

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: ID
APPLICATION YEAR: 2012

[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 2011](#)

[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 \(HSI 12\)](#)

Open for public comment until July 13, 2012
For comments or questions please contact Diane Prince at (208)334-5930

FORM 2
MCH BUDGET DETAILS FOR FY 2012

[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. 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 2007		FY 2008		FY 2009	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 3,373,170	\$ 3,339,400	\$ 3,373,169	\$ 3,669,024	\$ 3,228,247	\$ 3,163,593
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 2,097,900	\$ 1,865,748	\$ 2,150,381	\$ 2,751,768	\$ 1,865,749	\$ 1,320,494
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 444,728	\$ 638,802	\$ 379,496	\$ 0	\$ 555,437	\$ 1,052,200
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal	\$ 5,915,798	\$ 5,843,950	\$ 5,903,046	\$ 6,420,792	\$ 5,649,433	\$ 5,536,287
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 27,548,666	\$ 29,494,848	\$ 31,066,470	\$ 35,923,346	\$ 29,494,848	\$ 38,829,252
9. Total <i>(Line11, Form 2)</i>	\$ 33,464,464	\$ 35,338,798	\$ 36,969,516	\$ 42,344,138	\$ 35,144,281	\$ 44,365,539
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: ID

	FY 2010		FY 2011		FY 2012	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 3,236,834	\$	\$ 3,236,441	\$	\$	\$
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$	\$ 0	\$	\$	\$
3. State Funds <i>(Line3, Form 2)</i>	\$ 0	\$	\$ 0	\$	\$	\$
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 2,427,626	\$	\$ 2,427,331	\$	\$	\$
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$	\$ 0	\$	\$	\$
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$	\$ 0	\$	\$	\$
7. Subtotal	\$ 5,664,460	\$ 0	\$ 5,663,772	\$ 0	\$ 0	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 39,298,375	\$	\$ 38,829,252	\$	\$	\$
9. Total <i>(Line11, Form 2)</i>	\$ 44,962,835	\$ 0	\$ 44,493,024	\$ 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: 2009
Field Note:
State match in immunization funding was decreased.

2. **Section Number:** Form3_Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2009
Field Note:
Due to decrease in general funds for immunization purchase, greater match was used from local level.

3. **Section Number:** Form3_Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2009
Field Note:
This increase is primarily due to case load increase in WIC. USDA has increased funding to cover increased case load as well as increased food costs.

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 2007		FY 2008		FY 2009	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 381,837	\$ 327,341	\$ 309,390	\$ 291,671	\$ 264,025	\$ 318,509
b. Infants < 1 year old	\$ 1,427,557	\$ 1,380,025	\$ 1,588,918	\$ 1,737,798	\$ 1,448,425	\$ 1,317,275
c. Children 1 to 22 years old	\$ 2,027,431	\$ 2,215,348	\$ 2,126,467	\$ 2,367,535	\$ 2,148,148	\$ 2,012,366
d. Children with Special Healthcare Needs	\$ 1,446,295	\$ 1,349,911	\$ 1,416,012	\$ 1,473,330	\$ 1,205,710	\$ 1,442,896
e. Others	\$ 295,361	\$ 310,767	\$ 155,607	\$ 267,715	\$ 260,300	\$ 269,930
f. Administration	\$ 337,317	\$ 260,558	\$ 306,652	\$ 282,743	\$ 322,825	\$ 175,311
g. SUBTOTAL	\$ 5,915,798	\$ 5,843,950	\$ 5,903,046	\$ 6,420,792	\$ 5,649,433	\$ 5,536,287

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).

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	\$ 21,244,235	\$ 21,840,070	\$ 22,231,985
h. AIDS	\$ 1,861,210	\$ 3,412,600	\$ 1,607,806
i. CDC	\$ 4,443,221	\$ 0	\$ 3,972,445
j. Education	\$ 0	\$ 0	\$ 0
k. Other			
Title X	\$ 0	\$ 0	\$ 1,682,612
CDC - Immunization	\$ 0	\$ 2,007,900	\$ 0
CDC - STD	\$ 0	\$ 328,269	\$ 0
CDC - WHC	\$ 0	\$ 1,783,600	\$ 0
PHS - Title X	\$ 0	\$ 1,694,031	\$ 0
III. SUBTOTAL	\$ 27,548,666	\$ 31,066,470	\$ 29,494,848

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 2010		FY 2011		FY 2012	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 261,759	\$	\$ 243,008	\$	\$	\$
b. Infants < 1 year old	\$ 1,401,870	\$	\$ 1,386,063	\$	\$	\$
c. Children 1 to 22 years old	\$ 2,247,972	\$	\$ 2,231,083	\$	\$	\$
d. Children with Special Healthcare Needs	\$ 1,217,759	\$	\$ 1,312,898	\$	\$	\$
e. Others	\$ 270,100	\$	\$ 265,720	\$	\$	\$
f. Administration	\$ 265,000	\$	\$ 225,000	\$	\$	\$
g. SUBTOTAL	\$ 5,664,460	\$ 0	\$ 5,663,772	\$ 0	\$ 0	\$ 0

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).

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	\$ 32,168,428	\$ 32,652,784	\$
h. AIDS	\$ 2,058,400	\$ 2,248,135	\$
i. CDC	\$ 3,388,935	\$ 2,294,736	\$
j. Education	\$ 0	\$ 0	\$
k. Other			
Title X	\$ 1,682,612	\$ 1,633,597	\$
III. SUBTOTAL	\$ 39,298,375	\$ 38,829,252	\$ 0

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2009
Field Note:
Increased demand for family planning services. Both state and local budgets were unable to meet need. Savings from administration used to help meet need.
2. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2009
Field Note:
Increased claims payments and physician costs.
3. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2009
Field Note:
With tighter state budget, administrative funding was reduced in travel and personnel. Realized savings was placed in program delivery.

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 2007		FY 2008		FY 2009	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 2,009,502	\$ 1,972,850	\$ 1,664,893	\$ 1,998,408	\$ 1,690,083	\$ 1,952,312
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 64,112	\$ 48,016	\$ 49,630	\$ 59,137	\$ 31,700	\$ 46,301
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 2,918,928	\$ 3,074,040	\$ 3,337,922	\$ 3,652,197	\$ 3,034,304	\$ 2,822,486
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 923,256	\$ 749,044	\$ 850,601	\$ 711,050	\$ 893,346	\$ 715,188
V. Federal-State Title V Block Grant Partnership Total (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.)	\$ 5,915,798	\$ 5,843,950	\$ 5,903,046	\$ 6,420,792	\$ 5,649,433	\$ 5,536,287

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 2010		FY 2011		FY 2012	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 1,748,690		\$ 1,837,850			
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 46,620		\$ 46,700			
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 2,985,505		\$ 2,988,681			
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 883,645		\$ 790,541			
V. Federal-State Title V Block Grant Partnership Total (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.)	\$ 5,664,460	\$ 0	\$ 5,663,772	\$ 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: 2009
Field Note:
Continued to catch-up in overdue claims payments.

2. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2009
Field Note:
Continued catch-up in claims. Began outreach and education projects. Moved care coordination for CSHCNs in-house.

