

**TITLE V BLOCK GRANT APPLICATION**  
**FORMS (2-21)**  
**STATE: LA**  
**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: LA**

**1. FEDERAL ALLOCATION**

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

\$ 13,010,428

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

A. Preventive and primary care for children:

\$ 4,254,127 ( 32.7 %)

B. Children with special health care needs:

\$ 4,008,253 ( 30.81 %)

(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:

\$ 1,301,042 ( 10 %)

(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)

\$ 13,426,982

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

\$ 585,714

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

\$ 3,365,000

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

\$ 8,981,055

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

\$ 26,358,751

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

\$ 6,207,276

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

\$ 39,369,179

(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>65,357</u>
c. CISS:	\$ <u>0</u>
d. Abstinence Education:	\$ <u>0</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>0</u>
j. Education:	\$ <u>0</u>
k. Home Visiting:	\$ <u>2,082,723</u>
l. Other:	

<u>Birth Defects</u>	\$ <u>185,000</u>
<u>Early Hearing</u>	\$ <u>166,461</u>
<u>ECCS</u>	\$ <u>150,000</u>
<u>Home Visiting Expans</u>	\$ <u>6,639,138</u>
<u>Newborn Screening</u>	\$ <u>270,000</u>
<u>PRAMS</u>	\$ <u>162,583</u>
<u>Preventive Health</u>	\$ <u>87,549</u>
<u>Sexual Violence</u>	\$ <u>429,305</u>

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

\$ 10,238,126

**11. STATE MCH BUDGET TOTAL**

\$ 49,607,305

(Partnership subtotal + Other Federal MCH Funds subtotal)

**FORM NOTES FOR FORM 2**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form2\_Main  
**Field Name:** HomeVisiting  
**Row Name:** Other Federal Funds - Home Visiting  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
ACA Maternal, Infant, and Early Childhood Home Visiting Formula Grant
2. **Section Number:** Form2\_Main  
**Field Name:** OtherFedFundsOtherFund  
**Row Name:** Other Federal Funds - Other Funds  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
ACA Maternal, Infant, and Early Childhood Home Visiting Expansion Grant

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

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form2)</i>	\$ 13,666,030	\$ 11,590,159	\$ 13,491,772	\$ 11,991,772	\$ 13,363,275	\$ 13,363,275
<b>2. Unobligated Balance</b> <i>(Line2, Form2)</i>	\$ 448,170	\$ 448,170	\$ 2,370,420	\$ 2,370,420	\$ 1,739,358	\$ 3,480,780
<b>3. State Funds</b> <i>(Line3, Form2)</i>	\$ 20,924,855	\$ 23,811,254	\$ 23,712,908	\$ 23,518,141	\$ 24,946,186	\$ 21,770,298
<b>4. Local MCH Funds</b> <i>(Line4, Form2)</i>	\$ 1,544,839	\$ 841,609	\$ 867,504	\$ 871,318	\$ 952,266	\$ 538,163
<b>5. Other Funds</b> <i>(Line5, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 2,491,317	\$ 0	\$ 3,522,351
<b>6. Program Income</b> <i>(Line6, Form2)</i>	\$ 9,036,529	\$ 8,134,793	\$ 9,145,374	\$ 8,920,802	\$ 9,838,258	\$ 6,730,202
<b>7. Subtotal</b>	\$ 45,519,423	\$ 44,825,985	\$ 49,587,978	\$ 50,163,770	\$ 50,839,343	\$ 49,405,089
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form2)</i>	\$ 870,469	\$ 815,980	\$ 731,366	\$ 715,187	\$ 871,880	\$ 406,207
<b>9. Total</b> <i>(Line11, Form2)</i>	\$ 46,389,892	\$ 45,641,965	\$ 50,319,344	\$ 50,878,957	\$ 51,711,223	\$ 49,811,276
(STATE MCH BUDGET TOTAL)						

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

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form2)</i>	\$ 13,360,844	\$ 13,360,844	\$ 13,066,199	\$	\$ 13,010,428	\$
<b>2. Unobligated Balance</b> <i>(Line2, Form2)</i>	\$ 1,203,156	\$ 3,690,302	\$ 0	\$	\$ 0	\$
<b>3. State Funds</b> <i>(Line3, Form2)</i>	\$ 24,910,587	\$ 20,190,934	\$ 16,407,811	\$	\$ 13,426,982	\$
<b>4. Local MCH Funds</b> <i>(Line4, Form2)</i>	\$ 943,936	\$ 245,159	\$ 814,786	\$	\$ 585,714	\$
<b>5. Other Funds</b> <i>(Line5, Form2)</i>	\$ 3,700,000	\$ 3,702,623	\$ 3,700,000	\$	\$ 3,365,000	\$
<b>6. Program Income</b> <i>(Line6, Form2)</i>	\$ 7,247,628	\$ 4,414,637	\$ 9,449,179	\$	\$ 8,981,055	\$
<b>7. Subtotal</b>	\$ 51,366,151	\$ 45,604,499	\$ 43,427,975	\$ 0	\$ 39,369,179	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form2)</i>	\$ 1,472,191	\$ 1,068,734	\$ 3,820,344	\$	\$ 10,238,126	\$
<b>9. Total</b> <i>(Line11, Form2)</i>	\$ 52,838,342	\$ 46,673,233	\$ 47,248,319	\$ 0	\$ 49,607,305	\$ 0
(STATE MCH BUDGET TOTAL)						

**FORM NOTES FOR FORM 3**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form3\_Main  
**Field Name:** UnobligatedBalanceExpended  
**Row Name:** Unobligated Balance  
**Column Name:** Expended  
**Year:** 2011  
**Field Note:**  
The expended amount for Unobligated Balance was higher than the budgeted amount because there was unspent block grant funds from prior years were used to cover cost.
2. **Section Number:** Form3\_Main  
**Field Name:** UnobligatedBalanceExpended  
**Row Name:** Unobligated Balance  
**Column Name:** Expended  
**Year:** 2010  
**Field Note:**  
The expended amount for Unobligated Balance was higher than the budgeted amount because there was an allocation made to the Genetics Program that had not been originally planned, and additional support provided to the Immunization Program.
3. **Section Number:** Form3\_Main  
**Field Name:** StateMCHFundsExpended  
**Row Name:** State Funds  
**Column Name:** Expended  
**Year:** 2011  
**Field Note:**  
The expended amount for State Funds was lower than the budgeted amount due in part to reductions in State General Funds that impacted program across OPH, including Immunization and Maternal and Child Health.
4. **Section Number:** Form3\_Main  
**Field Name:** StateMCHFundsExpended  
**Row Name:** State Funds  
**Column Name:** Expended  
**Year:** 2010  
**Field Note:**  
The expended amount for State Funds was lower than the budgeted amount due in part to reductions in State General Funds that impacted program across OPH including the Immunization Program, and the Genetics Program, and the Maternal and Child Health Program.
5. **Section Number:** Form3\_Main  
**Field Name:** LocalMCHFundsExpended  
**Row Name:** Local MCH Funds  
**Column Name:** Expended  
**Year:** 2011  
**Field Note:**  
The expended amount for Local MCH Funds was lower than originally anticipated because there was a reduction in local government contributions which resulted in a reduced share for block grant services.
6. **Section Number:** Form3\_Main  
**Field Name:** LocalMCHFundsExpended  
**Row Name:** Local MCH Funds  
**Column Name:** Expended  
**Year:** 2010  
**Field Note:**  
The expended amount for Local MCH Funds was lower than originally anticipated because there was a 12.5% reduction in local government contributions which resulted in a reduced share for block grant services.
7. **Section Number:** Form3\_Main  
**Field Name:** OtherFundsExpended  
**Row Name:** Other Funds  
**Column Name:** Expended  
**Year:** 2010  
**Field Note:**  
The expended amount for Other Funds was higher than originally budgeted because the TANF allocation was originally included in the Program Income budget, but should have been reflected in the Other Funds budget line.
8. **Section Number:** Form3\_Main  
**Field Name:** ProgramIncomeExpended  
**Row Name:** Program Income  
**Column Name:** Expended  
**Year:** 2011  
**Field Note:**  
The expended amount for Program Income was lower than originally budgeted because the TANF allocation was originally included in the Program Income budget, but should have been reflected in the Other Funds budget line.
9. **Section Number:** Form3\_Main  
**Field Name:** ProgramIncomeExpended  
**Row Name:** Program Income  
**Column Name:** Expended  
**Year:** 2010  
**Field Note:**  
The expended amount for Program Income was lower than originally budgeted because the TANF allocation was originally included in the Program Income budget, but should have been reflected in the Other Funds budget line.
10. **Section Number:** Form3\_Main  
**Field Name:** OtherFedFundsExpended  
**Row Name:** Other Federal Funds  
**Column Name:** Expended  
**Year:** 2011  
**Field Note:**

The expended amount for Other Federal Funds was lower than originally budgeted because of budget reductions in the Oral Health grant.

11. **Section Number:** Form3\_Main  
**Field Name:** OtherFedFundsExpended  
**Row Name:** Other Federal Funds  
**Column Name:** Expended  
**Year:** 2010  
**Field Note:**

The expended amount for Other Federal Funds was lower than originally budgeted because of budget reductions in the HRSA SSDI and Early Childhood Comprehensive Systems awards, the CDC PRAMS grant, and an Oral Health grant, and the discontinuation of a perinatal depression grant.

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

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 8,050,970	\$ 8,365,427	\$ 8,803,410	\$ 10,064,485	\$ 8,434,455	\$ 7,539,645
b. Infants < 1 year old	\$ 9,341,777	\$ 7,988,941	\$ 9,702,217	\$ 9,107,492	\$ 12,138,344	\$ 11,776,429
c. Children 1 to 22 years old	\$ 15,074,185	\$ 15,201,519	\$ 16,752,697	\$ 16,465,776	\$ 15,366,017	\$ 15,589,405
d. Children with Special Healthcare Needs	\$ 8,349,040	\$ 8,183,221	\$ 8,640,275	\$ 8,220,080	\$ 8,620,258	\$ 7,931,999
e. Others	\$ 1,712,877	\$ 874,615	\$ 2,087,433	\$ 1,251,945	\$ 1,669,647	\$ 1,815,393
f. Administration	\$ 2,990,574	\$ 4,212,262	\$ 3,601,946	\$ 5,053,992	\$ 4,610,622	\$ 4,752,198
<b>g. SUBTOTAL</b>	\$ 45,519,423	\$ 44,825,985	\$ 49,587,978	\$ 50,163,770	\$ 50,839,343	\$ 49,405,069
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 94,644		\$ 94,644		\$ 94,644	
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	\$ 0		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Home Visiting	\$ 0		\$ 0		\$ 0	
l. Other						
Early Childhood	\$ 0		\$ 140,000		\$ 245,000	
Oral Health	\$ 114,590		\$ 200,740		\$ 114,590	
Perinatal depression	\$ 0		\$ 0		\$ 272,436	
PRAMS	\$ 171,846		\$ 145,982		\$ 145,210	
Perinatal Depression	\$ 197,747		\$ 150,000		\$ 0	
Early Child	\$ 141,642		\$ 0		\$ 0	
Newborn Hearing Scre	\$ 150,000		\$ 0		\$ 0	
<b>III. SUBTOTAL</b>	\$ 870,469		\$ 731,366		\$ 871,880	

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

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 10,500,000	\$ 6,939,880	\$ 7,209,827	\$	\$ 6,241,762	\$
b. Infants < 1 year old	\$ 9,500,000	\$ 10,421,310	\$ 8,755,536	\$	\$ 9,362,836	\$
c. Children 1 to 22 years old	\$ 16,600,000	\$ 14,079,229	\$ 12,677,040	\$	\$ 6,714,809	\$
d. Children with Special Healthcare Needs	\$ 8,300,000	\$ 7,542,788	\$ 9,817,467	\$	\$ 12,522,663	\$
e. Others	\$ 1,255,000	\$ 2,294,596	\$ 790,835	\$	\$ 791,985	\$
f. Administration	\$ 5,201,151	\$ 4,326,696	\$ 4,177,270	\$	\$ 3,735,124	\$
g. SUBTOTAL	\$ 51,366,151	\$ 45,604,499	\$ 43,427,975	\$ 0	\$ 39,369,179	\$ 0
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 94,966		\$ 97,260		\$ 65,357	
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	\$ 0		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Home Visiting	\$ 0		\$ 0		\$ 2,082,723	
l. Other						
Birth Defects	\$ 205,000		\$ 0		\$ 185,000	
Early Hearing	\$ 150,000		\$ 0		\$ 166,461	
ECCS	\$ 0		\$ 137,700		\$ 150,000	
Home Visiting Expans	\$ 0		\$ 0		\$ 6,639,138	
Newborn Screening	\$ 300,000		\$ 0		\$ 270,000	
PRAMS	\$ 145,210		\$ 146,263		\$ 162,593	
Preventive Health	\$ 0		\$ 87,549		\$ 87,549	
Sexual Violence	\$ 0		\$ 434,841		\$ 429,305	
Affordable Care Act	\$ 0		\$ 2,916,731		\$ 0	
Early Childhood	\$ 140,000		\$ 0		\$ 0	
Oral Health	\$ 437,015		\$ 0		\$ 0	
III. SUBTOTAL	\$ 1,472,191		\$ 3,820,344		\$ 10,238,126	

**FORM NOTES FOR FORM 4**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** PregWomenExpended  
**Row Name:** Pregnant Women  
**Column Name:** Expended  
**Year:** 2011  
**Field Note:**  
The expended amount for Pregnant Women was lower than originally budgeted because of budget reductions in the contracts and clinics that provided direct clinical services.
2. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** PregWomenExpended  
**Row Name:** Pregnant Women  
**Column Name:** Expended  
**Year:** 2010  
**Field Note:**  
The expended amount for Pregnant Women was lower than originally budgeted because of budget reductions in the contracts and clinics that provided direct clinical services.
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:** 2011  
**Field Note:**  
The expended amount for Children 1 to 22 years was lower than originally budgeted because of budget reductions in the School Based Health and Immunizations services.
4. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** AllOthersExpended  
**Row Name:** All Others  
**Column Name:** Expended  
**Year:** 2011  
**Field Note:**  
The expended amount for All Others was higher than the budgeted amount because there was an allocation made to the Family Planning Program that had not been originally planned.
5. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** AdminExpended  
**Row Name:** Administration  
**Column Name:** Expended  
**Year:** 2011  
**Field Note:**  
The expended amount for Administration was lower than originally budgeted because of budget reductions within OPH.

**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: LA**

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 17,626,550	\$ 17,329,753	\$ 19,561,277	\$ 18,026,986	\$ 18,302,163	\$ 16,863,743
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WMC, and Education.)	\$ 15,235,900	\$ 16,579,590	\$ 16,610,817	\$ 19,998,150	\$ 18,793,770	\$ 19,882,648
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 10,610,814	\$ 9,137,002	\$ 11,352,345	\$ 10,171,361	\$ 11,201,442	\$ 10,789,124
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 2,046,159	\$ 1,779,640	\$ 2,063,539	\$ 1,967,273	\$ 2,541,968	\$ 1,869,554
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 45,519,423	\$ 44,825,985	\$ 49,587,978	\$ 50,163,770	\$ 50,839,343	\$ 49,405,069

**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: LA**

TYPE OF SERVICE	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 18,459,076	\$ 12,174,517	\$ 15,634,071	\$	\$ 14,172,904	\$
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 20,477,487	\$ 19,558,662	\$ 15,199,791	\$	\$ 13,779,213	\$
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 10,415,159	\$ 10,555,757	\$ 10,422,714	\$	\$ 9,448,603	\$
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 2,014,429	\$ 3,315,563	\$ 2,171,399	\$	\$ 1,968,459	\$
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 51,366,151	\$ 45,604,499	\$ 43,427,975	\$ 0	\$ 39,369,179	\$ 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 expended amount for Direct Health Care Services was lower than originally budgeted as a result of budget reductions within OPH.
2. **Section Number:** Form5\_Main  
**Field Name:** InfrastrBuildExpended  
**Row Name:** Infrastructure Building Services  
**Column Name:** Expended  
**Year:** 2011  
**Field Note:**  
The expended amount for Infrastructure Building Services was more than originally budgeted as a result of Children Special Health Services cost were redistributed to reflect a higher percentage of infrastructure building services based upon the MCH pyramid service level.
3. **Section Number:** Form5\_Main  
**Field Name:** InfrastrBuildExpended  
**Row Name:** Infrastructure Building Services  
**Column Name:** Expended  
**Year:** 2010  
**Field Note:**  
The expended amount for Infrastructure Building Services was less than originally budgeted as a result of budget reductions within OPH.

