

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: AR
APPLICATION YEAR: 2013

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

1. FEDERAL ALLOCATION

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

\$ 6,937,392

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

A. Preventive and primary care for children:

\$ 4,162,435 (60 %)

B. Children with special health care needs:

\$ 2,174,179 (31.34 %)

(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:

\$ 600,778 (8.66 %)

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

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

\$ 401,034

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

\$ 6,414,758

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

\$ 0

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

\$ 187,961

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

\$ 24,254,235

7. TOTAL STATE MATCH (Lines 3 through 6)

\$ 30,856,954

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

\$ 5,797,136

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

\$ 38,195,380

(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:	\$ <u>0</u>
b. SSDI:	\$ <u>85,500</u>
c. CISS:	\$ <u>150,000</u>
d. Abstinence Education:	\$ <u>615,360</u>
e. Healthy Start:	\$ <u>0</u>
f. EMSC:	\$ <u>0</u>
g. WIC:	\$ <u>0</u>
h. AIDS:	\$ <u>0</u>
i. CDC:	\$ <u>543,962</u>
j. Education:	\$ <u>0</u>
k. Home Visiting:	\$ <u>7,439,730</u>
l. Other:	\$ <u>0</u>

DHHS-ACF-PREP	\$ <u>495,595</u>
HRSA Universal Heari	\$ <u>233,918</u>
Title X	\$ <u>4,179,185</u>

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

\$ 13,743,270

11. STATE MCH BUDGET TOTAL

\$ 51,938,650

(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: AR

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form2)</i>	\$ 7,191,246	\$ 6,455,686	\$ 7,066,705	\$ 6,583,838	\$ 7,066,705	\$ 6,775,401
2. Unobligated Balance <i>(Line2, Form2)</i>	\$ 863,937	\$ 982,274	\$ 597,871	\$ 597,871	\$ 627,776	\$ 533,000
3. State Funds <i>(Line3, Form2)</i>	\$ 8,079,781	\$ 5,109,818	\$ 3,149,026	\$ 7,481,595	\$ 4,530,304	\$ 5,583,579
4. Local MCH Funds <i>(Line4, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form2)</i>	\$ 0	\$ 94,297	\$ 0	\$ 95,600	\$ 118,969	\$ 102,232
6. Program Income <i>(Line6, Form2)</i>	\$ 13,207,108	\$ 15,785,615	\$ 13,052,724	\$ 16,950,605	\$ 16,037,409	\$ 15,175,694
7. Subtotal	\$ 29,342,072	\$ 28,427,690	\$ 23,866,326	\$ 31,709,509	\$ 28,381,163	\$ 28,169,906
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form2)</i>	\$ 4,024,197	\$ 4,251,411	\$ 5,252,013	\$ 4,917,629	\$ 4,539,857	\$ 5,434,795
9. Total <i>(Line11, Form2)</i>	\$ 33,366,269	\$ 32,679,101	\$ 29,118,339	\$ 36,627,138	\$ 32,921,020	\$ 33,604,701
(STATE MCH BUDGET TOTAL)						

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

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form2)</i>	\$ 7,097,785	\$ 6,659,824	\$ 7,004,520	\$	\$ 6,937,392	\$
2. Unobligated Balance <i>(Line2, Form2)</i>	\$ 679,554	\$ 296,749	\$ 467,918	\$	\$ 401,034	\$
3. State Funds <i>(Line3, Form2)</i>	\$ 7,658,325	\$ 6,240,875	\$ 5,900,929	\$	\$ 6,414,758	\$
4. Local MCH Funds <i>(Line4, Form2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
5. Other Funds <i>(Line5, Form2)</i>	\$ 147,663	\$ 35,351	\$ 102,232	\$	\$ 187,961	\$
6. Program Income <i>(Line6, Form2)</i>	\$ 18,734,874	\$ 14,333,913	\$ 17,660,686	\$	\$ 24,254,235	\$
7. Subtotal	\$ 34,318,201	\$ 27,566,712	\$ 31,136,285	\$ 0	\$ 38,195,380	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form2)</i>	\$ 4,963,156	\$ 4,139,738	\$ 7,541,366	\$	\$ 13,743,270	\$
9. Total <i>(Line11, Form2)</i>	\$ 39,281,357	\$ 31,706,450	\$ 38,677,651	\$ 0	\$ 51,938,650	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Form3_Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2011
Field Note:
The unobligated balance expended was less than budgeted due to a reduction in CSHCN targeted case mangement.
2. **Section Number:** Form3_Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2010
Field Note:
The unobligated balance was underestimated at the time the fy 2010 budget was submitted.
3. **Section Number:** Form3_Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2011
Field Note:
The FY 2011 budget amount was over projected. The time allocation system amount included 1.7 million for Family Planning program effort. This effort was not included in the expenses. This effort is included in the family planning grant application. For DHS: CSHCN; due to the unobligated federal balance over projected budget, their match % tile budget was also over projected.
4. **Section Number:** Form3_Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2010
Field Note:
A new time allocation system was initiated last year that allows us to capture a more accurate picture of effort and how much it is being paid for from all funding streams. Much more effort paid for with state funds has been identified, than had been in the past and that is why the budgeted amount is too low.
5. **Section Number:** Form3_Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2011
Field Note:
Due to staff turn over funds were not expended as was budgeted.
6. **Section Number:** Form3_Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2010
Field Note:
Funds from the Arkansas Department of Education to the Arkansas Dept. of Health to help support their portion of the Coordinated School Health Program were slightly reduced in this year, intum reducing the amount that could be expended.
7. **Section Number:** Form3_Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2011
Field Note:
Family Planning Medicaid income was not expended to the amount expected. Budget levels were made to accomodate for the possibility of dramatic increases in the cost of contraceptives. This did not occur.
8. **Section Number:** Form3_Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2011
Field Note:
Budgets were set with optimistic expectations for expanding the home visiting program at ADH. Expenses were less because staff turned out to be much harder to hire and train than expected.
9. **Section Number:** Form3_Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2010
Field Note:
Additional funds from the HRSA -ACA Home Visiting grant, Sexual Violence and Rape Prevention Grant, PREP Grant, Abstinence Education, Infant Hearing and Title X grants significantly increased the monies available for expenditures.

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

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 2,638,368	\$ 3,025,894	\$ 3,029,303	\$ 3,013,833	\$ 2,484,696	\$ 2,905,954
b. Infants < 1 year old	\$ 2,512,264	\$ 3,853,449	\$ 1,342,297	\$ 4,029,153	\$ 3,361,118	\$ 4,084,035
c. Children 1 to 22 years old	\$ 4,266,223	\$ 2,687,927	\$ 4,396,430	\$ 5,142,517	\$ 4,240,023	\$ 4,606,078
d. Children with Special Healthcare Needs	\$ 5,580,408	\$ 4,993,716	\$ 5,664,017	\$ 5,230,691	\$ 5,872,374	\$ 5,355,791
e. Others	\$ 12,849,662	\$ 12,738,993	\$ 8,836,393	\$ 13,511,111	\$ 11,259,299	\$ 9,924,870
f. Administration	\$ 1,495,157	\$ 1,127,711	\$ 597,886	\$ 782,204	\$ 1,163,653	\$ 1,293,178
g. SUBTOTAL	\$ 29,342,072	\$ 28,427,690	\$ 23,866,326	\$ 31,709,509	\$ 28,381,163	\$ 28,169,906
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	\$ 100,000		\$ 94,644		\$ 93,748	
c. CISS	\$ 140,000		\$ 105,697		\$ 105,000	
d. Abstinence Education	\$ 0		\$ 565,101		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 140,151		\$ 100,852		\$ 157,461	
j. Education	\$ 124,812		\$ 0		\$ 0	
k. Home Visiting	\$ 0		\$ 0		\$ 0	
l. Other						
HRSA	\$ 178,676		\$ 112,365		\$ 198,090	
Title X	\$ 3,340,568		\$ 0		\$ 3,965,568	
Title X	\$ 0		\$ 4,273,354		\$ 0	
III. SUBTOTAL	\$ 4,024,197		\$ 5,252,013		\$ 4,539,857	

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

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 2,649,786	\$ 2,335,328	\$ 3,237,823	\$	\$ 3,608,997	\$
b. Infants < 1 year old	\$ 4,663,610	\$ 5,975,195	\$ 5,839,714	\$	\$ 6,315,505	\$
c. Children 1 to 22 years old	\$ 5,453,294	\$ 4,162,435	\$ 4,202,712	\$	\$ 4,162,435	\$
d. Children with Special Healthcare Needs	\$ 5,730,830	\$ 4,824,395	\$ 5,631,319	\$	\$ 5,504,803	\$
e. Others	\$ 14,355,889	\$ 8,986,278	\$ 10,701,103	\$	\$ 17,198,273	\$
f. Administration	\$ 1,464,792	\$ 1,283,081	\$ 1,523,614	\$	\$ 1,405,367	\$
g. SUBTOTAL	\$ 34,318,201	\$ 27,566,712	\$ 31,136,285	\$ 0	\$ 38,195,380	\$ 0
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	\$ 100,000		\$ 90,235		\$ 85,500	
c. CISS	\$ 245,000		\$ 140,000		\$ 150,000	
d. Abstinence Education	\$ 0		\$ 619,176		\$ 615,360	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 530,483		\$ 175,000		\$ 543,962	
j. Education	\$ 0		\$ 0		\$ 0	
k. Home Visiting	\$ 0		\$ 0		\$ 7,439,730	
l. Other						
DHHS-ACF-PREP	\$ 0		\$ 0		\$ 495,595	
HRSA Universal Heari	\$ 0		\$ 0		\$ 233,918	
Title X	\$ 3,904,621		\$ 4,219,375		\$ 4,179,185	
CDC Rape Prevention	\$ 0		\$ 325,159		\$ 0	
DHHS-ACF-Per Resp &	\$ 0		\$ 476,238		\$ 0	
HRSA	\$ 183,052		\$ 300,000		\$ 0	
HRSA - ACA Home Visi	\$ 0		\$ 1,196,183		\$ 0	
III. SUBTOTAL	\$ 4,963,156		\$ 7,541,366		\$ 13,743,270	

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: 2011
Field Note:
The FY 11 budget was over projected for the Maternity Medicaid Reimbursement fund. Expansion of maternity clinics hoped for did not occur.
2. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2010
Field Note:
Maternity Program expenses have continued to rise faster than anticipated, especially with regards to the time involved that is being captured by the time allocation system.
3. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2011
Field Note:
The New Born Screening Program continued growth beyond the projected budget for FY 11. Increases were seen in salaries as well as lab costs.
4. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2010
Field Note:
Additional expenses in the New Born Screening Program are reflected that had not been anticipated when this budget was developed.
5. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2011
Field Note:
The FY 11 budget for the projected time allocation system was over projected. The increase in Infants < 1 year old expenses is one of the indicative issues for this over projection budget. In 2009 when the FY 11 budget #s for were projected, projections included COLA and Performance Merit increases for salary related expenses that did not occur. A significant percentage of the MCH Budget is directly salary related.
6. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2011
Field Note:
The FY 11 budget was over projected. The match rate for Targeted Case Management increased and was unavailable to the program.
7. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2011
Field Note:
The FP & Maternity Medicaid Reimbursement budgets were over projected for FY11. In 2009 when the FY 11 budget #s for were projected, projections included COLA and Performance Merit increases for salary related expenses that did not occur. A significant percentage of the MCH and Family Planning Budget is directly salary related.
8. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2010
Field Note:
Total expenditures were less than those budgeted, especially in Direct Care Services. The ADH's time allocation system has shown less effort in the MCH programs, which is paid with State general revenue, due to the Family Planning effort not being included. The Family Planning effort that previously had been reported here is now being used as state match for the Title X Grant. In order to avoid having the same dollars counted for match twice, the Family Planning effort is not included in these expenses.
9. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2011
Field Note:
For DHS: CSHCN; due to the federal allocated and unobligated balance over projected budget, their match % tile budget was also over projected for FY11.
10. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2010
Field Note:
Additional expenses in salary and fringe were experienced with changes in personnel. The time allocation system has been improved and is capturing more of the administrative costs than had been identified in previous years.

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: AR

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 12,564,275	\$ 17,016,929	\$ 14,772,736	\$ 19,106,684	\$ 16,734,136	\$ 17,463,776
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WMC, and Education.)	\$ 9,330,779	\$ 5,743,037	\$ 4,684,096	\$ 5,481,983	\$ 6,026,875	\$ 5,088,567
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 5,363,731	\$ 3,434,997	\$ 1,853,893	\$ 4,787,836	\$ 3,279,487	\$ 3,258,327
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.)	\$ 2,083,287	\$ 2,232,727	\$ 2,555,601	\$ 2,333,006	\$ 2,340,665	\$ 2,359,236
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.)	\$ 29,342,072	\$ 28,427,690	\$ 23,866,326	\$ 31,709,509	\$ 28,381,163	\$ 28,169,906

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: AR

TYPE OF SERVICE	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 20,149,566	\$ 16,397,244	\$ 19,296,710	\$	\$ 23,765,566	\$
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.)	\$ 6,102,013	\$ 4,641,609	\$ 5,589,743	\$	\$ 6,535,166	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 5,412,611	\$ 4,247,925	\$ 3,749,826	\$	\$ 4,826,368	\$
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.)	\$ 2,654,021	\$ 2,279,934	\$ 2,500,006	\$	\$ 3,068,300	\$
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.)	\$ 34,318,201	\$ 27,566,712	\$ 31,136,285	\$ 0	\$ 38,195,380	\$ 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: 2011
Field Note:
The FY 2011 budget amount was over projected. The time allocation system amount included 1.7m for Family Planning program effort – this effort was not included in the expenses. This effort is included in the FP grant application. Also included in the over projected budget for these services are the FP & Maternity Medicaid Reimbursement budgets.

In 2009 when the FY 11 budget #s for were projected, projections included COLA and Performance Merit increases for salary related expenses that did not occur. A significant percentage of the MCH Budget is directly salary related.
2. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2011
Field Note:
The FY 2011 budget amount was over projected in support services for the FP & Maternity Medicaid Reimbursement budgets. For DHS: CSHCN, the match rate for Targeted Case Management increased and was unavailable to the program.
3. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2010
Field Note:
The budgeted amount for Enabling Services increased \$1,342,779 from FY2009 to FY2010. This 29% increase was too high of a estimate to be budgeted.
4. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2011
Field Note:
The FY 11 budget was over projected budget for these services for the DHS: CSHCN, FP & Maternity Medicaid Reimbursement budgets.
5. **Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2011
Field Note:
The FY 11 budget was over projected due to staff turnover.

FORM 6

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

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

STATE: AR

Total Births by Occurrence: 37,580

Reporting Year: 2011

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	37,016	98.5	39	5	5	100
Congenital Hypothyroidism	37,016	98.5	722	18	18	100
Galactosemia	37,016	98.5	11	2	2	100
Sickle Cell Disease	37,016	98.5	21	21	21	100

Other Screening (Specify)

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

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

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1. **Section Number:** Form6_Main
Field Name: SickCellDisease_Confirmed
Row Name: SickCellDisease
Column Name: Confirmed Cases
Year: 2013
Field Note:
The number of confirmed cases matches the number of presumptive positive screens.

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: **AR**

Number of Individuals Served - Historical Data by Annual Report Year					
Types of Individuals Served	2006	2007	2008	2009	2010
Pregnant Women	52,149	53,555	52,527	51,591	49,919
Infants < 1 year old	39,210	40,166	39,494	61,540	52,097
Children 1 to 22 years old	483,261	483,261	1,283,366	495,925	584,212
Children with Special Healthcare Needs	18,181	16,059	15,263	14,376	17,735
Others	0	0	0	95,518	82,604
Total	592,801	593,041	1,390,650	718,950	786,567

Reporting Year: 2011

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	50,341	55.5	3.0	41.5		
Infants < 1 year old	59,121	55.5	3.0	41.5		
Children 1 to 22 years old	667,130	64.0	12.0	24.0		
Children with Special Healthcare Needs	13,466	87.0	3.0	2.0	5.0	3.0
Others	82,852	35.0	0.0	65.0		
TOTAL	892,910					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

- 1. Section Number:** Form7_Main
Field Name: PregWomen_TS
Row Name: Pregnant Women
Column Name: Title V Total Served
Year: 2013
Field Note:
Occurrence births multiplied by 1.33.
Logic of 1.33 - As pregnancies last 9 months, many pregnant women are served in more than one calendar year. Thus we count all women whose first prenatal visit occurred in the current year, and those women served in the prior year who did not deliver until the current year. We assumed that if a pregnancy lasts 9 months, then an additional 3 months for women who will deliver in the next year will also be served $12/9 = 1.33$.

