

# TITLE V BLOCK GRANT APPLICATION

## FORMS (2-21)

STATE: **ID**

APPLICATION YEAR: **2013**

- [FORM 2 - MCH BUDGET DETAILS](#)
- [FORM 3 - STATE MCH FUNDING PROFILE](#)
- [FORM 4 - BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED AND SOURCES OF FEDERAL FUNDS](#)
- [FORM 5 - STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES](#)
- [FORM 6 - NUMBER AND PERCENTAGE OF NEWBORN AND OTHERS SCREENED, CASE CONFIRMED, AND TREATED](#)
- [FORM 7 - NUMBER OF INDIVIDUALS SERVED \(UNDUPLICATED\) UNDER TITLE V](#)
- [FORM 8 - DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE XIX](#)
- [FORM 9 - STATE MCH TOLL-FREE TELEPHONE LINE DATA](#)
- [FORM 10 - TITLE V MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT STATE PROFILE FOR FY 2013](#)
- [FORM 11 - NATIONAL AND STATE PERFORMANCE MEASURES](#)
- [FORM 12 - NATIONAL AND STATE OUTCOME MEASURES](#)
- [FORM 13 - CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CHILDREN WITH SPECIAL HEALTH CARE NEEDS](#)
- [FORM 14 - LIST OF MCH PRIORITY NEEDS](#)
- [FORM 15 - TECHNICAL ASSISTANCE \(TA\) REQUEST AND TRACKING](#)
- [FORM 16 - STATE PERFORMANCE/OUTCOME MEASURE DETAIL SHEETS](#)
- [FORM 17 - HEALTH SYSTEM CAPACITY INDICATORS \(01 THROUGH 04,07,08\) - MULTI-YEAR DATA](#)
- FORM 18
  - [MEDICAID AND NON-MEDICAID COMPARISON](#)
  - [MEDICAID ELIGIBILITY LEVEL \(HSCI 06\)](#)
  - [SCHIP ELIGIBILITY LEVEL \(HSCI 06\)](#)
- FORM 19
  - [GENERAL MCH DATA CAPACITY \(HSCI 09A\)](#)
  - [ADOLESCENT TOBACCO USE DATA CAPACITY \(HSCI 09B\)](#)
- [FORM 20 - HEALTH STATUS INDICATORS 01-05 - MULTI-YEAR DATA](#)
- FORM 21
  - [POPULATION DEMOGRAPHICS DATA \(HSI 06\)](#)
  - [LIVE BIRTH DEMOGRAPHICS DATA \(HSI 07\)](#)
  - [INFANT AND CHILDREN MORTALITY DATA \(HSI 08\)](#)
  - [MISCELLANEOUS DEMOGRAPHICS DATA \(HSI 09\)](#)
  - [GEOGRAPHIC LIVING AREA DEMOGRAPHIC DATA \(HSI 10\)](#)
  - [POVERTY LEVEL DEMOGRAPHIC DATA \(HSI 11\)](#)
  - [POVERTY LEVEL FOR CHILDREN DEMOGRAPHICS DATA \(HSI 12\)](#)

**FORM 2**  
**MCH BUDGET DETAILS FOR FY 2013**  
*[Secs. 504 (d) and 505(a)(3)(4)]*  
**STATE: ID**

**1. FEDERAL ALLOCATION**

(Item 15a of the Application Face Sheet [SF 424])

Of the Federal Allocation (1 above), the amount earmarked for:

\$ \_\_\_\_\_

A. Preventive and primary care for children:

\$ \_\_\_\_\_ (\_\_\_\_\_%)

B. Children with special health care needs:

\$ \_\_\_\_\_ (\_\_\_\_\_%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C. Title V administrative costs:

\$ \_\_\_\_\_ (\_\_\_\_\_%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

**2. UNOBLIGATED BALANCE** (Item 15b of SF 424)

\$ \_\_\_\_\_

**3. STATE MCH FUNDS** (Item 15c of the SF 424)

\$ \_\_\_\_\_

**4. LOCAL MCH FUNDS** (Item 15d of SF 424)

\$ \_\_\_\_\_

**5. OTHER FUNDS** (Item 15e of SF 424)

\$ \_\_\_\_\_

**6. PROGRAM INCOME** (Item 15f of SF 424)

\$ \_\_\_\_\_

**7. TOTAL STATE MATCH** (Lines 3 through 6)

\$ \_\_\_\_\_

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 2,141,219

**8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)**

\$ \_\_\_\_\_

(Total lines 1 through 6. Same as line 15g of SF 424)

**9. OTHER FEDERAL FUNDS**

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ \_\_\_\_\_

b. SSDI: \$ \_\_\_\_\_

c. CISS: \$ \_\_\_\_\_

d. Abstinence Education: \$ \_\_\_\_\_

e. Healthy Start: \$ \_\_\_\_\_

f. EMSC: \$ \_\_\_\_\_

g. WIC: \$ \_\_\_\_\_

h. AIDS: \$ \_\_\_\_\_

i. CDC: \$ \_\_\_\_\_

j. Education: \$ \_\_\_\_\_

k. Home Visiting: \$ \_\_\_\_\_

l. Other: \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)**

\$ \_\_\_\_\_

**11. STATE MCH BUDGET TOTAL**

\$ \_\_\_\_\_

(Partnership subtotal + Other Federal MCH Funds subtotal)

**FORM NOTES FOR FORM 2**

None

**FIELD LEVEL NOTES**

None

**FORM 3**  
**STATE MCH FUNDING PROFILE**  
*[Secs. 505(a) and 506(a)(1-3)]*  
**STATE: ID**

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form2)</i>	\$ 3,373,169	\$ 3,669,024	\$ 3,228,247	\$ 3,163,593	\$ 3,236,834	\$ 3,287,077
<b>2. Unobligated Balance</b> <i>(Line2, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form2)</i>	\$ 2,150,381	\$ 2,751,768	\$ 1,865,749	\$ 1,320,494	\$ 0	\$ 2,100,482
<b>4. Local MCH Funds</b> <i>(Line4, Form2)</i>	\$ 379,496	\$ 0	\$ 555,437	\$ 1,052,200	\$ 2,427,626	\$ 364,826
<b>5. Other Funds</b> <i>(Line5, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>7. Subtotal</b>	\$ 5,903,046	\$ 6,420,792	\$ 5,649,433	\$ 5,536,287	\$ 5,664,460	\$ 5,752,385
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form2)</i>	\$ 31,066,470	\$ 35,923,346	\$ 29,494,848	\$ 38,829,252	\$ 39,298,375	\$ 36,999,062
<b>9. Total</b> <i>(Line11, Form2)</i>	\$ 36,969,516	\$ 42,344,138	\$ 35,144,281	\$ 44,365,539	\$ 44,962,835	\$ 42,751,447
(STATE MCH BUDGET TOTAL)						

**FORM 3**  
**STATE MCH FUNDING PROFILE**  
*[Secs. 505(a) and 506(a)(1-3)]*  
**STATE: ID**

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form2)</i>	\$ 3,236,441	\$ _____	\$ 3,203,380	\$ _____	\$ _____	\$ _____
<b>2. Unobligated Balance</b> <i>(Line2, Form2)</i>	\$ 0	\$ _____	\$ 0	\$ _____	\$ _____	\$ _____
<b>3. State Funds</b> <i>(Line3, Form2)</i>	\$ 0	\$ _____	\$ 2,402,535	\$ _____	\$ _____	\$ _____
<b>4. Local MCH Funds</b> <i>(Line4, Form2)</i>	\$ 2,427,331	\$ _____	\$ 0	\$ _____	\$ _____	\$ _____
<b>5. Other Funds</b> <i>(Line5, Form2)</i>	\$ 0	\$ _____	\$ 0	\$ _____	\$ _____	\$ _____
<b>6. Program Income</b> <i>(Line6, Form2)</i>	\$ 0	\$ _____	\$ 0	\$ _____	\$ _____	\$ _____
<b>7. Subtotal</b>	\$ 5,663,772	\$ 0	\$ 5,605,915	\$ 0	\$ 0	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form2)</i>	\$ 38,829,252	\$ _____	\$ 36,440,601	\$ _____	\$ _____	\$ _____
<b>9. Total</b> <i>(Line11, Form2)</i>	\$ 44,493,024	\$ 0	\$ 42,046,516	\$ 0	\$ 0	\$ 0
(STATE MCH BUDGET TOTAL)						

**FORM NOTES FOR FORM 3**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form3\_Main

**Field Name:** StateMCHFundsExpended

**Row Name:** State Funds

**Column Name:** Expended

**Year:** 2010

**Field Note:**

The state Vaccine Assessment Fund was established to provide funds to keep Idaho a universal vaccine state.

2. **Section Number:** Form3\_Main

**Field Name:** LocalMCHFundsExpended

**Row Name:** Local MCH Funds

**Column Name:** Expended

**Year:** 2010

**Field Note:**

Because the State Vaccine Assessment fund was established in 2010, it provided state funds that can be used for match in addition to local match.

**FORM 4**  
**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**  
 [Secs 506(2)(2)(iv)]  
 STATE: ID

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 309,390	\$ 291,671	\$ 264,025	\$ 318,509	\$ 261,759	\$ 253,326
b. Infants < 1 year old	\$ 1,588,918	\$ 1,737,798	\$ 1,448,425	\$ 1,317,275	\$ 1,401,870	\$ 1,348,365
c. Children 1 to 22 years old	\$ 2,126,467	\$ 2,367,535	\$ 2,148,148	\$ 2,012,366	\$ 2,247,972	\$ 2,305,110
d. Children with Special Healthcare Needs	\$ 1,416,012	\$ 1,473,330	\$ 1,205,710	\$ 1,442,896	\$ 1,217,759	\$ 1,436,639
e. Others	\$ 155,607	\$ 267,715	\$ 260,300	\$ 269,930	\$ 270,100	\$ 267,637
f. Administration	\$ 306,652	\$ 282,743	\$ 322,825	\$ 175,311	\$ 265,000	\$ 141,288
<b>g. SUBTOTAL</b>	\$ 5,903,046	\$ 6,420,792	\$ 5,649,433	\$ 5,536,287	\$ 5,664,460	\$ 5,752,385
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 0		\$ 0		\$ 0	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 21,840,070		\$ 22,231,965		\$ 32,168,428	
h. AIDS	\$ 3,412,600		\$ 1,607,806		\$ 2,058,400	
i. CDC	\$ 0		\$ 3,972,445		\$ 3,388,935	
j. Education	\$ 0		\$ 0		\$ 0	
k. Home Visiting	\$ 0		\$ 0		\$ 0	
l. Other						
Title X	\$ 0		\$ 1,682,612		\$ 1,682,612	
CDC - Immunization	\$ 2,007,900		\$ 0		\$ 0	
CDC - STD	\$ 328,269		\$ 0		\$ 0	
CDC - WIC	\$ 1,783,600		\$ 0		\$ 0	
PHS - Title X	\$ 1,694,031		\$ 0		\$ 0	
<b>III. SUBTOTAL</b>	\$ 31,066,470		\$ 29,494,848		\$ 39,298,375	

**FORM 4**  
**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**  
 [Secs 506(2)(2)(iv)]  
 STATE: ID

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 243,008	\$	\$ 242,818	\$	\$	\$
b. Infants < 1 year old	\$ 1,386,063	\$	\$ 1,373,275	\$	\$	\$
c. Children 1 to 22 years old	\$ 2,231,083	\$	\$ 2,218,445	\$	\$	\$
d. Children with Special Healthcare Needs	\$ 1,312,898	\$	\$ 1,280,507	\$	\$	\$
e. Others	\$ 265,720	\$	\$ 265,870	\$	\$	\$
f. Administration	\$ 225,000	\$	\$ 225,000	\$	\$	\$
<b>g. SUBTOTAL</b>	\$ 5,663,772	\$ 0	\$ 5,605,915	\$ 0	\$ 0	\$ 0
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$	
b. SSDI	\$ 0		\$ 0		\$	
c. CISS	\$ 0		\$ 0		\$	
d. Abstinence Education	\$ 0		\$ 0		\$	
e. Healthy Start	\$ 0		\$ 0		\$	
f. EMSC	\$ 0		\$ 0		\$	
g. WIC	\$ 32,652,784		\$ 29,369,567		\$	
h. AIDS	\$ 2,248,135		\$ 2,133,507		\$	
i. CDC	\$ 2,294,736		\$ 2,319,421		\$	
j. Education	\$ 0		\$ 0		\$	
k. Home Visiting	\$ 0		\$ 0		\$	
l. Other						
MIECHV	\$ 0		\$ 1,000,000		\$	
Title X	\$ 0		\$ 1,618,106		\$	
Title X	\$ 1,633,597		\$ 0		\$	
<b>III. SUBTOTAL</b>	\$ 38,829,252		\$ 36,440,601		\$ 0	

**FORM NOTES FOR FORM 4**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership

**Field Name:** CSHCNExpended

**Row Name:** CSHCN

**Column Name:** Expended

**Year:** 2010

**Field Note:**

We continued our efforts with the Transition Kits for CSHCNs and distributed to all enrolled children and to schools. We also printed each version in Spanish in adequate numbers to provide to all families requesting kits.

2. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership

**Field Name:** AdminExpended

**Row Name:** Administration

**Column Name:** Expended

**Year:** 2010

**Field Note:**

Cost of the MCH 5 Year Assessment was less than projected.

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**  
*[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]*  
**STATE: ID**

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 1,664,893	\$ 1,998,408	\$ 1,690,083	\$ 1,952,312	\$ 1,748,690	\$ 1,960,694
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 49,630	\$ 59,137	\$ 31,700	\$ 46,301	\$ 46,620	\$ 73,282
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 3,337,922	\$ 3,652,197	\$ 3,034,304	\$ 2,822,486	\$ 2,985,505	\$ 3,167,990
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 850,601	\$ 711,050	\$ 893,346	\$ 715,188	\$ 883,645	\$ 550,419
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 5,903,046	\$ 6,420,792	\$ 5,649,433	\$ 5,536,287	\$ 5,664,460	\$ 5,752,385

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**  
*[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]*  
**STATE: ID**

TYPE OF SERVICE	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 1,837,850	\$	\$ 1,809,050	\$	\$	\$
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 46,700	\$	\$ 46,750	\$	\$	\$
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 2,988,681	\$	\$ 2,964,335	\$	\$	\$
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 790,541	\$	\$ 785,780	\$	\$	\$
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 5,663,772	\$ 0	\$ 5,605,915	\$ 0	\$ 0	\$ 0

**FORM NOTES FOR FORM 5**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form5\_Main  
**Field Name:** DirectHCExpended  
**Row Name:** Direct Health Care Services  
**Column Name:** Expended  
**Year:** 2010  
**Field Note:**  
We spent a more in Genetics than anticipated. This was the first year of a new contract with St. Luke's Children's Hospital in which they took over all of the billings and collections. Our estimate of how much they would collect the first year was low.
2. **Section Number:** Form5\_Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2010  
**Field Note:**  
We gave increased support to the Idaho CareLine.
3. **Section Number:** Form5\_Main  
**Field Name:** InfrastrBuildExpended  
**Row Name:** Infrastructure Building Services  
**Column Name:** Expended  
**Year:** 2010  
**Field Note:**  
Decreased costs in MCH Administration and indirect costs were lower than budgeted.

**FORM 6**

**NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED**

*Sect. 506(a)(2)(B)(iii)*

**STATE: ID**

Total Births by Occurrence: 21,862

Reporting Year: 2011

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	21,706	99.3	10	1	1	100
Congenital Hypothyroidism	21,706	99.3	303	4	4	100
Galactosemia	21,706	99.3	12	1	1	100
Sickle Cell Disease	21,706	99.3	0	0	0	

**Other Screening (Specify)**

Cystic Fibrosis	21,706	99.3	19	7	7	100
-----------------	--------	------	----	---	---	-----

**Screening Programs for Older Children & Women (Specify Tests by name)**

(1) Use occurrent births as denominator.  
 (2) Report only those from resident births.  
 (3) Use number of confirmed cases as denominator.

**FORM NOTES FOR FORM 6**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form6\_Main  
**Field Name:** BirthOccurence  
**Row Name:** Total Births By Occurence  
**Column Name:** Total Births By Occurence  
**Year:** 2013  
**Field Note:**  
This is provisional data for births occurring in Idaho in 2011
2. **Section Number:** Form6\_Main  
**Field Name:** SickleCellDisease\_Confirmed  
**Row Name:** SickleCellDisease  
**Column Name:** Confirmed Cases  
**Year:** 2013  
**Field Note:**  
There were no presumptive cases of Sickle Cell in 2011, therefore there were no confirmed cases

**FORM 7**  
**NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V**  
**(By CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)**

[Sec. 506(a)(2)(A)(i-ii)]

STATE: ID

Number of Individuals Served - Historical Data by Annual Report Year					
Types of Individuals Served	2006	2007	2008	2009	2010
Pregnant Women	2,043	2,685	2,863	2,821	2,272
Infants < 1 year old	23,719	24,400	24,522	24,276	23,251
Children 1 to 22 years old	84,776	86,684	72,800	61,486	64,604
Children with Special Healthcare Needs	201	189	441	729	1,193
Others	30,266	33,963	58,581	67,985	66,825
<b>Total</b>	141,005	147,921	159,207	157,297	158,145

Reporting Year: 2011

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	2,062	21.2	1.4	6.2	69.9	1.4
Infants < 1 year old	22,738	34.6	2.2	53.4	9.4	0.3
Children 1 to 22 years old	63,827	27.6	1.8	57.4	13.2	0.0
Children with Special Healthcare Needs	1,362	2.4	0.2	4.8	2.2	90.5
Others	69,781	0.0	0.0	0.0	0.0	100.0
<b>TOTAL</b>	159,770					

**FORM NOTES FOR FORM 7**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form7\_Main  
**Field Name:** PregWbmen\_TS  
**Row Name:** Pregnant Women  
**Column Name:** Title V Total Served  
**Year:** 2013  
**Field Note:**  
Number of pregnancies in state has been declining, possibly linked to economic factors.
2. **Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_TS  
**Row Name:** Infants <1 year of age  
**Column Name:** Title V Total Served  
**Year:** 2013  
**Field Note:**  
Reduced pregnancies resulting in fewer infants.
3. **Section Number:** Form7\_Main  
**Field Name:** CSHCN\_Unknown  
**Row Name:** Children with Special Health Care Needs  
**Column Name:** Unknown %  
**Year:** 2013  
**Field Note:**  
Data source used for compilation does not require inclusion of source of coverage and is mostly missing.
4. **Section Number:** Form7\_Main  
**Field Name:** AllOthers\_Unknown  
**Row Name:** Others  
**Column Name:** Unknown %  
**Year:** 2013  
**Field Note:**  
Data source of majority of records does not include any source of coverage data.

**FORM 8**  
**DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE XIX**  
**(By RACE AND ETHNICITY)**  
*[Sec. 506(a)(2)(C-D)]*  
**STATE: ID**

Reporting Year: 2010

**I. UNDUPLICATED COUNT BY RACE**

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	23,202	20,492	120	351	334	36	434	1,435
Title V Served	22,737	20,082	118	344	327	35	425	1,406
Eligible for Title XIX	8,905	7,633	71	212	68	15	215	691
<b>INFANTS</b>								
Total Infants in State	23,610	22,352	360	556	342	0	0	0
Title V Served	23,148	21,905	353	545	345	0	0	0
Eligible for Title XIX	8,945	8,326	213	336	70	0	0	0

**II. UNDUPLICATED COUNT BY ETHNICITY**

	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	HISPANIC OR LATINO (Sub-categories by country or area of origin)				
				(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	19,528	3,637	37	0	0	0	0	3,637
Title V Served	19,137	3,564	36	0	0	0	0	3,564
Eligible for Title XIX	7,102	1,838	14	0	0	0	0	1,838
<b>INFANTS</b>								
Total Infants in State	19,096	4,514	0	0	0	0	0	4,514
Title V Served	18,714	4,424	0	0	0	0	0	4,424
Eligible for Title XIX	6,945	2,281	0	0	0	0	0	2,281

**FORM NOTES FOR FORM 8**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form8\_I. Unduplicated Count By Race

**Field Name:** DeliveriesTitleXIX\_All

**Row Name:** Eligible for Title XIX

**Column Name:** Total All Races

**Year:** 2013

**Field Note:**

Medicaid includes actually served, not eligible as eligibility is not known.  
Information from birth certificates primary pay source.

2. **Section Number:** Form8\_I. Unduplicated Count By Race

**Field Name:** InfantsTotal\_All

**Row Name:** Total Infants in State

**Column Name:** Total All Races

**Year:** 2013

**Field Note:**

From 2010 Census population by race and age, age <1. Asian and Pacific Islander are combined, no more than one race or other included.

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)**  
*[SECS. 505(a)(E) AND 509(a)(8)]*  
**STATE: ID**

	FY 2013	FY 2012	FY 2011	FY 2010	FY 2009
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Contact Person's Email					
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM**  
*[SECS. 505(a)(E) AND 509(a)(8)]*  
**STATE: ID**

	<b>FY 2013</b>	<b>FY 2012</b>	<b>FY 2011</b>	<b>FY 2010</b>	<b>FY 2009</b>
1. State MCH Toll-Free "Hotline" Telephone Number	211 or 1-800-296-2588	211 or 1-800-296-2588	211 or 1-800-296-2588	211 or 1-800-926-2588	211 or 1-800-926-2588
2. State MCH Toll-Free "Hotline" Name	Idaho Careline	Idaho Careline	Idaho Careline	Idaho Careline	Idaho CareLine
3. Name of Contact Person for State MCH "Hotline"	Heller, Gretchan	Keith, Courtney	Gonzalez, Cruz A.	Nina Dillon	Nina Dillon
4. Contact Person's Telephone Number	208-287-1030	208-287-1030	208-287-1030	208-287-1020	208-287-1020
5. Contact Person's Email	hellerg@dhw.idaho.gov	KeithC@dhw.idaho.gov	GonzaleC@dhw.idaho.gov		
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	68895	65942	66901

**FORM NOTES FOR FORM 9**

None

**FIELD LEVEL NOTES**

None

**FORM 10**  
**TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT**  
**STATE PROFILE FOR FY 2013**  
*[Sec. 506(a)(1)]*  
**STATE: ID**

1. State MCH Administration:  
*(max 2500 characters)*

The Bureau of Clinical and Preventive Services, Division of Public Health, Idaho Department of Health and Welfare, administers the Title V MCH Block Grant. The Bureau Chief serves as the MCH Title V Director. The programs directly under the MCH Director include: Maternal and Child Health Program, which includes the Newborn Screening, Genetics, and Maternal, Infant, and Early Childhood Home Visiting programs; Family Planning (Title X), STD/HIV Prevention, Ryan White Part B, Adult Viral Hepatitis; Women's Health Check – Breast and Cervical Cancer Screening/Diagnostics; and Women, Infants, and Children's (WIC) Supplemental Nutrition program. Title V also funds programs and/or staff in the Bureau of Community and Environmental Health, the Bureau of Vital Records and Health Statistics, and the Office of Epidemiology, Food Protection, an Immunization.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ _____
3. Unobligated balance (Line 2, Form 2)	\$ _____
4. State Funds (Line 3, Form 2)	\$ _____
5. Local MCH Funds (Line 4, Form 2)	\$ _____
6. Other Funds (Line 5, Form 2)	\$ _____
7. Program Income (Line 6, Form 2)	\$ _____
<b>8. Total Federal-State Partnership (Line 8, Form 2)</b>	<b>\$ _____ NaN</b>

9. Most significant providers receiving MCH funds

_____	7 Local Public Health Districts
_____	St. Luke's Children's Hospital
_____	Physicians from Oregon Health Sciences University
_____	

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	_____ 2,062
b. Infants < 1 year old	_____ 22,738
c. Children 1 to 22 years old	_____ 63,827
d. CSHCN	_____ 1,362
e. Others	_____ 69,781

11. Statewide Initiatives and Partnerships

a. Direct Medical Care and Enabling Services:  
*(max 2500 characters)*

The Maternal and Child Health Program (formerly called the Children's Special Health Program) has a positive working relationship with St. Luke's Children's Hospital, as well as Shriners' Hospital in Salt Lake City, Utah and Sacred Heart Children's Hospital in Spokane, Washington for the referral of patients. The Genetics Services Program works closely with the Oregon Health Sciences University to provide board certified genetics and metabolic specialists to staff clinics and provide counseling to Idaho clients. The local public health districts provide reproductive health services to which they also contribute significantly.

b. Population-Based Services:  
*(max 2500 characters)*

The WIC/Immunization linkage is a collaboration between the two programs on a statewide basis in which local health district personnel screen WIC clients 0-24 months of age for immunization status and those not up-to-date are referred to their health care provider or the District for services. The Oral Health Program provides population-based services through the health districts for fluoride varnish.

c. Infrastructure Building Services:  
*(max 2500 characters)*

Funding through the Office of Epidemiology, Food Protection and Immunization provides capacity to address vaccine preventable and communicable diseases which can impact children, schools and child care facilities.

