

TITLE V BLOCK GRANT APPLICATION

FORMS (2-21)

STATE: **IA**

APPLICATION YEAR: **2013**

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

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

1. FEDERAL ALLOCATION

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

\$ 6,442,068

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

A. Preventive and primary care for children:

\$ 2,338,548 (36.3 %)

B. Children with special health care needs:

\$ 2,159,146 (33.52 %)

(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:

\$ 606,538 (9.42 %)

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

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

\$ 0

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

\$ 5,350,187

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

\$ 0

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

\$ 3,852,092

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

\$ 350,000

7. TOTAL STATE MATCH (Lines 3 through 6)

\$ 9,552,279

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

\$ 5,035,775

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

\$ 15,994,347

(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>100,000</u>
c. CISS:	\$ <u>150,000</u>
d. Abstinence Education:	\$ <u>860,594</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>190,000</u>
j. Education:	\$ <u>156,400</u>
k. Home Visiting:	\$ <u>7,740,642</u>
l. Other:	

<u>Autism</u>	\$ <u>154,326</u>
<u>CCHT-Intgr. Comm.</u>	\$ <u>86,489</u>
<u>CDC Stillbirth</u>	\$ <u>270,000</u>
<u>CHIPRA</u>	\$ <u>324,766</u>
<u>EarlyACCESS- CHSC</u>	\$ <u>211,376</u>
<u>EPSDT - HCBS IS</u>	\$ <u>547,076</u>
<u>Family Planning</u>	\$ <u>1,333,033</u>
<u>Newborn Hearing-HRSA</u>	\$ <u>270,000</u>
<u>PRAMS</u>	\$ <u>190,046</u>
<u>Prjct LAUNCH/Connect</u>	\$ <u>982,073</u>

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

\$ 13,566,821

11. STATE MCH BUDGET TOTAL

\$ 29,561,168

(Partnership subtotal + Other Federal MCH Funds subtotal)

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

1. **Section Number:** Form2_Main
Field Name: CISS
Row Name: Other Federal Funds - CISS
Column Name:
Year: 2013
Field Note:
Early Comprehensive Systems Grant
2. **Section Number:** Form2_Main
Field Name: AbsEducation
Row Name: Other Federal Funds - Abstinence Education
Column Name:
Year: 2013
Field Note:
Includes funding for Abstinence Education and Personal Responsibility Education Program (PREP)

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

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form2)</i>	\$ 6,579,555	\$ 6,445,029	\$ 6,512,104	\$ 5,829,198	\$ 6,529,540	\$ 5,970,915
2. Unobligated Balance <i>(Line2, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form2)</i>	\$ 6,030,199	\$ 6,325,906	\$ 5,293,246	\$ 7,094,149	\$ 5,057,930	\$ 5,109,688
4. Local MCH Funds <i>(Line4, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form2)</i>	\$ 4,568,006	\$ 4,698,813	\$ 5,486,806	\$ 4,449,314	\$ 4,527,575	\$ 4,106,545
6. Program Income <i>(Line6, Form2)</i>	\$ 600,000	\$ 0	\$ 1,000,000	\$ 1,079,449	\$ 650,000	\$ 679,676
7. Subtotal	\$ 17,767,760	\$ 17,469,748	\$ 18,292,156	\$ 18,452,110	\$ 16,765,045	\$ 15,866,824
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form2)</i>	\$ 2,337,500	\$ 3,239,481	\$ 4,437,528	\$ 4,991,800	\$ 4,948,560	\$ 4,976,897
9. Total <i>(Line11, Form2)</i>	\$ 20,105,260	\$ 20,709,229	\$ 22,729,684	\$ 23,443,910	\$ 21,713,595	\$ 20,843,721
(STATE MCH BUDGET TOTAL)						

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

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form2)</i>	\$ 6,528,937	\$ 5,337,821	\$ 6,159,375	\$	\$ 6,442,068	\$
2. Unobligated Balance <i>(Line2, Form2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
3. State Funds <i>(Line3, Form2)</i>	\$ 5,399,077	\$ 5,368,373	\$ 5,531,822	\$	\$ 5,350,187	\$
4. Local MCH Funds <i>(Line4, Form2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
5. Other Funds <i>(Line5, Form2)</i>	\$ 4,537,311	\$ 3,872,649	\$ 3,947,332	\$	\$ 3,852,092	\$
6. Program Income <i>(Line6, Form2)</i>	\$ 300,000	\$ 352,820	\$ 475,000	\$	\$ 350,000	\$
7. Subtotal	\$ 16,765,325	\$ 14,931,663	\$ 16,113,529	\$ 0	\$ 15,994,347	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form2)</i>	\$ 6,797,535	\$ 6,312,571	\$ 8,066,628	\$	\$ 13,566,821	\$
9. Total <i>(Line11, Form2)</i>	\$ 23,562,860	\$ 21,244,234	\$ 24,180,157	\$ 0	\$ 29,561,168	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Form3_Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2011
Field Note:
Variance in expenditures is related to maintaining consistent funding for local MCH contracts to assist them in maintaining financial solvency in the provision of services. IDPH plans expenditures of Title V funds over an 18 month period to continue contractual obligations during the federal continuance period while the federal appropriations are negotiated.
2. **Section Number:** Form3_Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2011
Field Note:
Expenditures significantly less than budget are attributed to moving the Center for Congenital and Inherited Disorders funding to state match instead of the other federal funds. This was due to the need for additional funds to meet the required match.
3. **Section Number:** Form3_Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2011
Field Note:
Program income exceeded the amount projected to be received in FFY2011. Excess income was reinvested into the Title V CYSHCN program.

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

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 1,824,266	\$ 1,823,426	\$ 1,690,006	\$ 1,510,250	\$ 1,551,053	\$ 1,535,368
b. Infants < 1 year old	\$ 335,848	\$ 316,143	\$ 332,114	\$ 236,537	\$ 292,566	\$ 225,865
c. Children 1 to 22 years old	\$ 8,102,484	\$ 9,587,283	\$ 9,331,884	\$ 9,938,681	\$ 9,653,433	\$ 8,464,024
d. Children with Special Healthcare Needs	\$ 6,900,407	\$ 5,185,446	\$ 6,311,739	\$ 6,156,856	\$ 4,661,399	\$ 5,029,703
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 604,755	\$ 557,450	\$ 626,413	\$ 609,786	\$ 606,594	\$ 611,864
g. SUBTOTAL	\$ 17,767,760	\$ 17,469,748	\$ 18,292,156	\$ 18,452,110	\$ 16,765,045	\$ 15,866,824
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		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 160,000		\$ 149,849		\$ 189,000	
j. Education	\$ 165,913		\$ 165,913		\$ 153,333	
k. Home Visiting	\$ 0		\$ 0		\$ 0	
l. Other						
CDC EHDI	\$ 0		\$ 0		\$ 180,042	
CDC Screening Surv	\$ 0		\$ 0		\$ 150,000	
CDC Stillbirth	\$ 0		\$ 0		\$ 300,000	
ECCS	\$ 140,000		\$ 105,000		\$ 105,000	
Family Planning	\$ 1,127,882		\$ 1,208,653		\$ 1,280,508	
Family to Family Inf	\$ 0		\$ 0		\$ 95,700	
HRSA EHDI	\$ 0		\$ 0		\$ 174,967	
HRSA Family Particip	\$ 0		\$ 0		\$ 130,000	
SAMSHA CHSC	\$ 0		\$ 0		\$ 2,090,000	
Family Participation	\$ 0		\$ 128,000		\$ 0	
Medical Home	\$ 300,000		\$ 132,000		\$ 0	
Newborn Hearing	\$ 0		\$ 180,000		\$ 0	
SAMHSA Beh. Health	\$ 0		\$ 2,108,113		\$ 0	
TOHSS Oral Health	\$ 0		\$ 160,000		\$ 0	
Newborn Hearing	\$ 139,829		\$ 0		\$ 0	
Perinatal Depression	\$ 203,876		\$ 0		\$ 0	
III. SUBTOTAL	\$ 2,337,500		\$ 4,437,528		\$ 4,948,550	

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

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 1,688,581	\$ 1,543,373	\$ 1,593,901	\$	\$ 1,641,918	\$
b. Infants < 1 year old	\$ 303,163	\$ 277,390	\$ 280,137	\$	\$ 301,710	\$
c. Children 1 to 22 years old	\$ 9,403,585	\$ 8,290,250	\$ 8,876,848	\$	\$ 9,056,884	\$
d. Children with Special Healthcare Needs	\$ 4,763,458	\$ 4,238,562	\$ 4,766,105	\$	\$ 4,387,297	\$
e. Others	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
f. Administration	\$ 606,538	\$ 582,088	\$ 606,538	\$	\$ 606,538	\$
g. SUBTOTAL	\$ 16,765,325	\$ 14,931,663	\$ 16,113,529	\$ 0	\$ 15,994,347	\$ 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		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 150,000	
d. Abstinence Education	\$ 0		\$ 860,686		\$ 860,594	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 180,042		\$ 175,000		\$ 190,000	
j. Education	\$ 157,317		\$ 156,400		\$ 156,400	
k. Home Visiting	\$ 0		\$ 0		\$ 7,740,642	
l. Other						
Autism	\$ 210,516		\$ 0		\$ 154,326	
CCHT-Intgr. Comm.	\$ 0		\$ 0		\$ 86,489	
CDC Stillbirth	\$ 0		\$ 270,000		\$ 270,000	
CHIPRA	\$ 0		\$ 0		\$ 324,766	
Early ACCESS- CHSC	\$ 1,021,670		\$ 0		\$ 211,376	
EPSDT - HCBS IS	\$ 0		\$ 0		\$ 547,076	
Family Planning	\$ 1,345,021		\$ 1,301,484		\$ 1,333,033	
Newborn Hearing-HRSA	\$ 0		\$ 300,000		\$ 270,000	
PRAMS	\$ 0		\$ 0		\$ 190,046	
Prjct LAUNCH/Connect	\$ 0		\$ 957,281		\$ 982,073	
CCC- SAMHSA	\$ 2,090,231		\$ 2,299,435		\$ 0	
ECCS -HRSA	\$ 132,000		\$ 140,000		\$ 0	
Family Participation	\$ 0		\$ 130,000		\$ 0	
Family to Family	\$ 95,700		\$ 95,700		\$ 0	
Home Visiting	\$ 0		\$ 1,140,642		\$ 0	
Newborn Scm Surv	\$ 115,100		\$ 140,000		\$ 0	
Newborn Scm- CHSC	\$ 299,938		\$ 0		\$ 0	
Project Connect - DV	\$ 200,000		\$ 0		\$ 0	
Project LAUNCH	\$ 850,000		\$ 0		\$ 0	
III. SUBTOTAL	\$ 6,797,535		\$ 8,066,628		\$ 13,566,821	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **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:
Variance in expenditures for infant health is related to a required 10% across the board cuts to state funds.
2. **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 variance in federal-state MCH partnership expenditures for child health is due to several line item programs were under spent or moved to out of the Bureau. (Medical Home was moved to the Division level; child vision screening project, lead prevention, local MCH contracts and bureau of family health staff support were underspent)
3. **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: 2010
Field Note:
Variance in expenditures for child health is related to a required 10% across the board cuts to state funds.
4. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2011
Field Note:
Variance in expenditures is related to maintaining consistent funding for CHSC to assist them in maintaining financial solvency in the provision of services. CHSC plans expenditures of Title V funds over an 18 month period to continue contractual obligations during the federal continuance period while the federal appropriations are negotiated.