37,850 births occurred in Arkansas in 2011. $37,850 \times 1.33 = 50,341$.
- 2. Section Number:** Form7_Main
Field Name: PregWomen_XIX
Row Name: Pregnant Women
Column Name: Title XIX %
Year: 2013
Field Note:
In 2010, 58.5% of births were paid by Medicaid, which in Arkansas, includes SCHIP "unborn child provision" births. We estimate that 3% of Medicaid paid births were SCHIP. These percentages were applied to projected number of pregnant women served by Title V in 2011.

Thus, Title XIX funded pregnant women is estimated at 55.5%.
- 3. Section Number:** Form7_Main
Field Name: Children_0_1_TS
Row Name: Infants <1 year of age
Column Name: Title V Total Served
Year: 2013
Field Note:
Infants less than 1 year of age served by Title V are 2011 births that occurred in Arkansas and number of individuals less than 1 year of age that received at least one immunization in 2011 in Arkansas' local health units.
- 4. Section Number:** Form7_Main
Field Name: Children_0_1_XIX
Row Name: Infants <1 year of age
Column Name: Title XIX %
Year: 2013
Field Note:
In 2010, 58.5% of births were paid by Medicaid, which in Arkansas, includes SCHIP "unborn child provision" births. We estimate that 3% of Medicaid paid births were SCHIP. These percentages were applied to projected number of pregnant women served by Title V in 2011.

Thus, Title XIX funded pregnant women is estimated at 55.5%.
- 5. Section Number:** Form7_Main
Field Name: Children_1_22_TS
Row Name: Children 1 to 22 years of age
Column Name: Title V Total Served
Year: 2013
Field Note:
Children 1-22 years served broken into:

WIC 1-4 years: 67,888
Immunizations 1-22 years: 362,181
Family planning up to 22 years: 26,296
Maternity up to 22 years: 2,453
WIC maternity up to 22 years: 18,917
School/mass clinic flu shots: 209,395
- 6. Section Number:** Form7_Main
Field Name: Children_1_22_XIX
Row Name: Children 1 to 22 years of age
Column Name: Title XIX %
Year: 2013
Field Note:
Data Source: Arkansas Medicaid Program Overview, SFY2011, Arkansas Department of Human Services.
- 7. Section Number:** Form7_Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2013
Field Note:
Title V funds used in Arkansas also support family planning and WIC services through salaries for Women's Health Nurse Practitioners.

Women greater than 22 years of age, broken into:

Family planning: 48,719
Maternity: 2,404
WIC: 31,729
- 8. Section Number:** Form7_Main
Field Name: AllOthers_XIX
Row Name: Others
Column Name: Title XIX %

Year: 2013

Field Note:

Percentage covered by Title XIX is estimated using the number of individuals covered under the Family Planning Waiver.

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: AR

Reporting Year: 2011

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	37,850	28,627	6,836	340	84	660	0	1,303
Title V Served	37,281	28,197	6,733	335	83	650	0	1,283
Eligible for Title XIX	22,078	15,114	5,515	237	31	214	0	967
INFANTS								
Total Infants in State	38,220	28,792	7,163	208	84	651	0	1,322
Title V Served	37,747	28,627	6,733	340	84	660	0	1,303
Eligible for Title XIX	22,350	15,201	5,779	145	31	212	0	982

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	33,973	3,819	58	2,896	13	54	699	151
Title V Served	33,463	3,762	57	2,835	13	53	689	149
Eligible for Title XIX	19,138	2,934	44	2,278	8	31	510	107
INFANTS								
Total Infants in State	34,201	3,935	84	3,008	14	56	708	144
Title V Served	33,973	3,819	58	2,896	13	54	699	151
Eligible for Title XIX	19,266	3,025	64	2,366	8	32	517	102

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

1. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTotal_All
Row Name: Total Deliveries in State
Column Name: Total All Races
Year: 2013
Field Note:
Total deliveries in the state by race are 2011 births that occurred in Arkansas by race of mother.
2. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTotal_White
Row Name: Total Deliveries in State
Column Name: White
Year: 2013
Field Note:
Total deliveries in the state by race are 2011 births that occurred in Arkansas by race of mother.
3. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTotal_Black
Row Name: Total Deliveries in State
Column Name: Black or African American
Year: 2013
Field Note:
Total deliveries in the state by race are 2011 births that occurred in Arkansas by race of mother.
4. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTotal_Indian
Row Name: Total Deliveries in State
Column Name: American Indian or Native American
Year: 2013
Field Note:
Total deliveries in the state by race are 2011 births that occurred in Arkansas by race of mother.
5. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTotal_Asian
Row Name: Total Deliveries in State
Column Name: Asian
Year: 2013
Field Note:
Total deliveries in the state by race are 2011 births that occurred in Arkansas by race of mother.
6. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTotal_Hawaiian
Row Name: Total Deliveries in State
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2013
Field Note:
Total deliveries in the state by race are 2011 births that occurred in Arkansas by race of mother.
7. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTotal_RaceOther
Row Name: Total Deliveries in State
Column Name: Other and Unknown
Year: 2013
Field Note:
Total deliveries in the state by race are 2011 births that occurred in Arkansas by race of mother.
8. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2013
Field Note:
Total deliveries served by Title V by race were determined by applying percentage of 2011 births with a newborn screen to 2011 births that occurred in Arkansas by race of mother.
9. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTitleV_White
Row Name: Title V Served
Column Name: White
Year: 2013
Field Note:
Total deliveries served by Title V by race were determined by applying percentage of 2011 births with a newborn screen to 2011 births that occurred in Arkansas by race of mother.
10. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTitleV_Black
Row Name: Title V Served
Column Name: Black or African American
Year: 2013
Field Note:
Total deliveries served by Title V by race were determined by applying percentage of 2011 births with a newborn screen to 2011 births that occurred in Arkansas by race of mother.
11. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTitleV_Indian
Row Name: Title V Served
Column Name: American Indian or Native American
Year: 2013
Field Note:
Total deliveries served by Title V by race were determined by applying percentage of 2011 births with a newborn screen to 2011 births that occurred in Arkansas by race of mother.

12. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTitleV_Asian
Row Name: Title V Served
Column Name: Asian
Year: 2013
Field Note:
Total deliveries served by Title V by race were determined by applying percentage of 2011 births with a newborn screen to 2011 births that occurred in Arkansas by race of mother.
13. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTitleV_Hawaiian
Row Name: Title V Served
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2013
Field Note:
Total deliveries served by Title V by race were determined by applying percentage of 2011 births with a newborn screen to 2011 births that occurred in Arkansas by race of mother.
14. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTitleV_RaceOther
Row Name: Title V Served
Column Name: Other and Unknown
Year: 2013
Field Note:
Total deliveries served by Title V by race were determined by applying percentage of 2011 births with a newborn screen to 2011 births that occurred in Arkansas by race of mother.
15. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2013
Field Note:
Total deliveries in the state eligible for Title XIX by race were determined by applying percentage of 2010 Arkansas occurrence births paid by Medicaid by race of mother to number of 2011 births that occurred in Arkansas by race of mother.
16. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_White
Row Name: Eligible for Title XIX
Column Name: White
Year: 2013
Field Note:
Total deliveries in the state eligible for Title XIX by race were determined by applying percentage of 2010 Arkansas occurrence births paid by Medicaid by race of mother to number of 2011 births that occurred in Arkansas by race of mother.
17. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_Black
Row Name: Eligible for Title XIX
Column Name: Black or African American
Year: 2013
Field Note:
Total deliveries in the state eligible for Title XIX by race were determined by applying percentage of 2010 Arkansas occurrence births paid by Medicaid by race of mother to number of 2011 births that occurred in Arkansas by race of mother.
18. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_Indian
Row Name: Eligible for Title XIX
Column Name: American Indian or Native American
Year: 2013
Field Note:
Total deliveries in the state eligible for Title XIX by race were determined by applying percentage of 2010 Arkansas occurrence births paid by Medicaid by race of mother to number of 2011 births that occurred in Arkansas by race of mother.
19. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_Asian
Row Name: Eligible for Title XIX
Column Name: Asian
Year: 2013
Field Note:
Total deliveries in the state eligible for Title XIX by race were determined by applying percentage of 2010 Arkansas occurrence births paid by Medicaid by race of mother to number of 2011 births that occurred in Arkansas by race of mother.
20. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_Hawaiian
Row Name: Eligible for Title XIX
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2013
Field Note:
Total deliveries in the state eligible for Title XIX by race were determined by applying percentage of 2010 Arkansas occurrence births paid by Medicaid by race of mother to number of 2011 births that occurred in Arkansas by race of mother.
21. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_RaceOther
Row Name: Eligible for Title XIX
Column Name: Other and Unknown
Year: 2013
Field Note:
Total deliveries in the state eligible for Title XIX by race were determined by applying percentage of 2010 Arkansas occurrence births paid by Medicaid by race of mother to number of 2011 births that occurred in Arkansas by race of mother.
22. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: InfantsTotal_All
Row Name: Total Infants in State
Column Name: Total All Races

Year: 2013

Field Note:

Total infants in the state by race are 2011 births that occurred to Arkansas residents by race of mother.

23. Section Number: Form8_I_ Unduplicated Count By Race

Field Name: InfantsTotal_White

Row Name: Total Infants in State

Column Name: White

Year: 2013

Field Note:

Total infants in the state by race are 2011 births that occurred to Arkansas residents by race of mother.

24. Section Number: Form8_I_ Unduplicated Count By Race

Field Name: InfantsTotal_Black

Row Name: Total Infants in State

Column Name: Black or African American

Year: 2013

Field Note:

Total infants in the state by race are 2011 births that occurred to Arkansas residents by race of mother.

25. Section Number: Form8_I_ Unduplicated Count By Race

Field Name: InfantsTotal_Indian

Row Name: Total Infants in State

Column Name: American Indian or Native American

Year: 2013

Field Note:

Total infants in the state by race are 2011 births that occurred to Arkansas residents by race of mother.

26. Section Number: Form8_I_ Unduplicated Count By Race

Field Name: InfantsTotal_Asian

Row Name: Total Infants in State

Column Name: Asian

Year: 2013

Field Note:

Total infants in the state by race are 2011 births that occurred to Arkansas residents by race of mother.

27. Section Number: Form8_I_ Unduplicated Count By Race

Field Name: InfantsTotal_Hawaiian

Row Name: Total Infants in State

Column Name: Native Hawaiian or Other Pacific Islander

Year: 2013

Field Note:

Total infants in the state by race are 2011 births that occurred to Arkansas residents by race of mother.

28. Section Number: Form8_I_ Unduplicated Count By Race

Field Name: InfantsTotal_RaceOther

Row Name: Total Infants in State

Column Name: Other and Unknown

Year: 2013

Field Note:

Total infants in the state by race are 2011 births that occurred to Arkansas residents by race of mother.

29. Section Number: Form8_I_ Unduplicated Count By Race

Field Name: InfantsTitleV_All

Row Name: Title V Served

Column Name: Total All Races

Year: 2013

Field Note:

Total infants in the state served by Title V by race were determined by applying percentage of 2011 births with a newborn screen to 2011 births that occurred to Arkansas residents by race of mother.

30. Section Number: Form8_I_ Unduplicated Count By Race

Field Name: InfantsTitleV_White

Row Name: Title V Served

Column Name: White

Year: 2013

Field Note:

Total infants in the state served by Title V by race were determined by applying percentage of 2011 births with a newborn screen to 2011 births that occurred to Arkansas residents by race of mother.

31. Section Number: Form8_I_ Unduplicated Count By Race

Field Name: InfantsTitleV_Black

Row Name: Title V Served

Column Name: Black or African American

Year: 2013

Field Note:

Total infants in the state served by Title V by race were determined by applying percentage of 2011 births with a newborn screen to 2011 births that occurred to Arkansas residents by race of mother.

32. Section Number: Form8_I_ Unduplicated Count By Race

Field Name: InfantsTitleV_Indian

Row Name: Title V Served

Column Name: American Indian or Native American

Year: 2013

Field Note:

Total infants in the state served by Title V by race were determined by applying percentage of 2011 births with a newborn screen to 2011 births that occurred to Arkansas residents by race of mother.

33. Section Number: Form8_I_ Unduplicated Count By Race

Field Name: InfantsTitleV_Asian

Row Name: Title V Served

Column Name: Asian

Year: 2013

Field Note:

Total infants in the state served by Title V by race were determined by applying percentage of 2011 births with a newborn screen to 2011 births that occurred to Arkansas residents by race of mother.

34. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTitleV_Hawaiian

Row Name: Title V Served

Column Name: Native Hawaiian or Other Pacific Islander

Year: 2013

Field Note:

Total infants in the state served by Title V by race were determined by applying percentage of 2011 births with a newborn screen to 2011 births that occurred to Arkansas residents by race of mother.

35. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTitleV_RaceOther

Row Name: Title V Served

Column Name: Other and Unknown

Year: 2013

Field Note:

Total infants in the state served by Title V by race were determined by applying percentage of 2011 births with a newborn screen to 2011 births that occurred to Arkansas residents by race of mother.

36. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTitleXIX_All

Row Name: Eligible for Title XIX

Column Name: Total All Races

Year: 2013

Field Note:

Total infants in the state eligible for Title XIX by race were determined by applying percentage of 2010 Arkansas occurrence births paid by Medicaid by race of mother to number of 2011 births that occurred to Arkansas residents by race of mother.

37. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTitleXIX_White

Row Name: Eligible for Title XIX

Column Name: White

Year: 2013

Field Note:

Total infants in the state eligible for Title XIX by race were determined by applying percentage of 2010 Arkansas occurrence births paid by Medicaid by race of mother to number of 2011 births that occurred to Arkansas residents by race of mother.

38. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTitleXIX_Black

Row Name: Eligible for Title XIX

Column Name: Black or African American

Year: 2013

Field Note:

Total infants in the state eligible for Title XIX by race were determined by applying percentage of 2010 Arkansas occurrence births paid by Medicaid by race of mother to number of 2011 births that occurred to Arkansas residents by race of mother.

39. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTitleXIX_Indian

Row Name: Eligible for Title XIX

Column Name: American Indian or Native American

Year: 2013

Field Note:

Total infants in the state eligible for Title XIX by race were determined by applying percentage of 2010 Arkansas occurrence births paid by Medicaid by race of mother to number of 2011 births that occurred to Arkansas residents by race of mother.

40. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTitleXIX_Asian

Row Name: Eligible for Title XIX

Column Name: Asian

Year: 2013

Field Note:

Total infants in the state eligible for Title XIX by race were determined by applying percentage of 2010 Arkansas occurrence births paid by Medicaid by race of mother to number of 2011 births that occurred to Arkansas residents by race of mother.

41. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTitleXIX_Hawaiian

Row Name: Eligible for Title XIX

Column Name: Native Hawaiian or Other Pacific Islander

Year: 2013

Field Note:

Total infants in the state eligible for Title XIX by race were determined by applying percentage of 2010 Arkansas occurrence births paid by Medicaid by race of mother to number of 2011 births that occurred to Arkansas residents by race of mother.

42. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTitleXIX_RaceOther

Row Name: Eligible for Title XIX

Column Name: Other and Unknown

Year: 2013

Field Note:

Total infants in the state eligible for Title XIX by race were determined by applying percentage of 2010 Arkansas occurrence births paid by Medicaid by race of mother to number of 2011 births that occurred to Arkansas residents by race of mother.

43. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTotal_TotalNotHispanic

Row Name: Total Deliveries in State

Column Name: Total Not Hispanic or Latino

Year: 2013

Field Note:

Total deliveries in the state that were not Hispanic or Latino are 2011 births that occurred in Arkansas to mothers who reported no Hispanic or Latino ethnicity.

