

Utah Health Status Update:

Utah Baby Watch Early Intervention Program Outcomes

May 2011

The Baby Watch Early Intervention Program assures that early intervention services are available for families with children (birth to three) with special needs. The Individuals with Disabilities Education Act supports states in providing identification and early intervention services to children who have disabilities or developmental delays. The definition for eligibility in Utah is a score of 1.5 standard deviations below the mean in development. Eligibility can be determined by:

- a standard score of 1.5 standard deviations below the mean
- a diagnosed condition associated with developmental delay such as Down Syndrome (see list of eligible diagnoses at http://utahbabywatch.org/agencyinfo/docs/forms/diagnosis_list.pdf)
- informed clinical opinion (early intervention experts make use of qualitative and quantitative information regarding difficult-to-measure aspects of development.

Over 70% of all early intervention services occur in the child's home. Services may include:

- developmental assessment and evaluation
- individualized family service plan
- child development information

- **The Baby Watch Program assures that early intervention services are available for families with children (birth to three) with special needs.**
- **Children exiting the program during July 2009–June 2010 had developmental skills similar to same-aged peers in the areas of positive social-emotional skills (65.2%), acquisition and use of knowledge and skills (58.0%), and use of appropriate behavior (67.5%).**
- **Children substantially increased their rate of growth of development for all three areas: positive social-emotional skills (80.6%), acquisition and use of knowledge and skills (84.7%), and Use of appropriate behaviors to meet their needs (84.1%).**

Early Childhood Outcomes Scale

Table 1. Seven-point early childhood outcomes scale to determine child development at entry and exit of the program

Overall Age Appropriate	Completely means:	7	Child shows functioning expected for her age in all or almost all everyday situations that are part of the child's life.
	Concerns	6	Child's functioning generally is considered appropriate for her age but there are some concerns about the child's functioning in this outcome area.
Some Age Appropriate	Somewhat means:	5	Child uses most or all aspects of the skills for this indicator some of the time across some settings.
	Near Somewhat means:	4	Child uses age appropriate skills rarely and not in all settings or situations OR child only has age appropriate skills in some aspects of the outcome.
Overall Not Age Appropriate	Emerging means:	3	Child does not yet show functioning expected of a child of her age in any situation. Functioning might be described as like that of a younger child.
	Not yet means:	2	Child's behavior and skills include some immediate foundational skills, but not yet in all aspects or across all settings and situations.
	Not yet means:	1	Child does not yet show functioning expected of a child her age in any situation. Child's functioning might be described as like that of a much younger child.

- specialized instruction
- physical, occupational or speech therapy
- hearing and vision services
- assistive technology
- referrals to other needed services.

Children receiving early intervention services should demonstrate improvement in the following outcome areas:

- Positive social-emotional skills (including social relationships)
- Acquisition and use of knowledge and skills (including early language/communication)
- Use of appropriate behaviors to meet their needs.

The seven-point Early Childhood Outcomes Scale (see Table 1) is used by early intervention programs to determine the developmental score for children at program entry and exit.

The comparison of the pre and post scores provides the information to determine the progress category of each child (Table 2).

A total 1,342 children or 65.2% of children served had developmental skills similar to same-aged peers when they exited early intervention services from July 2009 to June 2010 in the area of positive social-emotional skills. For the acquisition and use of knowledge and skills, 1,194 children or 58.0% improved skills to reach same-aged peers. For use of appropri-

ate behavior, 1,390 children or 67.5% improved skills to reach same-aged peers (Table 2, progress categories d and e).

Less than 1% of children across the three outcomes showed no improvement in their skills (Table 2, progress category a).

Summary statements in Table 3 measure progress with 80.6%, 84.7%, and 84.1% of children who substantially increased their rate of growth of development for Outcomes A, B, and C respectively. Those functioning within age expectations in each outcome were 65.2%, 58.0%, and 67.5% respectively. Many families helped their children make significant improvement while receiving early intervention services.

