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DEFINITIONS AND FORMULAS

RESIDENCE DATA -- data allocated by place of residence of the registrant, or by place of residence of the infant's mother (births, stillbirths)

OCCURRENCE DATA -- data allocated by place where event occurred, regardless of the person's place of residence

LIVE BIRTH -- a birth that shows any sign of life after delivery

(CRUDE) BIRTH RATE -- number of live births per 1,000 population

$$\frac{\text{live births}}{\text{population}} \times 1,000$$

FERTILITY RATE -- number of live births per 1,000 women 15-44 years of age

$$\frac{\text{all live births}}{\text{females 15-44}} \times 1,000$$

OUT-OF-WEDLOCK BIRTH -- a live birth to a woman who was not married at conception, birth, or anytime between

OUT-OF-WEDLOCK RATE (percent) -- number of out-of-wedlock live births per 100 live births

$$\frac{\text{out-of-wedlock live births}}{\text{live births}} \times 100$$

LOW BIRTH WEIGHT -- a live birth weighing under 2,500 grams (5 ½ pounds or less)

LOW BIRTH WEIGHT RATE (percent) -- number of low birth weight live births per 100 live births with stated birth weight

$$\frac{\text{low birth weight live births}}{\text{live births with stated birth weight}} \times 100$$

STILLBIRTH -- a spontaneous fetal death of at least 20 weeks gestation or a weight of at least 350 grams (does not include any induced abortions)

STILLBIRTH RATIO -- number of stillbirths per 1,000 live births

$$\frac{\text{stillbirths}}{\text{live births}} \times 1,000$$

INFANT DEATH -- death of an infant under 1 year of age

INFANT MORTALITY RATE -- number of infant deaths per 1,000 live births

$$\frac{\text{infant deaths}}{\text{live births}} \times 1,000$$

NEONATAL DEATH -- death of an infant within the first 27 days of life

NEONATAL MORTALITY RATE -- number of neonatal deaths per 1,000 live births

$$\frac{\text{neonatal deaths}}{\text{live births}} \times 1,000$$

POSTNEONATAL DEATH -- death of an infant 28 days through the first 11 months of life

POSTNEONATAL MORTALITY RATE -- number of postneonatal deaths per 1,000 live births

$$\frac{\text{postneonatal}}{\text{live births}} \times 1,000$$

DEFINITIONS AND FORMULAS (continued)

PERINATAL DEATH -- includes stillbirths and deaths of infants within the first 6 days of life

PERINATAL MORTALITY RATIO -- number of perinatal deaths per 1,000 live births

$$\frac{\text{perinatal deaths}}{\text{live births}} \times 1,000$$

MATERNAL DEATH -- death attributable to complications of pregnancy, childbirth, or the puerperium based on ICD-10 codes A34, O00-O95, and O98-O99.

MATERNAL MORTALITY RATE -- number of maternal deaths per 100,000 live births

$$\frac{\text{maternal deaths}}{\text{live births}} \times 100,000$$

(CRUDE) DEATH RATE -- number of deaths per 1,000 population

$$\frac{\text{deaths}}{\text{population}} \times 1,000$$

CAUSE-SPECIFIC DEATH RATE -- number of deaths from a specific cause per 100,000 population

$$\frac{\text{deaths from specific cause}}{\text{population}} \times 100,000$$

AGE-ADJUSTED DEATH RATE (DIRECT METHOD) -- number of deaths per 100,000 standard population. Age-adjusted death rates are artificial measurements and should be used only to compare to other age-adjusted death rates calculated using the same standard population. Idaho and U.S. age-adjusted rates shown were calculated using the 2000 population estimate as the standard population.

$$\frac{\text{sum of (age-specific death rates per 100,000 for selected population x standard population in corresponding age groups)}}{\text{sum of standard population}}$$

INDUCED ABORTION -- a legal medical procedure that is intended to terminate a pregnancy without a live birth

INDUCED ABORTION RATE -- number of induced abortions per 1,000 females 15-44 years of age

$$\frac{\text{induced abortions}}{\text{females 15-44}} \times 1,000$$

INDUCED ABORTION RATIO -- number of induced abortions per 1,000 live births

$$\frac{\text{induced abortions}}{\text{live births}} \times 1,000$$

DEFINITIONS AND FORMULAS (continued)

In this publication, there are references to provisional U.S. data. If the U.S. statistics are not noted as provisional, they are considered final. In either case, the most recent U.S. information is provided. The following definitions have been added to clarify the differences among the types of U.S. data.

U.S. Provisional Data

Prior to 1996, the National Center for Health Statistics (NCHS) released U.S. vital data and rates in two basic forms: provisional and final. Provisional data are based on monthly summary counts of birth, death, marriage, and divorce records received in state vital registration offices. Rates for 12-month periods, January through December, are the sum of events for the period per population estimated at the midpoint of the period. Provisional divorce rates are based on 44 reporting states and the District of Columbia. Provisional marriage rates are based on 50 reporting states and the District of Columbia. Populations have been estimated by NCHS for the 12-month divorce and marriage rates based on these reporting states. The 2009 U.S. marriage and divorce and select death and infant death rates in this publication are provisional measures¹. Final data for 2009 may differ from the provisional estimates.

U.S. Final Data

Final U.S. vital statistics are based on events in the 50 states and the District of Columbia. The National Center for Health Statistics believes that more than 99 percent of the births and deaths occurring in this country are registered through the state vital registration system. As of December 2011, the latest U.S. final data available are 2009 for mortality data^{2,3,4} and 2009 for birth data^{5,6}.

1. "Births, Marriages, Divorces, and Deaths: Provisional Data for 2009," National Vital Statistics Reports, National Center for Health Statistics, Vol. 58, No. 25, August, 27, 2010.
2. "Deaths: Final Data for 2007," National Vital Statistics Reports, National Center for Health Statistics, Vol. 58, No. 19, May 2010.
3. "Deaths: Final Data for 2008," National Vital Statistics Reports, National Center for Health Statistics, Vol. 59, No. 10, December 2011.
4. "Deaths: Final Data for 2009," National Vital Statistics Reports, National Center for Health Statistics, Vol. 60, No. 3, January 2012.
5. "Births: Final Data for 2008," National Vital Statistics Reports, National Center for Health Statistics, Vol. 59, No. 1, December 2010.
6. "Births: Final Data for 2009," National Vital Statistics Reports, National Center for Health Statistics, Vol. 60, No. 1, November 2011.

VITAL REGISTRATION AND DATA COLLECTION

The Idaho Bureau of Vital Records and Health Statistics is responsible for managing Idaho's vital records program and for providing health statistics and analysis. Civil laws of every state provide for a continuous, permanent, and compulsory vital registration system. Idaho is responsible for inspecting each Idaho state record for promptness of filing, completeness, and accuracy of information; querying for missing or inconsistent information; numbering the records; preparing indexes; processing the records; issuing certified copies; and storing the documents for permanent reference and safekeeping.

Births, Deaths, and Stillbirths

Registration of births, deaths, and stillbirths is a legal requirement. The attending physician, midwife, or parent must file the birth certificate with the local registrar within 15 days of the birth. Most certificates of births occurring at Idaho hospitals are filed electronically. Death certificates are usually completed by physicians, coroners, and funeral directors. The certificate must be filed with the county's local registrar within five days from the date of death. A stillbirth certificate must be filed for all spontaneous fetal deaths of at least 20 weeks gestation or with a weight of at least 350 grams.

Unless otherwise stated, birth, death, and stillbirth data contained in this report are provided for Idaho residents, regardless of where the event occurred. There is an agreement among all registration areas in the United States for resident exchange of copies of birth, death, and stillbirth certificates. For data analysis, the cut-off date for 2010 birth records was August 3, 2011; the cut-off date for 2010 stillbirth records was August 3, 2011; and the cut-off date for 2010 death records was August 5, 2011. Records may be sent to Idaho after these dates; they are included in the vital records mainframe database but not in the databases for analysis.

Marriages and Divorces

Idaho vital statistics law makes marriages and divorces occurring in Idaho reportable events. Marriages are registered with the county recorder in the county where the license was issued; divorces are filed with the clerk of the court where the divorce was granted. These records are then forwarded to the Bureau of Vital Records and Health Statistics. There is no agreement among states to exchange certificates of resident marriages or divorces that occur out of state. Marriage and divorce data provided in this annual report are based on events occurring in Idaho, regardless of the party's residence.

Induced Abortions

The reporting of induced abortions occurring in Idaho has been required by state statute since July 1, 1977. The Bureau of Vital Records and Health Statistics began collecting abortion data in July 1977, with 1978 being the first full year for which abortion statistics are available. In 1984, an interstate data exchange program for abortion data was initiated nationwide, whereby Idaho obtains non-identifying information about abortions occurring to Idaho residents in other states. Data in this report are provided for both Idaho resident abortions, regardless of where the procedure occurred, and abortions occurring in Idaho to either Idaho residents or non-residents.

