1.0 Department of Health - Community and Family Health Services

Summary

The Division of Community and Family Health Services assures that women, infants, children, and their families have access to comprehensive, coordinated, affordable, community-based quality health care. Division services are available to all citizens of the State according to their ability to pay, but primary clients are women, infants, and children who have special health care needs and are low income. The Division coordinates efforts, identifies needs, prioritizes programs, and develops resources necessary to reduce illness, disability and death from:

Adverse Pregnancy Outcomes
Chronic Diseases
Disabling Conditions
Injury and Violence
Vaccine-Preventable Infections

The Division is organized into a Director's Office and five functional bureaus.

Financial Summary

	FY 2000
Plan of Financing	**LFA**
General Fund	$10,921,100
Federal Funds	47,549,600
Dedicated Credits	11,264,900
GF Rest. - Cigarette Tax Restricted Account	250,000
Revenue Transfer	2,890,600
Total	**$72,876,200**
Programs	
Director's Office	$269,100
Division Resources	2,683,600
Health Education	5,816,800
Maternal and Child Health	44,315,200
Chronic Disease	3,981,100
Children with Special Health Care Needs	15,810,400
Total	**$72,876,200**

2.0 Budget Highlights: Department of Health - Community and Family Health Services

2.1 Utah Statewide Immunization Information System - UNFUNDED -

In order to better be able to track childhood immunizations, the Utah Statewide Immunization Information System needs a major influx of funding. The Analyst recommends, as an unfunded budget increase, $275,000 from the General Fund, and a total package of $935,000.

2.1 Funding

Plan of Financing	FY 2000 LFA
General Fund	$275,000
Federal Funds	200,000
Dedicated Credits	460,000
Total	**$935,000**
FTE	5.00

3.1 Community and Family Health Services - Director's Office

Recommendation

The Analyst's recommendation for the Director's Office is based on a staffing level of 3 FTEs. The Analyst recommends a budget of $269,100. The funding source is the General Fund.

3.1 Funding

Plan of Financing	FY 1998 Actual	FY 1999 Estimated	FY 2000 LFA	Difference Est./LFA
General Fund	$245,800	$253,200	$269,100	$15,900
Total	**$245,800**	**$253,200**	**$269,100**	**$15,900**
% Change		3.01%	6.28%	
FTE	3.0	3.0	3.0	0.0

Summary

The Office of the Director of the Division of Community and Family Health Services (CFHS) leads and manages all the resources and programs of the Division. The office consists of the Director, the administrative secretary, and one office technician. The director oversees five bureaus, including Division Resources, Health Education, Maternal and Child Health, Chronic Disease, and Children with Special Health Care Needs.

3.2 Community and Family Health Services - Division Resources

Recommendation

The Analyst recommends a budget of $2,683,600 for this bureau for FY 2000. This recommendation is a decrease of 1.3 percent compared to the FY 1999 estimated level. This is mainly due to a reduced level of federal funds expected in FY 2000.

The recommended level of Federal Funds includes funding in the amount of $487,500 of preventative block grants and $1,590,600 of Maternal and Child Health block grants, which are distributed, by contract, among the 12 local health departments.

The Dedicated Credits in FY 1999 are from a one-time sale of an interactive Internet query system which the state of Wisconsin purchased.

3.2 Funding

Plan of Financing	FY 1998 Actual	FY 1999 Estimated	FY 2000 LFA	Difference Est./LFA
General Fund	$389,200	$416,400	$524,400	$108,000
Federal Funds	2,163,287	2,289,400	2,159,200	(130,200)
Dedicated Credits	496	12,200	0	(12,200)
Lapsing	835	0	0	0
Total	**$2,553,818**	**$2,718,000**	**$2,683,600**	**($34,400)**
% Change		6.43%	(1.27%)	
FTE	18.7	21.3	21.3	0.0

Summary

The Bureau of Division Resources provides financial, data, planning and evaluation services to the Division Director and all Division programs. Budgeting, contracting, grants management, purchasing, accounts receivable, staff management, data processing, data analysis, Division planning, quality improvement and program evaluation are examples of the Bureau's major activities.

Financial Resources	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. Providing billing services for public health services.
Data Resources	The Data Resources Program leads the information system integration projects, and provides objective data analysis for planning, evaluation, and reporting. It publishes statistical reports and conducts special analyses on alternative means of providing public health services throughout the State. It also provides for maintenance of databases, computer equipment and operation of networks and software.
Quality Improvement Resources (QIR)	The QIR Program assists the Division to ensure continuous improvement within its programs and services. QIR provides consultation and technical assistance to program managers and staff in conducting quality improvement projects and activities.

3.3 Community and Family Health Services - Health Education

Recommendation

The Analyst recommends $5,816,800 for FY 2000 for this bureau. Of this amount, $1.7 million is passed through to local health departments for tobacco prevention and control contracts, violence and injury prevention contracts, and pregnancy riskline contracts.

A new source of funding for this program is the Cigarette Tax Restricted Account. This funding source comes as a result of last session's House Bill 404, "Use of Cigarette Tax", which annually diverts $250,000 from the tax on cigarettes (which was increased during the 1997 General Session by 25 cents per pack) and deposits that amount in the restricted account. Appropriations from the restricted account are to be used to continue the media campaign geared toward children and adolescents to discourage them from using tobacco products.

The Revenue Transfer comes from Medicaid matching funds for (1) Baby Your Baby outreach programs ($564,700), (2) the Pregnancy Riskline ($20,000), and (3) the Tobacco Media Campaign ($120,100). The Children's Health Insurance Program also contributes $60,000 for the Baby Your Baby program. Also included is $22,000 for Pedestrian Safety and $30,000 for Youth Alcohol, both from the Department of Public Safety; and $10,000 from the Department of Human Services for the Child Fatality Review.

