	\$714,557	7.80 CDC 3.95 TSF	\$33,000	\$2,222,353	\$4,212,290	1, 3, 4, 5, 6, 7, 8, 9	<p>To reduce the human and economic costs of tobacco use, the Utah Department of Health began addressing tobacco in 1983, and formed the Tobacco Prevention and Control Program (TPCP) in 1986. In 1987, Utah's 12 Local Health Departments (LHDs) were funded to address tobacco prevention and control at the local level for the first time. The State and Local Health Departments have partnered to build infrastructure that prepared us to implement programs made possible by Master Settlement Agreement and Cigarette Excise Tax funding. In 2006, the Utah Legislature allocated approximately \$4.1 million from the Master Settlement Agreement Restricted Account and \$3.13 million from the Cigarette Tax Restricted Account. In State Fiscal Year 2007, this combined funding leveraged \$2.8 million in funds from federal and private sources and \$7.9 million in in-kind media value.</p> <p>The TPCP and its partners use comprehensive and proven methods of tobacco use prevention and control, including: The TRUTH Media Campaign which counters tobacco industry messages, drives Utahns to quitting services, and reinforces and supports local efforts through television, radio, billboard and print media. Quitting services available to Utahns include a toll-free Tobacco Quit Line, a free web-based service QuitNet, re-imbursement for quitting medications and counseling services for those on Medicaid and the uninsured, and group-based quitting classes for adults and youth at the local level. Prevention efforts include evidence-based classroom education, efforts to strengthen comprehensive tobacco-free school policies, Truth from Youth Anti-Tobacco Advertising Contest, and community-based educational activities.</p> <p>Promotion of tobacco-free policies include providing educational information about and enforcing the Utah Indoor Clean Air Act, conducting retailer education and compliance checks, and publicly recognizing businesses in compliance with Utah's tobacco policies.</p> <p>Federal Tobacco Prevention grant funds may only be awarded to a state health department.</p>

Total	UDOH		LHD Benefit	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs	Amount				
							<p>The Tobacco Program provides LHDs with tobacco prevention educational materials including brochures, guidelines, and posters, as well as tobacco quit incentives. This support from the state level totals over \$33,000 per year.</p> <p><b>Epidemiologist (0.50 FTE):</b> Implement comprehensive tobacco prevention and control evaluation plan. Oversee independent evaluation of statewide tobacco efforts. Oversee administration of statewide tobacco use surveys. Oversee surveillance of tobacco use and tobacco-related illnesses/conditions. Analyze statewide and local project quantitative data. Write reports and publish findings. Compile data for legislatively mandated reports. Track data and indicators. Develop and assist with evaluation studies. Provide evaluation training and technical assistance.</p> <p><b>Epidemiologist (0.50 FTE):</b> Implement surveillance of tobacco use. Oversee administration of statewide tobacco use surveys. Identify or design evaluation instruments and survey databases. Analyze statewide and local project qualitative data. Develop evaluation strategies that assess specific project processes and outcomes. Conduct qualitative research projects. Provide training and resources on evaluation. Improve data accessibility and utilization. Write reports and publish findings.</p> <p><b>HPS (1 FTE):</b> Assist Utah's tobacco ethnic networks in implementing culturally-appropriate tobacco prevention efforts in their communities. Develop population-specific media materials for high-risk populations. Provide disparate population outreach and cultivate community partnerships. Sit on disparities coalitions and represent tobacco issues. Ensure statewide quitting services are culturally appropriate. Provide training, technical assistance and capacity building on diverse/high-risk population issues. Lead tobacco disparities strategic planning with statewide partners.</p> <p><b>HPS (1 FTE):</b> Implement a statewide marketing campaign to educate the community, establish social norms, and drive tobacco users to quitting services. Conduct market research. Manage public information and public relations for tobacco efforts. Develop marketing materials for use by partners. Serve as consultant to local communities in developing tobacco-free marketing campaigns, initiatives, media events, local contacts, and media channels. Act as public information liaison for program.</p> <p><b>HPS (1 FTE):</b> Coordinate Centers for Disease Control and Prevention grant activities. Serve as lead on pregnant women issues and the statewide First Step cessation program. Provide organized training and technical assistance opportunities for contractors. Provide training and technical assistance on policy and environmental change. Develop marketing materials and resources for local initiatives. Carry out statewide strategic planning process.</p>

Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
							<p><b>HPS (1.50 FTEs):</b> Coordinate statewide youth group, the Phoenix Alliance. Lead youth empowerment initiatives and provide empowerment training to local areas. Carry out statewide youth initiative. Act as a media liaison for youth data and issues. Communicate tobacco-free messages to high-risk youth statewide. Act as a resource in building local community youth groups. Work with youth to implement tobacco-free activities and events. Help facilitate junior and senior high school tobacco-free advocacy contest. Maintain a statewide Speakers Bureau related to tobacco and youth empowerment.</p> <p><b>HPS (0.50 FTE):</b> Lead college-based anti-tobacco initiatives statewide. Work directly with colleges and universities. Oversee education efforts with retailers regarding underage tobacco access laws. Implement projects to reach 18-24 year old non-college tobacco users. Develop marketing materials and resources for local initiatives. Assist in developing training events for contractors. Lead tobacco prevention strategic planning with statewide partners. Provide training and technical assistance to statewide partners on policy and environmental change.</p> <p><b>HPS (0.30 FTE):</b> Work with community-based organizations statewide on specific secondhand smoke projects. Coordinate with Environmental Health on statewide enforcement of Utah Indoor Clean Air Act and Secondhand Smoke Amendment laws. Collaborate with American Lung Association on N.O.T. youth cessation program implementation. Facilitate statewide efforts related to tobacco use in homes and multiple dwelling units. Provide resources and training on secondhand smoke initiatives.</p> <p><b>Office Specialist (1 FTE):</b> Maintain resource materials and information for public distribution. Process all statewide tobacco compliance check data. Process purchases and reimbursements related to the Office of Fiscal Operations. Receive telephone calls to the tobacco free resource line portal. Respond to public inquiries. Provide office support for the program.</p> <p><b>Office Technician (0.50 FTE):</b> Provide data entry for all youth cessation and prevention surveys received across the state. Distribute educational materials to the public and contractors. Receive telephone calls to the tobacco free resource line portal. Respond to public inquiries. Provide office support for the program.</p>

Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
							<p><b>HPS (1 FTE):</b> Provide training and technical assistance to the public and partners regarding secondhand smoke, secondhand smoke policy, the Utah Indoor Clean Air Act (UICAA), and the Secondhand Smoke Amendments. Promote tobacco policy development at large businesses and chambers of commerce. Implement training for local health departments regarding the UICAA amendments and rule. Meet with state and local travel representatives to educate and disperse information on secondhand smoke/UICAA. Coordinate efforts to reduce youth access to tobacco. Develop and maintain comprehensive tobacco website. Act as a media liaison for secondhand smoke issues. Develop secondhand smoke and youth access resources and educational pieces. Respond to and monitor UICAA complaints. Work with LHDs, Tax Commission, judicial, law enforcement, retailers, and substance abuse authorities to fulfillment of MSA and Synar requirements. Provide training and resources on compliance check, civil hearing issues, and tobacco laws.</p> <p><b>HPS (1 FTE):</b> Provide healthcare provider outreach. Provide health plan and health care purchaser outreach. Carry out program partnerships providing tobacco cessation services to the under- and un-insured, and to pregnant women (AUCH, Medicaid, etc.) Provide resources and training on tobacco dependency treatment and healthcare provider outreach statewide. Work with healthcare provider professional organizations on tobacco treatment policy development. Promote tobacco cessation services. Work with worksites to implement model programs for tobacco cessation.</p> <p><b>HPS (0.50 FTE):</b> Establish and maintain statewide cessation programs for youth, adults, and pregnant women. Train community members to facilitate the Ending Nicotine Dependence youth cessation program. Partner with insurers and worksites to provide tobacco cessation to clients. Develop cessation marketing materials. Support cessation partnerships such as with state court representatives who work on underage youth tobacco issues. Coordinate fulfillment of MSA legislative requirements.</p> <p><b>HPS (0.50 FTE):</b> Provide training and technical assistance to statewide partners on policy and environmental change. Serve as a content expert on smokeless tobacco issues. Coordinate statewide tobacco communication list serve. Provide education on tobacco and chronic disease links. Develop marketing materials and resources for local initiatives. Assist in developing training events for contractors.</p> <p><b>Support Services Coordinator (0.95 FTE):</b> Provides financial management for the program which includes monitoring grant financial information, preparing and financial monitoring of contracts, and tracking and reporting revenue and expenditures.</p> <p>BRFSS for health status survey \$5,000  Comunidades Unidas to work with Hispanic businesses to comply with the Utah Indoor Clean Air Act and work with community health centers to develop a prevention and cessation plan for the Hispanic community \$83,357</p>

Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
							Crowell Advertising/Love Communications for tobacco media campaign \$1,215,622 Free and Clear for quitline services for tobacco cessation \$1,228,750 Indian Walk Center to work with businesses to comply with the Utah Indoor Clean Air Act and work with community health centers to develop a prevention and cessation plan for the Indian community \$52,600 Jungle Group to develop and maintain the Phoenix Alliance website \$5,059 American Lung Association of Utah to work with businesses to comply with the Utah Indoor Clean Air Act and for tobacco cessation educational programs \$52,035 Association of Sierra Leoneans to develop a prevention and cessation plan for the refugees from the Sierra Leonean community \$7,000 Boys and Girls Club of Greater Salt Lake to implement the CDC guidelines for tobacco prevention for school age children \$21,000 Green River Community Center to work with rural businesses to comply with the Utah Clean Air Act and work with community health centers to develop a prevention and cessation plan for their rural communities \$11,196 Housing Opportunity, Inc. to work with multi-dwelling housing units to educate them regarding the Utah Indoor Clean Air Act \$12,000 Midvale City to work with the business in Midvale to comply with the Utah Indoor Clean Air Act \$5,000 Northwest Shoshone to develop a prevention and cessation plan for the Shoshone community \$7,500 Paiute Tribe to develop a prevention and cessation plan for the Paiute Indian community \$7,000 Utah Navajo Health System to develop a prevention and cessation plan for the Navajo community \$7,500 Utah Partners for Health to work with physicians and clinics on counseling their patients on tobacco prevention and cessation \$10,728 Vietnamese Volunteer to develop a prevention and cessation plan for the Vietnamese community \$10,000 U of U to support the Cancer Registry \$25,000 HCF for Administrative Fee \$7,907 HCF for tobacco cessation drugs for pregnant women on Medicaid \$89,709 Bureau of Environmental Health for compliance monitoring of the Utah Indoor Clean Air Act \$35,000 Project Success/New Zion to develop a prevention and cessation plan for the African American community \$51,500 Quitnet for web-based tobacco cessation and prevention services \$180,000 U of U for the development and maintenance of the UDART system for LHD reporting \$16,800 University of Colorado for tobacco program evaluation \$349,716 DPR to plan and implement statewide tobacco prevention training \$35,000

Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
							<p>The Queen Center Pacific Islander Ethnic Network to develop a prevention and cessation plan for the Pacific Islander community for \$45,450</p> <p>College of Eastern Utah to implement the CDC guidelines for tobacco prevention and cessation for collage age individuals \$15,000</p> <p>Division of Substance Abuse to develop, administer, and compile data for the Youth Tobacco Survey \$52,000</p> <p>Community Health Centers to work with physicians and clinics on counseling their patients on tobacco prevention and cessation \$37,761</p> <p>Heart Disease &amp; Stroke Prevention Program to pay for a portion of the Gold Medal Mentors' salaries to educate school age children regarding tobacco prevention \$91,900</p> <p>Emery School District to implement the CDC guidelines for tobacco prevention for school age children \$42,400</p> <p>Grand School District to implement the CDC guidelines for tobacco prevention for school age children \$69,825</p> <p>North Sanpete School District to implement the CDC guidelines for tobacco prevention for school age children \$48,235</p> <p>Salt Lake School District to implement the CDC guidelines for tobacco prevention for school age children \$57,173</p> <p>San Juan School District to implement the CDC guidelines for tobacco prevention for school age children \$46,638</p> <p>South Sanpete School District to implement the CDC guidelines for tobacco prevention for school age children \$40,506</p> <p>Tooele School District to implement the CDC guidelines for tobacco prevention for school age children \$33,170</p> <p>Granite School District to implement the CDC guidelines for tobacco prevention for school age children \$100,253</p>

Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
Abstinence Education - Federal ACF							
\$288,200		0.00		\$128,553	\$159,647	1, 2, 3, 6, 8, 9, 10	<p>The Abstinence Education grant is available to only State agencies. The funding requires a state match of 75% for all federal funds received. The definition of “abstinence education,” set forth at Section 510(b)(2) of the Social Security Act, provides that State Abstinence Education Grant Program funds must be spent on activities that have “as <i>[their] exclusive purpose</i>, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity.” Therefore, neither the State nor any of its sub-awardees may use Federal or matching funds under this award to promote the use of contraception.</p> <p>All federal funding received for Abstinence Education is passed through to LHDs and community providers.</p> <p>Colors of Success, Community Building Community, Pregnancy Resource Center, and Worldwide Organization of Women - these community health centers provide abstinence education to children 9 to 14 years old \$159,647</p>
Healthy Utah - Private PEHP							
\$846,600	\$759,200	10.90		\$14,000	\$73,400	3, 7	<p>Healthy Utah is a comprehensive worksite health promotion program for public employees and their spouses who are insured by Public Employee Health Program (PEHP). Risk factors that contribute to increased health care costs and morbidity and mortality are targeted for behavior change and health improvement. The goal of the Healthy Utah Program is to assist public employees and their spouses in adopting and maintaining behaviors that improve their health status, improve their ability to be productive on the job and, ultimately, improve their quality of life and decrease overall health care costs. 100% of funding is provided by PEHP, to provide services for members and agencies who subscribe to their health plan. Contract with PEHP requires all funding be used to provide services to their members and covered spouse. Over 40,000 PEHP members qualify for Healthy Utah services. The ratio of FTEs to the large number of members who qualify for the program is extremely low. The program, given the expectations of the funding agency of providing wellness services to over 40,000 members, is significantly understaffed.</p> <p>To ensure efficiency and effectiveness of program services, and that positive health outcomes for members are achieved, resources and staff must be streamlined through one agency. The program would be negatively impacted if funding was split among various agencies.</p> <p>Healthy Utah’s website is can be accessed by the public. It contains a large number of beneficial tools, health information and other resources. Local health departments consistently access this site to use the resources.</p>

Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
							<p><b>Program Manager (1 FTE):</b> Plan, implement and evaluate all aspects of the Healthy Utah Program. Supervise and assure development of staff; manage the budget; coordinate and collaborate with other bureau, division and department programs. Coordinate with PEHP to provide programs to all state and local government agencies who subscribe to their health plan. Conduct program orientations, at Benefit Fairs and Open Enrollment meetings. Assist at testing sessions.</p> <p><b>Health Program Specialist (1 FTE):</b> Manages the Healthy Utah static web site and coordinates maintenance of the dynamic myHealthyUtah website. Provides graphic design services for program as well as for other bureau programs. Conducts program orientations, at Benefit Fairs and Open Enrollment meetings. Assist at testing sessions.</p> <p><b>Health Program Specialist (0.80 FTE):</b> Coordinates program publicity by writing articles for agency newsletters. Conducts employee orientations, at benefit fairs and open enrollment meetings. Presents wellness seminars on various topics. Serves as a resource to members for tobacco cessation. Assist at testing sessions. Coordinates implementation of bi-monthly Health Challenges.</p> <p><b>Health Program Specialist (1 FTE):</b> Oversees implementation of Work Well Recommendations. Coordinates activities for agencies' Wellness Councils and supports their on-going efforts. Conducts employee orientations, at benefit fairs and open enrollment meetings. Presents wellness seminars on various topics. Assists at testing sessions. Moderates a list serv.</p> <p><b>Health Program Specialist (1 FTE):</b> Develops physical activity plans for members and provides counseling on exercise. Conducts employee orientations, at benefit fairs and open enrollment meetings. Presents wellness seminars on various topics. Assists at testing sessions. Moderates a list serv.</p> <p><b>Health Program Specialist (0.50 FTE):</b> Coordinates Healthy Utah testing sessions and supervises testing staff.</p> <p><b>Public Nutritionist (1 FTE):</b> Presents nutrition related seminars. Teaches the Lighten Up! weight management classes, organizes diabetes education classes, and provide nutrition and meal planning counseling. Moderates 2 list servs. Conducts employee orientations, at benefit fairs and open enrollment meetings. Presents wellness seminars on various topics. Assists at testing sessions.</p> <p><b>Office Specialist ( 1 FTE):</b> Provides clerical support for the program. Processes rebates, schedules testing session appointments, and provides technical support for myHealthyUtah website. Order supplies and equipment for testing sessions and the office.</p> <p><b>Testers (3.6 FTEs):</b> Perform biometric measurements and education at testing sessions</p>



Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
							<p>Various Trainers to conduct Healthy Utah training sessions in southern Utah \$5,000</p> <p>Software Technology Group - develop and maintain the myHealthyUtah website \$56,000</p> <p>Various worksites statewide to provide wellness councils in the workplace to promote healthy lifestyles \$12,400</p>
Baby Watch/Early Intervention - State and Federal Education							
\$12,488,800	\$916,900	10.40		\$553,969	\$11,017,931	7	<p>The Baby Watch Early Intervention Program provides early intervention/developmental services for young children from birth to the age of three years, with developmental delay and/or disabilities, under the Individuals with Disabilities Education Act (IDEA; Public Law 105-17). A child with a moderate delay in one or more of the following developmental areas will qualify for services: cognitive, communication, social or emotional, adaptive, or physical development (includes motor, hearing, vision). Services include multi-disciplinary evaluation and assessment, service coordination, provision of specialty and therapy services such as; special instruction, nursing, physical, occupational, and/or speech therapy, family instruction, and other related services and strategies to build on the family's strengths and the child's potential. Services are available statewide through local agencies and are provided in the child's natural environment, including the home and community settings in which children without disabilities participate.</p> <p><a href="#">Federal funds may only be awarded to a state agency.</a></p> <p><b>Program Manager (1 FTE):</b> Overall program management and supervision. Establish budget for program, write grants, award contracts to providers.</p> <p><b>RN (1 FTE):</b> Liaison for 4 early intervention programs, -the Newborn Intensive Care Units at PCMC, IMC, UUMC, LDS Hospital, the medical community, a health consultant.</p> <p><b>HPS (1 FTE):</b> Liaison for 4 early intervention programs, Families United Network, ICC Parent/Advocacy Committee.</p> <p><b>HPS (1 FTE):</b> CSPD Coord, Liaison for 4 early intervention programs.</p> <p><b>HPS (1 FTE):</b> Special Projects, Medicaid &amp; CHIP billing coordination.</p> <p><b>HPS (1 FTE):</b> ICC State Contact, Program Records Manager, Family Fee billing &amp; tracking, Program travel coordinator, purchasing. Serves as technical support for BWEI program. Provides support to individual BWEI staff. Serves as the staff assistant to the Interagency Coordinating Council. Act as the functional supervisor for the BWEI secretarial support position.</p>

Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
							<p><b>HPS (1 FTE):</b> Develops, coordinates and maintains system of monitoring all statewide early intervention programs for federal IDEA compliance. Provide on-going information and technical assistance to EI program directors, keeping them informed of current issues related to program management and regulatory compliance. Through BTOTS data system, compile, review and interpret State and Federal Reports. Maintains responsibilities identified and assigned related to individual child complaint resolution and dispute resolution.</p> <p><b>Research Analyst (1 FTE):</b> BTOTS manager. Ensure compliance with IDEA regulations and BWEI policies through analysis and interpretation of data. Evaluate the implementation of BTOTS data system and all upgrades. Support state staff and contracted agency requests for database system enhancements and reports.</p> <p><b>Research Consultant (1 FTE):</b> Medicaid &amp; CHIP billing coordination, Research and analysis to inform policy, Analyzes, interprets, and presents data /research for technical reports to federal and state entities, and public supports system activities toward delivery of EI services in the state, Attends UDOH and national meetings and conferences, as needed.</p> <p><b>Occupational Therapist (0.30 FTE):</b> Provides occupational therapy evaluation and services to BWEIP families and their children.</p> <p><b>Support Services Coordinator (0.60 FTE):</b> Provides financial management for the program which includes monitoring grant financial information, preparing and financial monitoring of contracts, and tracking and reporting revenue and expenditures.</p> <p><b>Secretary (1 FTE):</b> Secretarial support to program, purchasing, maintain child count data.</p> <p>The Baby Watch Early Intervention Program providers listed below provide early intervention/developmental services for children from birth to the age of three years in their geographical areas.</p> <p>Davis School District \$812,300</p> <p>DDI Vantage \$1,765,700</p> <p>Jordan School District \$1,352,800</p> <p>Kids on the Move \$1,451,650</p> <p>Kids Who Count \$541,859</p> <p>Learning Center for Families \$508,975</p> <p>Provo School District \$469,450</p> <p>San Juan School District \$119,549</p> <p>Southern Utah State University \$147,000</p> <p>Uintah County Preschool Services \$547,816</p> <p>Utah School for the Deaf and Blind \$45,816</p> <p>Utah State University \$808,891</p> <p>Weber County School District \$778,125</p> <p>HCF for Administrative Fee, Match for Administrative Case Management, CHIP and provider Medicaid billings \$1,668,000</p>