- 44. Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_TotalHispanic
Row Name: Total Deliveries in State
Column Name: Total Hispanic or Latino
Year: 2013
Field Note:
Total deliveries in the state that were Hispanic or Latino are 2011 births that occurred in Arkansas to mothers who reported Hispanic or Latino ethnicity.
- 45. Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_NotReported
Row Name: Total Deliveries in State
Column Name: Ethnicity Not Reported
Year: 2013
Field Note:
Total deliveries in the state with unknown ethnicity are 2011 births that occurred in Arkansas to mothers with Hispanic or Latino ethnicity unknown.
- 46. Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_Mexican
Row Name: Total Deliveries in State
Column Name: Mexican
Year: 2013
Field Note:
Deliveries in the state by Hispanic or Latino sub-categories are 2011 births that occurred in Arkansas to Hispanic or Latino mothers from specified countries or areas of origin.
- 47. Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_Cuban
Row Name: Total Deliveries in State
Column Name: Cuban
Year: 2013
Field Note:
Deliveries in the state by Hispanic or Latino sub-categories are 2011 births that occurred in Arkansas to Hispanic or Latino mothers from specified countries or areas of origin.
- 48. Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_PuertoRican
Row Name: Total Deliveries in State
Column Name: Puerto Rican
Year: 2013
Field Note:
Deliveries in the state by Hispanic or Latino sub-categories are 2011 births that occurred in Arkansas to Hispanic or Latino mothers from specified countries or areas of origin.
- 49. Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_CentralAmerican
Row Name: Total Deliveries in State
Column Name: Central and South American
Year: 2013
Field Note:
Deliveries in the state by Hispanic or Latino sub-categories are 2011 births that occurred in Arkansas to Hispanic or Latino mothers from specified countries or areas of origin.
- 50. Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_EthnicityOther
Row Name: Total Deliveries in State
Column Name: Other and Unknown
Year: 2013
Field Note:
Deliveries in the state by Hispanic or Latino sub-categories are 2011 births that occurred in Arkansas to Hispanic or Latino mothers from specified countries or areas of origin.
- 51. Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_TotalNotHispanic
Row Name: Title V Served
Column Name: Total Not Hispanic or Latino
Year: 2013
Field Note:
Total deliveries in the state served by Title V not Hispanic or Latino were determined by applying percentage of 2011 births with a newborn screen to 2011 births that occurred to Arkansas mothers who reported no Hispanic or Latino ethnicity.
- 52. Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_TotalHispanic
Row Name: Title V Served
Column Name: Total Hispanic or Latino
Year: 2013
Field Note:
Total deliveries in the state served by Title V Hispanic or Latino were determined by applying percentage of 2011 births with a newborn screen to 2011 births that occurred to Arkansas mothers who reported Hispanic or Latino ethnicity.
- 53. Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_NotReported
Row Name: Title V Served
Column Name: Ethnicity Not Reported
Year: 2013
Field Note:
Total deliveries in the state served by Title V with unknown ethnicity were determined by applying percentage of 2011 births with a newborn screen to 2011 births that occurred to Arkansas mothers with Hispanic or Latino ethnicity unknown.
- 54. Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_Mexican
Row Name: Title V Served
Column Name: Mexican
Year: 2013
Field Note:
Deliveries in the state served by Title V by Hispanic or Latino sub-categories were determined by applying percentage of 2011 births with a newborn screen to 2011 births that occurred in

Arkansas to Hispanic or Latino mothers from specified countries or areas of origin.

55. Section Number: Form8_II_ Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleV_Cuban

Row Name: Title V Served

Column Name: Cuban

Year: 2013

Field Note:

Deliveries in the state served by Title V by Hispanic or Latino sub-categories were determined by applying percentage of 2011 births with a newborn screen to 2011 births that occurred in Arkansas to Hispanic or Latino mothers from specified countries or areas of origin.

56. Section Number: Form8_II_ Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleV_PuertoRican

Row Name: Title V Served

Column Name: Puerto Rican

Year: 2013

Field Note:

Deliveries in the state served by Title V by Hispanic or Latino sub-categories were determined by applying percentage of 2011 births with a newborn screen to 2011 births that occurred in Arkansas to Hispanic or Latino mothers from specified countries or areas of origin.

57. Section Number: Form8_II_ Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleV_CentralAmerican

Row Name: Title V Served

Column Name: Central and South American

Year: 2013

Field Note:

Deliveries in the state served by Title V by Hispanic or Latino sub-categories were determined by applying percentage of 2011 births with a newborn screen to 2011 births that occurred in Arkansas to Hispanic or Latino mothers from specified countries or areas of origin.

58. Section Number: Form8_II_ Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleV_EthnicityOther

Row Name: Title V Served

Column Name: Other and Unknown

Year: 2013

Field Note:

Deliveries in the state served by Title V by Hispanic or Latino sub-categories were determined by applying percentage of 2011 births with a newborn screen to 2011 births that occurred in Arkansas to Hispanic or Latino mothers from specified countries or areas of origin.

59. Section Number: Form8_II_ Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleXIX_TotalNotHispanic

Row Name: Eligible for Title XIX

Column Name: Total Not Hispanic or Latino

Year: 2013

Field Note:

Total deliveries in the state eligible for Title XIX not Hispanic or Latino were determined by applying percentage of 2010 Arkansas occurrence births to mothers not Hispanic or Latino paid by Medicaid to 2011 births that occurred in Arkansas to mothers who reported no Hispanic or Latino ethnicity.

60. Section Number: Form8_II_ Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleXIX_TotalHispanic

Row Name: Eligible for Title XIX

Column Name: Total Hispanic or Latino

Year: 2013

Field Note:

Total deliveries in the state eligible for Title XIX Hispanic or Latino were determined by applying percentage of 2010 Arkansas occurrence births to mothers not Hispanic or Latino paid by Medicaid to 2011 births that occurred in Arkansas to mothers who reported Hispanic or Latino ethnicity.

61. Section Number: Form8_II_ Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleXIX_NotReported

Row Name: Eligible for Title XIX

Column Name: Ethnicity Not Reported

Year: 2013

Field Note:

Total deliveries in the state eligible for Title XIX with unknown ethnicity were determined by applying percentage of 2010 Arkansas occurrence births with unknown ethnicity paid by Medicaid to 2011 births that occurred to Arkansas mothers with Hispanic or Latino ethnicity unknown.

62. Section Number: Form8_II_ Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleXIX_Mexican

Row Name: Eligible for Title XIX

Column Name: Mexican

Year: 2013

Field Note:

Deliveries in the state eligible for Title XIX by Hispanic or Latino sub-categories were determined by applying percentage of 2010 Arkansas occurrence births to Hispanic or Latino mothers paid by Medicaid to number of 2011 births that occurred in Arkansas to Hispanic or Latino mothers from specified countries or areas of origin.

63. Section Number: Form8_II_ Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleXIX_Cuban

Row Name: Eligible for Title XIX

Column Name: Cuban

Year: 2013

Field Note:

Deliveries in the state eligible for Title XIX by Hispanic or Latino sub-categories were determined by applying percentage of 2010 Arkansas occurrence births to Hispanic or Latino mothers paid by Medicaid to number of 2011 births that occurred in Arkansas to Hispanic or Latino mothers from specified countries or areas of origin.

64. Section Number: Form8_II_ Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleXIX_PuertoRican

Row Name: Eligible for Title XIX

Column Name: Puerto Rican

Year: 2013

Field Note:

Deliveries in the state eligible for Title XIX by Hispanic or Latino sub-categories were determined by applying percentage of 2010 Arkansas occurrence births to Hispanic or Latino mothers paid by Medicaid to number of 2011 births that occurred in Arkansas to Hispanic or Latino mothers from specified countries or areas of origin.

65. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_CentralAmerican
Row Name: Eligible for Title XIX
Column Name: Central and South American
Year: 2013
Field Note:
Deliveries in the state eligible for Title XIX by Hispanic or Latino sub-categories were determined by applying percentage of 2010 Arkansas occurrence births to Hispanic or Latino mothers paid by Medicaid to number of 2011 births that occurred in Arkansas to Hispanic or Latino mothers from specified countries or areas of origin.
66. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_EthnicityOther
Row Name: Eligible for Title XIX
Column Name: Other and Unknown
Year: 2013
Field Note:
Deliveries in the state eligible for Title XIX by Hispanic or Latino sub-categories were determined by applying percentage of 2010 Arkansas occurrence births to Hispanic or Latino mothers paid by Medicaid to number of 2011 births that occurred in Arkansas to Hispanic or Latino mothers from specified countries or areas of origin.
67. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_TotalNotHispanic
Row Name: Total Infants in State
Column Name: Total Not Hispanic or Latino
Year: 2013
Field Note:
Total infants in the state not Hispanic or Latino are 2011 births that occurred to Arkansas residents that reported no Hispanic or Latino ethnicity.
68. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_TotalHispanic
Row Name: Total Infants in State
Column Name: Total Hispanic or Latino
Year: 2013
Field Note:
Total infants in the state Hispanic or Latino are 2011 births that occurred to Arkansas residents that reported Hispanic or Latino ethnicity.
69. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_NotReported
Row Name: Total Infants in State
Column Name: Ethnicity Not Reported
Year: 2013
Field Note:
Total infants in the state with unknown ethnicity are 2011 births that occurred to Arkansas residents with Hispanic or Latino ethnicity unknown.
70. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_Mexican
Row Name: Total Infants in State
Column Name: Mexican
Year: 2013
Field Note:
Infants in the state by Hispanic or Latino sub-categories are 2011 births that occurred to Arkansas residents from specified countries or areas of origin.
71. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_Cuban
Row Name: Total Infants in State
Column Name: Cuban
Year: 2013
Field Note:
Infants in the state by Hispanic or Latino sub-categories are 2011 births that occurred to Arkansas residents from specified countries or areas of origin.
72. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_PuertoRican
Row Name: Total Infants in State
Column Name: Puerto Rican
Year: 2013
Field Note:
Infants in the state by Hispanic or Latino sub-categories are 2011 births that occurred to Arkansas residents from specified countries or areas of origin.
73. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_CentralAmerican
Row Name: Total Infants in State
Column Name: Central and South American
Year: 2013
Field Note:
Infants in the state by Hispanic or Latino sub-categories are 2011 births that occurred to Arkansas residents from specified countries or areas of origin.
74. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_EthnicityOther
Row Name: Total Infants in State
Column Name: Other and Unknown
Year: 2013
Field Note:
Infants in the state by Hispanic or Latino sub-categories are 2011 births that occurred to Arkansas residents from specified countries or areas of origin.
75. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_TotalNotHispanic
Row Name: Title V Served
Column Name: Total Not Hispanic or Latino
Year: 2013
Field Note:
Total infants served by Title V not Hispanic or Latino were determined by applying percentage of 2011 births with a newborn screen to 2011 births that occurred to Arkansas residents who reported no Hispanic or Latino ethnicity.
76. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleV_TotalHispanic

Row Name: Title V Served

Column Name: Total Hispanic or Latino

Year: 2013

Field Note:

Total infants served by Title V Hispanic or Latino were determined by applying percentage of 2011 births with a newborn screen to 2011 births that occurred to Arkansas residents who reported Hispanic or Latino ethnicity.

77. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleV_NotReported

Row Name: Title V Served

Column Name: Ethnicity Not Reported

Year: 2013

Field Note:

Total infants served by Title V with unknown ethnicity were determined by applying percentage of 2011 births with a newborn screen to 2011 births that occurred to Arkansas residents with Hispanic or Latino ethnicity unknown.

78. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleV_Mexican

Row Name: Title V Served

Column Name: Mexican

Year: 2013

Field Note:

Infants served by Title V by Hispanic or Latino sub-categories were determined by applying percentage of 2011 births with a newborn screen to 2011 births that occurred to Arkansas Hispanic or Latino residents from specified countries or areas of origin.

79. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleV_Cuban

Row Name: Title V Served

Column Name: Cuban

Year: 2013

Field Note:

Infants served by Title V by Hispanic or Latino sub-categories were determined by applying percentage of 2011 births with a newborn screen to 2011 births that occurred to Arkansas Hispanic or Latino residents from specified countries or areas of origin.

80. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleV_PuertoRican

Row Name: Title V Served

Column Name: Puerto Rican

Year: 2013

Field Note:

Infants served by Title V by Hispanic or Latino sub-categories were determined by applying percentage of 2011 births with a newborn screen to 2011 births that occurred to Arkansas Hispanic or Latino residents from specified countries or areas of origin.

81. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleV_CentralAmerican

Row Name: Title V Served

Column Name: Central and South American

Year: 2013

Field Note:

Infants served by Title V by Hispanic or Latino sub-categories were determined by applying percentage of 2011 births with a newborn screen to 2011 births that occurred to Arkansas Hispanic or Latino residents from specified countries or areas of origin.

82. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleV_EthnicityOther

Row Name: Title V Served

Column Name: Other and Unknown

Year: 2013

Field Note:

Infants served by Title V by Hispanic or Latino sub-categories were determined by applying percentage of 2011 births with a newborn screen to 2011 births that occurred to Arkansas Hispanic or Latino residents from specified countries or areas of origin.

83. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_TotalNotHispanic

Row Name: Eligible for Title XIX

Column Name: Total Not Hispanic or Latino

Year: 2013

Field Note:

Total infants in the state eligible for Title XIX not Hispanic or Latino were determined by applying percentage of 2010 Arkansas occurrence births to mothers not Hispanic or Latino paid by Medicaid to 2011 births that occurred to Arkansas residents who reported no Hispanic or Latino ethnicity.

84. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_TotalHispanic

Row Name: Eligible for Title XIX

Column Name: Total Hispanic or Latino

Year: 2013

Field Note:

Total infants in the state eligible for Title XIX Hispanic or Latino were determined by applying percentage of 2010 Arkansas occurrence births to mothers not Hispanic or Latino paid by Medicaid to 2011 births that occurred to Arkansas residents who reported Hispanic or Latino ethnicity.

85. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_NotReported

Row Name: Eligible for Title XIX

Column Name: Ethnicity Not Reported

Year: 2013

Field Note:

Total infants eligible for Title XIX with unknown ethnicity were determined by applying percentage of 2010 Arkansas occurrence births with unknown ethnicity paid by Medicaid to 2011 births that occurred to Arkansas residents with Hispanic or Latino ethnicity unknown.

86. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_Mexican

Row Name: Eligible for Title XIX

Column Name: Mexican

Year: 2013

Field Note:

Infants in the state eligible for Title XIX by Hispanic or Latino sub-categories were determined by applying percentage of 2010 Arkansas occurrence births to Hispanic or Latino mothers paid by Medicaid to 2011 births that occurred to Arkansas Hispanic or Latino residents from specified countries or areas of origin.

87. Section Number: Form8. II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_Cuban

Row Name: Eligible for Title XIX

Column Name: Cuban

Year: 2013

Field Note:

Infants in the state eligible for Title XIX by Hispanic or Latino sub-categories were determined by applying percentage of 2010 Arkansas occurrence births to Hispanic or Latino mothers paid by Medicaid to 2011 births that occurred to Arkansas Hispanic or Latino residents from specified countries or areas of origin.

88. Section Number: Form8. II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_PuertoRican

Row Name: Eligible for Title XIX

Column Name: Puerto Rican

Year: 2013

Field Note:

Infants in the state eligible for Title XIX by Hispanic or Latino sub-categories were determined by applying percentage of 2010 Arkansas occurrence births to Hispanic or Latino mothers paid by Medicaid to 2011 births that occurred to Arkansas Hispanic or Latino residents from specified countries or areas of origin.

89. Section Number: Form8. II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_CentralAmerican

Row Name: Eligible for Title XIX

Column Name: Central and South American

Year: 2013

Field Note:

Infants in the state eligible for Title XIX by Hispanic or Latino sub-categories were determined by applying percentage of 2010 Arkansas occurrence births to Hispanic or Latino mothers paid by Medicaid to 2011 births that occurred to Arkansas Hispanic or Latino residents from specified countries or areas of origin.

90. Section Number: Form8. II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_EthnicityOther

Row Name: Eligible for Title XIX

Column Name: Other and Unknown

Year: 2013

Field Note:

Infants in the state eligible for Title XIX by Hispanic or Latino sub-categories were determined by applying percentage of 2010 Arkansas occurrence births to Hispanic or Latino mothers paid by Medicaid to 2011 births that occurred to Arkansas Hispanic or Latino residents from specified countries or areas of origin.