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: IA

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.)	\$ 4,824,423	\$ 5,420,687	\$ 5,144,406	\$ 5,122,100	\$ 4,514,281	\$ 3,921,331
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.)	\$ 5,487,762	\$ 3,533,548	\$ 4,495,951	\$ 4,214,826	\$ 3,746,664	\$ 3,181,561
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,274,544	\$ 2,337,068	\$ 2,329,140	\$ 3,035,052	\$ 2,058,340	\$ 2,005,458
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.)	\$ 6,181,031	\$ 6,178,455	\$ 6,322,659	\$ 6,080,132	\$ 6,445,780	\$ 6,758,474
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.)	\$ 17,767,760	\$ 17,469,748	\$ 18,292,156	\$ 18,452,110	\$ 16,765,045	\$ 15,866,824

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: IA

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.)	\$ 4,332,382	\$ 3,812,188	\$ 3,989,929	\$	\$ 4,661,978	\$
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.)	\$ 3,930,801	\$ 2,961,261	\$ 3,252,930	\$	\$ 2,963,776	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,970,058	\$ 1,550,061	\$ 1,715,982	\$	\$ 1,476,974	\$
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.)	\$ 6,532,084	\$ 6,608,153	\$ 7,154,688	\$	\$ 6,861,619	\$
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.)	\$ 16,765,325	\$ 14,931,663	\$ 16,113,529	\$ 0	\$ 15,994,347	\$ 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 variance in expenditures is due to the change of Medicaid practice which moved services such as psychosocial, care coordination, and health education to direct billable services. The local MCH agencies bill Title V funds under the same guidelines as Medicaid causing a shift in distribution of funding by pyramid level.
2. **Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2010
Field Note:
Variance in expenditures for is related to Child Health Specialty Clinics' new leadership and a stronger focus on infrastructure building activities and less focus on enabling and direct care services
3. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2011
Field Note:
The variance in expenditures is due to the change of Medicaid practice which moved services such as psychosocial, care coordination, and health education to direct billable services. The local MCH agencies bill Title V funds under the same guidelines as Medicaid causing a shift in distribution of funding by pyramid level.
4. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2010
Field Note:
Variance in expenditures for is related to Child Health Specialty Clinics' new leadership and a stronger focus on infrastructure building activities and less focus on enabling and direct care services
5. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2011
Field Note:
The variance in expenditures is due to the change of Medicaid practice which moved services such as psychosocial, care coordination, and health education to direct billable services. The local MCH agencies bill Title V funds under the same guidelines as Medicaid causing a shift in distribution of funding by pyramid level.
6. **Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2010
Field Note:
Variance in expenditures for is related to Child Health Specialty Clinics' new leadership and a stronger focus on infrastructure building activities and less focus on enabling and direct care services

FORM 6

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

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

STATE: IA

Total Births by Occurrence: 38,049

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	37,772	99.3	10	2	2	100
Congenital Hypothyroidism	37,772	99.3	14	1	1	100
Galactosemia	37,772	99.3	1	0	0	
Sickle Cell Disease	37,772	99.3	12	6	6	100
Other Screening (Specify)						
Biotinidase Deficiency	37,772	99.3	26	2	2	100
Congenital Adrenal Hyperplasia	37,772	99.3	14	1	1	100
Cystic Fibrosis	37,772	99.3	42	9	9	100
Fatty Acid Oxidation Disorders	37,772	99.3	52	13	13	100
Screening Programs for Older Children & Women (Specify Tests by name)						
First Trimester Only	337		47	0	0	
Quad Screen	6,452		306	0	0	
Integrated Screen	2,421		100	0	0	
(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

None

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: IA

Number of Individuals Served - Historical Data by Annual Report Year					
Types of Individuals Served	2006	2007	2008	2009	2010
Pregnant Women	9,710	10,810	10,673	8,420	9,482
Infants < 1 year old	38,016	38,552	39,545	39,570	37,838
Children 1 to 22 years old	118,610	122,351	133,831	131,261	136,100
Children with Special Healthcare Needs	5,162	6,598	7,345	6,663	4,734
Others	301	64	64	336	78
Total	171,799	178,375	191,458	186,250	188,232

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	8,359	63.0	0.0	17.2	5.7	14.2
Infants < 1 year old	37,923	96.4	0.0	0.8	2.4	0.4
Children 1 to 22 years old	147,678	87.5	0.2	2.4	9.9	0.0
Children with Special Healthcare Needs	4,216	72.7	0.0	19.2	2.1	6.0
Others						
TOTAL	198,176					

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:
Data were obtained from the Women's Health Information System (WHIS).
2. **Section Number:** Form7_Main
Field Name: Children_0_1_TS
Row Name: Infants <1 year of age
Column Name: Title V Total Served
Year: 2013
Field Note:
Data includes the total number of infants served through the newborn screening program and local MCH agencies. Data were obtained from the eSP newborn data system and CARES child health data system.
3. **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:
Data were obtained from the Child and Adolescent Reporting System (CAREs).
4. **Section Number:** Form7_Main
Field Name: CSHCN_TS
Row Name: Children with Special Health Care Needs
Column Name: Title V Total Served
Year: 2013
Field Note:
CHSC's number of CYSHCN served reflects number of children, youth and families who received direct clinical visits and care coordination. CHSC serves many more patients and families through training events, conferences, and information distributed through websites and other public relations materials but those numbers are not reflected in Table 7 due to inability to assign primary source of coverages for families served by those activities.
5. **Section Number:** Form7_Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2013
Field Note:
In previous years, "others" were counted as women receiving services from two local maternal health agencies that provided full prenatal care, but were not pregnant. IDPH no longer has contracts with providers who provide full prenatal care, so do not have clients served through MH that are not pregnant.

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: IA

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	37,546	32,422	1,699	198	1,035	76	402	1,714
Title V Served	8,359	7,036	642	65	170	57	196	193
Eligible for Title XIX	15,093	11,748	1,354	156	328	35	288	1,184
INFANTS								
Total Infants in State	38,204	33,008	1,728	198	1,050	78	412	1,730
Title V Served	37,292	32,221	1,678	186	1,044	75	410	1,678
Eligible for Title XIX	15,093	11,748	1,354	156	328	35	288	1,184

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	34,460	3,082	4	2,311	14	71	685	1
Title V Served	6,727	1,440	192	1,024	2	19	170	225
Eligible for Title XIX	12,978	2,112	3	1,629	7	48	0	428
INFANTS								
Total Infants in State	35,085	3,115	5	2,331	15	74	694	1
Title V Served	33,563	3,730	0	2,786	18	90	143	663
Eligible for Title XIX	12,978	2,112	3	1,629	7	48	0	428

FORM NOTES FOR FORM 8

The total number of deliveries served by Title V were obtained from the Women's Health Information System (WHIS).

The total number of infants served by Title V were obtained from the Child and Adolescent Reporting System (CAREs) and eScreener Plus (eSP).

The Total numbers of deliveries and infants were obtained from the 2011 Vital Statistics data.

Eligible for Medicaid numbers were taken from the 2011 Medicaid match data.

FIELD LEVEL NOTES

None

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

	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: IA

	FY 2013	FY 2012	FY 2011	FY 2010	FY 2009
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 369-3826	(800) 369-3826	(800) 369-3826	(800) 369-3826	(800) 369-3826
2. State MCH Toll-Free "Hotline" Name	Iowa Healthy Families Line				
3. Name of Contact Person for State MCH "Hotline"	Margaret VanGinkel				
4. Contact Person's Telephone Number	(515) 331-8900	5153318900	(515) 331-8900	(515) 331-8900	(515) 331-8900
5. Contact Person's Email	vangin@astate.edu	vangin@astate.edu	vangin@astate.edu		
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	3449	4477	7181

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: IA

1. State MCH Administration:
(max 2500 characters)

The Iowa Title V Maternal and Child Health Block Grant program is administered by the Bureau of Family Health, Division of Health Promotion and Chronic Disease Prevention, Iowa Department of Public Health. The bureau's responsibilities include: 1) conducting a statewide needs assessment; 2) development of policies, plans, and programs to improve the health and well-being of women, infants, children, adolescents, and families; and 3) administering family planning programs. The bureau is administratively responsible for coordinating Title V services for children and youth with special health care needs through a contract with Child Health Specialty Clinics, Department of Pediatrics, The University of Iowa.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 6,442,068
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 5,350,187
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 3,852,092
7. Program Income (Line 6, Form 2)	\$ 350,000
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 15,994,347

9. Most significant providers receiving MCH funds

_____	Local Maternal and Child Health Agencies
_____	Child Health Specialty Clinics
_____	University of Iowa, University of Northern Iowa
_____	Iowa State University

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

a. Pregnant Women	8,359
b. Infants < 1 year old	37,923
c. Children 1 to 22 years old	147,678
d. CSHCN	4,216
e. Others	_____

11. Statewide Initiatives and Partnerships

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

Child Health: Twenty-two local CH agencies provide education on preventive well child services to all families newly enrolled in Title XIX and ongoing care coordination for all families not already served by managed care. Local CH agencies reach vulnerable populations and provide services regardless of funding source. In medically underserved areas of Iowa, agencies provide well child screening and gap-filling preventive health services, such as immunizations, blood lead testing, and developmental screens. Services are supported through collaborative efforts between the Department of Human Services (DHS), Iowa's Medicaid agency and local Title V programs. Local child health agencies provided services to more than 185,601 children in FFY11. Maternal Health: There are 21 local MH agencies across the state that served 8,359 low income pregnant women in FFY11. The agencies are essential in increasing the number of women receiving prenatal care and promoting early entry into care. Agencies provide a wide range of health education and support services to low-income pregnant women. Local agencies play a critical role in providing access to care for Iowa's most vulnerable mothers and children. CYSHCN: Child Health Specialty Clinics' vision is "assure a system of care for Iowa's children and youth with special health care needs" treats CHSC Clinical Services as one of four components of the service system that are each valued equally. Two additional system components are care coordination and family support. Competencies and standards for care coordinators and family navigators are being developed, including implementing quality improvement through all care coordination functions. CHSC continues to use telemedicine to deliver nutrition, medical, and psychiatric specialty services to rural Iowa children. Family navigators support has increased for children with ASD. In FFY11, CHSC served 4,216 children and youth with special health care needs.

b. Population-Based Services
(max 2500 characters)

Population-based services include several initiatives to screen, identify, and refer children, mothers, and families who are at risk for poor health outcomes. These initiatives include developmental screening, newborn hearing screening, dental/oral health screening, perinatal depression screening, and newborn metabolic screening. Each of these initiatives includes focused strategies for health education and public awareness. Key strategies include provider education, web-based resources, and consumer involvement to improve culturally competent service delivery.