3.3 Funding

Plan of Financing	FY 1998 Actual	FY 1999 Estimated	FY 2000 LFA	Difference Est./LFA
General Fund	$1,812,700	$1,691,600	$1,692,300	$700
Federal Funds	2,201,212	2,637,400	2,715,500	78,100
Dedicated Credits	658,818	318,500	332,200	13,700
GF Rest. - Cigarette Tax Restricted Account	0	250,000	250,000	0
Revenue Transfer	397,424	826,800	826,800	0
Total	**$5,070,154**	**$5,724,300**	**$5,816,800**	**$92,500**
% Change		12.90%	1.62%	
FTE	35.4	42.0	42.6	0.6

Summary

The Bureau of Health Education implements programs designed to improve personal health. The Bureau is committed to the following goals:

1. Identify preventable risk factors which are associated with the leading causes of death and disability, and develop effective program strategies to reduce risks. Priorities include injury prevention, tobacco prevention, healthy pregnancies, physical activity, and coordinated school health.
2. Assist local health departments and other agencies in the delivery of services consistent with Bureau priorities.
3. Assume the lead role in facilitating and supporting health education activities statewide.

Research and Development Activities

This activity administers Utah's Behavioral Risk Factor Surveillance System (BRFSS), a federally-funded statewide risk factor survey carried out on behalf of the Centers for Disease Control. It is a primary source of Utah-specific information on risk factors among the adult population. Other research and development activities support programs within the Bureau of Health Education, Local Health Departments and the Division.

Violence and Injury Prevention Program (VIPP)

The Violence and Injury Prevention Program (VIPP) reduces the incidence and severity of injuries and resultant deaths.

Specific Annual Goals:

1. Increase public awareness of the injury problem.
2. Strengthen the local health departments' capacity for injury prevention.
3. Serve as Utah's clearinghouse for injury data.
4. Increase the collaboration of the various entities involved in injury prevention activities, including the Legislature, FACT, and others in the community.

Major areas of VIPP's efforts include:

Motor Vehicle seat belt campaign
Bicycle Helmet Project
Pedestrian Safety Project
Youth Alcohol Project
Child Fatality Review
Rape and Sexual Assault Against Women
Traumatic Brain and Spinal Cord Injury Surveillance Project
Falls Prevention Project
Adolescent Suicide Study
Safe Kids Campaign

Baby Your Baby Outreach (BYB)

The BYB Outreach Program strives to improve the health of families in Utah through programs such as Baby Your Baby, Check Your Health, and the new Children's Health Insurance Program (CHIP), using hotline services, education strategies, and by providing outreach consultation and services to other Division programs. The BYB Hotline provides toll-free information and referral services, obtains information about callers, and evaluates program effectiveness. The Hotline provides information and referral services to approximately 20,000 callers each year for Check Your Health, Immunize by Two, Truth about Tobacco, and CHIP. The outreach program establishes public-private partnerships to promote healthy lifestyles, reduce health risks, and increase access to health care. This is accomplished using public service announcements, documentaries, talk shows, news reports, and printed materials, addressing goals dealing with low birth weight, birth defects, SIDS, vaccine-preventable infections, injury and violence and dental disease.

Pregnancy Riskline Program

The RiskLine uses a toll-free telephone number to provide information to health care practitioners and the public about the effects of drugs, medicines, chemicals, infections and other maternal states on a fetus or breast-fed infant.

Since very few agents cause fetal harm, the RiskLine often allays fears and anxieties families may have about maternal exposures, thus avoiding demands for expensive and unnecessary prenatal diagnostic procedures.

The following data shows the number of calls received by the Riskline.

Service	1994	1995	1996	1997
Number of clients served	6,167	7,000	9,232	8,760

Tobacco Prevention and Control Program (TPC)

TPC provides technical expertise and support to communities for the prevention and reduction of tobacco use. This is accomplished through educational programs and policy development to reinforce healthy social norms.

Tobacco is the single most preventable cause of premature mortality. Approximately 1,200 Utahns die each year due to tobacco-related illnesses. The goals of this program are to:
Promote compliance with the indoor smoking law;
Decrease youth access to tobacco;
Increase the development of KIDS coalitions; and
Increase Teen Tobacco Reduction Programs.

The 1997 Legislature passed House Bill 27, Cigarette Tax Increase, which added $610,000 to develop and coordinate a media campaign with efforts to discourage the usage of tobacco by minors. The Department divided the funding into three pieces, one which passes funding ($320,000) to the local health departments, allowing them to expand their hours of tobacco prevention services (an average of 32 hours per week); another piece which funds the Youth Anti-Tobacco Campaign ($250,000); and $40,000 which remains within the division to coordinate tobacco contracts, collect data, and conduct tobacco research. The LHDs' services include prevention, education and cessation programs, enforcement of federal requirements for reducing youth access, and the development of local media and marketing campaigns. The Youth Anti-Tobacco Campaign utilizes television (local and cable) and radio. In-kind services from Crowell and Associates, the advertising agency, radio and television sponsorships; and corporate involvement, make the value of the campaign over $900,000, The emphasis of the campaign is THE TRUTH

The Truth About Smoking. Get It.
The Truth About Smoking. Think About It.
The Truth About Smoking. You Decide.

Intent Language

The 1998 Legislature approved the following intent language dealing with additional new funding for an anti-tobacco media campaign.

> *It is the intent of the Legislature that if House Bill 404 passes, the funds be allocated to the Tobacco Prevention and Control Program within the Utah Department of Health. The Department of Health will be responsible for contracting for the design and implementation of the media campaign directed at children and adolescents in Utah for the purpose of discouraging them from starting to use tobacco products.*

Response

House Bill 404 did pass, but passed on the last day of the 1998 General Session, after the deadline for fiscal note bills, and so it was not funded. However, with the express intent of the bill and direction from Legislative Leadership, and by agreement between all parties involved, the Division of Finance authorized the spending of the funds, with the understanding that the funding would come forth in the form of a FY 1999 Supplemental. (See FY 1999 Supplementals). Even though statute supercedes intent language, in this case, the intent language

required the funding to be spent on the items which the bill stated. The funds are being expended on the items required by the statute and by the intent language.

Physical Activity Program

The Physical Activity program promotes regular physical activity and healthy lifestyles. Despite indications that engaging in regular physical activity plays a vital role in maintaining physical and mental health and well-being, approximately 50 percent of Utahns have sedentary lifestyles.