12. The primary Title V Program contact person:

Name \_\_\_\_\_ Dieuwke A. Disney-Spencer  
 Title \_\_\_\_\_ Chief, Bureau of Clinical & Preventive Services  
 Address \_\_\_\_\_ 450 W. State Street  
 City \_\_\_\_\_ Boise  
 State \_\_\_\_\_ Idaho  
 Zip \_\_\_\_\_ 83720  
 Phone \_\_\_\_\_ (208) 334-5930  
 Fax \_\_\_\_\_ (208) 334-0614  
 Email \_\_\_\_\_ spencerd@dhwidaho.gov  
 Web \_\_\_\_\_

13. The children with special health care needs (CSHCN) contact person:

Name \_\_\_\_\_ Jacquie Daniel-Watson  
 Title \_\_\_\_\_ Program Manager, Maternal and Child Health  
 Address \_\_\_\_\_ 450 W. State Street  
 City \_\_\_\_\_ Boise  
 State \_\_\_\_\_ Idaho  
 Zip \_\_\_\_\_ 83720  
 Phone \_\_\_\_\_ (208) 334-5963  
 Fax \_\_\_\_\_ (208) 334-0614  
 Email \_\_\_\_\_ danielj@dhwidaho.gov  
 Web \_\_\_\_\_

**FORM NOTES FOR FORM 10**

None

**FIELD LEVEL NOTES**

None

FORM 11  
**TRACKING PERFORMANCE MEASURES**  
*[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]*  
**STATE: ID**

Form Level Notes for Form 11

None

**PERFORMANCE MEASURE # 01**

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	100	100	100	100	100
Annual Indicator	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Numerator	<u>31</u>	<u>30</u>	<u>19</u>	<u>29</u>	<u>18</u>
Denominator	<u>31</u>	<u>30</u>	<u>19</u>	<u>29</u>	<u>18</u>
Data Source		Idaho Newborn Screening Program			

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5  
 and therefore a 3-year moving average cannot be applied.  
*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Final                      Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

None

**PERFORMANCE MEASURE # 02**

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

<b>Annual Objective and Performance Data</b>					
	2007	2008	2009	2010	2011
Annual Performance Objective	60	53	53	53	53
Annual Indicator	52.7	52.7	52.7	52.7	72.4
Numerator					
Denominator					
Data Source		National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2010
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

<b>Annual Objective and Performance Data</b>					
	2012	2013	2014	2015	2016
Annual Performance Objective	73	73	73	73	73
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

**1. Section Number:** Form11\_Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

For 2011-2014, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration and the U.S. Centers for Disease Control and Prevention in 2009-2010. This survey was first conducted in 2001. The same questions were used to generate this indicator for both the 2001 and the 2005-06 CSHCN survey. However, in 2009-2010 there were wording changes and additions to the questions used to generate this indicator. The data for 2009-2010 are NOT comparable to earlier versions of the survey.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

**2. Section Number:** Form11\_Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

**3. Section Number:** Form11\_Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

This number is from the 2005-2006 CSHCN Survey



**PERFORMANCE MEASURE # 04**

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

<b>Annual Objective and Performance Data</b>					
	2007	2008	2009	2010	2011
Annual Performance Objective	60	60	60	60	60
Annual Indicator	56.9	56.9	56.9	56.9	55.2
Numerator					
Denominator					
Data Source		National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2010
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.  <i>(Explain data in a year note. See Guidance, Appendix IX.)</i></p>					
Is the Data Provisional or Final?				Final	Final

<b>Annual Objective and Performance Data</b>					
	2012	2013	2014	2015	2016
Annual Performance Objective	60	60	60	60	60
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

**1. Section Number:** Form11\_Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

For 2011-2014, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration and the U.S. Centers for Disease Control and Prevention in 2009-2010. This survey was first conducted in 2001. The same questions were used to generate the NPM 4 indicator for the 2001, 2005-06, and 2009-2010 CSHCN surveys.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

**2. Section Number:** Form11\_Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

**3. Section Number:** Form11\_Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

From the 2005-2006 CSHCN Survey.

**PERFORMANCE MEASURE # 05**

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	80	86	86	86	86
Annual Indicator	86	86	86	86	64.6
Numerator					
Denominator					
Data Source		National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2010
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.  <i>(Explain data in a year note. See Guidance, Appendix IX.)</i></p>					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	65	65	65	65	65
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

**1. Section Number:** Form11\_Performance Measure #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

For 2011-2014, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration and the U.S. Centers for Disease Control and Prevention in 2009-2010. Compared to the 2001 CSHCN survey, there were revisions to the wording, order, and number of questions used to generate this indicator for the 2005-06 CSHCN survey. The questions were also revised extensively for the 2009-2010 CSHCN survey. Therefore, none of the three rounds of the surveys are comparable.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes

**2. Section Number:** Form11\_Performance Measure #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

**3. Section Number:** Form11\_Performance Measure #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

From the 2005-2006 CSHCN Survey.

Last year this indicator was mistakenly reported as 85.9

**PERFORMANCE MEASURE # 06**

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>6</u>	<u>46</u>	<u>46</u>	<u>46</u>	<u>46</u>
Annual Indicator	<u>45.8</u>	<u>45.8</u>	<u>45.8</u>	<u>45.8</u>	<u>46.6</u>
Numerator					
Denominator					
Data Source		National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2010

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.  
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>47</u>	<u>47</u>	<u>47</u>	<u>47</u>	<u>47</u>
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #6

**Field Name:** PM06

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

For 2011-2014, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration and the U.S. Centers for Disease Control and Prevention in 2009-2010. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate this indicator for the 2005-06 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the 2 surveys are not comparable for NPM 6, and findings from the 2005-06 survey may be considered baseline data. However, the same questions were used to generate the NPM 6 indicator for the 2009-2010 survey. Therefore, the 2005-2006 and 2009-2010 surveys can be compared.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

2. **Section Number:** Form11\_Performance Measure #6

**Field Name:** PM06

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

3. **Section Number:** Form11\_Performance Measure #6

**Field Name:** PM06

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

From the 2005-2006 CSHCN Survey.

**PERFORMANCE MEASURE # 07**

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>83</u>	<u>83</u>	<u>83</u>	<u>75</u>	<u>75</u>
Annual Indicator	<u>75.8</u>	<u>65.9</u>	<u>65.8</u>	<u>65.1</u>	<u>65.1</u>
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source		NIS	NIS	NIS	NIS
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5					
and therefore a 3-year moving average cannot be applied.					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>75</u>	<u>75</u>	<u>75</u>	<u>75</u>	<u>75</u>
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

**1. Section Number:** Fom11\_Performance Measure #7

**Field Name:** PM07

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

NIS data for CY2011 is not available until August, 2012. 2010 value used as estimate for 2011.

The value entered is 4:3:1 plus >2 or >3 doses of Hib vaccine depending on brand type (primary series only), 3 or more doses of HepB, and 1 or more doses of varicella vaccine.

The percentages come from the National Immunization Survey. No numbers are given as to appropriate population numerator or denominator.

Rate is depressed because of shortage of Hib vaccine for birth cohort. Excluding Hib rate raises 70.1

**2. Section Number:** Fom11\_Performance Measure #7

**Field Name:** PM07

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

NIS data for CY2010 is not available until August, 2011. 2009 value used as estimate for 2010.

Prior to this year the rate reflected four or more doses of DTaP, three or more doses of poliovirus vaccine, one or more doses of any MCV, three or more doses of Hib, and three or more doses of HepB. That series is no longer reported in the NIS summary. The value entered is 4:3:1 plus >2 or >3 doses of Hib vaccine depending on brand type (primary series only), 3 or more doses of HepB, and 1 or more doses of varicella vaccine.

The percentages come from the National Immunization Survey. No numbers are given as to appropriate population numerator or denominator.

**3. Section Number:** Fom11\_Performance Measure #7

**Field Name:** PM07

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Prior to this year the rate reflected four or more doses of DTaP, three or more doses of poliovirus vaccine, one or more doses of any MCV, three or more doses of Hib, and three or more doses of HepB. That series is no longer reported in the NIS summary. The value entered is 4:3:1 plus >2 or >3 doses of Hib vaccine depending on brand type (primary series only), 3 or more doses of HepB, and 1 or more doses of varicella vaccine.

The percentages come from the National Immunization Survey. No numbers are given as to appropriate population numerator or denominator.

**PERFORMANCE MEASURE # 08**

The rate of birth (per 1,000) for teenagers aged 15 through 17 years

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	15	17.8	17.7	16	16
Annual Indicator	19.0	19.9	16.8	15.1	15.1
Numerator	628	651	548	505	505
Denominator	32,974	32,772	32,573	33,362	33,362
Data Source		Estimate from prior year	Birth Certificate	Birth Certificate	Birth Certificate
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	15	15	14.9	14.9	14.9
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

- 1. Section Number: Form11\_Performance Measure #8
- Field Name: PM08
- Row Name:
- Column Name:
- Year: 2011
- Field Note:  
Due to out-of-state birth certificates not received as of date of entry 2010 values are used as estimate.

**PERFORMANCE MEASURE # 09**

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	60	60.5	60.6	60.6	60.6
<b>Annual Indicator</b>	55.7	55.7	57.1	57.1	57.1
<b>Numerator</b>					
<b>Denominator</b>					
<b>Data Source</b>		Smile Survey 2005	Smile Survey 2009	Smile Survey 2009	Smile Survey 2009

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.  
*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Final

Final

	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	60.7	60.7	60.7	60.7	60.7
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

- 1. **Section Number:** Form11\_Performance Measure #9

**Field Name:** PM09

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

The Idaho Smile Survey is conducted every four years conducted through out the school year. Data was collected during the 2008/2009 school year.

Numerator and denominator not provided as the results would be from weighted survey data and imply artificial precision.

- 2. **Section Number:** Form11\_Performance Measure #9

**Field Name:** PM09

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

The Idaho Smile Survey is conducted every four years conducted through out the school year. Data was collected during the 2008/2009 school year.

Numerator and denominator not provided as the results would be from weighted survey data and imply artificial precision.

- 3. **Section Number:** Form11\_Performance Measure #9

**Field Name:** PM09

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

The Idaho Smile Survey is conducted every four years conducted through out the school year. Data was collected during the 2008/2009 school year.

Numerator and denominator not provided as the results would be weighted from the survey and imply artificial precision.

**PERFORMANCE MEASURE # 10**

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	4	5.5	5.5	5.5	4.3
<b>Annual Indicator</b>	7.7	2.6	4.8	3.9	2.2
<b>Numerator</b>	26	9	17	14	8
<b>Denominator</b>	339,358	344,821	351,924	359,922	359,922
<b>Data Source</b>		Death Certificates	Death Certificates	Death Certificates	Dept of Transportation
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	4	3.9	3.9	3.8	3.8
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

- Section Number:** Form11\_Performance Measure #10

**Field Name:** PM10

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Death count preliminary total from Idaho Dept of Transportation for 2011. IDT records usually reflect deaths at the scene of an accident and therefore will be lower than subsequent death certificate data.

2011 population data by age not available at time of entry, 2010 used as best estimate.

- Section Number:** Form11\_Performance Measure #10

**Field Name:** PM10

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

The target rate has not been significantly adjusted to reflect current year rate as a single multi-fatality accident can move this rate due to the relatively small population base.

**PERFORMANCE MEASURE # 11**

The percent of mothers who breastfeed their infants at 6 months of age.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	51	51.5	52	52.1	52.2
Annual Indicator	54	50.5	55.2	55.4	53
Numerator					
Denominator					
Data Source		PRATS	PRATS	PRATS	PRATS

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5  
 and therefore a 3-year moving average cannot be applied.  
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	53	53	53.1	53.1	53.1
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

- Section Number: Form11\_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2011

Field Note:

Data source is the 2010 Idaho PRATS survey. Data for 2011 births is not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data and imply artificial precision.

Due to the nature of the survey data variability the target goals are not adjusted based on a single year's values.

- Section Number: Form11\_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2010

Field Note:

Data source is 2009 Idaho PRATS survey. Data for 2010 not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data and imply artificial precision.

Due to the nature of the survey data variability the target goals are not adjusted based on a single year's values.

- Section Number: Form11\_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2009

Field Note:

Data source is 2008 Idaho PRATS survey. Data for 2009 not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data.

Due to the nature of the survey data variability the target goal is not adjusted based on a single year's values.

**PERFORMANCE MEASURE # 12**

Percentage of newborns who have been screened for hearing before hospital discharge.