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

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

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

	FY 2013	FY 2012	FY 2011	FY 2010	FY 2009
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 232-0002	(800) 232-0002	(800) 232-0002	(800) 232-0002	(800) 232-0002
2. State MCH Toll-Free "Hotline" Name	AR Resource and Health Information				
3. Name of Contact Person for State MCH "Hotline"	Vanessa Crow	Vanessa Crow	Vanessa Crow	Vanessa Crow	Paula Shoemake
4. Contact Person's Telephone Number	(501) 280-4667	(501) 280-4667	(501) 380-4533	(501) 380-4533	(501) 380-4533
5. Contact Person's Email	Vanessa.Crow@arkansas.gov	Vanessa.Crow@arkansas.gov	Vanessa.Crow@arkansas.gov	Vanessa.Crow@arkansas.gov	
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	5388	8724	16659

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

None

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

1. State MCH Administration:
(max 2500 characters)

The MCH Block Grant funds come directly to the Arkansas Department of Health, and last year 31.34% of those funds were made available to the Department of Human Services, Division of Developmental Disabilities Services, Children's medical Services Program. The process of completing and submitting this application is a partnership with Ms. Nancy Holder and her CSHCN staff and the Arkansas Department of Health staff. The Arkansas Department of Health (ADH) Title V has direct administrative control over the Family Health Branch, that is broken into the Women's Health Section which includes the Maternity Program, Family Planning Program, Personal Responsibility and Education Program and Midwifery regulation. In addition the Child and Adolescent Section, which houses the Newborn Screening Program, Abstinence Education Program and the Infant Hearing Program are also under the direct Title V administrative control. The Health Connections Section which helps assign PCPs to Medicaid recipients is also under Title V direct administration. The Family Health Branch also directly administers the Competitive and Formula MIECHV Grants for home visiting, and also directly funds the Infant and Child Death Review.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 6,937,392
3. Unobligated balance (Line 2, Form 2)	\$ 401,034
4. State Funds (Line 3, Form 2)	\$ 6,414,758
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 187,961
7. Program Income (Line 6, Form 2)	\$ 24,254,235
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 38,195,380

9. Most significant providers receiving MCH funds

	<u>UAMS Department of OBGYN</u>
	<u>UAMS Department of Pediatrics</u>
	<u>Dept. of Human Services, Div. Developmental Disabil</u>
	<u>Arkansas Children's Hospital</u>

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

a. Pregnant Women	50,341
b. Infants < 1 year old	59,121
c. Children 1 to 22 years old	687,130
d. CSHCN	13,466
e. Others	82,852

11. Statewide Initiatives and Partnerships

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

The UAMS Dept. of OBGYN Contract supports Antenatal and Neonatal Guidelines for Learning and Education Systems (ANGELS), which has direct care and enabling services components. The Children's Hospital Contract supports enabling services. The UAMS Pediatrics Dept. support direct and enabling services. The MCH BG funding through the CSHCN Program support direct and enabling services.

b. Population-Based Services
(max 2500 characters)

The MCH BG funding through the CSHCN program supports staff who partner with the Division of Developmental Disabilities Services to provide population-based services to disabled children. The immunization Program partners with private primary care physicians for immunizations of all children and many adults.

c. Infrastructure Building Services
(max 2500 characters)

In an effort to address the social determinants of health, ADH MCH and CSHCN staff partner with DHS Division of Behavioral Health and the Division of Child Care and Early Childhood Education to support Early Childhood Comprehensive Systems planning and implementation grant, the Assuring Better Child Development TA Program, and the National Center for Children in Poverty Policy TA Project. Especially, these same staff support Arkansas's System of Care for Children's Mental Health Partnership. ADH Child and Adolescent Health Section has partnered with the Department of Education on the Coordinated School Health Program that has gone statewide. Additional partnerships have been formed on multiple subjects, that include the ADH joining with the Natural Wonders Collaboration (which includes Arkansas Advocates for Children and Families, Arkansas Blue Cross and Blue Shield, Arkansas Center for Health Improvement Arkansas Chapter of the American Academy of Pediatrics, Arkansas Children's Hospital, Arkansas Department of Health and Human Services, University of Arkansas at Little Rock, Institute for Economic Advancement, Clinton School of Public Service and the UAMS Fay W. Boozman College of Public Health. The Arkansas Title V Director represents the Arkansas Dept. of Health in this partnership. This group conducted a comprehensive assessment of children's health in this state. ADH continues to work with this group to focus on infant mortality. All of the above efforts contribute toward building a framework, that would support the Lifecourse Model that ADH MCH and CSHCN staff are working to incorporate into their planning and vision.

12. The primary Title V Program contact person:

Name Bradley Planey
 Title Associate Branch Chief, Family Health
 Address 4815 West Markham St. Slot-16
 City Little Rock
 State Arkansas
 Zip 72205-3867
 Phone 501-661-2531
 Fax 501-661-2464

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

Name Nancy Holder
 Title Program Director
 Address PO Box 1437 Slot S-380
 City Little Rock
 State Arkansas
 Zip 72203-1437
 Phone 501-682-1437
 Fax 501-682-8247

14. State Family or Youth Leader Contact person:

Name Rodney Farley
 Title Parent Consultant
 Address PO Box 1437, Slot S-380
 City Little Rock
 State Arkansas
 Zip 72203-1437
 Phone 501-682-1461
 Fax 501-371-3464

Email bradley.planey@arkansas.gov
Web _____

Email nancy.holder@arkansas.gov
Web _____

Email rodney.farley@arkansas.gov
Web _____

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

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

Form Level Notes for Form 11

NPM 3: AR Title V CSHCN program randomly surveyed 690 families working with CSHCN staff. Questions and responses related to Medical Home include: To the best of your understanding, does your child have a Medical Home? (Refer to the cover letter for a definition of Medical Home.) Yes: 47% No: 26% Don't know: 23% Blank or multiple answers: 4% When your child was sick during the past 12 months, how often did you take him/her to a medical provider other than his/her primary care doctor? (Such as Emergency Room/Urgent Care Clinic) Never 35% Sometime: 34% Usually: 10% Always: 19% No Answer: 2% In the last 12 months, has your child been seen in the Emergency Room at least once? Yes: 41% No: 58% Don't Know: 1% In the past 12 months, has your child had at least one well child checkup? Yes: 90% No: 8% Don't know or no answer: 2% How often are your teen's doctors and other health care providers sensitive to your family's values and customs? Never: 14% Sometimes: 16% Usually: 22% Always: 43% No answer: 3% Are you satisfied with the overall communication among doctors and other health care providers regarding your child's medical care? Yes: 82% No: 10% Don't know: 6% Blank or multiple answers: 2% NPM 4: AR Title V CSHCN program randomly survey 690 families working with CSHCN staff. Questions and responses related to adequate coverage include: Does your child's health insurance adequately cover all of his/her needs for medical services? Yes: 68% No: 24% Don't know: 6% Blank or multiple answers: 2% Has anyone discussed with you how to obtain or keep some type of health insurance coverage as your teen becomes an adult? Yes: 25% No: 71% Don't know: 4% During the last 12 months, did your child experience any delays in obtaining medical care or payment for medical equipment/supplies due to lack of adequate insurance? Yes: 15% No: 80% Don't know: 3% Blank or multiple answers: 1% NPM 6: No direct question on survey relates. AR Title V CSHCN program randomly surveyed 690 families working with CSHCN staff. Questions and responses related to accessibility of community based services include: How often did you have the help that you needed to arrange and coordinate your child's doctor's appointments or referrals? Never 14% Sometime: 18% Usually: 12% Always: 25% Don't need any extra help: 29% Blank or multiple answers: 2% During the past 12 months, did you experience a delay of at least 6 weeks or longer to get a medical appointment because of a waiting list or backlog? Yes: 20% No: 78% Don't know: 2% Are you satisfied with the medical services from the medical specialists involved in his/her care? Examples of specialists are Neurology, Cardiology, Genetics, Endocrinology, and Orthopedics. Yes: 82% No: 9% Don't know: 7% Blank or multiple answers: 2%

PERFORMANCE MEASURE # 01

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	98.6	100.0
Numerator	33	47	60	69	64
Denominator	33	47	60	70	64
Data Source		Newborn Screening Program	Newborn Screening Program	Newborn Screening Program	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.					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Provisional

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

Field Level Notes

1. **Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2010
Field Note:
 One (1) baby (Sickle Cell Disease) moved out-of-state and was unable to locate for follow-up.

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>				
	2007	2008	2009	2010	2011
Annual Performance Objective	57	62	63	64	65
Annual Indicator	61.7	61.7	61.7	61.7	69.5
Numerator	468	468	468	468	537
Denominator	759	759	759	759	773
Data Source		Data from Nat'l CSHCN Survey, 2005-2006	Data from Nat'l CSHCN Survey, 2005-2006	Data from Nat'l CSHCN Survey, 2005-2006	Data from Nat'l Survey of CSHCN
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	70	71	72	73	74
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Fom11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2011

Field Note:

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

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

2. Section Number: Fom11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2010

Field Note:

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

3. Section Number: Fom11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2009

Field Note:

Indicator data is from the National Survey of CSHCN conducted in 2005 - 2006.

A statewide survey was mailed to parents/guardians of CSHCN in early 2010. 93.7% of the respondents indicated they are often or always included in their child's health care decisions. 66.1% indicated their child's health care team often or always listened to their concerns or questions. The same percentage indicated that the health care team asks that the parent/guardian share with them their knowledge and expertise as the parent/caregiver. However, only 32.1% indicated that they were asked by the health care team how the child's condition affects the family (e.g. the impact on siblings, the time the child's care takes, lost sleep, extra expenses, etc.).

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>				
	2007	2008	2009	2010	2011
Annual Performance Objective	68	68	54	53	55
Annual Indicator	50.2	50.2	50.2	50.2	46.6
Numerator	379	379	379	379	353
Denominator	755	755	755	755	758

This data comes from the National Survey of CSHCN This data comes from the National Survey of CSHCN This data comes from the National Survey of CSHCN Nat'l Survey of CSHCN

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	50	51	52	53	54
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Fom11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2011

Field Note:

For 2011-2014, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration and the U.S. Centers for Disease Control and Prevention in 2009-2010. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate this indicator for the 2005-06 CSHCN survey. The data for the 2001 and 2005-2006 surveys are not comparable for NPM 3. However, the same questions were used to generate the NPM 3 indicator for both the 2005-2006 and 2009-2010, therefore these two surveys are comparable.

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

2. Section Number: Fom11_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.

3. Section Number: Fom11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2009

Field Note:

This data comes from the National Survey of CSHCN 2005 - 2006.

In early 2010 a survey was mailed out to parents/guardians of CSHCN. The survey respondents answered the following questions on communication with the health care team. 71.4% answered often or always that the health care team uses helpful ways to communicate with me (e.g. explaining terms clearly, giving out forms to help us prepare for our visits). 48.2% answered often or always that the health care team uses helpful ways to communicate with my child. 70.5% answered that the health care team often or always understands the family's needs and values. 58% answered that they often or always have someone to help them understand all of the child's health services. 58.9% answered that they can often or always get the health care that my child needs when we need it, including after office hours, on weekends and holidays.

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)

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>62</u>	<u>66</u>	<u>67</u>	<u>68</u>	<u>69</u>
Annual Indicator	<u>66.5</u>	<u>66.5</u>	<u>66.5</u>	<u>66.5</u>	<u>63.1</u>
Numerator	<u>493</u>	<u>493</u>	<u>493</u>	<u>493</u>	<u>493</u>
Denominator	<u>741</u>	<u>741</u>	<u>741</u>	<u>741</u>	<u>781</u>

Data Source	Data comes from the National Survey of CSHCN 2005	Data comes from the National Survey of CSHCN 2005	Data comes from the National Survey of CSHCN 2005	Nat'l Survey of CSHCN
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Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>65</u>	<u>65</u>	<u>66</u>	<u>67</u>	<u>69</u>
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2011

Field Note:

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

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

2. Section Number: Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2010

Field Note:

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

3. Section Number: Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2009

Field Note:

Data comes from the National Survey of CSHCN 2005 - 2006.

A survey was mailed to parents/guardians in early 2010. 75.9% answered often or always that "I have insurance to cover my child's health care services." 75% answered often or always to the statement "My child's health problems have an impact on our family." A supposition is made that financial impact is a portion of the family impact.

PERFORMANCE MEASURE # 05

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	52	90	90	90	90
Annual Indicator	89.1	89.1	89.1	89.1	64.0
Numerator	688	688	688	688	499
Denominator	772	772	772	772	780

Data Source

Data comes from the National Survey of CSHCN 2005 Data comes from the National Survey of CSHCN 2005 Data comes from the National Survey of CSHCN 2005 Nat'l Survey for CSHCN

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	67	68	69	69	70
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Fom11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2011

Field Note:

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

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

2. **Section Number:** Fom11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2010

Field Note:

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

3. **Section Number:** Fom11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2009

Field Note:

Data comes from the National Survey of CSHCN 2005 - 2006.

Although data for this measure was taken from the National Survey of CSHCN in 2005, the subject was addressed somewhat on a survey mailed to parents/guardians in early 2010. When asked to prioritize the needs of CSHCN in the state, the respondents ranked "community-based services organized so that families can easily access them" as the second priority behind the number one priority of "Adequate Health Insurance".

PERFORMANCE MEASURE # 06

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	15	34	35	36	36
Annual Indicator	33.1	33.1	33.1	33.1	33.1
Numerator	114	114	114	114	98
Denominator	344	344	344	344	296

Data Source: Data comes from the National Survey of CSHCN 2005 (for 2007-2010) and Nat'l Survey of CSHCN (for 2011).

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 (for 2007-2010), Provisional (for 2011)

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	34	34	35	35	36
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #6

Field Name: PM06
Row Name:
Column Name:
Year: 2011
Field Note:

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

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

2. Section Number: Form11_Performance Measure #6

Field Name: PM06
Row Name:
Column Name:
Year: 2010
Field Note:

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

3. Section Number: Form11_Performance Measure #6

Field Name: PM06
Row Name:
Column Name:
Year: 2009
Field Note:

Data comes from the National Survey of CSHCN 2005 - 2006. A survey mailed to parents/guardians in early 2010 included statements related to transition: "There is someone who has helped us or is helping us find adult care for my child" with a 32% "Yes" response rate and "We are making plans for the time my child becomes an adult" with a 52% "Yes" response rate. In addition, "Transition to adulthood" was listed as one of the "Services received from Title V Children's Services staff". A final question asked the respondents to prioritize the needs of the state's CYSHCN. Transition to adulthood was ranked last under (in order of the ranked priority by respondents) Adequate health insurance; community-based services organized so that families can easily use them; respite care; families as partners at all levels of care and satisfied with services; receiving coordinated, comprehensive, ongoing care within a medical home; and dental health.

PERFORMANCE MEASURE # 07

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>87</u>	<u>88</u>	<u>80</u>	<u>84</u>	<u>85</u>
Annual Indicator	<u>79.4</u>	<u>77.9</u>	<u>83.0</u>	<u>84.4</u>	<u>86.0</u>
Numerator	<u>5,848</u>	<u>6,701</u>	<u>5,812</u>	<u>5,359</u>	<u>6,611</u>
Denominator	<u>7,363</u>	<u>8,601</u>	<u>7,000</u>	<u>6,348</u>	<u>7,683</u>
Data Source		Vaccines For Children Program Co-CASA			

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>87</u>	<u>88</u>	<u>89</u>	<u>90</u>	<u>91</u>
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- 1. **Section Number:** Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2009

Field Note:

2009 data are from the Comprehensive Clinic Assessment Software Application (Co-CASA) program from the Vaccines for Children (VFC) Program.

The denominator is the number of children sampled at local health units and participating VFC private providers. The numerator is the number of children with complete vaccine records from those sampled.

PERFORMANCE MEASURE # 08

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

	2007	2008	2009	2010	2011
Annual Performance Objective	31	32	29.5	27.5	22.5
Annual Indicator	30.8	30.6	29.3	24.5	22.2
Numerator	1,813	1,780	1,686	1,427	1,233
Denominator	58,877	58,092	57,602	58,130	58,130

Data Source

2008 Birth Certificates 2009 Birth Certificates 2010 Birth Certificates, US Census Bureau 2011 Birth Certificates, US Census Bureau

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

	2012	2013	2014	2015	2016
Annual Performance Objective	21.5	21	20.5	20	19.5
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2011
Field Note:
 2010 female population 15-17 years was used to compute 2011 rate.
2. **Section Number:** Form11_Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2010
Field Note:
 2009 female population 15-17 years was used to compute 2010 rate.

PERFORMANCE MEASURE # 09

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

	2007	2008	2009	2010	2011
Annual Performance Objective	18	19	18	21	28
Annual Indicator	15.0	17.0	20.2	27.0	27.0
Numerator	197	206	132	1,145	1,145
Denominator	1,312	1,214	654	4,239	4,239
Data Source		Oral Health Branch, ADH	Oral Health Branch	Oral Health Branch, ADH	Oral Health Branch, ADH
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	2012	2013	2014	2015	2016
Annual Performance Objective	29	30	31	32	33
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2011

Field Note:

A statewide dental screening survey was not conducted in 2011. Results from the 2010 statewide dental screening survey were used to populate the 2011 measure.

2. Section Number: Form11_Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2010

Field Note:

A statewide dental screening survey was conducted in 2010 with contract dental hygienists examining children in every county in Arkansas.

3. Section Number: Form11_Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2009

Field Note:

A statewide dental screening survey was not conducted in 2008. Results are limited to dental screenings done by request of a local agency or organization.

A state-wide, county specific oral health needs assessment is being conducted in 2010. The survey, using contract dental hygienists in every part of the state, intends to screen as many as 9,000 third-grade students in the Spring of 2010.