c. Infrastructure Building Services
(max 2500 characters)

Iowa's Title V program is the foundation for sustainable system level program development to address preventive health needs, identifying emerging issues, and developing public health responses to health concerns. Electronic health records for women's health (Women's Health Information System-WHIS) and child health (Child and Adolescent Reporting System-CAReS) generate data that provide critical information for informed decision making. Local agencies collect information and use statewide and community level data reports assist communities in assessing local assets, needs, and services. Iowa's MCH Title V programs provide leadership for capacity building and program development. The Bureau of Family Health and Child Health Specialty Clinics work together to convene partner agencies and design creative responses to emerging issues. Examples of program and resource development include: 1) the MCHB Early Childhood Comprehensive Systems (ECCS) project; 2) the Early Hearing Detection and Intervention projects (funded by CDC and HRSA); 3) the NE Iowa Children's Mental Health Initiative Systems of Care project (funded by SAMHSA and co-lead by DHS); 4) Maternal, Infant, Early Childhood Home Visitation project (funded by MCHB); 5) Project LANCH (funded by SAMHSA); 6) Family to Family Information Center project; 7) Adolescent Health, including Personal Responsibility Education Program (PREP) and Abstinence Education; 8) Project Connect-Domestic Violence project (funded by DHHS, Office of Women's Health). CYSHCN: CHSC is partnering with Early ACCESS (IDEA, Part C) on two major projects: 1) Documenting research implications of the effects of environmental toxins on child development and describing potential policy implications for Part C eligibility determination and procedures; and 2) studying social determinants of health in Iowa and making recommendations related to Part C policies and procedures. CHSC is also partnering with the Iowa DHS to improve systems of care for children in foster care ages 0-3 years.

12. The primary Title V Program contact person:

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

14. State Family or Youth Leader Contact person:

Name _____ Gretchen Hageman

Name _____ Debra Waldron, MD

Name _____ Rachel Swanson-Holm

Title	<u>Title V Director</u>	Title	<u>Director and Chief Medical Officer</u>	Title	<u>AMCHP Family Delegate</u>
Address	<u>321 E 12th Street</u>	Address	<u>100 Hawkins Drive</u>	Address	<u>804 Kenyon Road Suite L</u>
City	<u>Des Moines</u>	City	<u>Iowa City</u>	City	<u>Fort Dodge</u>
State	<u>Iowa</u>	State	<u>Iowa</u>	State	<u>Iowa</u>
Zip	<u>50319</u>	Zip	<u>52242</u>	Zip	<u>50501</u>
Phone	<u>515-281-4911</u>	Phone	<u>319-384-7292</u>	Phone	<u>515-965-8326</u>
Fax	<u>515-242-6013</u>	Fax	<u>319-356-3715</u>	Fax	
Email	<u>gretchen.hageman@dph.iowa.gov</u>	Email	<u>debra-waldron@uiowa.edu</u>	Email	
Web	<u>www.idph.state.ia.us</u>	Web	<u>www.chsciowa.org</u>	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: IA

Form Level Notes for Form 11

None

PERFORMANCE MEASURE # 01

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

<u>Annual Objective and Performance Data</u>					
	2007	2008	2009	2010	2011
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	184	73	95	53	176
Denominator	184	73	95	53	176
Data Source		CCID and INMSP	CCID and INMSP	CCID and INMSP	CCID and INMSP
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i></p>					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2012	2013	2014	2015	2016
Annual Performance Objective	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: 2011
Field Note:
 FFY11 data were obtained from the Center for Congenital and Inherited Disorders and the Iowa Neonatal Screening Program

2. **Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2010
Field Note:
 FFY10 data were obtained from the Center for Congenital and Inherited Disorders and the Iowa Neonatal Screening Program. The sharp decrease in the number of cases is due to data being obtained directly from the follow-up program, which interprets a definitive diagnosis differently than in previous years.

3. **Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2009
Field Note:
 FFY09 data were obtained from the Center for Congenital and Inherited Disorders and the Iowa Neonatal Screening Program.

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	62	65.1	66.4	67.7	69.1
Annual Indicator	64.7	64.7	64.7	64.7	75.8
Numerator					
Denominator					
Data Source		NCSHCN	NCSHCN	NCSHCN	NCSHCN

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	76	78	80	82	84
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

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

Field Name: PM02

Row Name:

Column Name:

Year: 2011

Field Note:

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

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

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

Field Name: PM02

Row Name:

Column Name:

Year: 2010

Field Note:

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

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

Field Name: PM02

Row Name:

Column Name:

Year: 2009

Field Note:

Annual indicator value is from '05-'06 NS-CSHCN. Although the data source for this NPM (National Survey for CSHCN) is only repeated every five years, we feel responsible to raise the annual target objective by a modest percentage as motivation to remain involved in system development efforts designed to improve the families ability to partner in decision making.

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	63	60.3	61.5	62.7	64
Annual Indicator	57.4	57.4	57.4	57.4	47
Numerator					
Denominator					
Data Source		NCSHCN	NCSHCN	NCSHCN	NCSHCN

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	47	49	50	52	54
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_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:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2010

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

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

Field Name: PM03

Row Name:

Column Name:

Year: 2009

Field Note:

Annual indicator value is from the '05-'06 NS-CSHCN.

Although the data source for this NPM (National Survey for CSHCN) is only repeated every five years, we feel responsible to raise the annual target objective by a modest percentage as motivation to remain involved in system development efforts designed to improve the medical home model.

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	74.7	72	73.4	74.9	76.4
Annual Indicator	68.6	68.6	68.6	68.6	64.6
Numerator					
Denominator					
Data Source		NCSHCN	NCSHCN	NCSHCN	NCSHCN

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	66.6	68.6	70.6	72.6	74.6
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.

When the Affordable Care Act is fully implemented by 2014, we recognize the benefit package for CYSHCN may change resulting in the need to re-evaluate the targeted annual performance objectives.

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:

Annual indicator value is from the '05-'06 NS-CSHCN.

Although the data source for this NPM (National Survey for CSHCN) is only repeated every five years, we feel responsible to raise the annual target objective by a modest percentage as motivation to remain involved in system development efforts designed to improve the families ability to have adequate public and/or public insurance.

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	86	93.8	94.7	95.6	96.6
Annual Indicator	92.9	92.9	92.9	92.9	68
Numerator					
Denominator					
Data Source		NSCSHCN	NSCSHCN	NSCSHCN	NSCSHCN

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	70	72	74	76	78
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2011

Field Note:

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

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

Although it is not the tool used to obtain the indicator data for NPM #5, the tools developed to capture data and drive processes for SPM #2 ("the degree to which components of a system of care for CYSHCN are implemented") also impact the community based service system for CYSHCN.

2. Section Number: Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2010

Field Note:

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

3. Section Number: Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2009

Field Note:

Annual indicator value is from the '05-'06 NS-CSHCN.

Although the data source for this NPM (National Survey for CSHCN) is only repeated every five years, we feel responsible to raise the annual target objective by a modest percentage as motivation to remain involved in system development efforts designed to improve community-based service systems.

PERFORMANCE MEASURE # 06

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>7.7</u>	<u>49.7</u>	<u>50.7</u>	<u>51.7</u>	<u>52.7</u>
Annual Indicator	<u>47.3</u>	<u>47.3</u>	<u>47.3</u>	<u>47.3</u>	<u>45</u>
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source		NSCSHCN	NSCSHCN	NSCSHCN	NSCSHCN

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

Is the Data Provisional or Final?

Final Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>45</u>	<u>47</u>	<u>49</u>	<u>51</u>	<u>53</u>
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2011

Field Note:

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

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

2. Section Number: Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2010

Field Note:

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

3. Section Number: Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2009

Field Note:

Annual indicator value is from the '05-'06 NS-CSHCN.

Although the data source for this NPM (National Survey for CSHCN) is only repeated every five years, we feel responsible to raise the annual target objective by a modest percentage as motivation to remain involved in system development efforts designed to improve the transition services.

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	95	90	74	73	74
Annual Indicator	88.4	72.8	72.8	73.9	63.9
Numerator	5,116	3,930	3,930	15,890	17,511
Denominator	5,786	5,395	5,395	21,501	27,402
Data Source		PSIA report	PSIA report	Immunization Annual Report	Immunization Annual Report

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	65	68	71	74	77
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2011

Field Note:

Data was obtained from the 2011 Immunization Program Annual Report, which includes county- wide immunization rates for 2011.

2. Section Number: Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2010

Field Note:

Data was obtained from the 2010 Immunization Program Annual Report, which includes county-wide immunization rates for 2010.

3. Section Number: Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2009

Field Note:

Iowa is reporting 2008 data from the PSIA report for 2009 due to lack of data. Iowa is exploring the implementation of a county level survey for immunization status data.

PERFORMANCE MEASURE # 08

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

	Annual Objective and Performance Data				
	2007	2008	2009	2010	2011
Annual Performance Objective	16	15	16	15.2	16
Annual Indicator	15.6	16.8	15.7	13.3	11.9
Numerator	973	1,025	945	804	707
Denominator	62,364	61,192	60,016	60,327	59,558
Data Source		Vital Statistics	Vital Statistics	Vital Statistics	Vital Statistics

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Final

	Annual Objective and Performance Data				
	2012	2013	2014	2015	2016
Annual Performance Objective	11.2	11	10.8	10.5	10.2
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2011
Field Note:
 FFY11 data were obtained from 2011 Vital Statistics data.
- Section Number:** Form11_Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2010
Field Note:
 FFY10 data were obtained from 2010 Vital Statistics data.
- Section Number:** Form11_Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 Data were obtained from 2009 Vital Statistics provisional data.

PERFORMANCE MEASURE # 09

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	45	47	50	50	50
Annual Indicator	44.5	49.2	48.5	49.7	45.6
Numerator	15,446	17,336	16,962	17,381	16,111
Denominator	34,709	35,235	34,972	34,950	35,332
Data Source		third grade survey	third grade survey	third grade survey	third grade 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?				Provisional	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	47	48	49	50	51
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #9
Field Name: PM09
Row Name:
Column Name:
Year: 2011
Field Note:
 The data was collected through the OH survey of third graders in 2012.
- Section Number:** Form11_Performance Measure #9
Field Name: PM09
Row Name:
Column Name:
Year: 2010
Field Note:
 Based upon the results of the 2009 3rd grade survey conducted by OHB, a data consultant for Iowa's Title V application used a forecast formula to estimate the sealant rate for 2010.
- Section Number:** Form11_Performance Measure #9
Field Name: PM09
Row Name:
Column Name:
Year: 2009
Field Note:
 Based upon the results of the 2009 3rd grade survey conducted by OHB, a data consultant for Iowa's Title V application used a forecast formula to estimate the sealant rate this year.