**Annual Objective and Performance Data**

	2007	2008	2009	2010	2011
Annual Performance Objective	100	98.8	98.8	98.8	98.8
Annual Indicator	96.7	97.9	99.3	99.5	99.4
Numerator			22,179	21,632	20,273
Denominator			22,341	21,751	20,397
Data Source		PRATS	HiTrack	HiTrack	HiTrack

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.  
*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Final Final

**Annual Objective and Performance Data**

	2012	2013	2014	2015	2016
Annual Performance Objective	99.6	99.6	99.6	99.6	99.6
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

- 1. Section Number: Form11\_Performance Measure #12
- Field Name: PM12
- Row Name:
- Column Name:
- Year: 2011
- Field Note:
- Data Source is State NHS program tracking and surveillance program –HiTrack

**PERFORMANCE MEASURE # 13**

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	11.2	12.5	12.4	8.8	10
Annual Indicator	13.0	11.0	8.9	10.2	9.0
Numerator	52,135	45,621	37,161	42,845	37,721
Denominator	401,854	414,662	418,764	421,894	417,962
Data Source		Current Population Survey	Current Population Survey	Current Population Survey	Current Population Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

  

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	9	9	9	8.9	8.9
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

**1. Section Number:** Form11\_Performance Measure #13

**Field Name:** PM13

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Source: U.S. Census Bureau

Current Population Survey, Annual Social and Economic Supplement,

[http://www.census.gov/hhes/www/cps/cps\\_table\\_creator.html](http://www.census.gov/hhes/www/cps/cps_table_creator.html)

The Current Population Survey Annual Social and Economic Supplement is an annual survey of approximately 78,000 households nationwide. Therefore, use extreme caution when making inferences when the cell sizes are small.

Objectives in future years may be higher than current performance. The data source tends to have swings from year to year due to nature of the survey.

**2. Section Number:** Form11\_Performance Measure #13

**Field Name:** PM13

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Source: U.S. Census Bureau

Current Population Survey, Annual Social and Economic Supplement,

[http://www.census.gov/hhes/www/cps/cps\\_table\\_creator.html](http://www.census.gov/hhes/www/cps/cps_table_creator.html)

The Current Population Survey Annual Social and Economic Supplement is an annual survey of approximately 78,000 households nationwide. Therefore, use extreme caution when making inferences when the cell sizes are small.

Objectives in future years may be higher than current performance. The data source tends to have swings from year to year due to nature of the survey.

**3. Section Number:** Form11\_Performance Measure #13

**Field Name:** PM13

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Source: U.S. Census Bureau

Current Population Survey, Annual Social and Economic Supplement,

[http://www.census.gov/hhes/www/cps/cps\\_table\\_creator.html](http://www.census.gov/hhes/www/cps/cps_table_creator.html)

The Current Population Survey Annual Social and Economic Supplement is an annual survey of approximately 78,000 households nationwide. Therefore, use extreme caution when making inferences when the cell sizes are small.

Objectives in future years may be higher than current performance. The data source tends to have swings from year to year due to nature of the survey.

**PERFORMANCE MEASURE # 14**

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

	<b>Annual Objective and Performance Data</b>				
	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
<b>Annual Performance Objective</b>	<u>31</u>	<u>31</u>	<u>30.9</u>	<u>30.8</u>	<u>29.5</u>
<b>Annual Indicator</b>	<u>31.2</u>	<u>31.3</u>	<u>30.1</u>	<u>29.5</u>	<u>29.4</u>
<b>Numerator</b>	<u>5,894</u>	<u>6,762</u>	<u>7,314</u>	<u>7,259</u>	<u>7,012</u>
<b>Denominator</b>	<u>18,862</u>	<u>21,581</u>	<u>24,316</u>	<u>24,629</u>	<u>23,828</u>
<b>Data Source</b>		State WIC Data	State WIC Data	State WIC Data	State WIC Data

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
  - 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
- (Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Final Final

	<b>Annual Objective and Performance Data</b>				
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>Annual Performance Objective</b>	<u>29.4</u>	<u>29.4</u>	<u>29.3</u>	<u>29.3</u>	<u>29.3</u>
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #14  
**Field Name:** PM14  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Based on PedNSS data avail as of March 2011
  
2. **Section Number:** Form11\_Performance Measure #14  
**Field Name:** PM14  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Based on PedNSS data avail as of March 2010

**PERFORMANCE MEASURE # 15**

Percentage of women who smoke in the last three months of pregnancy.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	8	8.5	8.5	8.4	8.4
Annual Indicator	9.0	8.8	9.1	8.8	8.8
Numerator	2,255	2,198	2,158	2,033	2,033
Denominator	24,972	25,101	23,713	23,173	23,173
Data Source		Birth certificate	Birth Certificate	Birth Certificate	Birth Certificate

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.  
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	8.3	8.3	8.3	8.3	8.3
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

- Section Number:** Form11\_Performance Measure #15  
**Field Name:** PM15  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Due to out-of-state birth certificates not received as of date of entry 2010 values are used as estimate.
- Section Number:** Form11\_Performance Measure #15  
**Field Name:** PM15  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Due to out-of-state birth certificates not received as of date of entry 2009 values are used as estimate.

**PERFORMANCE MEASURE # 16**

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	8.5	11	10.9	9.8	9.8
Annual Indicator	18.9	15.3	8.7	16.5	16.5
Numerator	21	17	10	19	19
Denominator	110,959	110,959	114,944	115,359	115,359
Data Source		Death Certificates	Death Certificates	Death Certificates	Death Certificates
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.  <i>(Explain data in a year note. See Guidance, Appendix IX.)</i></p>					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	9.8	9.7	9.7	9.7	9.7
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

1. Section Number: Form11\_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2011

Field Note:

2011 death records have not been finalized, 2010 deaths have been used as best estimate. 2011 population data by age not available at time of entry, 2010 used as best estimate.

**PERFORMANCE MEASURE # 17**

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	75	75	75	99	99
Annual Indicator	99	99	99	99	99
Numerator					
Denominator					
Data Source		No reliable data	No reliable data source	No reliable data source	No reliable data source
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	99	99	99	99	99
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #17

**Field Name:** PM17

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Prior to data year 2003, Idaho hospitals with a NICU were used as a proxy measure. However, Idaho has since found errors in that proxy measure and currently does not have a replacement measure. 99 entered to save form.

2. **Section Number:** Form11\_Performance Measure #17

**Field Name:** PM17

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Prior to data year 2003, Idaho hospitals with a NICU were used as a proxy measure. However, Idaho has since found errors in that proxy measure and currently does not have a replacement measure. 99 entered to save form.

3. **Section Number:** Form11\_Performance Measure #17

**Field Name:** PM17

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Prior to data year 2003, Idaho hospitals with a NICU were used as a proxy measure. However, Idaho has since found errors in that proxy measure and currently does not have a replacement measure. 99 entered to save form.

**PERFORMANCE MEASURE # 18**

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	78	73	73.2	73.2	73.2
Annual Indicator	71.7	69.4	71.5	73.6	73.6
Numerator	17,399	17,177	16,880	17,016	17,016
Denominator	24,263	24,737	23,611	23,104	23,104
Data Source		Birth certificate	Birth Certificate	Birth Certificate	Birth Certificate

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.  
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	73.6	73.6	73.6	73.7	73.7
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #18

**Field Name:** PM18

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record. Data are not comparable with Idaho or national data based on month prenatal care began. Prior to the revision, month prenatal care began may have been estimated from mother's recollection or based on information in mother's medical record

Denominator is the total number of births to Idaho women minus the number of births in which trimester prenatal care began was unknown.

Due to out-of-state birth certificates not received as of date of entry 2010 values are used as estimate.

2. **Section Number:** Form11\_Performance Measure #18

**Field Name:** PM18

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record. Data are not comparable with Idaho or national data based on month prenatal care began. Prior to the revision, month prenatal care began may have been estimated from mother's recollection or based on information in mother's medical record

Denominator is the total number of births to Idaho women minus the number of births in which trimester prenatal care began was unknown.

3. **Section Number:** Form11\_Performance Measure #18

**Field Name:** PM18

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record. Data are not comparable with Idaho or national data based on month prenatal care began. Prior to the revision, month prenatal care began may have been estimated from mother's recollection or based on information in mother's medical record

Denominator is the total number of births to Idaho women minus the number of births in which trimester prenatal care began was unknown.

**FORM 11**  
**TRACKING PERFORMANCE MEASURES**  
*[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]*  
**STATE: ID**

Form Level Notes for Form 11

None

**STATE PERFORMANCE MEASURE # 1 - REPORTING YEAR**

Percent of 9th - 12th grade students that report having engaged in sexual intercourse.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	35.5	39
Annual Indicator	_____	42	39	39	40
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source		YRBS	YRBS	YRBS	YRBS
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	39	39	39	38.9	38.9
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
Numerator	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
Denominator	those measures on Form 11 for the new needs assessment period.				

Field Level Notes

1. **Section Number:** Form11\_State Performance Measure #1  
**Field Name:** SM1  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Results from: RESULTS OF THE 2011 IDAHO YOUTH RISK BEHAVIOR SURVEY , Numerator and denominator not available. Latest data available.
  
2. **Section Number:** Form11\_State Performance Measure #1  
**Field Name:** SM1  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Results from: RESULTS OF THE 2009 IDAHO YOUTH RISK BEHAVIOR SURVEY , Numerator and denominator not available. Latest data available.
  
3. **Section Number:** Form11\_State Performance Measure #1  
**Field Name:** SM1  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Results from: RESULTS OF THE 2009 IDAHO YOUTH RISK BEHAVIOR SURVEY , Numerator and denominator not available.

**STATE PERFORMANCE MEASURE # 2 - REPORTING YEAR**

Percent of pregnant women 18 and older who received dental care during pregnancy.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	_____	_____	_____	55	55
<b>Annual Indicator</b>	_____	45.3	53.9	53.9	51.1
<b>Numerator</b>	_____	_____	_____	_____	_____
<b>Denominator</b>	_____	_____	_____	_____	_____
<b>Data Source</b>		PRATS	PRATS	PRATS	PRATS
<b>Is the Data Provisional or Final?</b>				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	55	55	55	55	55
<b>Annual Indicator</b>	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
<b>Numerator</b>	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
<b>Denominator</b>	those measures on Form 11 for the new needs assessment period.				

**Field Level Notes**

**1. Section Number:** Form11\_State Performance Measure #2

**Field Name:** SM2

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Data source is the 2010 Idaho PRATS survey. Data for 2011 births is not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data and imply artificial precision.

Due to the nature of the survey data variability the target goals are not adjusted based on a single year's values.

Received at a minimum teeth cleaning or regular check-up.

**2. Section Number:** Form11\_State Performance Measure #2

**Field Name:** SM2

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Data source is 2009 Idaho PRATS survey. 2010 data not available at entry date. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numerator and denominator not provided as they would be the results of weighted survey sample data and imply artificial precision.

Due to the nature of the survey data variability the target goals are not adjusted based on a single year's values.

**3. Section Number:** Form11\_State Performance Measure #2

**Field Name:** SM2

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data source is 2009 Idaho PRATS survey. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numerator and denominator not provided as they would be the results of weighted survey sample data and imply artificial precision.

Due to the nature of the survey data variability the target goals are not adjusted based on a single year's values.

**STATE PERFORMANCE MEASURE # 3 - REPORTING YEAR**

Percent of 9th – 12th grade students that are overweight.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	18	18
Annual Indicator	_____	11	20.8	20.8	22.6
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source		YRBS	YRBS	YRBS	YRBS
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	18	18	18	18	18
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_State Performance Measure #3

**Field Name:** SM3

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Results from: RESULTS OF THE 2011 IDAHO YOUTH RISK BEHAVIOR SURVEY , Numerator and denominator not available. Latest data available.

2. **Section Number:** Form11\_State Performance Measure #3

**Field Name:** SM3

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Source is 2009 YRBS. Numerator and denominator not available as the source is weighted survey data and would imply artificial precision.

3. **Section Number:** Form11\_State Performance Measure #3

**Field Name:** SM3

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Source is 2009 YRBS. Numerator and denominator not available as the source is weighted survey data and would imply artificial precision.

**STATE PERFORMANCE MEASURE # 4 - REPORTING YEAR**

Percent of women 18 and older who fell into the "normal" weight category according to the body Mass Index (BMI=18.5 to 24.9) prior to pregnancy.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	_____	_____	_____	59	59
<b>Annual Indicator</b>	_____	51.2	49.8	48.2	48.2
<b>Numerator</b>	_____	12,431	11,475	10,943	10,943
<b>Denominator</b>	_____	24,289	23,036	22,684	22,684
<b>Data Source</b>		Birth Certificate	Birth Certificate	Birth Certificate	Birth Certificate
<b>Is the Data Provisional or Final?</b>				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	59	59	59	59	59
<b>Annual Indicator</b>	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
<b>Numerator</b>	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
<b>Denominator</b>	those measures on Form 11 for the new needs assessment period.				

**Field Level Notes**

**1. Section Number:** Form11\_State Performance Measure #4

**Field Name:** SM4

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Based on records where valid pre-pregnancy height and weight were recorded on birth certificates.

Due to out-of-state birth certificates not received as of date of entry, 2010 values are used as estimate.