3. **Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2009
Field Note:
Did not spend as much as anticipated on the MCH Five Year Needs Assessment.

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: 22,805

Reporting Year: **2010**

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	22,803	100	7	0	0	
Congenital Hypothyroidism	22,803	100	334	12	12	100
Galactosemia	22,803	100	9	0	0	
Sickle Cell Disease	22,803	100	1	1	1	100

Other Screening (Specify)

Cystic Fibrosis	22,803	100	16	4	4	100
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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

The near 100% screening coverage is more than likely due to mothers from surrounding states delivering in Idaho, resulting in a higher number of screens. Idaho does not have a mechanism that links screening data with birth certificate data, so there is no way to differentiate between resident and non-resident screens.

FIELD LEVEL NOTES

- Section Number:** Form6_Main
Field Name: BirthOccurence
Row Name: Total Births By Occurence
Column Name: Total Births By Occurence
Year: 2012
Field Note:
This is provisional resident birth data for 2010.
- Section Number:** Form6_Main
Field Name: SickleCellDisease_Confirmed
Row Name: SickleCellDisease
Column Name: Confirmed Cases
Year: 2012
Field Note:
Single presumptive case was confirmed

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	2005	2006	2007	2008	2009
Pregnant Women	2,885	2,043	2,685	2,863	2,821
Infants < 1 year old	22,529	23,719	24,400	24,522	24,276
Children 1 to 22 years old	82,052	84,776	86,684	72,800	61,486
Children with Special Healthcare Needs	218	201	189	441	729
Others	29,151	30,266	33,963	58,581	67,985
Total	136,835	141,005	147,921	159,207	157,297

Reporting Year: 2010

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	2,272	22.7	1.4	4.8	69.6	1.5
Infants < 1 year old	23,251	34.7	2.2	53.4	9.4	0.0
Children 1 to 22 years old	64,604	23.6	1.5	62.4	12.5	0.0
Children with Special Healthcare Needs	1,193	3.9	0.3	3.9	4.7	87.3
Others	66,825	0.0	0.0	0.0	0.0	100.0
TOTAL	158,145					

FORM NOTES FOR FORM 7

Budget limitations in the first half of 2010 meant that all state offices reduced service hours. The reduced hours affected total number of persons served.

FIELD LEVEL NOTES

1. **Section Number:** Form7_Main
Field Name: CSHCN_Unknown
Row Name: Children with Special Health Care Needs
Column Name: Unknown %
Year: 2012
Field Note:
Changes in report processes no longer collected health insurance status hence large number of unknowns.

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: 2009

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
DELIVERIES								
Total Deliveries in State	23,726	20,875	129	341	290	33	394	1,664
Title V Served	23,251	20,458	126	334	284	32	386	1,631
Eligible for Title XIX	8,744	7,368	83	212	64	18	187	812
INFANTS								
Total Infants in State	25,185	23,502	600	575	508	0	0	0
Title V Served	24,296	23,032	588	564	112	0	0	0
Eligible for Title XIX	9,150	8,295	386	357	112	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
DELIVERIES								
Total Deliveries in State	19,886	3,677	163	0	0	0	0	3,677
Title V Served	19,488	3,603	160	0	0	0	0	3,603
Eligible for Title XIX	6,914	1,769	61	0	0	0	0	1,769
INFANTS								
Total Infants in State	20,755	4,430	0	0	0	0	0	4,430
Title V Served	20,340	4,341	0	0	0	0	0	4,341
Eligible for Title XIX	7,216	2,131	0	0	0	0	0	2,131

FORM NOTES FOR FORM 8

Birth records for 2010 not finalized as of entry date, 2009 Final births used.

Files used for infant population estimates have Asian and NHOPI combined, no multi-race or unknown.

FIELD LEVEL NOTES

1. **Section Number:** Form8_I. Unduplicated Count By Race

Field Name: DeliveriesTitleV_All

Row Name: Title V Served

Column Name: Total All Races

Year: 2012

Field Note:

Number of title V served is estimated from the total number of deliveries. At least 98% of all infants have a newborn hearing and/or metabolic screen performed.

2. **Section Number:** Form8_I. Unduplicated Count By Race

Field Name: DeliveriesTitleXIX_All

Row Name: Eligible for Title XIX

Column Name: Total All Races

Year: 2012

Field Note:

Title XIX actually served are reported as eligible as no reliable estimate of eligible exists.

Based on count of all births to Idaho mothers in 2009, birth may have been in Idaho or out of state, where Medicaid was indicated as principal source of payment for delivery on birth certificate.

3. **Section Number:** Form8_I. Unduplicated Count By Race

Field Name: InfantsTotal_All

Row Name: Total Infants in State

Column Name: Total All Races

Year: 2012

Field Note:

Total infants in state is based on 2009 Census population projections to be from comparable period of 2009 births. 2009 Birth data incomplete due to significant numbers of missing out-of-state-delivery birth certificates.

Numbers will vary from Form 6 as Form 6 is based on recorded tests of 2010 in-state deliveries and births for 2010 have been lower than 2009 census estimates.

4. **Section Number:** Form8_I. Unduplicated Count By Race

Field Name: InfantsTitleXIX_All

Row Name: Eligible for Title XIX

Column Name: Total All Races

Year: 2012

Field Note:

Number determined by applying rate for 2009 deliveries to population estimate.

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

	FY 2012	FY 2011	FY 2010	FY 2009	FY 2008
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

	FY 2012	FY 2011	FY 2010	FY 2009	FY 2008
1. State MCH Toll-Free "Hotline" Telephone Number	211 or 1-800-296-2588	211 or 1-800-296-2588	211 or 1-800-926-2588	211 or 1-800-926-2588	211 or 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"	Keith, Courtney	Gonzalez, Cruz A.	Nina Dillon	Nina Dillon	Patricia Williams
4. Contact Person's Telephone Number	208-287-1030	208-287-1030	208-287-1020	208-287-1020	208-287-1020
5. Contact Person's Email	KeithC@dhw.idaho.gov	GonzaleC@dhw.idaho.gov			
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	65942	66901	56976

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

1. **Section Number:** Form9_Main
Field Name: calls_2
Row Name: Number of calls received On the State MCH Hotline This reporting period
Column Name: FY
Year: 2010
Field Note:
Count of topics:
Abuse/Neglect
Adoption
Childcare
Disabilities (under age 3)
Foster Care
Immunizations
Medicaid (Age 19-)

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2012
[SEC. 506(A)(1)]
STATE: ID

1. State MCH Administration:
(max 2500 characters)

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)	\$ _____
8. Total Federal-State Partnership (Line 8, Form 2)	\$ _____

9. Most significant providers receiving MCH funds:

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

a. Pregnant Women	2,272
b. Infants < 1 year old	23,251
c. Children 1 to 22 years old	64,604
d. CSHCN	1,193
e. Others	66,825

11. Statewide Initiatives and Partnerships:

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

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

c. Infrastructure Building Services:
(max 2500 characters)

12. The primary Title V Program contact person:

Name _____

Title _____

Address _____

City _____

State _____

Zip _____

Phone _____

Fax _____

Email _____

Web _____

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

Name _____

Title _____

Address _____

City _____

State _____

Zip _____

Phone _____

Fax _____

Email _____

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.