MARRIAGE

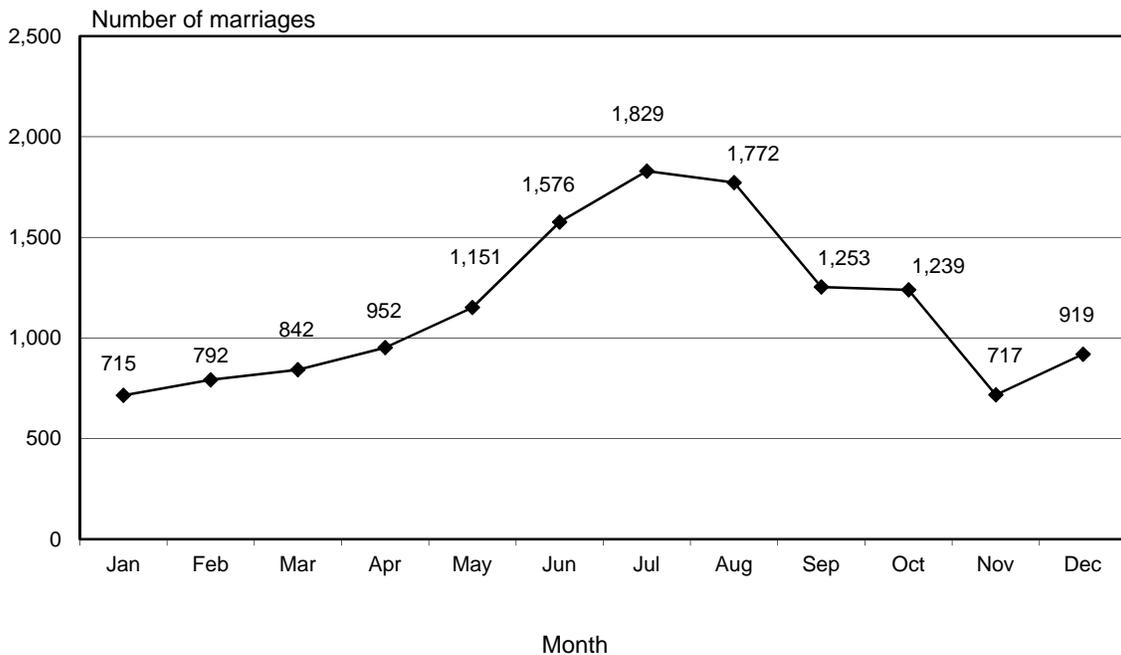
The number of marriages occurring in Idaho decreased 0.1 percent from 13,771 in 2009 to 13,757 in 2010. This follows a 5.9 percent decrease from 2008 to 2009. Although the number of marriages that occurred in Idaho in 2010 was 7.2 percent lower than occurred in the state ten years ago, the marriage rate declined at a higher rate (21.4 percent) from 11.2 per 1,000 population in 2001 to 8.8 in 2010 due to a greater increase in the population. However, marriages occur at a higher frequency in Idaho than in the U.S. as a whole; the provisional 2009 U.S. marriage rate was 6.8, which was a 4.2 percent decrease from 7.1 (provisional) in 2008. Much of the difference between Idaho and U.S. rates can be accounted for by the high number of nonresidents who marry in northern Idaho.

FAST FACTS FOR MARRIAGES

Oldest Groom: 96	Oldest Bride: 90
Youngest Groom: 16	Youngest Bride: 15

There was at least one marriage in Idaho every day in 2010
 Day Most Marriages Occurred on: June 26, 2010 (233 Marriages)
 Day Fewest Marriages Occurred on: February 7, 2010 (1 Marriage)

MARRIAGES OCCURRING IN IDAHO Month of Marriage 2010



MARRIAGES OCCURRING IN IDAHO
District and County of Marriage
2001-2010

OCCURRENCE	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001
IDAHO	13,757	13,771	14,641	14,973	14,855	14,933	14,997	14,867	14,683	14,820
District 1	3,511	3,639	3,903	4,114	4,236	4,332	4,576	4,633	4,646	4,650
District 2	686	709	730	743	750	750	730	782	725	733
District 3	1,761	1,698	1,828	1,884	1,809	1,731	1,621	1,633	1,617	1,652
District 4	3,449	3,357	3,545	3,670	3,600	3,577	3,485	3,300	3,333	3,290
District 5	1,432	1,416	1,472	1,378	1,352	1,357	1,434	1,432	1,350	1,421
District 6	1,104	1,069	1,059	1,104	1,098	1,083	1,102	1,100	1,109	1,124
District 7	1,814	1,883	2,104	2,080	2,010	2,103	2,049	1,987	1,903	1,950
Ada	2,959	2,890	3,023	3,139	3,042	3,057	2,960	2,810	2,862	2,832
Adams	30	19	37	37	31	37	37	29	35	30
Bannock	553	544	553	534	511	591	539	581	528	594
Bear Lake	59	53	41	57	56	36	55	44	66	40
Benewah	48	50	58	73	58	56	78	58	58	57
Bingham	300	269	270	295	288	251	292	284	310	273
Blaine	172	174	208	193	207	191	212	230	227	246
Boise	58	66	60	69	73	62	70	69	45	71
Bonner	305	339	359	337	354	362	370	326	301	302
Bonneville	1,079	1,089	1,185	1,505	1,444	1,549	1,548	1,488	1,431	1,458
Boundary	83	68	96	74	64	74	83	76	73	83
Butte	12	21	4	19	18	9	20	12	17	18
Camas	13	8	8	5	11	12	13	15	15	7
Canyon	1,256	1,230	1,350	1,367	1,313	1,256	1,166	1,150	1,100	1,185
Caribou	34	44	44	38	56	57	49	42	52	53
Cassia	169	178	180	163	150	152	161	139	132	158
Clark	5	9	6	8	5	3	3	6	7	10
Clearwater	54	70	95	86	83	74	64	81	62	65
Custer	70	72	73	94	91	79	77	72	61	71
Elmore	263	236	268	257	265	281	274	273	301	246
Franklin	61	74	71	68	85	69	77	65	76	57
Fremont	85	92	112	100	101	120	111	98	90	92
Gem	131	134	121	111	116	118	106	110	125	112
Gooding	70	88	101	110	96	95	107	97	88	89
Idaho	107	98	105	123	118	120	86	123	93	120
Jefferson	110	114	120	142	124	129	117	100	122	124
Jerome	104	129	153	144	142	161	120	144	129	140
Kootenai	2,980	3,089	3,307	3,550	3,677	3,750	3,956	4,080	4,121	4,089
Latah	179	205	196	205	206	194	211	202	206	170
Lemhi	57	62	65	76	71	88	77	86	73	57
Lewis	27	12	25	31	20	23	22	32	30	27
Lincoln	17	12	20	19	13	27	25	23	28	29
Madison	347	388	482	95	105	85	76	100	84	101
Minidoka	132	126	133	112	143	131	154	166	156	166
Nez Perce	319	324	309	298	323	339	347	344	334	351
Oneida	22	23	23	33	35	27	27	19	22	29
Owyhee	58	44	48	50	50	72	63	49	53	64
Payette	211	201	185	243	213	186	180	205	222	201
Power	63	41	53	60	49	43	43	53	38	60
Shoshone	95	93	83	80	83	90	89	93	93	119
Teton	61	57	61	60	69	50	40	37	35	37
Twin Falls	755	701	669	632	590	588	642	618	575	586
Valley	169	165	194	205	220	177	181	148	125	141
Washington	75	70	87	76	86	62	69	90	82	60

MARRIAGES OCCURRING IN IDAHO
Age of Groom by Age of Bride
2010

AGE OF GROOM	TOTAL	AGE OF BRIDE											
		<15	15-19	20-24	25-29	30-34	35-39	40-44	45-54	55-64	65-74	75+	Not Stated
TOTAL	13,757	-	1,497	4,010	2,608	1,558	1,096	860	1,362	545	159	62	-
<15	-	-	-	-	-	-	-	-	-	-	-	-	-
15-19	607	-	466	123	12	1	3	2	-	-	-	-	-
20-24	3,548	-	852	2,281	337	53	19	4	2	-	-	-	-
25-29	2,977	-	137	1,197	1,216	311	81	24	10	1	-	-	-
30-34	1,800	-	20	270	702	540	191	55	21	1	-	-	-
35-39	1,180	-	11	82	213	370	323	116	59	5	1	-	-
40-44	982	-	7	36	77	169	259	279	149	6	-	-	-
45-54	1,476	-	1	18	47	101	186	308	713	95	5	2	-
55-64	794	-	1	2	4	11	28	64	358	306	18	2	-
65-74	272	-	2	1	-	2	6	7	45	114	88	7	-
75+	121	-	-	-	-	-	-	1	5	17	47	51	-
Not stated	-	-	-	-	-	-	-	-	-	-	-	-	-

MARRIAGES OCCURRING IN IDAHO
Race/Ethnicity of Groom by Race/Ethnicity of Bride
2010

RACE OF GROOM	TOTAL	RACE OF BRIDE						Hispanic*
		White	Black	American Indian or Alaska Native	Asian or Pacific Islander	Other Race	Not Stated	
TOTAL	13,757	12,777	103	233	279	42	323	1,210
White	12,783	12,336	51	139	210	33	14	1,161
Black	214	148	51	6	9	-	-	23
American Indian or Alaska Native	225	136	-	86	3	-	-	12
Asian or Pacific Islander	159	105	-	-	54	-	-	11
Other race	49	34	1	2	3	9	-	1
Not stated	327	18	-	-	-	-	309	2
Hispanic*	1,271	1,227	6	20	14	3	1	782

* Brides of Hispanic ethnicity are Included in "white" total for brides; grooms of Hispanic ethnicity are included in "white" total for grooms. For more information, see Technical Notes.