PERFORMANCE MEASURE # 10

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	6	6	3.9	3.2	2.6
Annual Indicator	5.7	3.9	3.2	2.7	3.4
Numerator	33	23	19	16	20
Denominator	579,442	583,073	592,002	592,125	592,125
Data Source		2008 Death Certificates	2009 Death Certificates	2010 Death Certificates, US Census Bureau	2011 Death Certificates, US Census Bureau

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

Is the Data Provisional or Final?

Final Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	3.1	2.9	2.8	2.7	2.6
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Fom11_Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2011
Field Note:
 2010 population estimate of children less than 14 years was used to compute 2011 rate.

The 2011 data are lacking deaths that occurred to Arkansas residents in other states. Interstate exchange agreements between states guarantee death certificates to Arkansas from other states, but the process may be prolonged.

In addition, death certificates may be delayed due to causes of deaths pending by County Coroners or the medical examiner.

These circumstances may ultimately result in a higher mortality rate than is reported for 2011.

2. **Section Number:** Fom11_Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2010
Field Note:
 2009 population estimate of children less than 14 years was used to compute 2010 rate.

The 2010 data are lacking deaths that occurred to Arkansas residents in other states. Interstate exchange agreements between states guarantee death certificates to Arkansas from other states, but the process may be prolonged.

In addition, death certificates may be delayed due to causes of deaths pending by County Coroners or the medical examiner.

These circumstances may ultimately result in a higher mortality rate than is reported for 2010.

3. **Section Number:** Fom11_Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2009
Field Note:
 The 2009 data are lacking deaths that occurred to Arkansas residents in other states. Interstate exchange agreements between states guarantee death certificates to Arkansas from other states, but the process may be prolonged.

In addition, death certificates may be delayed due to causes of deaths pending by County Coroners or the medical examiner.

These two circumstances above may ultimately result in a higher mortality rate than is reported for 2009.

PERFORMANCE MEASURE # 11

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	25	26	27	28	26
Annual Indicator	23.4	26.4	26.6	24.0	27.9
Numerator	8,913	10,147	10,016	8,884	10,027
Denominator	38,017	38,428	37,653	37,077	35,936
Data Source		2007 PRAMS survey	2008 PRAMS Survey	2009 PRAMS Survey	2010 PRAMS Survey

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	28	30	31	32	33
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2011

Field Note:

2011 data are from the 2010 PRAMS survey.

Denominator is total (weighted) number of women surveyed in 2010.

Numerator is total (weighted) number of women who responded "Yes" to the question, "Are you still breastfeeding or feeding pumped milk to your new baby?" on the 2010 PRAMS survey.

The age of babies of PRAMS respondents ranges from 2 months to 9 months with the majority occurring around 4 months. This may lead to a possible overestimation of mothers breastfeeding their babies at 6 months of age.

2. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2010

Field Note:

2010 data are from the 2009 PRAMS survey.

Denominator is total (weighted) number of women surveyed in 2009.

Numerator is total (weighted) number of women who responded "Yes" to the question, "Are you still breastfeeding or feeding pumped milk to your new baby?" on the 2009 PRAMS survey.

The age of babies of PRAMS respondents ranges from 2 months to 9 months with the majority occurring around 4 months. This may lead to a possible overestimation of mothers breastfeeding their babies at 6 months of age.

3. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2009

Field Note:

2009 data are from the 2008 PRAMS survey.

Denominator is total (weighted) number of women surveyed in 2008.

Numerator is total (weighted) number of women who responded "Yes" to the question, "Are you still breastfeeding or feeding pumped milk to your new baby?" on the 2008 PRAMS survey.

The age of babies of PRAMS respondents ranges from 2 months to 9 months with the majority occurring around 4 months. This may lead to a possible overestimation of mothers breastfeeding their babies at 6 months of age.

PERFORMANCE MEASURE # 12

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	98.3	98.4	99	99	99
Annual Indicator	98.2	99.0	98.9	98.9	98.3
Numerator	38,978	38,468	37,457	36,522	36,957
Denominator	39,682	38,865	37,883	36,939	37,615
Data Source		ADH Infant Hearing 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?				Provisional	Provisional

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

Field Level Notes

- Section Number: Form11_Performance Measure #12

Field Name: PM12

Row Name:

Column Name:

Year: 2011

Field Note:

The denominator is the number of forms received from birthing hospitals (37,615).

The numerator is the number of infants reported on forms that received hearing screens before hospital discharge (36,939).

- Section Number: Form11_Performance Measure #12

Field Name: PM12

Row Name:

Column Name:

Year: 2010

Field Note:

The denominator is the number of forms received from birthing hospitals.

The numerator is the number of infants reported on forms that received hearing screens before hospital discharge.

- Section Number: Form11_Performance Measure #12

Field Name: PM12

Row Name:

Column Name:

Year: 2009

Field Note:

The denominator is the number of forms received from birthing hospitals (37,883). The numerator is the number of infants (reported on forms) that received hearing screens (37,457) before hospital discharge.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

	Annual Objective and Performance Data				
	2007	2008	2009	2010	2011
Annual Performance Objective	10.8	10.8	6	8.5	10.5
Annual Indicator	9.3	6.2	9.2	11.5	7.4
Numerator	65,167	44,425	65,157	81,196	52,481
Denominator	698,812	719,784	710,422	707,494	710,351
Data Source		US Census Bureau	US Census Bureau	US Census Bureau	US Census Bureau
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

	Annual Objective and Performance Data				
	2012	2013	2014	2015	2016
Annual Performance Objective	7	6.8	6.5	6	5.5
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2011

Field Note:

2011 indicator populated with 2010 data.

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

2. **Section Number:** Form11_Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2010

Field Note:

2010 indicator populated with 2009 data.

Data source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2010

3. **Section Number:** Form11_Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2009

Field Note:

2009 indicator populated with 2008 data.

Data source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2009

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.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	12.9	12.9	15.5	16	29
Annual Indicator	15.8	29.8	30.1	30.3	30.6
Numerator	5,590	11,500	12,723	9,883	13,044
Denominator	35,378	38,591	42,270	32,615	42,626
Data Source		2008 WIC- PEDNSS	2009 WIC- PEDNSS	2010 WIC- PEDNSS	2011 WIC- PEDNSS

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

Is the Data Provisional or Final?

Final Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	28.5	28	27.5	27	26.5
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2011

Field Note:

Data source: Pediatric Nutrition Surveillance System (PEDNSS), CDC.

2. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2010

Field Note:

The increase in the percentage is due to previous years' reporting of children 2-5 years that were in the 85th to 95th percentile of height to weight ratio only. This was incomplete reporting as the percentage did not include children with BMI at or above the 95th percentile. These data were presented as reported by WIC. However, this oversight has been realized and the correct data are now presented.

The correct percentage for 2006 is 28.4% (8,088 / 28,481).

The correct percentage for 2007 is 30.0% (10,614 / 35,378).

The majority of children receiving WIC services are preschool age children.

Data are from the PEDNSS report provided by CDC.

3. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2009

Field Note:

The increase in the percentage is due to previous years' reporting of children 2-5 years that were in the 85th to 95th percentile of height to weight ratio only. This was incomplete reporting as the percentage did not include children with BMI at or above the 95th percentile. These data were presented as reported by WIC. However, this oversight has been realized and the correct data are now presented.

The correct percentage for 2006 is 28.4% (8,088 / 28,481).

The correct percentage for 2007 is 30.0% (10,614 / 35,378).

The majority of children receiving WIC services are preschool age children.

Data are from the PEDNSS report provided by CDC.

PERFORMANCE MEASURE # 15

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

	2007	2008	2009	2010	2011
Annual Performance Objective	20.9	20.7	18.5	19.5	18.5
Annual Indicator	19.4	18.8	24.0	18.8	18.5
Numerator	7,326	7,099	8,866	6,853	6,639
Denominator	37,683	37,857	36,967	36,416	35,936
Data Source		2007 PRAMS Survey	2008 PRAMS Survey	2009 PRAMS Survey	2010 PRAMS Survey

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final Final

	2012	2013	2014	2015	2016
Annual Performance Objective	17.6	17.3	17	16.5	16
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2011
Field Note:
 2011 data are from the 2010 PRAMS survey.

2. **Section Number:** Form11_Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2010
Field Note:
 2010 data are from the 2009 PRAMS survey.

3. **Section Number:** Form11_Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 data are from the 2008 PRAMS survey.

PERFORMANCE MEASURE # 16

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	9	8	10	7	7
Annual Indicator	8.1	10.6	7.0	7.4	9.8
Numerator	16	21	14	15	20
Denominator	197,560	197,229	199,339	203,805	203,805
Data Source		2008 Death Certificates	2009 Death Certificates and US Census Bureau	2010 Death Certificates, US Census Bureau	2011 Death Certificates, US Census Bureau

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

Is the Data Provisional or Final?

Final Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	9	8.5	7.5	7.3	7
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2011
Field Note:
 2010 population estimate 15-19 years was used for 2011 rate.

The 2011 data are lacking deaths that occurred to Arkansas residents in other states. Interstate exchange agreements between states guarantee death certificates to Arkansas from other states, but the process may be prolonged.

In addition, death certificates may be delayed due to causes of deaths pending by County Coroners or the medical examiner.

These circumstances may ultimately result in a higher mortality rate than is reported for 2011.

2. **Section Number:** Form11_Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2010
Field Note:
 2009 population estimate 15-19 years was used for 2010 rate.

The 2010 data are lacking deaths that occurred to Arkansas residents in other states. Interstate exchange agreements between states guarantee death certificates to Arkansas from other states, but the process may be prolonged.

In addition, death certificates may be delayed due to causes of deaths pending by County Coroners or the medical examiner.

These circumstances may ultimately result in a higher mortality rate than is reported for 2010.

3. **Section Number:** Form11_Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2009
Field Note:
 The 2009 data are lacking deaths that occurred to Arkansas residents in other states. Interstate exchange agreements between states guarantee death certificates to Arkansas from other states, but the process may be prolonged.

In addition, death certificates may be delayed due to causes of deaths pending by County Coroners or the medical examiner.

These two circumstances above may ultimately result in a higher mortality rate than is reported for 2009.

PERFORMANCE MEASURE # 17

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

	2007	2008	2009	2010	2011
Annual Performance Objective	69	70	70	71	71
Annual Indicator	58.8	64.6	69.3	69.1	71.2
Numerator	448	451	462	428	436
Denominator	762	698	667	619	612

Annual Objective and Performance Data

Data Source

2008 Birth Certificates 2009 Birth Certificates 2010 Birth Certificates 2011 Birth 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?

Provisional Provisional

	2012	2013	2014	2015	2016
Annual Performance Objective	72	72	73	73	74
Annual Indicator					
Numerator					
Denominator					

Annual Objective and Performance Data

Field Level Notes

1. **Section Number:** Fom11_Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2011

Field Note:

2011 indicator represent data from Federal Fiscal year 2011.

Arkansas (AR) is currently considering its first NICU hospital level designation. National standards are in the process of revision by AAP/ACOG and are to be released this fall with major revisions anticipated. AR is anticipating complying with the majority of the new revised national standards but has not been able to review them to this point. Currently 50% of these deliveries are occurring in Level I and II "equivalent" facilities. Our goal for next year is to have 85-90% of these deliveries occurring in Level III facilities. National studies have shown a 50% decrease in IMR for mothers < 29 weeks that are transported to Level III facilities for delivery

2. **Section Number:** Fom11_Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2010

Field Note:

2010 indicator represent data from Federal Fiscal year 2010.

3. **Section Number:** Fom11_Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2009

Field Note:

2009 indicator represent data from Federal Fiscal year 2009.

PERFORMANCE MEASURE # 18

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

	2007	2008	2009	2010	2011
Annual Performance Objective	81	82	82	82	82
Annual Indicator	76.4	76.4	75.8	77.2	78.5
Numerator	31,602	31,450	30,130	29,793	29,814
Denominator	41,380	41,168	39,730	38,578	37,981

Annual Objective and Performance Data

Data Source

2008 Birth Certificates 2009 Birth Certificates 2010 Birth Certificates 2011 Birth 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?

Provisional Provisional

	2012	2013	2014	2015	2016
Annual Performance Objective	82	82	82	82	82
Annual Indicator					
Numerator					
Denominator					

Annual Objective and Performance Data

Field Level Notes

1. **Section Number:** Form11_Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2011
Field Note:
 2011 indicator represent data from Federal Fiscal Year 2011.
2. **Section Number:** Form11_Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2010
Field Note:
 2010 indicator represent data from Federal Fiscal Year 2010.
3. **Section Number:** Form11_Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 indicator represent data from Federal Fiscal Year 2009.

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

Form Level Notes for Form 11

NPM 3: AR Title V CSHCN program randomly surveyed 690 families working with CSHCN staff. Questions and responses related to Medical Home include: To the best of your understanding, does your child have a Medical Home? (Refer to the cover letter for a definition of Medical Home.) Yes: 47% No: 26% Don't know: 23% Blank or multiple answers: 4% When your child was sick during the past 12 months, how often did you take him/her to a medical provider other than his/her primary care doctor? (Such as Emergency Room/Urgent Care Clinic) Never 35% Sometime: 34% Usually: 10% Always: 19% No Answer: 2% In the last 12 months, has your child been seen in the Emergency Room at least once? Yes: 41% No: 58% Don't Know: 1% In the past 12 months, has your child had at least one well child checkup? Yes: 90% No: 8% Don't know or no answer: 2% How often are your teen's doctors and other health care providers sensitive to your family's values and customs? Never: 14% Sometimes: 16% Usually: 22% Always: 43% No answer: 3% Are you satisfied with the overall communication among doctors and other health care providers regarding your child's medical care? Yes: 82% No: 10% Don't know: 6% Blank or multiple answers: 2% NPM 4: AR Title V CSHCN program randomly survey 690 families working with CSHCN staff. Questions and responses related to adequate coverage include: Does your child's health insurance adequately cover all of his/her needs for medical services? Yes: 68% No: 24% Don't know: 6% Blank or multiple answers: 2% Has anyone discussed with you how to obtain or keep some type of health insurance coverage as your teen becomes an adult? Yes: 25% No: 71% Don't know: 4% During the last 12 months, did your child experience any delays in obtaining medical care or payment for medical equipment/supplies due to lack of adequate insurance? Yes: 15% No: 80% Don't know: 3% Blank or multiple answers: 1% NPM 6: No direct question on survey relates. AR Title V CSHCN program randomly surveyed 690 families working with CSHCN staff. Questions and responses related to accessibility of community based services include: How often did you have the help that you needed to arrange and coordinate your child's doctor's appointments or referrals? Never 14% Sometime: 18% Usually: 12% Always: 25% Don't need any extra help: 29% Blank or multiple answers: 2% During the past 12 months, did you experience a delay of at least 6 weeks or longer to get a medical appointment because of a waiting list or backlog? Yes: 20% No: 78% Don't know: 2% Are you satisfied with the medical services from the medical specialists involved in his/her care? Examples of specialists are Neurology, Cardiology, Genetics, Endocrinology, and Orthopedics. Yes: 82% No: 9% Don't know: 7% Blank or multiple answers: 2%

STATE PERFORMANCE MEASURE # 1 - REPORTING YEAR

Rate of births per 1,000 for teenagers aged 18 through 19 years

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	93.5
Annual Indicator	_____	_____	102.3	90.7	82.2
Numerator	_____	_____	4,049	3,762	3,409
Denominator	_____	_____	39,571	41,497	41,497
Data Source			Birth Certificates, US Census Bureau	2010 Birth Certificates, US Census Bureau	2011 Birth Certificates, US Census Bureau
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	80	78	76	74	72
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
Numerator	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
Denominator	those measures on Form 11 for the new needs assessment period.				

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2011
Field Note:
 Data source: 2011 Birth certificate data; 2010 Population estimates, US Census Bureau.

2010 Population estimate used to calculate 2011 indicator.

2. **Section Number:** Form11_State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2010
Field Note:
 Data source: 2010 Birth certificate data; 2009 Population estimates, US Census Bureau.

2009 Population estimate used to calculate 2010 indicator.

3. **Section Number:** Form11_State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2009
Field Note:
 Data source: 2009 Birth certificate data; 2009 Population estimates, US Census Bureau.

STATE PERFORMANCE MEASURE # 2 - REPORTING YEAR

Percentage of women aged 18-44 years who report being current smokers.

<u>Annual Objective and Performance Data</u>					
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____ 20
Annual Indicator	_____	_____	20.4	21.9	24.5
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source			2008 Behavioral Risk Factor Surveillance System	2009 Behavioral Risk Factor Surveillance System	2010 Behavioral Risk Factor Surveillance System
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 22.7	_____ 22.3	_____ 21.8	_____ 21.4	_____ 20.5
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2011

Field Note:

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.

Weighted denominator and numerator not available.

2010 data used for 2011 indicator.

