Utah
Maternal and Child Health Block Grant 2016

The Maternal and Child Health Services Block Grant, Title V of the Social Security Act, is the only federal program devoted to improving the health of all women, children and families. Title V provides funding to state maternal and child health (MCH) programs, which serve 42 million women and children in the U.S. To learn more about Title V, visit www.amchp.org.

MCH Block Grant Funds to Utah

<table>
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<tr>
<th>FY 2013</th>
<th>FY 2014</th>
<th>FY 2015</th>
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<td>$5,886,057</td>
<td>$6,123,558</td>
<td>$6,174,629</td>
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Title V Administrative Agency: Division of Community and Family Health Services, Utah Department of Health

*States must provide a three dollar match for every four Federal dollars allocated.

Protecting and Improving the Health of Utah’s Families

Baby Your Baby Hotline —The toll-free number provides information and referrals on providers and financial assistance for prenatal care, family planning, well childcare, nutrition services or other related services. The hotline staff accepts applications for Presumptive Eligibility (PE) for prenatal care via phone. This strategy has been effective in facilitating earlier entry into prenatal care. The hotline staff collaborates well with community resources to ensure that information is current.

Newborn Screening —The statewide newborn blood screening program to identify newborns with congenital disorders has been expanded to include 38 screening tests. The Newborn Blood Screening Program provides tracking and follow-up of abnormal screens, diagnostic testing and education to hospitals, birth centers, medical home providers, and families. Kit fees, paid by hospitals and providers, cover costs for testing and follow-up of abnormal screen results.

Perinatal Mortality Review — MCH staff with external partners including Maternal Fetal Medicine specialists, neonatologists, and certified nurse midwives, review infant deaths due to perinatal conditions. The Review Committee also reviews maternal deaths that take place within 12 months of a delivery. The in-depth review process includes a review of medical records which assists in the identification of preventable factors that might have contributed to the death. In addition, the PMR team works with the Department’s Patient Safety Initiative when a sentinel event occurs in an infant death. This process involves working with the hospital staff to identify issues and remedies to prevent future deaths.

People Served by the Utah MCH Program*

Title V population-based preventive and systems building services benefit all women and children in the state. In addition, the MCH Block Grant provided services to the following individuals:

| 8,736 | Pregnant women |
| 52,727 | Infants under one |
| 16,822 | Children and adolescents |
| 2,678 | Children with special health care needs |
| 2,148 | Others |
| 83,111 | Total Served |

*2013 State/Jurisdiction Annual Reports Submitted to the Maternal and Child Health Bureau
Health Needs in Utah

- Improve preconception and inter-conception care.
- Increase breastfeeding promotion.
- Increase developmental screenings.
- Reduce rate of preterm and low birth weight babies.
- Increase overweight and obesity prevention.
- Improve special service availability in rural areas, and improve care coordination for children with special health care needs.
- Reduce rates of MCH population with inadequate health insurance coverage.
- Reduce injury and injury related deaths.
- Reduce out-of-pocket/financial challenges faced by CYSHCN parents.

State Selected National Performance Measures

- Well Woman Visit
- Perinatal Regionalization
- Breastfeeding
- Developmental Screening
- Physical Activity
- Medical Home
- Transition
- Oral Health

For more information, contact:

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Grants to Utah*

STATE SYSTEMS DEVELOPMENT INITIATIVE (SSDI)
DEPARTMENT OF HEALTH UTAH
Salt Lake City, UT
$100,000

GENETICS SERVICES
DEPARTMENT OF HEALTH UTAH
Salt Lake City, UT
$300,000

*These grants were awarded in FY 2013.