MARRIAGES OCCURRING IN IDAHO
Bride: Age by Previous Marital Status
2010

AGE OF BRIDE	TOTAL	PREVIOUS MARITAL STATUS: BRIDE			
		Single	Widowed	Divorced	Not Stated
TOTAL	13,757	8,249	428	5,079	1
<15	-	-	-	-	-
15-19	1,497	1,475	-	21	1
20-24	4,010	3,672	9	329	-
25-29	2,608	1,844	20	744	-
30-34	1,558	736	18	804	-
35-39	1,096	271	24	801	-
40-44	860	115	34	711	-
45-54	1,362	112	86	1,164	-
55-64	545	20	117	408	-
65-74	159	3	77	79	-
75+	62	1	43	18	-
Not stated	-	-	-	-	-
Median age	26.4	22.3	56.2	38.0	NA

NA: not applicable

MARRIAGES OCCURRING IN IDAHO
Groom: Age by Previous Marital Status
2010

AGE OF GROOM	TOTAL	PREVIOUS MARITAL STATUS: GROOM			
		Single	Widowed	Divorced	Not Stated
TOTAL	13,757	8,425	386	4,943	3
<15	-	-	-	-	-
15-19	607	603	-	4	-
20-24	3,548	3,396	2	150	-
25-29	2,977	2,461	6	510	-
30-34	1,800	1,060	8	732	-
35-39	1,180	440	9	729	2
40-44	982	234	16	731	1
45-54	1,476	171	63	1,242	-
55-64	794	52	94	648	-
65-74	272	6	92	174	-
75+	121	2	96	23	-
Not stated	-	-	-	-	-
Median age	28.5	24.4	63.4	41.3	NA

NA: not applicable

MARRIAGES OCCURRING IN IDAHO
District and County of Occurrence by Idaho Residence
2010

OCCURRENCE	TOTAL MARRIAGES	RESIDENCE			
		Both Residents of Idaho	One Resident and One Non-Resident of Idaho	Both Non-Residents of Idaho	One or Both With State of Residence Not Stated
IDAHO	13,757	10,188	835	2,734	-
District 1	3,511	1,350	186	1,975	-
District 2	686	508	58	120	-
District 3	1,761	1,573	73	115	-
District 4	3,449	2,990	245	214	-
District 5	1,432	1,254	66	112	-
District 6	1,104	975	63	66	-
District 7	1,814	1,538	144	132	-
Ada	2,959	2,606	199	154	-
Adams	30	29	1	-	-
Bannock	553	498	28	27	-
Bear Lake	59	44	3	12	-
Benewah	48	39	4	5	-
Bingham	300	281	9	10	-
Blaine	172	117	5	50	-
Boise	58	49	4	5	-
Bonner	305	204	19	82	-
Bonneville	1,079	954	78	47	-
Boundary	83	63	10	10	-
Butte	12	11	-	1	-
Camas	13	12	-	1	-
Canyon	1,256	1,163	49	44	-
Caribou	34	26	3	5	-
Cassia	169	155	5	9	-
Clark	5	4	-	1	-
Clearwater	54	43	7	4	-
Custer	70	53	5	12	-
Elmore	263	202	28	33	-
Franklin	61	41	12	8	-
Fremont	85	61	8	16	-
Gem	131	120	4	7	-
Gooding	70	70	-	-	-
Idaho	107	85	6	16	-
Jefferson	110	96	9	5	-
Jerome	104	100	3	1	-
Kootenai	2,980	972	150	1,858	-
Latah	179	135	16	28	-
Lemhi	57	41	3	13	-
Lewis	27	23	2	2	-
Lincoln	17	14	-	3	-
Madison	347	285	37	25	-
Minidoka	132	121	3	8	-
Nez Perce	319	222	27	70	-
Oneida	22	13	8	1	-
Owyhee	58	56	1	1	-
Payette	211	144	14	53	-
Power	63	61	-	2	-
Shoshone	95	72	3	20	-
Teton	61	44	4	13	-
Twin Falls	755	665	50	40	-
Valley	169	133	14	22	-
Washington	75	61	4	10	-

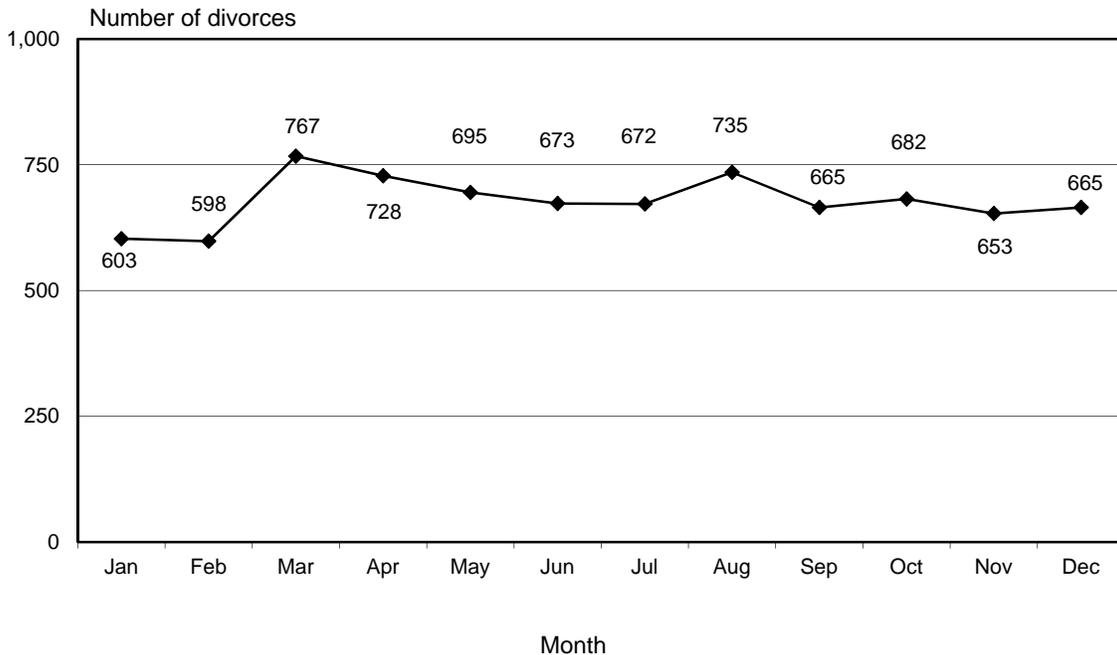
DIVORCE

The number of divorces occurring in Idaho increased 5.3 percent from 7,729 in 2009 to 8,136 in 2010. In the past ten years, the divorce rate declined 1.9 percent from 5.3 per 1,000 population in 2001 to 5.2 in 2010. Like marriages, divorces occur more frequently in Idaho than in the remainder of the nation; the 2009 U.S. divorce rate was 3.5 (provisional), which is the same as the 2008 provisional rate of 3.5.

FAST FACTS FOR DIVORCES

Oldest Male Divorcee:	94	Oldest Female Divorcee:	95
Youngest Male Divorcee:	18	Youngest Female Divorcee:	16
Day Most Divorces Finalized on:	October 25, 2010 (60 Divorces)		
Greatest Number of Previous Marriages for Male Divorcees:	9		
Greatest Number of Previous Marriages for Female Divorcees:	7		
Marriage of Longest Duration Ending in a Divorce:	59 years		
Marriage of Shortest Duration Ending in a Divorce:	10 days		

DIVORCES OCCURRING IN IDAHO Month of Divorce 2010



DIVORCES GRANTED IN IDAHO
District and County of Divorce
2001-2010

OCCURRENCE	2010	2009	2008	2007	2006	2005*	2004	2003	2002	2001
IDAHO	8,136	7,729	7,424	7,344	7,392	7,118	6,921	7,080	7,087	7,025
District 1	1,192	1,112	1,110	1,072	1,100	1,082	1,134	1,146	1,127	1,210
District 2	432	438	408	410	465	450	421	474	540	468
District 3	1,402	1,297	1,247	1,294	1,228	1,376	1,217	1,230	1,143	1,115
District 4	2,404	2,346	2,227	2,170	2,121	1,862	1,813	1,960	2,024	1,883
District 5	976	915	872	889	903	806	877	881	889	864
District 6	788	711	692	638	683	678	633	624	621	622
District 7	942	910	868	871	892	864	826	765	743	863
Ada	2,138	2,065	1,947	1,910	1,853	1,635	1,550	1,729	1,751	1,633
Adams	18	18	14	18	17	10	27	11	12	15
Bannock	399	357	364	337	348	349	314	280	349	310
Bear Lake	29	28	24	20	30	28	23	28	27	38
Benewah	60	40	45	53	53	37	35	40	35	50
Bingham	199	181	177	169	143	168	163	152	130	143
Blaine	100	102	78	100	80	76	78	98	89	74
Boise	27	26	22	18	18	18	12	13	22	17
Bonner	221	214	216	218	199	225	240	219	182	236
Bonneville	641	634	597	607	627	608	569	531	500	599
Boundary	40	52	42	37	43	29	39	44	39	123
Butte	7	5	4	13	5	14	3	6	4	10
Camas	7	6	1	9	4	1	4	7	4	3
Canyon	1,051	982	954	957	927	1,077	933	881	811	799
Caribou	38	26	29	29	33	17	30	38	29	32
Cassia	135	116	124	127	134	108	98	119	120	104
Clark	2	1	3	2	1	1	-	-	-	-
Clearwater	38	43	21	38	57	43	39	32	61	52
Custer	11	13	29	15	15	13	13	19	13	18
Elmore	203	196	214	196	201	172	203	173	202	188
Franklin	42	53	38	33	45	43	47	54	25	40
Fremont	40	37	42	45	50	33	46	55	66	42
Gem	102	84	70	88	73	84	79	99	85	100
Gooding	45	53	46	47	50	49	50	66	55	48
Idaho	53	48	58	32	54	51	52	65	83	54
Jefferson	99	77	51	69	67	68	67	42	49	56
Jerome	119	87	77	88	111	95	105	128	157	154
Kootenai	794	753	749	717	726	718	772	752	783	744
Latah	108	104	108	111	113	107	97	131	131	131
Lemhi	35	43	36	32	38	40	45	39	27	45
Lewis	9	11	7	9	12	6	13	10	11	19
Lincoln	16	16	18	19	10	8	20	15	11	16
Madison	76	62	70	72	62	74	62	57	62	80
Minidoka	52	62	52	53	64	44	58	68	78	85
Nez Perce	213	228	208	211	219	228	210	228	239	210
Oneida	23	18	12	10	20	10	8	13	16	10
Owyhee	25	29	19	27	21	18	17	29	22	28
Payette	152	144	145	149	134	134	112	154	160	118
Power	29	15	19	14	27	30	18	20	26	29
Shoshone	73	49	57	41	69	64	44	83	73	56
Teton	38	43	40	29	32	27	24	22	26	23
Twin Falls	502	473	476	446	450	425	464	380	375	380
Valley	36	59	44	46	49	37	48	45	49	45
Washington	54	40	45	55	56	53	49	56	53	55
Tribal Courts:										
Coeur d'Alene	4	4	1	6	10	9	4	7	13	1
Kootenai	-	-	-	-	-	-	-	1	2	-
Nez Perce	11	4	6	9	10	15	10	8	15	2
Shoshone-Bannock	22	28	25	13	32	19	27	33	15	10