2. Section Number: Form11_State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2010

Field Note:

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.

Weighted denominator and numerator not available.

2009 data used for 2010 indicator.

3. Section Number: Form11_State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2009

Field Note:

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.

Weighted denominator and numerator not available.

2008 data used for 2009 indicator.

STATE PERFORMANCE MEASURE # 3 - REPORTING YEAR

Proportion of children aged 0-14 years with Injury Severity Score (ISS) of greater than 15 who receive definitive treatment in a Level I pediatric trauma center.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	72
Annual Indicator	_____	_____	_____	68.8	90.5
Numerator	_____	_____	_____	33	57
Denominator	_____	_____	_____	48	63
Data Source				Hospital Discharge Data System	Hospital Discharge Data System
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	92	93	94	94	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

1. Section Number: Form11_State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2011

Field Note:

Data source: 2010 Hospital Discharge Data System.
2010 is latest available data.

2. Section Number: Form11_State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2010

Field Note:

Data source: 2009 Hospital Discharge Data System.
2009 is latest available data.

STATE PERFORMANCE MEASURE # 4 - REPORTING YEAR

Percentage of people on community water systems whose water is appropriately fluoridated.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	75
Annual Indicator	_____	_____	_____	65.0	64.7
Numerator	_____	_____	_____	1,732,962	1,724,131
Denominator	_____	_____	_____	2,666,839	2,666,306
Data Source				CDC Water Fluoridation Reporting System	CDC Water Fluoridation Reporting System
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	71	77	82	87	88
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
Numerator	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
Denominator	those measures on Form 11 for the new needs assessment period.				

Field Level Notes

None

STATE PERFORMANCE MEASURE # 5 - REPORTING YEAR

Percentage of school-aged children with body mass index greater than the 85th percentile.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	37.5
Annual Indicator	_____	_____	_____	38.1	38.3
Numerator	_____	_____	_____	67,891	68,455
Denominator	_____	_____	_____	178,015	178,873
Data Source				Arkansas Center for Health Improvement	Arkansas Center for Health Improvement
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	37	36.5	36	35.5	35
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
Numerator	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
Denominator	those measures on Form 11 for the new needs assessment period.				

Field Level Notes

- Section Number:** Form11_State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2011

Field Note:

Data Source: Arkansas Center for Health Improvement, Year Eight Assessment of Childhood Obesity in Arkansas (Fall 2010-Spring 2011), Little Rock, AR: ACHI, January, 2012.

- Section Number:** Form11_State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2010

Field Note:

Data Source: Arkansas Center for Health Improvement, Year Seven Assessment of Childhood Obesity in Arkansas (Fall 2009-Spring 2010), Little Rock, AR: ACHI, December 2010.

STATE PERFORMANCE MEASURE # 6 - REPORTING YEAR

Percentage of respondents indicating Title V CSHCN program personnel have communicated information on one or more program(s) or service(s)

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	55
Annual Indicator	_____	_____	52.7	52.7	66.2
Numerator	_____	_____	59	59	229
Denominator	_____	_____	112	112	346
Data Source			Needs Assessment Survey	Needs Assessment Survey	AR CSHCN Annual Survey of Families 2012
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	68	72	75	78	80
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

- 1. **Section Number:** Form11_State Performance Measure #6
- Field Name:** SM6
- Row Name:**
- Column Name:**
- Year:** 2010
- Field Note:**
A new survey eliciting this specific information was not done in 2010.

STATE PERFORMANCE MEASURE # 7 - REPORTING YEAR

Percentage of CSHCN care coordination staff expressing unmet needs related to workforce development and/or training

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	20
Annual Indicator	_____	_____	23.8	25.0	53.6
Numerator	_____	_____	10	9	15
Denominator	_____	_____	42	36	28
Data Source			Needs Assessment survey	Needs Assessment	Employee Survey
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	50	45	40	35	30
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
Numerator	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
Denominator	those measures on Form 11 for the new needs assessment period.				

Field Level Notes

- Section Number:** Form11_State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2011

Field Note:

The Employee Survey for 2012 was revised to attempt to gather more meaningful information. This year, of 28 respondents, all 28 indicated Yes when asked Has job related training been offered to you in the past year? The question on the survey from which this years' data comes is: What type of training needs do you currently have? Of the 28 respondents, 15 listed training that they felt would be helpful to them. Although the data has changed dramatically, we feel this change will lead to more effective outcomes.

- Section Number:** Form11_State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2010

Field Note:

These figures are from an Employee Survey question that asked: Has job related training been offered to you in the past year? 9 of 36 employees answered either strongly disagree or disagree.

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

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	8.3	8.3	8.3	7	6.9
Annual Indicator	7.7	7.4	8.0	7.5	7.4
Numerator	318	299	316	287	280
Denominator	41,341	40,489	39,665	38,216	37,618
Data Source		2008 Arkansas Birth and Death Certificates and Birth Certificates	2009 Arkansas Death and Birth Certificates	2010 Arkansas Death and Birth Certificates	2011 Arkansas Death and Birth 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?

Provisional Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	6.8	6.6	6.4	6.2	6
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2011

Field Note:

The 2011 data are lacking births/deaths that occurred to Arkansas residents in other states. Interstate exchange agreements between states guarantee birth/death certificates to Arkansas from other states, but the process may be prolonged.

In addition, infants born in Arkansas that have a high probability of dying (i.e., very low birth weight, multiple congenital anomalies, etc.) are followed up to determine if the infant did indeed die. This is a lengthy process.

These circumstances may ultimately result in a higher infant mortality rate than is reported for 2011.

2. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2010

Field Note:

The 2010 data are lacking births/deaths that occurred to Arkansas residents in other states. Interstate exchange agreements between states guarantee birth/death certificates to Arkansas from other states, but the process may be prolonged.

In addition, infants born in Arkansas that have a high probability of dying (i.e., very low birth weight, multiple congenital anomalies, etc.) are followed up to determine if the infant did indeed die. This is a lengthy process.

These circumstances may ultimately result in a higher infant mortality rate than is reported for 2010.

3. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2009

Field Note:

The 2009 data are lacking births/deaths that occurred to Arkansas residents in other states. Interstate exchange agreements between states guarantee birth/death certificates to Arkansas from other states, but the process may be prolonged.

In addition, infants born in Arkansas that have a high probability of dying (i.e., very low birth weight, multiple congenital anomalies, etc.) are followed up to determine if the infant did indeed die. This is a lengthy process.

These two circumstances above may ultimately result in a higher infant mortality rate than is reported for 2009.

OUTCOME MEASURE # 02

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	1.4	1.4	2	1.9	1.3
Annual Indicator	2.1	2.2	2.0	1.4	2.1
Numerator	13.4	13.1	12.8	9.6	13
Denominator	6.5	6	6.5	6.9	6.1
Data Source		2008 Arkansas Birth and Death Certificates	2009 Arkansas Death and Birth Certificates	2010 Arkansas Death and Birth Certificates	2011 Arkansas Death and Birth 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?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	1.6	1.5	1.4	1.3	1.3
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: Fom12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2011

Field Note:

The 2011 data are lacking births/deaths that occurred to Arkansas residents in other states. Interstate exchange agreements between states guarantee birth/death certificates to Arkansas from other states, but the process may be prolonged.

In addition, infants born in Arkansas that have a high probability of dying (i.e., very low birth weight, multiple congenital anomalies, etc.) are followed up to determine if the infant did indeed die. This is a lengthy process.

These circumstances may ultimately result in a higher infant mortality rate than is reported for 2011.

2. Section Number: Fom12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2010

Field Note:

The 2010 data are lacking births/deaths that occurred to Arkansas residents in other states. Interstate exchange agreements between states guarantee birth/death certificates to Arkansas from other states, but the process may be prolonged.

In addition, infants born in Arkansas that have a high probability of dying (i.e., very low birth weight, multiple congenital anomalies, etc.) are followed up to determine if the infant did indeed die. This is a lengthy process.

These circumstances may ultimately result in a higher infant mortality rate than is reported for 2010.

3. Section Number: Fom12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2009

Field Note:

The 2009 data are lacking births/deaths that occurred to Arkansas residents in other states. Interstate exchange agreements between states guarantee birth/death certificates to Arkansas from other states, but the process may be prolonged.

In addition, infants born in Arkansas that have a high probability of dying (i.e., very low birth weight, multiple congenital anomalies, etc.) are followed up to determine if the infant did indeed die. This is a lengthy process.

These two circumstances above may ultimately result in a higher infant mortality rate for both race groups than is reported for 2009.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

	Annual Objective and Performance Data				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>3.2</u>	<u>3.1</u>	<u>3.1</u>	<u>3</u>	<u>3</u>
Annual Indicator	<u>3.3</u>	<u>3.0</u>	<u>3.4</u>	<u>3.2</u>	<u>2.8</u>
Numerator	<u>137</u>	<u>122</u>	<u>135</u>	<u>121</u>	<u>105</u>
Denominator	<u>41,314</u>	<u>40,489</u>	<u>39,665</u>	<u>38,216</u>	<u>37,618</u>
Data Source		2008 Arkansas Birth and Death Certificates	2009 Arkansas Death and Birth Certificates	2010 Arkansas Death and Birth Certificates	2011 Arkansas Death and Birth 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?				Provisional	Provisional

	Annual Objective and Performance Data				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>2.7</u>	<u>2.6</u>	<u>2.5</u>	<u>2.5</u>	<u>2.4</u>
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:** Fom12_Outcome Measure 4
Field Name: OM04
Row Name:
Column Name:
Year: 2011
Field Note:
 The 2011 data are lacking births/deaths that occurred to Arkansas residents in other states. Interstate exchange agreements between states guarantee birth/death certificates to Arkansas from other states, but the process may be prolonged.

In addition, infants born in Arkansas that have a high probability of dying (i.e., very low birth weight, multiple congenital anomalies, etc.) are followed up to determine if the infant did indeed die. This is a lengthy process.

These circumstances may ultimately result in a higher infant mortality rate than is reported for 2011.
- Section Number:** Fom12_Outcome Measure 4
Field Name: OM04
Row Name:
Column Name:
Year: 2010
Field Note:
 The 2010 data are lacking births/deaths that occurred to Arkansas residents in other states. Interstate exchange agreements between states guarantee birth/death certificates to Arkansas from other states, but the process may be prolonged.

In addition, infants born in Arkansas that have a high probability of dying (i.e., very low birth weight, multiple congenital anomalies, etc.) are followed up to determine if the infant did indeed die. This is a lengthy process.

These circumstances may ultimately result in a higher infant mortality rate than is reported for 2010.
- Section Number:** Fom12_Outcome Measure 4
Field Name: OM04
Row Name:
Column Name:
Year: 2009
Field Note:
 The 2009 data are lacking births/deaths that occurred to Arkansas residents in other states. Interstate exchange agreements between states guarantee birth/death certificates to Arkansas from other states, but the process may be prolonged.

In addition, infants born in Arkansas that have a high probability of dying (i.e., very low birth weight, multiple congenital anomalies, etc.) are followed up to determine if the infant did indeed die. This is a lengthy process.

These two circumstances above may ultimately result in a higher post-neonatal mortality rate than is reported for 2009.

OUTCOME MEASURE # 05

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	9.6	9.6	9.4	9.3	9.2
Annual Indicator	9.3	10.2	8.6	9.7	10.8
Numerator	385	417	342	374	408
Denominator	41,580	40,762	39,867	38,465	37,882
Data Source		2008 Birth, Death and Fetal Death Certificates	2009 Birth, Death and Fetal Death Certificates	2010 Birth, Death and Fetal Death Certificates	2011 Birth, Death and Fetal 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?

Provisional Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	10.1	9.7	9.5	9.3	9.1
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: Fom12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2011

Field Note:

The 2011 data are lacking births/deaths that occurred to Arkansas residents in other states. Interstate exchange agreements between states guarantee birth/death certificates to Arkansas from other states, but the process may be prolonged.

In addition, infants born in Arkansas that have a high probability of dying (i.e., very low birth weight, multiple congenital anomalies, etc.) are followed up to determine if the infant did indeed die. This is a lengthy process.

These circumstances may ultimately result in a higher infant mortality rate than is reported for 2011.

2. Section Number: Fom12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2010

Field Note:

The 2010 data are lacking births/deaths that occurred to Arkansas residents in other states. Interstate exchange agreements between states guarantee birth/death certificates to Arkansas from other states, but the process may be prolonged.

In addition, infants born in Arkansas that have a high probability of dying (i.e., very low birth weight, multiple congenital anomalies, etc.) are followed up to determine if the infant did indeed die. This is a lengthy process.

These circumstances may ultimately result in a higher infant mortality rate than is reported for 2010.

3. Section Number: Fom12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2009

Field Note:

The 2009 data are lacking births/deaths/fetal deaths that occurred to Arkansas residents in other states. Interstate exchange agreements between states guarantee birth/death/fetal death certificates to Arkansas from other states, but the process may be prolonged.

In addition, infants born in Arkansas that have a high probability of dying (i.e., very low birth weight, multiple congenital anomalies, etc.) are followed up to determine if the infant did indeed die. This is a lengthy process.

These two circumstances above may ultimately result in a higher perinatal mortality rate than is reported for 2009.

OUTCOME MEASURE # 06

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	31	30	27.6	22.4	22
Annual Indicator	27.7	24.7	22.5	23.1	20.8
Numerator	149	134	122	128	115
Denominator	538,572	541,564	541,564	553,723	553,723
Data Source		2008 Arkansas Death Certificates	2009 Arkansas Death Certificates	2010 Arkansas Death Certificates	2011 Arkansas 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?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	20.3	20	19.5	19.2	18.9
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 6

Field Name: OM06

Row Name:

Column Name:

Year: 2011

Field Note:

2010 population estimates 1-14 years used to compute 2011 rate.

The 2011 data are lacking deaths that occurred to Arkansas residents in other states. Interstate exchange agreements between states guarantee death certificates to Arkansas from other states, but the process may be prolonged.

In addition, death certificates may be delayed due to causes of deaths pending by County Coroners or the medical examiner.

These circumstances may ultimately result in a higher mortality rate than is reported for 2011.

2. Section Number: Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2010

Field Note:

2009 population estimates 1-14 years used to compute 2010 rate.

The 2010 data are lacking deaths that occurred to Arkansas residents in other states. Interstate exchange agreements between states guarantee death certificates to Arkansas from other states, but the process may be prolonged.

In addition, death certificates may be delayed due to causes of deaths pending by County Coroners or the medical examiner.

These circumstances may ultimately result in a higher mortality rate than is reported for 2010.

3. Section Number: Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2009

Field Note:

2008 population estimate 1-14 years used to compute 2009 rate.

The 2009 data are lacking deaths that occurred to Arkansas residents in other states. Interstate exchange agreements between states guarantee death certificates to Arkansas from other states, but the process may be prolonged.

In addition, death certificates may be delayed due to causes of deaths pending by County Coroners or the medical examiner.

These two circumstances above may ultimately result in a higher mortality rate than is reported for 2009.

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

Form Level Notes for Form 12

None

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

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

2

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).

3

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

1

Total Score: 11

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 AR FY: 2013

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

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

1. Reduce births to older teens.
2. Reduce smoking among women of childbearing age.
3. Improve trauma care for children.
4. Improve oral health in children and women.
5. Reduce obesity and overweight among school-aged children.
6. Improved communication between the Title V CSHCN program and the CSHCN population
7. Improved training and program development for the Title V CSHCN workforce
- 8.
- 9.
- 10.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: AR

APPLICATION YEAR: 2013

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.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____ N/A	Assistance with the development of the internal expertise to train others on the life course concepts and how they can be incorporated into the planning and evaluation of the MCH activities.	To facilitate the adoption of the Lifecourse Model.	Unknown
2.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____ N/A	Assistance with the development of a web page to provide information and data to the state partners that work toward the improvement of maternal and child health.	To facilitate the sharing of information and bring a common focus to MCH issues in our state.	Unknown
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
11.	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: AR

SP() # _____ 1

PERFORMANCE MEASURE:	Rate of births per 1,000 for teenagers aged 18 through 19 years.
STATUS:	Active
GOAL:	Reduce the rate of births to teenagers aged 18-19 years.
DEFINITION:	Number of births to teenagers aged 18-19 years divided by population estimate of teenagers age 18-19 years multiplied by 1,000 Numerator: Number of births to Arkansas teenagers aged 18-19 years. Denominator: Population estimates of Arkansas youth aged 18-19 years. Units: 1000 Text: Rate
HEALTHY PEOPLE 2020 OBJECTIVE:	9-7 Reduce pregnancies among adolescent females
DATA SOURCES AND DATA ISSUES:	Data sources are: Birth certificates to Arkansas residents aged 18-19 year, Health Statistics Branch, Arkansas Department of Health; Population estimates of Arkansas residents aged 18-19 years, US Census Bureau.
SIGNIFICANCE:	The rate of births to this subgroup of teenagers is typically much higher than the rate of births to teenagers aged 15-17 years. Arkansas has one of the highest rates of births to teenagers, especially 18-19 year olds. Abortion rates are low, so primary prevention of pregnancy is the most viable means of reducing birth rates.