The Physical Activity Program is developing a statewide strategic plan with prioritized and focused interventions. Currently, the Program promotes physical activity in schools through FIT KIDS, Utah's model for coordinated school health. Physical activity at work sites is promoted through the annual Utah Council on Health and Physical Fitness Workaday Health Promotion conference. At the community level, an initiative entitled Eat Smart Move Smart encourages women aged 20-40 to get 30 minutes of physical activity and eat five fruits and vegetables each day.

Utah Tomorrow

The following Utah Tomorrow performance measures are directly affected by the activities of this bureau:

Performance Measure	1990	1995	DOH Target 2000
Percent of Utah resident mothers having prenatal care in the first trimester of their pregnancy	81.0%	83.8%	90.0%
Hospitalization rate due to injury (per 100,000 population)			
Mortality rate due to injury (per 100,000 population)	29.0	25.3	27.9
Morbidity rate due to injury (per 100,000 population)		541.0	
Mortality rate due to injury to children ages 0-9 (per 100,000 population)	14.3	12.6	12.9
Mortality rate due to injury to children ages 10-19 (per 100,000 population)	20.9	21.3	24.6
Reported assault injuries (per 100,000 population)		1,240	1,000
Actual and attempted rape (per 100,000 population)	37.4	43.2	46.0
Percent of Utahns using vehicle safety restraints consistently	69.6%	55.7%	65.0%

Utah Tomorrow (con't)

Performance Measure	1990	1995	DOH Target 2000
Percent of Utah children eight years of age or younger who are properly restrained in car seats or safety belts	40.0%	53.7%	60.0%
Percent of Utahns age 18 and older who have used tobacco as recently as the last 30 days		15.1%	
Percent of Utahns 12-17 years of age who have used alcohol, marijuana, and tobacco in the last 30 days			
Alcohol		13.3%	
Marijuana		4.6%	
Tobacco		11.3%	
Percent of Utahns 18-25 years of age who have used alcohol, marijuana, and tobacco in the last 30 days			
Alcohol		24.3%	
Marijuana		6.1%	
Tobacco		20.8%	
Percent of Utahns age 26 and older who have used alcohol, marijuana, and tobacco in the last 30 days			
Alcohol		26.6%	
Marijuana		0.8%	
Tobacco		13.7%	
Mean age of first use of alcohol, marijuana, and tobacco among Utahns 12-1 years of age			
Alcohol		12.5	
Marijuana		13.3	
Tobacco		12.1	
Percent of Utahns 12-17 years of age who have never used tobacco		88.9%	
Percent of Utahns exercising aerobically for 20 minutes at least three times a week	19.6%	14.3%	20.0%
Percent of Utahns age 18 and over who consume five or more servings of fruits and vegetables every day	11.2%	26.2%	80.0%
Number/rate of homicides of children less than age 5 and younger (per 100,000)	2.3	6/3.1	2.8

Utah Tomorrow (con't)

Performance Measure	1990	1995	DOH Target 2000
Number/rate of homicides of children ages 5 to 14 (per 100,000)	2.7	6/1.6	
Number/rate of homicides of adolescents ages 15 to 19 (per 100,000)	3.3	11/5.8	
Number/rate of homicides of persons age 20 and older (per 100,000)	4.0	51/4.2	
Number of suicides of adolescents ages 15 to 19 (per 100,000)	20.2	19.2	13.4
Number of suicides of persons age 20 and older (per 100,000)	20.2	19.2	13.4
Number of suicides of adolescents ages 15 to 19 (per 100,000)	20.2	19.2	13.4
Number of suicides of persons age 20 and older (per 100,000)	22.0	23.6	11.9
Number of suicides of men ages 20 - 34 (per 100,000)	37.5	29.9	23.7
Number of suicides of men age 65 and older (per 100,000)	49.8	21.5	39.2
Morbidity rate due to firearms for children age 19 and under		5.7	
Mortality rate due to firearms for children ages 15 - 19	15.0	21.6	
Morbidity rate due to firearms for persons age 20 and older		8.4	
Mortality rate due to firearms for persons age 20 and older	15.8	14.0	12.9
Percent of Utahns age 18 and older who have used prescribed drugs for nonmedical reasons in the last 30 days		1.5%	
Percent of Utahns age 18 and older who have used illicit drugs in the last 30 days		2.7%	
Rate of total traffic fatalities that are alcohol related per 100,000 population	3.5	4.2	4.1
Percent of schools that provide comprehensive violence prevention programs			
Percent of schools that teach nonviolent conflict resolution skills			

3.4 Community and Family Health Services - Maternal and Child Health

Recommendation

The Analyst recommends a budget of $44,315,200 for Maternal and Child Health for FY 2000. The total Analyst's General Fund recommendation shows a reduction of $250,000, compared to FY 1999. This reflects the reduction of the one-time funding of $250,000 for the second dose MMR funding. The final phase was included as one-time funding in FY 1999. Further funding for statewide second dose MMR, as suggested by the Analyst in last year's presentation, was not viewed a high enough priority by the Department to request funding in FY 2000.

The Analyst's General Fund recommendation includes $931,700 from the General Fund, for FACT dental programs, contracts, and Technical Assistance staff and training purposes, and pass-through funding which goes to the local health departments.

The majority of the funding for this program comes from federal funds for the federal Women, Infants, and Children (WIC) program, a supplemental food program for pregnant, breast-feeding or postpartum women, infants, and children up to five years of age. The Public Health Services Local Grant is another significant portion of the total budget, although this grant is projected to be decreased by over $567,000 in FY 2000.

Infant formula manufacturers rebate over $8 million from WIC formula purchases. These rebates, together with private contributions are listed as dedicated credits.

Of the $128,400 identified as Revenue Transfer, $93,800 is funding from the Medicaid program for the following three programs: (1) matching Medicaid funding for nurse training in the FACT program ($10,000), (2) Immunization Media Campaign ($23,200), and (3) Immunization private donations ($60,400). The balance is funding from the State Office of Education for the FACT program ($14,800) and Head Start ($20,000).