**FORM 6**

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

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

**STATE: LA**

Total Births by Occurrence: 61,920

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	61,727	99.7	6	2	2	100
Congenital Hypothyroidism	61,727	99.7	18	16	16	100
Galactosemia	61,727	99.7	15	2	2	100
Sickle Cell Disease	61,727	99.7	82	79	77	97.5
<b>Other Screening (Specify)</b>						
Biotinidase Deficiency	61,727	99.7	10	8	8	100
Cystic Fibrosis	61,727	99.7	138	10	10	100
Tyrosinemia Type I	61,727	99.7	1	1	1	100
Methylmalonic acidemia (Cbl A,B)	61,727	99.7	2	2	2	100
Glutaric Acidemia Type I	61,727	99.7	1	1	1	100
21-Hydroxylase Deficient Congenital Adrenal Hyperplasia	61,727	99.7	101	9	9	100
Medium-Chain Acyl-CoA Dehydrogenase Deficiency	61,727	99.7	3	3	3	100

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

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

**FORM NOTES FOR FORM 6**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form6\_Main  
**Field Name:** Galactosemia\_TreatmentNo  
**Row Name:** Galactosemia  
**Column Name:** Needing treatment that received treatment  
**Year:** 2013  
**Field Note:**  
emailed Cheryl

**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: LA**

Number of Individuals Served - Historical Data by Annual Report Year					
Types of Individuals Served	2006	2007	2008	2009	2010
Pregnant Women	48,267	54,091	57,851	58,230	56,937
Infants < 1 year old	60,463	63,700	64,429	61,138	61,480
Children 1 to 22 years old	73,333	74,003	80,019	87,294	91,776
Children with Special Healthcare Needs	10,237	13,078	10,528	10,361	13,282
Others	0	0	0	0	0
<b>Total</b>	192,300	204,872	212,827	217,023	223,475

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	54,498	78.0	22.0	0.0	0.0	
Infants < 1 year old	61,727	60.0	40.0	0.0	0.0	
Children 1 to 22 years old	93,371	67.0	24.0	7.0	2.0	
Children with Special Healthcare Needs	25,849	87.2	8.3	4.4	0.1	
Others	0	0.0	0.0	0.0	0.0	
<b>TOTAL</b>	235,445					

**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:**  
Unduplicated count of Maternity patients for SFY 2011 based upon the COMPASS patient encounter system. Due to encounter system's inability to decipher between pregnant women and non-pregnant women seeking pregnancy tests in the public health units, all women of reproductive age receiving pregnancy tests in the health units are reported under pregnant women. The count also includes women served by contracts that do not report through COMPASS, or 809 initial prenatal visits, and women participating in the Nurse Family Partnership home visitation program, or 3529 families in SFY 2011.
2. **Section Number:** Form7\_Main  
**Field Name:** PregWomen\_XXI  
**Row Name:** Pregnant Women  
**Column Name:** Title XXI %  
**Year:** 2013  
**Field Note:**  
Based upon Maternity Title V paid clients reported in the COMPASS patient encounter system. No other insurance breakdown is given.
3. **Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_TS  
**Row Name:** Infants <1 year of age  
**Column Name:** Title V Total Served  
**Year:** 2013  
**Field Note:**  
Infants: The number of newborns receiving a newborn screen in 2011. The total number of infants who actually received child health services at a parish health unit. Percents of the Primary Source of Coverage are derived from newborn screening lab form data. Estimates are based on source of payments
4. **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:**  
This year includes the count of individuals served from the Adolescent School Based Health initiative, in SFY 2010-11 = 33,560 plus individuals served in the parish health units, as reported from the Patient Encounter System via COGNOS.
5. **Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_XIX  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Title XIX %  
**Year:** 2013  
**Field Note:**  
Adolescent School Based Health shows 67% are paid for by Medicaid. Number includes LaCHIP coverage because ASBH cannot separate LaCHIP and Medicaid recipients.
6. **Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_Private  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Private/Other %  
**Year:** 2013  
**Field Note:**  
Adolescent School Based Health shows 24% are paid for by private providers.
7. **Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_None  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** None %  
**Year:** 2013  
**Field Note:**  
Adolescent School Based Health shows 7% of their clients had no coverage.
8. **Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_Unknown  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Unknown %  
**Year:** 2013  
**Field Note:**  
Adolescent School Based Health shows that for 2% of their clients, source of coverage is unknown.
9. **Section Number:** Form7\_Main  
**Field Name:** AllOthers\_TS  
**Row Name:** Others  
**Column Name:** Title V Total Served  
**Year:** 2013  
**Field Note:**  
Due to record keeping system's inability to decipher between pregnant women and non-pregnant women seeking pregnancy tests in the public health units, all women of reproductive age receiving pregnancy tests in the health units are reported under pregnant women.

**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: LA**

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
<b>DELIVERIES</b>								
Total Deliveries in State	62,546	35,389	24,093	488	1,249	19	1,308	0
Title V Served	50,650	24,797	24,083	191	584	120	168	707
Eligible for Title XIX	36,024	15,106	19,122	141	522	31	81	1,021
<b>INFANTS</b>								
Total Infants in State	62,210	34,989	24,180	483	1,237	19	1,302	0
Title V Served	37,885	17,527	18,148	113	412	94	657	934
Eligible for Title XIX	42,385	17,951	22,221	140	593	32	284	1,164

**II. UNDUPLICATED COUNT BY ETHNICITY**

	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	HISPANIC OR LATINO (Sub-categories by country or area of origin)				
				(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	58,885	3,639	0	1,710	94	171	1,353	333
Title V Served	48,103	2,547	0					
Eligible for Title XIX	35,003	2,355	1,263					
<b>INFANTS</b>								
Total Infants in State	58,619	3,591	0	1,673	168	92	1,339	319
Title V Served	35,995	1,890	560					
Eligible for Title XIX	38,216	3,005	1,164					

**FORM NOTES FOR FORM 8**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTotal\_All  
**Row Name:** Total Deliveries in State  
**Column Name:** Total All Races  
**Year:** 2013  
**Field Note:**  
Preliminary 2010 vital records data.
2. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTotal\_White  
**Row Name:** Total Deliveries in State  
**Column Name:** White  
**Year:** 2013  
**Field Note:**  
Preliminary 2010 vital records data.
3. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTotal\_Black  
**Row Name:** Total Deliveries in State  
**Column Name:** Black or African American  
**Year:** 2013  
**Field Note:**  
Preliminary 2010 vital records data.
4. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTotal\_Indian  
**Row Name:** Total Deliveries in State  
**Column Name:** American Indian or Native American  
**Year:** 2013  
**Field Note:**  
Preliminary 2010 vital records data.
5. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTotal\_Asian  
**Row Name:** Total Deliveries in State  
**Column Name:** Asian  
**Year:** 2013  
**Field Note:**  
Preliminary 2010 vital records data.
6. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTotal\_Hawaiian  
**Row Name:** Total Deliveries in State  
**Column Name:** Native Hawaiian or Other Pacific Islander  
**Year:** 2013  
**Field Note:**  
Preliminary 2010 vital records data.
7. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTotal\_More  
**Row Name:** Total Deliveries in State  
**Column Name:** More Than One Race Reported  
**Year:** 2013  
**Field Note:**  
Preliminary 2010 vital records data.
8. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTotal\_RaceOther  
**Row Name:** Total Deliveries in State  
**Column Name:** Other and Unknown  
**Year:** 2013  
**Field Note:**  
Preliminary 2010 vital records data.
9. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleV\_All  
**Row Name:** Title V Served  
**Column Name:** Total All Races  
**Year:** 2013  
**Field Note:**  
State fiscal year 2011 data from COGNOS. Based upon unduplicated count of maternity patients having a maternity visit.
10. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleV\_White  
**Row Name:** Title V Served  
**Column Name:** White  
**Year:** 2013  
**Field Note:**  
State fiscal year 2011 data from COGNOS. Based upon unduplicated count of maternity patients having a maternity visit.
11. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleV\_Black  
**Row Name:** Title V Served  
**Column Name:** Black or African American  
**Year:** 2013  
**Field Note:**  
State fiscal year 2011 data from COGNOS. Based upon unduplicated count of maternity patients having a maternity visit.

12. **Section Number:** Form8\_I\_ Unduplicated Count By Race  
**Field Name:** DeliveriesTitleV\_Indian  
**Row Name:** Title V Served  
**Column Name:** American Indian or Native American  
**Year:** 2013  
**Field Note:**  
State fiscal year 2011 data from COGNOS. Based upon unduplicated count of maternity patients having a maternity visit.
13. **Section Number:** Form8\_I\_ Unduplicated Count By Race  
**Field Name:** DeliveriesTitleV\_Asian  
**Row Name:** Title V Served  
**Column Name:** Asian  
**Year:** 2013  
**Field Note:**  
State fiscal year 2011 data from COGNOS. Based upon unduplicated count of maternity patients having a maternity visit.
14. **Section Number:** Form8\_I\_ Unduplicated Count By Race  
**Field Name:** DeliveriesTitleV\_Hawaiian  
**Row Name:** Title V Served  
**Column Name:** Native Hawaiian or Other Pacific Islander  
**Year:** 2013  
**Field Note:**  
State fiscal year 2011 data from COGNOS. Based upon unduplicated count of maternity patients having a maternity visit.
15. **Section Number:** Form8\_I\_ Unduplicated Count By Race  
**Field Name:** DeliveriesTitleV\_More  
**Row Name:** Title V Served  
**Column Name:** More Than One Race Reported  
**Year:** 2013  
**Field Note:**  
State fiscal year 2011 data from COGNOS. Based upon unduplicated count of maternity patients having a maternity visit.
16. **Section Number:** Form8\_I\_ Unduplicated Count By Race  
**Field Name:** DeliveriesTitleV\_RaceOther  
**Row Name:** Title V Served  
**Column Name:** Other and Unknown  
**Year:** 2013  
**Field Note:**  
State fiscal year 2011 data from COGNOS. Based upon unduplicated count of maternity patients having a maternity visit.
17. **Section Number:** Form8\_I\_ Unduplicated Count By Race  
**Field Name:** DeliveriesTitleXIX\_All  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total All Races  
**Year:** 2013  
**Field Note:**  
From Medicaid Special Report, LIFT 8490Unduplicated Eligibility Count by age and race description. FFY October 2010-September 2011.
18. **Section Number:** Form8\_I\_ Unduplicated Count By Race  
**Field Name:** DeliveriesTitleXIX\_White  
**Row Name:** Eligible for Title XIX  
**Column Name:** White  
**Year:** 2013  
**Field Note:**  
From Medicaid Special Report, LIFT 8490Unduplicated Eligibility Count by age and race description. FFY October 2010-September 2011.
19. **Section Number:** Form8\_I\_ Unduplicated Count By Race  
**Field Name:** DeliveriesTitleXIX\_Black  
**Row Name:** Eligible for Title XIX  
**Column Name:** Black or African American  
**Year:** 2013  
**Field Note:**  
From Medicaid Special Report, LIFT 8490Unduplicated Eligibility Count by age and race description. FFY October 2010-September 2011.
20. **Section Number:** Form8\_I\_ Unduplicated Count By Race  
**Field Name:** DeliveriesTitleXIX\_Indian  
**Row Name:** Eligible for Title XIX  
**Column Name:** American Indian or Native American  
**Year:** 2013  
**Field Note:**  
From Medicaid Special Report, LIFT 8490Unduplicated Eligibility Count by age and race description. FFY October 2010-September 2011.
21. **Section Number:** Form8\_I\_ Unduplicated Count By Race  
**Field Name:** DeliveriesTitleXIX\_Asian  
**Row Name:** Eligible for Title XIX  
**Column Name:** Asian  
**Year:** 2013  
**Field Note:**  
From Medicaid Special Report, LIFT 8490Unduplicated Eligibility Count by age and race description. FFY October 2010-September 2011.
22. **Section Number:** Form8\_I\_ Unduplicated Count By Race  
**Field Name:** DeliveriesTitleXIX\_Hawaiian  
**Row Name:** Eligible for Title XIX  
**Column Name:** Native Hawaiian or Other Pacific Islander  
**Year:** 2013  
**Field Note:**  
From Medicaid Special Report, LIFT 8490Unduplicated Eligibility Count by age and race description. FFY October 2010-September 2011.
23. **Section Number:** Form8\_I\_ Unduplicated Count By Race  
**Field Name:** DeliveriesTitleXIX\_More  
**Row Name:** Eligible for Title XIX  
**Column Name:** More Than One Race Reported

Year: 2013

**Field Note:**

From Medicaid Special Report, LIFT 8490Unduplicated Eligibility Count by age and race description. FFY October 2010-September 2011.

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

**Field Name:** DeliveriesTitleXIX\_RaceOther

**Row Name:** Eligible for Title XIX

**Column Name:** Other and Unknown

Year: 2013

**Field Note:**

From Medicaid Special Report, LIFT 8490Unduplicated Eligibility Count by age and race description. FFY October 2010-September 2011.

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

**Field Name:** InfantsTotal\_All

**Row Name:** Total Infants in State

**Column Name:** Total All Races

Year: 2013

**Field Note:**

Preliminary 2010 vital records data.

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

**Field Name:** InfantsTotal\_White

**Row Name:** Total Infants in State

**Column Name:** White

Year: 2013

**Field Note:**

Preliminary 2010 vital records data.

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

**Field Name:** InfantsTotal\_Black

**Row Name:** Total Infants in State

**Column Name:** Black or African American

Year: 2013

**Field Note:**

Preliminary 2010 vital records data.

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

**Field Name:** InfantsTotal\_Indian

**Row Name:** Total Infants in State

**Column Name:** American Indian or Native American

Year: 2013

**Field Note:**

Preliminary 2010 vital records data.

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

**Field Name:** InfantsTotal\_Asian

**Row Name:** Total Infants in State

**Column Name:** Asian

Year: 2013

**Field Note:**

From Medicaid Special Report, LIFT 8490Unduplicated Eligibility Count by age and race description. FFY October 2010-September 2011.

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

**Field Name:** InfantsTotal\_Hawaiian

**Row Name:** Total Infants in State

**Column Name:** Native Hawaiian or Other Pacific Islander

Year: 2013

**Field Note:**

Preliminary 2010 vital records data.

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

**Field Name:** InfantsTotal\_More

**Row Name:** Total Infants in State

**Column Name:** More Than One Race Reported

Year: 2013

**Field Note:**

Preliminary 2010 vital records data.

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

**Field Name:** InfantsTotal\_RaceOther

**Row Name:** Total Infants in State

**Column Name:** Other and Unknown

Year: 2013

**Field Note:**

Preliminary 2010 vital records data.

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

**Field Name:** InfantsTitleV\_All

**Row Name:** Title V Served

**Column Name:** Total All Races

Year: 2013

**Field Note:**

State fiscal year 2011 data from COGNOS. Based upon unduplicated count of child health visits for those less than 1 year of age.

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

**Field Name:** InfantsTitleV\_White

**Row Name:** Title V Served

**Column Name:** White

Year: 2013

**Field Note:**

State fiscal year 2011 data from COGNOS. Based upon unduplicated count of child health visits for those less than 1 year of age.

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

**Field Name:** InfantsTitleV\_Black

**Row Name:** Title V Served

**Column Name:** Black or African American

**Year:** 2013

**Field Note:**

State fiscal year 2011 data from COGNOS. Based upon unduplicated count of child health visits for those less than 1 year of age.