SP() # 2

PERFORMANCE MEASURE:

Percentage of women aged 18-44 years who report being current smokers

STATUS:

Active

GOAL

To reduce the percentage of women of reproductive age who are current smokers

DEFINITION

Number women 18-44 years who responded on BRFSS that they are currently smoking divided by number of women 18-44 years who responded to BRFSS multiplied by 100.

Numerator:

Number of women 18-44 years who responded on BRFSS that they are currently smoking.

Denominator:

Number of women 18-44 years who responded to BRFSS.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

27-1 Reduce tobacco use by adults (also 27-6 Increase smoking cessation during pregnancy)

DATA SOURCES AND DATA ISSUES

Arkansas Behavioral Risk Factor Surveillance System, Health Statistics Branch, Arkansas Department of Health. Although women 15-44 years are typically considered the defining range for "reproductive age, the BRFSS only includes those 18 and older. This is the reason the age range of 18-44 years were chosen for this measure. Data are weighted to represent Arkansas female population 18-44 years of age.

SIGNIFICANCE

While reduction of smoking during pregnancy has always been a priority for Arkansas, it is important to broaden the scope to encompass concern for the interconceptional and pre-conceptional periods in women's lives. Arkansas has high rates of smoking-related mortality among women. In fact, according to an analysis published in MMWR in December 2009, compared to other states Arkansas had the eighth highest rate of smoking-attributable mortality among females during 2000-2004. Smoking profoundly affects not only women but also the children around them. The detrimental effects of secondhand smoke on children are myriad.

SP() # _____ 3

PERFORMANCE MEASURE:

Proportion of children aged 0-14 years with Injury Severity Score (ISS) of greater than 15 who receive definitive treatment in a Level I pediatric trauma center.

STATUS:

Active

GOAL

Increase number of children with severe injuries that are appropriately triaged and dispatched to higher level care facilities.

DEFINITION

Number of children aged 0-14 years with Injury Severity Score (ISS) greater than 15 who receive treatment in a Level I pediatric trauma center divided by all children aged 0-14 years with ISS greater than 15 multiplied by 100.

Numerator:

Number of children aged 0-14 years with Injury Severity Score (ISS) greater than 15 who receive treatment in a Level I pediatric trauma center.

Denominator:

Number of all children aged 0-14 years with Injury Severity Score (ISS) greater than 15.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

1-13 Increase the number of Tribes, States and the District of Columbia with trauma care systems

DATA SOURCES AND DATA ISSUES

Data source: Arkansas Trauma Registry, Injury Prevention and Control Branch, Center for Public Health Protection, Arkansas Department of Health.

SIGNIFICANCE

The Injury Severity Score (ISS) is calculated using the Abbreviated Injury Scale (AIS) assigned in the field and is a useful indicator of the severity of injury. The AIS is utilized for most children with more severe injuries and is information that will be collected through the state Trauma Registry housed within the Arkansas Department of Health. As the trauma system unfolds, more children with severe injuries should be appropriately triaged and dispatched to higher level care facilities. Thus this performance measure should serve as a reasonable indicator for how trauma system development is progressing with respect to childhood injuries.

SP() # _____ 4

PERFORMANCE MEASURE:

Percentage of people on community water systems whose water is appropriately fluoridated.

STATUS:

Active

GOAL

Increase the percentage of Arkansas residents on community water systems whose water is appropriately fluoridated.

DEFINITION

Number of people on community water systems whose water is appropriately fluoridated divided by number of all people on community water systems multiplied by 100.

Numerator:

Number of Arkansas residents on community water systems whose water is appropriately fluoridated.

Denominator:

Number of all Arkansas residents on community water systems.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

21-9 Increase the proportion of the U.S. population served by community water systems with optimally

DATA SOURCES AND DATA ISSUES

Office of Oral Health, Arkansas Department of Health.

SIGNIFICANCE

Currently 65% of Arkansans receive water from systems with recommended levels of fluoride. Legislation to guarantee access to fluoridated water for all customers on systems serving 5,000 or more persons was passed in the 2010 session of the Arkansas General Assembly and signed into law by Governor Beebe as Act 197 of 2011. The Delta Dental of Arkansas Foundation has pledged \$2,000,000 to support equipment purchase and start-up costs for the systems affected by the new legislation.

SP() # 5

PERFORMANCE MEASURE:

Percentage of school-aged children with body mass index greater than the 85th percentile.

STATUS:

Active

GOAL

Decrease the percentage of school-aged children with body mass index greater than 85th percentile.

DEFINITION

Number of Arkansas public school students in grades K, 2, 4, 6, 8, and 10 with a BMI greater than 85th percentile divided by number of Arkansas public school students for which BMI is measured multiplied by 100.

Numerator:

Number of Arkansas public school students in grades K, 2, 4, 6, 8, and 10 with a BMI greater than 85th percentile.

Denominator:

Number of Arkansas public school students in grades K, 2, 4, 6, 8 and 10 for which BMI is measured

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

19-3 Reduce the proportion of children and adolescents who are overweight or obese
Overweight or obesity in children and adolescents.

DATA SOURCES AND DATA ISSUES

Data source: Assessment of Childhood and Adolescent Obesity in Arkansas annual report, Arkansas Center for Health Improvement.

SIGNIFICANCE

Act 1220 of 2003 mandated universal screening of children K-12 for body mass index with letters home to parents expressing the readings and appropriate health recommendations. Act 201 of 2007 amended the periodicity of BMI assessments to include students in grades K, 2, 6, 8, and 10. Rates of overweight/obesity among Arkansas children have not declined significantly the past six years, but they have leveled off and evidence of decline is anticipated shortly. Still, almost 38% of school children in the state are obese or overweight, and given the intense ongoing activity in this arena, continued focus is clearly warranted.

SP() # _____ 6

PERFORMANCE MEASURE:

Percentage of respondents indicating Title V CSHCN program personnel have communicated information on one or more program(s) or service(s)

STATUS:

Active

GOAL

Increased number of respondents stating that Title V CSHCN staff members have provided information on resources or services that were beneficial to their CSHCN and/or family.

DEFINITION

Improved communication between the Title V CSHCN program and the CSHCN population providing information on resources and services available to assist families of CSHCN.

Numerator:

Unduplicated number of respondents answering "Yes" to a question or statement similar to "Title V CSHCN staff members have communicated information during the previous year on one or more programs or services that was helpful in meeting a family or individual need.

Denominator:

Total number of annual surveys received

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

16-23 Increase the proportion of Territories and States that have service systems for CSHCN

Improved communication between Title V CSHCN staff and other communication tools provides information, as it becomes available, and enables families to access funding or services that prove helpful to the family.

DATA SOURCES AND DATA ISSUES

Annual Title V CSHCN survey to be mailed to active consumers in Title V CSHCN status A, J, X, and K.

SIGNIFICANCE

Families indicated during focus groups and on the annual survey that they have a tremendous need for information. Members of the Focus Groups were dissatisfied that information on programs and services was not readily available to them in this age of instant access.

SP() # _____ 7

PERFORMANCE MEASURE:

Percentage of CSHCN care coordination staff expressing unmet needs related to workforce development and/or training

STATUS:

Active

GOAL

Decreased percentage of Title V CSHCN care coordination staff expressing unmet training needs on an annual survey.

DEFINITION

Improved intra-program communication, training and job resource information for Title V CSHCN care coordination workforce will enable staff to provide beneficial information to the families of CSHCN.

Numerator:

Number of Title V CSHCN care coordination staff responding "Yes" indicating an unmet need related to workforce development or training.

Denominator:

Total number of Title V CSHCN care coordination staff surveyed

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

An annual survey of CSHCN staff with questions targeting the measure. Assistance from Departmental and other experts on survey development will be required. This measure should show a decreasing percentage over subsequent years.

SIGNIFICANCE

The Employee Focus Group expressed disappointment in the training resources available to them as they strive to serve the CSHCN community. In addition, new programs developed within short time constraints proved problematic and made it especially difficult for care coordination staff to manage and provide adequate and correct information to the CSHCN community. Workforce development and empowerment are essential to the quality of services provided to the CSHCN community. By improving the training and tools available to the CSHCN care coordination staff, the services provided to the CSHCN community will improve as well.

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: AR

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY #01

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

	2007	2008	Annual Indicator Data		
	2009	2010	2011		
Annual Indicator	22.3	23.3	17.8	59.3	45.1
Numerator	430	471	365	1,172	891
Denominator	192,891	202,070	204,785	197,689	197,689

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 #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2011

Field Note:

Data source: Hospital Discharge Data System and US Census Bureau.

2011 indicator pre-populated with 2010 hospital discharge data and 2010 population estimates, as 2011 data are not available.

2. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2010

Field Note:

Data source: Hospital Discharge Data System and US Census Bureau.

2010 indicator pre-populated with 2009 data, as 2010 Hospital Discharge data are not available.

3. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2009

Field Note:

Data source: Hospital Discharge Data System and US Census Bureau.

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.

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	75.5	61.8	84.9	72.0	72.7
Numerator	22,003	19,915	24,251	19,818	19,362
Denominator	29,146	32,205	28,555	27,507	26,617

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 #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2011

Field Note:

Data source: FY 2011 Medicaid claims

2. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2010

Field Note:

Data source: FY 2010 Medicaid claims

3. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2009

Field Note:

Data source: FY 2009 Medicaid claims

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

	2007	2008	2009	2010	2011
Annual Indicator	62.7	17.6	72.3	43.5	37.3
Numerator	602	165	579	344	344
Denominator	960	939	801	790	923

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 #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2011

Field Note:

Data source: FY 2011 Medicaid claims

2. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2010

Field Note:

Data source: FY 2010 Medicaid claims

3. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2009

Field Note:

Data source: FY 2009 Medicaid claims

HEALTH SYSTEMS CAPACITY #04

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

	<u>Annual Indicator Data</u>				
	2007	2008	2009	2010	2011
Annual Indicator	<u>81.0</u>	<u>80.3</u>	<u>80.6</u>	<u>82.3</u>	<u>81.1</u>
Numerator	<u>33,425</u>	<u>32,969</u>	<u>31,915</u>	<u>31,663</u>	<u>30,728</u>
Denominator	<u>41,248</u>	<u>41,046</u>	<u>39,613</u>	<u>38,488</u>	<u>37,890</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?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2011

Field Note:

Data source: Birth Certificate Data, Health Statistics Branch, ADH

These data are reported for October 1, 2010 through September 30, 2011.

2. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2010

Field Note:

Data source: Birth Certificate Data, Health Statistics Branch, ADH

These data are reported for October 1, 2009 through September 30, 2010.

3. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2009

Field Note:

Data source: Birth Certificate Data, Health Statistics Branch, ADH

These data are reported for October 1, 2008 through September 30, 2009.

HEALTH SYSTEMS CAPACITY #07A

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

	Annual Indicator Data				
	2007	2008	2009	2010	2011
Annual Indicator	<u>97.2</u>	<u>97.2</u>	<u>93.4</u>	<u>96.2</u>	<u>96.4</u>
Numerator	<u>464,845</u>	<u>464,845</u>	<u>453,397</u>	<u>477,819</u>	<u>471,633</u>
Denominator	<u>478,052</u>	<u>478,052</u>	<u>485,331</u>	<u>486,499</u>	<u>489,081</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: 2011
Field Note:
 Data source: FY 2011 Medicaid claims
- Section Number:** Form17_Health Systems Capacity Indicator #07A
Field Name: HSC07A
Row Name:
Column Name:
Year: 2010
Field Note:
 Data source: FY 2010 Medicaid claims
- Section Number:** Form17_Health Systems Capacity Indicator #07A
Field Name: HSC07A
Row Name:
Column Name:
Year: 2009
Field Note:
 Data source: FY 2009 Medicaid claims

HEALTH SYSTEMS CAPACITY #07B

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	46.5	38.8	59.3	64.5	65.8
Numerator	37,557	47,915	50,004	64,908	67,102
Denominator	80,681	123,588	84,283	100,619	101,993

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2011

Field Note:

Data source: FY 2011 Medicaid claims

2. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2010

Field Note:

Data source: FY 2010 Medicaid claims

3. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2009

Field Note:

Data source: FY 2009 Medicaid claims

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

	2007	2008	2009	2010	2011
Annual Indicator	51.1	36.8	32.2	31.6	27.1
Numerator	10,066	7,410	7,752	7,605	6,978
Denominator	19,714	20,143	24,074	24,065	25,711

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

None

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

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>	2010	Matching data files	9.9	6.3	8.4
b) <i>Infant deaths per 1,000 live births</i>	2010	Matching data files	7.2	4.7	6.2
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2010	Matching data files	72.4	89	79.3
d) <i>Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2010	Matching data files	74.9	82.4	78

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

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>	2011	133
b) <i>Medicaid Children</i> (Age range <u> 1 </u> to <u> 4 </u>) (Age range <u> 5 </u> to <u> 9 </u>) (Age range <u> 10 </u> to <u> 18 </u>)	2011	133 100 100
c) <i>Pregnant Women</i>	2011	200

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

INDICATOR #06 The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2011	<u>200</u>
b) <i>Medicaid Children</i> (Age range <u> 1 </u> to <u> 4 </u>) (Age range <u> 5 </u> to <u> 9 </u>) (Age range <u> 10 </u> to <u> 18 </u>)	2011	<u>200</u> <u>200</u> <u>200</u>
c) <i>Pregnant Women</i>	2011	<u>200</u>

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

1. **Section Number:** Form18_Indicator 05

Field Name: CareFirstTrimester

Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester

Column Name:

Year: 2013

Field Note:

The percent of infants born to pregnant women receiving prenatal care beginning in the first trimester for HSCI 05C differs from the NPM 18 because the data source used to calculate HSCI 05C is different from the data source used to calculate NPM 18.

Data source: Linked birth/Hospital Discharge Data System files.

2. **Section Number:** Form18_Indicator 05

Field Name: AdequateCare

Row Name: Percent of pregnant women with adequate prenatal care

Column Name:

Year: 2013

Field Note:

The percent of women (15-44) 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 for HSCI 05D differs from the HSCI 04 because the data source used to calculate HSCI 05D is different from the data source used to calculate HSCI 04.

Data source: Linked birth/Hospital Discharge Data System files.

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

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	3	Yes
Annual linkage of birth certificates and WIC eligibility files	3	Yes
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	3	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: AR

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: Youth Tobacco Survey	3	Yes

*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: AR

Form Level Notes for Form 20

None

HEALTH STATUS INDICATOR #01A

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

	<u>Annual Indicator Data</u>				
	2007	2008	2009	2010	2011
Annual Indicator	9.5	9.2	9.1	8.9	8.9
Numerator	3,945	3,788	3,596	3,424	3,394
Denominator	41,380	41,168	39,730	38,578	37,981

Check this box if you cannot report the numerator because

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

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

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2011

Field Note:

Data source: Birth certificate data reported for fiscal year 2011 - October 1, 2010 through September 30, 2011

2. Section Number: Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2010

Field Note:

Data source: Birth certificate data reported for fiscal year 2010 - October 1, 2009 through September 30, 2010

3. Section Number: Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2009

Field Note:

Data source: Birth certificate data reported for fiscal year 2009 - October 1, 2008 through September 30, 2009.

HEALTH STATUS INDICATOR #01B

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	<u>7.8</u>	<u>7.4</u>	<u>7.3</u>	<u>7.4</u>	<u>7.4</u>
Numerator	<u>3,109</u>	<u>2,951</u>	<u>2,814</u>	<u>2,789</u>	<u>2,711</u>
Denominator	<u>40,063</u>	<u>39,858</u>	<u>38,536</u>	<u>37,487</u>	<u>36,818</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?

Provisional

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2011

Field Note:

Data source: Birth certificate data reported for fiscal year 2011 - October 1, 2010 through September 30, 2011

2. Section Number: Form20_Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2010

Field Note:

Data source: Birth certificate data reported for fiscal year 2010 - October 1, 2009 through September 30, 2010

3. Section Number: Form20_Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2009

Field Note:

Data source: Birth certificate data reported for fiscal year 2009 - October 1, 2008 through September 30, 2009.