Tribal court data are included in District totals.

* In 2006, the 2005 Idaho divorce data base was revised; data in this table are revised for 2005.

DIVORCES GRANTED IN IDAHO
Number This Marriage: Husband, Wife
2010

NUMBER THIS MARRIAGE	HUSBAND	WIFE
TOTAL DIVORCES	8,136	8,136
Number this marriage:		
First	2,603	2,497
Second	935	968
Third	302	344
Fourth	89	95
Fifth	18	37
Sixth	8	8
Seventh +	3	4
Not stated	4,178	4,183

DIVORCES GRANTED IN IDAHO
Duration of Marriage
2008-2010

DURATION OF MARRIAGE	2010		2009	2008
	Number	Percent	Percent	Percent
TOTAL	8,136	100.0%	(7,729)	(7,424)
0-4 years	3,028	37.5%	39.5%	39.6%
<1 year	443	5.5	6.0	6.9
1-4 years	2,585	32.0	33.5	32.7
5-9 years	2,020	25.0	24.0	25.4
10-14 years	1,172	14.5	14.9	14.2
15-19 years	843	10.4	9.4	8.9
20-24 years	485	6.0	5.7	5.6
25-29 years	276	3.4	3.6	3.4
30-34 years	138	1.7	1.7	1.6
35-39 years	73	0.9	0.7	0.8
40+ years	50	0.6	0.5	0.5
Not stated	51	NA	(45)	(41)
Median years duration	6.2		5.8	5.8

Percentages based on records with stated duration of marriage.

Total numbers of divorces and numbers of divorces with duration of marriage not stated in 2008 and 2009 are shown in parentheses.

DIVORCES GRANTED IN IDAHO
Number of Children <18 Years of Age in Household
2010

NUMBER OF CHILDREN <18 YEARS OF AGE IN HOUSEHOLD	TOTAL DIVORCES	TOTAL CHILDREN
TOTAL	8,136	8,217
No children	3,755	-
1 child	1,644	1,644
2 children	1,613	3,226
3 children	656	1,968
4 children	239	956
5 children	50	250
6 children	19	114
7 children	6	42
8 children	1	8
9 children	1	9
10+ children	-	-
Not stated	152	NA

DIVORCES GRANTED IN IDAHO
Legal Grounds
2010

LEGAL GROUNDS	TOTAL	DIVORCES	ANNULMENTS
TOTAL	8,136	8,066	70
Adultery	14	14	-
Bigamy	8	-	8
Conviction of a felony	3	3	-
Habitual intemperance	-	-	-
Extreme cruelty	22	22	-
Five-year continuous separation without cohabitation	-	-	-
Fraud, misrepresentation	54	-	54
Incapacity	1	-	1
Irreconcilable differences	8,027	8,025	2
Permanent insanity	-	-	-
Underage	-	-	-
Willful desertion	2	2	-
Willful neglect or nonsupport	-	-	-
Other	3	-	3
Not stated	2	-	2

DIVORCES OCCURRING IN IDAHO
District and County of Occurrence by Idaho Residence
2010

OCCURRENCE	TOTAL DIVORCES	RESIDENCE			
		Both Residents of Idaho	One Resident and One Non-Resident of Idaho	Both Non-Residents of Idaho	One or Both With State of Residence Not Stated
IDAHO	8,136	6,539	1,488	27	82
District 1	1,192	920	261	5	6
District 2	432	320	107	3	2
District 3	1,402	1,130	241	3	28
District 4	2,404	1,979	405	6	14
District 5	976	809	155	-	12
District 6	788	637	139	6	6
District 7	942	744	180	4	14
Ada	2,138	1,786	336	3	13
Adams	18	17	1	-	-
Bannock	399	330	66	3	-
Bear Lake	29	19	9	1	-
Benewah	60	51	9	-	-
Bingham	199	158	37	2	2
Blaine	100	82	18	-	-
Boise	27	23	4	-	-
Bonner	221	162	59	-	-
Bonneville	641	513	115	3	10
Boundary	40	33	7	-	-
Butte	7	6	1	-	-
Camas	7	6	1	-	-
Canyon	1,051	860	168	2	21
Caribou	38	34	3	-	1
Cassia	135	107	26	-	2
Clark	2	1	1	-	-
Clearwater	38	30	8	-	-
Custer	11	10	1	-	-
Elmore	203	139	61	2	1
Franklin	42	30	11	-	1
Fremont	40	35	5	-	-
Gem	102	81	21	-	-
Gooding	45	39	6	-	-
Idaho	53	45	8	-	-
Jefferson	99	78	19	-	2
Jerome	119	99	18	-	2
Kootenai	794	617	168	4	5
Latah	108	77	27	2	2
Lemhi	35	22	11	-	2
Lewis	9	8	1	-	-
Lincoln	16	15	1	-	-
Madison	76	57	19	-	-
Minidoka	52	41	9	-	2
Nez Perce	213	153	59	1	-
Oneida	23	16	7	-	-
Owyhee	25	20	3	1	1
Payette	152	112	35	-	5
Power	29	25	3	-	1
Shoshone	73	57	15	-	1
Teton	38	28	9	1	-
Twin Falls	502	420	76	-	6
Valley	36	31	4	1	-
Washington	54	40	13	-	1
Tribal Courts:					
Coeur d'Alene	4	-	3	1	-
Kootenai	-	-	-	-	-
Nez Perce	11	7	4	-	-
Shoshone-Bannock	22	19	2	-	1

TECHNICAL NOTES

Natality

Revision of the Certificate of Live Birth

The U.S. Standard Certificate of Live Birth was revised in 2003. In 2003, Pennsylvania and Washington were the first two states to implement the 2003 revision. In 2004, Idaho implemented the 2003 U.S. Standard Certificate of Live Birth. Some items on the certificate were added or changed from previous years, and some items were removed from the Idaho certificate in 2004.

New Items:

- Mother's height
- Mother's prepregnancy weight and weight at delivery
- Date of first prenatal care visit
- Date of last prenatal care visit
- Did mother get WIC food for herself during this pregnancy?
- Is infant being breastfed?
- Apgar score at 10 minutes
- Is Infant living at time of report?

Revised Items:

- Mother's and father's race
- Mother's and father's ethnicity
- Mother's and father's education
- Cigarette smoking before and during pregnancy
- Principal source of payment for delivery
- Risk factors in this pregnancy
- Infections present and/or treated during this pregnancy
- Obstetric procedures
- Characteristics of labor and delivery
- Method of delivery
- Maternal morbidity (complications of labor and delivery)
- Abnormal conditions of the newborn
- Congenital anomalies of the newborn

Removed items:

- Month prenatal care began
- Alcohol use during pregnancy
- Weight gain during pregnancy
- Apgar score at 1 minute

Not all states have revised their birth certificates to the 2003 U.S. Standard Certificate. For births to Idaho residents delivered in states with unrevised certificates, unknown and non-compatible data were entered as "not stated" in the Idaho database. For data analysis, only records with known data were used to calculate percents and means.

Overview of New and Revised Items

Height and weight of mother

The 2004 certificate collected data on the mother's height, prepregnancy weight, and weight at delivery for the first time. Height and weight information are needed to calculate maternal body mass index (BMI). BMI is calculated using mother's height and prepregnancy weight:

$$BMI = \frac{mass(lb) \times 703}{(height(in))^2}$$

The body mass index is classified into four categories: *Underweight* (<18.5), *Normal weight* (18.5-24.9), *Overweight* (25.0-29.9), and *Obese* (includes all classes) (>29.9)¹.

Underweight is defined as BMI below 18.5 prior to pregnancy. The lower a woman's weight-for-height or BMI the more likely she is to be undernourished. Women who are underweight prior to pregnancy are at a higher risk for having low birth weight infant, fetal growth problems, perinatal mortality and other pregnancy complications¹.

Normal weight is defined as a BMI between 18.5 and 24.9¹.