PERFORMANCE MEASURE # 10

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

	2007	2008	2009	2010	2011
Annual Performance Objective	2	4.5	3	3	2.3
Annual Indicator	4.6	2.9	3.1	2.5	2.3
Numerator	25	17	18	15	14
Denominator	543,571	586,749	589,813	603,673	601,833
Data Source		Vital Statistics	Vital Statistics	Vital Statistics	Vital Statistics

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	2.1	2	1.9	1.8	1.7
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2011
Field Note:
 FFY11 data were obtained from 2011 Vital Statistics provisional data.

2. **Section Number:** Form11_Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2010
Field Note:
 FFY10 data were obtained from 2010 Vital Statistics data.

3. **Section Number:** Form11_Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2009
Field Note:
 Data were obtained from 2009 Vital Statistics data.

PERFORMANCE MEASURE # 11

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	35	46	20	19	16.5
Annual Indicator	20.1	20.0	18.1	16.4	17.3
Numerator	2,903	2,927	2,692	2,410	2,412
Denominator	14,444	14,633	14,871	14,692	13,913
Data Source		Pediatric NSS	Pediatric NSS	Pediatric NSS	Pediatric NSS

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	17.5	18	18.5	19	20
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2011
Field Note:
 Data from 2011 PedNSS Data.
- Section Number:** Form11_Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2010
Field Note:
 FFY10 data was obtained from the 2010 PedNSS. The data show that 16.4 percent of the 14,692 infants in the data set were breastfed at six months of age. The decrease was caused by a change in documentation procedures by WIC staff to calculate this measure.
- Section Number:** Form11_Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 data is from the 2009 Pediatric Nutrition Surveillance Survey. The data show that 18.1 percent of the 14,871 infants in the data set were breastfed at six 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	99.8	99	99.5	99.6	99.7
Annual Indicator	98.2	98.7	98.7	99.2	99.1
Numerator	39,684	39,545	38,885	37,838	37,233
Denominator	40,414	40,052	39,404	38,151	37,640
Data Source		eSP	eSP	eSP	eSP

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 Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	99.3	99.4	99.5	99.6	99.6
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2011
Field Note:
 FFY11 data were obtained from the eSP™ newborn hearing screening database. The denominator represents the total number of children eligible for screening less those children that transferred to a birthing facility outside of Iowa, home birth families contacted, but the department had no response back and therefore are considered "lost" and those families who refused to have their children screened at the hospital. The numerator are those children that were eligible and received a birth screen.
- Section Number:** Form11_Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2010
Field Note:
 FFY10 data were obtained from the eSP newborn hearing screening database. The total number screened may not include children that were not screened by the birth hospital because they were transferred to another facility before screening, missed, or the family refused. The total eligible for screening is birth by occurrence.
- Section Number:** Form11_Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2009
Field Note:
 The 2009 data were obtained from the eSP newborn hearing screening data base. The total number screened may not include children that were not screened by the birth hospital because they were transferred to another facility before screening, missed, or the family refused. The total eligible for screening is birth by occurrence.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>2.7</u>	<u>2.6</u>	<u>2.8</u>	<u>2.8</u>	<u>2.8</u>
Annual Indicator	<u>2.8</u>	<u>2.8</u>	<u>2.8</u>	<u>2.8</u>	<u>2.8</u>
Numerator	<u>19,919</u>	<u>19,852</u>	<u>19,969</u>	<u>20,383</u>	<u>20,321</u>
Denominator	<u>711,403</u>	<u>709,000</u>	<u>713,155</u>	<u>727,993</u>	<u>725,767</u>
Data Source		Household Health Survey	Household Health Survey	Household Health Survey	Household Health Survey
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i></p>					
Is the Data Provisional or Final?				Final	Final

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

Field Level Notes

- Section Number:** Form11_Performance Measure #13
Field Name: PM13
Row Name:
Column Name:
Year: 2011
Field Note:
 FFY11 data were obtained from the 2010 Iowa Child and Family Household Health Survey for children 0-17 years.
- Section Number:** Form11_Performance Measure #13
Field Name: PM13
Row Name:
Column Name:
Year: 2010
Field Note:
 FFY 10 data were obtained from the 2010 Iowa Child and Family Household Health Survey for children 0-17 years.
- Section Number:** Form11_Performance Measure #13
Field Name: PM13
Row Name:
Column Name:
Year: 2009
Field Note:
 The annual indicator reflects the results of the 2005 Household Health Survey as noted in previous years. It remains difficult to estimate the percent of uninsured children in Iowa. Data from the most recent (2008) Census Population Survey (CPS) conflicts with this estimate, which errors in measurement and the use of differing data sources.

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.

	2007	2008	2009	2010	2011
Annual Performance Objective	30	30	32	30	29.8
Annual Indicator	32.5	32.6	32.5	31.9	31.7
Numerator	9,802	10,936	11,773	11,414	10,911
Denominator	30,161	33,548	36,225	35,783	34,420
Data Source		CDC PedNSS	CDC PedNSS	CDC PedNSS	CDC 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

	2012	2013	2014	2015	2016
Annual Performance Objective	31	30.5	30	29.5	29
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 from 2011 PedNSS Data.

2. **Section Number:** Form11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2010
Field Note:
 Data from 2010 PedNSS Data.

3. **Section Number:** Form11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2009
Field Note:
 Data obtained from 2009 PedNSS Data.

PERFORMANCE MEASURE # 15

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	18	14	14	13	12
Annual Indicator	14.9	14.5	13.6	13.2	12.7
Numerator	6,075	5,846	5,387	5,085	4,859
Denominator	40,788	40,221	39,662	38,514	38,204
Data Source		Vital Statistics	Vital Statistics	Vital Statistics	Vital Statistics

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	12	11	10	9	8
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:
FFY11 data were obtained from 2011 Vital Statistics data.

2. **Section Number:** Form11_Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2010
Field Note:
FFY10 data were obtained from 2010 Vital Statistics data.

3. **Section Number:** Form11_Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2009
Field Note:
2009 Data were obtained from 2009 Vital Statistics data.

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	10	9.8	12.7	9.5	11
Annual Indicator	10.1	12.9	9.7	11.5	11.6
Numerator	22	28	21	25	25
Denominator	217,502	216,795	217,380	216,837	215,834
Data Source		Vital Statistics	Vital Statistics	Vital Statistics	Vital Statistics

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	11	10.5	10	9.5	9
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number: Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2011

Field Note:

FFY11 data were obtained from 2011 Vital Statistics data.

- Section Number: Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2010

Field Note:

FFY10 data were obtained from 2010 Vital Statistics data. The variation in the rate is due to the low numbers of suicides among youth aged 15-19 years.

- Section Number: Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2009

Field Note:

Data were obtained from 2009 Vital Statistics data.

PERFORMANCE MEASURE # 17

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	96	97	96	97	95
Annual Indicator	94.2	95.0	93.7	94.1	91.5
Numerator	468	420	384	430	355
Denominator	497	442	410	457	388
Data Source		Vital Statistics	Vital Statistics	Vital Statistics	Vital Statistics

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	93	95	97	97	97
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2011
Field Note:
 FFY11 data were obtained from 2011 Vital Statistics provisional data.
- Section Number:** Form11_Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2010
Field Note:
 FFY10 data were obtained from 2010 Vital Statistics provisional data. Although the 2010 objective of 97 percent was not met, the rate has been stable since 2005.
- Section Number:** Form11_Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 Data were obtained from 2009 Vital Statistics provisional data.

PERFORMANCE MEASURE # 18

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>87</u>	<u>80</u>	<u>76</u>	<u>77</u>	<u>78</u>
Annual Indicator	<u>77.7</u>	<u>75.9</u>	<u>74.3</u>	<u>75.5</u>	<u>84.5</u>
Numerator	<u>31,740</u>	<u>30,513</u>	<u>29,469</u>	<u>29,069</u>	<u>31,883</u>
Denominator	<u>40,835</u>	<u>40,221</u>	<u>39,662</u>	<u>38,502</u>	<u>37,746</u>
Data Source		Vital Statistics	Vital Statistics	Vital Statistics	Vital Statistics

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>86</u>	<u>87</u>	<u>88</u>	<u>89</u>	<u>90</u>
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2011
Field Note:
 FFY11 data were obtained from 2011 provisional Vital Statistics data.
- Section Number:** Form11_Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2010
Field Note:
 FFY10 data were obtained from 2010 Vital Statistics data.
- Section Number:** Form11_Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 Data were obtained from 2009 Vital Statistics data.

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

Form Level Notes for Form 11

None

STATE PERFORMANCE MEASURE # 1 - REPORTING YEAR

The degree to which the state MCH Title V Program improves the system of care for mothers and children in Iowa.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	10	16
Annual Indicator	_____	_____	_____	16	20
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source				Title V Program Index	Title V Program Index
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	21	22	23	24	25
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 #1

Field Name: SM1

Row Name:

Column Name:

Year: 2011

Field Note:

Data Source: Title V Program Index scored by local MCH agencies.

2. Section Number: Form11_State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2010

Field Note:

Data Source: Title V Program Index. The 2010 score is the first measurement of performance and is considered a baseline.

STATE PERFORMANCE MEASURE # 2 - REPORTING YEAR

The degree to which components of a coordinated statewide system of care for CYSHCN are implemented.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	26	45
Annual Indicator	_____	_____	_____	44	66
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source				CHSC Tool	CHSC Tool
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	70	75	80	85	90
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2011

Field Note:

Data Source: CHSC Tool (includes Title V Program Index). The 2011 score is the second annual measurement of performance using this tool.

2. **Section Number:** Form11_State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2010

Field Note:

Data Source: CHSC Tool (includes Title V Program Index). The 2010 score is the first measurement of performance and is considered a baseline.

STATE PERFORMANCE MEASURE # 3 - REPORTING YEAR

The degree to which Iowa's state MCH Title V program addresses health equity in MCH programs.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	5	15
Annual Indicator	_____	_____	_____	13	18
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source				Title V Program Index	Title V Program Index
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	19	20	21	22	23
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 #3

Field Name: SM3

Row Name:

Column Name:

Year: 2011

Field Note:

Data Source: Title V Program Index scored by local MCH agencies.

2. Section Number: Form11_State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2010

Field Note:

Data Source: Title V Program Index. The 2010 score is the first measurement of performance and is considered a baseline.

STATE PERFORMANCE MEASURE # 4 - REPORTING YEAR

Percent of family planning clients (women and men) who are counseled about developing a reproductive life plan.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	10	39
Annual Indicator	_____	_____	_____	38.9	60.1
Numerator	_____	_____	_____	2,678	11,254
Denominator	_____	_____	_____	6,881	18,738
Data Source				Ahlers Family Planning Data	Ahlers Family Planning Data
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	61	63	65	67	69
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 #4

Field Name: SM4

Row Name:

Column Name:

Year: 2011

Field Note:

FFY11 data were obtained from the Ahlers Family Planning data system.

2. Section Number: Form11_State Performance Measure #4

Field Name: SM4

Row Name:

Column Name:

Year: 2010

Field Note:

FFY10 data were obtained from the Ahlers Family Planning data system.