**2. Section Number:** Form11\_State Performance Measure #4

**Field Name:** SM4

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Based on records where valid pre-pregnancy height and weight were recorded on birth certificates.

**3. Section Number:** Form11\_State Performance Measure #4

**Field Name:** SM4

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Based on records where valid pre-pregnancy height and weight were recorded on birth certificates.

**STATE PERFORMANCE MEASURE # 5 - REPORTING YEAR**

Percent of women 18 and older who regularly (4 or more times per week) took a multivitamin in the month prior to getting pregnant.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	43	43
Annual Indicator	_____	38.6	40.3	40.3	41.3
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source		PRATS	PRATS	PRATS	PRATS
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	43	43	43	43	43
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
Numerator	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
Denominator	those measures on Form 11 for the new needs assessment period.				

**Field Level Notes**

**1. Section Number:** Form11\_State Performance Measure #5

**Field Name:** SM5

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Data source is the 2010 Idaho PRATS survey. Data for 2011 births is not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data and imply artificial precision.

Due to the nature of the survey data variability the target goals are not adjusted based on a single year's values.

**2. Section Number:** Form11\_State Performance Measure #5

**Field Name:** SM5

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Data source is 2009 Idaho PRATS survey. 2010 data not available as of entry date. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numerator and denominator not provided as they would be the results of weighted survey sample data and imply artificial precision.

Due to the nature of the survey data variability the target goals are not adjusted based on a single year's values.

**3. Section Number:** Form11\_State Performance Measure #5

**Field Name:** SM5

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data source is 2009 Idaho PRATS survey. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numerator and denominator not provided as they would be the results of weighted survey sample data and imply artificial precision.

Due to the nature of the survey data variability the target goals are not adjusted based on a single year's values.

**STATE PERFORMANCE MEASURE # 6 - REPORTING YEAR**

Percent of women 18 and older who gave birth and drank alcohol in the 3 months prior to pregnancy.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	35	50
Annual Indicator	_____	77	79.2	79.2	78.7
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source		PRATS	PRATS	PRATS	PRATS
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	50	50	50	50	50
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
Numerator	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
Denominator	those measures on Form 11 for the new needs assessment period.				

**Field Level Notes**

**1. Section Number:** Form11\_State Performance Measure #6

**Field Name:** SM6

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Data source is the 2010 Idaho PRATS survey. Data for 2011 births is not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data and imply artificial precision.

Due to the nature of the survey data variability the target goals are not adjusted based on a single year's values.

**2. Section Number:** Form11\_State Performance Measure #6

**Field Name:** SM6

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Data source is 2009 Idaho PRATS survey. 2010 data not available at entry date. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numerator and denominator not provided as they would be the results of weighted survey sample data and imply artificial precision.

Due to the nature of the survey data variability the target goals are not adjusted based on a single year's values.

**3. Section Number:** Form11\_State Performance Measure #6

**Field Name:** SM6

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data source is 2009 Idaho PRATS survey. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numerator and denominator not provided as they would be the results of weighted survey sample data and imply artificial precision.

Due to the nature of the survey data variability the target goals are not adjusted based on a single year's values.

**STATE PERFORMANCE MEASURE # 7 - REPORTING YEAR**

Percent of children at kindergarten enrollment who meet state immunization requirements.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	_____	_____	_____	90	90
<b>Annual Indicator</b>	_____	85.2	85.0	85.8	86.4
<b>Numerator</b>	_____	18,966	19,240	19,654	19,675
<b>Denominator</b>	_____	22,257	22,624	22,913	22,762
<b>Data Source</b>		Summary SIR	SIR 2009	SIR 2010	SIR 2011
<b>Is the Data Provisional or Final?</b>				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	90	90	90	90	90
<b>Annual Indicator</b>	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

- Section Number:** Form11\_State Performance Measure #7

**Field Name:** SM7

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

SIR = School Immunization Report, self-reported rates by schools. The immunizations required for Idaho school attendance are set by state policy not necessarily matching national standards.

In 2011 Idaho added Varicella and Hepatitis A to required vaccinations. The numerator includes a new record category of "Conditional Admittance" which counts students with partial immunization series where parents/guardians indicated they would bring the child up to date within three weeks.

- Section Number:** Form11\_State Performance Measure #7

**Field Name:** SM7

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

SIR = State Immunization Report

- Section Number:** Form11\_State Performance Measure #7

**Field Name:** SM7

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

SIR = State Immunization Report

**STATE PERFORMANCE MEASURE # 8 - REPORTING YEAR**

Percent of children at seventh grade enrollment who meet state immunization requirements

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	_____	_____	_____	95	95
<b>Annual Indicator</b>	_____	94.4	93.8	93.5	78.3
<b>Numerator</b>	_____	20,327	19,997	20,293	17,736
<b>Denominator</b>	_____	21,539	21,317	21,714	22,659
<b>Data Source</b>		No data available	SIR 2009	SIR 2010	SIR 2011
<b>Is the Data Provisional or Final?</b>				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	95	95	95	95	95
<b>Annual Indicator</b>	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
<b>Numerator</b>	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
<b>Denominator</b>	those measures on Form 11 for the new needs assessment period.				

**Field Level Notes**

- Section Number:** Form11\_State Performance Measure #8

**Field Name:** SMB

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

SIR = School Immunization Report, self-reported rates by schools. The immunizations required for Idaho school attendance are set by state policy not necessarily matching national standards.

In 2011 Idaho added Tdap and Meningitis to required vaccinations. There was an increase in the rate of incomplete records at least partially attributed to the additional vaccinations. The numerator includes a new record category of "Conditional Admittance" which counts students with partial immunization series where parents/guardians indicated they would bring the child up to date within three weeks.

- Section Number:** Form11\_State Performance Measure #8

**Field Name:** SMB

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

SIR = State Immunization Report

- Section Number:** Form11\_State Performance Measure #8

**Field Name:** SMB

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

SIR = State Immunization Report

**FORM 12**  
**TRACKING HEALTH OUTCOME MEASURES**  
*[SECS 505 (a)(2)(B)(iii) AND 506 (a)(2)(A)(iii)]*  
**STATE: ID**

Form Level Notes for Form 12

None

**OUTCOME MEASURE # 01**

The infant mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	6	6	6	6	6
Annual Indicator	6.8	5.8	5.3	4.8	4.8
Numerator	169	146	126	112	112
Denominator	25,023	25,156	23,726	23,202	23,202
Data Source		Death Certificates	Death Certificates	Death Certificates	Death Certificates
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5					
and therefore a 3-year moving average cannot be applied.					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	6	6	5.9	5.9	5.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form12\_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2011

Field Note:

2011 death records have not been finalized, 2010 deaths have been used as best estimate.

**OUTCOME MEASURE # 02**

The ratio of the black infant mortality rate to the white infant mortality rate.

**Annual Objective and Performance Data**

	2007	2008	2009	2010	2011
Annual Performance Objective	_____ 2	_____ 2	_____ 2	_____ 2	_____ 2
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source		Death Certificates	Death Certificates	Death Certificates	Death Certificates

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.  
(Explain data in a year note. See Guidance, Appendix IX.)

\_\_\_\_\_ Yes \_\_\_\_\_ Yes \_\_\_\_\_ Yes

Is the Data Provisional or Final?

Final Provisional

**Annual Objective and Performance Data**

	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 2	_____ 2	_____ 2	_____ 2	_____ 2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

- 1. Section Number: Form12\_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2011

Field Note:

2011 death records have not been finalized, 2010 deaths have been used as best estimate.

Average number of black infant deaths 2008-2010 is 2.3.

- 2. Section Number: Form12\_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2010

Field Note:

Average number of black infant deaths 2008-2010 is 2.3.

- 3. Section Number: Form12\_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2009

Field Note:

Average number of black infant deaths per yer for 2007-2009 is 3.0.

**OUTCOME MEASURE # 03**

The neonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	3.9	3.9	3.9	3.9	3.9
Annual Indicator	4.5	3.9	3.4	2.7	2.7
Numerator	113	99	80	63	63
Denominator	25,023	25,156	23,726	23,202	23,202
Data Source		Death Certificates	Death Certificates	Death Certificates	Death Certificates
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	3.9	3.9	3.8	3.8	3.8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. Section Number: Form12\_Outcome Measure 3

Field Name: OM03

Row Name:

Column Name:

Year: 2011

Field Note:

2011 death records have not been finalized, 2010 deaths have been used as best estimate.

**OUTCOME MEASURE # 04**

The postneonatal mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2007	2008	2009	2010	2011
Annual Performance Objective	2	2	2	2	2
Annual Indicator	2.2	1.9	1.9	2.1	2.1
Numerator	56	47	46	49	49
Denominator	25,023	25,156	23,726	23,202	23,202
Data Source		Death Certificates	Death Certificates	Death Certificates	Death Certificates

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.  
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final Provisional

**Annual Objective and Performance Data**

	2012	2013	2014	2015	2016
Annual Performance Objective	1.9	1.9	1.9	1.9	1.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. Section Number: Form12\_Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2011

Field Note:

2011 death records have not been finalized, 2010 deaths have been used as best estimate.

**OUTCOME MEASURE # 05**

The perinatal mortality rate per 1,000 live births plus fetal deaths.

**Annual Objective and Performance Data**

	2007	2008	2009	2010	2011
Annual Performance Objective	9	9	8.8	8.8	8.8
Annual Indicator	8.8	8.6	7.5	7.5	7.5
Numerator	221	217	178	174	174
Denominator	25,153	25,284	23,726	23,202	23,202
Data Source		Death Certificates	Death Certificates	Death Certificates	Death Certificates

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.  
*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Final Provisional

**Annual Objective and Performance Data**

	2012	2013	2014	2015	2016
Annual Performance Objective	8.7	8.7	8.7	8.7	8.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. Section Number: Form12\_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2011

Field Note:

2011 death records have not been finalized, 2010 deaths have been used as best estimate.

**OUTCOME MEASURE # 06**

The child death rate per 100,000 children aged 1 through 14.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	25	25	25	22	22
Annual Indicator	21.9	19.4	17.1	18.4	18.4
Numerator	69	62	56	62	62
Denominator	315,006	320,050	326,739	336,312	336,312
Data Source		Death Certificates	Death Certificates	Death Certificates	Death Certificates
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.  <i>(Explain data in a year note. See Guidance, Appendix IX.)</i></p>					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	21.5	21.5	21	21	21
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. Section Number: Form12\_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2011

Field Note:

2011 death records have not been finalized, 2010 deaths have been used as best estimate.

2011 population data by age not available at time of entry, 2010 used as best estimate.

FORM 12  
TRACKING HEALTH OUTCOME MEASURES  
[SECS 505 (a)(2)(B)(ii) AND 506 (a)(2)(A)(ii)]  
STATE: ID

Form Level Notes for Form 12

None

FORM 13  
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS  
STATE: ID

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

\_\_\_\_\_ 1

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

\_\_\_\_\_ 2

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

\_\_\_\_\_ 2

4. Family members are involved in service training of CSHCN staff and providers.

\_\_\_\_\_ 1

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

\_\_\_\_\_ 0

6. Family members of diverse cultures are involved in all of the above activities.

\_\_\_\_\_ 1

**Total Score:** \_\_\_\_\_ 7

**Rating Key**

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

**FORM NOTES FOR FORM 13**

None

**FIELD LEVEL NOTES**

None

**FORM 14**  
**LIST OF MCH PRIORITY NEEDS**

[Sec. 505(a)(5)]

**STATE ID FY: 2013**

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Reduce premature births and low birth weight.
2. Reduce the incidence of teen pregnancy.
3. Increase the percent of women incorporating effective preconception and prenatal health practices.
4. Improve immunization rates.
5. Decrease childhood overweight and obesity prevalence.
6. Reduce intentional injuries in children and youth.
7. Improve access to medical specialists for CSHCNs.
- 8.
- 9.
- 10.

**FORM NOTES FOR FORM 14**

None

**FIELD LEVEL NOTES**

None

FORM 15  
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: ID

APPLICATION YEAR: 2013

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	<b>Data-related Issues - Performance Indicators</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: N/A	Idaho would like technical assistance with strategies and methods to obtain unduplicated counts across agencies.	The ability to report unduplicated counts will present a more realistic view of Idaho issues.	Unknown
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
11.				

	<p>If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:</p> <p>_____</p>			
12.	<p>If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:</p> <p>_____</p>			

**FORM NOTES FOR FORM 15**

None

**FIELD LEVEL NOTES**

None

FORM 16  
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET  
STATE: ID

SP() # \_\_\_\_\_ 1

**PERFORMANCE MEASURE:**

Percent of 9th - 12th grade students that report having engaged in sexual intercourse.

**STATUS:**

Active

**GOAL:**

Reduce the number of teens that are infected with an STD and/or experience an unplanned pregnancy.