Annual Objective and Performance Data

	2006	2007	2008	2009	2010
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	17	31	30	19	29
Denominator	17	31	30	19	29
Data Source			Idaho Newborn Screening Program	Idaho Newborn Screening Program	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

Annual Objective and Performance Data

	2011	2012	2013	2014	2015
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)

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	60	60	53	53	53
Annual Indicator	57.2	52.7	52.7	52.7	52.7
Numerator					
Denominator					
Data Source			National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2005-2006
<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.</p> <p><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>					
	2011	2012	2013	2014	2015
Annual Performance Objective	53	53	53	53	53
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- 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.
- 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
- Section Number:** Form11_Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2008
Field Note:
 This number is from the 2005-2006 CSHCN Survey

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	52	52	52	52	52
Annual Indicator	48.8	47.7	47.7	47.7	47.7
Numerator					
Denominator					
Data Source			National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2005-2006
<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.</p> <p>(Explain data in a year note. See Guidance, Appendix IX.)</p>					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2011	2012	2013	2014	2015
Annual Performance Objective	52	52	52	52	52
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #3
Field Name: PM03
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 NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.
- Section Number:** Form11_Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2009
Field Note:
 From the 2005-2006 CSHCN Survey.
- Section Number:** Form11_Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2008
Field Note:
 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)

Annual Objective and Performance Data

	2006	2007	2008	2009	2010
Annual Performance Objective	60	60	60	60	60
Annual Indicator	53.3	56.9	56.9	56.9	56.9
Numerator					
Denominator					
Data Source			National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2005-2006

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

	2011	2012	2013	2014	2015
Annual Performance Objective	60	60	60	60	60
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- 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.
- Section Number:** Form11_Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2009
Field Note:
 From the 2005-2006 CSHCN Survey.
- Section Number:** Form11_Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2008
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>				
	2006	2007	2008	2009	2010
Annual Performance Objective	<u>80</u>	<u>80</u>	<u>86</u>	<u>86</u>	<u>86</u>
Annual Indicator	<u>75.2</u>	<u>86</u>	<u>86</u>	<u>86</u>	<u>86</u>
Numerator	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Denominator	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Data Source			National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2005-2006
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>				
	2011	2012	2013	2014	2015
Annual Performance Objective	<u>86</u>	<u>86</u>	<u>86</u>	<u>86</u>	<u>86</u>
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- 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.
- 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
- Section Number:** Form11_Performance Measure #5
Field Name: PM05
Row Name:
Column Name:
Year: 2008
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.

Annual Objective and Performance Data

	2006	2007	2008	2009	2010
Annual Performance Objective	6	6	46	46	46
Annual Indicator	1	45.8	45.8	45.8	45.8
Numerator					
Denominator					
Data Source			National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2005-2006	National Survey of CSHCNs 2005-2006

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

	2011	2012	2013	2014	2015
Annual Performance Objective	46	46	46	46	46
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **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.

2. **Section Number:** Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2009

Field Note:

From the 2005-2006 CSHCN Survey.

3. **Section Number:** Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2008

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.

Annual Objective and Performance Data

	2006	2007	2008	2009	2010
Annual Performance Objective	82	83	83	83	75
Annual Indicator	77.8	75.8	65.9	65.8	73.3
Numerator					
Denominator					
Data Source			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	Provisional

Annual Objective and Performance Data

	2011	2012	2013	2014	2015
Annual Performance Objective	75	75	75	75	75
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_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.

2. Section Number: Form11_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.

3. Section Number: Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2008

Field Note:

NIS data for CY2008 is not available until August, 2009. 2007 value used as estimate for 2008,

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

The percentages come from the National Immunization Survey. No numbers are given as to how many were surveyed or how many are completely immunized.

PERFORMANCE MEASURE # 08

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

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	13	15	17.8	17.7	16
Annual Indicator	17.9	19.0	19.9	16.8	16.8
Numerator	597	628	651	548	548
Denominator	33,264	32,974	32,772	32,573	32,573
Data Source			Estimate from prior year	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. <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>				
	2011	2012	2013	2014	2015
Annual Performance Objective	16	16	15.9	15.9	15.9
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #8
Field Name: PM08
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.
- Section Number:** Form11_Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2009
Field Note:
 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. Population estimates for 2009 are not available by age and gender as of 3/22/2010.
- Section Number:** Form11_Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2008
Field Note:
 Population not available until July 2009. Used population estimate from 2007 as estimated denominator

PERFORMANCE MEASURE # 09

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

Annual Objective and Performance Data

	2006	2007	2008	2009	2010
Annual Performance Objective	66	60	60.5	60.6	60.6
Annual Indicator	55.7	55.7	55.7	57.1	57.1
Numerator					
Denominator					
Data Source			Smile Survey 2005	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

Annual Objective and Performance Data

	2011	2012	2013	2014	2015
Annual Performance Objective	60.6	60.7	60.7	60.7	60.7
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- 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.

- 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.

- Section Number:** Form11_Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2008

Field Note:

SMILES survey used to estimate will not conclude until June 2009. 2005-06 rate used as latest available estimate.

PERFORMANCE MEASURE # 10

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

	Annual Objective and Performance Data				
	2006	2007	2008	2009	2010
Annual Performance Objective	4	4	5.5	5.5	5.5
Annual Indicator	4.0	7.7	2.6	4.8	4.3
Numerator	13	26	9	17	15
Denominator	325,906	339,358	344,821	351,924	351,924
Data Source			Death Certificates	Death Certificates	Dept of Transportation
<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.</p> <p>(Explain data in a year note. See Guidance, Appendix IX.)</p>					
Is the Data Provisional or Final?				Final	Provisional

	Annual Objective and Performance Data				
	2011	2012	2013	2014	2015
Annual Performance Objective	4.3	4.3	4.3	4.3	4.3
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2010
Field Note:
 Death count preliminary total from Idaho Dept of Transportatio for 2010. IDT records usually reflect deaths at the scene of an accident and therefore will be lower than subsequent death certificate data.

2010 death records have not been finalized, 2009 deaths have been used as best estimate. 2010 population data by age not available at time of entry, 2009 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.
- Section Number:** Form11_Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2008
Field Note:
 Death count preliminary total from Idaho Dept of Transportatio for 2008. IDT records usually reflect deaths at the scene of an accident and therefore will be lower than subsequent death certificate data.

Population count for 2008 not available until July 2009, 2007 population estimate used as estimate.

PERFORMANCE MEASURE # 11

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

Annual Objective and Performance Data

	2006	2007	2008	2009	2010
Annual Performance Objective	50	51	51.5	52	52.1
Annual Indicator	50.5	54	50.5	55.2	55.4
Numerator					
Denominator					
Data Source			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?

Provisional Provisional

Annual Objective and Performance Data

	2011	2012	2013	2014	2015
Annual Performance Objective	52.2	52.2	52.3	52.3	52.3
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- 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.

- Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2008

Field Note:

Data source is 2007 Idaho PRATS survey. Data for 2008 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.

PERFORMANCE MEASURE # 12

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

Annual Objective and Performance Data

	2006	2007	2008	2009	2010
Annual Performance Objective	100	100	98.8	98.8	98.8
Annual Indicator	98.4	96.7	97.9	93.1	94.8
Numerator	22,302				
Denominator	22,657				
Data Source			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?