STATE PERFORMANCE MEASURE # 5 - REPORTING YEAR

The degree to which the health care system implements evidence-based prenatal and perinatal care.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____ 9
Annual Indicator	_____	_____	_____	_____ 8	_____ 13
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source				Title V Index	Title V Index
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 14	_____ 15	_____ 16	_____ 17	_____ 20

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 #5

Field Name: SM5

Row Name:

Column Name:

Year: 2011

Field Note:

Data Source: Title V Program Index. The 2011 Title V Index was scored by the Perinatal Guidelines Committee.

2. **Section Number:** Form11_State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2010

Field Note:

Data Source: Title V Program Index. The 2010 score is the first measurement of performance and is considered a baseline.

STATE PERFORMANCE MEASURE # 6 - REPORTING YEAR

Percent of Medicaid enrolled women receiving preventive dental health services during pregnancy.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	21	22
Annual Indicator	_____	_____	_____	20.1	19.7
Numerator	_____	_____	_____	3,135	2,970
Denominator	_____	_____	_____	15,582	15,083
Data Source				Medicaid Match Report	Medicaid Match Report
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	21	22	23	24	25
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: 2011

Field Note:

FFY11 data were obtained from the 2011 Medicaid Match Report.

2. **Section Number:** Form11_State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2010

Field Note:

FFY10 data were obtained from the 2010 Medicaid Match Report.

STATE PERFORMANCE MEASURE # 7 - REPORTING YEAR

Percent of Medicaid enrolled children ages 0-5 years who receive a dental service.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	43.7	46
Annual Indicator	_____	_____	_____	45.8	46.7
Numerator	_____	_____	_____	48,307	50,848
Denominator	_____	_____	_____	105,429	108,923
Data Source				CMS 4.16	CMS 4.16
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	46.9	47	48	49	50
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #7
Field Name: SM7
Row Name:
Column Name:
Year: 2011
Field Note:
 FFY2011 data were obtained from the 2011 CMS 416 report.

2. **Section Number:** Form11_State Performance Measure #7
Field Name: SM7
Row Name:
Column Name:
Year: 2010
Field Note:
 FFY10 data were obtained from the 2010 CMS 4.16 report.

The 2010 data was reported differently than in the past, specifically breaking out services provided by dentists and services provided by other providers. The new category used is "any dental or oral health service".

STATE PERFORMANCE MEASURE # 8 - REPORTING YEAR

Rate of hospitalizations due to unintentional injuries among children ages 0-14 years.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	12.2	6.3
Annual Indicator	_____	_____	_____	12.4	11.2
Numerator	_____	_____	_____	733	676
Denominator	_____	_____	_____	589,813	603,673
Data Source				Iowa Hospital Association inpatient data	Iowa Hospital Association inpatient data
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	11	10.9	10.8	10.7	10.6
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_State Performance Measure #8

Field Name: SM8

Row Name:

Column Name:

Year: 2011

Field Note:

FFY11 data were obtained from hospital inpatient data from the Iowa Hospital Association. Final data is available by the close of calendar year 2012. Data will continue to be monitored to track any shift in trends.

2011 Target was reset as part of the FFY12 application process, based upon provisional data. Final data was not obtained until after final submission, so the FFY11 target could not be reset.

- Section Number:** Form11_State Performance Measure #8

Field Name: SM8

Row Name:

Column Name:

Year: 2010

Field Note:

FFY10 data were obtained from hospital inpatient data from the Iowa Hospital Association.

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

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	5	5	5.5	5.3	5.1
Annual Indicator	5.5	5.6	4.5	4.9	4.7
Numerator	224	226	180	187	181
Denominator	40,835	40,221	39,662	38,514	38,204
Data Source		Vital Statistics	Vital Statistics	Vital Statistics	Vital Stastics

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	4.5	4.4	4.3	4.2	4.1
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

- Section Number:** Form12_Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2011
Field Note:
 FFY11 data were obtained from 2011 Vital Statistics data.
- Section Number:** Form12_Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2010
Field Note:
 FFY10 data were obtained from 2010 Vital Statistics data.
- Section Number:** Form12_Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 Data were obtained from 2009 Vital Statistics data.

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	<u>2</u>	<u>2</u>	<u>2.5</u>	<u>2.3</u>	<u>2.1</u>
Annual Indicator	<u>2.2</u>	<u>2.6</u>	<u>3.0</u>	<u>2.6</u>	<u>3.2</u>
Numerator	<u>12.1</u>	<u>15</u>	<u>13.4</u>	<u>12</u>	<u>14.3</u>
Denominator	<u>5.6</u>	<u>5.7</u>	<u>4.4</u>	<u>4.6</u>	<u>4.5</u>
Data Source		Vital Statistics	Vital Statistics	Vital Statistics	Vital Statistics

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</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

1. Section Number: Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2011

Field Note:

FFY11 data were obtained from 2011 Vital Statistics data.

White includes white only and white with other races indicated.

Black includes black only and black with other races indicated.

2. Section Number: Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2010

Field Note:

FFY10 data were obtained from 2010 Vital Statistics data.

3. Section Number: Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2009

Field Note:

2009 Data were obtained from 2009 Vital Statistics data.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	3.1	3.1	3.3	3.3	3.2
Annual Indicator	3.3	3.5	2.7	2.6	2.9
Numerator	134	140	106	101	111
Denominator	40,835	40,221	39,662	38,512	38,204
Data Source		Vital Statistics	Vital Statistics	Vital Statistics	Vital Statistics

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final Final

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	2.8	2.7	2.6	2.5	2.5
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. Section Number: Form12_Outcome Measure 3
 Field Name: OM03
 Row Name:
 Column Name:
 Year: 2011
 Field Note:
 FFY11 data were obtained from 2011 Vital Statistics data.

2. Section Number: Form12_Outcome Measure 3
 Field Name: OM03
 Row Name:
 Column Name:
 Year: 2010
 Field Note:
 FFY10 data were obtained from 2010 Vital Statistics data.

3. Section Number: Form12_Outcome Measure 3
 Field Name: OM03
 Row Name:
 Column Name:
 Year: 2009
 Field Note:
 2009 Data were obtained from 2009 Vital Statistics data.

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	1.7	1.6	1.6	1.6	1.5
Annual Indicator	2.2	2.1	1.9	2.2	1.8
Numerator	90	86	74	86	70
Denominator	40,835	40,221	39,662	38,512	38,204
Data Source		Vital Statistics	Vital Statistics	Vital Statistics	Vital Statistics

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final Final

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	1.5	1.4	1.4	1.4	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: Form12_Outcome Measure 4
 Field Name: OM04
 Row Name:
 Column Name:
 Year: 2011
 Field Note:
 FFY11 data were obtained from 2011 Vital Statistics data.

2. Section Number: Form12_Outcome Measure 4
 Field Name: OM04
 Row Name:
 Column Name:
 Year: 2010
 Field Note:
 FFY10 data were obtained from 2010 Vital Statistics data.

3. Section Number: Form12_Outcome Measure 4
 Field Name: OM04
 Row Name:
 Column Name:
 Year: 2009
 Field Note:
 2009 Data were obtained from 2009 Vital Statistics data.

OUTCOME MEASURE # 05

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

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	8.9	8.5	9	8.8	8.6
Annual Indicator	8.6	9.2	7.6	7.3	7.5
Numerator	351	371	303	283	285
Denominator	40,835	40,221	39,662	38,514	38,204
Data Source		Vital Statistics	Vital Statistics	Vital Statistics	Vital Statistics

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final Final

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	7.4	7.3	7.3	7.2	7.2
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 5
Field Name: OM05
Row Name:
Column Name:
Year: 2011
Field Note:
 FFY11 data were obtained from 2011 Vital Statistics data.

2. **Section Number:** Form12_Outcome Measure 5
Field Name: OM05
Row Name:
Column Name:
Year: 2010
Field Note:
 FFY10 data were obtained from 2010 Vital Statistics data.

3. **Section Number:** Form12_Outcome Measure 5
Field Name: OM05
Row Name:
Column Name:
Year: 2009
Field Note:
 Data were obtained from 2009 Vital Statistics data.

OUTCOME MEASURE # 06

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

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	14.6	14.6	16.8	16.6	16.4
Annual Indicator	18.8	19.3	18.0	13.3	18.1
Numerator	102	105	99	75	102
Denominator	543,571	545,288	549,071	564,518	563,468
Data Source		Vital Statistics	Vital Statistics	Vital Statistics	Vital Statistics

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final Final

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	16.8	16.4	15.8	15.6	15.4
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

- Section Number:** Form12_Outcome Measure 6
Field Name: OM06
Row Name:
Column Name:
Year: 2011
Field Note:
 FFY11 data were obtained from 2011 provisional Vital Statistics data.
- Section Number:** Form12_Outcome Measure 6
Field Name: OM06
Row Name:
Column Name:
Year: 2010
Field Note:
 FFY10 data were obtained from 2010 Vital Statistics data.
- Section Number:** Form12_Outcome Measure 6
Field Name: OM06
Row Name:
Column Name:
Year: 2009
Field Note:
 Data were obtained from the 2009 Vital Statistics data.

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

Form Level Notes for Form 12

None

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

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

_____3

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

_____3

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

_____3

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

_____3

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: _____16

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 IA 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. Lack of adoption of quality improvement methods within maternal and child health practice
2. The degree to which components of a coordinated statewide system of care for CYSHCN are implemented
3. Racial disparities in maternal and child health outcomes
4. Lack of coordinated systems of care for preconception and interconception care for high-risk and low income women
5. Barriers to access to health care, mental health care, and dental care for low-income pregnant women
6. Lack of access to preventive and restorative dental care for low-income pregnant women
7. Lack of providers to do restorative dental treatment for children age 5 years and younger
8. High proportion of children age 14 years and under experiencing unintentional injuries
- 9.
- 10.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: IA

APPLICATION YEAR: 2013

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	State Performance Measure 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: <u>3</u>	Strategies to increase diverse cultures into all program efforts (including staffing patters) in a state that has low ratios of ethnic minorities.	Assure Title V serves all ethnic minority groups present in Iowa in appropriate proportions, reduce disparities between ethnic groups, employs greater numbers of staff from ethnic minorities, and solicits input from families from all minority groups	Staff from National Center on Cultural Competence
2.	State Performance Measure 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: <u>1</u>	Transitioning Title V programs in the new paradigm of ACOs and Medical Homes in care coordination/case or population health management and how this will affect those who work with Title V.	Developing strategies at the state and local level for building relationships with ACO in Iowa.	Kay Johnson, Johnson Consulting
3.	National Performance Measure 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: <u>3</u>	Developing person-centered support plans for persons with disabilities – continuing education for Iowa’s Family Navigators within Family to Family Iowa	Train Iowa’s network of Family Navigators from a variety of family advocacy groups to assist families to develop person-centered support plans and persons with disabilities will be more satisfied with the services they receive	Michael Smull www.sdaus.com
4.	National Performance Measure 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: <u>5</u>	Approaches to continue to build coalitions for family to family support in light of reduced funding	Assure Family to Family Iowa remains strong and public and policymakers will recognize benefits of family support	Diana Autin http://www.directionservice.org/cadre/conf/bio.cfm?id=609
5.	National Performance Measure 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: <u>6</u>	Assuring successful transitions for adolescents with special health care needs to the adult health care system	Assure community child health teams will implement strategies to assure successful transitions. Care coordination performance monitoring will include multi-faceted measure for transition for YSHCN	National Center for Transitions for Youth – Florida or NICHQ.
6.	Data-related Issues - Needs Assessment If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	Analysis of ACE study data	Advanced data analysis of the ACE study data conducted through BRFFS	Dr. Robert Anda
7.	Data-related Issues - Needs Assessment If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	Data analysis of the 2010 Iowa Child and Family Household Health Survey (HHS)	Advanced data analysis, including trend data of HHS data	University of Iowa, Public Policy Center, Dr. Pete Damiano
8.	Data-related Issues - Performance Indicators If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	Expanding use of the Title V Index to local MCH agencies	Increase use of the Quality Improvement tool	National Initiative for Children’s Health Care Quality (NICHQ)
9.	Data-related Issues - Performance Indicators If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	Developing outcomes for care coordination for CYSHCN and other Title V populations to illustrate value-added for child, family, and health care system	Assure care coordination data is available to illustrate the benefits, not only to the family but also to the health care system. Payers will develop payment structures within the ACO to continually fund care coordinators and family support.	National Improvement Partnership Network (NIPN) staff with expertise in care coordination
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: IA

SP() # _____ 1

PERFORMANCE MEASURE:

The degree to which the state MCH Title V Program improves the system of care for mothers and children in Iowa.