Overweight is defined as a BMI greater than between 25.0 and 29.9. Being overweight prior to pregnancy is a risk factor for postpartum weight retention of prenatal weight gain¹.

Obese is defined as a BMI greater than or equal to 30.0. Obese women are at greater risk of delivering a macrosomic infant and experiencing shoulder dystocia and other complications. Obese women are also more likely to develop gestational diabetes¹.

Date of first prenatal care visit

In 2004, the prenatal care item was revised from collecting the month prenatal care began to collecting the date of the first prenatal care visit. With the revision, the calculation of the trimester prenatal care began is based on the date of the first prenatal care visit and the date of the last menstrual period (LMP). If the LMP date is not stated, the date of first prenatal care visit, the clinical length of gestation in weeks, and the baby's birth date are used to estimate the onset of prenatal care. If the day of the first prenatal visit is missing, the day is imputed for statistical purposes based on the previous birth record with the same month of first prenatal care visit. If either the month or year of prenatal care is missing or implausible, the date of visit is coded to unknown.

According to the National Center for Health Statistics (NCHS), the change in data collection yields more accurate data because the timing for care is based on a date in the mother's medical record rather than on the mother's recollection of the month of first visit². Because of the changes in sources for these data, prenatal care based on date of first visit is not comparable to prenatal care based on month prenatal care began.

Did mother get WIC food for herself during this pregnancy?

WIC is the Idaho Health and Welfare program for women, infants, and children that provides nutritional education, monetary checks for food, and health referrals. Data on WIC from the birth certificate may differ from data from the WIC Program.

Is infant being breastfed?

The NCHS recommended adding this item to the birth certificate because the information is important for the Maternal and Child Health program to track breast feeding levels. Data are based on the infant being breastfed at the time of birth through the time the birth certificate is completed.

Is Infant living at time of report?

If the infant is not living at time of report, there is follow-up at the Bureau of Vital Records and Health Statistics to obtain a matching infant death certificate from the state of death.

Mother's and father's race

Beginning in 2004, parents may choose multiple races on the Idaho birth certificate. In 2010, there were 420 in-state births and 14 out-of-state births in which the mother reported more than one race. For statistical analysis, Idaho birth records with more than one race were provided to the National Centers for Health Statistics (NCHS) for NCHS to re-code and provide the bridged-race codes back to Idaho for in-state births. However, bridged-race codes are not provided to Idaho for out-of-state births. Idaho resident birth data provided in the table on page 34 titled "Idaho Resident Live Births by Sex of Child and Race/Ethnicity of Mother, 2010" are based on single-race and bridged-race categories for births in Idaho and single-race categories for births out of state. The 14 out-of-state births with multiple race of mother are included in "other race" category in 2010.

Year	Births to Idaho Mothers in Idaho			Births to Idaho Mothers Out of State		
	Total	Single Race*	Multiple Race	Total	Single Race*	Multiple Race
2008	24,059	23,597	462	1,097	1,085	12
2009	22,647	22,262	385	1,079	1,070	9
2010	22,184	21,764	420	1,018	1,004	14

* Single race or unknown race.

Prior to 2004, mother's and father's races were written on the birth certificate. For statistical analysis, races listed on the certificate were collapsed into five race categories: White, Black, American Indian or Alaskan Native, Asian or Pacific Islander, or "other race". In 2004, the birth certificate was revised to allow parents to select one or more race. At the same time, the race category structure was revised. Prior to use of check boxes, write-ins of "Hispanic" or "Mexican" for race were coded to white. Beginning with 2004 births, check boxes of "other race" with write-ins of "Hispanic" or "Mexican" were coded to "other race". Therefore, race data in and after 2004 are not comparable with race data for births prior to 2004.

Race of Mother	2007 Births	2008 Births	2009 Births	2010 Births**
White	22,497	22,250	21,207	20,836
Black	152	177	162	175
American Indian or Alaska Native	398	403	394	407
Asian or Pacific Islander	402	419	377	429
Other race	1,426	1,702	1,437	1,288
Race not stated	149	205	149	67

** 2010 total for "other race" includes 14 records in which the mother reported more than one race and delivered out of state. In-state records were bridged to one single race, but bridged-races were not available for out-of-state births. Prior to 2009, out-of-state births to mother's with more than one race were not included in this table.

Because of the bridged-race code rules implemented in 2004, there has been a large increase in the number of Idaho resident mothers with race coded to “other race”. In 2010, 97.4 percent of the records of mothers with race coded to “other race” were of Hispanic ethnicity; prior to the rule change, these would have been coded to white. Data for white, non-Hispanic mothers are available upon request; these data are comparable for years prior to 2004 to present.

Mother’s and father’s ethnicity

The 2004 Idaho certificate includes check boxes for Hispanic origin and allows the mother and father to choose more than one Hispanic origin. Origin is then categorized as Hispanic or non-Hispanic. Race and Hispanic origin are reported separately on the birth certificate. Data shown for Hispanic mothers may be of any race.

Mother’s and father’s education

The 2004 birth certificate was revised to report the highest degree or level of school completed at delivery. Prior to 2004, education was reported as years of school completed. Because of this change, data in 2004 and after are not comparable with data prior to 2004. For birth occurring out of state in states with unrevised birth certificates, years of schooling were entered as close as possible to the highest level of school completed.

Number of Years Schooling Conversion to Highest Degree or Level of School Completed	
Number of Years Schooling	Highest Level of School Completed
0-8 years	8 th grade or less (includes none)
9-11 years	9 th – 12 th grade, but no diploma
12 years	High school graduate or GED completed
13-15 years	Some college credit, but no degree, includes associate’s degree
16 years	Bachelor’s degree
17 or more years	Master’s, doctorate or professional degree

Cigarette smoking before and during pregnancy

Prior to 2004, tobacco use during pregnancy (yes or no) and average number of cigarettes per day were reported on the birth certificate. Beginning in 2004, the Idaho birth certificate includes four data items for cigarette smoking before and during pregnancy. The revised certificate collects data on the average number of cigarettes smoked per day during the three months before pregnancy, the first three months of pregnancy, the second three months of pregnancy, and the third three months of pregnancy. For births occurring out of state in states with unrevised certificates, if the mother used tobacco during pregnancy, the birth record was coded reflect that the mother smoked cigarettes during all three trimesters of pregnancy. Data for cigarette smoking prior to pregnancy were not collected on the unrevised certificate and were coded to “not stated” for data analysis.

Data based on mother’s cigarette smoking status during the three trimesters of pregnancy were used to generate a data item for mother smoking during pregnancy. Mothers who smoked during the first three months of pregnancy, the second three months of pregnancy, or the third three months of pregnancy were coded to reflect that the mother smoked cigarettes during pregnancy for data analysis.

Medical and health section

The medical and health section for the mother includes risk factors in this pregnancy, infections present and/or treated during this pregnancy, obstetric procedures that applied to this pregnancy, onset of labor, characteristics of labor and delivery, method of delivery, and maternal morbidity (complications of labor and delivery). The medical and health section for the infant includes abnormal conditions of the newborn and congenital anomalies of the newborn. There were extensive changes for each of these items on the revised certificate. Every effort was made to code information for out-of-state births in states with unrevised certificates to the appropriate data item in the Idaho database.

Risk factors in this pregnancy

Definitions of risk factors in this pregnancy are provided by the Centers for Disease Control and Prevention (CDC), NCHS⁴.

Prepregnancy diabetes – Glucose intolerance requiring treatment diagnosed prior to the onset of this pregnancy.

Gestational diabetes - Glucose intolerance requiring treatment diagnosed during this pregnancy.

Prepregnancy hypertension – Elevation of blood pressure above normal for age, gender, and physiological condition diagnosed prior to the onset of this pregnancy.

Gestational hypertension - Elevation of blood pressure above normal for age, gender, and physiological condition diagnosed during this pregnancy.

Previous preterm birth – History of pregnancy(ies) terminating in a live birth of less than 37 completed weeks of gestation.

Other previous poor pregnancy outcome – History of pregnancy(ies) with fetal and neonatal death, small for gestational age, and/or intrauterine growth restricted birth.

Vaginal bleeding during pregnancy – Any reported or observed bleeding per vaginum at any time in the pregnancy presenting prior to the onset of labor.

Infertility treatment- Any assisted reproduction technique, whether artificial insemination, drugs, or any technical procedures (in-vitro fertilization) used to initiate the pregnancy.

Previous cesarean delivery - Previous operative delivery in which the fetus was extracted through an incision in the maternal abdominal and uterine walls.

Infections present and/or treated during this pregnancy

The revised U.S. birth certificate includes six infections which are known to cause concomitant fetal and/or subsequent neonatal infection. The infections listed on the U.S. revised certificate are Gonorrhea, Syphilis, Herpes Simplex Virus (HSV), Chlamydia, Hepatitis B, and Hepatitis C. In addition to the infections listed on the revised U.S. certificate, the Idaho birth certificate includes HIV, Listeria, Group B Streptococcus, Cytomegalovirus, Parvovirus, and Toxoplasmosis. The CDC provides more information on these infections at <http://www.cdc.gov/>.

Gonorrhea - Infection due to *Neisseria gonorrhoeae* transmitted sexually (an STD) in most cases, but also by contact with infected exudates in neonatal infants at birth.

Syphilis - A subacute to chronic infectious disease caused by the spirochete *Treponema pallidum*, which is usually transmitted sexually or acquired in utero.