Provisional Provisional

Annual Objective and Performance Data

	2011	2012	2013	2014	2015
Annual Performance Objective	98.8	98.8	98.8	98.8	98.8
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #12

Field Name: PM12

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 #12

Field Name: PM12

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. Rate is among those children who had their hearing tested at all.

The questionnaire was changed for 2008 to ask about "hearing screening after baby was born" from prior to hospital discharge.

- Section Number:** Form11_Performance Measure #12

Field Name: PM12

Row Name:

Column Name:

Year: 2008

Field Note:

Data source is 2007 Idaho PRATS survey. Data for 2008 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. Rate is among those children who had their hearing tested at all.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

	Annual Objective and Performance Data				
	2006	2007	2008	2009	2010
Annual Performance Objective	12	11.2	12.5	12.4	8.8
Annual Indicator	11.4	13.0	11.0	8.9	10.2
Numerator	44,995	52,135	45,621	37,161	42,845
Denominator	394,435	401,854	414,662	418,764	421,894
Data Source			Current Population Survey	Current Population Survey	Current Population
<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.</p> <p>(Explain data in a year note. See Guidance, Appendix IX.)</p>					
Is the Data Provisional or Final?				Provisional	Provisional

	Annual Objective and Performance Data				
	2011	2012	2013	2014	2015
Annual Performance Objective	10	10	10	9.9	9.9
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **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/cpstc/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: 2009

Field Note:

Source: U.S. Census Bureau

Current Population Survey, Annual Social and Economic Supplement,

http://www.census.gov/hhes/www/cpstc/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: 2008

Field Note:

Source: U.S. Census Bureau

Current Population Survey, Annual Social and Economic Supplement, 2007

http://www.census.gov/hhes/www/cpstc/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.

Annual Objective and Performance Data

	2006	2007	2008	2009	2010
Annual Performance Objective	26	31	31	30.9	30.8
Annual Indicator	32.1	31.2	31.3	30.1	29.5
Numerator	5,807	5,894	6,762	7,314	7,259
Denominator	18,113	18,862	21,581	24,316	24,629
Data Source			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

Annual Objective and Performance Data

	2011	2012	2013	2014	2015
Annual Performance Objective	29.5	29.5	29.5	29.5	29.5
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- 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
- 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
- Section Number:** Form11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2008
Field Note:
 Based on PedNSS data avail as of 1/17/2009

PERFORMANCE MEASURE # 15

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

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	8	8	8.5	8.5	8.4
Annual Indicator	9.4	9.0	8.8	9.1	9.1
Numerator	2,258	2,255	2,198	2,158	2,158
Denominator	24,112	24,972	25,101	23,713	23,713
Data Source			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>				
	2011	2012	2013	2014	2015
Annual Performance Objective	8.4	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: 2010
Field Note:
 Due to out-of-state birth certificates not received as of date of entry 2009 values are used as estimate.
- Section Number:** Form11_Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2008
Field Note:
 Out of state birth certificates do not necessarily include smoking during pregnancy. Denominator reflects those that do record smoking status, births to Idaho women.

PERFORMANCE MEASURE # 16

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

Annual Objective and Performance Data

	2006	2007	2008	2009	2010
Annual Performance Objective	11	8.5	11	10.9	9.8
Annual Indicator	11.7	18.9	15.3	8.7	8.7
Numerator	13	21	17	10	10
Denominator	110,742	110,959	110,959	114,944	114,944
Data Source			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

	2011	2012	2013	2014	2015
Annual Performance Objective	9.8	9.8	9.7	9.7	9.7
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2010

Field Note:

2010 death records have not been finalized, 2009 deaths have been used as best estimate. 2010 population data by age not available at time of entry, 2009 used as best estimate.

- Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2009

Field Note:

2008 death records have not been finalized, 2008 deaths have been used as best estimate. 2009 population by age not available at time of entry, 2008 used as best estimate.

- Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2008

Field Note:

2008 death records have not been finalized, 2007 deaths have been used as best estimate. 2008 population by age not available at time of entry, 2007 used as best estimate.

PERFORMANCE MEASURE # 17

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

	Annual Objective and Performance Data				
	2006	2007	2008	2009	2010
Annual Performance Objective	75	75	75	75	99
Annual Indicator	99	99	99	99	99
Numerator					
Denominator					
Data Source			No reliable data	No reliable data source	No reliable data source
<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.</p> <p>(Explain data in a year note. See Guidance, Appendix IX.)</p>					
Is the Data Provisional or Final?				Provisional	Provisional

	Annual Objective and Performance Data				
	2011	2012	2013	2014	2015
Annual Performance Objective	99	99	99	99	99
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- 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.
- 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.
- Section Number:** Form11_Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2008
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.

Annual Objective and Performance Data

	2006	2007	2008	2009	2010
Annual Performance Objective	86	78	73	73.2	73.2
Annual Indicator	71.7	71.7	69.4	71.5	71.5
Numerator	16,772	17,399	17,177	16,880	16,880
Denominator	23,391	24,263	24,737	23,611	23,611
Data Source			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

Annual Objective and Performance Data

	2011	2012	2013	2014	2015
Annual Performance Objective	73.2	73.2	73.2	73.2	73.2
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- 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.

Due to out-of-state birth certificates not received as of date of entry 2009 values are used as estimate.

- 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.

- Section Number:** Form11_Performance Measure #18

Field Name: PM18

Row Name:

Column Name:

Year: 2008

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

The PRATS survey has a self-reported rate of 86.5% among responses to the survey.



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>				
	2006	2007	2008	2009	2010
Annual Performance Objective	_____	_____	_____	_____	35.5
Annual Indicator	_____	_____	42	39	39
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source			YRBS	YRBS	YRBS
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2011	2012	2013	2014	2015
Annual Performance Objective	39	39	39	39.1	39.1
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

- 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.
- 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.
- Section Number:** Form11_State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2008
Field Note:
 Results from: RESULTS OF THE 2007 IDAHO YOUTH RISK BEHAVIOR SURVEY AND 2006 SCHOOL HEALTH EDUCATION PROFILE, November 2007
 Numerator and denominator not available.

Note: This was SPM #3 in previous years. Prior data has been removed by CDC.

STATE PERFORMANCE MEASURE # 2 - REPORTING YEAR

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

	Annual Objective and Performance Data				
	2006	2007	2008	2009	2010
Annual Performance Objective					55
Annual Indicator			45.3	53.9	53.9
Numerator					
Denominator					
Data Source			PRATS	PRATS	PRATS
Is the Data Provisional or Final?				Provisional	Provisional

	Annual Objective and Performance Data				
	2011	2012	2013	2014	2015
Annual Performance Objective	55	55	55	55	55
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

- 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.
- 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.
- Section Number:** Form11_State Performance Measure #2
Field Name: SM2
Row Name:
Column Name:
Year: 2008
Field Note:
 Data source is 2008 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.