**DEFINITION:**

Percentage

**Numerator:**

Number of 9th – 12th grade students who had sexual intercourse

**Denominator:**

Number of 9th – 12th grade students surveyed

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2020 OBJECTIVE**

25-11.

Increase the proportion of adolescents who abstain from sexual intercourse or use condoms if currently sexually active to 95%.

**DATA SOURCES AND DATA ISSUES**

Idaho Youth Behavioral Risk Factor Survey.

**SIGNIFICANCE**

Unintended pregnancies and sexually transmitted diseases (STDs), including infection with the human immunodeficiency virus that causes AIDS, can result from unprotected sexual behaviors. Abstinence is the only method of complete protection. Condoms, if used correctly and consistently, can help prevent both unintended pregnancy and STDs. Half of all pregnancies in the United States are unintended; that is, at the time of conception the pregnancy was not planned or not wanted. Unintended pregnancy rates in the United States have been declining. The rates remain highest among teenagers, women aged 40 years or older, and low-income African American women. Approximately 1 million teenage girls each year in the United States have unintended pregnancies. Nearly half of all unintended pregnancies end in abortion. Sexually transmitted diseases are common in the United States, with an estimated 15 million new cases of STDs reported each year. Almost 4 million of the new cases of STDs each year occur in adolescents. Women generally suffer more serious STD complications than men, including pelvic inflammatory disease, ectopic pregnancy, infertility, chronic pelvic pain, and cervical cancer from the human papilloma virus. African Americans and Hispanics have higher rates of STDs than whites. According to the 2003 Idaho YRBSS, 36.4% of 9th - 12th grade students reported having sexual intercourse.

SP() # 2

**PERFORMANCE MEASURE:**

Percent of pregnant women 18 and older who received dental care during pregnancy.

**STATUS:**

Active

**GOAL**

To increase the number of pregnant women of receive at least one dental visit during the second trimester of pregnancy. Purpose of the visit is to identify and correct periodontal disease which lead to low birth weight deliveries and other health consequences for the mother and her young child.

**DEFINITION**

Percentage

**Numerator:**

Number of pregnant women who received dental care.

**Denominator:**

Number of women surveyed.

Units: 100 Text: Percent

**HEALTHY PEOPLE 2020 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Idaho's Pregnancy Risk Assessment Tracking System.

**SIGNIFICANCE**

Poor dental health has been found as a cause of low birth weight deliveries. By intervening during the second trimester, studies have shown improve birth weights. Low birth weight is associated with a number of health issues for young children. According to the 2001 PRATS survey, only 37.6 percent of all mothers went for dental care during pregnancy.

SP() # \_\_\_\_\_ 3

**PERFORMANCE MEASURE:**

Percent of 9th – 12th grade students that are overweight.

**STATUS:**

Active

**GOAL**

Reduce the number of school age children who are overweight or obese.

**DEFINITION**

Percentage

**Numerator:**

Number of 9th – 12th grade students overweight.

**Denominator:**

Number of 9th – 12th grade students surveyed.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2020 OBJECTIVE**

19-3c.

Reduce the proportion of children and adolescents who are overweight or obese to 5%.

**DATA SOURCES AND DATA ISSUES**

Idaho Youth Risk Behavior Surveillance System.

**SIGNIFICANCE**

Overweight and obesity are major contributors to many preventable causes of death. On average, higher body weights are associated with higher death rates. The number of overweight children, adolescents, and adults has risen over the past four decades. Total costs (medical cost and lost productivity) attributable to obesity alone amounted to an estimated \$99 billion in 1995. Overweight and obesity substantially raise the risk of illness from high blood pressure, high cholesterol, type 2 diabetes, heart disease and stroke, gallbladder disease, arthritis, sleep disturbances and problems breathing, and certain types of cancers. Obese individuals also may suffer from social stigmatization, discrimination, and lowered self-esteem. During 1988–94, 11 percent of children and adolescents aged 6 to 19 years were overweight or obese. According to the 2003 Idaho YRBSS 7.4% of 9th – 12th grade students were reported as being overweight.

SP() # \_\_\_\_\_ 4

**PERFORMANCE MEASURE:**

Percent of women 18 and older who fell into the "normal" weight category according to the body Mass Index (BMI=18.5 to 24.9) prior to pregnancy.

**STATUS:**

Active

**GOAL**

To improve birth outcomes by promoting appropriate weight in women prior to becoming pregnant.

**DEFINITION**

Percentage

**Numerator:**

Women who report a before-pregnancy BMI between 18.5 and 24.9.

**Denominator:**

All women surveyed

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2020 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Idaho Pregnancy Risk Assessment Tracking System

**SIGNIFICANCE**

According to the March of Dimes, research has shown that obesity increases the risk of adverse outcomes, such as those listed above, for both mother and baby. The dramatically increasing rate of obesity and the increasing rate of preterm births (PTB) have led to recent investigations of an association of maternal obesity with PTB. Findings suggest that, while obesity may not be an independent risk factor for PTB, obesity does increase rates of medical complications (such as hypertension and diabetes) that have been shown to contribute to PTB.

SP() # 5

**PERFORMANCE MEASURE:**

Percent of women 18 and older who regularly (4 or more times per week) took a multivitamin in the month prior to getting pregnant.

**STATUS:**

Active

**GOAL**

Increase the number of women who regularly take a multivitamin in the month prior to getting pregnant.

**DEFINITION**

Percentage

**Numerator:**

Number of women who report regularly take a multivitamin in the month prior to getting pregnant.

**Denominator:**

Total number of women surveyed.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2020 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Idaho Pregnancy Risk Assessment Tracking System

**SIGNIFICANCE**

According to the March of Dimes, healthy foods, such as whole grains, fruits and vegetables, are the best sources of vitamins and minerals. But because it is sometimes hard to get all the nutrients we need from foods, all adults should take one multivitamin per day. It is especially important for women who can become pregnant to get enough folic acid. Folic acid, a B vitamin, helps prevent birth defects of the brain and spinal cord when taken before and very early in pregnancy. It is available in most multivitamins, as a folic acid-only supplement and in some foods. The March of Dimes recommends that all women of childbearing age take a multivitamin with 400 micrograms of folic acid every day, as part of a healthy diet. During pregnancy, a woman needs more of some nutrients, such as iron, calcium and folic acid. For this reason, it is wise to start taking a multivitamin before pregnancy.

SP() # \_\_\_\_\_ 6

**PERFORMANCE MEASURE:**

Percent of women 18 and older who gave birth and drank alcohol in the 3 months prior to pregnancy.

**STATUS:**

Active

**GOAL**

To reduce the number of women who report drinking any alcohol in the three months prior to their pregnancy.

**DEFINITION**

Percentage

**Numerator:**

Number of women who report drinking any alcohol in the three months prior to their pregnancy.

**Denominator:**

All women surveyed.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2020 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Idaho Pregnancy Risk Assessment Tracking System

**SIGNIFICANCE**

According to the CDC, although women tend to decrease alcohol consumption once they realize they are pregnant, many don't realize they are pregnant until late in the first trimester. In reporting first trimester consumption, many women report their drinking levels after they became aware that they were pregnant. Alcohol consumption prior to pregnancy is reported to be a better measure of consumption during the first trimester.

SP() # \_\_\_\_\_ 7

**PERFORMANCE MEASURE:**

Percent of children at kindergarten enrollment who meet state immunization requirements.

**STATUS:**

Active

**GOAL**

To increase the number of children at kindergarten enrollment who meet state immunization requirements.

**DEFINITION**

Percent of kindergarteners who have received all of the state-required immunizations. This does not include the children whose parents have completed an immunization exemption form.

**Numerator:**

The number of children at kindergarten enrollment who meet state immunization requirements.

**Denominator:**

All children enrolled in kindergarten in Idaho.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2020 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

School Immunization Reports (SIR)

**SIGNIFICANCE**

According to the CDC, making sure that children at every age receive all of their vaccinations on time is one of the most important things parents can do to ensure their children's long-term health ? as well as the health of their friends and classmates. Not only do vaccines protect children against common seasonal diseases like seasonal influenza, they also help prevent diseases that are much rarer. However, vaccine-preventable diseases are still out there, so, if children don't stay up to date with vaccinations, the U.S. could see new epidemics of diseases. More children would get sick, and more would die.

SP() # \_\_\_\_\_ 8

**PERFORMANCE MEASURE:**

Percent of children at seventh grade enrollment who meet state immunization requirements

**STATUS:**

Active

**GOAL**

Increase the number of children at seventh grade enrollment who meet state immunization requirements

**DEFINITION**

Percent of 7th graders who have received all of the state-required immunizations. This does not include the children whose parents have completed an immunization exemption form.

**Numerator:**

The number of children at seventh grade enrollment who meet state immunization requirements

**Denominator:**

All Idaho children enrolled in the 7th grade.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2020 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Idaho School Immunization Reports (SIR)

**SIGNIFICANCE**

According to the CDC, making sure that children at every age receive all of their vaccinations on time is one of the most important things parents can do to ensure their children's long-term health ? as well as the health of their friends and classmates. Not only do vaccines protect children against common seasonal diseases like seasonal influenza, they also help prevent diseases that are much rarer. However, vaccine-preventable diseases are still out there, so, if children don't stay up to date with vaccinations, the U.S. could see new epidemics of diseases. More children would get sick, and more would die.

**FORM NOTES FOR FORM 16**

None

**FIELD LEVEL NOTES**

None

FORM 17  
**HEALTH SYSTEMS CAPACITY INDICATORS**  
**FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA**  
**STATE: ID**

Form Level Notes for Form 17

None

**HEALTH SYSTEMS CAPACITY #01**

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	2007	2008	Annual Indicator Data		
	2009	2010	2011		
Annual Indicator	16.0	17.0	15.9	11.2	9.3
Numerator	91	100	99	89	70
Denominator	56,950	58,730	62,348	79,476	75,665

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5  
 and therefore a 3-year moving average cannot be applied.  
*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Final Final

Field Level Notes

1. **Section Number:** Form17\_Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Data reflects Medicaid and Idaho CHIP enrollees only. General hospitalization data not available.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Data reflects Medicaid and Idaho CHIP enrollees only. General hospitalization data not available.

This is billing information data. Idaho switched to a new information management system. There were considerable difficulties with the conversion to the new system and this may account for some of the variation in data. Additionally, because of the implementation of the new system, 2009 data is based on three quarters of a year which accounts for the raw number differences.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data reflects Medicaid and Idaho CHIP enrollees only. General hospitalization data not available.

**HEALTH SYSTEMS CAPACITY #02**

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	2007	2008	Annual Indicator Data		2011
			2009	2010	
Annual Indicator	69.0	74.4	72.9	72.3	60.5
Numerator	16,145	18,177	18,596	17,983	14,254
Denominator	23,393	24,439	25,510	24,869	23,575
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Field Level Notes

None

**HEALTH SYSTEMS CAPACITY #03**

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	2007	2008	<u>Annual Indicator Data</u>		
			2009	2010	2011
<b>Annual Indicator</b>	<u>43.6</u>	<u>46.0</u>	<u>46.0</u>	<u>55.7</u>	<u>57.9</u>
<b>Numerator</b>	<u>1,156</u>	<u>1,196</u>	<u>974</u>	<u>600</u>	<u>453</u>
<b>Denominator</b>	<u>2,652</u>	<u>2,598</u>	<u>2,116</u>	<u>1,077</u>	<u>783</u>
<b>Check this box if you cannot report the numerator because</b>					
<b>1. There are fewer than 5 events over the last year, and</b>					
<b>2. The average number of events over the last 3 years is fewer than 5</b>					
<b>and therefore a 3-year moving average cannot be applied.</b>					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
<b>Is the Data Provisional or Final?</b>				Final	Final

**Field Level Notes**

- Section Number:** Form17\_Health Systems Capacity Indicator #03  
**Field Name:** HSC03  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 This is billing information data. Idaho switched to a new information management system. There were considerable difficulties with the conversion to the new system and this may account for some of the variation in data. Additionally, because of the implementation of the new system, 2009 data is based on three quarters of a year which accounts for the raw number differences.

**HEALTH SYSTEMS CAPACITY #04**

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	<u>Annual Indicator Data</u>				
	2007	2008	2009	2010	2011
<b>Annual Indicator</b>	<u>72.7</u>	<u>72.1</u>	<u>74.6</u>	<u>76.9</u>	<u>76.9</u>
<b>Numerator</b>	<u>17,575</u>	<u>17,747</u>	<u>17,541</u>	<u>17,724</u>	<u>17,724</u>
<b>Denominator</b>	<u>24,172</u>	<u>24,616</u>	<u>23,508</u>	<u>23,062</u>	<u>23,062</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.  
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

In 2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record. Data are not comparable with Idaho or national data based on month prenatal care began. Prior to the revision, month prenatal care began may have been estimated from mother's recollection or based on information in mother's medical record.