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

**Field Name:** InfantsTitleV\_Indian

**Row Name:** Title V Served

**Column Name:** American Indian or Native American

**Year:** 2013

**Field Note:**

State fiscal year 2011 data from COGNOS. Based upon unduplicated count of child health visits for those less than 1 year of age.

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

**Field Name:** InfantsTitleV\_Asian

**Row Name:** Title V Served

**Column Name:** Asian

**Year:** 2013

**Field Note:**

State fiscal year 2011 data from COGNOS. Based upon unduplicated count of child health visits for those less than 1 year of age.

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

**Field Name:** InfantsTitleV\_Hawaiian

**Row Name:** Title V Served

**Column Name:** Native Hawaiian or Other Pacific Islander

**Year:** 2013

**Field Note:**

State fiscal year 2011 data from COGNOS. Based upon unduplicated count of child health visits for those less than 1 year of age.

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

**Field Name:** InfantsTitleV\_More

**Row Name:** Title V Served

**Column Name:** More Than One Race Reported

**Year:** 2013

**Field Note:**

State fiscal year 2011 data from COGNOS. Based upon unduplicated count of child health visits for those less than 1 year of age.

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

**Field Name:** InfantsTitleV\_RaceOther

**Row Name:** Title V Served

**Column Name:** Other and Unknown

**Year:** 2013

**Field Note:**

State fiscal year 2011 data from COGNOS. Based upon unduplicated count of child health visits for those less than 1 year of age.

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

**Field Name:** InfantsTitleXIX\_All

**Row Name:** Eligible for Title XIX

**Column Name:** Total All Races

**Year:** 2013

**Field Note:**

From Medicaid Special Report, LIFT 8490 Unduplicated Eligibility Count by age and race description. FFY October 2010-September 2011.

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

**Field Name:** InfantsTitleXIX\_White

**Row Name:** Eligible for Title XIX

**Column Name:** White

**Year:** 2013

**Field Note:**

From Medicaid Special Report, LIFT 8490 Unduplicated Eligibility Count by age and race description. FFY October 2010-September 2011.

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

**Field Name:** InfantsTitleXIX\_Black

**Row Name:** Eligible for Title XIX

**Column Name:** Black or African American

**Year:** 2013

**Field Note:**

From Medicaid Special Report, LIFT 8490 Unduplicated Eligibility Count by age and race description. FFY October 2010-September 2011.

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

**Field Name:** InfantsTitleXIX\_Indian

**Row Name:** Eligible for Title XIX

**Column Name:** American Indian or Native American

**Year:** 2013

**Field Note:**

From Medicaid Special Report, LIFT 8490 Unduplicated Eligibility Count by age and race description. FFY October 2010-September 2011.

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

**Field Name:** InfantsTitleXIX\_Asian

**Row Name:** Eligible for Title XIX

**Column Name:** Asian

**Year:** 2013

**Field Note:**

From Medicaid Special Report, LIFT 8490 Unduplicated Eligibility Count by age and race description. FFY October 2010-September 2011.

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

**Field Name:** InfantsTitleXIX\_Hawaiian

**Row Name:** Eligible for Title XIX

**Column Name:** Native Hawaiian or Other Pacific Islander

**Year:** 2013

**Field Note:**

From Medicaid Special Report, LIFT 8490 Unduplicated Eligibility Count by age and race description. FFY October 2010-September 2011.

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

**Field Name:** InfantsTitleXIX\_More

**Row Name:** Eligible for Title XIX

**Column Name:** More Than One Race Reported

**Year:** 2013

**Field Note:**

From Medicaid Special Report, LIFT 8490 Unduplicated Eligibility Count by age and race description. FFY October 2010-September 2011.

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

**Field Name:** InfantsTitleXIX\_RaceOther

**Row Name:** Eligible for Title XIX

**Column Name:** Other and Unknown

**Year:** 2013

**Field Note:**

From Medicaid Special Report, LIFT 8490 Unduplicated Eligibility Count by age and race description. FFY October 2010-September 2011.

**49. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** DeliveriesTotal\_TotalNotHispanic

**Row Name:** Total Deliveries in State

**Column Name:** Total Not Hispanic or Latino

**Year:** 2013

**Field Note:**

Preliminary 2010 vital records data.

**50. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** DeliveriesTotal\_TotalHispanic

**Row Name:** Total Deliveries in State

**Column Name:** Total Hispanic or Latino

**Year:** 2013

**Field Note:**

Preliminary 2010 vital records data.

**51. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** DeliveriesTotal\_NotReported

**Row Name:** Total Deliveries in State

**Column Name:** Ethnicity Not Reported

**Year:** 2013

**Field Note:**

Preliminary 2010 vital records data.

**52. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** DeliveriesTotal\_Mexican

**Row Name:** Total Deliveries in State

**Column Name:** Mexican

**Year:** 2013

**Field Note:**

Preliminary 2010 vital records data.

**53. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** DeliveriesTotal\_Cuban

**Row Name:** Total Deliveries in State

**Column Name:** Cuban

**Year:** 2013

**Field Note:**

Preliminary 2010 vital records data.

**54. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** DeliveriesTotal\_PuertoRican

**Row Name:** Total Deliveries in State

**Column Name:** Puerto Rican

**Year:** 2013

**Field Note:**

Preliminary 2010 vital records data.

**55. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** DeliveriesTotal\_CentralAmerican

**Row Name:** Total Deliveries in State

**Column Name:** Central and South American

**Year:** 2013

**Field Note:**

Preliminary 2010 vital records data.

**56. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** DeliveriesTotal\_EthnicityOther

**Row Name:** Total Deliveries in State

**Column Name:** Other and Unknown

**Year:** 2013

**Field Note:**

Preliminary 2010 vital records data.

**57. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** DeliveriesTitleV\_TotalNotHispanic

**Row Name:** Title V Served

**Column Name:** Total Not Hispanic or Latino

**Year:** 2013

**Field Note:**

State fiscal year 2011 data from COGNOS. Based upon unduplicated count of maternity patients having a maternity visit.

**58. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** DeliveriesTitleV\_TotalHispanic

**Row Name:** Title V Served  
**Column Name:** Total Hispanic or Latino  
**Year:** 2013  
**Field Note:**  
State fiscal year 2011 data from COGNOS. Based upon unduplicated count of maternity patients having a maternity visit.

59. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleV\_NotReported  
**Row Name:** Title V Served  
**Column Name:** Ethnicity Not Reported  
**Year:** 2013  
**Field Note:**  
State fiscal year 2011 data from COGNOS. Based upon unduplicated count of maternity patients having a maternity visit.
60. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_TotalNotHispanic  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2013  
**Field Note:**  
From Medicaid Special Report, LIFT 8490 Unduplicated Eligibility Count by age and race description. FFY October 2010-September 2011.
61. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_TotalHispanic  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total Hispanic or Latino  
**Year:** 2013  
**Field Note:**  
From Medicaid Special Report, LIFT 8490 Unduplicated Eligibility Count by age and race description. FFY October 2010-September 2011.
62. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_NotReported  
**Row Name:** Eligible for Title XIX  
**Column Name:** Ethnicity Not Reported  
**Year:** 2013  
**Field Note:**  
From Medicaid Special Report, LIFT 8490 Unduplicated Eligibility Count by age and race description. FFY October 2010-September 2011.
63. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_TotalNotHispanic  
**Row Name:** Total Infants in State  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2013  
**Field Note:**  
Preliminary 2010 vital records data.
64. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_TotalHispanic  
**Row Name:** Total Infants in State  
**Column Name:** Total Hispanic or Latino  
**Year:** 2013  
**Field Note:**  
Preliminary 2010 vital records data.
65. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_NotReported  
**Row Name:** Total Infants in State  
**Column Name:** Ethnicity Not Reported  
**Year:** 2013  
**Field Note:**  
Preliminary 2010 vital records data.
66. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_Mexican  
**Row Name:** Total Infants in State  
**Column Name:** Mexican  
**Year:** 2013  
**Field Note:**  
Preliminary 2010 vital records data.
67. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_Cuban  
**Row Name:** Total Infants in State  
**Column Name:** Cuban  
**Year:** 2013  
**Field Note:**  
Preliminary 2010 vital records data.
68. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_PuertoRican  
**Row Name:** Total Infants in State  
**Column Name:** Puerto Rican  
**Year:** 2013  
**Field Note:**  
Preliminary 2010 vital records data.
69. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_CentralAmerican  
**Row Name:** Total Infants in State  
**Column Name:** Central and South American  
**Year:** 2013  
**Field Note:**

Preliminary 2010 vital records data.

**70. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTotal\_EthnicityOther

**Row Name:** Total Infants in State

**Column Name:** Other and Unknown

**Year:** 2013

**Field Note:**

Preliminary 2010 vital records data.

**71. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTitleV\_TotalNotHispanic

**Row Name:** Title V Served

**Column Name:** Total Not Hispanic or Latino

**Year:** 2013

**Field Note:**

State fiscal year 2011 data from COGNOS. Based upon unduplicated count of child health visits for those less than 1 year of age.

**72. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTitleV\_TotalHispanic

**Row Name:** Title V Served

**Column Name:** Total Hispanic or Latino

**Year:** 2013

**Field Note:**

State fiscal year 2011 data from COGNOS. Based upon unduplicated count of child health visits for those less than 1 year of age.

**73. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTitleV\_NotReported

**Row Name:** Title V Served

**Column Name:** Ethnicity Not Reported

**Year:** 2013

**Field Note:**

State fiscal year 2011 data from COGNOS. Based upon unduplicated count of child health visits for those less than 1 year of age.

**74. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTitleXIX\_TotalNotHispanic

**Row Name:** Eligible for Title XIX

**Column Name:** Total Not Hispanic or Latino

**Year:** 2013

**Field Note:**

From Medicaid Special Report, LIFT 8490Unduplicated Eligibility Count by age and race description. FFY October 2010-September 2011.

**75. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTitleXIX\_TotalHispanic

**Row Name:** Eligible for Title XIX

**Column Name:** Total Hispanic or Latino

**Year:** 2013

**Field Note:**

From Medicaid Special Report, LIFT 8490Unduplicated Eligibility Count by age and race description. FFY October 2010-September 2011.

**76. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTitleXIX\_NotReported

**Row Name:** Eligible for Title XIX

**Column Name:** Ethnicity Not Reported

**Year:** 2013

**Field Note:**

From Medicaid Special Report, LIFT 8490Unduplicated Eligibility Count by age and race description. FFY October 2010-September 2011.

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

	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)(B)]*  
**STATE: LA**

	<b>FY 2013</b>	<b>FY 2012</b>	<b>FY 2011</b>	<b>FY 2010</b>	<b>FY 2009</b>
1. State MCH Toll-Free "Hotline" Telephone Number	1-800-251-BABY	1-800-251-BABY	(800) 251-BABY	(800) 251 - BABY	(800) 251 - BABY
2. State MCH Toll-Free "Hotline" Name	Partners for Healthy Babies				
3. Name of Contact Person for State MCH "Hotline"	Karis Schoellmann				
4. Contact Person's Telephone Number	504-568-3504	504-568-3504	5014-568-3504	504-568-3504	504-219-4572
5. Contact Person's Email	Karis.Schoellmann@ja.gov	Karis.Schoellmann@ja.gov	Karis.Schoellmann@ja.gov		
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	7001	5305	3600

**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: LA**

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

Louisiana's Title V program is administered by the State Sections of Maternal and Child Health (MCH) and Children's Special Health Services (CSHS). Both programs are housed within the Office of Public Health (OPH) Center for Preventive and Community Health. OPH is one of the five major agencies within the Louisiana Department of Health and Hospitals. MCH/CSHS Programs provide personal health services and local public health functions at parish health units and through contracts throughout the state. The Title V funded programs serve the state's MCH population by providing direct and supportive services such as case management and outreach; health education and social marketing campaigns to address the leading causes of morbidity and mortality of the MCH population; and infrastructure building services including surveillance, needs assessment, building systems of care for high risk populations, training, and policy development.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ <u>13,010,428</u>
3. Unobligated balance (Line 2, Form 2)	\$ <u>0</u>
4. State Funds (Line 3, Form 2)	\$ <u>13,426,982</u>
5. Local MCH Funds (Line 4, Form 2)	\$ <u>585,714</u>
6. Other Funds (Line 5, Form 2)	\$ <u>3,365,000</u>
7. Program Income (Line 6, Form 2)	\$ <u>8,981,055</u>
<b>8. Total Federal-State Partnership (Line 8, Form 2)</b>	<b>\$ <u>39,369,179</u></b>

9. Most significant providers receiving MCH funds:

Parish Health Units, Louisiana State University  
Health Sciences Center, Primary Care Centers,  
New Orleans Health Dept., Tulane University Health  
Sciences Center, New Orleans Children's Hospital

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

a. Pregnant Women	<u>54,498</u>
b. Infants < 1 year old	<u>61,727</u>
c. Children 1 to 22 years old	<u>93,371</u>
d. CSHCN	<u>25,849</u>
e. Others	<u>0</u>

11. Statewide Initiatives and Partnerships

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

Parish Health Units (PHU): MCH provides pregnancy testing, prenatal care services and preventive child health services at parish health units and contract agency sites in limited private sector access. School-Based Health Centers: Adolescent School Health Initiative funds and provides technical assistance to 65 school-based health centers around the state. Home Visitation: MCH manages the state's evidence-based Maternal Infant Early Childhood Home Visiting Program (MIECHV) program which utilizes the Nurse Family Partnership (NFP) model for first-time mothers in all regions of the state. Behavioral health: Screening for substance use, alcohol, tobacco, depression and domestic violence occurs in PHU clinics serving women and for women enrolled in NFP; perinatal mental health services are supported for NFP and limited other venues. Child Health: MCH coordinates the The Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) program in LA child care centers. Children with Special Health Care Needs: CSHS provides direct medical evaluation and treatment services for chronic and disabling medical conditions in children, including parent support and care coordination. CSHS funds private subspecialty clinics to provide more comprehensive care.

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

Health Education and Communications: Partners For Healthy Babies is MCH's statewide multimedia campaign which utilizes a toll free hotline and a comprehensive website to link people with prenatal care, pediatric resources, and health information; a new focus is expected to be on pre and interconception health. MCH also operates a SIDS risk reduction campaign, and provides public and professional education, grief counseling and autopsy and death scene investigation. For child development guidance, MCH distributes a subscription for a no-cost multicultural age-paced newsletter with every birth certificate. Public health screening and follow up: Title V supports the Newborn Screening, Hearing Speech and Vision Screening, and Lead Poisoning Prevention programs that conduct surveillance and follow up for referrals to care. The Louisiana Birth Defects Monitoring Network (LBDMN) provides active surveillance and follow up for birth defects statewide. Injury Prevention: MCH oversees the state's sexual violence prevention program.

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

Monitoring and surveillance: MCH and CSHS epidemiologists analyze vital records, health, morbidity and sociodemographic data to assist in program planning, evaluation, and policy development. Data from the Newborn Screening, LBDMN, and other population based screening and surveillance program are also analyzed to guide programmatic decisions. MCH coordinates the Pregnancy Risk Assessment and Monitoring System (PRAMS) and conducts review and action processes through Fetal and Infant Mortality Review (FIMR), Pregnancy Associated Mortality (PAMR); Child Death Review (CDR). Coordination of services: The CSHS Medical Home helps physician practices provide effective care coordination and support for CYSHCN. CSHS works with Families Helping Families to develop a statewide transportation system for CYSHCN to medical appointments as well as regional workshops to help coordinate referrals between public health programs. MCH works closely with the DHH Birth Outcomes Initiative in the development of screening, care quality monitoring, and care coordination efforts to prevent poor birth outcomes. Training: MCH and CSHS programs train professionals through structured curricula (infant mental health; breastfeeding; medical home; child care health consultants) and topic specific as needed (perinatal depression; tobacco screening and intervention; care coordination). Coordination and policy development: MCH and CSHS programs develop regulations, rules, laws and work with statewide policy councils including the Perinatal Commission, LA Obesity Council, and the state's Early Childhood Advisory Council.