	Annual Objective and Performance Data				
	2006	2007	2008	2009	2010
Annual Performance Objective					18
Annual Indicator			11	20.8	20.8
Numerator					
Denominator					
Data Source			YRBS	YRBS	YRBS
Is the Data Provisional or Final?				Provisional	Provisional

	Annual Objective and Performance Data				
	2011	2012	2013	2014	2015
Annual Performance Objective	18	18	18	18	18.1
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

- 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.
- 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.
- Section Number:** Form11_State Performance Measure #3
Field Name: SM3
Row Name:
Column Name:
Year: 2008
Field Note:
 Source is 2007 YRBS. Numerator and denominator not available as the source is weighted survey data and would imply artificial precision.

Was SPM #7. CDC has removed data from prior years.

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>				
	2006	2007	2008	2009	2010
Annual Performance Objective					59
Annual Indicator			51.2	49.8	49.8
Numerator			12,431	11,475	11,475
Denominator			24,289	23,036	23,036
Data Source			Birth Certificate	Birth Certificate	Birth Certificate
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2011	2012	2013	2014	2015
Annual Performance Objective	59	59	59	59	59
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

- 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.
 Uses 2009 records as best estimate for 2010 as those records are not finalized at time of entry
- 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.
- Section Number:** Form11_State Performance Measure #4
Field Name: SM4
Row Name:
Column Name:
Year: 2008
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.

	Annual Objective and Performance Data				
	2006	2007	2008	2009	2010
Annual Performance Objective					43
Annual Indicator			38.6	40.3	40.3
Numerator					
Denominator					
Data Source			PRATS	PRATS	PRATS
Is the Data Provisional or Final?				Provisional	Provisional

	Annual Objective and Performance Data				
	2011	2012	2013	2014	2015
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 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

- 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.
- 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.
- Section Number:** Form11_State Performance Measure #5
Field Name: SM5
Row Name:
Column Name:
Year: 2008
Field Note:
 Data source is 2008 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.

	Annual Objective and Performance Data				
	2006	2007	2008	2009	2010
Annual Performance Objective					35
Annual Indicator			77	79.2	79.2
Numerator					
Denominator					
Data Source			PRATS	PRATS	PRATS
Is the Data Provisional or Final?				Provisional	Provisional

	Annual Objective and Performance Data				
	2011	2012	2013	2014	2015
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 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

- 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.
- 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.
- Section Number:** Form11_State Performance Measure #6
Field Name: SM6
Row Name:
Column Name:
Year: 2008
Field Note:
 Data source is 2008 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>				
	2006	2007	2008	2009	2010
Annual Performance Objective					90
Annual Indicator			85.2	85.0	85.8
Numerator			18,966	19,240	19,654
Denominator			22,257	22,624	22,913
Data Source			Summary SIR	SIR 2009	SIR 2010
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2011	2012	2013	2014	2015
Annual Performance Objective	90	90	90	90	90
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

- Section Number:** Form11_State Performance Measure #7
Field Name: SM7
Row Name:
Column Name:
Year: 2008
Field Note:
 Based on the self-reported rates by schools.

STATE PERFORMANCE MEASURE # 8 - REPORTING YEAR

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

	Annual Objective and Performance Data				
	2006	2007	2008	2009	2010
Annual Performance Objective					95
Annual Indicator			94.4	93.8	93.5
Numerator			20,327	19,997	20,293
Denominator			21,539	21,317	21,714
Data Source			No data available	SIR 2009	SIR 2010
Is the Data Provisional or Final?				Final	Final

	Annual Objective and Performance Data				
	2011	2012	2013	2014	2015
Annual Performance Objective	95	95	95	95	95
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

- Section Number:** Form11_State Performance Measure #8
Field Name: SM8
Row Name:
Column Name:
Year: 2008
Field Note:
 Based on the self-reported rates by schools.



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.

Annual Objective and Performance Data

	2006	2007	2008	2009	2010
Annual Performance Objective	6	6	6	6	6
Annual Indicator	6.8	6.8	5.8	5.3	5.3
Numerator	164	169	146	126	126
Denominator	24,185	25,023	25,156	23,726	23,726
Data Source			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

	2011	2012	2013	2014	2015
Annual Performance Objective	6	6	6	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: 2010

Field Note:

2010 death records have not been finalized, 2009 deaths have been used as best estimate.

2. **Section Number:** Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2008

Field Note:

Death records for 2008 have not been finalized, 2007 used as best estimate for 2008.

OUTCOME MEASURE # 02

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

Annual Objective and Performance Data

	2006	2007	2008	2009	2010
Annual Performance Objective	2	2	2	2	2
Annual Indicator					
Numerator					
Denominator					
Data Source			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			Yes	Yes	Yes
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

Annual Objective and Performance Data

	2011	2012	2013	2014	2015
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

- Section Number:** Form12_Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2010
Field Note:
 2010 death records have not been finalized, 2009 deaths have been used as best estimate.

 Average number of black infant deaths 2007-2009 is 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 2006-2008 is 3.7.
- Section Number:** Form12_Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2008
Field Note:
 Death records for 2008 have not been finalized, 2007 used as best estimate for 2008.

 Three average number of black infant deaths (2005 -2007) 2.7 per year.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2006	2007	2008	2009	2010
Annual Performance Objective	3.9	3.9	3.9	3.9	3.9
Annual Indicator	4.6	4.5	3.9	3.4	3.4
Numerator	112	113	99	80	80
Denominator	24,185	25,023	25,156	23,726	23,726
Data Source			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

	2011	2012	2013	2014	2015
Annual Performance Objective	3.9	3.9	3.9	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:** 2010
- Field Note:**
2010 death records have not been finalized, 2009 deaths have been used as best estimate.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2006	2007	2008	2009	2010
Annual Performance Objective	2.5	2	2	2	2
Annual Indicator	2.2	2.2	1.9	1.9	1.9
Numerator	52	56	47	46	46
Denominator	24,185	25,023	25,156	23,726	23,726
Data Source			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

	2011	2012	2013	2014	2015
Annual Performance Objective	2	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

- Section Number:** Form12_Outcome Measure 4
Field Name: OM04
Row Name:
Column Name:
Year: 2010
Field Note:
 2010 death records have not been finalized, 2009 deaths have been used as best estimate.
- Section Number:** Form12_Outcome Measure 4
Field Name: OM04
Row Name:
Column Name:
Year: 2008
Field Note:
 Death records for 2008 have not been finalized, 2007 used as best estimate for 2008.

OUTCOME MEASURE # 05

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

Annual Objective and Performance Data

	2006	2007	2008	2009	2010
Annual Performance Objective	9	9	9	8.8	8.8
Annual Indicator	8.3	8.8	8.6	7.5	7.5
Numerator	201	221	217	178	178
Denominator	24,293	25,153	25,284	23,726	23,726
Data Source			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

	2011	2012	2013	2014	2015
Annual Performance Objective	8.8	8.7	8.7	8.7	8.7
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:** 2010
- Field Note:**
2010 death records have not been finalized, 2009 deaths have been used as best estimate.

OUTCOME MEASURE # 06

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

Annual Objective and Performance Data

	2006	2007	2008	2009	2010
Annual Performance Objective	25	25	25	25	22
Annual Indicator	26.4	21.9	19.4	17.1	17.1
Numerator	80	69	62	56	56
Denominator	302,875	315,006	320,050	326,739	326,739
Data Source			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

	2011	2012	2013	2014	2015
Annual Performance Objective	22	21.5	21.5	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: 2010

Field Note:

2010 death records have not been finalized, 2009 deaths have been used as best estimate.