STATUS:

Active

GOAL:

Improve system of care for mothers and children.

DEFINITION:

Iowa's system of care for mothers and children includes all preventive services targeting optimal health.

Numerator:

The sum of the scores from each of the six components of the Title V Program Index.

Denominator:

Total score possible through the Title V Program Index.

Units: Yes **Text:** Text

HEALTHY PEOPLE 2020 OBJECTIVE:

A new objective to Healthy People 2020 is to increase the proportion of Tribal, State, and local public health agencies that have implemented an agencywide quality improvement process.

DATA SOURCES AND DATA ISSUES:

Title V Program Index.

SIGNIFICANCE:

The life course perspective suggests that a complex interplay of biological, behavioral, psychological and social protective and risk factors contributes to health outcomes across the span of a person's life. Iowa's Title V program will use the life course perspective in developing programs designed to improve optimal health outcomes.

SP() # 2

PERFORMANCE MEASURE:

The degree to which components of a coordinated statewide system of care for CYSHCN are implemented.

STATUS:

Active

GOAL

85% of components of a coordinated statewide system of care for CYSHCN are implemented.

DEFINITION

The system of care under examination are those collective process components accomplished by Child Health Specialty Clinics (CHSC), Iowa's designated Title V program for CYSHCN. CHSC has defined the coordinated statewide system of care for CYSHCN to include four components: 1. Direct clinical care 2. Care coordination 3. Family support 4. Infrastructure-building All four components are considered equally valuable.

Numerator:

The sum of the normalized percentage scores of the four systems components.

Denominator:

4. Four measurement tools are used, one tool for each of the four components of the system (i.e. direct clinical care, care coordination, family support and infrastructure). Each tool reflects process measures but has a unique scoring mechanism, as described on each individual tool. CHSC staff who routinely supervise staff who perform the work related to each component, will score that component's tool annually. Quantitative results of each table will be normalized to a percentage. The normalization process converts the raw number into a percentage score. The four normalized percentage scores from the tools are averaged to produce one reportable percentage score. (See attached SPM #2 Measurement Tables and Normalization tool.)

Units: Yes **Text:** Text

HEALTHY PEOPLE 2020 OBJECTIVE

16-22 Increase the proportion of children with special health care needs who have access to a medical home. 16-23 Increase the proportion of children with special health care needs who receive their care in family-centered, comprehensive, coordinated systems.

DATA SOURCES AND DATA ISSUES

Title V Program Index

SIGNIFICANCE

Leading researchers in MCH have noted the lack of standardized definitions of systems of care and have emphasized the importance of developing systems. A comprehensive community-based system of services for CYSHCN has not yet been implemented. Moreover, to our knowledge, there has been no consensus to date on what constitutes a system of services. The absence of a broadly accepted definition has hindered progress in implementation of a systematic approach to delivering services. (Pediatr Adolesc, Oct 2007). Systems of care recognize that the whole is greater than the sum of its parts. Synergy from a systems approach is necessary to serve more children and families in a time of declining resources.

SP() # _____ 3

PERFORMANCE MEASURE:

The degree to which Iowa's state MCH Title V program addresses health equity in MCH programs.

STATUS:

Active

GOAL

To improve health equity for Iowa's Title V MCH populations through actively promoting and facilitating the delivery of appropriate culturally sensitive health care services.

DEFINITION

Health equity concerns those differences in population health that can be traced to unequal economic and social conditions and are systemic and avoidable. Equity in health is the absence of systematic disparities in the major social determinants of health between groups with different levels of wealth, power, or prestige. Equity is an ethical principle; it is also consonant with and closely related to the principles of human rights. The proposed definition of equity supports the right of all people to the highest attainable standard of health as indicated by the health status of the most socially-disadvantaged group. Assessing health equity requires comparing health and its social determinants between more and less advantaged social groups (Braveman & Gruskin, 2003) An organizational assessment will be completed in order to establish a baseline of where Iowa's MCH Title V program is in addressing health equity and determine strategies for addressing health equity.

Numerator:

The sum of scores from each of the six components of the Title V Program Index.

Denominator:

Total score possible through the Title V Program Index.

Units: Yes **Text:** Text

HEALTHY PEOPLE 2020 OBJECTIVE

None at this time. (Healthy People 2020 to include objectives on social determinants of health, which will relate to this SPM)

DATA SOURCES AND DATA ISSUES

Title V Program Index

SIGNIFICANCE

Disparities related to lack of health care access or prevention services are associated with higher morbidity and mortality rates among racial minorities (Smedley et al., 2002. Unequal Treatment. Confronting Racial and Ethnic Disparities in Health Care. The National academies Press. Washington, DC). An organizational assessment of access to services and cultural appropriate interventions will determine what strategies are needed to increase access to early intervention and prevention services for Iowa's Title V population. Addressing health equity will increase appropriate and sensitive delivery of services to Iowa's diverse populations resulting in a positive impact to health outcomes.

SP() # _____ 4

PERFORMANCE MEASURE:

Percent of family planning clients (women and men) who are counseled about developing a reproductive life plan.

STATUS:

Active

GOAL

Counsel clients in family planning clinics about reproductive life planning during initial and annual clinic visits. Expand counseling to include FP clients attending for pregnancy testing, testing for sexually transmitted diseases, those attending maternal health clinics, and when appropriate, offer counseling to each woman at each encounter.

DEFINITION

A reproductive life plan (RLP) is a set of goals about having or not having children. It includes how many children an individual wants to have, and when he or she wants to have them. Clients are encouraged to think about issues such as short term and long term goals about education, work or career, living arrangements, birth control, finances, parenting, and timing and spacing of children to help achieve one's life goals. Clients should formulate a reproductive life plan that outlines personal goals about becoming pregnant based on their values and resources.

Numerator:

The number of clients receiving reproductive life counseling

Denominator:

The number of clients seen in the Family Planning Clinics

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

9-1 Increase the proportion of pregnancies that are intended. 9-2 Reduce the proportion of pregnancies conceived within 18 months of a previous birth. 9-11 Increase the proportion of adolescents who received formal instruction on reproductive health topics before they were 18 years old.

DATA SOURCES AND DATA ISSUES

Ahlers and Associates Integrated Solutions Family Planning Data System

SIGNIFICANCE

Leading academics and researchers emphasize the importance of the life course perspective in MCH programming. The life course perspective suggests that a complex interplay of biological, behavioral, psychological, and social protective and risk factors contributes to health outcomes across the span of a person's life. Disparities in birth outcomes, such as low birth weight and infant mortality, are often explained by the quality and frequency of prenatal care. In contrast, the life course perspective suggests that these disparities result from differences in protective and risk factors between groups of women over the course of their lives. As a result, the health and socioeconomic status of one generation directly affects the health status of the next one. Understanding the life course perspective creates opportunities to build upon protective factors and reduce risk factors. Reproductive Life Planning fits well as part of a life course model, beginning with the impacts to the fetus from maternal nutrition and lifestyle choices and extending into childhood. There is evidence that even healthy children who are not planned may receive less nurturing and are more likely to live in poverty. Reducing teen pregnancy will promote teens' ability to complete their education and achieve economic independence.

SP() # 5

PERFORMANCE MEASURE:

The degree to which the health care system implements evidence-based prenatal and perinatal care.

STATUS:

Active

GOAL

Assure evidence-based prenatal and perinatal care is being provided statewide by health care professionals

DEFINITION

Prenatal care is defined as the care of the women from conception to the birth of the baby. Perinatal care is defined as care of the women during labor through the postpartum period.

Numerator:

The sum of the scores from each of the six components of the Title V Program Index

Denominator:

Total score possible through the Title V Program Index

Units: Yes **Text:** Text

HEALTHY PEOPLE 2020 OBJECTIVE

16-6 Increase the proportion of pregnant women who receive early and adequate prenatal care.

DATA SOURCES AND DATA ISSUES

Title V Program Index

SIGNIFICANCE

As a rural state, Iowa has limited number obstetricians therefore many pregnant women are cared for by family practice physicians. In order to achieve the best birth outcomes for Iowa families it is important that health care providers implement only evidence-based prenatal and perinatal care.

SP() # _____ 6

PERFORMANCE MEASURE:

Percent of Medicaid enrolled women receiving preventive dental health services during pregnancy.

STATUS:

Active

GOAL

Increase the percent of low-income pregnant women in Iowa who have access to oral health services.

DEFINITION

Preventive dental care is defined based on code D1110 (adult prophylaxis).

Numerator:

Number of pregnant Medicaid recipients who delivered a live birth with a Medicaid claim for the live birth delivery and who received preventive dental care.

Denominator:

Number of pregnant Medicaid recipients who delivered a live birth with a Medicaid claim for the live birth delivery.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

No current 2010 objectives relate directly to dental services for pregnant women. The Oral Health objectives relate to adult oral health in general, though there is a proposed objective for 2020 to increase the proportion of pregnant women who receive dental care during their pregnancy.

There is another proposed objective for 2020 related to this measure to increase the proportion of dentists providing dental care to pregnant women.

DATA SOURCES AND DATA ISSUES

The matched data set comprised of Iowa resident live births matched to Medicaid paid claims for live birth delivery and preventive dental care.

SIGNIFICANCE

A woman's oral health impacts pregnancy outcomes as well as the oral health of her infant. Diet and hormonal changes during pregnancy may increase the risk of gum disease and tooth decay. Bacteria associated with gum disease can spread to the body, triggering premature labor. In addition, bacteria that cause cavities may be passed from a mother's mouth to her baby's mouth, increasing the risk of cavities for that infant. Children whose mothers have poor oral health are 5 times more likely to have oral health problems than children whose mothers have good oral health. Low-income women are at particular risk of poor oral health. Women who participate in Medicaid are significantly less likely to visit the dentist before, during, and after pregnancy, compared to those with private insurance.