12. The primary Title V Program contact person:

Name Amy Zapata, MPH  
 Title Director, MCH Program  
 Address 1450 Poydras Street Room 2032  
 City New Orleans

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

Name Susan Berry, MD  
 Title CSHCN Director  
 Address 1450 Poydras Street Room 1906  
 City New Orleans

State \_\_\_\_\_ LA  
Zip \_\_\_\_\_ 70112  
Phone \_\_\_\_\_ 504-568-3504  
Fax \_\_\_\_\_ 504-568-3503  
Email \_\_\_\_\_ amy.zapata@la.gov  
Web \_\_\_\_\_

State \_\_\_\_\_ LA  
Zip \_\_\_\_\_ 70112  
Phone \_\_\_\_\_ 504-568-5055  
Fax \_\_\_\_\_ 504-568-7529  
Email \_\_\_\_\_ susan.berry@la.gov  
Web \_\_\_\_\_

**FORM NOTES FOR FORM 10**

None

**FIELD LEVEL NOTES**

None



**PERFORMANCE MEASURE # 02**

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>62</u>	<u>65</u>	<u>65</u>	<u>65</u>	<u>65</u>
Annual Indicator	<u>62.2</u>	<u>62.2</u>	<u>62.2</u>	<u>62.2</u>	<u>67</u>
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source		National Survey of CSHCN			
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>65</u>	<u>68</u>	<u>69</u>	<u>70</u>	<u>71</u>
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:**

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.

**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	55	55	55	55	55
Annual Indicator	49.6	49.6	49.6	49.6	40.4
Numerator					
Denominator					
Data Source		National Survey of CSHCN			
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	55	41	42	43	44
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:**

The data reported in 2009 are pre-populated with the data from 2007 for this performance measure.

**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	57	70	70	70	70
Annual Indicator	65.5	65.5	65.5	65.5	63.4
Numerator					
Denominator					
Data Source		National Survey of CSHCN			
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	70	64	65	66	67
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

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

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

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

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

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

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

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

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

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

The data reported in 2008 are pre-populated with the data from 2007 for this performance measure.

**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	75	90	90	90	90
Annual Indicator	89.3	89.3	89.3	89.3	65.5
Numerator					
Denominator					
Data Source		National Survey of CSHCN			
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	92	67	67	68	69
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

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

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

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

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

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

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

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

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

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

**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>10</u>	<u>44</u>	<u>44</u>	<u>44</u>	<u>44</u>
Annual Indicator	<u>40.9</u>	<u>40.9</u>	<u>40.9</u>	<u>40.9</u>	<u>32.8</u>
Numerator					
Denominator					
Data Source		National Survey of CSHCN			
<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

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>44</u>	<u>34</u>	<u>35</u>	<u>36</u>	<u>37</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:**

The data reported in 2008 are pre-populated with the data from 2007 for this performance measure.

**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	84	82	82	85	85
Annual Indicator	77	81.9	74.9	75	71
Numerator					
Denominator					
Data Source		The National Immunization Survey (NIS)			
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (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	75	75	80	80	80
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:**

2011 data is provisional and based upon calendar year July 2010 – June 2011 data. NOTE: As of 2011, the seven-vaccine series (i.e., 4:3:1:4:3:1:4) will be reported by NIS as 4:3:1:0:3:1:4 and state coverage estimates included in this report were based on the series that excludes Hib due to the shortage.

**2. Section Number:** Form11\_Performance Measure #7

**Field Name:** PM07

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

2010 data is final and based upon calendar year July 2009 – June 2011 data. NOTE: As of 2010, the seven-vaccine series (i.e., 4:3:1:4:3:1:4) will be reported by NIS as 4:3:1:0:3:1:4 and state coverage estimates included in this report were based on the series that excludes Hib due to the shortage.

**3. Section Number:** Form11\_Performance Measure #7

**Field Name:** PM07

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

2009 data is final.

The National Immunization Survey (NIS) is sponsored by the National Immunization Program (NIP) and conducted jointly by NIP and the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention. The survey is a list-assisted random-digit-dialing telephone survey followed by a mailed survey to children's immunization providers. Estimates of vaccine coverage are produced for the nation and for each of 78 Immunization Action Plan (IAP) areas, consisting of the 50 states, the District of Columbia, and 27 large urban areas. Final 2009 data from the NIS survey for Louisiana indicates 74.9 + 6.5% of children within the ages of 19-35 months are at the appropriate immunization level for age for the vaccine series 4:3:1:3:3:1 which now includes 1 dose of Varicella vaccine in the series. NOTE: Because of changes in measurement of the Hib vaccine and the vaccine shortage that occurred from December 2007 to September 2009, state coverage estimates included in this report were based on the series that excludes Hib. Using this modified seven-vaccine series (minus Hib), coverage remained stable in 2009.



**PERFORMANCE MEASURE # 09**

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

	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	20	23	40	40	40
<b>Annual Indicator</b>	18.0	33.2	33.2	33.2	33.2
<b>Numerator</b>	157	16,223	16,223	16,223	16,223
<b>Denominator</b>	871	48,894	48,894	48,894	48,894
<b>Data Source</b>		2008 Basic Screening 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.)					
<b>Is the Data Provisional or Final?</b>				Final	Final

  

	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	40	40	40	40	40
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

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

**Field Name:** PM09

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

The Oral health Program has completed the Basic Screening Survey and the final results are available to share. According to the survey, 41.9% of third grade children had untreated dental caries, 65.7% had dental caries experience, only 33.2% had dental sealants on at least one of the permanent molar teeth, and 42.7% had to be referred to dentists for treatment. The total number of children screened were 2642(Denominator) and out of that only 899 (Numerator) had dental sealants. To calculate the percent of 3rd graders with dental sealants, the weighted numbers have been used for the numerator and the denominator which represent the 3rd grade population in the state. The value of the weighted numerator is 16,223 and the value of the denominator is 48,894.

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

**Field Name:** PM09

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

According to the Basic Screening Survey conducted by the Oral Health Program, only 33.2% of children had dental sealants on at least one of the permanent molar teeth. The total number of children screened were 2642(Denominator) and out of that only 899 (Numerator) had dental sealants. To calculate the percent of 3rd graders with dental sealants, the weighted numbers have been used for the numerator and the denominator which represent the 3rd grade population in the state. The value of the weighted numerator is 16,223 and the value of the denominator is 48,894. The program is planning to conduct another survey in the next couple of years to assess change in the percentage of children with protective dental sealants. The Oral Health Program delivers the sealants as a direct service and also partners with other organizations.

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

**Field Name:** PM09

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

The Oral health Program has completed the Basic Screening Survey and the final results are available to share. According to the survey, 41.9% of third grade children had untreated dental caries, 65.7% had dental caries experience, only 33.2% had dental sealants on at least one of the permanent molar teeth, and 42.7% had to be referred to dentists for treatment. The total number of children screened were 2642(Denominator) and out of that only 899 (Numerator) had dental sealants. To calculate the percent of 3rd graders with dental sealants, the weighted numbers have been used for the numerator and the denominator which represent the 3rd grade population in the state. The value of the weighted numerator is 16,223 and the value of the denominator is 48,894.

**PERFORMANCE MEASURE # 10**

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

	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	4	4	4	4	4
<b>Annual Indicator</b>	5.7	5.1	4.5	4.0	4.0
<b>Numerator</b>	51	47	42	37	37
<b>Denominator</b>	888,587	914,724	931,876	927,458	927,458
<b>Data Source</b>		Louisiana Vital Records and 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?

Provisional Provisional

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

**Field Level Notes**

- Section Number:** Form11\_Performance Measure #10  
**Field Name:** PM10  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 2011 data is provisional and based upon the 2010 data.
- Section Number:** Form11\_Performance Measure #10  
**Field Name:** PM10  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 2010 data is provisional and based upon 2010 data.
- Section Number:** Form11\_Performance Measure #10  
**Field Name:** PM10  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 2009 data is final.

**PERFORMANCE MEASURE # 11**

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	15.6	15.8	25	26	21
<b>Annual Indicator</b>	21.9	21.9	21.0	20.0	18.2
<b>Numerator</b>	66	101	97	59	40
<b>Denominator</b>	302	461	463	295	220
<b>Data Source</b>		2005 National Immunization Survey (NIS)	2006 National Immunization Survey (NIS)	2007 National Immunization Survey (NIS)	2008 National Immunization Survey (NIS)
<b>Check this box if you cannot report the numerator because</b>					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	21.5	22	22.5	23	23.5
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

**1. Section Number:** Fom11\_Performance Measure #11

**Field Name:** PM11

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

The data reported in 2011 is provisional and based upon 2008 National Immunization Survey (NIS). The NIS has been used to estimate the rate (%) of breastfeeding at 6 months since reporting year 2006, when Louisiana Pregnancy Risk Assessment and Monitoring Survey (LaPRAMS) was no longer used. Because only women whose infants between 2 and 6 months were selected at the time of the survey, estimate of breastfeeding at six months using LaPRAMS is considered biased.

**2. Section Number:** Fom11\_Performance Measure #11

**Field Name:** PM11

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

The data reported in 2010 is final and based upon 2007 National Immunization Survey (NIS). The NIS has been used to estimate the rate (%) of breastfeeding at 6 months since reporting year 2006, when Louisiana Pregnancy Risk Assessment and Monitoring Survey (LaPRAMS) was no longer used. Because only women whose infants between 2 and 6 months were selected at the time of the survey, estimate of breastfeeding at six months using LaPRAMS is considered biased..

**3. Section Number:** Fom11\_Performance Measure #11

**Field Name:** PM11

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

This year's data is final and based upon 2006 National Immunization Survey (NIS) data. LaPRAMS 2006 data indicated that 17.02% of mothers breastfed their infants at 6 months of age, however, LaPRAMS has not reached 70% response rate since Hurricane Katrina in 2005 and therefore data is unreliable. Furthermore, infants are between 2 and 6 months at the time of the survey, which may lend bias to the question of breastfeeding at six months.

**PERFORMANCE MEASURE # 12**

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

	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	98	98	98	98	98
<b>Annual Indicator</b>	97.4	97.1	96.9	95.8	97.4
<b>Numerator</b>	63,223	62,916	61,916	31,211	57,825
<b>Denominator</b>	64,878	64,773	63,922	32,570	59,395
<b>Data Source</b>		Early Hearing Detection and Intervention Database			

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Final

	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	99	99	99	99	99
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #12  
**Field Name:** PM12  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Data is based upon a calendar year.
2. **Section Number:** Form11\_Performance Measure #12  
**Field Name:** PM12  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Data is based upon a calendar year.
3. **Section Number:** Form11\_Performance Measure #12  
**Field Name:** PM12  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Data is based upon the entire year.



**PERFORMANCE MEASURE # 14**

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	12	11.5	11	10.5	10.5
Annual Indicator	13.8		12.4	12.5	27.8
Numerator					
Denominator					
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

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	27.5	27	26.5	26	25.5
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #14  
**Field Name:** PM14  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Data is based on the 2011 PedNSS data and is defined as the percentage of children >= 85th percentile rather than the percentage of children >= 95th percentile that has been used in past years.
2. **Section Number:** Form11\_Performance Measure #14  
**Field Name:** PM14  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Data is based on the 2010 PedNSS data and is defined as the percentage of children >= 95th percentile.
3. **Section Number:** Form11\_Performance Measure #14  
**Field Name:** PM14  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Data is final.

**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	13.5	13.5	12.5	13.5	13.5
Annual Indicator	12.5	14.9	14.1	14.1	14.1
Numerator	7,787	9,171	8,548	8,548	8,548
Denominator	62,059	61,680	60,514	60,514	60,514
Data Source		LA Pregnancy Risk Assessment Monitoring System			

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

Is the Data Provisional or Final?

Provisional Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	13.5	13.5	12	12	11
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

- Section Number:** Form11\_Performance Measure #15  
**Field Name:** PM15  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Numerator and denominator are weighted. Data is provisional and based upon final 2009 data.
- Section Number:** Form11\_Performance Measure #15  
**Field Name:** PM15  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Numerator and denominator are weighted. Data is provisional and based upon final 2009 data.
- Section Number:** Form11\_Performance Measure #15  
**Field Name:** PM15  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Numerator and denominator are weighted. Data is final.

**PERFORMANCE MEASURE # 16**

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

	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	8.8	8.8	8.8	7.7	7
<b>Annual Indicator</b>	7.7	5.2	6.8	7.0	7.0
<b>Numerator</b>	25	17	22	23	23
<b>Denominator</b>	323,073	328,634	324,812	326,779	326,779
<b>Data Source</b>		Louisiana Vital Records and 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?

Provisional Provisional

	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	6.5	6.5	6.5	6.5	6.5
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #16  
**Field Name:** PM16  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Data is provisional and based upon 2010 data.
2. **Section Number:** Form11\_Performance Measure #16  
**Field Name:** PM16  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Data is provisional.
3. **Section Number:** Form11\_Performance Measure #16  
**Field Name:** PM16  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Data is provisional.

**PERFORMANCE MEASURE # 17**

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

	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	90	90	90	90	90
<b>Annual Indicator</b>	87.7	90.5	88.8	88.4	88.4
<b>Numerator</b>	1,246	1,242	1,152	1,101	1,101
<b>Denominator</b>	1,420	1,372	1,297	1,245	1,245
<b>Data Source</b>		Louisiana Vital Records and 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?

Provisional Provisional

	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	90	90	90	90	90
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

- Section Number:** Form11\_Performance Measure #17  
**Field Name:** PM17  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Data is provisional and based upon the 2010 data.
- Section Number:** Form11\_Performance Measure #17  
**Field Name:** PM17  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Data is provisional and based upon the 2009 data.
- Section Number:** Form11\_Performance Measure #17  
**Field Name:** PM17  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Data is provisional.

**PERFORMANCE MEASURE # 18**

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

	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	87	88	89	90	91
<b>Annual Indicator</b>	86.9	86.8	86.8	88.0	88.0
<b>Numerator</b>	57,097	56,193	56,503	54,576	54,576
<b>Denominator</b>	65,731	64,752	65,109	62,043	62,043
<b>Data Source</b>		Louisiana Vital Records and 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?

Provisional Provisional

	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	91	91	91	91	91
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

- Section Number:** Form11\_Performance Measure #18  
**Field Name:** PM18  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Data is provisional and based upon the 2010 data.
- Section Number:** Form11\_Performance Measure #18  
**Field Name:** PM18  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Data is provisional and based upon the 2010 data.
- Section Number:** Form11\_Performance Measure #18  
**Field Name:** PM18  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Data is final.

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

**Form Level Notes for Form 11**

Indicator data came from the 2009-2010 NS-CSHCN conducted by HRSA and CDC. The questions used to generate the NPM differ from those used for the 2001 and the 2005-2006 NS-CSHCN. Thus, the parameter estimates are not comparable between survey years. All estimates from the NS-CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

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

Percent of all children and adolescents enrolled in public schools in Louisiana that have access to school-based health center services.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	7.3	7.5	7.7	8	8.4
<b>Annual Indicator</b>	7.3	8.1	8.1	8.4	9.9
<b>Numerator</b>	49,454	56,192	54,904	58,748	68,651
<b>Denominator</b>	681,753	690,340	681,038	696,558	696,558
<b>Data Source</b>		Adolescent School Health Initiative Annual Report			
<b>Is the Data Provisional or Final?</b>				Final	Final

  

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	9.5	9	9	9	9
<b>Annual Indicator</b>	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

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

**Field Name:** SM1

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

One school based health center (SBHC) will definitely be closed at the end of 2012. With the possibility of decreased state funding to support SBHCs in coming years, projections of annual performance objective percentages have been decreased to 9%.

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

Percent of unintended pregnancies among women who had a live birth.