Total	UDOH		LHD Benefit	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs	Amount				
Women, Infants & Children Administration - Federal USDA - Does Not Include Food							
\$11,444,500	\$1,791,075	11.00		\$9,175,900	\$477,525	1, 2, 3, 4, 5, 6, 7, 8, 9	<p>The purpose of the program is to provide supplemental food and nutrition education to pregnant, breastfeeding, or postpartum women, and infants and children up to age five. Included are individuals from low-income families who are determined to be at nutritional risk because of inadequate nutrition, health care or both. The program is specifically designed to serve as an adjunct to good health care during critical periods of human growth and development.</p> <p>Utah WIC currently serves 12 Local Health Departments that make up 49 WIC clinics that serve more than 67,000 participants statewide. It takes each of the State WIC staff listed below to satisfactorily carry out the mission and program requirements of the WIC Program.</p> <p><a href="#">The State WIC Office applies for administrative, food and peer counseling grants each year. Reallocations are issued by the regional office if funding gets tight due to increases in participation, food inflation or for any other unforeseen circumstance. Only state agencies are eligible to apply for federal WIC funds.</a></p> <p>The State WIC Program is responsible for working with the United States Department of Agriculture, Food and Nutrition Services to interpret federal regulation which are then placed in the Utah WIC Program Policy and Procedure manual for the local clinics to follow.</p> <p>The State WIC Office takes the burden of accounting for all food dollars through a central banking contract, eliminating the need for each local health department and WIC clinic to maintain individual contracts with banks and grocery vendors. The central banking contract also eliminates the need for local health departments to create and maintain supplies of voucher (check) stock for the Program. All vendor, banking and voucher issues are transparent to the WIC clinics statewide. Only a small portion of WIC funding received at the State level is applied to maintain our body of professional WIC staff. The majority of funding is distributed between all twelve health departments statewide who keep the doors of our 49 WIC clinics open for our participants</p> <p><b>Program Manager (1 FTE):</b> Responsible for all Program operations, WIC policy and procedures and for the financial integrity of the Utah WIC Program. Supervises the Health Program Coordinator, Nutrition Coordinator and Administrative staff. He works closely with the Health Officers, Nursing Directors and WIC Directors at the local level, as well as numerous other public health programs across the state.</p> <p><b>Health Program Coordinator (1 FTE):</b> Responsible for all vendor contracts, bank issuance and redemption information and supervises the Health Program Specialist. Provide policy expertise on federal WIC regulations.</p>

Total	UDOH		LHD Benefit Amount	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs					
							<p><b>Health Program Specialist (1 FTE):</b> Responsible for maintaining WIC policy and procedure manual and all annual updates that are forwarded to the USDA for approval. Assists with bank issues and all associated exception reports. Creates and maintains records for all clinic evaluations and provides written feedback for each evaluation. Handles special projects that include the development of training materials.</p> <p><b>Nutrition Coordinator (1 FTE):</b> Responsible for all nutrition aspects of the program. Accountable for ensuring that policy and procedures relating to nutrition reflect the federal regulation for WIC.</p> <p><b>Child Nutrition Specialist (2 FTE):</b> Handles phone calls from local WIC offices, coordinates the participant Food Card project, responsible for the <u>WIC Wire</u>, a bi-monthly newsletter. Handles delegated tasks received by the Nutrition Coordinator.</p> <p><b>Nutritionist / Breastfeeding Coordinator (1 FTE):</b> Responsible for all issues relating to breastfeeding and WIC. Coordinates the (breastfeeding) peer counselor program at the local clinics as well as managing any special assignments or tasks delegated to her.</p> <p><b>Support Services Coordinator (1 FTE):</b> Responsible for maintaining and keeping the Program Manager informed of all budgetary issues. Involved in many requests for information from the USDA, the media and WIC clinics. Processes all federal grant documents as required and works closely with Department of Health finance staff in completing all month and year-end reports for the USDA.</p> <p><b>Secretary (1 FTE):</b> Responsible for keeping the Program Manager and all WIC staff on task with meetings, assignments and special projects. Coordinates multiple meetings each week as well as monthly and quarterly meetings with WIC Directors and the WIC Advisory Committee. Records and maintains minutes of the meetings mentioned herein as well as coordinates purchase orders, office supply orders, and other miscellaneous items.</p> <p><b>Office Tech (2 FTE):</b> Maintains all WIC materials through the program document vendor. Answers phones, schedules meetings, assists with the overflow of work from others and works very closely with the Vendor Coordinator in carrying out administrative tasks. Works closely with the Breastfeeding Coordinator to ensure all special projects and assignments are completed. Records meeting minutes and handles most of the bulk mail that must go out on a daily basis.</p>

Total	UDOH		LHD Benefit	LHD Amount	CBOs/ Contracts	Service Type*	Description
	Amount	FTEs	Amount				
							Financial Management Services for WIC banking services \$140,000 Command Protective Services to provide investigative services of the WIC food store vendors \$8,000 Teletask Call Reminder System for telephone appointment reminder calls to WIC clients \$5,025 Medela Inc. for breast pump rentals for WIC clients \$15,000 Infusions Innovations for special formula purchases for WIC clients \$292,000 Department of Agriculture for scale calibration \$3,000 State Auditors for audit fees \$4,500
\$47,184,302	\$11,370,039	153.15	\$5,758,000	\$16,436,682	\$19,377,581		Total
	24.10%			34.84%	41.07%		Percent of Total

**\*Service Type**

1. surveillance: data services for tracking diseases
2. disease investigation and intervention: immunization, antibiotics, etc.
3. public awareness and education: health promotion and marketing to the public
4. health policy planning and implementation: through laws, rules, or guidelines
5. enforcement of health laws and rules: regulation
6. evaluation and quality improvement: of health programs and services
7. direct patient/client services or medications: to individuals
8. training and consultation: for public and private healthcare providers
9. research on risk factors and causes of health problems
10. partnership development: convening key stakeholders, planning, outreach and coalition building