2010 population data by age not available at time of entry, 2009 used as best estimate.



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

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: 2012

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: 2012

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested <i>(max 250 characters)</i>	Reason(s) Why Assistance Is Needed <i>(max 250 characters)</i>	What State, Organization or Individual Would You suggest Provide the TA (if known) <i>(max 250 characters)</i>
1.	Other 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: <u> N/A </u>	None requested	None requested	None requested
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: <u> </u>			
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: <u> </u>			
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: <u> </u>			
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: <u> </u>			
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: <u> </u>			
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: <u> </u>			
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: <u> </u>			
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: <u> </u>			
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.	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: _____			
12.	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: _____			

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 2010 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 2010 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 2010 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 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 2010 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 2010 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 2010 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 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

School Immunization Reports

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 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Idaho School Immunization Reports

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

Source is HWMF 2556 Medicaid-CHIP Report and CMS 416 FFY2010 for Medicaid and/or CHIP related items.

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.

	Annual Indicator Data				
	2006	2007	2008	2009	2010
Annual Indicator	18.3	16.0	17.0	15.9	11.2
Numerator	100	91	100	99	89
Denominator	54,564	56,950	58,730	62,348	79,476

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: 2010
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: 2009
Field Note:
 Data reflects Medicaid and Idaho CHIP enrollees only. General hospitalization data not available.

3. **Section Number:** Form17_Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2008
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.

	<u>Annual Indicator Data</u>				
	2006	2007	2008	2009	2010
Annual Indicator	68.9	69.0	74.4	72.9	72.3
Numerator	15,798	16,145	18,177	18,596	17,983
Denominator	22,930	23,393	24,439	25,510	24,869

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.

	Annual Indicator Data				
	2006	2007	2008	2009	2010
Annual Indicator	<u>43.3</u>	<u>43.6</u>	<u>46.0</u>	<u>46.0</u>	<u>55.7</u>
Numerator	<u>632</u>	<u>1,156</u>	<u>1,196</u>	<u>974</u>	<u>600</u>
Denominator	<u>1,460</u>	<u>2,652</u>	<u>2,598</u>	<u>2,116</u>	<u>1,077</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

- Section Number:** Form17_Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2008
Field Note:
 Data Source: Medicaid

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.

	Annual Indicator Data				
	2006	2007	2008	2009	2010
Annual Indicator	<u>74.0</u>	<u>72.7</u>	<u>72.1</u>	<u>74.6</u>	<u>74.6</u>
Numerator	<u>17,230</u>	<u>17,575</u>	<u>17,747</u>	<u>17,541</u>	<u>17,541</u>
Denominator	<u>23,296</u>	<u>24,172</u>	<u>24,616</u>	<u>23,508</u>	<u>23,508</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: 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.

2010 Preliminary data are based on births filed with Vital Statistics as of 4/8/2011. Many birth records have not been received from out of state and final data will differ from preliminary data. 2009 data has been entered as best estimate for 2010.

2. 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.

3. Section Number: Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2008

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 data may have been estimated from mother's recollection or based on information in mother's medical record.

Birth records for 2008 not finalized as of date of entry.

HEALTH SYSTEMS CAPACITY #07A

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

	Annual Indicator Data				
	2006	2007	2008	2009	2010
Annual Indicator	<u>88.6</u>	<u>86.2</u>	<u>84.9</u>	<u>86.0</u>	<u>98.6</u>
Numerator	<u>124,117</u>	<u>125,596</u>	<u>122,481</u>	<u>136,168</u>	<u>160,614</u>
Denominator	<u>140,163</u>	<u>145,682</u>	<u>144,221</u>	<u>158,298</u>	<u>162,963</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

- 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.
- Section Number:** Form17_Health Systems Capacity Indicator #07A
Field Name: HSC07A
Row Name:
Column Name:
Year: 2008
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				
	2006	2007	2008	2009	2010
Annual Indicator	55.5	43.3	62.8	67.6	73.9
Numerator	19,392	17,821	25,824	29,788	38,094
Denominator	34,939	41,156	41,120	44,075	51,575

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

- 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.
- 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.
- Section Number:** Form17_Health Systems Capacity Indicator #07B
Field Name: HSC07B
Row Name:
Column Name:
Year: 2008
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.

	Annual Indicator Data				
	2006	2007	2008	2009	2010
Annual Indicator	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
Numerator	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Denominator	<u>1,194</u>	<u>1,261</u>	<u>4,098</u>	<u>4,437</u>	<u>4,626</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

- 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.

- Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2008

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 (< 2,500 grams)</i>	2009	Payment source from birth certificate	<u>7.6</u>	<u>6</u>	<u>6.6</u>
b) <i>Infant deaths per 1,000 live births</i>	2009	Payment source from birth certificate	<u>5.6</u>	<u>4.6</u>	<u>5.3</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2009	Payment source from birth certificate	<u>61.5</u>	<u>77.4</u>	<u>71.5</u>
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>	2009	Payment source from birth certificate	<u>68.3</u>	<u>78.4</u>	<u>74.6</u>

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

INDICATOR #06 <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>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2010	<u>133</u>
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>)	2010	<u>133</u> <u>133</u> <u>133</u>
c) <i>Pregnant Women</i>	2010	<u>133</u>

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

INDICATOR #06 <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>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2010	<u>185</u>
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>)	2010	<u>185</u> <u>185</u> <u>185</u>
c) <i>Pregnant Women</i>	2010	<u>500</u>

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)
ANNUAL DATA LINKAGES		
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
REGISTRIES AND SURVEYS		
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.

	Annual Indicator Data				
	2006	2007	2008	2009	2010
Annual Indicator	<u>6.9</u>	<u>6.6</u>	<u>6.5</u>	<u>6.6</u>	<u>6.6</u>
Numerator	<u>1,676</u>	<u>1,643</u>	<u>1,643</u>	<u>1,557</u>	<u>1,557</u>
Denominator	<u>24,163</u>	<u>25,016</u>	<u>25,150</u>	<u>23,713</u>	<u>23,713</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 #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.

Due to out-of-state birth certificates not received as of date of entry 2009 values are used as estimate.

2. **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.

	<u>Annual Indicator Data</u>				
	2006	2007	2008	2009	2010
Annual Indicator	5.2	4.9	5.0	5.2	5.2
Numerator	1,213	1,201	1,216	1,189	1,189
Denominator	23,415	24,267	24,387	23,021	23,021

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: 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.

Due to out-of-state birth certificates not received as of date of entry 2009 values are used as estimate.

2. **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.

	<u>Annual Indicator Data</u>				
	2006	2007	2008	2009	2010
Annual Indicator	1.2	1.1	1.0	1.1	1.1
Numerator	295	280	263	264	264
Denominator	24,163	25,016	25,150	23,713	23,713

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: 2010

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 2009 values are used as estimate.

2. **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.