	<b>Annual Objective and Performance Data</b>				
	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
<b>Annual Performance Objective</b>	_____	_____	_____	_____	54
<b>Annual Indicator</b>	_____	55.8	55.4	55.4	55.4
<b>Numerator</b>	_____	33,737	34,730	34,730	34,730
<b>Denominator</b>	_____	60,507	62,743	62,743	62,743
<b>Data Source</b>		LA Pregnancy Risk Assessment Monitoring System			
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

	<b>Annual Objective and Performance Data</b>				
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>Annual Performance Objective</b>	53.5	53	52.5	52.5	52.5
<b>Annual Indicator</b>	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

- Section Number:** Form11\_State Performance Measure #2  
**Field Name:** SM2  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Numerator and denominator are weighted. Data is final 2009.
- Section Number:** Form11\_State Performance Measure #2  
**Field Name:** SM2  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Numerator and denominator are weighted. Data is final 2009.
- Section Number:** Form11\_State Performance Measure #2  
**Field Name:** SM2  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Numerator and denominator are weighted. Data is final 2009.

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

Rate of children (per 1,000) under 18 who have been abused or neglected.

	<b>Annual Objective and Performance Data</b>				
	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
<b>Annual Performance Objective</b>	<u>9</u>	<u>9</u>	<u>8.3</u>	<u>8.8</u>	<u>7.5</u>
<b>Annual Indicator</b>	<u>9.6</u>	<u>8.4</u>	<u>9.0</u>	<u>7.6</u>	<u>8.8</u>
<b>Numerator</b>	<u>10,360</u>	<u>9,276</u>	<u>9,968</u>	<u>8,541</u>	<u>9,828</u>
<b>Denominator</b>	<u>1,079,560</u>	<u>1,107,973</u>	<u>1,107,973</u>	<u>1,123,386</u>	<u>1,118,015</u>
<b>Data Source</b>		LA Department of Social Services	LA Department of Social Services	LA Department of Children and Family Services	LA Department of Children and Family Services
<b>Is the Data Provisional or Final?</b>				Final	Final

	<b>Annual Objective and Performance Data</b>				
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>Annual Performance Objective</b>	<u>7.4</u>	<u>7.3</u>	<u>7.2</u>	<u>7.1</u>	<u>8.3</u>
<b>Annual Indicator</b>	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

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

**Field Name:** SM3

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Numerator : From LA Department of Social Services for CY 2011 (final). The methodology used by DSS is reportedly somewhat different from that utilized previously (not specified).  
Denominator: Number of Children < 18 years of age in Louisiana households from U.S. Census Bureau (AE Casey Kids Count Data, 2011)

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

**Field Name:** SM3

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Numerator : From LA Department of Social Services for CY 2009 (final). The methodology used by DSS is reportedly somewhat different from that utilized previously (not specified).  
Denominator: Number of Children < 18 years of age in Louisiana households from 2008 American Community Survey administered by U.S. Census Bureau;

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

The difference in the percent of publically insured and percent of privately insured CYSHCN in Louisiana who need more care coordination services.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	8
Annual Indicator	_____	_____	_____	11	20
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source				National Survey of CSHCN	National Survey of CSHCN
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	6	19	18	16	15
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:**

Indicator data came from the 2009-2010 NS-CSHCN conducted by HRSA and CDC. The same survey questions used in the 2005-2005 NS-CSHCN were used in the latest version. Thus, parameter estimates are comparable.

All estimates from the NS-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\_State Performance Measure #4

**Field Name:** SM4

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

This is a new performance measure therefore there is no annual performance objective for 2010. Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006.

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

Percent of singleton live births delivered at 34-36 weeks gestation.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	_____	_____	_____	_____	7.4
<b>Annual Indicator</b>	_____	7.6	7.7	7.5	7.5
<b>Numerator</b>	_____	4,754	4,811	4,474	4,474
<b>Denominator</b>	_____	62,884	62,745	60,052	60,052
<b>Data Source</b>		Louisiana Vital Records and Statistics			
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	7.3	7.2	7.1	7	6.9
<b>Annual Indicator</b>	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
<b>Numerator</b>	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
<b>Denominator</b>	those measures on Form 11 for the new needs assessment period.				

**Field Level Notes**

- Section Number:** Form11\_State Performance Measure #5  
**Field Name:** SM5  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Data is provisional and based upon the 2010 data.
- Section Number:** Form11\_State Performance Measure #5  
**Field Name:** SM5  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Data is provisional.
- Section Number:** Form11\_State Performance Measure #5  
**Field Name:** SM5  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Data is final.

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

Percent of women who use alcohol during pregnancy.

	<b>Annual Objective and Performance Data</b>				
	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
<b>Annual Performance Objective</b>	<u>5</u>	<u>5</u>	<u>6.7</u>	<u>5</u>	<u>5</u>
<b>Annual Indicator</b>	<u>5.5</u>	<u>8.4</u>	<u>7.2</u>	<u>7.2</u>	<u>7.2</u>
<b>Numerator</b>	<u>3,384</u>	<u>5,127</u>	<u>4,435</u>	<u>4,435</u>	<u>4,435</u>
<b>Denominator</b>	<u>61,592</u>	<u>61,324</u>	<u>61,704</u>	<u>61,704</u>	<u>61,704</u>
<b>Data Source</b>		LA Pregnancy Risk Assessment Monitoring System			
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

	<b>Annual Objective and Performance Data</b>				
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>Annual Performance Objective</b>	<u>5</u>	<u>5</u>	<u>5</u>	<u>5</u>	<u>5</u>
<b>Annual Indicator</b>	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

- Section Number:** Form11\_State Performance Measure #7  
**Field Name:** SM7  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Numerator and denominator are weighted. Data is final 2009.
- Section Number:** Form11\_State Performance Measure #7  
**Field Name:** SM7  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Numerator and denominator are weighted. Data is final 2009.
- Section Number:** Form11\_State Performance Measure #7  
**Field Name:** SM7  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Numerator and denominator are weighted. Data is final 2009.

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

Percent of African American women who most often lay their baby on his or her back to sleep.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	_____	_____	_____	_____	45
<b>Annual Indicator</b>	_____	_____	_____	46.6	46.6
<b>Numerator</b>	_____	_____	_____	10,122	10,122
<b>Denominator</b>	_____	_____	_____	21,724	21,724
<b>Data Source</b>				LA Pregnancy Risk Assessment Monitoring System	LA Pregnancy Risk Assessment Monitoring System
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	45	46	47	47	49
<b>Annual Indicator</b>	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

- Section Number:** Form11\_State Performance Measure #8  
**Field Name:** SM8  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Numerator and denominator are weighted. Data is final 2009.
- Section Number:** Form11\_State Performance Measure #8  
**Field Name:** SM8  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Numerator and denominator are weighted. Data is final 2009.
- Section Number:** Form11\_State Performance Measure #8  
**Field Name:** SM8  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Numerator and denominator are weighted. Data is provisional and based upon final 2008 data.

**STATE PERFORMANCE MEASURE # 9 - REPORTING YEAR**

Percent of women having a live birth who reported being told prior to pregnancy that they had Type 1 or Type 2 diabetes

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____ 4
Annual Indicator	_____	_____	_____	_____ 4.4	_____ 2.7
Numerator	_____	_____	_____	_____ 2,684	_____ 1,627
Denominator	_____	_____	_____	_____ 61,187	_____ 60,352
Data Source				LA PRAMS	LA PRAMS
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 4	_____ 4	_____ 4	_____ 4	_____ 4
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 #9

Field Name: SM9

Row Name:

Column Name:

Year: 2011

Field Note:

Numerator and denominator are weighted. Data is final 2009.

2. Section Number: Form11\_State Performance Measure #9

Field Name: SM9

Row Name:

Column Name:

Year: 2010

Field Note:

Numerator and denominator are weighted. Data is final 2008. This is a new Performance measure therefore there is no annual performance objective for 2010.

**STATE PERFORMANCE MEASURE # 10 - REPORTING YEAR**

Percent of women delivering a live birth in less than 24 calendar months of delivering a previous live birth.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	_____	_____	_____	_____	_____ 28
<b>Annual Indicator</b>	_____	28.4	27.7	26.4	26.4
<b>Numerator</b>	_____	10,804	10,414	9,559	9,559
<b>Denominator</b>	_____	38,035	37,624	36,140	36,140
<b>Data Source</b>		Louisiana Vital Record and Statistics			
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	_____ 28	_____ 27.5	_____ 27.5	_____ 27.5	_____ 26
<b>Annual Indicator</b>	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
<b>Numerator</b>	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
<b>Denominator</b>	those measures on Form 11 for the new needs assessment period.				

**Field Level Notes**

- Section Number:** Form11\_State Performance Measure #10  
**Field Name:** SM10  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Data is provisional and based upon 2010 data.
- Section Number:** Form11\_State Performance Measure #10  
**Field Name:** SM10  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Data is provisional.
- Section Number:** Form11\_State Performance Measure #10  
**Field Name:** SM10  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Data is final.

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

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	9.4	9.6	9.4	9.4	9.4
Annual Indicator	9.0	9.1	8.8	7.6	7.6
Numerator	594	594	569	472	472
Denominator	66,063	65,076	64,873	62,210	62,210
Data Source		Louisiana Vital Records and 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?

Provisional      Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	9.4	9.4	9	8.8	8.8
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

- Section Number:** Form12\_Outcome Measure 1  
**Field Name:** OM01  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 2011 data is provisional and is based upon the 2010 data.
- Section Number:** Form12\_Outcome Measure 1  
**Field Name:** OM01  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 2010 data is provisional.
- Section Number:** Form12\_Outcome Measure 1  
**Field Name:** OM01  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 2009 data is final.

**OUTCOME MEASURE # 02**

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	1.8	1.8	1.8	1.8	1.8
Annual Indicator	2.2	2.0	1.9	2.4	2.4
Numerator	13.8	13.2	12.6	11.8	11.8
Denominator	6.2	6.7	6.6	5	5
Data Source		Louisiana Vital Records and 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?

Provisional Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	1.8	1.8	1.8	1.7	1.7
Annual Indicator					
Numerator					
Denominator					

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

**Field Level Notes**

1. **Section Number:** Form12\_Outcome Measure 2  
**Field Name:** OM02  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Data is provisional and based upon 2010 data.
2. **Section Number:** Form12\_Outcome Measure 2  
**Field Name:** OM02  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Data is provisional.
3. **Section Number:** Form12\_Outcome Measure 2  
**Field Name:** OM02  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Data is final.

**OUTCOME MEASURE # 03**

The neonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	5.7	5.6	5.6	5.6	5.6
Annual Indicator	5.2	5.0	5.1	4.2	4.2
Numerator	343	323	328	263	263
Denominator	66,063	65,076	64,843	62,210	62,210
Data Source		Louisiana Vital Records and 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?

Provisional Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	5.5	5.4	5.4	5.1	5.1
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 3  
**Field Name:** OM03  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Data is provisional and based upon 2010 data.
- Section Number:** Form12\_Outcome Measure 3  
**Field Name:** OM03  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Data is provisional.
- Section Number:** Form12\_Outcome Measure 3  
**Field Name:** OM03  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Data is final.

**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	4.1	4	3.8	3.8	3.8
Annual Indicator	3.8	4.2	3.7	3.4	3.4
Numerator	251	271	241	209	209
Denominator	66,063	65,076	64,843	62,210	62,210
Data Source		Louisiana Vital Records and 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?

Provisional Provisional

**Annual Objective and Performance Data**

	2012	2013	2014	2015	2016
Annual Performance Objective	3.7	3.7	3.7	3.6	3.5
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 4  
Field Name: OM04  
Row Name:  
Column Name:  
Year: 2011  
Field Note:  
Data is provisional and based upon 2010 data.
2. Section Number: Form12\_Outcome Measure 4  
Field Name: OM04  
Row Name:  
Column Name:  
Year: 2010  
Field Note:  
Data is provisional.
3. Section Number: Form12\_Outcome Measure 4  
Field Name: OM04  
Row Name:  
Column Name:  
Year: 2009  
Field Note:  
Data is final.

**OUTCOME MEASURE # 05**

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

	<b>Annual Objective and Performance Data</b>				
	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	7.2	7	7	7	6.8
<b>Annual Indicator</b>	6.2	6.5	6.0	5.6	5.6
<b>Numerator</b>	406	427	388	349	349
<b>Denominator</b>	65,817	65,233	64,979	62,357	62,357
<b>Data Source</b>		Louisiana Vital Records and 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?

Provisional Provisional

	<b>Annual Objective and Performance Data</b>				
	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	6.3	6	6	6	6
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

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

**Field Level Notes**

1. **Section Number:** Form12\_Outcome Measure 5  
**Field Name:** OM05  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Data is provisional and based upon 2009 data.

2. **Section Number:** Form12\_Outcome Measure 5  
**Field Name:** OM05  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Data is provisional.

**OUTCOME MEASURE # 06**

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>28</u>	<u>27.5</u>	<u>27.5</u>	<u>27</u>	<u>27</u>
Annual Indicator	<u>27.7</u>	<u>29.4</u>	<u>27.8</u>	<u>22.6</u>	<u>22.6</u>
Numerator	<u>229</u>	<u>250</u>	<u>241</u>	<u>195</u>	<u>195</u>
Denominator	<u>827,369</u>	<u>850,849</u>	<u>868,091</u>	<u>864,606</u>	<u>864,606</u>

**Data Source**

Louisiana Vital Records and Statistics    Louisiana Vital Records and Statistics    Louisiana Vital Records and Statistics    Louisiana Vital Records

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional    Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>22</u>	<u>22</u>	<u>22</u>	<u>22</u>	<u>22</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 6  
**Field Name:** OM06  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Data is provisional and based upon 2010 data.
2. **Section Number:** Form12\_Outcome Measure 6  
**Field Name:** OM06  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Data is provisional.
3. **Section Number:** Form12\_Outcome Measure 6  
**Field Name:** OM06  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Data is final.

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

Form Level Notes for Form 12

None

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

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

2

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

2

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

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.

3

**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**

1. **Section Number:** Form13\_Main  
**Field Name:** Question1  
**Row Name:** #1. Family members participate on advisory committee or task forces..  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Family members participate on CYSHCN advisory committees with agencies/ task forces statewide: however, not all agencies provide compensation for family participation.
2. **Section Number:** Form13\_Main  
**Field Name:** Question2  
**Row Name:** #2. Financial support (...) is offered for parent activities or parent groups.  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Financial support is provided for many parent activities in CYSHCN programs, but child care is not always provided.
3. **Section Number:** Form13\_Main  
**Field Name:** Question3  
**Row Name:** #3. Family members are involved in the Children with Special Health Care Needs..  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Family members are active participants in all elements of the MCH Block Grant process.
4. **Section Number:** Form13\_Main  
**Field Name:** Question4  
**Row Name:** #4. Family members are involved in service training of CSHCN staff and providers.  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Family members are included in service training of CYSHCN staff and providers. Parent consultants offer training that includes staff development and staff input. These trainings were available throughout the fiscal year for families and staff.
5. **Section Number:** Form13\_Main  
**Field Name:** Question5  
**Row Name:** #5. Family members hired as paid staff or consultants to the State CSHCN program..  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Family members continue to be a vital part of CSHCN and the services that are offered. There are currently within CSHCN eleven paid parent liaisons and two parent consultants. All parent liaisons and consultants are parents of a CYSHCN.
6. **Section Number:** Form13\_Main  
**Field Name:** Question6  
**Row Name:** #6. Family members of diverse cultures are involved in all of the above activities  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Family members of diverse cultures continue to be employed within the CSHCN component of services. We currently have four Caucasian PL, four African American PL and one Vietnamese American working as PL in the state as well as two parent consultants.

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

*[Sec. 505(a)(5)]*

**STATE: LA 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. Decrease infant mortality through reduction of preterm births in the African American population.
2. Decrease intentional and unintentional injuries in the maternal, child, adolescent, and CYSHCN populations.
3. Improve preconception and interconception health among Louisiana women.
4. Reduce unintended pregnancies and reduce births spaced at less than 24 months apart.
5. Increase care coordination for CYSHCN and their families.
6. Improve the nutritional health of the maternal and child population with a focus on obesity prevention and breastfeeding.
7. Assure that strategies and methods in MCH and CYSHCN programs are culturally competent to reduce racial disparities.
8. Improve oral health of MCH and CYSHCN population by increasing access to preventive measures and access to oral health care.
9. Improve the behavioral health of the MCH and CYSHCN population through prevention, early intervention, screening, referral, and treatment, where appropriate.
10. Increase preventive services for adolescents and transition services for youth with special health care needs (YSHCN).