3.4 Funding

Plan of Financing	FY 1998 Actual	FY 1999 Estimated	FY 2000 LFA	Difference Est./LFA
General Fund	$2,127,800	$2,126,900	$2,125,900	($1,000)
General Fund - one-time	250,000	250,000	0	(250,000)
Federal Funds	32,085,018	34,134,700	33,447,400	(687,300)
Dedicated Credits	8,701,529	8,617,700	8,613,500	(4,200)
Revenue Transfer	154,621	128,600	128,400	(200)
Lapsing	(3,173)	0	0	0
Total	**$43,315,795**	**$45,257,900**	**$44,315,200**	**($942,700)**
% Change		4.48%	(2.08%)	
FTE	46.5	54.6	53.0	(1.6)

Summary

The Maternal and Child Health Bureau provides leadership for all Maternal and Child Health (MCH) services in the state through the Reproductive Health, Child, Adolescent, and School Health; Immunization; and WIC programs.

Reproductive Health Program (RHP)

RHP assures reproductive health services through technical assistance to local health departments, community health centers, and other providers. The program contracts with these agencies for prenatal and family planning services.

The prenatal component 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.

The case management component, Wee Care, ensures that needed prenatal services are provided for PEHP members with high risk pregnancies.

Service	1998 est.	1999 est.
Presumptive Eligibility	8,000	8,000
Wee Care Program		
Clients Screened	750	900

The family planning component assures access to family planning services in underserved areas of the state.

The Perinatal mortality review component reviews fetal deaths, infant deaths, and the deaths of women who have recently delivered an infant, so that strategies can be developed to prevent them in the future.

The Sudden Infant Death Syndrome (SIDS) component involves tracking of all SIDS deaths, suspected SIDS, suffocation and undetermined causes of death in the state, linking families with support resources and educating the public about factors that may reduce the risk of SIDS.

The abstinence education program oversees the implementation of federal abstinence education program. Community organizations and agencies provide abstinence education to youth between the ages of 9 and 14 years through this program to reduce teen pregnancy and sexually transmitted diseases.

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a new component that is a population-based surveillance system of monitoring Utah mothers about the experiences before, during, and after their pregnancies.

Child, Adolescent and School Health (CASH)

Families, Agencies and Communities Together (FACT)

CASH partners with local health departments in the FACT initiative. Interagency coordination of services at the community level is accomplished through a local case management team. Many services are delivered in non-traditional ways including home-based, school-based, and community-based sites and during nontraditional working hours. Dental screenings and weekly fluoride mouth rinses are conducted in all FACT schools.

Service	1996 est.	1997 est.	1998 est.	1999 est.
FACT-Targeted Children	2,139	2,800	2,100	

Home Visitation

Funding and training is provided to local health departments to make home visits to at-risk families with children ages 0-5. There are five outcome measures addressed by public health nurses in the local health departments, which include: improving growth and developmental status of children, improving access to perinatal care for women, improving parenting skills of at-risk families, improving the coordination of care for children by referring families to agencies based on needs assessments, and improving the health and safety conditions for at risk children and their families.

Child Health Conferences

Child Health Conferences are conducted statewide for children facing geographic and/or financial barriers. Children receive health assessments, immunization screening, medical referrals, and health education. Local health departments reported seeing 12,061 children in FY 1998.

Child Care Health & Safety Training

Child care providers receive training on health, safety, and the Child Care Licensing Rules. This training, taught by registered nurses, has been expanded to train all early childhood providers, including Early Intervention programs, Pre-school Special Education, Head Start, and other child care providers on health and safety.

Head Start Collaboration

The Head Start Collaboration Project creates interagency partnerships between Head Start and other early childhood service providers to improve access to services for low income children and their families.

Adolescent Health

The State Systems Development Initiative (SSDI) improves adolescent access to health services, expands school health services, and promotes comprehensive adolescent clinical preventive services.

School Health

The school health component of CASH coordinates school health services between local health departments and the school districts to improve the health of the school age population.

Immunization Program (IMM)

IMM promotes immunization to decrease vaccine-preventable diseases. For every dollar spent on DTP vaccine, $29.10 is saved in direct and indirect costs; each dollar spent on MMR vaccine saves $21.30.

The IMM is comprised of the following components:

Basic IMM activities support local health department clinics and monitor school and day care compliance with the Immunization Rule for Students.

IMM Action Plan activities increase immunization rates for two year old children.

Utah Statewide Immunization Information System (USIIS) activities maintain electronic immunization records so providers can determine the immunization status of their patients.
Vaccines for Children (VFC) provides vaccine free of charge for children age 0 through 18 years who are uninsured, underinsured, American Indians, or on Medicaid.
Perinatal Hepatitis B activities promote hepatitis B immunization to prevent perinatal Hepatitis B transmission.
Disease Surveillance and Outbreak Control activities.

Vaccines are purchased by IMM and provided free of charge to all public clinics and other enrolled providers.

The 1995, 1996, 1997 and 1998 Legislatures each approved funding to provide a second dose vaccine for measles, mumps, and rubella (MMR) for children in Salt Lake and Utah counties in grades 4 through 12 who have not previously received a second MMR. In 1995 and 1996, the annual amount was $200,000; due to an increase in the price of the vaccine, the 1997 and 1998 amounts were $250,000. The project for these two counties has now been completed.

The LHDs report that over 90 percent of 8th and 12th graders returning to school this past fall in Salt Lake County had received their second dose of MMR. In Utah County, the compliance rate was over 96 percent.

Women, Infants, and Children (WIC)

WIC provides supplemental food and nutritional education to pregnant, breast-feeding or postpartum women, infants and children up to five years of age. Included are individuals from low income families who are determined to be at nutritional risk because of inadequate nutrition, health care, or both. WIC is specifically designed to serve as an adjunct to good health care during critical periods of human growth and development.

Applicants must meet the following criteria to receive food:
Resident of area or member of population served by the local clinic.
Income at or below 185 percent of the poverty guidelines established by the Federal Government.
Certified to be at nutritional need through a medical and/or nutritional assessment.
Recertified every six months to determine continuing eligibility.

In 1997, the average monthly participation was 57,325. In 1998, the participation dropped slightly to 56,896.