Progress Data, July 2009–June 2010

Table 2. Progress category for each child and the number and percentage in each category for Outcomes A, B, and C

Progress Category	Outcome A		Outcome B		Outcome C	
	N	%	N	%	N	%
a. Children who <u>did not improve functioning</u>	20	1.0	19	0.9	16	0.8
b. Children who <u>improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers</u>	261	12.7	255	12.4	233	11.3
c. Children who <u>improved functioning to a level nearer to same-aged peers but did not reach it</u>	435	21.1	590	28.7	419	20.4
d. Children who <u>improved functioning to reach a level comparable to same-aged peers</u>	734	35.7	926	45.0	897	43.6
e. Children who <u>maintained functioning at a level comparable to same-aged peers</u>	608	29.5	268	13.0	493	24.0
Total	2,058	100.0	2,058	100.0	2,058	100.0

Outcome A: Positive social-emotional skills (including social relationships)

Outcome B: Acquisition and use of knowledge and skills (including early language/communication)

Outcome C: Use of appropriate behaviors to meet their needs

Summary Statements, July 2009–June 2010

Table 3. Summary statements measuring progress of children in the program

	%
Outcome A: Positive social-emotional skills	
1. Of those who entered the program below age expectations, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.	80.6
2. The percent of children functioning within age expectations by the time they turned 3 years of age or exited the program.	65.2
Outcome B: Acquisition and use of knowledge and skills	
1. Of those children who entered the program below age expectations, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.	84.7
2. The percent of children functioning within age expectations by the time they turned 3 years of age or exited the program	58.0
Outcome C: Use of appropriate behaviors to meet their needs	
1. Of those children who entered the program below age expectations, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	84.1
2. The percent of children functioning within age expectations by the time they turned 3 years of age or exited the program	67.5

“All children should have the chance to reach their potential...”

Baby Watch can help families make that happen.”

–Jackie Leavitt

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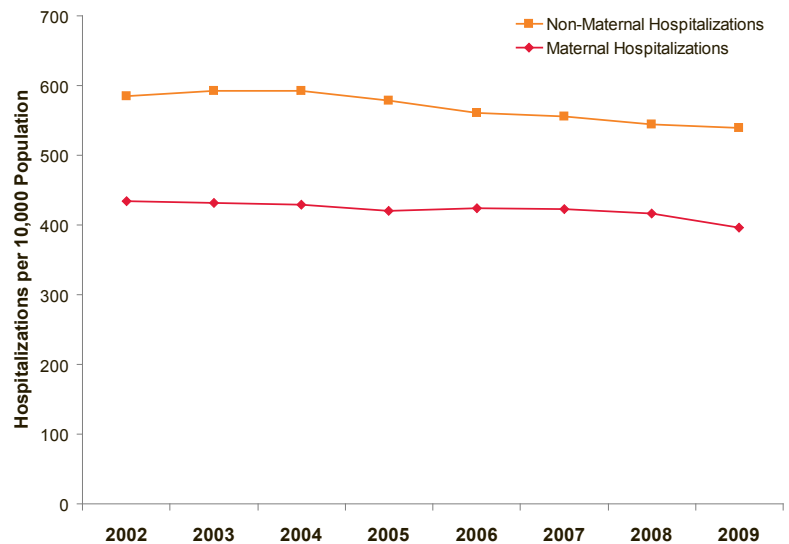
Breaking News, April 2011

Rate of Maternity-related Hospitalizations in Utah Drop During Economic Times

People's decisions about health care largely depend on their health needs and their access to health care. However, economic factors can also play a role in health care decisions over which people have some degree of choice, such as having a baby. Decisions about care for chronic conditions, such as diabetes, high cholesterol, and high blood pressure, or conditions that would require heart surgery, are more likely to override economic concerns.

Utah hospital inpatient data for 2002 through 2009 show a decrease in the rate of maternity-related hospitalizations, which primarily include women giving birth and newborns. The drop between 2008 and 2009 is particularly pronounced, perhaps reflecting people's concern about the economy and decisions to defer having children in late 2008 and 2009. The rate of non-maternity-related hospitalizations also decreases during this time period, but not as sharply.