HIV (Human immunodeficiency virus) – The virus that causes AIDS (acquired immune deficiency syndrome). HIV may be transmitted sexually or through infected blood or contact with an infected person's broken skin or mucous membranes. In addition, infected pregnant women can pass HIV to their babies during pregnancy or delivery, as well as through breast-feeding.

Herpes Simplex Virus (HSV) – A sexually-transmitted infection of the skin on the genital area by herpes simplex virus.

Chlamydia - A sexually-transmitted disease that is caused by the bacterium *Chlamydia trachomatis*.

Listeria - A genus of bacteria of uncertain affiliation, closely resembling those of the family *Corynebacteriaceae*, made up of small, coccoid gram-positive rods that have a tendency to form chains and palisades; they are found in the feces of humans and other animals, on vegetation, and in silage.

Group B Streptococcus (GBS) – A type of bacteria that can cause serious illness and death in newborns. Group B streptococcus is the most common cause of sepsis (blood infection) and meningitis (infection of the fluid and lining around the brain) in newborns. It is not spread by the consumption of water or food or transmitted sexually.

Cytomegalovirus (CMV) – A common virus of the subfamily *Betaherpesvirinae* that can be present in the body without causing infection. It is spread from person to person by contact with urine, saliva, breast milk, blood, semen, and possibly other body fluids. The virus can be spread from an infected mother to her fetus or newborn baby.

Parvovirus - A virus that commonly infects humans; about 50 percent of all adults have been infected sometime during childhood or adolescence. Parvovirus B19 infects only humans. There are also animal parvoviruses, but they do not infect humans. Therefore, a person cannot catch parvovirus B19 from a dog or cat.

Toxoplasmosis - A disease caused by a single-cell parasite called *Toxoplasma gondii*. The *Toxoplasma* infection can cause serious health problems in pregnant women. *Toxoplasma* infection occurs from contaminated food or drinking water and cat feces from a *Toxoplasma*-infected cat. Most infants are infected while still in the womb. They have no symptoms at birth, but they may develop symptoms later in life.

Hepatitis B (HBV) - A serious disease caused by a virus that attacks the liver. This virus can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. The Hepatitis virus may be transmitted sexually, through contaminated blood, or from infected mothers to their infants at birth.

Hepatitis C - A disease caused by the Hepatitis C virus which results in infection of the liver. The Hepatitis C virus is spread by contact with contaminated blood or plasma. The role of person-to-person contact and sexual transmission is unclear, but it may be transmitted from an infected mother to her baby during birth.

Characteristics of labor and delivery

Characteristic of labor and delivery include information about the course of the delivery. Definitions of characteristics of labor are provided by the CDC, NCHS⁴.

Induction of labor - Initiation of uterine contractions by medical and/or surgical means for the purpose of delivery before the spontaneous onset of labor.

Augmentation of labor - Stimulation of uterine contractions by drug or manipulative technique with the intent to reduce the time to delivery.

Non-vertex presentation - Includes any non-vertex fetal presentation, e.g., breech, shoulder, brow, face presentations, and transverse lie in the active phase of labor or at delivery other than vertex.

Steroids (glucocorticoids) for fetal lung maturation - Steroids received by the mother prior to delivery including betamethasone, dexamethasone, or hydrocortisone specifically given to accelerate fetal lung maturation in anticipation of preterm delivery. Excludes steroid medication given to the mother as an anti-inflammatory treatment.

Antibiotics during labor - Includes antibacterial medications given systemically (intravenous or intramuscular) to the mother in the interval between the onset of labor and the actual delivery.

Chorioamnionitis or Maternal temp. >100.4 degrees F - A clinical diagnosis of chorioamnionitis during labor made by the delivery attendant. Usually includes more than one of the following: fever, uterine tenderness and/or irritability, leukocytosis, and fetal tachycardia.

Moderate/heavy meconium staining of amniotic fluid - Staining of the amniotic fluid caused by passage of fetal bowel contents during labor and/or delivery which is more than enough to cause a greenish color change of the fluid.

Fetal intolerance of labor - In-utero resuscitation measure (maternal position change, oxygen administration to the mother, IV fluid, amnioinfusion, support of maternal blood pressure, uterine relaxing agents), further fetal assessment (scalp pH, scalp stimulation, acoustic stimulation), operative delivery/intervention to shorten time to deliver the fetus.

Epidural or spinal anesthesia during labor - Administration of a regional anesthetic to the mother for control of the pain of labor, i.e., delivery of an agent into a limited space with the distribution of the analgesic effect limited to the lower body.

Maternal morbidity (complications of labor and delivery)

Maternal morbidity includes serious complications experienced by the mother associated with the labor and delivery. Definitions of maternal morbidity are provided by the CDC, NCHS⁴.

Maternal transfusion - Includes infusion of whole blood or packed red blood cells within the period specified.

Third or fourth degree perineal laceration - Third degree laceration extends completely through the perineal skin, vaginal mucosa, perineal body, and anal sphincter. Fourth degree laceration is all of the above with extension through the rectal mucosa.

Ruptured uterus - Tearing of the uterine wall.

Unplanned hysterectomy - Surgical removal of the uterus that was not planned prior to admission for delivery. Includes an anticipated or possible but not definitively planned procedure.

ICU admission - Any admission, planned or unplanned, of the mother to a facility/unit designated as providing intensive care (ICU).

Unplanned operating room procedure following delivery - Any transfer of the mother back to a surgical area for an operative procedure that was not planned prior to the admission for delivery. This complication excludes postpartum tubal ligations.

Abnormal conditions of the newborn

Abnormal conditions of the newborn include disorders or significant morbidity experienced by the newborn infant. Definitions of abnormal conditions are provided by the CDC, NCHS⁴.

Assisted ventilation required immediately following delivery - Infant given manual breaths with bag and mask or bag and endotracheal tube within the first several minutes of birth for any duration.

Assisted ventilation required for more than six hours – Infant given mechanical ventilation (breathing assistance) by any method for more than six hours.

Seizure or serious neurologic dysfunction - Seizure defined as any involuntary repetitive, convulsive movement or behavior. Serious neurologic dysfunction defined as severe alteration of alertness such as obtundation, stupor, or coma.

Significant birth injury (injury present immediately following delivery or manifesting following delivery) - Any bone fracture or weakness or loss of sensation. This condition excludes fractured clavicles and transient facial nerve palsy.

NICU admission – NICU (neonatal intensive care unit) is defined as a facility or unit staffed and equipped to provide continuous mechanical ventilatory support for the newborn. The infant may require additional or medical support in an NICU other than continuous mechanical ventilatory support.

Newborn given surfactant replacement therapy - Treatment of surfactant deficiency either due to preterm birth or pulmonary injury resulting in decreased lung compliance.

Antibiotics received by the newborn for suspected neonatal sepsis - Any antibacterial drug given systemically.

Failed newborn hearing test - Failure of the newborn hearing screening test in one or both ears. Data are based on infants given the test in which test results were available prior to the birth certificate being filed with the state. Newborn hearing screening tests may vary by birth facility.

Congenital anomalies of the newborn

Anomalies which are diagnosable within the first 24 hours following birth using widely available conventional diagnostic techniques. Definitions are provided by the CDC, NCHS⁴.

Anencephaly - Absence of the cerebral hemispheres.

Meningomyelocele/spina bifida - Developmental anomaly characterized by defective closure of the bony encasement of the spinal cord, through which the cord and meninges may or may not protrude.

Cyanotic congenital heart disease - Congenital heart defects which cause cyanosis. Includes, but is not limited to, transposition of the great arteries, teratology of Fallot, pulmonary or pulmonic valvular atresia, tricuspid atresia, truncus arteriosus, and total or partial anomalous pulmonary venous return with or without obstruction.

Congenital diaphragmatic hernia - Defects in the formation of the diaphragm allowing herniation of abdominal organs into the thoracic cavity.

Omphalocele - Protrusion of variable amounts of abdominal viscera from a midline defect at the base of the umbilicus.

Gastroschisis - The abdominal viscera protrude through an abdominal wall defect, usually on the right side of the umbilical cord insertion.

Limb reduction defect - Complete or partial absence of a portion of an extremity secondary to failure to develop. Congenital amputation and dwarfing syndromes are excluded.

Cleft lip with or without cleft palate - Refers to incomplete closure of the lip. Cleft lip may be unilateral, bilateral, or median.

Cleft palate alone - Refers to incomplete fusion of the palatal shelves. This may be limited to the soft palate or may also extend into the hard palate.

Down syndrome (karyotype confirmed and karyotype pending) - The most common chromosomal defect, with most cases resulting from an extra chromosome (Trisomy 21).

Suspected other chromosomal disorder (karyotype confirmed and karyotype pending) - Includes any constellation of congenital malformations resulting from or compatible with known syndromes caused by detectable defects in chromosome structure.

Hypospadias – Congenital malformations of genital organs.

Method of delivery

In 2004, the Idaho birth certificate was revised to collect additional data for cesarean births. The revised certificate asks for two additional data items regarding cesarean deliveries, 1) was a trial of labor attempted? and 2) number of previous cesarean deliveries. The number of previous cesarean deliveries is calculated from the response to a question under “risk factors in this pregnancy” which asks if the mother had a previous cesarean delivery and if so, the number of previous cesarean deliveries. As a result, data on vaginal birth after previous cesarean (VBAC), primary, and repeat cesarean deliveries are not directly comparable between revisions⁵.

The formulas for calculating rates by method of delivery are based on mother’s delivery history. For mothers with no previous deliveries or with a previous vaginal delivery, the method of delivery for this birth will either be vaginal or primary cesarean. For women with a previous cesarean delivery, the method of delivery for this birth will either be VBAC or repeat cesarean.