Utah Tomorrow

The following Utah Tomorrow performance measures are directly affected by the activities of this bureau:

Performance Measure	1990	1995	DOH Target 2000
Percent of insured population receiving age appropriate immunizations/screenings			90.0%
Percent of Utah resident mothers having prenatal care in the first trimester of their pregnancy	81.0%	85.1%	90.0%
Percent of two-year old children who are adequately immunized	38.2%	72.0%	90.0%
Percent of children entering kindergarten with adequate immunizations	93.1%	95.0%	95.0%
Reported measles incidence rate (age-adjusted per 100,000)	8.5		0.0
Percent of children ages six months through four years with normal hematocrit (iron) levels		90.4%	90.0%
Percent of new mothers in Utah who breast-fed at birth	79.4%	73.0%	75.0%
Infant mortality in African American population	12.4	10.0	8.0
Infant mortality in Native American population	9.5	8.0	7.0
Infant mortality in Hispanic population	8.5	8.0	7.0
Teenage pregnancy rate for ages 15 to 17 per 1,000 in target age group	33.7	29.1	30.0
Percent of schools having passed a local health department inspection that includes playground inspections		66.0%	100.0%
Percent of school lunch and breakfast food services with menus consistent with the Dietary Guidelines for Americans		78.4%	90.0%
Number of school districts participating in radon safety programs	7	11	40
School health nurse to student ratio	1:8,972	1:9,239	1:750
Percent of students that receive dental health education required in the core curriculum			

Utah Tomorrow (con't)

Performance Measure	1990	1995	DOH Target 2000
Percent of students that receive health education required in the core curriculum			
Number of schools with on-site school health services		107	240

3.4 Budget Highlights: Maternal and Child Health

Utah Immunization Information System - UNFUNDED -

The Analyst recommends an increase in the Utah Immunization Information System of $935,000, of which $275,000 is from the General Fund. However, due tot he limits placed on the available revenue, this recommendation is an unfunded one.

Utah currently ranks last of all states in its two-year olds' immunization rates. Several reasons for the low rating have been discussed. One part of the solution is a Statewide Immunization Information System, which would link over 300 private pediatricians, local health departments, HMOs, and other providers and players in the immunization effort. Matching federal funds, Medicaid funds, and contributions from health insurance plans would be added to the $275,000 General Fund amount for a total funding package of $935,000.

Plan of Financing	FY 2000 LFA
General Fund	$275,000
Federal Funds	200,000
Revenue Transfer	460,000
Total	**$935,000**
FTE	5.00

3.5 Community and Family Health Services - Chronic Disease Prevention and Control

Recommendation

The Analyst recommends a budget for this program in the amount of $3,981,100. The Federal funds come through the Public Health Services Local grant and the Preventative Block grant.

The majority of the dedicated credits are funds from Healthy Utah collections and PEHP's contributions to Healthy Utah.

3.5 Funding

Plan of Financing	FY 1998 Actual	FY 1999 Estimated	FY 2000 LFA	Difference Est./LFA
General Fund	$861,000	$863,200	$865,900	$2,700
Federal Funds	1,502,561	2,604,500	2,609,500	5,000
Dedicated Credits	493,062	504,600	505,700	1,100
Total	**$2,856,623**	**$3,972,300**	**$3,981,100**	**$8,800**
% Change		39.06%	0.22%	
FTE	35.7	42.9	41.9	(1.0)

Summary

The goal of Chronic Disease Prevention and Control is to reduce illness and death through:

- Improved early detection and management of chronic diseases (heart disease, certain cancers, and diabetes);
- Prevention of conditions leading to chronic diseases; and
- Prevention of complications and disabilities caused by chronic diseases.

Since FY 1996, much of this program's funding has gone to the local health departments and other health care providers to provide actual health services. The Chronic Disease Prevention and Control program concentrates its efforts on training and education.

Cancer Screening and Control

Breast cancer is the leading cause of cancer death for Utah women and the leading cause of death for women ages 44-65. In 1995, 197 Utah women died of breast cancer and 870 new cases of cancer were diagnosed. Late stage diagnosis is the primary predictor of poor survival and subsequent mortality.

The programs help reduce morbidity and mortality from breast and cervical cancers by working with LHDs and other community providers statewide to:
Provide low cost or free breast and cervical cancer screening (including mammograms) to medically underserved women;
Ensure referral and follow-up of those who are screened;
Provide public and professional education about the need for early detection and availability of screening services;
Develop and use a statewide surveillance system to plan and evaluate screening and education efforts.

Cardiovascular Disease Program

Cardiovascular disease (CVD), which includes heart disease and stroke, has been the leading cause of death and disability in Utah since 1910. Each year over 3,800 Utahns die from CVD. CVD accounts for 37% of all deaths in Utah, even though approximately 54% of early CVD (before the age of 65 years) can be prevented or controlled through healthy lifestyle choices. CVD deaths have decreased significantly in Utah and the U.S. since 1980, but the prevalence of risk factors for CVD has not.

The goal of the Cardiovascular Health Program(CHP) is to decrease premature death and disability due to CVD through the following:
Reawaken awareness of the need for improved cardiovascular health;
Establish effective cardiovascular prevention programs;
Enhance the core capacity to provide community-based cardiovascular health services in school, community, work and health care sites.

Some of the initiatives which this program is currently working on include:
Early Start for a Healthy Heart (ESFAHH), which encourages healthy lifestyle choices in 87 percent of public schools.
5-A-Day, which promotes the message to eat five servings of fruits and vegetables each day for better health. Awareness of 5-A-Day has increased six-fold since 1994. Educational tours of local grocery stores have been provided to over 30,000 third graders.

Heart at Work, which includes cardiovascular health programs and community clinics, provides high blood pressure and cholesterol detection, follow-up, referral, skill-building, education and counseling.

The following table shows some of the outcome measurements associated with this program.

FY 1998 Service	Outcome
Utahns receiving CVD prevention services	50,000
Utahns with high blood pressure	18.1%
Report taking action to decrease high blood pressure	89.6%
Utahns with high cholesterol	25.7%
Report taking action to decrease high cholesterol	93.0%

Healthy Utah Program

Healthy Utah targets public employees to facilitate actions conducive to a healthy lifestyle. Healthy Utah pursues increased employee productivity, decreased employee absenteeism, and decreased medical/pharmacy claims costs.

Health Utah works with schools and employee health promotion programs, oversees work site health promotion programs, assists communities in identifying and addressing health priorities, and communicates information to the public to encourage action.