SP() # _____ 7

PERFORMANCE MEASURE:

Percent of Medicaid enrolled children ages 0-5 years who receive a dental service.

STATUS:

Active

GOAL

Assure access to oral health care for low-income children in Iowa.

DEFINITION

Children ages 0-5 who are enrolled in Medicaid, will have access to dental services

Numerator:

Number of Medicaid enrolled children ages 0-5 who receive a dental service.

Denominator:

Number of Medicaid enrolled children ages 0-5

Units: 100 Text: Percent

HEALTHY PEOPLE 2020 OBJECTIVE

21-1 Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth. 21-2 Reduce the proportion of children, adolescents, and adults with untreated dental decay. 21-10 Increase the proportion of children and adults who use the oral health care system each year. 21-12 Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

DATA SOURCES AND DATA ISSUES

HCFA 4.16 Report

SIGNIFICANCE

Access to oral health care for children was rated within the top ten priorities of the 2005 Iowa Department of Public Health Maternal and Child Health Needs Assessment. Access to dental care for low-income families is limited due to a number of barriers. These include: lack of financial resources to pay for care, lack of knowledge of importance of good oral health, lack of dentists willing to see children under the age of three, shortage of dentists participating in the Medicaid program, shortage of dentists within the state, and issues of patient compliance.

SP() # 8

PERFORMANCE MEASURE:

Rate of hospitalizations due to unintentional injuries among children ages 0-14 years

STATUS:

Active

GOAL

Reduce the rate of hospitalizations due to unintentional injuries among children ages 0-14 (per 10,000) to 11.7 by 2015.

DEFINITION

The number of children in Iowa ages 0-14 hospitalized due to unintentional injury divided by the number of children in Iowa ages 0-14; multiplied by 10,000

Numerator:

The number of children in Iowa ages 0-14 hospitalized due to unintentional injury

Denominator:

The number of children in Iowa ages 0-14

Units: 10000 **Text:** Rate

HEALTHY PEOPLE 2020 OBJECTIVE

15-12 Reduce morbidity and mortality for injuries. 15-13 Reduce unintentional injury deaths. 15-14 Reduce nonfatal unintentional injuries.

DATA SOURCES AND DATA ISSUES

Hospital inpatient data from the Iowa Hospital Association; Most recent data available is that for 2008. During 2010, a baseline will be identified from 2009 data. The annual indicators for 2009 and 2010 reported above were determined through a trend projection formula. Targets for 2011-2015 were identified using this same process.

SIGNIFICANCE

Unintentional injuries are the leading cause of death for Iowans ages 1-34. Injuries lead to more than 17,000 hospitalizations and 250,000 emergency department visits each year in Iowa. Injury survivors may have their regular activities of daily living disrupted temporarily, or they may be permanently disabled. Because unintentional injuries are preventable, they lead to unnecessary medical costs, economic losses, reduced productivity, loss of ability to perform daily activities, reduced quality of life, and immense physical and emotional strain. 2008 data demonstrates that the three most frequent causes of hospitalization due to unintentional injury for children ages 0-14 are 1) scalding, 2) drowning, and 3) fire/flame.

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: IA

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	42.9	28.1	36.0	34.7	34.7
Numerator	841	565	734	702	702
Denominator	195,916	201,321	203,997	202,123	202,123

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

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2011

Field Note:

FFY10 data were used because FFY11 data were not available at the time of submission.

2. Section Number: Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2010

Field Note:

FFY10 data were obtained from the Iowa Hospital Association.

3. Section Number: Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2009

Field Note:

The 2009 data were obtained from the Iowa Hospital Association.

HEALTH SYSTEMS CAPACITY #02

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

	2007	2008	Annual Indicator Data		2011
			2009	2010	
Annual Indicator	88.3	87.9	89.3	93.7	93.0
Numerator	17,841	17,575	18,056	14,928	14,673
Denominator	20,200	20,001	20,225	15,934	15,774

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:

FFY11 data were obtained from the CMS 4.16 EPSDT Participation Report. IDPH used the number of children eligible for EPSDT for 90 continuous days as the denominator to be consistent with DHS reporting to CMS.

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

Field Name: HSC02

Row Name:

Column Name:

Year: 2010

Field Note:

FFY10 data obtained from the CMS 4.16 Annual EPSDT Participation rate. IDPH used the number of children eligible for EPSDT for 90 continuous days as the denominator to be consistent with DHS reporting to CMS.

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

Field Name: HSC02

Row Name:

Column Name:

Year: 2009

Field Note:

The 2009 data were obtained from the CMS 4.16 Annual EPSDT Participation Report.

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.

	<u>Annual Indicator Data</u>				
	2007	2008	2009	2010	2011
Annual Indicator	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Numerator	<u>9</u>	<u>8</u>	<u>20</u>	<u>5</u>	<u>3</u>
Denominator	<u>9</u>	<u>8</u>	<u>20</u>	<u>5</u>	<u>3</u>
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)</p>					
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:

FFY11 data obtained from 2011 hawki data.

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

Field Name: HSC03

Row Name:

Column Name:

Year: 2010

Field Note:

FFY10 data obtained from 2010 hawki data.

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

Field Name: HSC03

Row Name:

Column Name:

Year: 2009

Field Note:

Data were obtained from hawki 2009 data

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	74.0	74.4	81.9	82.9	86.2
Numerator	29,602	29,431	32,390	31,924	32,332
Denominator	40,000	39,573	39,570	38,602	37,513

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:

Over the past year, IDPH has been working closely with the developers of the IDPH data warehouse to reach a consensus about how to best capture the variables that comprise the Kotelchuck index. In doing this, IDPH improved the ability to impute data and handle missing data. This has revised the estimated Kotelchuck index upward.

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

Field Name: HSC04

Row Name:

Column Name:

Year: 2010

Field Note:

FFY10 data were obtained from 2010 Vital Statistics data.

It appears that for years 2007, 2008, and 2009, the proportion of women who initiated PNC in the first trimester was reported rather than the Kotelchuck Index. We have corrected this for 2010.

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

Field Name: HSC04

Row Name:

Column Name:

Year: 2009

Field Note:

Data were obtained from 2009 Vital Statistics data.

It appears that for years 2007, 2008, and 2009, the proportion of women who initiated PNC in the first trimester was reported rather than the Kotelchuck Index. We have corrected this for 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	44.1	45.0	47.7	46.2	45.7
Numerator	109,659	114,749	132,383	138,587	143,974
Denominator	248,599	255,061	277,541	299,743	314,949

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #07A
Field Name: HSC07A
Row Name:
Column Name:
Year: 2011
Field Note:
 FFY11 data were obtained from the CMS 4.16 EPSDT Participation Report.
2. **Section Number:** Form17_Health Systems Capacity Indicator #07A
Field Name: HSC07A
Row Name:
Column Name:
Year: 2010
Field Note:
 FFY10 data were obtained from the CMS 4.16 EPSDT Participation Report.
3. **Section Number:** Form17_Health Systems Capacity Indicator #07A
Field Name: HSC07A
Row Name:
Column Name:
Year: 2009
Field Note:
 The 2009 data were obtained from the CMS 4.16 Annual EPSDT Participation Report.

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	54.3	55.5	59.8	56.3	58.1
Numerator	26,494	27,647	32,404	33,171	34,329
Denominator	48,795	49,855	54,165	58,908	59,114

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:

FFY11 data were obtained from the CMS 4.16 EPSDT Participation Report.

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

Field Name: HSC07B

Row Name:

Column Name:

Year: 2010

Field Note:

FFY10 data were obtained from the CMS 4.16 EPSDT Participation Report.

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

Field Name: HSC07B

Row Name:

Column Name:

Year: 2009

Field Note:

The 2009 data were obtained from the CMS 4.16 Annual EPSDT Participation Report

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.

	<u>Annual Indicator Data</u>				
	2007	2008	2009	2010	2011
Annual Indicator	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
Numerator	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Denominator	<u>1,150</u>	<u>1,150</u>	<u>7,000</u>	<u>6,797</u>	<u>6,970</u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5					
and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Field Level Notes

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

Field Name: HSC08

Row Name:

Column Name:

Year: 2011

Field Note:

Source: Social Security Administration, Supplemental Security Record (Characteristic Extract Record format), 100 percent data. Table produced by SSA/ORDP/ORES/DSSA. See Narrative for explanation of progress.

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

Field Name: HSC08

Row Name:

Column Name:

Year: 2010

Field Note:

Source: Social Security Administration, Supplemental Security Record (Characteristic Extract Record format), 100 percent data. Table produced by SSA/ORDP/ORES/DSSA.

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

Field Name: HSC08

Row Name:

Column Name:

Year: 2009

Field Note:

Denominator value is a rough estimate based on www.SSA.gov, SSI Recipients by State and County.

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

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>	2011	Matching data files	6.7	6.4	6.5
b) <i>Infant deaths per 1,000 live births</i>	2011	Matching data files	4.3	4.4	4.3
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2011	Matching data files	77	89.4	84.5
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>	2011	Matching data files	81.3	89.4	86.2

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

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	300
b) <i>Medicaid Children</i> (Age range <u> </u> 1 to <u> </u> 18) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2011	133
c) <i>Pregnant Women</i>	2011	300

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

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2011	_____300
b) <i>Medicaid Children</i> (Age range _____ 1 to _____ 18) (Age range _____ to _____) (Age range _____ to _____)	2011	_____300 _____ _____
c) <i>Pregnant Women</i>	2011	_____300

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

None

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

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	No
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	3	Yes
Annual linkage of birth certificates and WIC eligibility files	2	No
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	No
Annual birth defects surveillance system	3	Yes
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: IA

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)	2	No
Other: <u>Iowa Youth Survey</u>	2	No
<u>Iowa Youth Tobacco Survey</u>	2	No

*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: IA

Form Level Notes for Form 20

None

HEALTH STATUS INDICATOR #01A

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	6.8	6.7	6.7	7.0	6.5
Numerator	2,795	2,683	2,674	2,688	2,499
Denominator	40,835	40,221	39,662	38,514	38,204

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:** Form20_Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2011
Field Note:
 FFY11 data were obtained from 2011 Vital Statistics data.

2. **Section Number:** Form20_Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2010
Field Note:
 FFY10 data were obtained from 2010 Vital Statistics data.

3. **Section Number:** Form20_Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2009
Field Note:
 Data were obtained from 2009 Vital Statistics data.

HEALTH STATUS INDICATOR #01B

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	5.1	4.9	4.9	5.1	4.7
Numerator	1,995	1,913	1,888	1,903	1,752
Denominator	39,369	38,737	38,246	37,106	36,902

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:** Form20_Health Status Indicator #01B
Field Name: HSI01B
Row Name:
Column Name:
Year: 2011
Field Note:
FFY11 data were obtained from 2011 Vital Statistics data.
2. **Section Number:** Form20_Health Status Indicator #01B
Field Name: HSI01B
Row Name:
Column Name:
Year: 2010
Field Note:
FFY10 data were obtained from 2010 Vital Statistics data.
3. **Section Number:** Form20_Health Status Indicator #01B
Field Name: HSI01B
Row Name:
Column Name:
Year: 2009
Field Note:
Data were obtained from 2009 Vital Statistics data.