Denominator is the total number of births to Idaho women aged 15-44 minus the number of births in which trimester prenatal care began, number of visits, or length of gestation was unknown.

Due to out-of-state birth certificates not received as of date of entry 2010 values are used as estimate.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

In 2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record. Data are not comparable with Idaho or national data based on month prenatal care began. Prior to the revision, month prenatal care began may have been estimated from mother's recollection or based on information in mother's medical record.

Denominator is the total number of births to Idaho women aged 15-44 minus the number of births in which trimester prenatal care began, number of visits, or length of gestation was unknown.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

In 2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record. Data are not comparable with Idaho or national data based on month prenatal care began. Prior to the revision, month prenatal care began may have been estimated from mother's recollection or based on information in mother's medical record.

Denominator is the total number of births to Idaho women aged 15-44 minus the number of births in which trimester prenatal care began, number of visits, or length of gestation was unknown.

2009 Preliminary data are based on births filed with Vital Statistics as of 3/22/2010. Approximately 700 birth records have not been received from out of state and final data will differ from preliminary data.

**HEALTH SYSTEMS CAPACITY #07A**

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	2007	2008	Annual Indicator Data		
			2009	2010	2011
<b>Annual Indicator</b>	<u>86.2</u>	<u>84.9</u>	<u>86.0</u>	<u>98.6</u>	<u>83.3</u>
<b>Numerator</b>	<u>125,596</u>	<u>122,481</u>	<u>136,168</u>	<u>160,614</u>	<u>146,161</u>
<b>Denominator</b>	<u>145,682</u>	<u>144,221</u>	<u>158,298</u>	<u>162,963</u>	<u>175,373</u>

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
  - 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
- (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #07A

**Field Name:** HSC07A

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Idaho switched to a new information management system. There were considerable difficulties with the conversion to the new system and this may account for some of the variation in data. Additionally, because of the implementation of the new system, 2009 data is based on three quarters of a year which accounts for the raw number differences.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #07A

**Field Name:** HSC07A

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Values reflect numbers of children aged <=19.

**HEALTH SYSTEMS CAPACITY #07B**

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

**Annual Indicator Data**

	2007	2008	2009	2010	2011
<b>Annual Indicator</b>	43.3	62.8	67.6	73.9	53.2
<b>Numerator</b>	17,821	25,824	29,788	38,094	27,293
<b>Denominator</b>	41,156	41,120	44,075	51,575	51,328

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
  2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
- (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Idaho Medicaid has contracted out dental services in 2011. Reporting system differences used by the contractor may result in rate changes.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Data Source: Medicaid

Includes Medicaid and Idaho CHIP enrollees only.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data Source: Medicaid

Includes Medicaid and Idaho CHIP enrollees only.

**HEALTH SYSTEMS CAPACITY #08**

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	2007	2008	<u>Annual Indicator Data</u>		
			2009	2010	2011
<b>Annual Indicator</b>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
<b>Numerator</b>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Denominator</b>	<u>1,261</u>	<u>4,098</u>	<u>4,437</u>	<u>4,626</u>	<u>4,705</u>
<b>Check this box if you cannot report the numerator because</b>					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
<b>Is the Data Provisional or Final?</b>				Final	Final

**Field Level Notes**

- Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

As was reported in previous years, children who qualify for SSI in Idaho are automatically eligible for Medicaid. Since the Children's Special Health Program only serves children without insurance, this means the numerator remains at zero each year.

- Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

As was reported in previous years, children who qualify for SSI in Idaho are automatically eligible for Medicaid. Since the Children's Special Health Program only serves children without insurance, this means the numerator remains at zero each year.

- Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

As was reported in previous years, children who qualify for SSI in Idaho are automatically eligible for Medicaid. Since the Children's Special Health Program only serves children without insurance, this means the numerator remains at zero each year.

FORM 18  
 HEALTH SYSTEMS CAPACITY INDICATOR #05  
 (MEDICAID AND NON-MEDICAID COMPARISON)  
 STATE: ID

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (&lt; 2,500 grams)</i>	2010	Payment source from birth certificate	8	6.1	6.8
b) <i>Infant deaths per 1,000 live births</i>	2010	Payment source from birth certificate	6.1	3.9	4.8
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2010	Payment source from birth certificate	65.5	78.9	73.6
d) <i>Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2010	Payment source from birth certificate	72.1	80	76.9

FORM 18  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)**  
 STATE: ID

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL                      MEDICAID                      (Valid range: 100-300 percent)</b>
a) <i>Infants (0 to 1)</i>	2011	133
b) <i>Medicaid Children</i> (Age range <u>  1  </u> to <u>  5  </u> ) (Age range <u>  6  </u> to <u> 16 </u> ) (Age range <u> 17 </u> to <u> 18 </u> )	2011	133 133 133
c) <i>Pregnant Women</i>	2011	133

FORM 18  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)**  
 STATE: ID

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL SCHIP</b>
a) <i>Infants (0 to 1)</i>	2011	185
b) <i>Medicaid Children</i> (Age range <u>  1  </u> to <u>  5  </u> ) (Age range <u>  6  </u> to <u> 16 </u> ) (Age range <u> 17 </u> to <u> 18 </u> )	2011	185 185 185
c) <i>Pregnant Women</i>	2011	185

**FORM NOTES FOR FORM 18**

Data for Medicaid, non-Medicaid, and all are based on payment source for delivery of baby at the time of delivery. Payment source may change after the birth certificate is filed with the state.

**FIELD LEVEL NOTES**

None

FORM 19  
 HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM  
 STATE: ID

**HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)**  
*(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)*

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
<b>ANNUAL DATA LINKAGES</b>		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	2	Yes
Annual linkage of birth certificates and newborn screening files	1	No
<b>REGISTRIES AND SURVEYS</b>		
Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

\*Where:  
 1 = No, the MCH agency does not have this ability.  
 2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.  
 3 = Yes, the MCH agency always has this ability.

FORM 19  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
 STATE: ID

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Other: _____		
_____		
_____		

\*Where:  
 1 = No  
 2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.  
 3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

**Notes:**

1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

**FORM NOTES FOR FORM 19**

None

**FIELD LEVEL NOTES**

None

FORM 20  
HEALTH STATUS INDICATORS #01-#05  
MULTI-YEAR DATA  
STATE: ID

Form Level Notes for Form 20

None

**HEALTH STATUS INDICATOR #01A**

The percent of live births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	2007	2008	2009	2010	2011
Annual Indicator	6.6	6.5	6.6	6.8	6.8
Numerator	1,643	1,643	1,557	1,582	1,582
Denominator	25,016	25,150	23,713	23,195	23,195

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5  
 and therefore a 3-year moving average cannot be applied.  
*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form20\_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2011

Field Note:

Denominator is the total number of births to Idaho women minus the number of births in which birth weight was unknown.

Due to out-of-state birth certificates not received as of date of entry 2010 values are used as estimate.

2. Section Number: Form20\_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2010

Field Note:

Denominator is the total number of births to Idaho women minus the number of births in which birth weight was unknown.

3. Section Number: Form20\_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2009

Field Note:

Denominator is the total number of births to Idaho women minus the number of births in which birth weight was unknown.

**HEALTH STATUS INDICATOR #01B**

The percent of live singleton births weighing less than 2,500 grams.

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	4.9	5.0	5.2	5.2	5.2
Numerator	1,201	1,216	1,189	1,175	1,175
Denominator	24,267	24,387	23,021	22,463	22,463

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.  
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. Section Number: Form20\_Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2011

Field Note:

Denominator is the total number of singleton births to Idaho women minus the number of births in which birth weight was unknown.

Due to out-of-state birth certificates not received as of date of entry 2010 values are used as estimate.

2. Section Number: Form20\_Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2010

Field Note:

Denominator is the total number of singleton births to Idaho women minus the number of births in which birth weight was unknown.

3. Section Number: Form20\_Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2009

Field Note:

Denominator is the total number of singleton births to Idaho women minus the number of births in which birth weight was unknown.

**HEALTH STATUS INDICATOR #02A**

The percent of live births weighing less than 1,500 grams

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	1.1	1.0	1.1	1.1	1.1
Numerator	280	263	264	249	249
Denominator	25,016	25,150	23,713	23,195	23,195

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer than 5

and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. Section Number: Form20\_Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2011

Field Note:

Denominator is the total number of births to Idaho women minus the number of births in which birth weight was unknown.

Due to out-of-state birth certificates not received as of date of entry 2010 values are used as estimate.

2. Section Number: Form20\_Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2010

Field Note:

Denominator is the total number of births to Idaho women minus the number of births in which birth weight was unknown.

3. Section Number: Form20\_Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2009

Field Note:

Denominator is the total number of births to Idaho women minus the number of births in which birth weight was unknown.

**HEALTH STATUS INDICATOR #02B**

The percent of live singleton births weighing less than 1,500 grams.

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	0.8	0.8	0.9	0.8	0.8
Numerator	197	188	206	181	181
Denominator	24,267	24,387	23,021	22,463	22,463

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.  
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. Section Number: Form20\_Health Status Indicator #02B

Field Name: HSI02B

Row Name:

Column Name:

Year: 2011

Field Note:

Denominator is the total number of births to Idaho women minus the number of births in which birth weight was unknown.

Due to out-of-state birth certificates not received as of date of entry 2010 values are used as estimate.

2. Section Number: Form20\_Health Status Indicator #02B

Field Name: HSI02B

Row Name:

Column Name:

Year: 2010

Field Note:

Denominator is the total number of births to Idaho women minus the number of births in which birth weight was unknown.

3. Section Number: Form20\_Health Status Indicator #02B

Field Name: HSI02B

Row Name:

Column Name:

Year: 2009

Field Note:

Denominator is the total number of births to Idaho women minus the number of births in which birth weight was unknown.

**HEALTH STATUS INDICATOR #03A**

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

**Annual Indicator Data**

	2007	2008	2009	2010	2011
<b>Annual Indicator</b>	12.4	9.0	8.5	8.1	8.1
<b>Numerator</b>	42	31	30	29	29
<b>Denominator</b>	339,368	344,821	351,924	359,922	359,922

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
  - 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
- (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

2011 death records have not been finalized, 2010 deaths have been used as best estimate.

2011 population data by age not available at time of entry, 2010 used as best estimate.

**HEALTH STATUS INDICATOR #03B**

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

**Annual Indicator Data**

	2007	2008	2009	2010	2011
<b>Annual Indicator</b>	<u>7.7</u>	<u>26</u>	<u>4.8</u>	<u>3.9</u>	<u>2.2</u>
<b>Numerator</b>	<u>26</u>	<u>9</u>	<u>17</u>	<u>14</u>	<u>8</u>
<b>Denominator</b>	<u>339,368</u>	<u>344,821</u>	<u>351,924</u>	<u>359,922</u>	<u>359,922</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B**Row Name:****Column Name:****Year:** 2011**Field Note:**

Department of Transportation accident death reports used as estimate for 2011. Since accident reports only include deaths at the scene, the number will vary from finalized death certificates

2011 population data by age not available at time of entry, 2010 used as best estimate.

**HEALTH STATUS INDICATOR #03C**

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

**Annual Indicator Data**

	2007	2008	2009	2010	2011
Annual Indicator	26.9	25.1	27.1	25.0	23.7
Numerator	58	54	62	56	53
Denominator	215,401	215,425	228,653	223,568	223,568

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
  - 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
- (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. Section Number: Form20\_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2011

Field Note:

Department of Transportation accident death reports used as estimate for 2011. Since accident reports only include deaths at the scene, the number will vary from finalized death certificates

2011 population data by age not available at time of entry, 2010 used as best estimate.

**HEALTH STATUS INDICATOR #04A**

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

**Annual Indicator Data**

	2007	2008	2009	2010	2011
Annual Indicator	999	999	999	999	999
Numerator					
Denominator					

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #04A

**Field Name:** HSI04A**Row Name:****Column Name:****Year:** 2011**Field Note:**

Could not identify a realistic source of data.

Entered 999 so that the form would save.

2. **Section Number:** Form20\_Health Status Indicator #04A

**Field Name:** HSI04A**Row Name:****Column Name:****Year:** 2010**Field Note:**

Could not identify a realistic source of data.

Entered 999 so that the form would save.

3. **Section Number:** Form20\_Health Status Indicator #04A

**Field Name:** HSI04A**Row Name:****Column Name:****Year:** 2009**Field Note:**

Could not identify a realistic source of data.

Entered 999 so that the form would save.