Healthy Utah also offers physical assessments, personal health sessions, weight management classes, smoking cessation classes, wellness connection seminars on various health topics, and group health promotion programs.

The following table demonstrates some of the program's accomplishments for FY 1998.

FY 1998 Service	Outcome
State employees and their families in contact with Healthy Utah	13,429
Healthy Utah clients participated in testing sessions	3,270
People participated in Wellness Connection seminars	1,658
Healthy Utah participants in Personal Health Sessions	350
Participants in a group physical activity and/or nutrition program	975
Healthy Utah participants in weight management class	101
Number of people who quit smoking	13

Diabetes Control Program (DCP)

It is estimated that about 119,000 Utahns have diabetes, and that only half are aware of it. DCP improves the prevention, detection and treatment of diabetes and its complications (end-stage kidney disease, blindness, amputations, hospitalizations and long-term reduction in activity).

DCP has accomplished the following:

Completed, analyzed and reported on surveys of providers and Utahns with diabetes;

Surveyed health insurance companies and published the information for public use;

Compiled and distributed profiles of the burden of diabetes in each local health department and the state as a whole;

Developed and implemented a certification program for diabetes self-management education;

Convened a group of diabetes experts to develop Diabetes Practice Guidelines for Utah;

Assisted private and public health care providers to improve diabetes knowledge and care practices through implementation of a quality improvement project;

Supported diabetes community coalitions in two areas of the state; and

Developed a strategic plan for the diabetes community.

Utah Tomorrow

The following Utah Tomorrow performance measures are directly affected by the activities of this bureau:

			DOH Target
Performance Measure	**1990**	**1995**	**2000**
Percent of Utah women age 40 and older who have ever had a mammogram	71.0%	81.9%	90.0%
Percent of Utah women over age 18 who have ever had a pap smear	93.8%	91.0%	95.0%
Percent of Utahns who have had their blood pressure measured within the last two years	92.3%	92.0%	98.0%
Percent of Utahns age 50 and older ever receiving proctoscopic examination		39.3%	40.0%
Percent of Utahns age 40 and older ever receiving digital rectal examination		72.2%	40.0%
Percent of people with diabetes receiving annual dilated eye exams	64.0%	58.7%	75.0%

Utah Tomorrow (con't)

Performance Measure	1990	1995	DOH Target 2000
Percent of people with diabetes receiving regular foot exams	49.0%	63.7%	55.0%
Percent of Utah women over 50 years of age who have had a mammogram within the last two years	58.5%	67.3%	80.0%
Percent of Utahns who have had their blood cholesterol measured within the last five years	58.8%	61.8%	75.0%
Percent of Utah women over age 18 who have had a pap smear in the last 3 years	93.8%	93.1%	95.0%
Percent of Utah women over age 18 who have had a pap smear in the last 3 years who have not had a hysterectomy	74.7%	80.4%	85.0%
Percent of people with diabetes receiving individualized diabetes education	42.0%		75.0%
Percent of Utahns age 18 and over who have been told by a physician they have high blood pressure and have their blood pressure under control		63.4%	50.0%
Percent of Utahns who have had their blood pressure measured within the last two years	92.3%	92.0%	98.0%
Percent of Utahns below 120% of ideal weight	78.3%	67.7%	80.0%
Percent of Utahns who have a desirable blood cholesterol level	73.8%	54.0%	80.0%
Percent of Utahns who have had their blood cholesterol levels measured within the last five years	58.4%	61.8%	75.0%
Lung cancer death rate	16.3		
Coronary heart disease death rate (age-adjusted per 100,000)	86.3		80.0
Invasive cervical cancer death rate (age-adjusted per 100,000)	2.0	2.6	
Breast cancer death rate (age-adjusted per 100,000)	17.5		17.0
Rate of age-adjusted stroke mortality (per 100,000)	25.3	24.1	20.0
Percent of Utahns age 60 and over who are within the recommended weight for height and age		68.6%	

3.6 Community and Family Health Services - Children with Special Health Care Needs

Recommendation

The Analyst recommends $15,810,400 for Children with Special Health Care Needs for FY 2000. This program receives a substantial amount of its funding from federal funds, but also requires almost $5.5 million of state General Funds. The decreased amounts of Federal funds reflect cutbacks at the federal level in Maternal Child Health Block Grants and funding for Early Intervention.

The dedicated credit revenue comes mainly from collections for the direct services provided by this program, including Early Intervention, Newborn Screening, and the specialty clinics for children with special needs.

The Revenue transfer of $1.9 million represents $586,000 received from the Department of Human Services for the Foster Care program to cover children qualified under this program. These funds are then utilized to draw down an additional $720,000 from the Medicaid program, again to accommodate the Foster Care program. The balance of the Revenue Transfers come from Medicaid funds for administrative case management ($568,000) and community based services under the Home Health Care waiver ($60,000).

3.6 Funding

Plan of Financing	FY 1998 Actual	FY 1999 Estimated	FY 2000 LFA	Difference Est./LFA
General Fund	$5,591,300	$5,562,800	$5,443,500	($119,300)
Federal Funds	6,224,116	6,721,200	6,618,000	(103,200)
Dedicated Credits	1,471,672	1,711,800	1,813,500	101,700
Revenue Transfer	1,014,833	2,345,800	1,935,400	(410,400)
Lapsing	(800)	0	0	0
Total	**$14,301,121**	**$16,341,600**	**$15,810,400**	**($531,200)**
% Change		14.27%	(3.25%)	
FTE	83.0	104.9	104.9	0.0

Summary

The Office of the Bureau Director for Children with Special Health Care Needs (CSHCN) manages ten programs serving special needs children. 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.

The 1997 Legislature authorized additional funding for this program to handle the increased number of requests for Early Intervention services. The amount added to the budget was $1.5 million, with half of that funding coming from the General Fund and the other half coming from fees paid by the recipients, according to the sliding fee schedule which was also approved. In response to concerns about the sliding fee schedule, the Legislature adopted the following intent language:

> *It is the intent of the Legislature that the Department of Health implement the parent fee schedule for the Early Intervention program in such a way as to minimize the administrative burden of the income determination and payment process on both clients and local providers. The Department will continue to evaluate the impact of the parent fee schedule on consumer participation in, and satisfaction with, the Early Intervention services. The results of this evaluation will be reported to the Health and Human Services Appropriations Committee during the 1999 Legislative General Session.*

The Division reports the following:
The Baby Watch Early Intervention Program (BWEIP) completed a study of the effect of parent fees assessed between August 1997 through June 1998. The cost and revenue data show that more resources are used to implement, maintain, and collect the fees than are generated by them. The costs, especially personnel costs, exceeded the revenues generated. This was true for all but a few urban programs in the State.