## Epidemiology & Laboratory Services Funding Allocation for Local Health Departments (LHD)

### Service Types

1. surveillance: data services for tracking diseases
2. disease investigation and intervention: immunization, antibiotics, etc.
3. public awareness and education: health promotion and marketing to the public
4. health policy planning and implementation: through laws, rules, or guidelines
5. enforcement of health laws and rules: regulation
6. evaluation and quality improvement: of health programs and services
7. direct patient/client services or medications: to individuals
8. training and consultation: for public and private healthcare providers
9. research on risk factors and causes of health problems
10. partnership development: convening key stakeholders, planning, outreach and coalition building

Total	UDOH		LHD Benefit	LHD Amount	CBOs/ Contract	Service Type	Description
	Amount	FTEs					
Food & Environmental Health/Summer Food (100% State funding)							
\$379,300	\$217,000	2.95		\$162,300		4,5,6,	Program Manager (.95 FTE), Health Program Specialist (.5 FTE), Reg. Environmental Health Services Specialist (1 FTE), Office Specialist (.5 FTE). Program provides oversight of and expertise and coordination for committee process to update 15 sanitation rules, interpretation of rules, resource for public and private industry, standardization of food inspections, and coordination of reporting from LHDs and other government agencies and private industry.

Total	UDOH		LHD Benefit	LHD Amount	CBOs/ Contract	Service Type	Description
	Amount	FTEs					
TB State (100% State funding)							
\$312,700	\$149,376	2.15	\$99,494	\$34,100	\$29,730	2,3,4,6,7,8	Program Manager/TB Controller (.65 FTE), Epidemiologist/TB Nurse Consultant (.75 FTE), Office Specialist (.75 FTE). Program develops rules, policies and protocols related to TB control activities according to national guidelines, case management oversight, coordination with and technical assistance for LHD, and statewide training and certification. The program purchases TB medications and medical supplies in bulk at special rates and provides them to LHD for their patients. The program also pays for TB consultants, incentives for clients to take medications and enable them to stay in isolation, and housing with negative air flow for homeless TB patients. The program collects and analyzes statewide data related to disease morbidity and mortality. CBOs/Contracts: One contract for housing for homeless TB patients, \$18,400; TB consultants and incentives, various providers, \$11,330.

Total	UDOH		LHD Benefit	LHD Amount	CBOs/ Contract	Service Type	Description
	Amount	FTEs					
Refugee TB (100% Federal funding through DWS)							
\$799,500	\$161,994	2.97	\$84,401	\$15,000	\$538,105	1,2,3,4,6,7,8	Program Manager/Refugee Health Coordinator (.35 FTE), Health Program Specialists (2 FTE), Health Educator (.17 FTE), Epidemiologist (.2 FTE), Office Specialist (.25 FTE). Program develops rules, policies and protocols relating to refugee health activities; provides technical assistance/expert disease management consultation for LHD, resettlement agencies, health care facilities, community based organizations and private providers; provides medications and vaccines, education on U.S. health systems, case management oversight for newly arriving refugees, and training for skin test certification and cultural competency. The program contracts with resettlement agencies, TB consultants and a health clinic to provide health screenings, medical interpreters, case managers, and medical consultation. The program collects and analyzes statewide data related to disease morbidity and mortality. CBOs/Contracts: One contract for health screening \$258,000; three contracts for refugee resettlement agencies \$259,105; one contract for medical interpreter courses, \$15,000; TB consultations from various providers, \$6,000.
STD Control (100% Federal funding)							
\$467,400	\$263,979	3.4	\$51,786	\$33,137	\$118,498	3,7,8	Program Managers (.7 FTE), Health Program Specialists (1.5 FTE), Epidemiologist (.2 FTE), Office Specialist (1 FTE). Program develops and implements rules, policies and protocols related to STD control, provides case management support for LHD, technical assistance and consultation on STD management and prevention, lab testing and medications for clients, educational presentations to groups as requested. The program also conducts STD surveillance and research activities and coordinates with LHD, laboratories, and medical providers to identify patterns of infection, analyze trends and project future impact of the diseases. The grant requires that one-half of the infertility project portion of this grant go to a contract with Planned Parenthood for Chlamydia testing and treatment. CBOs/Contract: One contract with Planned Parenthood \$118,498.



Total	UDOH		LHD Benefit	LHD Amount	CBOs/ Contract	Service Type	Description
	Amount	FTEs					
HIV Prevention (100% Federal funding)							
\$1,041,400	\$456,516	7	\$33,134	\$167,250	\$384,500	2,3,6,7,8,9,10	Program Manager (.5 FTE), Health Program Specialists (4.5 FTE), Secretary (1 FTE), Office Tech. (1 FTE). Program coordinates statewide HIV Counseling, Testing, and Partner Notification, HIV Education, and HIV Community Planning efforts. The program trains individuals throughout the state to provide HIV counseling and testing services, and rapid HIV testing. Twenty-two contracts with community-based organizations and LHD are provided through this grant for HIV prevention education and HIV counseling and testing to at-risk targeted populations. Oversight and technical support for these contracts are provided. Educational materials are provided to contractors (including LHD) for distribution to targeted populations. The program also develops, coordinates, implements and evaluates educational programs, materials, trainings and events. CBOs/Contracts: Nine contracts with CBOs for HIV Education to target populations \$371,000; one contract for an HIV Education media campaign, \$13,500.
TB Elimination (100% Federal funding)							
\$359,700	\$132,396	1.18	\$73,050	\$129,974	\$24,280	1,2,3,6,7,8,10	Health Educator (.33 FTE), Epidemiologist/TB Nurse Consultant (.85 FTE). The program provides disease management, case management, and technical assistance to LHD, health care facilities, community-based organizations and private providers. The program also provides TB testing medications and medical supplies, which are purchased in bulk at a special rate and provided to LHD for their patients. The services of TB consultants, incentives for patients to take their medications and enable them to stay in isolation, and housing with negative air flow for homeless TB patients are provided, too. The program provides statewide training and certification, collects and analyzes statewide data, and conducts outreach activities to high-risk communities. CBOs/Contract: Medical consultation for TB patients \$24,280.
Eureka Project (100% Federal funding)							
\$27,100	\$10,876	0.35		\$16,224		1,2,3	Health Program Specialist (.35 FTE). The program conducts child blood lead and health homes surveillance activities, develops and implements lead poisoning health education and prevention programs.