Maternal and Non-maternal Hospitalizations of Utah Residents per 10,000 Utah Population, 2002–2009



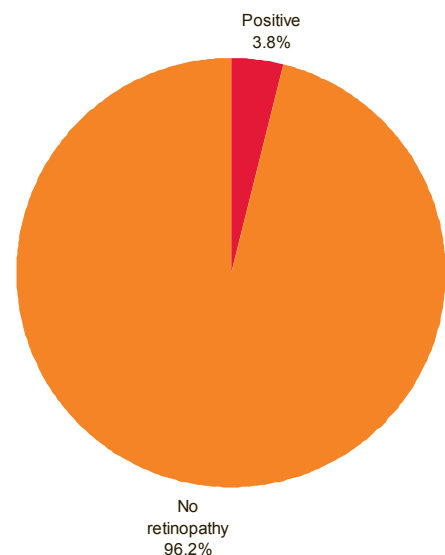
Community Health Indicators Spotlight, April 2011

Utah Women's Health Information Network's Innovative Approach to Increasing Diabetic Retinopathy Screening

The Utah Women's Health Information Network (UWIN) is a coalition comprised of representatives from the University of Utah, Utah Department of Health, Utah Navajo Health System, and Association for Utah Community Health (AUCH). UWIN received funding from the federal Office of Women's Health and used Healthy People 2010 as the framework for its interventions. One intervention with particular success was Objective 5-13, "Increase the proportion of adults with diabetes who have an annual dilated eye examination." Efforts for this intervention took place at AUCH.

The majority of patients at AUCH are Hispanic/Latino, uninsured, and low income. A UWIN survey conducted among AUCH patients showed the rate of diabetic retinopathy at 20.7%, compared to about 16 percent for the state population with diabetes. To make it easier for patients to obtain eye exams, UWIN purchased a portable retinal camera that traveled between clinics. In three years, more than 2,000 patients were screened and 84 (3.8%) tested positive for retinopathy. While this percentage is not large, early detection and treatment of retinopathy not only helps to preserve quality of life but can also lead to substantial cost savings. Each case of retinopathy that is detected early can save approximately \$12,000 per year over the course of a person's lifetime (MMWR, 1995). Assuming each person identified lives an average of 12 more years, the long-term cost savings through early detection from the camera is well over \$12 million.

Percentage of Patients Who Tested Positive for Retinopathy Among Those Screened With the Camera, UWIN Program Data, 2008–2010



Monthly Health Indicators Report

(Data Through March 2011)

Monthly Report of Notifiable Diseases, March 2011	Current Month # Cases	Current Month # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
Campylobacteriosis (Campylobacter)	28	31	70	65	1.1
Shiga toxin-producing Escherichia coli (E. coli)	7	4	13	8	1.7
Hepatitis A (infectious hepatitis)	0	1	2	3	0.6
Hepatitis B, acute infections (serum hepatitis)	0	1	1	3	0.3
Influenza*	Weekly updates at http://health.utah.gov/epi/diseases/flu				
Meningococcal Disease	0	0	3	2	1.3
Pertussis (Whooping Cough)	2	41	56	121	0.5
Salmonellosis (Salmonella)	12	23	46	60	0.8
Shigellosis (Shigella)	3	3	10	8	1.3
Varicella (Chickenpox)	39	95	115	275	0.4
Quarterly Report of Notifiable Diseases, 1st Qtr 2011	Current Quarter # Cases	Current Quarter # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
HIV/AIDS†	12	32	12	122	0.1
Chlamydia	1,673	1,503	1,673	1,503	1.1
Gonorrhea	53	151	53	151	0.4
Tuberculosis	12	8	12	8	1.4
Medicaid Expenditures (in Millions) for the Month of March 2011	Current Month	Expected/Budgeted for Month	Fiscal YTD	Budgeted Fiscal YTD	Variance - over (under) budget
Capitated Mental Health	\$ 13.3	\$ 13.1	\$ 114.5	\$ 118.0	\$ (3.5)
Inpatient Hospital	\$ 26.7	\$ 28.8	\$ 227.7	\$ 259.5	\$ (31.8)
Outpatient Hospital	\$ 14.7	\$ 8.9	\$ 70.9	\$ 80.5	\$ (9.6)
Long Term Care	\$ 11.3	\$ 13.5	\$ 113.5	\$ 121.5	\$ (8.0)
Pharmacy‡	\$ 17.0	\$ 14.4	\$ 125.9	\$ 130.0	\$ (4.1)
Physician/Osteo Services	\$ 11.5	\$ 8.2	\$ 70.6	\$ 74.0	\$ (3.5)
TOTAL HCF MEDICAID	\$ 172.2	\$ 156.8	\$ 1,271.6	\$ 1,411.1	\$ (139.5)