**FORM NOTES FOR FORM 14**

None

**FIELD LEVEL NOTES**

None

**FORM 15**  
**TECHNICAL ASSISTANCE(TA) REQUEST**

STATE: LA

APPLICATION YEAR: 2013

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested <i>(max 250 characters)</i>	Reason(s) Why Assistance Is Needed <i>(max 250 characters)</i>	What State, Organization or Individual Would You suggest Provide the TA (if known) <i>(max 250 characters)</i>
1.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____ N/A	Training in TOP facilitation method	In order ensure effective regional and systems-level action processes, in particular around infant mortality, child death, and early childhood	<a href="http://www.ica-usa.org/">http://www.ica-usa.org/</a>
2.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____ N/A	Improved capacity to address health equity	The CityMatCH/AMCHP collaborative has been impactful. MCH would like to train a critical mass of staff with workshop such as "Undoing Racism" to improve capacity to impact life course.	<a href="http://www.pisab.org/programs">http://www.pisab.org/programs</a>
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
11.	If you selected State or National			

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

**FORM NOTES FOR FORM 15**

None

**FIELD LEVEL NOTES**

None

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

SP() # 1

**PERFORMANCE MEASURE:**

Percent of all children and adolescents enrolled in public schools in Louisiana that have access to school-based health center services.

**STATUS:**

Active

**GOAL:**

To offer access to comprehensive preventive and primary health services, including mental health services, to children and adolescents enrolled in public schools in Louisiana.

**DEFINITION:**

Number of children and adolescents enrolled in public schools in Louisiana that have access to school-based health center services / Number of children and adolescents enrolled in Louisiana public schools

**Numerator:**

Number of children and adolescents enrolled in public schools in Louisiana that have access to school-based health center services

**Denominator:**

Number of children and adolescents enrolled in Louisiana public schools

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

**HEALTHY PEOPLE 2020 OBJECTIVE:**

21.2 Receipt of recommended services

Increase to at least 50% the proportion of adolescents, and to at least 80% the proportion of children age 2-12, who have received, as a minimum within the appropriate interval, all of the screening and immunization services and at least one of the counseling services appropriate for their age.

**DATA SOURCES AND DATA ISSUES:**

Adolescent School Health Initiative Annual Services Report. Louisiana Department of Education. Increasing the percent of all children and adolescents enrolled in public schools in Louisiana that have access to school-based health center services will depend on substantial financial support for school-based health centers.

**SIGNIFICANCE:**

In 2009, the Annie Casey Foundation Kids Count Data Book ranked Louisiana 49th in the nation in overall rank on 10 indicators of health and quality of life for children. School-based health centers provide convenient access to primary and preventive care for children and adolescents who might otherwise have limited or no access to health care.

SP() # 2

**PERFORMANCE MEASURE:**

Percent of unintended pregnancies among women who had a live birth.

**STATUS:**

Active

**GOAL**

To decrease the percent of unintended pregnancies among women who have had a live birth.

**DEFINITION**

Number of women having a live birth in Louisiana that reported that the pregnancy was unintended/number of women having a live birth in Louisiana in a given time frame, expressed as a percentage.

**Numerator:**

Number of women surveyed who wanted to become pregnant later or did not want to become pregnant then or at any time in the future, weighted to represent all women having a live birth in Louisiana in a given time frame.

**Denominator:**

Number of women surveyed, weighted to represent all women having a live birth in Louisiana in a given time frame.

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

**HEALTHY PEOPLE 2020 OBJECTIVE**

9-1 Increase the proportion of pregnancies that are intended  
Increase to at least 70% the proportion of pregnancies that are intended.

**DATA SOURCES AND DATA ISSUES**

Louisiana Pregnancy Risk Assessment Monitoring System (LaPRAMS). Data only includes women who have had a live birth, so does not represent any pregnancies that resulted in termination. PRAMS data relies on maternal self-report. PRAMS data is weighted to represent all women having a live birth in Louisiana in a calendar year.

**SIGNIFICANCE**

In the United States, only half of pregnancies are planned at the time of conception. According to PRAMS data, among those women surveyed who self-reported an unintended pregnancy, the women indicated that they wanted to get pregnant later or did not want to have children at all. Unplanned pregnancies are associated with a high incidence or increased risk for infant and maternal morbidity as well as mortality when compared to planned pregnancies. Women with unplanned pregnancies are vulnerable to poor birth outcomes that could be prevented through primary prevention. Preconception care is a means for promoting primary prevention through early intervention. According to research, the optimal time to promote early intervention is before a pregnancy occurs. The time before a woman is pregnant presents an opportunity in which to promote health through education, counseling, and providing resources in effort to maximize health with the goal of ultimately, influencing positive birth outcomes for women, children, and families.

SP() # 3

**PERFORMANCE MEASURE:**

Rate of children (per 1,000) under 18 who have been abused or neglected.

**STATUS:**

Active

**GOAL**

To prevent child abuse and neglect.

**DEFINITION**

# of validated cases of child abuse and neglect to children under age 18 in Louisiana / Total population under age 18 in Louisiana

**Numerator:**

Number of validated cases of child abuse and neglect to children under age 18 in Louisiana

**Denominator:**

Total population under 18 in Louisiana

**Units:** 1000 **Text:** Rate

**HEALTHY PEOPLE 2020 OBJECTIVE**

7.4 Child abuse and neglect

Reverse to less than 25.2 per 1000 children the rising incidence of maltreatment of children younger than age 18. (Baseline 25.2 per 1000 in 1986)

**DATA SOURCES AND DATA ISSUES**

Numerator is from State of Louisiana, Department of Child and Family Services (DCFS). Valid cases, as defined by DCFS, means mean that a review of the facts showed a reason to believe abuse had taken place. Denominator is from U.S. Bureau of the Census, 2009 American Community Survey population estimates. The number of validated cases of child abuse and neglect is much higher than the number of children affected. For instance, for CY 2009, there were 17,357 valid allegations of abuse occurring with 8,541 individual victims. Variability in incidence of validated abuse and neglect occurs with changes in the denominator, how abuse/neglect is identified and classified, and changing awareness of abuse and neglect. That is, when awareness of child abuse and neglect is increased, numbers of reported and validated cases may actually increase.

**SIGNIFICANCE**

Children who witness or are victims of violence at home display emotional and behavioral disturbance as diverse as withdrawal, low self-esteem, nightmares, self-blame, and aggression against peers, family members and/or property. A comparison of delinquent and nondelinquent youth found that a history of family violence or abuse is the most significant difference between the two groups.

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

**PERFORMANCE MEASURE:**

The difference in the percent of publically insured and percent of privately insured CYSHCN in Louisiana who need more care coordination services.

**STATUS:**

Active

**GOAL**

To reduce the disparity between publically and privately insured CYSHCN in Louisiana who report they need more care coordination services.

**DEFINITION**

The difference between the percent of publically insured and percent of privately insured CYSHCN in Louisiana whose families reported that in the past 12 months they could have used extra help arranging or coordinating their care among different health care providers or services. Stratification: Insurance Type

**Numerator:**

Weighted number of the CYSHCN in Louisiana whose families reported that in the past 12 months they could have used extra help arranging or coordinating their care among different health care providers or services.

**Denominator:**

Weighted number of the CYSHCN population in Louisiana.

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

**HEALTHY PEOPLE 2020 OBJECTIVE**

16.23 Increase the proportion of Territories and States that have service systems for children with Increase care coordination capacity by 11% among public health and social service state agencies to decrease the disparity in need for more care coordination between publically (22%) and privately (11%) insured CYSHCN.

**DATA SOURCES AND DATA ISSUES**

2005-2006 National Survey of Children with Special Health Care Needs (NS-CSHCN). Provides prevalence estimates with high precision for health, social, educational, and service system use characteristics for the CYSHCN population, both nationally and state specific.

**SIGNIFICANCE**

Quality comprehensive care coordination is a significant component of the American Academy of Pediatrics' (AAP) definition of the Medical Home. Care Coordination has been shown to reduce health care system inefficiencies related to duplication of services, time, money, and burden on the family. Care Coordination increases the likelihood of receiving the needed services in a timely manner, enables the family to more easily navigate the service system, and helps to ensure that health condition management is comprehensive and continuous. Such services reduce the risk for sequelae and/or Disability-Adjusted Life Years (DALYs).

SP() # 5

**PERFORMANCE MEASURE:**

Percent of singleton live births delivered at 34-36 weeks gestation.

**STATUS:**

Active

**GOAL**

To decrease the percent of Louisiana resident singleton live births delivered at 34 to 36 completed weeks of gestation.

**DEFINITION**

Number of singleton live births to Louisiana resident women delivered at 34-36 completed weeks of gestation during a given time interval divided by the total number of singleton live births to Louisiana resident women in that same time interval, expressed as a percentage.

**Numerator:**

The number of singleton live births to Louisiana resident women delivered at 34-36 completed weeks of gestation in a given time interval.

**Denominator:**

The total number of singleton live births to Louisiana resident women delivered during the same time interval.

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

**HEALTHY PEOPLE 2020 OBJECTIVE**

16-11b. Live births at 32-36 weeks of gestation.

Not measured directly. Closest objective is 16-11b. Live births at 32-36 weeks of gestation. Target is < 6.4%.

**DATA SOURCES AND DATA ISSUES**

Vital records birth certificates Gestational age is reported on the birth certificate. When gestational age is missing, it will be imputed based on the Kotelchuck APNCU imputation algorithm.

**SIGNIFICANCE**

Late preterm infants (delivered 34-36 weeks gestation) are typically healthier than very preterm infants, but have elevated risks for potentially serious health problems when compared to term infants. The lungs and brain are among the last systems to fully mature during gestation, and complications can arise due to the immaturity. Complications among neonates delivered late preterm include temperature instability, feeding difficulties, breathing problems like respiratory distress syndrome (RDS) and transient tachypnea of the newborn (TTN) and jaundice. The infant mortality rate among late preterm infants (7.7 per 1,000 live births) is three times higher than the rate among term infants (2.5 per 1,000 live births). Much of these higher rates are due to complications necessitating early delivery, including some birth defects, rather than due to early delivery itself. Late preterm infants incur greater costs and longer lengths of stay in neonatal intensive care units (NICU) and experience higher rates of re-hospitalization after neonatal discharge.

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

**PERFORMANCE MEASURE:**

Percent of women who use alcohol during pregnancy.

**STATUS:**

Active

**GOAL**

To reduce alcohol use during pregnancy.

**DEFINITION**

# of women surveyed who report they have used alcohol during the last 3 months of their most recent pregnancy / # of women surveyed

**Numerator:**

# of women surveyed who report they have used alcohol during the last 3 months of their most recent pregnancy

**Denominator:**

# of women surveyed

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

**HEALTHY PEOPLE 2020 OBJECTIVE**

14.10 Alcohol, tobacco, and drug use during pregnancy

Increase abstinence from tobacco use by pregnant women to at least 90%, increase abstinence from alcohol by pregnant women to at least 90%, and increase abstinence from cocaine and marijuana by pregnant women to at least 90%.

**DATA SOURCES AND DATA ISSUES**

Initially, the data was taken from birth certificate data, which resulted in a low estimate due to the known limitations of birth certificate data. LaPRAMS, Louisiana's Pregnancy Risk Assessment Monitoring System is now used and is a more accurate data source for this measure.

**SIGNIFICANCE**

Substance use during pregnancy contributes significantly to the number of low birth weight babies and the infant mortality and morbidity.

SP() # 8

**PERFORMANCE MEASURE:**

Percent of African American women who most often lay their baby on his or her back to sleep.

**STATUS:**

Active

**GOAL**

Reduce the rate of SIDS and increase supine sleeping position amongst African American infants.

**DEFINITION**

Number of African American women who place their infants to sleep on their backs/African American women with living infants, in a given time frame, expressed as a percentage.

**Numerator:**

Number of African-American women surveyed who report placing their infant to sleep on his or her back most often, weighted to represent all African-American women having a live birth in Louisiana in a given time frame

**Denominator:**

Number of African-American women surveyed, weighted to represent all African-American women having a live birth in Louisiana in a given time frame.

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

**HEALTHY PEOPLE 2020 OBJECTIVE**

16-13 Increase the percentage of healthy, full-term infants who are placed to sleep on their backs  
Increase to 70% the percentage of healthy, full-term infants who are placed to sleep on their backs all of the time.

**DATA SOURCES AND DATA ISSUES**

Louisiana Pregnancy Risk Assessment Monitoring System (LaPRAMS) PRAMS data relies on maternal self-report. PRAMS data is weighted to represent all women having a live birth in Louisiana in a calendar year.

**SIGNIFICANCE**

There continues to be a disparity between SIDS rates by race, both at the national level and in Louisiana, with African Americans more likely to die from SIDS than Caucasians. Placing an infant to sleep in a supine position has shown to decrease the risk of SIDS.

SP() # \_\_\_\_\_ 9

**PERFORMANCE MEASURE:**

Percent of women having a live birth who reported being told prior to pregnancy that they had Type 1 or Type 2 diabetes

**STATUS:**

Active

**GOAL**

Reduce the number of women who have diabetes prior to pregnancy.

**DEFINITION**

Number of women in Louisiana who have had a live birth who were told they had diabetes prior to pregnancy divided by the total number of women in Louisiana who had a live birth, in a given time frame, expressed as a percentage.

**Numerator:**

Number of women surveyed who report having been told before pregnancy that they had type 1 or type 2 diabetes, weighted to represent all women having a live birth in Louisiana in a given time frame.

**Denominator:**

Number of women surveyed, weighted to represent all women having a live birth in Louisiana in a given time frame.

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

**HEALTHY PEOPLE 2020 OBJECTIVE**

Objective 5-2.  
Prevent Diabetes

**DATA SOURCES AND DATA ISSUES**

Louisiana Pregnancy Risk Assessment Monitoring System (LaPRAMS) PRAMS data relies on maternal self-report. PRAMS data is weighted to represent all women having a live birth in Louisiana in a calendar year.

**SIGNIFICANCE**

Diabetes carries excess health risk for both mother and infant. Women who have diabetes are more likely to experience complications during labor and delivery and are more likely to deliver a macrosomic or large for gestational age infant. Infants born at these high weight ranges are more likely to experience excess morbidity in childhood and beyond.

SP() # 10

**PERFORMANCE MEASURE:**

Percent of women delivering a live birth in less than 24 calendar months of delivering a previous live birth.

**STATUS:**

Active

**GOAL**

To reduce the percent of women whose birth spacing is less than 24 months from one live birth to the next live birth delivery.

**DEFINITION**

Number of pregnancies resulting in a live birth to Louisiana resident women where the previous live birth was less than 24 calendar months from the current birth during a given time frame / number of pregnancies to Louisiana resident women delivering a live birth who also had at least one previous live birth during a given time frame, expressed as a percentage.

**Numerator:**

The number of pregnancies resulting in a live birth to Louisiana resident women whose most recent recorded live birth was less than 24 calendar months prior to the delivery of the current live birth event in a given time frame.

**Denominator:**

Total number of pregnancies resulting in a live birth of Louisiana resident women who have at least one prior live birth delivery in a given time frame.

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

**HEALTHY PEOPLE 2020 OBJECTIVE**

Objective 9.2.

Reduce the proportion of births occurring within 24 months of a previous birth. Target = 6%.

**DATA SOURCES AND DATA ISSUES**

Vital Records birth certificates. Because only month and year are available for the date of the previous birth, the 15th day of the month will be imputed for all previous births. Multiple gestations are counted only once where two successive births in the same year to one woman counts as separate events.

**SIGNIFICANCE**

According to a 2006 policy brief by the World Health Organization (WHO), there is a strong recommendation to space pregnancy to at least 24 months in effort to reduce the risk of adverse maternal, perinatal, and infant outcomes. Pregnancies that occur shorter than a 24 month spacing interval between pregnancies is associated with a higher incidence of premature birth, growth restriction in the womb, stillbirth, and other causes of early infant deaths that can result in maternal death.