	Annual Indicator Data				
	2006	2007	2008	2009	2010
Annual Indicator	<u>0.9</u>	<u>0.8</u>	<u>0.8</u>	<u>0.9</u>	<u>0.9</u>
Numerator	<u>207</u>	<u>197</u>	<u>188</u>	<u>206</u>	<u>206</u>
Denominator	<u>23,415</u>	<u>24,267</u>	<u>24,387</u>	<u>23,021</u>	<u>23,021</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 #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.

Due to out-of-state birth certificates not received as of date of entry 2009 values are used as estimate.

2. **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				
	2006	2007	2008	2009	2010
Annual Indicator	<u>11.7</u>	<u>12.4</u>	<u>9.0</u>	<u>8.5</u>	<u>8.5</u>
Numerator	<u>38</u>	<u>42</u>	<u>31</u>	<u>30</u>	<u>30</u>
Denominator	<u>325,906</u>	<u>339,358</u>	<u>344,821</u>	<u>351,924</u>	<u>351,924</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

- Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2010

Field Note:

2010 death records have not been finalized, 2009 deaths have been used as best estimate. 2010 population data by age not available at time of entry, 2009 used as best estimate.

- Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2008

Field Note:

2008 death records not finalized at time of entry, 2007 final entered as best estimate.

2008 population not available at entry, used 2007 Census population 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				
	2006	2007	2008	2009	2010
Annual Indicator	<u>4.9</u>	<u>7.7</u>	<u>2.6</u>	<u>4.8</u>	<u>4.3</u>
Numerator	<u>16</u>	<u>26</u>	<u>9</u>	<u>17</u>	<u>15</u>
Denominator	<u>325,906</u>	<u>339,358</u>	<u>344,821</u>	<u>351,924</u>	<u>351,924</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: 2010

Field Note:

2010 death records have not been finalized, Department of Transportation accident death reports used as estimate for 2010. Since accident reports only include deaths at the scene the number will vary from finalized death certificates.

2010 population data by age not available at time of entry, 2009 used as best estimate.

2. **Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2008

Field Note:

2008 death records not finalized at time of entry, 2007 final entered as best estimate.

2008 population not available at entry, used 2007 Census population 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				
	2006	2007	2008	2009	2010
Annual Indicator	<u>29.4</u>	<u>26.9</u>	<u>25.1</u>	<u>27.1</u>	<u>24.5</u>
Numerator	<u>64</u>	<u>58</u>	<u>54</u>	<u>62</u>	<u>56</u>
Denominator	<u>217,461</u>	<u>215,401</u>	<u>215,425</u>	<u>228,653</u>	<u>228,653</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

- Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2010

Field Note:

2010 death records have not been finalized, Department of Transportation accident death reports used as estimate for 2010. Since accident reports only include deaths at the scene the number will vary from finalized death certificates.

2010 population data by age not available at time of entry, 2009 used as best estimate.

- Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2008

Field Note:

2008 death records not finalized at time of entry, 2007 final entered as best estimate.

2008 population not available at entry, used 2007 Census population estimate.

HEALTH STATUS INDICATOR #04A

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

	<u>Annual Indicator Data</u>				
	2006	2007	2008	2009	2010
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

- 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.
- 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.
- Section Number:** Form20_Health Status Indicator #04A
Field Name: HSI04A
Row Name:
Column Name:
Year: 2008
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				
	2006	2007	2008	2009	2010
Annual Indicator	<u>360.5</u>	<u>336.8</u>	<u>308.9</u>	<u>275.6</u>	<u>314.3</u>
Numerator	<u>1,175</u>	<u>1,143</u>	<u>1,065</u>	<u>970</u>	<u>1,106</u>
Denominator	<u>325,906</u>	<u>339,358</u>	<u>344,821</u>	<u>351,924</u>	<u>351,924</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: 2010

Field Note:

Population total not available at this time. Population for 2009 used to calculate rate.

Injuries reflect accidents classified as reportable by Idaho Dept of Transportaion where age of injured, or possibly injured person is known. 2010 injuries are preliminary count.

2. **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 Transportaion 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: 2008

Field Note:

Population total not available at this time. Population for 2007 used to calculate rate.

Injuries reflect accidents classified as reportable by Idaho Dept of Transportaion where age of injured, or possibly injured person is known. Injury count is also preliminary, 2008 data has not been finalized by IDT.

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				
	2006	2007	2008	2009	2010
Annual Indicator	<u>2,077.6</u>	<u>2,049.7</u>	<u>1,697.6</u>	<u>1,474.7</u>	<u>1,486.5</u>
Numerator	<u>4,518</u>	<u>4,415</u>	<u>3,657</u>	<u>3,372</u>	<u>3,399</u>
Denominator	<u>217,461</u>	<u>215,401</u>	<u>215,425</u>	<u>228,653</u>	<u>228,653</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 #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2010

Field Note:

Population total not available at this time. Population for 2009 used to calculate rate.

Injuries reflect accidents classified as reportable by Idaho Dept of Transportaion where age of injured, or possibly injured person is known. 2010 injuries are preliminary count.

2. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2009

Field Note:

Population total not available at this time. Population for 2008 used to calculate rate.

Injuries reflect accidents classified as reportable by Idaho Dept of Transportaion where age of injured, or possibly injured person is known. Injury count is also preliminary, 2009 data has not been finalized by IDT.

3. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2008

Field Note:

Population total not available at this time. Population for 2007 used to calculate rate.

Injuries reflect accidents classified as reportable by Idaho Dept of Transportaion where age of injured, or possibly injured person is known. Injury count is also preliminary, 2008 data has not been finalized by IDT.

HEALTH STATUS INDICATOR #05A

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

	2006	2007	Annual Indicator Data		2010
			2008	2009	
Annual Indicator	15.2	17.8	21.7	19.6	18.6
Numerator	829	972	1,190	1,114	1,058
Denominator	54,649	54,561	54,885	56,771	56,771

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

- Section Number:** Form20_Health Status Indicator #05A
Field Name: HSI05A
Row Name:
Column Name:
Year: 2010
Field Note:
 Population estimate for 2010 not available, 2009 population estimate used.
- Section Number:** Form20_Health Status Indicator #05A
Field Name: HSI05A
Row Name:
Column Name:
Year: 2009
Field Note:
 Population estimate for 2009 not available, 2008 population estimate used.

HEALTH STATUS INDICATOR #05B

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

	<u>Annual Indicator Data</u>				
	2006	2007	2008	2009	2010
Annual Indicator	6.4	6.7	7.4	6.5	7.6
Numerator	1,565	1,647	1,804	1,621	1,902
Denominator	244,149	245,389	245,389	249,682	249,682

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

- Section Number:** Form20_Health Status Indicator #05B
Field Name: HSI05B
Row Name:
Column Name:
Year: 2010
Field Note:
 Population estimate for 2010 not available, 2009 population estimate used.