Program Enrollment for the Month of March 2011	Current Month	Previous Month	% Change\$ From Previous Month	1 Year Ago	% Change\$ From 1 Year Ago
Medicaid	239,280	236,052	+1.4%	213,145	+12.3%
PCN (Primary Care Network)	21,172	21,382	-1.0%	17,184	+23.2%
CHIP (Children's Health Ins. Plan)	37,416	36,831	+1.6%	41,845	-10.6%
Health Care System Measures	Annual Visits			Annual Charges	
	Number of Events	Rate per 100 Population	% Change\$ From Previous Year	Total Charges in Millions	% Change\$ From Previous Year
Overall Hospitalizations (2009)	276,924	9.3%	-2.6%	\$ 5,116.1	+8.8%
Non-maternity Hospitalizations (2009)	166,045	5.4%	-0.7%	\$ 4,298.2	+9.5%
Emergency Department Encounters (2009)	684,176	23.3%	-1.1%	\$ 1,081.4	+22.9%
Outpatient Surgery (2008)	299,958	10.4%	-1.0%	\$ 1,277.7	+15.2%
Annual Community Health Measures	Current Data Year	Number Affected	Percent/Rate	% Change\$ From Previous Year	State Rank¶ (1 is best)
Obesity (Adults 18+)	2009	465,600	24.0%	+3.9%	11 (2009)
Cigarette Smoking (Adults 18+)	2009	190,300	9.8%	+5.4%	1 (2009)
Influenza Immunization (Adults 65+)	2009	174,400	68.8%	-6.2%	33 (2009)
Health Insurance Coverage (Uninsured)	2009	314,300	11.2%	+4.7%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2009	227	8.1 / 100,000	-16.6%	15 (2007)
Poisoning Deaths	2009	543	19.4 / 100,000	+7.0%	49 (2007)
Suicide Deaths	2009	445	15.9 / 100,000	+15.3%	n/a
Diabetes Prevalence (Adults 18+)	2009	118,500	6.1%	+0.2%	11 (2009)
Poor Mental Health (Adults 18+)	2009	291,600	15.0%	+7.0%	19 (2009)
Coronary Heart Disease Deaths	2009	1,469	52.5 / 100,000	-4.4%	1 (2007)
All Cancer Deaths	2009	2,543	90.8 / 100,000	+1.1%	1 (2007)
Stroke Deaths	2009	734	26.2 / 100,000	-2.2%	14 (2007)
Births to Adolescents (Ages 15-17)	2009	992	16.5 / 1,000	-10.6%	19 (2008)
Early Prenatal Care	2009	38,562	71.6%	-9.6%	n/a
Infant Mortality	2009	285	5.3 / 1,000	+11.4%	4 (2007)
Childhood Immunization (4:3:1:3:3:1)	2009	41,500	76.6%	+4.1%	16 (2009)

* Influenza activity remains minimal in Utah. Influenza-like illness activity is below baseline statewide. As of April 9, 2011, 674 influenza-associated hospitalizations have been reported to the UDOH. More information can be found at <http://health.utah.gov/epi/diseases/flu>.

† Diagnosed HIV infections, regardless of AIDS diagnosis.

‡ The Pharmacy Expenditure and Budget amount only includes the gross pharmacy costs. The Pharmacy Rebate and Pharmacy Part-D amounts are excluded from this line item.

§ % Change could be due to random variation.

¶ State rank based on age-adjusted rates.

Notes: Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations. Active surveillance for West Nile virus has ended until the 2011 season.