**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: LA**

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	55.3	48.5	52.2	45.2	45.2
Numerator	1,660	1,508	1,668	1,419	1,419
Denominator	298,157	310,716	319,438	314,260	314,260

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

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

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Data is provisional and based on final 2010 data.

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

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Data is final and is based upon 2010 Louisiana Hospital Inpatient Discharge Data (LAHIDD). Since 2002, the primary data source of analysis and reporting for this indicator is the Louisiana Hospital Inpatient Discharge Data (LAHIDD). LAHIDD is compiled by the Health Statistics Department of the Louisiana Office of Public Health, and Injury Research and Prevention Program analyzes the data needed for this indicator. Since participation in reporting hospital inpatient discharge data is not mandatory in Louisiana, then differences in the number, size, and type of hospitals reporting annually will affect our data reported. The variability limits year-to-year comparison analyses.

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

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data is final and is based upon 2009 Louisiana Hospital Inpatient Discharge Data (LAHIDD). Since 2002, the primary data source of analysis and reporting for this indicator is the Louisiana Hospital Inpatient Discharge Data (LAHIDD). LAHIDD is compiled by the Health Statistics Department of the Louisiana Office of Public Health, and Injury Research and Prevention Program analyzes the data needed for this indicator. Since participation in reporting hospital inpatient discharge data is not mandatory in Louisiana, then differences in the number, size, and type of hospitals reporting annually will affect our data reported. The variability limits year-to-year comparison analyses.

**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	
<b>Annual Indicator</b>	90.2	89.9	90.8	94.9	80.7
<b>Numerator</b>	43,931	43,757	43,871	35,780	36,830
<b>Denominator</b>	48,707	48,699	48,328	37,721	45,657

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:**

From Louisiana Medicaid Management Information Systems, HCFA 416, for dates of service 10/01/2010 - 09/30/2011. Since Louisiana's SCHIP program is through Medicaid expansion, the numerator and denominator include children enrolled in LaCHIP. Note that the Medicaid methodology for measuring this indicator changed in 2010 and is now based on individuals who were eligible for LaCHIP for at least 90 continuous days.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

From Louisiana Medicaid Management Information Systems, HCFA 416, for dates of service 10/01/2009 - 09/30/2010. Since Louisiana's SCHIP program is through Medicaid expansion, the numerator and denominator include children enrolled in LaCHIP. Note that the Medicaid methodology for measuring this indicator changed in 2010 and is now based on individuals who were eligible for LaCHIP for at least 90 continuous days.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

From Louisiana Medicaid Management Information Systems, HCFA 416, for dates of service 10/01/2008 - 09/30/2009. Since Louisiana's SCHIP program is through Medicaid expansion, the numerator and denominator include children enrolled in LaCHIP.

**HEALTH SYSTEMS CAPACITY #03**

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

**Annual Indicator Data**

	2007	2008	2009	2010	2011
<b>Annual Indicator</b>	<u>89.3</u>	<u>91.3</u>	<u>90.2</u>	<u>94.5</u>	<u>92.0</u>
<b>Numerator</b>	<u>509</u>	<u>496</u>	<u>450</u>	<u>399</u>	<u>287</u>
<b>Denominator</b>	<u>570</u>	<u>543</u>	<u>499</u>	<u>422</u>	<u>312</u>

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Data is provided by the Medicaid Office.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Data is provided by the Medicaid Office.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data is provided by the Medicaid Office.

**HEALTH SYSTEMS CAPACITY #04**

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

Annual Indicator	Annual Indicator Data				
	2007	2008	2009	2010	2011
Annual Indicator	90.0	90.2	90.2	92.0	92.0
Numerator	59,172	58,333	58,288	57,166	57,166
Denominator	65,744	64,686	64,639	62,126	62,126

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:**  
 2011 data is preliminary and based upon 2010 data.
2. **Section Number:** Form17\_Health Systems Capacity Indicator #04  
**Field Name:** HSC04  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 2010 data is preliminary.
3. **Section Number:** Form17\_Health Systems Capacity Indicator #04  
**Field Name:** HSC04  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 2009 data is final Louisiana vital statistics data.

**HEALTH SYSTEMS CAPACITY #07A**

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	85.5	89.9	92.9	92.7	98.7
Numerator	645,924	663,982	698,453	727,756	810,568
Denominator	755,539	738,184	751,603	784,824	821,652

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:** Fom17\_Health Systems Capacity Indicator #07A

**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2011**Field Note:**

Source for data has been changed to data provided in the Medicaid Annual Report. The information was pulled from the Medicaid Annual Report 2009/2010 Table 15: Regular Medicaid Children and LaCHIP Enrollees, Recipients and Payments by Parish.

2. **Section Number:** Fom17\_Health Systems Capacity Indicator #07A

**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2010**Field Note:**

For 2010, data was obtained from the Louisiana Department of Health and Hospitals Medicaid Annual Reports for Federal Fiscal Year 2007/2008. The numerator is the (unduplicated) number of all Medicaid children (Title XIX and XXI) under age 19 years who received at least one processed claim during the period involved, whether or not he/she was enrolled on the date the claim was paid but was enrolled at the time the service for the claim was provided. The denominator is the number of all children who applied and have been approved to receive services, regardless of whether he/she received services and/or any claims have been filed on his/her behalf. Therefore, any post-annual report data of all Medicaid children's enrollment, recipients of service(s), and/or total costs of received services received for a specific state fiscal year, which is obtained after the date of the data used for the Medicaid report, will differ from the data in the report because retroactive eligibility will be included in the new figures.

3. **Section Number:** Fom17\_Health Systems Capacity Indicator #07A

**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2009**Field Note:**

For 2009, data was obtained from the Louisiana Department of Health and Hospitals Medicaid Annual Reports for Federal Fiscal Year 2007/2008. The numerator is the (unduplicated) number of all Medicaid children (Title XIX and XXI) under age 19 years who received at least one processed claim during the period involved, whether or not he/she was enrolled on the date the claim was paid but was enrolled at the time the service for the claim was provided. The denominator is the number of all children who applied and have been approved to receive services, regardless of whether he/she received services and/or any claims have been filed on his/her behalf. Therefore, any post-annual report data of all Medicaid children's enrollment, recipients of service(s), and/or total costs of received services received for a specific state fiscal year, which is obtained after the date of the data used for the Medicaid report, will differ from the data in the report because retroactive eligibility will be included in the new figures.

**HEALTH SYSTEMS CAPACITY #07B**

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

**Annual Indicator Data**

	2007	2008	2009	2010	2011
<b>Annual Indicator</b>	40.4	44.5	51.9	56.8	60.5
<b>Numerator</b>	62,241	66,807	80,319	91,580	99,746
<b>Denominator</b>	153,948	150,115	154,801	161,269	164,774

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 #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

From Louisiana Medicaid Management Information Systems, HCFA 416, for dates of service 10/01/2010 - 09/30/2011.

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

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

From Louisiana Medicaid Management Information Systems, HCFA 416, for dates of service 10/01/2009 - 09/30/2010.

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

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

From Louisiana Medicaid Management Information Systems, HCFA 416, for dates of service 10/01/2008 - 09/30/2009.

**HEALTH SYSTEMS CAPACITY #08**

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

	2007	2008	<u>Annual Indicator Data</u>		
			2009	2010	2011
<b>Annual Indicator</b>	4.3	3.7	3.4	3.1	2.8
<b>Numerator</b>	1,101	1,055	992	956	892
<b>Denominator</b>	25,541	28,385	29,540	31,250	31,823

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 #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Source for 2011 numerator is Medicaid. The Denominator is from the Social Security Administration, Supplemental Security Record (Characteristic Extract Record format), 100 percent data. Table: "Number of children under age 16 receiving federally administered SSI payments, by state or other area, December 2011."

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

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Source for 2010 numerator and denominator is from Medicaid.

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

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Source for 2009 numerator is Medicaid. The Denominator is from the Social Security Administration, Supplemental Security Record (Characteristic Extract Record format), 100 percent data. Table: "Number of children under age 16 receiving federally administered SSI payments, by state or other area, December 2009."

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

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (&lt; 2,500 grams)</i>	2011	Matching data files	12.2	7.6	10.8
b) <i>Infant deaths per 1,000 live births</i>	2011	Matching data files	9	4.3	7.6
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2011	Matching data files	84.4	96.1	88
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	91.1	94	92

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

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	200
b) <i>Medicaid Children</i> (Age range <u>  1  </u> to <u>  5  </u> ) (Age range <u>  6  </u> to <u> 14 </u> ) (Age range <u>      </u> to <u>      </u> )	2011	200 200
c) <i>Pregnant Women</i>	2011	200

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

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL SCHIP</b>
a) <i>Infants (0 to 1)</i>	2011	_____200
b) <i>Medicaid Children</i> (Age range ____1 to ____19 ) (Age range ____ to ____ ) (Age range ____ to ____ )	2011	_____200 _____ _____
c) <i>Pregnant Women</i>		_____

**FORM NOTES FOR FORM 18**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form18\_Indicator 06 - Medicaid  
**Field Name:** Med\_Infant  
**Row Name:** Infants  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Since April of 2008, families with incomes between 200 and 250 percent of FPL will be able to obtain health coverage at an affordable monthly premium and with co-payments through the new LaCHIP Affordable Plan.  
For all children ages 0 through 19 years, the percent of poverty level for eligibility in Louisiana Medicaid and LaCHIP is up to 200% at no cost.
2. **Section Number:** Form18\_Indicator 06 - Medicaid  
**Field Name:** Med\_Children  
**Row Name:** Medicaid Children  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Since April of 2008, families with incomes between 200 and 250 percent of FPL will be able to obtain health coverage at an affordable monthly premium and with co-payments through the new LaCHIP Affordable Plan.  
For all children ages 0 through 19 years, the percent of poverty level for eligibility in Louisiana Medicaid and LaCHIP is up to 200% at no cost.
3. **Section Number:** Form18\_Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Infant  
**Row Name:** Infants  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Since April of 2008, families with incomes between 200 and 250 percent of FPL will be able to obtain health coverage at an affordable monthly premium and with co-payments through the new LaCHIP Affordable Plan.  
For all children ages 0 through 19 years, the percent of poverty level for eligibility in Louisiana Medicaid and LaCHIP is up to 200% at no cost.
4. **Section Number:** Form18\_Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Children  
**Row Name:** SCHIP Children  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Since April of 2008, families with incomes between 200 and 250 percent of FPL will be able to obtain health coverage at an affordable monthly premium and with co-payments through the new LaCHIP Affordable Plan.  
For all children ages 0 through 19 years, the percent of poverty level for eligibility in Louisiana Medicaid and LaCHIP is up to 200% at no cost.
5. **Section Number:** Form18\_Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Women  
**Row Name:** Pregnant Women  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Pregnant women are covered under the state's LaMOMS program. This program is a standard Medicaid program and is not covered by SCHIP funds.
6. **Section Number:** Form18\_Indicator 05  
**Field Name:** LowBirthWeight  
**Row Name:** Percent of ow birth weight (<2,500 grams)  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Preliminary 2010 data.
7. **Section Number:** Form18\_Indicator 05  
**Field Name:** InfantDeath  
**Row Name:** Infant deaths per 1,000 live births  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Preliminary 2010 data.
8. **Section Number:** Form18\_Indicator 05  
**Field Name:** CareFirstTrimester  
**Row Name:** Percent of infants bom to pregnant women receiving prenatal care beginning in the first trimester  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Preliminary 2010 data.
9. **Section Number:** Form18\_Indicator 05  
**Field Name:** AdequateCare  
**Row Name:** Percent of pregnant women with adequate prenatal care  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Preliminary 2010 data.

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

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

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
<b>ANNUAL DATA LINKAGES</b>		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	3	Yes
Annual linkage of birth certificates and WIC eligibility files	3	Yes
Annual linkage of birth certificates and newborn screening files	3	Yes
<b>REGISTRIES AND SURVEYS</b>		
Hospital discharge survey for at least 90% of in-State discharges	3	Yes
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: LA

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other: _____		
_____		
_____		

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

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

**FORM NOTES FOR FORM 19**

None

**FIELD LEVEL NOTES**

None

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

Form Level Notes for Form 20

None

**HEALTH STATUS INDICATOR #01A**

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

	<u>Annual Indicator Data</u>				
	2007	2008	2009	2010	2011
Annual Indicator	11.3	10.8	10.7	10.8	10.8
Numerator	7,447	7,051	6,922	6,706	6,706
Denominator	66,062	65,074	64,843	62,206	62,206

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

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

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

Field Name: HSI01A

Row Name:

Column Name:

Year: 2011

Field Note:

2011 data is provisional and is based upon 2010 data.

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

Field Name: HSI01A

Row Name:

Column Name:

Year: 2010

Field Note:

2010 data is provisional.

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

Field Name: HSI01A

Row Name:

Column Name:

Year: 2009

Field Note:

2009 data is final.

**HEALTH STATUS INDICATOR #01B**

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	9.3	8.9	8.9	8.8	8.8
Numerator	5,931	5,622	5,568	5,302	5,302
Denominator	63,775	62,885	62,746	60,073	60,073

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

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

Field Name: HSI01B

Row Name:

Column Name:

Year: 2011

Field Note:

2011 data is provisional and is based upon 2010 data.

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

Field Name: HSI01B

Row Name:

Column Name:

Year: 2010

Field Note:

2010 data is provisional.

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

Field Name: HSI01B

Row Name:

Column Name:

Year: 2009

Field Note:

2009 data is final.

**HEALTH STATUS INDICATOR #02A**

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	<u>2.2</u>	<u>2.2</u>	<u>2.0</u>	<u>2.1</u>	<u>2.1</u>
Numerator	<u>1,458</u>	<u>1,421</u>	<u>1,326</u>	<u>1,280</u>	<u>1,280</u>
Denominator	<u>66,062</u>	<u>65,074</u>	<u>64,843</u>	<u>62,206</u>	<u>62,206</u>

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

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

Field Name: HSI02A

Row Name:

Column Name:

Year: 2011

Field Note:

2011 data is provisional and is based upon 2010 data.

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

Field Name: HSI02A

Row Name:

Column Name:

Year: 2010

Field Note:

2010 data is provisional.

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

Field Name: HSI02A

Row Name:

Column Name:

Year: 2009

Field Note:

2009 data is final.

**HEALTH STATUS INDICATOR #02B**

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	1.8	1.7	1.6	1.6	1.6
Numerator	1,145	1,094	1,033	982	982
Denominator	63,775	62,885	62,746	60,073	60,073

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2011**Field Note:**

2011 data is provisional and is based upon 2010 data.

**2. Section Number:** Form20\_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2010**Field Note:**

2010 data is provisional.

**3. Section Number:** Form20\_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2009**Field Note:**

2009 data is final..

**HEALTH STATUS INDICATOR #03A**

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

**Annual Indicator Data**

	2007	2008	2009	2010	2011
<b>Annual Indicator</b>	12.9	16.5	14.5	10.7	10.7
<b>Numerator</b>	115	151	135	99	99
<b>Denominator</b>	888,587	914,724	931,876	927,458	927,458

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

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

**Field Name:** HSI03A**Row Name:****Column Name:****Year:** 2011**Field Note:**

2011 data is provisional and is based upon 2010 data.

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

**Field Name:** HSI03A**Row Name:****Column Name:****Year:** 2010**Field Note:**

2010 data is provisional.

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

**Field Name:** HSI03A**Row Name:****Column Name:****Year:** 2009**Field Note:**

2009 data is final.

**HEALTH STATUS INDICATOR #03B**

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

**Annual Indicator Data**

	2007	2008	2009	2010	2011
<b>Annual Indicator</b>	5.7	5.1	4.8	4.0	4.0
<b>Numerator</b>	51	47	45	37	37
<b>Denominator</b>	888,587	914,724	931,876	927,458	927,458

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**1. **Section Number:** Form20\_Health Status Indicator #03B**Field Name:** HSI03B**Row Name:****Column Name:****Year:** 2011**Field Note:**

2011 data is provisional and is based upon 2010 data.