Vaginal, non-VBAC rate: Number of vaginal, non-VBAC deliveries per 100 births. Rate is based on records with known data for method of delivery.

Formula: $[(\text{vaginal, non-VBAC births}) / (\text{total births} - \text{births with unknown method of delivery})] \times 100$

Vaginal birth after previous cesarean (VBAC) rate: Number of vaginal deliveries per 100 births to women with a previous cesarean.

Formula: $[(\text{VBAC births}) / (\text{VBAC births} + \text{repeat cesarean births})] \times 100$

Total cesarean rate: Number of cesarean deliveries per 100 births. Rate is based on records with known data for method of delivery.

Formula: $[(\text{total cesarean births}) / (\text{total births} - \text{births with unknown method of delivery})] \times 100$

Primary cesarean rate: Number of cesarean deliveries per 100 births to women who had no previous cesareans. Rate is based on records with known data for method of delivery.

Formula: $[(\text{primary cesarean births}) / (\text{total births} - \text{VBAC's} - \text{repeat cesareans} - \text{births with unknown method of delivery})] \times 100$

Repeat cesarean rate: Number of cesarean deliveries per 100 births to women with a previous cesarean.

Formula: $[(\text{repeat cesarean births}) / (\text{repeat cesarean births} + \text{VBAC births})] \times 100$

Principal source of payment for delivery

In 2004, the Idaho birth certificate included eight check boxes for the principle source of payment for this delivery: private insurance, Medicaid, self-pay, Indian Health Services, CHAMPUS/TRICARE, other government, other, and none. If no check box was selected, payment source was coded to “not stated”. For data analysis, records with Indian Health Services, CHAMPUS/TRICARE, or other government selected were categorized as “other government”. Principal source for payment was added to the Idaho certificate in 1996. The categories listed from 1996 to 2003 were HMO, self-pay, other health insurance, Medicaid, and other government. Data from 1996 to 2003 are not comparable with data in 2004 and after. Data for Medicaid-paid births from the birth certificate may not match data from the Medicaid Program. In addition, the principal source for payment may change after the certificate is filed with the state.

Mortality

Revision of the Certificate of Death

A new U.S. Standard Certificate of Death was implemented on January 1, 2003 and at that time five states including Idaho implemented the revision within their states. The revision of the death certificate included three new data fields relating to the cause of death:

- 1) Did tobacco use contribute to the death?
- 2) What was the pregnancy status of females aged 10-54?
- 3) What type of safety device(s) did decedent use/employ (transportation deaths)?

In addition to the new variables, there were notable changes to existing data fields. One was a revision to the manner in which the decedent’s education is collected. Prior to 2003, data collected for decedent’s education were based on number of years of school; beginning in 2003, data are based on the education level that best describes the highest degree or level of school completed at time of death.

Another notable change to the death certificate in 2003 was on the decedent’s race and ethnicity. In 2003, the Idaho death certificate was revised to allow for more than one race and more than one Hispanic origin of the decedent. To facilitate coding and processing of multiple-race data in a uniform manner for all vital statistics jurisdictions, the National Center for Health Statistics (NCHS) developed a computer system to code and edit reported race and ethnicity data.

Race of decedent

Beginning in 2003, Idaho Vital Statistics transmitted Idaho death records to NCHS, NCHS re-coded multiple-race categories to single-race codes; NCHS returned the records back to Idaho for analysis. The data used for analysis was the “bridged-multiple race” code on each death certificate. The bridging procedure is similar to the procedure used to bridge multiracial population estimates. For Idaho death certificates, multiracial decedents are imputed to a single race using a coding algorithm according to their combination of races, Hispanic origin, sex, and age indicated on the death certificate. The categories for the bridged race codes are the four main categories used by NCHS – White, Black, American Indian or Alaska Native, Asian or Pacific Islander. In addition, there is a fifth category in Idaho for “other race of decedent”.

The imputation of multiple-race to single-race procedure is described at the CDC's website at: <http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm>.

Idaho was one of the first states to adopt a new death certificate in 2003; however, not all states adopted multiple-race options in 2003. In 2003, all records received by Idaho Vital Statistics for Idahoans who died out of state reported single-race. There were four out-of-state death certificates with multiple races of decedent reported in 2010. Bridged-race codes are not provided to Idaho for out-of-state records; therefore not all Idaho resident records have bridged-race codes to be used for data analysis.

Idaho resident death data provided in the table entitled "Idaho Resident Deaths by Sex, Race and Ethnicity, 2010" are based on single-race and bridged-race categories for deaths in Idaho and single-race categories for deaths out of state.

Year	Deaths to Idaho Residents in Idaho			Deaths to Idaho Residents Out of State		
	Total	Single Race*	Multiple Race	Total	Single Race*	Multiple Race
2008	10,396	10,361	35	531	531	0
2009	10,483	10,445	38	582	580	2
2010	10,830	10,789	41	581	581	0

* Single race or unknown race.

Other race category

Prior to 2003, decedent's race was a write-in response on the death certificate. Races listed on the certificate were collapsed into five race categories: White, Black, American Indian or Alaskan Native, Asian or Pacific Islander, or "other race". With the change to check boxes on the certificates and the ability to select one or more race, the race category structure was revised. Prior to use of check boxes, if the term "Hispanic" or "Mexican" was written on the certificate as race, then race was coded to white. Beginning in 2003, if the check box "other race" was checked and the write-in for other race was specified as "Hispanic" or "Mexican", then race was coded to "other race". Therefore, race data for deaths in 2003 and after are not comparable with race data prior to 2003. Data for white, non-Hispanic persons are available upon request; these data are comparable for years prior to 2003 to present.

Prior to 2003, the number of deaths categorized as "other race" was historically low. For example, in 2002, there were four residents deaths reported as "other race". Due to the change in the methodology, the number of records with "other race" of decedent increased from four in 2002 to 58 in 2003, 77 in 2004, 98 in 2005, 103 in 2006, and decreased to 92 in 2007. The number decreased to 62 in 2008, increased to 71 in 2009, and once again decreased to 45 in 2010.

Cause-of-Death Classification

Mortality statistics are compiled in accordance with the World Health Organization (WHO) regulations, which specify that member nations, including the United States, classify and code causes of death in accordance with the International Statistical Classification of Diseases and Related Health Problems. The tenth revision of the International Classification of Diseases (ICD-10) was

implemented in the United States beginning with deaths occurring in 1999 and replaces the ninth revision of the ICD (ICD-9), which was used from 1979 through 1998. Some changes from ICD-9 to ICD-10 include:

1. ICD-10 is far more detailed, with about 8,000 categories compared with 4,000 categories in ICD-9.
2. ICD-10 uses 4-digit alphanumeric codes, compared to 4-digit numeric codes in ICD-9.
3. Some cause-of-death titles have been changed, and conditions have been regrouped.
4. Some cause-of-death coding rules have been changed.

For more information on ICD, go to the Centers for Disease Control and Prevention website link at <http://www.cdc.gov/nchs/about/major/dvs/icd10des.htm>

Comparability Ratio

The change from ICD-9 to ICD-10 in 1999 may result in discontinuities in cause-of-death trends. These discontinuities are measured using comparability ratios. NCHS developed comparability ratios to measure the level of agreement between classification systems for causes of death. Go to <http://www.cdc.gov/nchs/datawh/nchsdefs/comparabilityratio.htm> for more information regarding comparability ratios.

The comparability ratio is the result of a study completed by NCHS in which a sample of U.S. mortality records was coded by both the new (ICD-10) and the old (ICD-9) revision codes.

Comparability ratio:
$$\frac{\text{Number of deaths for a cause of death based on ICD-10 code(s)}}{\text{Number of deaths for a cause of death based on the most comparable ICD-9 code(s)}}$$

To show trends in data, NCHS has instructed states to treat ICD-10 as the standard and adjust statistics prior to 1999 using Modified ICD-9 codes and comparability ratios. Therefore, mortality statistics provided in this report are NOT comparable to previously published mortality statistics based on non-modified ICD-9 codes. Idaho trend data using Modified ICD-9 codes and comparability ratios are available upon request.

Firearm Injury, Alcohol-Induced, and Drug-Induced Deaths

Deaths attributed to firearm injury, alcohol-induced, and drug-induced causes are sub-sets of mortality categories used to rank leading causes of death such as accidents, intentional self-harm (suicide), and assault (homicide). Firearm injury, alcohol-induced, and drug-induced deaths are not used to rank leading cause of death.

Firearm Injury

Causes of death attributable to firearm-injury deaths include ICD-10 codes: U01.4, W32-W34, X72-X74, X93-X95, Y22-Y24, and Y35.0. Firearm injury deaths include terrorism involving firearms (homicide); accidental discharge of firearms; intentional self-harm (suicide) by discharge of firearms; assault (homicide) by discharge of firearms; discharge of firearms, undetermined intent; and legal intervention involving firearm discharge. Death from injury by firearms exclude deaths due to explosives and other causes indirectly related to firearms.