**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: 2009 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL POPULATION 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
Infants 0 to 1	25,185	22,842	400	489	355	50	1,049	0
Children 1 through 4	99,751	90,722	1,880	2,411	1,338	184	3,216	0
Children 5 through 9	116,532	106,048	2,452	2,467	1,529	226	3,810	0
Children 10 through 14	110,456	101,951	1,995	1,849	1,241	174	3,246	0
Children 15 through 19	114,944	107,305	1,519	2,014	1,111	191	2,804	0
Children 20 through 24	113,709	106,675	1,367	1,968	1,321	204	2,174	0
Children 0 through 24	580,577	535,543	9,613	11,198	6,895	1,029	16,299	0

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

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	20,755	4,430	0
Children 1 through 4	81,496	18,255	0
Children 5 through 9	97,118	19,414	0
Children 10 through 14	93,496	16,960	0
Children 15 through 19	99,299	15,715	0
Children 20 through 24	99,536	14,173	0
Children 0 through 24	491,700	88,947	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: 2009 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	15	8	0	0	0	0	0	7
Women 15 through 17	548	414	2	17	0	2	14	99
Women 18 through 19	1,483	1,222	13	33	8	2	44	161
Women 20 through 34	19,274	17,110	94	273	233	27	304	1,233
Women 35 or older	2,403	2,120	20	18	49	2	32	162
Women of all ages	23,723	20,874	129	341	290	33	394	1,662

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	6	9	0
Women 15 through 17	329	213	6
Women 18 through 19	1,105	372	6
Women 20 through 34	16,447	2,707	120
Women 35 or older	1,998	376	29
Women of all ages	19,885	3,677	161

**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: 2009 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL DEATHS 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
Infants 0 to 1	126	113	1	3	2	0	1	6
Children 1 through 4	20	18	0	1	0	0	0	1
Children 5 through 9	15	8	1	1	0	0	3	2
Children 10 through 14	21	19	1	1	0	0	0	0
Children 15 through 19	56	52	0	2	0	1	0	1
Children 20 through 24	87	75	0	7	1	0	1	3
Children 0 through 24	325	285	3	15	3	1	5	13

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

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	96	30	0
Children 1 through 4	18	2	0
Children 5 through 9	9	6	0
Children 10 through 14	18	3	0
Children 15 through 19	51	5	0
Children 20 through 24	77	10	0
Children 0 through 24	269	56	0

**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	466,868	428,868	8,246	9,230	5,574	825	14,125	0	2009
Percent in household headed by single parent	20.6	18.9	70.6	41.1	89.3	0.0	38.9	0.0	2010
Percent in TANF (Grant) families	1.0	1.0	1.7	1.1	0.1	0.8	0.6	0.0	2010
Number enrolled in Medicaid	180,485	170,589	1,747	1,995	957	189	1,897	3,111	2010
Number enrolled in SCHIP	22,515	21,784	109	209	77	24	158	154	2010
Number living in foster home care	2,773	2,344	61	180	17	6	159	6	2010
Number enrolled in food stamp program	149,684	141,375	1,728	1,712	740	173	1,726	2,230	2010
Number enrolled in WIC	48,790	43,937	517	2,225	603	130	1,378	0	2010
Rate (per 100,000) of juvenile crime arrests	5,015.3	5,018.1	4,208.1	4,864.6	1,734.6	0.0	0.0	0.0	2009
Percentage of high school drop-outs (grade 9 through 12)	2.0	1.4	1.5	2.8	0.7	0.6	0.0	0.0	2008

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	392,094	74,774	0	2009
Percent in household headed by single parent	19.4	28.4	0.0	2010
Percent in TANF (Grant) families	0.9	1.4	0.0	2010
Number enrolled in Medicaid	140,339	38,790	1,356	2010
Number enrolled in SCHIP	16,938	5,530	47	2010
Number living in foster home care	2,394	376	0	2010
Number enrolled in food stamp program	117,574	31,276	834	2010
Number enrolled in WIC	32,720	16,070	0	2010
Rate (per 100,000) of juvenile crime arrests	4,749.6	4,469.5	0.0	2009
Percentage of high school drop-outs (grade 9 through 12)	1.6	3.2	0.0	2008

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: 2009 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	327,966
Living in rural areas	110,687
Living in frontier areas	28,215
Total - all children 0 through 19	466,868

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: 2010 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	1,523,718.0
Percent Below: 50% of poverty	4.7
100% of poverty	13.7
200% of poverty	35.1

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: 2010 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	461,826.0
Percent Below: 50% of poverty	6.8
100% of poverty	19.6
200% of poverty	44.1

FORM NOTES FOR FORM 21

HSI 06 There were 3 births to women whose age was unknown.

FIELD LEVEL NOTES

1. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2012
Field Note:
Applies to all 06A and 06B
Source: Census Bureau, July 1, 2009 population estimates.
U.S. Census Bureau, Internet Release Date June 2010 (more than one race file).
2. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_Children
Row Name: All children 0 through 19
Column Name:
Year: 2012
Field Note:
Source: Census Bureau, July 1, 2009 population estimates.
U.S. Census Bureau, Internet Release Date June 2010 (more than one race file). Does not include "Other and Unknown". Other or ethnicity unknown denominator not available for calculating rates for measures.
3. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2012
Field Note:
From Current Population Survey at census.gov based on number of persons 0 to 19 years of age living in a "Kind of Family" other than "Husband and Wife". Sample size for AI/AN and Asian may be too small for reliable estimate.
Sample size for Native Hawaiian or Other Pacific Islander is too small for reliable estimate and not included, Other Race and Unknown race not included in results.
4. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2012
Field Note:
Arrest records combine Asian and NH/OPI, does not include multiple race.
5. **Section Number:** Form21_Indicator 10
Field Name: Metropolitan
Row Name: Living in metropolitan areas
Column Name:
Year: 2012
Field Note:
Source: Census Bureau, July 1, 2009 population estimates.
No metropolitan areas in Idaho.
6. **Section Number:** Form21_Indicator 11
Field Name: S11_total
Row Name: Total Population
Column Name:
Year: 2012
Field Note:
Results are from Census website Current Population Survey estimate for 2010.
7. **Section Number:** Form21_Indicator 11
Field Name: S11_50percent
Row Name: Percent Below: 50% of poverty
Column Name:
Year: 2012
Field Note:
Results are from Census website Current Population Survey estimate for 2010.
8. **Section Number:** Form21_Indicator 11
Field Name: S11_100percent
Row Name: 100% of poverty
Column Name:
Year: 2012
Field Note:
Results are from Census website Current Population Survey estimate for 2010.
9. **Section Number:** Form21_Indicator 11
Field Name: S11_200percent
Row Name: 200% of poverty
Column Name:
Year: 2012
Field Note:
Results are from Census website Current Population Survey estimate for 2010.
10. **Section Number:** Form21_Indicator 12
Field Name: S12_Children
Row Name: Children 0 through 19 years old
Column Name:
Year: 2012
Field Note:
Results are from Census website Current Population Survey estimate for 2010.
11. **Section Number:** Form21_Indicator 12
Field Name: S12_50percent
Row Name: Percent Below: 50% of poverty

Column Name:

Year: 2012

Field Note:

Results are from Census website Current Population Survey estimate for 2010.

12. **Section Number:** Form21_Indicator 12

Field Name: S12_100percent

Row Name: 100% of poverty

Column Name:

Year: 2012

Field Note:

Results are from Census website Current Population Survey estimate for 2010.

13. **Section Number:** Form21_Indicator 12

Field Name: S12_200percent

Row Name: 200% of poverty

Column Name:

Year: 2012

Field Note:

Results are from Census website Current Population Survey estimate for 2010.