Overall, the attrition data shows that very few families were so opposed to the fee that they felt the need to leave the program. A family survey was conducted as part of the study. A random sample of 500 Utah families who received BWEIP services was conducted through a telephone and written survey. The survey reported that 22 families have dropped out of the program as a result of

the parent fees. One of the initial concerns was that the parent fee would adversely impact the relationship between the family and the early intervention provider. It was found that the fees had no impact on the quality of the relationship. The survey results suggest that families value their early intervention services and that most of the families value the program to the extent that they would pay, out of pocket, to maintain those services.

Hearing, Speech, and Vision Services

Hearing, Speech and Vision Services (HSVS) provides statewide services in the areas of communicative disorders and preschool photo refraction vision screening, focusing on prevention, early identification, and referral.

Specific target populations are newborns, infants and preschoolers, children at risk, children in areas lacking alternative care and children whose parents request financial assistance. Over 2,500 pediatric hearing, speech, language and vision services are provided for children throughout the state.

Children identified with these disorders early in life have a much lower rate of subsequent chronic disability.

Service	FY 1997	FY 1998	FY 1999 est.
Total patient evaluations	2,884	3,000	2,500
Number of public education efforts	2,590	3,500	4,000
Percent of live births receiving hearing screenings in pilot universal program	58%	75%	90%
Number of hospitals with 200-1500 annual births provided with universal newborn hearing screening equipment, training and follow-up		9	N/A
Number HSVS preschool and CSHCN developmentally delayed clients receiving photoregraction vision screening	20%	50%	50%

Neonatal Follow-up

The Neonatal Follow-up Program provides five years of follow-up for at-risk survivors from the Utah's Newborn Intensive Care Units (NICUs). There are approximately 400 to 500 critically ill children born in Utah each year. These babies have an increased rate of health and growth problems, neurological findings, learning difficulties, mental retardation, hearing and vision deficits, behavioral disorder, attention deficits, language delay, delayed social skills, and school failure.

The Neonatal Follow-up Program provides:
Five year follow-up
Periodic screening by multidiscipline providers (Neurologist, Pediatricians, Audiologist, Speech Pathologist, Dietitian, Psychologist, Ophthalmologist, Occupational/Physical Therapist, Nurses, and others as dictated by the child's condition)

Service	FY 1996	FY 1997	FY 1998	FY 1999 est.
Number of Clinics	134	142	150	152
Number of Patients	1,115	1,632	1,720	1,440

Child Development Clinic

The Child Development Clinic (CDC) provides a multidisciplinary care system for 350 infants and young children with special health care needs. The services are designed to:
recognize the need for early diagnosis and treatment;
provide timely detection of sensory, cognitive, and emotional disorders;
assist the family in identifying their child's strengths and weaknesses;
develop and monitor a written plan of services;
provide parents with support and information;
coordinate the delivery of services with local agencies; and
promote and develop appropriate community wide services for the prevention of disabilities.

Service	FY 1996	FY 1997	FY 1998	FY 1999 est.
Number of clinics	181	150	150	200
Number of children served	312	350	350	350
Number of patient contacts	2,358	2,000	2,000	3,000
Percent of patients with care plans	90%	95%	95%	
Number of inservices and consultations		100	100	

Community Based Specialty Services (CBS)

Children with chronic illnesses or disabling conditions need access to a continuum of care which includes primary care, specialized care and related services (such as early identification, evaluation and specialized treatment). These families need assistance in coordinating complex services to prevent further complications and maximize their functioning. In rural areas and for children in the foster care system, a lack of local, integrated planning and coordination of services presents a barrier to appropriate health care.

The CBS Program provides an optimal statewide system of community based care for 2,767 special-needs children, families, and their primary care providers through the Rural Outreach Program (traveling multi-specialty clinics, community based satellite offices), and the Home Health Care Program for technology dependent children.

Adaptive Behavior and Learning Evaluation (ABLE)

The ABLE Program serves multi-problem school-aged children and their families where the child suffers from problems of learning, memory attention, sensory processing language or cognition as well as those with chronic physically disabling conditions. The clinic staff is multi-disciplinary and works with the family, school, and other agencies. The team travels to various sites around the state to provide assessment, diagnostic and treatment planning for children unable to access the services in Salt Lake. The services include: assessment, diagnosis, treatment planning, specialty health care, case management, and prevention services.

The team conducts school and interagency conferences and coordinates care plans and core teams for the clients seen in the clinic. Schools and agencies present other identified students at risk for advice from the team, to prevent the identified child from deteriorating to a more serious level.

Service	FY 1997	FY 1998	FY 1999 est.
Number of clinics	162	158	160
Number of children served	523	545	600
Number of evaluations	1,929	1,914	1,900

Ogden Clinic

The Ogden Clinic serves northern Utah with most of the CSHCN services that are available at the Salt Lake City location. Many of the families served have no transportation or funding to travel to Salt Lake City.

Service	FY 1997	FY 1998	FY 1999 est.
Number of patients served	562	547	550
Number of visits	1,951	1,825	1,800
Number of clinics held	150	150	140

Specialty Clinics

Serious developmental disabilities that impair motor, sensory or intellectual functioning affect 4-5% of all children. Access to specialized services for these children is often limited due to lack of financing and/or lack of specialists in rural areas. The Specialty Clinic Program works to ensure that children with special health care needs throughout the state, regardless of ability to pay, receive specialty health evaluations and follow up care, including necessary diagnostic testing. For children identified as having cerebral palsy, orthopedic problems, epilepsy, myelodysplasia (e.g. Spina Bifida), orofacial clefts (e.g. cleft lip and/or palate), or congenital heart disease, treatment is provided and necessary durable medical equipment is made available.