Alcohol-Induced

The list of ICD-10 codes included in alcohol-induced causes was expanded in 2003 to include the ICD-10 codes of E24.4, G72.1, and K86.0 with the codes used prior to 2003: F10, G31.2, G62.1, I42.6, K29.2, K70, R78.0, X45, X65, and Y15. In 2006, the list was expanded again to include ICD-10 code K85.2. Alcohol-induced deaths include mental and behavioral disorders due to alcohol use; degeneration of nervous system due to alcohol; alcoholic polyneuropathy; alcoholic cardiomyopathy; alcoholic gastritis; alcoholic liver disease; alcohol-induced chronic pancreatitis; alcohol-induced acute pancreatitis; findings of alcohol in blood; accidental poisoning by and exposure to alcohol; intentional self-poisoning (suicide) by exposure to alcohol; poisoning by exposure to alcohol; and poisoning by exposure to alcohol, undetermined intent. Alcohol-induced deaths do not include homicides, accidents such as falls and motor vehicle crashes, and other causes indirectly related to alcohol use. This category also excludes newborn deaths associated with maternal alcohol use.

Drug-Induced

In 2003 and 2006, NCHS expanded the list of ICD-10 codes for drug-induced causes to be more comprehensive. Drug-induced ICD-10 codes include: D52.1, D59.0, D59.2, D61.1, D64.2, E06.4, E16.0, E23.1, E24.2, E27.3, E66.1, F11.0-F11.5, F11.7-F11.9, F12.0-F12.5, F12.7-F12.9, F13.0-F13.5, F13.7-F13.9, F14.0-F14.5, F14.7-F14.9, F15.0-F15.5, F15.7-F15.9, F16.0- F16.5, F16.7-F16.9, F17.0, F17.3-F17.5, F17.7-F17.9, F18.0-F18.5, F18.7-F18.9, F19.0-F19.5, F19.7-F19.9, G21.1, G24.0, G25.1, G25.4, G25.6, G44.4, G62.0, G72.0, I95.2, J70.2-J70.4, K85.3, L10.5, L27.0, L27.1, M10.2, M32.0, M80.4, M81.4, M83.5, M87.1, R50.2, R78.1- R78.5, X40-X44, X60-X64, X85, and Y10-Y14. Drug-induced deaths include deaths due to drug psychosis; drug dependence; nondependent use of drugs not including alcohol and tobacco; drug-induced pancreatitis; drug-induced fever; accidental poisoning by drugs, medicaments, and biologicals; suicide by drugs, medicaments, and biologicals; assault from poisoning by drugs and medicaments; and poisoning by drugs, medicaments, and biologicals, undetermined whether accidental or purposely inflicted. Drug-induced deaths do not include accidents, homicides, and other causes indirectly related to drug use. Also excluded are newborn deaths associated with maternal drug use. Types of drugs listed on the death certificate include prescriptions, over-the-counter drugs, and narcotics.

Life Expectancy

Data used to calculate Idaho life expectancy are based on July 1, 2005, population estimates from the U.S. Bureau of the Census, age-specific population estimates computed by the Bureau of Vital Records and Health Statistics, and 2005 Idaho resident mortality rates. Average number of years of life remaining (${}^o e_x$) is the expectation of life for those who survived to age x.

$${}^o e_x = T_x / l_x$$

T_x is the total time lived beyond age x by all individuals of the life table proportion alive at age x; l_x is the number of persons who survive to the exact age marking the beginning of each age interval. The number alive at age 0 (l_0) is taken arbitrarily as 100,000.

Mortality Rates Age-Adjusted to the Year 2000 U.S. Standard

Age adjustment is a statistical technique used to standardize rates. The technique is employed when comparing two or more populations with different age distributions. Age-adjusted rates are artificial measures for comparison purposes only and should not be used to measure the absolute magnitude of a health issue. To allow for comparison, the same standard population must be used. If different standard populations are used to compute the age-adjusted rates (1940 and 2000, for example), then the age-adjusted rates are NOT comparable. Statistically, it is a weighted average of the age-specific death rates, where the weights represent the fixed population proportions by age.

There are two methods for age-adjusting rates: direct and indirect. In this report, Idaho age-adjusted rates were developed using the following steps for the direct method:

- 1) Calculate **age-specific rates** for the 11 age groups used in the 2000 standard million: less than 1, 1-4, 5-14, 15-24, 25-34, 35-44, 45-54, 55-64, 65-74, 75-84, and 85 and older.

$$\frac{\text{(Annual number of deaths in age group)}}{\text{(Population of age group for corresponding year)}}$$

- 2) Calculate **expected number of deaths** for each age group.

$$\text{(2000 U.S. standard million population of age group)} \times \text{(Age-specific rate)}$$

- 3) Calculate **total expected number of deaths**.

$$\text{(Sum of expected deaths for all age groups)}$$

- 4) Calculate **age-adjusted rate per 100,000 persons**.

$$\frac{\text{(Total expected deaths)}}{\text{(Standard million)}} \times 100,000$$

YEAR 2000 U.S. STANDARD POPULATION			
All ages	1,000,000	35-44 years	162,613
Under 1 year	13,818	45-54 years	134,834
1-4 years	55,317	55-64 years	87,247
5-14 years	145,565	65-74 years	66,037
15-24 years	138,646	75-84 years	44,842
25-34 years	135,573	85+ years	15,508

Years of Potential Life Lost (YPLL)

Years of potential life lost (YPLL) is a statistic used to measure the number of years of life lost in a population when persons in that population die prematurely. YPLL provides valuable information regarding the causes of death that contribute most significantly to premature mortality. For example, in 2010 Accidents was the fourth-leading cause of death of Idahoans and accounted for 5.7 percent of all resident deaths. However, Accidents was the second-leading cause of premature death under age 75 and accounted for 9.9 percent of all YPLL in 2010.

In order to calculate YPLL, a standard must be chosen (e.g., age 75) as a reference point for years of life lost. The number of years of life lost is then calculated for each person dying before the standard age. Assume a standard of 75 years of age is chosen. For calculation purposes, all people are considered half way through the year of their age at death. For example, an infant who dies under one year of age is considered .5 years of age at death, and a child who dies at age one - between its

first and second birthday - is considered 1.5 years of age, and so forth. Therefore, a person dying at 39 has lost 35.5 years of life relative to the standard (i.e., 75 years – 39.5 years = 35.5 years). To obtain YPLL, the number of years of life lost for each person in the population dying before the standard age is summed. Persons dying at 75 years of age or older would be excluded from the analysis, because they have not lost years of life relative to the standard. For this report, a standard of 75 years of age was chosen to calculate YPLL.

Population

The Office of Management and Budget announced revisions to the standards for classification of federal data on race and ethnicity on October 30, 1997. These standards require that agencies offer individuals the opportunity to select one or more races when reporting information on race in federal data collections. The Census in 2000 was the first nationwide implementation of the revised standards.

The files released from the U.S. Census Bureau for April 1, 2010 Census contain data for single race categories (including “other race” category) and multiple race categories. This presents problems for vital rates from two standpoints. First, the file contains counts of persons with more than one race and therefore is not compatible with states’ vital statistics numerators based on single race categories; second, the file contains the “other race” category that is not used to calculate national vital statistics rates. For U.S. vital statistics, “other race” is allocated to the four main race categories.

Standard Race Categories April 1, 2010 Census for Idaho		
Race	Number	Percent
Total	1,567,582	100.0%
White	1,396,487	89.1%
Black	9,810	0.6%
American Indian/Alaskan Native	21,441	1.4%
Asian	19,069	1.2%
Native Hawaiian/Pacific Islander	2,317	0.1%
Some other race	79,523	5.1%
Two or more races	38,935	2.5%

NCHS contracted with the Census Bureau to produce a “bridged” data set in which all multiple race persons are allocated to a single race, to reproduce what these people would have reported had they not had the option to report more than one race. In November 2011, NCHS released state and county population totals for April 1, 2010. These totals are for the four race groups (White, Black, American Indian or Alaska Native, Asian or Pacific Islander, including Native Hawaiian) by single year of age, sex, and Hispanic origin⁶.

Standard Race Categories Idaho Bridged Intercensal 2008 and 2009 Estimates, 2010 Estimates						
	July 1, 2008		July 1, 2009		April 1, 2010	
Race	Number	Percent	Number	Percent	Number	Percent
Total	1,523,816	100.0%	1,545,801	100.0%	1,567,582	100.0%
White	1,458,280	95.7%	1,476,733	95.5%	1,496,784	95.5%
Black	17,878	1.2%	19,238	1.2%	15,104	1.0%
American Indian/ Alaskan Native	25,613	1.7%	26,632	1.7%	29,801	1.9%
Asian/Pacific Islander	22,045	1.4%	23,198	1.5%	25,893	1.7%

1. “PNSS Health Indicators,” CDC Pediatric and Pregnancy Nutrition Surveillance System. December 2010. www.cdc.gov/pednss/what_is/pnss_health_indicators.htm.

2. “Report of the Panel to Evaluate the U.S. Standard Certificates,” National Center for Health Statistics, Division of Vital Statistics, April 2000, Addenda, November 2001.

3. “Births: Final Data for 2003,” National Vital Statistics Reports, National Center for Health Statistics, Vol. 54/No.2, September 8, 2005.

4. “Birth Edit Specifications for the 2003 Revision of the U.S. Standard Certificate of Birth” National Center for Health Statistics, Division of Vital Statistics, April 2004, Updated March 18, 2005.

5. “Births: Final Data for 2005,” National Vital Statistics Reports, National Center for Health Statistics, Vol. 56/No.6, December 5, 2007.

6. The bridged-race April 1, 2010 population estimates were produced by the Population Estimates Program of the U.S. Census Bureau in collaboration with the National Center for Health Statistics (NCHS). These estimates were released by the Census Bureau on November 3, 2011 and by NCHS on November 17, 2011. http://www.cdc.gov/nchs/nvss/bridged_race/data_documentation.htm