HEALTH STATUS INDICATOR #02A

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

	2007	2008	Annual Indicator Data		2011
			2009	2010	
Annual Indicator	1.3	1.2	1.1	1.3	1.1
Numerator	544	501	446	506	431
Denominator	40,835	40,221	39,662	38,514	38,204

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:** Form20_Health Status Indicator #02A
Field Name: HSI02A
Row Name:
Column Name:
Year: 2011
Field Note:
FFY11 data were obtained from 2011 Vital Statistics data.
2. **Section Number:** Form20_Health Status Indicator #02A
Field Name: HSI02A
Row Name:
Column Name:
Year: 2010
Field Note:
FFY10 data were obtained from 2010 Vital Statistics data.
3. **Section Number:** Form20_Health Status Indicator #02A
Field Name: HSI02A
Row Name:
Column Name:
Year: 2009
Field Note:
Data were obtained from 2009 Vital Statistics data.

HEALTH STATUS INDICATOR #02B

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	0.9	0.9	0.8	1.0	0.8
Numerator	357	346	310	358	307
Denominator	39,369	38,737	38,246	37,106	36,902

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:** Form20_Health Status Indicator #02B
Field Name: HSI02B
Row Name:
Column Name:
Year: 2011
Field Note:
FFY11 data were obtained from 2011 Vital Statistics data.
2. **Section Number:** Form20_Health Status Indicator #02B
Field Name: HSI02B
Row Name:
Column Name:
Year: 2010
Field Note:
FFY10 data were obtained from 2010 Vital Statistics data.
3. **Section Number:** Form20_Health Status Indicator #02B
Field Name: HSI02B
Row Name:
Column Name:
Year: 2009
Field Note:
Data were obtained from 2009 Vital Statistics data.

HEALTH STATUS INDICATOR #03A

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	7.5	8.7	5.8	5.5	5.8
Numerator	44	51	34	33	35
Denominator	583,316	586,749	589,813	603,673	601,833

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:** Form20_Health Status Indicator #03A
Field Name: HSI03A
Row Name:
Column Name:
Year: 2011
Field Note:
FFY11 data were obtained from 2011 Vital Statistics data.
2. **Section Number:** Form20_Health Status Indicator #03A
Field Name: HSI03A
Row Name:
Column Name:
Year: 2010
Field Note:
FFY10 data were obtained from 2010 Vital Statistics data.
3. **Section Number:** Form20_Health Status Indicator #03A
Field Name: HSI03A
Row Name:
Column Name:
Year: 2009
Field Note:
Data were obtained from 2009 Vital Statistics data.

HEALTH STATUS INDICATOR #03B

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	4.6	2.7	3.1	2.5	2.3
Numerator	25	16	18	15	14
Denominator	543,571	586,749	589,813	603,673	601,833

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:** Form20_Health Status Indicator #03B
Field Name: HSI03B
Row Name:
Column Name:
Year: 2011
Field Note:
FFY11 data were obtained from 2011 Vital Statistics data.
2. **Section Number:** Form20_Health Status Indicator #03B
Field Name: HSI03B
Row Name:
Column Name:
Year: 2010
Field Note:
FFY10 data were obtained from 2010 Vital Statistics data.
3. **Section Number:** Form20_Health Status Indicator #03B
Field Name: HSI03B
Row Name:
Column Name:
Year: 2009
Field Note:
Data were obtained from 2009 Vital Statistics data.

HEALTH STATUS INDICATOR #03C

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	26.5	18.7	15.1	19.1	18.5
Numerator	115	81	67	82	80
Denominator	433,507	432,262	444,697	430,187	433,187

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:** Form20_Health Status Indicator #03C

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

FFY11 data were obtained from 2011 Vital Statistics data.

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

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

FFY10 data were obtained from 2010 Vital Statistics data.

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

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

Data were obtained from 2009 Vital Statistics data.

HEALTH STATUS INDICATOR #04A

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	9,722.9	7,353.9	7,936.8	7,771.6	7,795.4
Numerator	56,715	43,149	46,812	46,915	46,915
Denominator	583,316	586,749	589,813	603,673	601,833

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:

FFY10 data were used because FFY11 data were not available at the time of submission.

2. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2010

Field Note:

Data were obtained through Iowa Hospital Discharge data.

3. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2009

Field Note:

Data were obtained from 2009 Iowa Health Association data.

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	217.9	303.7	294.2	283.6	284.5
Numerator	1,271	1,782	1,735	1,712	1,712
Denominator	583,316	586,749	589,813	603,673	601,833

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:

FFY10 data were used because FFY11 data were not available at the time of submission.

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

Field Name: HSI04B

Row Name:

Column Name:

Year: 2010

Field Note:

Data were obtained from Iowa Hospital Discharge data.

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

Field Name: HSI04B

Row Name:

Column Name:

Year: 2009

Field Note:

Data were obtained from 2009 Iowa Health Association data.

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	1,104.9	1,237.2	1,237.7	1,183.9	1,175.7
Numerator	4,790	5,348	5,504	5,093	5,093
Denominator	433,507	432,262	444,697	430,187	433,187

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:**

FFY10 data were used because FFY11 data were not available at the time of submission.

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

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

Data were obtained from Iowa Hospital Discharge data.

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

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

Data were obtained from 2009 Iowa Health Association data.

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	22.1	24.3	24.4	27.6	22.4
Numerator	2,349	2,582	2,597	2,918	2,368
Denominator	106,446	106,081	106,575	106,568	105,233

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: Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2011

Field Note:

FFY11 data were obtained from the Iowa Department of Public Health STD Prevention Program.

2. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2010

Field Note:

FFY10 data were obtained from the Iowa Department of Public Health STD Prevention Program.

3. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2009

Field Note:

Data were obtained from the Iowa Department of Public Health STD Prevention Program.

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	8.0	8.9	8.6	9.7	11.3
Numerator	3,817	4,187	4,069	4,554	5,340
Denominator	476,502	473,044	471,168	471,094	473,027

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: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2011

Field Note:

FFY11 data were obtained from the Iowa Department of Public Health STD Prevention Program.

2. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2010

Field Note:

FFY10 data were obtained from the Iowa Department of Public Health STD Prevention Program.

3. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2009

Field Note:

Data were obtained from the Iowa Department of Public Health STD Prevention Program.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: IA

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? Yes 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	38,365	33,933	1,581	272	880	46	1,653	0
Children 1 through 4	160,988	141,086	7,796	1,034	3,249	231	7,592	0
Children 5 through 9	200,846	177,930	9,110	1,335	4,159	253	8,059	0
Children 10 through 14	201,634	180,840	8,682	1,316	3,826	208	6,762	0
Children 15 through 19	215,834	194,727	9,513	1,347	4,354	215	5,678	0
Children 20 through 24	217,353	194,416	9,765	1,303	7,509	292	4,068	0
Children 0 through 24	1,035,020	922,932	46,447	6,607	23,977	1,245	33,812	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	34,555	3,810	0
Children 1 through 4	144,120	16,868	0
Children 5 through 9	181,741	19,105	0
Children 10 through 14	185,075	16,559	0
Children 15 through 19	200,539	15,295	0
Children 20 through 24	202,772	14,581	0
Children 0 through 24	948,802	86,218	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: IA

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? Yes Is this data final or provisional? Final

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	23	14	4	0	0	0	1	4
Women 15 through 17	707	510	92	5	8	1	23	68
Women 18 through 19	1,976	1,544	183	18	22	4	64	141
Women 20 through 34	31,546	27,584	1,308	157	847	65	289	1,236
Women 35 or older	3,952	3,356	141	18	173	8	35	221
Women of all ages	38,204	33,008	1,728	198	1,050	78	412	1,730

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	18	5	0
Women 15 through 17	570	137	0
Women 18 through 19	1,694	282	0
Women 20 through 34	29,225	2,318	3
Women 35 or older	3,578	373	1
Women of all ages	35,085	3,115	4

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: IA

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? Yes Is this data final or provisional? Final

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	181	150	27	0	2	0	0	2
Children 1 through 4	41	36	3	0	2	0	0	0
Children 5 through 9	30	26	1	0	0	0	0	3
Children 10 through 14	31	28	2	0	1	0	0	0
Children 15 through 19	117	106	6	0	2	0	0	3
Children 20 through 24	130	119	7	0	1	0	0	3
Children 0 through 24	530	465	46	0	8	0	0	11

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	173	8	0
Children 1 through 4	40	1	0
Children 5 through 9	26	4	0
Children 10 through 14	30	1	0
Children 15 through 19	106	11	0
Children 20 through 24	126	4	0
Children 0 through 24	501	29	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: IA

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? Final

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	820,504	707,927	35,047	4,145	15,425	779	33,464	23,717	2010
Percent in household headed by single parent	20.9	19.4	59.0	46.4	19.5	34.3	44.1	37.6	2010
Percent in TANF (Grant) families	100.0	44.5	15.0	0.8	0.8	0.0	0.0	38.9	2011
Number enrolled in Medicaid	262,721	133,533	21,192	2,084	2,808	0	0	103,104	2011
Number enrolled in SCHIP	36,882	18,859	801	143	327	28	0	16,724	2011
Number living in foster home care	10,580	7,675	1,471	238	94	61	419	622	2011
Number enrolled in food stamp program	169,220	86,081	16,355	1,398	1,645	0	0	63,741	2011
Number enrolled in WIC	95,959	80,610	7,922	465	1,883	0	4,366	713	2011
Rate (per 100,000) of juvenile crime arrests	2,054.0	1,773.0	10,663.0	4,336.0	927.0	0.0	0.0	409.0	2011
Percentage of high school drop-outs (grade 9 through 12)	3.4	2.8	8.6	9.3	2.5	5.5	4.6	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	670,978	69,409	0	2010
Percent in household headed by single parent	28.2	36.3	0.0	2010
Percent in TANF (Grant) families	52.1	9.0	38.9	2011
Number enrolled in Medicaid	136,258	23,359	103,104	2011
Number enrolled in SCHIP	34,961	1,921	0	2011
Number living in foster home care	8,579	980	1,072	2010
Number enrolled in food stamp program	90,414	15,065	63,741	2011
Number enrolled in WIC	75,714	19,532	713	2011
Rate (per 100,000) of juvenile crime arrests	2,148.0	1,921.0	0.0	2011
Percentage of high school drop-outs (grade 9 through 12)	3.2	6.4	0.0	2011

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: IA

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	456,140
Living in urban areas	481,530
Living in rural areas	321,139
Living in frontier areas	0
Total - all children 0 through 19	802,669

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

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: IA

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

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

POVERTY LEVELS	TOTAL
Total Population	3,007,866
Percent Below: 50% of poverty	4.9
100% of poverty	6.4
200% of poverty	29.7

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: IA

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

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

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	697,206
Percent Below: 50% of poverty	6.1
100% of poverty	14.1
200% of poverty	35.3

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES

None