Total	UDOH		LHD Benefit	LHD Amount	CBOs/ Contract	Service Type	Description
	Amount	FTEs					
Public Health Tracking (100% Federal funding)							
\$637,900	\$393,386	5.2		\$14,278	\$230,236	1,2,3,4,6,8,9	Epi Manager (1.2 FTE), Research Consultant (1 FTE), Health Program Specialist (2 FTE), Epidemiologist (1 FTE). The program conducts cluster investigations, provides support to health hazards assessment activities, conducts public awareness, marketing outreach and risk communication activities, manages public health tracking data, develops computer programs to prepare, standardize, manipulate and organize, and analyze source data, geo-codes and geo-references source data, and coordinates technical advisory and scientific review boards. Contracts and agreements are funded to support surveillance activities for tracking requirements and to purchase data from a variety of registries in the state, lab services, development of NEIEN node data transaction services as a means to conduct secure data transfer between agencies, develop components of the tracking network's public and secure portal, and implement system and security components/modules. CBO/Contract: One contract with DEQ for environmental data \$20,000; one contract with the state lab for newborn blood lead testing, \$54,000, one contract with for birth defects data \$81,236; one contract for consultation software maintenance, \$10,000; DTS services \$65,000.

<b>Epidemiology and Laboratory Funding Summary</b>							
\$4,025,000	\$1,785,523	25.20	\$341,865	\$572,263	\$1,325,349		

# Possible Solutions

- Increase required county match rate of 20% for State funds
- Require dedicated property tax minimum for county health departments (0.0004 levy = \$79M FY 2009)
- Increase State contribution through General or other funds (i.e. – tobacco settlement or tobacco taxes)
- Reduce/clarify statutory requirements
- Make LHDs part of the statewide Health Department (as done in 14 states)
- Diversion of more grant monies to LHDs
- Standardize distribution of grant monies
- Enable transition to local districts
- Grant taxing authority to LHDs (legally more likely for multi-county LHDs)
- Turn 2008 local contributions into property tax mill levy