**HEALTH STATUS INDICATOR #04B**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

**Annual Indicator Data**

	2007	2008	2009	2010	2011
<b>Annual Indicator</b>	<u>336.8</u>	<u>308.9</u>	<u>275.6</u>	<u>307.3</u>	<u>247.8</u>
<b>Numerator</b>	<u>1,143</u>	<u>1,065</u>	<u>970</u>	<u>1,106</u>	<u>892</u>
<b>Denominator</b>	<u>339,358</u>	<u>344,821</u>	<u>351,924</u>	<u>359,922</u>	<u>359,922</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
  2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
- (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Injuries reflect accidents classified as reportable by Idaho Dept of Transportation where age of injured, or possibly injured person is known. 2011 injuries are preliminary count.

2011 population data by age not available at time of entry, 2010 used as best estimate.

2. **Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Injuries reflect accidents classified as reportable by Idaho Dept of Transportation where age of injured, or possibly injured person is known.

3. **Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Injuries reflect accidents classified as reportable by Idaho Dept of Transportation where age of injured, or possibly injured person is known.

**HEALTH STATUS INDICATOR #04C**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years

**Annual Indicator Data**

	2007	2008	2009	2010	2011
<b>Annual Indicator</b>	2,049.7	1,697.6	1,474.7	1,522.6	1,332.5
<b>Numerator</b>	4,415	3,657	3,372	3,404	2,979
<b>Denominator</b>	215,401	215,425	228,653	223,568	223,568

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C**Row Name:****Column Name:****Year:** 2011**Field Note:**

Injuries reflect accidents classified as reportable by Idaho Dept of Transportation where age of injured, or possibly injured person is known. Injuries are a preliminary count.

2011 population data by age not available at time of entry, 2010 used as best estimate.

2. **Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C**Row Name:****Column Name:****Year:** 2010**Field Note:**

Injuries reflect accidents classified as reportable by Idaho Dept of Transportation where age of injured, or possibly injured person is known.

3. **Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C**Row Name:****Column Name:****Year:** 2009**Field Note:**

Injuries reflect accidents classified as reportable by Idaho Dept of Transportation where age of injured, or possibly injured person is known.

**HEALTH STATUS INDICATOR #05A**

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	17.8	21.7	19.6	18.8	20.5
Numerator	972	1,190	1,114	1,060	1,156
Denominator	54,561	54,885	56,771	56,423	56,423

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
  - 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
- (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. Section Number: Form20\_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2011

Field Note:

2011 population data by age not available at time of entry, 2010 used as best estimate.

**HEALTH STATUS INDICATOR #05B**

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	2007	2008	Annual Indicator Data		2011
			2009	2010	
Annual Indicator	6.7	7.4	6.5	7.6	8.6
Numerator	1,647	1,804	1,621	1,904	2,150
Denominator	245,389	245,389	249,682	249,880	249,880

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
  2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
- (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. Section Number: Form20\_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2011

Field Note:

2011 population data by age not available at time of entry, 2010 used as best estimate.

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: ID**

**HSI #06A - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2010 Is this data from a State Projection? No Is this data final or provisional? Final

<b>CATEGORY TOTAL POPULATION BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	23,610	19,852	157	339	203	28	1,785	1,246
Children 1 through 4	98,162	82,412	815	1,434	947	156	7,406	4,992
Children 5 through 9	121,195	102,801	1,040	1,841	1,404	202	8,411	5,496
Children 10 through 14	116,955	99,788	1,054	1,844	1,242	179	7,962	4,866
Children 15 through 19	115,359	98,334	1,042	1,923	1,268	251	8,245	4,296
Children 20 through 24	108,209	92,921	1,106	1,695	1,580	321	7,563	3,023
Children 0 through 24	583,490	496,108	5,214	9,076	6,644	1,137	41,392	23,919

**HSI #06B - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

<b>CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	19,096	4,514	0
Children 1 through 4	79,771	18,391	0
Children 5 through 9	100,489	20,706	0
Children 10 through 14	98,101	18,854	0
Children 15 through 19	97,831	17,528	0
Children 20 through 24	92,795	15,414	0
Children 0 through 24	488,083	96,407	0

FORM 21  
HEALTH STATUS INDICATORS  
DEMOGRAPHIC DATA  
STATE: ID

**HSI #07A - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2010 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	13	10	1	0	0	0	0	2
Women 15 through 17	505	377	2	18	2	2	18	86
Women 18 through 19	1,359	1,127	15	35	3	2	44	133
Women 20 through 34	18,950	16,932	84	267	262	28	330	1,047
Women 35 or older	2,375	2,046	18	31	67	4	42	167
Women of all ages	23,202	20,492	120	351	334	36	434	1,435

**HSI #07B - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	5	8	0
Women 15 through 17	302	200	3
Women 18 through 19	1,008	349	2
Women 20 through 34	16,243	2,678	29
Women 35 or older	1,970	402	3
Women of all ages	19,528	3,637	37

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: ID**

**HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)**

For both parts A and B: Reporting Year: 2010 Is this data from a State Projection? No Is this data final or provisional? Final

<b>CATEGORY TOTAL DEATHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	112	99	0	3	1	1	4	4
Children 1 through 4	32	30	0	1	0	0	0	1
Children 5 through 9	14	14	0	0	0	0	0	0
Children 10 through 14	16	15	0	0	0	0	1	0
Children 15 through 19	65	57	2	4	0	0	1	1
Children 20 through 24	98	88	1	6	1	0	2	0
Children 0 through 24	337	303	3	14	2	1	8	6

**HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)**

<b>CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	90	18	4
Children 1 through 4	24	7	1
Children 5 through 9	8	5	0
Children 10 through 14	15	1	0
Children 15 through 19	57	6	2
Children 20 through 24	89	8	1
Children 0 through 24	283	45	8

FORM 21  
HEALTH STATUS INDICATORS  
DEMOGRAPHIC DATA  
STATE: ID

**HSI #09A - Demographics (Miscellaneous Data) Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)**

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	475,281	403,187	4,108	7,381	5,064	816	20,896	33,829	2010
Percent in household headed by single parent	21.2	21.5	11.3	41.1	19.0	19.4	0.0	0.0	2011
Percent in TANF (Grant) families	1.0	1.1	3.5	1.2	0.3	1.5	0.5	0.4	2011
Number enrolled in Medicaid	188,959	176,197	1,818	1,971	982	217	2,042	5,722	2011
Number enrolled in SCHIP	22,499	21,626	104	171	98	31	166	303	2011
Number living in foster home care	2,618	2,284	64	118	10	9	128	5	2011
Number enrolled in food stamp program	161,912	151,100	1,788	1,709	817	193	1,895	4,410	2011
Number enrolled in WIC	46,496	41,801	535	1,993	663	131	1,373	0	2011
Rate (per 100,000) of juvenile crime arrests	4,511.9	4,834.9	9,883.2	5,703.8	1,887.8	0.0	0.0	3,000.4	2010
Percentage of high school drop-outs (grade 9 through 12)	1.4	1.2	1.5	2.8	1.4	0.3	5.4	0.0	2010

**HSI #09B - Demographics (Miscellaneous Data) Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)**

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	395,288	79,993	0	2010
Percent in household headed by single parent	19.0	30.7	0.0	2011
Percent in TANF (Grant) families	0.9	1.5	0.0	2011
Number enrolled in Medicaid	145,523	41,060	2,376	2011
Number enrolled in SCHIP	16,591	5,787	121	2011
Number living in foster home care	2,237	369	0	2011
Number enrolled in food stamp program	125,810	34,470	1,632	2011
Number enrolled in WIC	31,404	15,092	0	2011
Rate (per 100,000) of juvenile crime arrests	4,325.2	3,820.3	0.0	2010
Percentage of high school drop-outs (grade 9 through 12)	1.3	1.7	0.0	2010

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: ID**

**HSI #10 - Demographics (Geographic Living Area)** *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*  
 Reporting Year: 2010    Is this data from a State Projection? No    Is this data final or provisional? Final

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	0
Living in urban areas	334,153
Living in rural areas	112,294
Living in frontier areas	28,834
<b>Total - all children 0 through 19</b>	<b>475,281</b>

**Note:**  
 The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21  
HEALTH STATUS INDICATORS  
DEMOGRAPHIC DATA  
STATE: ID

HSI #11 - Demographics (Poverty Levels) Percent of the State population at various levels of the federal poverty level. (Demographics)

Reporting Year: 2011 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	1,529,089
Percent Below: 50% of poverty	6
100% of poverty	7.9
200% of poverty	24.7

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: ID**

**HSI #12 - Demographics (Poverty Levels)** *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2011    Is this data from a State Projection? No    Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	455,451
Percent Below: 50% of poverty	7.9
100% of poverty	18.8
200% of poverty	50.9

**FORM NOTES FOR FORM 21**

Source: U.S. Census Bureau  
Current Population Survey, Annual Social and Economic Supplement, 2011

**FIELD LEVEL NOTES**

1. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_SingleParentPercent  
**Row Name:** Percent in household headed by single parent  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: U.S. Census Bureau  
Current Population Survey, Annual Social and Economic Supplement, 2011  
  
Does not include "Other or Unknown" race category
2. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_JuvenileCrimeRate  
**Row Name:** Rate (per 100,000) of juvenile crime arrests  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Asian and NHPI are combined in arrest records. "More than one race" is not recorded in arrest records.  
  
The noticeable change in rate for arrests of Black juveniles is mostly due to the population estimate used for Black juveniles is about one-half of that in the previous year. The actual number of arrests increased by about 10 percent.
3. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_DropOutPercent  
**Row Name:** Percentage of high school drop-outs (grade 9 through 12)  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source of data: Idaho Dept of Education website. Latest Dropout information for 2009-2010 School year, does not include category for "Other and Unknown" race.
4. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_Children  
**Row Name:** All children 0 through 19  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
U.S. Census Bureau, (more than one race file). Does not include "Other and Unknown". Other or ethnicity unknown denominator not available for calculating rates for measures.
5. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_SingleParentPercent  
**Row Name:** Percent in household headed by single parent  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: U.S. Census Bureau  
Current Population Survey, Annual Social and Economic Supplement, 2011  
  
Does not include "Ethnicity not reported" rate.
6. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_TANFPercent  
**Row Name:** Percent in TANF (Grant) families  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
No population of "Ethnicity not reported" available for denominator
7. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_JuvenileCrimeRate  
**Row Name:** Rate (per 100,000) of juvenile crime arrests  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Arrest records do not have an "Ethnicity not reported" category.
8. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_DropOutPercent  
**Row Name:** Percentage of high school drop-outs (grade 9 through 12)  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source of data: Idaho Dept of Education website. Latest Dropout information for 2009-2010 School year, does not include category for "Ethnicity not reported".
9. **Section Number:** Form21\_Indicator 11  
**Field Name:** S11\_total  
**Row Name:** Total Population  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: U.S. Census Bureau  
Current Population Survey, Annual Social and Economic Supplement, 2011
10. **Section Number:** Form21\_Indicator 11  
**Field Name:** S11\_50percent  
**Row Name:** Percent Below: 50% of poverty

**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: U.S. Census Bureau  
Current Population Survey, Annual Social and Economic Supplement, 2011

11. **Section Number:** Form21\_Indicator 11  
**Field Name:** S11\_100percent  
**Row Name:** 100% of poverty  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: U.S. Census Bureau  
Current Population Survey, Annual Social and Economic Supplement, 2011
12. **Section Number:** Form21\_Indicator 11  
**Field Name:** S11\_200percent  
**Row Name:** 200% of poverty  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: U.S. Census Bureau  
Current Population Survey, Annual Social and Economic Supplement, 2011
13. **Section Number:** Form21\_Indicator 12  
**Field Name:** S12\_Children  
**Row Name:** Children 0 through 19 years old  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: U.S. Census Bureau  
Current Population Survey, Annual Social and Economic Supplement, 2011
14. **Section Number:** Form21\_Indicator 12  
**Field Name:** S12\_50percent  
**Row Name:** Percent Below: 50% of poverty  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: U.S. Census Bureau  
Current Population Survey, Annual Social and Economic Supplement, 2011
15. **Section Number:** Form21\_Indicator 12  
**Field Name:** S12\_100percent  
**Row Name:** 100% of poverty  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: U.S. Census Bureau  
Current Population Survey, Annual Social and Economic Supplement, 2011
16. **Section Number:** Form21\_Indicator 12  
**Field Name:** S12\_200percent  
**Row Name:** 200% of poverty  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: U.S. Census Bureau  
Current Population Survey, Annual Social and Economic Supplement, 2011
17. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_FosterCare  
**Row Name:** Number living in foster home care  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: Adoption and Foster Care Analysis and Reporting System (AFCARS) data  
  
Data is for Federal Fiscal Year 2011.
18. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIethnicity\_FosterCare  
**Row Name:** Number living in foster home care  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: Adoption and Foster Care Analysis and Reporting System (AFCARS) data  
  
Data is for Federal Fiscal Year 2011.