Service	FY 1997	FY 1998	FY 1999 est.
Number of patients screened	1,760	1,900	2,000
Number of clinics held	417	360	370

Newborn Screening

The Newborn Screening Program is a statewide system for early identification and referral of newborns with one of the following congenital disorders: phenylketonuria (PKU), galactosemia and congenital hypothyroidism. Newborn Screening reduces the morbidity and mortality of these disorders by identifying the disorder prior to the onset of symptoms.

This identification allows treatment to begin before clinical symptoms of permanent brain damage, growth retardation, or death can occur in the newborn.

Service	FY 1997	FY 1998	FY 1999 est.
Number of tests	85,721	82,100	84,500
Percent of newborns screened	97.8%	98.0%	98.0%

Fostering Healthy Children Program (FHCP)

The Fostering Healthy Children Program (FHCP) provides assistance to the Division of Children and Family Services (Department of Human Services), Utah's designated child welfare agency, in meeting the health care needs of children in foster care. The staff, including registered nurses and health program representatives, are employed by the Department of Health and work with DCFS case managers to ensure that appropriate health assessments are completed in a timely manner. They complete health histories on each child and provide coordination, tracking and monitoring of health care services to children in the custody of DCFS.

Service	FY 1997	FY 1998	FY 1999 est.
Number of children served	1,200	547	6,000
Percent of children receiving exams	n/a	n/a	80%
Percent of children completing Follow-up Services	n/a	n/a	60%

Baby Watch/ Early Intervention (BW/EI)

The BW/EI Program provides early intervention and developmental interventions statewide for young children with developmental delays and/or disabilities from birth to age three. Children with delay in one or more of the following areas qualify for services: cognitive, motor, language/speech, psychosocial development, self-help, hearing, vision, or physical development/health. Services include multi-disciplinary evaluation and assessment; service coordination among providers, programs and agencies; provision of specialty and therapy services such as nursing, physical therapy, occupational therapy, speech therapy, special instruction, family support and other related services and strategies to build on family strengths and child potential. Services are available statewide through local service delivery personnel. Early identification services, referral, and service coordination are available without cost to the family until six months after entry into the program at which time a sliding fee scale goes into effect.

Service	FY 1996	FY 1997	FY 1998	FY 1999 est.
Number of Children served	2,100	1,800	2,100	2,100
Number of provider sites	20	19	19	19

Utah Tomorrow

The following Utah Tomorrow performance measures are directly affected by the activities of this bureau:

Performance Measure	1990	1995	DOH Target 2000
Percent of Utah newborns screened for congenital hypothyroidism	96.0%	98.8%	100.0%
Percent of newborn hypothyroidism referred within 30 days	100.0%	100.0%	100.0%

4.0 Tables: Community and Family Health Services

Plan of Financing	FY 1996 Actual	FY 1997 Actual	FY 1998 Actual	FY 1999 Rev. Estimated	FY 2000 LFA	Difference Est./LFA
General Fund	$9,200,400	$9,370,900	$11,027,800	$10,914,100	$10,921,100	$7,000
General Fund - one-time	0	0	250,000	250,000	0	(250,000)
Federal Funds	37,779,576	43,849,344	44,176,194	48,387,200	47,549,600	(837,600)
Dedicated Credits	13,018,313	11,470,010	11,325,577	11,164,800	11,264,900	100,100
GF Rest. - Cigarette Tax Restrictec	0	0	0	250,000	250,000	0
Revenue Transfer	1,420,600	1,428,805	1,566,878	3,301,200	2,890,600	(410,600)
Lapsing	(390,933)	(7,563)	(3,138)	0	0	0
Total	**$61,027,956**	**$66,111,496**	**$68,343,311**	**$74,267,300**	**$72,876,200**	**($1,391,100)**
Programs						
Director's Office	$198,159	$252,891	$245,800	$253,200	$269,100	$15,900
Division Resources	2,650,808	2,656,375	2,553,818	2,718,000	2,683,600	(34,400)
Health Education	4,055,302	3,891,932	5,070,154	5,724,300	5,816,800	92,500
Maternal and Child Health	38,864,619	43,563,114	43,315,795	45,257,900	44,315,200	(942,700)
Chronic Disease	2,029,127	2,935,196	2,856,623	3,972,300	3,981,100	8,800
Children with Special Health Care	13,229,941	12,811,988	14,301,121	16,341,600	15,810,400	(531,200)
Total	**$61,027,956**	**$66,111,496**	**$68,343,311**	**$74,267,300**	**$72,876,200**	**($1,391,100)**
Total						
Personal Services	9,192,930	10,085,709	10,826,122	12,216,100	12,232,000	$15,900
Travel	291,368	304,267	332,334	421,800	405,200	(16,600)
Current Expense	8,494,014	8,267,783	10,106,328	11,956,200	11,026,100	(930,100)
Data Processing	960,281	1,063,644	1,413,382	887,600	823,400	(64,200)
DP Capital Outlay	13,876	101,412	17,181	8,100	0	(8,100)
Capital Outlay	12,967	0	54,000	0	0	0
Pass-Through	42,062,520	46,288,681	45,593,964	48,777,500	48,389,500	(388,000)
Total	**$61,027,956**	**$66,111,496**	**$68,343,311**	**$74,267,300**	**$72,876,200**	**($1,391,100)**
FTE	251.05	227.27	222.23	268.60	266.60	(2.00)

4.1 Federal Funds: Community and Family Health Services

	FY 2000 LFA
Division Resources	
Maternal and Child Health Block Grant	$1,591,700
Preventative Block Grant	487,500
Public Health Services Local Federal Grant	80,000
Health Education	
Maternal and Child Health Block Grant	996,500
Preventative Block Grant	647,100
Public Health Services Local Federal Grant	1,071,900
Maternal and Child Health	
Maternal and Child Health Block Grant	1,117,800
Public Health Services Local Federal Grant	1,659,300
WIC	30,670,300
Chronic Disease	
Preventative Block Grant	156,600
Public Health Services Local Federal Grant	2,452,900
Children with Special Health Care Needs	
Maternal and Child Health Block Grant	2,986,200
Early Intervention	3,631,800
Baby Watch/Early Intervention Arizona	
Total	**$47,549,600**