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Introduction

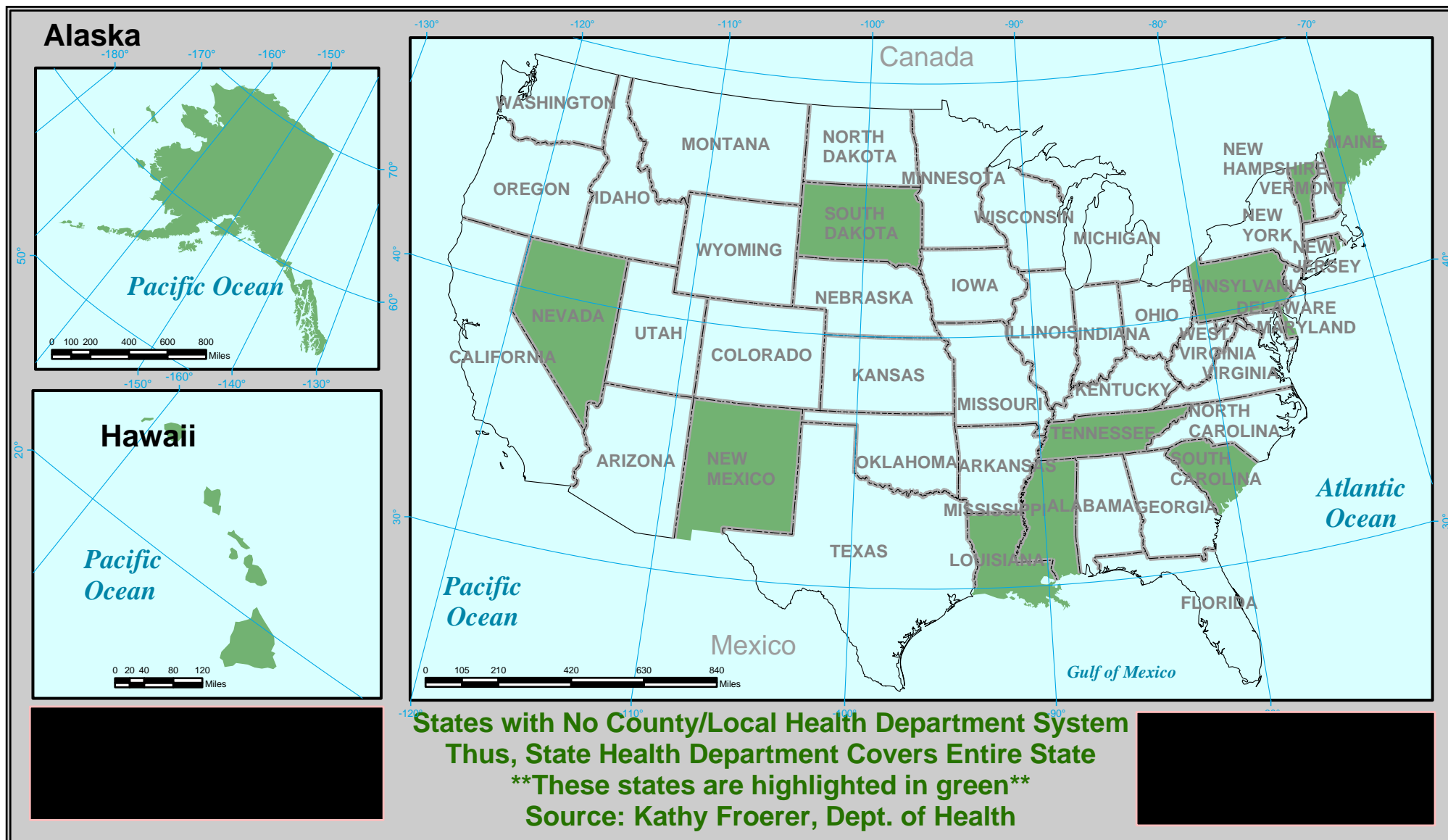
Statutory Requirements

Funding Picture

**Possible Solutions**



# States with No County/Local Health Department; State Health Department Covers Entire State



## Other Parallel Study Efforts

- 8/20 combined Legislative Committee Meeting
  - Health & Human Services Interim to look further at:
    - Source & funding of LHD duties (federal, State, local, etc.)
    - National standards and effective practices
    - Any duplication of fees among State and LHDs or others
    - Cigarette tax earmarked for LHDs
  - Political Subdivisions Interim to look further at:
    - Emergency fund  $\frac{1}{2}$  State and  $\frac{1}{2}$  property tax
    - Mandatory consensus approach to allocation of grant monies

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Funding Picture



## Other Parallel Study Efforts

- Utah Public Health Statewide Comprehensive Plan
  - DOH Executive Management & Utah Association of Local Health Officers
  - Governance recommendations will be ready by December 2008.

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Funding Picture



# Utah Public Health Statewide Comprehensive Plan-Goals

- Determine and clarify LHDs and the State's roles in delivering services
- Better communication, collaboration, and cooperation between DOH and LHDs
- Cooperative agreement to determine appropriate standards, accountability for service delivery, and reporting requirements
- Acknowledge the complexities of State and local public health agencies
- Build relationships that foster a system which addresses public health issues and priorities

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Funding Picture



**STATE AND LOCAL HEALTH AUTHORITIES****AMENDMENTS**

2009 GENERAL SESSION

STATE OF UTAH

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**LONG TITLE****General Description:**

This bill modifies provisions dealing with Department of Health and local health department responsibilities.

**Highlighted Provisions:**

This bill:

- ▶ modifies responsibilities of the Department of Health and local health departments with respect to their interrelationship;
- ▶ requires the Department of Health to establish a committee consisting of Department of Health and local health department representatives;
- ▶ provides for the responsibilities of the committee;
- ▶ requires the Health Advisory Council to make a binding decision on the goals and budget of federal grants if the committee is unable to achieve unanimity on the goals and budget; and
- ▶ makes technical changes.

**Monies Appropriated in this Bill:**

None

**Other Special Clauses:**

None

**Utah Code Sections Affected:****AMENDS:**

**26-1-4**, as last amended by Laws of Utah 1991, Chapters 112 and 269

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*Be it enacted by the Legislature of the state of Utah:*

Section 1. Section **26-1-4** is amended to read:

**26-1-4. Department of Health created -- Policymaking responsibilities --**

**Cooperation with local health departments.**

(1) There is created the Department of Health, which has all of the policymaking functions, regulatory and enforcement powers, rights, duties, and responsibilities of the Division of Health, the Board of Health, the State Health Planning Development Agency, and the Office of Health Care Financing. Unless otherwise specifically provided, when reference is made in any statute of this state to the Board of Health, the Division of Health, the State Health Planning Development Agency, or the Office of Health Care Financing, it refers to the department. The department shall assume all of the policymaking functions, powers, rights, duties, and responsibilities over the division, agency, and office previously vested in the Department of Human Services and its executive director.

(2) ~~[(a)] In establishing public health policy [which directly affects local health departments, as defined in Title 26A, Chapter 1, Part 1], the department shall [cooperate]~~ consult with the local health departments established under Title 26A, Chapter 1, Local Health Departments.

~~[(b) The department shall establish by rule procedures for developing its policies, which ensure that local health departments are given opportunity to comment and provide input on any new policy of the department and on any proposed changes in existing policies which affect local health departments.]~~

~~[(c) The department shall also provide a mechanism for review of its existing policies which affect local health departments, and for consideration of policy changes proposed by local health departments.]~~

(3) (a) The department shall establish a committee consisting of:

(i) the executive director;

(ii) two representatives of the department appointed by the executive director; and

(iii) three representatives of local health departments appointed by all local health departments.

(b) (i) The committee established under Subsection (3)(a) shall:

(A) evaluate:

(I) the allocation of public health resources between the department and local health departments; and

(II) policies that affect local health departments;



- 63           (B) consider policy changes proposed by the department or local health departments;  
64           (C) review the goals and budget for each application for a grant from the federal  
65           government before the grant application is submitted; and  
66           (D) report annually to the health advisory council created in Section 26-1-7.5 regarding  
67           implementation of this Subsection (3).  
68           (b) If the committee established under Subsection (3)(a) cannot unanimously agree on  
69           the goals and budget for a grant from the federal government before funds are encumbered or  
70           dispersed, the health advisory council shall:  
71           (i) consider the goals and budget at its next meeting following notification that the  
72           committee cannot unanimously agree on the goals and budget; and  
73           (ii) make a binding decision on the goals and budget for the grant.

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**Legislative Review Note**  
**as of 11-20-08 10:02 AM**

**Office of Legislative Research and General Counsel**