HEALTH STATUS INDICATOR #02A

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	1.8	1.7	1.7	1.6	1.6
Numerator	762	698	667	619	612
Denominator	41,380	41,168	39,730	38,578	37,981

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2011

Field Note:

Data source: Birth certificate data reported for fiscal year 2011 - October 1, 2010 through September 30, 2011

2. Section Number: Form20_Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2010

Field Note:

Data source: Birth certificate data reported for fiscal year 2010 - October 1, 2009 through September 30, 2010

3. Section Number: Form20_Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2009

Field Note:

Data source: Birth certificate data reported for fiscal year 2009 - October 1, 2008 through September 30, 2009.

HEALTH STATUS INDICATOR #02B

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	1.4	1.3	1.3	1.3	1.3
Numerator	573	537	512	502	485
Denominator	40,063	39,858	38,536	37,487	36,818

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2011**Field Note:**

Data source: Birth certificate data reported for fiscal year 2011 - October 1, 2010 through September 30, 2011

2. Section Number: Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2010**Field Note:**

Data source: Birth certificate data reported for fiscal year 2010 - October 1, 2009 through September 30, 2010

3. Section Number: Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data source: Birth certificate data reported for fiscal year 2009 - October 1, 2008 through September 30, 2009.

HEALTH STATUS INDICATOR #03A

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	11.4	10.3	8.1	8.4	8.6
Numerator	66	60	48	50	51
Denominator	579,442	583,073	592,002	592,125	592,125

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2011

Field Note:

2010 population estimate 0 - 14 years used for 2011 rate

The 2011 data may be lacking deaths that occurred to Arkansas residents in other states. Interstate exchange agreements between states guarantee death certificates to Arkansas from other states, but the process may be prolonged.

In addition, death certificates may be delayed due to causes of deaths pending by county coroners or the medical examiner.

These circumstances may ultimately result in a higher mortality rate than is reported for 2011.

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

Field Name: HSI03A

Row Name:

Column Name:

Year: 2010

Field Note:

2009 population estimate 0 - 14 years used for 2010 rate

The 2010 data may be lacking deaths that occurred to Arkansas residents in other states. Interstate exchange agreements between states guarantee death certificates to Arkansas from other states, but the process may be prolonged.

In addition, death certificates may be delayed due to causes of deaths pending by county coroners or the medical examiner.

These circumstances may ultimately result in a higher mortality rate than is reported for 2010.

3. **Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2009

Field Note:

The 2009 data may be lacking deaths that occurred to Arkansas residents in other states. Interstate exchange agreements between states guarantee death certificates to Arkansas from other states, but the process may be prolonged.

In addition, death certificates may be delayed due to causes of deaths pending by county coroners or the medical examiner.

These circumstances may ultimately result in a higher mortality rate than is reported for 2009.

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.

	2007	2008	Annual Indicator Data		2011
			2009	2010	
Annual Indicator	5.7	3.9	3.2	2.7	3.4
Numerator	33	23	19	16	20
Denominator	579,442	583,073	592,002	592,125	592,125

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

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

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

2010 population estimate 0 - 14 years used for 2011 rate

The 2011 data may be lacking deaths that occurred to Arkansas residents in other states. Interstate exchange agreements between states guarantee death certificates to Arkansas from other states, but the process may be prolonged.

In addition, death certificates may be delayed due to causes of deaths pending by county coroners or the medical examiner.

These circumstances may ultimately result in a higher mortality rate than is reported for 2011.

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

Field Name: HSI03B**Row Name:****Column Name:****Year:** 2010**Field Note:**

2009 population estimate 0 - 14 years used for 2010 rate

The 2010 data may be lacking deaths that occurred to Arkansas residents in other states. Interstate exchange agreements between states guarantee death certificates to Arkansas from other states, but the process may be prolonged.

In addition, death certificates may be delayed due to causes of deaths pending by county coroners or the medical examiner.

These circumstances may ultimately result in a higher mortality rate than is reported for 2010.

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

Field Name: HSI03B**Row Name:****Column Name:****Year:** 2009**Field Note:**

The 2009 data may be lacking deaths that occurred to Arkansas residents in other states. Interstate exchange agreements between states guarantee death certificates to Arkansas from other states, but the process may be prolonged.

In addition, death certificates may be delayed due to causes of deaths pending by county coroners or the medical examiner.

These circumstances may ultimately result in a higher mortality rate than is reported for 2009.

HEALTH STATUS INDICATOR #03C

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	46.8	37.0	21.2	28.3	18.6
Numerator	180	142	83	114	75
Denominator	384,967	383,568	391,229	403,455	403,455

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C**Row Name:****Column Name:****Year:** 2011**Field Note:**

2010 population estimate 0 - 14 years used for 2011 rate

The 2010 data may be lacking deaths that occurred to Arkansas residents in other states. Interstate exchange agreements between states guarantee death certificates to Arkansas from other states, but the process may be prolonged.

In addition, death certificates may be delayed due to causes of deaths pending by county coroners or the medical examiner.

These circumstances may ultimately result in a higher mortality rate than is reported for 2011.

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

Field Name: HSI03C**Row Name:****Column Name:****Year:** 2010**Field Note:**

2009 population estimate 0 - 14 years used for 2010 rate

The 2010 data may be lacking deaths that occurred to Arkansas residents in other states. Interstate exchange agreements between states guarantee death certificates to Arkansas from other states, but the process may be prolonged.

In addition, death certificates may be delayed due to causes of deaths pending by county coroners or the medical examiner.

These circumstances may ultimately result in a higher mortality rate than is reported for 2010.

3. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C**Row Name:****Column Name:****Year:** 2009**Field Note:**

The 2009 data may be lacking deaths that occurred to Arkansas residents in other states. Interstate exchange agreements between states guarantee death certificates to Arkansas from other states, but the process may be prolonged.

In addition, death certificates may be delayed due to causes of deaths pending by county coroners or the medical examiner.

These circumstances may ultimately result in a higher mortality rate than is reported for 2009.

HEALTH STATUS INDICATOR #04A

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	366.7	349.9	324.7	129.6	123.3
Numerator	2,125	2,040	1,922	767	730
Denominator	579,442	583,073	592,002	592,002	592,125

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 #04A

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

Data source: 2010 Hospital Discharge Data System and 2010 population estimates less than 14 years.

2010 is latest available data.

The coding of non-fatal unintentional injuries has changed based on CDC guidelines. The guidelines call for using the principle diagnosis code and then use E-codes to define unintentional injuries. Thus, the pattern for rate per 100,000 of non-fatal unintentional injuries among children 0-14 years may seem to have improved in 2010 and 2011.

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

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

Data source: 2009 Hospital Discharge Data System and 2009 population estimates less than 14 years.

2009 is latest available data.

The coding of non-fatal unintentional injuries has changed based on CDC guidelines. The guidelines call for using the principle diagnosis code and then use E-codes to define unintentional injuries. Thus, the pattern for rate per 100,000 of non-fatal unintentional injuries among children 0-14 years may seem to have improved in 2010.

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

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

Data source: 2008 Hospital Discharge Data System

HEALTH STATUS INDICATOR #04B

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	57.0	55.4	47.0	16.7	13.3
Numerator	330	323	278	99	79
Denominator	579,442	583,073	592,002	592,002	592,125

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2011

Field Note:

Data source: 2010 Hospital Discharge Data System and 2010 population estimates less than 14 years.

2010 is latest available data.

The coding of non-fatal unintentional injuries due to motor vehicle crashes has changed based on CDC guidelines. The guidelines call for using the principle diagnosis code and then use E-codes to define unintentional injuries. Thus, the pattern for rate per 100,000 of non-fatal unintentional injuries due to motor vehicle crashes among children 0-14 years may seem to have improved in 2010 and 2011.

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

Field Name: HSI04B

Row Name:

Column Name:

Year: 2010

Field Note:

Data source: 2009 Hospital Discharge Data System and 2009 population estimates less than 14 years.

2009 is latest available data.

The coding of non-fatal unintentional injuries due to motor vehicle crashes has changed based on CDC guidelines. The guidelines call for using the principle diagnosis code and then use E-codes to define unintentional injuries. Thus, the pattern for rate per 100,000 of non-fatal unintentional injuries due to motor vehicle crashes among children 0-14 years may seem to have improved in 2010.

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

Field Name: HSI04B

Row Name:

Column Name:

Year: 2009

Field Note:

Data source: 2008 Hospital Discharge Data System

HEALTH STATUS INDICATOR #04C

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	157.7	153.8	131.6	114.8	112.8
Numerator	607	590	515	449	455
Denominator	384,967	383,568	391,229	391,229	403,455

Check this box if you cannot report the numerator because

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

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

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

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

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

Data source: 2010 Hospital Discharge Data System and 2010 population estimates less than 14 years.

2010 is latest available data.

The coding of non-fatal unintentional injuries due to motor vehicle crashes has changed based on CDC guidelines. The guidelines call for using the principle diagnosis code and then use E-codes to define unintentional injuries. Thus, the pattern for rate per 100,000 of non-fatal unintentional injuries due to motor vehicle crashes among children 15-24 years may seem to have improved in 2010 and 2011.

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

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

Data source: 2009 Hospital Discharge Data System and 2009 population estimates less than 14 years.

2009 is latest available data.

The coding of non-fatal unintentional injuries due to motor vehicle crashes has changed based on CDC guidelines. The guidelines call for using the principle diagnosis code and then use E-codes to define unintentional injuries. Thus, the pattern for rate per 100,000 of non-fatal unintentional injuries due to motor vehicle crashes among children 15-24 years may seem to have improved in 2010.

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

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

Data source: 2008 Hospital Discharge Data System

HEALTH STATUS INDICATOR #05A

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	34.3	46.5	47.0	46.6	48.9
Numerator	3,299	4,471	4,570	4,645	4,874
Denominator	96,115	96,050	97,173	99,627	99,627

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2011

Field Note:

2010 estimate of female population 15-19 years used for 2011 indicator.

2. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2010

Field Note:

2009 estimate of female population 15-19 years used for 2010 indicator.

3. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2009

Field Note:

Updated 2009 indicator using 2009 estimate of female population 15-19 years.

HEALTH STATUS INDICATOR #05B

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	9.3	12.6	12.4	13.6	14.4
Numerator	4,385	5,873	5,866	6,392	6,758
Denominator	469,950	467,864	471,238	469,819	469,819

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2011

Field Note:

2010 estimate of female population 20-44 years used for 2011 indicator.

2. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2010

Field Note:

2009 estimate of female population 20-44 years used for 2010 indicator.

3. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2009

Field Note:

Updated 2009 indicator using 2009 estimate of female population 15-19 years.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AR

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

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

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	38,402	29,091	7,990	503	818	0	0	0
Children 1 through 4	159,287	121,203	32,722	1,956	3,406	0	0	0
Children 5 through 9	196,877	151,674	38,788	2,430	3,985	0	0	0
Children 10 through 14	197,559	151,888	39,951	2,426	3,294	0	0	0
Children 15 through 19	203,805	156,023	41,763	2,552	3,467	0	0	0
Children 20 through 24	199,650	155,150	37,626	2,382	4,492	0	0	0
Children 0 through 24	955,580	765,029	198,840	12,249	19,462	0	0	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	33,519	4,883	0
Children 1 through 4	139,462	19,825	0
Children 5 through 9	174,993	21,884	0
Children 10 through 14	179,223	18,336	0
Children 15 through 19	187,126	16,679	0
Children 20 through 24	182,878	16,772	0
Children 0 through 24	897,201	98,379	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AR

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

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	55	22	31	0	0	0	0	2
Women 15 through 17	1,293	813	412	9	0	8	0	51
Women 18 through 19	3,409	2,392	852	33	2	16	0	114
Women 20 through 34	29,800	22,724	5,323	157	134	453	0	1,009
Women 35 or older	3,060	2,412	387	6	41	76	0	138
Women of all ages	37,617	28,363	7,005	205	177	553	0	1,314

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	48	7	0
Women 15 through 17	1,128	162	3
Women 18 through 19	3,088	314	7
Women 20 through 34	26,847	2,896	57
Women 35 or older	2,575	481	4
Women of all ages	33,686	3,860	71

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AR

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

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	283	155	79	1	1	0	3	44
Children 1 through 4	55	34	14	0	0	0	1	6
Children 5 through 9	25	16	7	0	0	0	0	2
Children 10 through 14	39	18	16	1	0	0	0	4
Children 15 through 19	125	91	23	0	0	1	0	10
Children 20 through 24	242	161	55	0	3	0	4	19
Children 0 through 24	769	475	194	2	4	1	8	85

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	232	20	31
Children 1 through 4	48	4	3
Children 5 through 9	23	1	1
Children 10 through 14	35	2	2
Children 15 through 19	113	5	7
Children 20 through 24	216	11	15
Children 0 through 24	667	43	59

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AR

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	795,990	609,879	161,214	9,857	14,970	0	0	0	2010
Percent in household headed by single parent	20.4	15.4	32.5	6.8	5.1	0.0	0.0	0.0	2011
Percent in TANF (Grant) families	1.7	1.0	3.7	0.3	0.1	0.0	0.0	0.0	2011
Number enrolled in Medicaid	424,139	221,444	108,013	1,229	2,432	2,037	11,178	77,806	2011
Number enrolled in SCHIP	111,347	70,661	22,204	301	951	563	2,260	14,407	2011
Number living in foster home care	10,027	6,363	2,665	51	32	16	286	614	2011
Number enrolled in food stamp program	148,093	85,439	46,126	697	594	771	1,082	13,384	2011
Number enrolled in WIC	121,632	85,212	29,448	529	893	1,097	3,631	822	2011
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2011
Percentage of high school drop-outs (grade 9 through 12)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2011

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	714,323	81,607	0	2010
Percent in household headed by single parent	18.6	14.5	0.0	2011
Percent in TANF (Grant) families	1.5	0.8	0.0	2011
Number enrolled in Medicaid	374,197	49,942	0	2011
Number enrolled in SCHIP	98,064	13,283	0	2011
Number living in foster home care	9,487	540	0	2011
Number enrolled in food stamp program	119,784	11,653	16,654	2011
Number enrolled in WIC	100,594	20,216	822	2011
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	0.0	2011
Percentage of high school drop-outs (grade 9 through 12)	0.0	0.0	0.0	2011

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AR

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

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	0
Living in urban areas	472,957
Living in rural areas	322,973
Living in frontier areas	0
Total - all children 0 through 19	795,930

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

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AR

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

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

POVERTY LEVELS	TOTAL
Total Population	2,878,397
Percent Below: 50% of poverty	5.8
100% of poverty	15.5
200% of poverty	43.6

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AR

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

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

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	778,452
Percent Below: 50% of poverty	9
100% of poverty	22.6
200% of poverty	55

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES

1. **Section Number:** Form21_Indicator 09A

Field Name: HSIRace_Children

Row Name: All children 0 through 19

Column Name:

Year: 2013

Field Note:

2011 indicator populated with 2010 data.
2010 population estimates, US Census Bureau.

2. **Section Number:** Form21_Indicator 11

Field Name: S11_total

Row Name: Total Population

Column Name:

Year: 2013

Field Note:

2011 Total Population populated with 2010 population estimates.

Data source: US Census Bureau

3. **Section Number:** Form21_Indicator 11

Field Name: S11_50percent

Row Name: Percent Below: 50% of poverty

Column Name:

Year: 2013

Field Note:

2011 poverty indicator is populated with 2010 data.

Data source: US Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2011.

4. **Section Number:** Form21_Indicator 11

Field Name: S11_100percent

Row Name: 100% of poverty

Column Name:

Year: 2013

Field Note:

2011 poverty indicator is populated with 2010 data.

Data source: US Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2011.

5. **Section Number:** Form21_Indicator 11

Field Name: S11_200percent

Row Name: 200% of poverty

Column Name:

Year: 2013

Field Note:

2011 poverty indicator is populated with 2010 data.

Data source: US Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2011.

6. **Section Number:** Form21_Indicator 12

Field Name: S12_Children

Row Name: Children 0 through 19 years old

Column Name:

Year: 2013

Field Note:

2011 Total Population populated with 2010 population estimates.

Data source: US Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2011.

7. **Section Number:** Form21_Indicator 12

Field Name: S12_50percent

Row Name: Percent Below: 50% of poverty

Column Name:

Year: 2013

Field Note:

2011 poverty indicator is populated with 2010 data.

Data source: US Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2011.

8. **Section Number:** Form21_Indicator 12

Field Name: S12_100percent

Row Name: 100% of poverty

Column Name:

Year: 2013

Field Note:

2011 poverty indicator is populated with 2010 data.

Data source: US Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2011.

9. **Section Number:** Form21_Indicator 12

Field Name: S12_200percent

Row Name: 200% of poverty

Column Name:

Year: 2013

Field Note:

2011 poverty indicator is populated with 2010 data.