2. **Section Number:** Form20\_Health Status Indicator #03B**Field Name:** HSI03B**Row Name:****Column Name:****Year:** 2010**Field Note:**

2010 data is provisional.

3. **Section Number:** Form20\_Health Status Indicator #03B**Field Name:** HSI03B**Row Name:****Column Name:****Year:** 2009**Field Note:**

2009 data is final.

**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
<b>Annual Indicator</b>	36.1	32.7	27.2	23.5	23.5
<b>Numerator</b>	237	217	182	156	156
<b>Denominator</b>	657,229	664,524	669,016	665,088	665,088

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

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

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

2011 data is provisional and is based upon 2010 data.

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

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

2010 data is provisional.

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

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

2009 data is final.

**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	158.6	186.0	187.1	169.5	169.5
Numerator	1,409	1,723	1,733	1,572	1,572
Denominator	888,587	926,106	926,106	927,458	927,458

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

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

Field Name: HSI04A

Row Name:

Column Name:

Year: 2011

Field Note:

Data is provisional. Data is based upon nonfatal hospitalized injuries.

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

Field Name: HSI04A

Row Name:

Column Name:

Year: 2010

Field Note:

Data is provisional. Data is based upon nonfatal hospitalized injuries.

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

Field Name: HSI04A

Row Name:

Column Name:

Year: 2009

Field Note:

Data is final. Data is based upon nonfatal hospitalized injuries.

**HEALTH STATUS INDICATOR #04B**

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

**Annual Indicator Data**

	2007	2008	2009	2010	2011
<b>Annual Indicator</b>	39.7	48.1	28.8	22.8	22.8
<b>Numerator</b>	353	445	268	211	211
<b>Denominator</b>	888,587	926,106	931,876	927,458	927,458

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:** Fom20\_Health Status Indicator #04B

**Field Name:** HSI04B**Row Name:****Column Name:****Year:** 2011**Field Note:**

Data is provisional and based on 2010 data. Since 2002, the primary data source of analysis and reporting for this indicator is the Louisiana Hospital Inpatient Discharge Data (LAHIDD). LAHIDD is compiled by the Health Statistics Department of the Louisiana Office of Public Health, and EMS/Injury Research and Prevention Program analyzes the data needed for this indicator. Since participation in reporting hospital inpatient discharge data is not mandatory in Louisiana, then differences in the number, size, and type of hospitals reporting annually will affect our data reported. This variability limits year-to-year comparison analyses.

2. **Section Number:** Fom20\_Health Status Indicator #04B

**Field Name:** HSI04B**Row Name:****Column Name:****Year:** 2010**Field Note:**

Data is provisional. Since 2002, the primary data source of analysis and reporting for this indicator is the Louisiana Hospital Inpatient Discharge Data (LAHIDD). LAHIDD is compiled by the Health Statistics Department of the Louisiana Office of Public Health, and EMS/Injury Research and Prevention Program analyzes the data needed for this indicator. Since participation in reporting hospital inpatient discharge data is not mandatory in Louisiana, then differences in the number, size, and type of hospitals reporting annually will affect our data reported. This variability limits year-to-year comparison analyses.

3. **Section Number:** Fom20\_Health Status Indicator #04B

**Field Name:** HSI04B**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data is final. Since 2002, the primary data source of analysis and reporting for this indicator is the Louisiana Hospital Inpatient Discharge Data (LAHIDD). LAHIDD is compiled by the Health Statistics Department of the Louisiana Office of Public Health, and EMS/Injury Research and Prevention Program analyzes the data needed for this indicator. Since participation in reporting hospital inpatient discharge data is not mandatory in Louisiana, then differences in the number, size, and type of hospitals reporting annually will affect our data reported. This variability limits year-to-year comparison analyses.

**HEALTH STATUS INDICATOR #04C**

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

**Annual Indicator Data**

	2007	2008	2009	2010	2011
<b>Annual Indicator</b>	137.7	139.9	100.6	78.2	78.2
<b>Numerator</b>	905	936	673	520	520
<b>Denominator</b>	657,229	668,903	669,016	665,088	665,088

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:** Fom20\_Health Status Indicator #04C

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

Data is provisional and based on 2010 data. Since 2002, the primary data source of analysis and reporting for this indicator is the Louisiana Hospital Inpatient Discharge Data (LAHIDD). LAHIDD is compiled by the Health Statistics Department of the Louisiana Office of Public Health, and EMS/Injury Research and Prevention Program analyzes the data needed for this indicator. Since participation in reporting hospital inpatient discharge data is not mandatory in Louisiana, then differences in the number, size, and type of hospitals reporting annually will affect our data reported. This variability limits year-to-year comparison analyses.

2. **Section Number:** Fom20\_Health Status Indicator #04C

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

Data is provisional. Since 2002, the primary data source of analysis and reporting for this indicator is the Louisiana Hospital Inpatient Discharge Data (LAHIDD). LAHIDD is compiled by the Health Statistics Department of the Louisiana Office of Public Health, and EMS/Injury Research and Prevention Program analyzes the data needed for this indicator. Since participation in reporting hospital inpatient discharge data is not mandatory in Louisiana, then differences in the number, size, and type of hospitals reporting annually will affect our data reported. This variability limits year-to-year comparison analyses.

3. **Section Number:** Fom20\_Health Status Indicator #04C

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

Data is final. Since 2002, the primary data source of analysis and reporting for this indicator is the Louisiana Hospital Inpatient Discharge Data (LAHIDD). LAHIDD is compiled by the Health Statistics Department of the Louisiana Office of Public Health, and EMS/Injury Research and Prevention Program analyzes the data needed for this indicator. Since participation in reporting hospital inpatient discharge data is not mandatory in Louisiana, then differences in the number, size, and type of hospitals reporting annually will affect our data reported. This variability limits year-to-year comparison analyses.

**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		2011
			2009	2010	
Annual Indicator	37.7	42.7	45.0	47.8	54.6
Numerator	6,147	6,960	7,189	7,705	8,791
Denominator	162,944	162,944	159,611	161,032	161,032

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

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

Field Name: HSI05A

Row Name:

Column Name:

Year: 2011

Field Note:

The population source is from the 2011 population estimate from U.S. Census Bureau.

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

Field Name: HSI05A

Row Name:

Column Name:

Year: 2010

Field Note:

Data is final 2010 Census data for Louisiana.

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

Field Name: HSI05A

Row Name:

Column Name:

Year: 2009

Field Note:

The population source is from the 2009 population estimate from U.S. Census Bureau.

**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	12.1	13.8	17.2	16.1	18.0
Numerator	9,162	10,466	13,267	12,376	13,813
Denominator	757,929	757,929	771,150	767,303	767,303

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

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

Field Name: HSI05B

Row Name:

Column Name:

Year: 2011

Field Note:

The population source is from the 2011 population estimate from U.S. Census Bureau.

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

Field Name: HSI05B

Row Name:

Column Name:

Year: 2010

Field Note:

Data is final Census data for Louisiana.

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

Field Name: HSI05B

Row Name:

Column Name:

Year: 2009

Field Note:

The population source is from the 2009 population estimate from U.S. Census Bureau.

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

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

<b>CATEGORY TOTAL POPULATION BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	62,852	35,164	24,028	508	934	40	2,178	0
Children 1 through 4	251,408	140,655	96,112	2,033	3,734	162	8,712	0
Children 5 through 9	306,362	173,658	116,996	2,558	4,661	199	8,300	0
Children 10 through 14	306,836	176,325	116,858	2,714	4,347	171	6,421	0
Children 15 through 19	326,779	184,441	129,365	2,818	4,696	197	5,262	0
Children 20 through 24	338,309	201,603	122,483	2,627	6,714	330	4,552	0
Children 0 through 24	1,592,546	911,846	605,832	13,258	25,086	1,099	35,425	0

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

<b>CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	58,959	3,893	0
Children 1 through 4	235,837	15,571	0
Children 5 through 9	291,647	14,715	0
Children 10 through 14	294,129	12,707	0
Children 15 through 19	312,983	13,796	0
Children 20 through 24	318,932	19,377	0
Children 0 through 24	1,512,487	80,059	0

FORM 21  
HEALTH STATUS INDICATORS  
DEMOGRAPHIC DATA  
STATE: LA

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

For both parts A and B: Reporting Year: 2011 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	118	31	82	1	0	0	4	0
Women 15 through 17	2,179	809	1,306	20	6	0	38	0
Women 18 through 19	5,479	2,510	2,822	53	26	2	66	0
Women 20 through 34	49,053	28,123	18,573	369	947	13	1,028	0
Women 35 or older	5,381	3,516	1,397	40	258	4	166	0
Women of all ages	62,210	34,969	24,180	483	1,237	19	1,302	0

**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	106	12	0
Women 15 through 17	2,053	126	0
Women 18 through 19	5,211	266	2
Women 20 through 34	46,296	2,756	11
Women 35 or older	4,963	414	4
Women of all ages	58,619	3,574	17

FORM 21  
HEALTH STATUS INDICATORS  
DEMOGRAPHIC DATA  
STATE: LA

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

For both parts A and B: Reporting Year: 2011 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	472	176	285	3	7	1	0	0
Children 1 through 4	87	35	52	0	0	0	0	0
Children 5 through 9	38	21	17	0	0	0	0	0
Children 10 through 14	70	41	25	2	2	0	0	0
Children 15 through 19	240	133	107	0	0	0	0	0
Children 20 through 24	423	230	182	1	8	0	2	0
Children 0 through 24	1,330	636	668	6	17	1	2	0

**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	459	12	1
Children 1 through 4	86	1	0
Children 5 through 9	37	1	0
Children 10 through 14	65	5	0
Children 15 through 19	230	10	0
Children 20 through 24	406	16	1
Children 0 through 24	1,283	45	2

FORM 21  
HEALTH STATUS INDICATORS  
DEMOGRAPHIC DATA  
STATE: LA

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

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	1,254,237	710,243	483,349	10,631	18,372	769	30,873	0	2010
Percent in household headed by single parent	45.0	28.0	72.0	0.0	0.0	0.0	0.0	0.0	2010
Percent in TANF (Grant) families	1.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2010
Number enrolled in Medicaid	652,765	237,126	354,694	2,203	5,862	379	9,601	42,900	2011
Number enrolled in SCHIP	127,171	57,750	56,255	392	1,811	59	1,396	9,506	2011
Number living in foster home care	4,453	0	0	0	0	0	0	4,453	2010
Number enrolled in food stamp program	390,900	0	0	0	0	0	0	390,900	2011
Number enrolled in WIC	150,783	62,950	80,816	1,716	1,564	748	2,989	0	2011
Rate (per 100,000) of juvenile crime arrests	3,007.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2010
Percentage of high school drop-outs (grade 9 through 12)	10.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2010

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

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	1,193,555	60,682	0	2010
Percent in household headed by single parent	0.0	35.0	65.0	2010
Percent in TANF (Grant) families	0.0	0.0	1.6	2010
Number enrolled in Medicaid	602,486	26,513	23,226	2011
Number enrolled in SCHIP	116,655	4,201	6,315	2011
Number living in foster home care	0	0	4,453	2010
Number enrolled in food stamp program	0	0	390,900	2011
Number enrolled in WIC	139,424	11,359	128,065	2011
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	3,007.0	2010
Percentage of high school drop-outs (grade 9 through 12)	0.0	0.0	10.0	2010

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

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

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	926,760
Living in urban areas	1,139,781
Living in rural areas	114,456
Living in frontier areas	0
<b>Total - all children 0 through 19</b>	<b>1,254,237</b>

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

FORM 21  
HEALTH STATUS INDICATORS  
DEMOGRAPHIC DATA  
STATE: LA

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

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

POVERTY LEVELS	TOTAL
Total Population	4,302,475
Percent Below: 50% of poverty	7.8
100% of poverty	18.1
200% of poverty	38.5

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

**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? Final

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	<u>1,254,237</u>
Percent Below: 50% of poverty	<u>12</u>
100% of poverty	<u>27</u>
200% of poverty	<u>49</u>

**FORM NOTES FOR FORM 21**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Infants  
**Row Name:** Infants 0 to 1  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Louisiana Vital Records preliminary 2010 data.
2. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children1to4  
**Row Name:** children 1 through 4  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Louisiana Vital Records preliminary 2010 data.
3. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children5to9  
**Row Name:** children 5 through 9  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Louisiana Vital Records preliminary 2010 data.
4. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children10to14  
**Row Name:** children 10 through 14  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Louisiana Vital Records preliminary 2010 data.
5. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children15to19  
**Row Name:** children 15 through 19  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Louisiana Vital Records preliminary 2010 data.
6. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children20to24  
**Row Name:** children 20 through 24  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Louisiana Vital Records preliminary 2010 data.
7. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Infants  
**Row Name:** Infants 0 to 1  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Louisiana Vital Records preliminary 2010 data.
8. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children1to4  
**Row Name:** children 1 through 4  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Louisiana Vital Records preliminary 2010 data.
9. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children5to9  
**Row Name:** children 5 through 9  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Louisiana Vital Records preliminary 2010 data.
10. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children10to14  
**Row Name:** children 10 through 14  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Louisiana Vital Records preliminary 2010 data.
11. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children15to19  
**Row Name:** children 15 through 19  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Louisiana Vital Records preliminary 2010 data.

12. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children20to24  
**Row Name:** children 20 through 24  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Louisiana Vital Records preliminary 2010 data.
13. **Section Number:** Form21\_Indicator 07A  
**Field Name:** Race\_Women15  
**Row Name:** Women < 15  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Louisiana Vital Records preliminary 2010 data.
14. **Section Number:** Form21\_Indicator 07A  
**Field Name:** Race\_Women15to17  
**Row Name:** Women 15 through 17  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Louisiana Vital Records preliminary 2010 data.
15. **Section Number:** Form21\_Indicator 07A  
**Field Name:** Race\_Women18to19  
**Row Name:** Women 18 through 19  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Louisiana Vital Records preliminary 2010 data.
16. **Section Number:** Form21\_Indicator 07A  
**Field Name:** Race\_Women20to34  
**Row Name:** Women 20 through 34  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Louisiana Vital Records preliminary 2010 data.
17. **Section Number:** Form21\_Indicator 07A  
**Field Name:** Race\_Women35  
**Row Name:** Women 35 or older  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Louisiana Vital Records preliminary 2010 data.
18. **Section Number:** Form21\_Indicator 07B  
**Field Name:** Ethnicity\_Women15  
**Row Name:** Women < 15  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Louisiana Vital Records preliminary 2010 data.
19. **Section Number:** Form21\_Indicator 07B  
**Field Name:** Ethnicity\_Women15to17  
**Row Name:** Women 15 through 17  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Louisiana Vital Records preliminary 2010 data.
20. **Section Number:** Form21\_Indicator 07B  
**Field Name:** Ethnicity\_Women18to19  
**Row Name:** Women 18 through 19  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Louisiana Vital Records preliminary 2010 data.
21. **Section Number:** Form21\_Indicator 07B  
**Field Name:** Ethnicity\_Women20to34  
**Row Name:** Women 20 through 34  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Louisiana Vital Records preliminary 2010 data.
22. **Section Number:** Form21\_Indicator 07B  
**Field Name:** Ethnicity\_Women35  
**Row Name:** Women 35 or older  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Louisiana Vital Records preliminary 2010 data.
23. **Section Number:** Form21\_Indicator 08A  
**Field Name:** S08\_Race\_Infants  
**Row Name:** Infants 0 to 1  
**Column Name:**  
**Year:** 2013

- Field Note:**  
Louisiana Vital Records preliminary 2010 data.
24. **Section Number:** Form21\_Indicator 08A  
**Field Name:** S08\_Race\_Children1to4  
**Row Name:** children 1 through 4  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Louisiana Vital Records preliminary 2010 data.
25. **Section Number:** Form21\_Indicator 08A  
**Field Name:** S08\_Race\_Children5to9  
**Row Name:** children 5 through 9  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Louisiana Vital Records preliminary 2010 data.
26. **Section Number:** Form21\_Indicator 08A  
**Field Name:** S08\_Race\_Children10to14  
**Row Name:** children 10 through 14  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Louisiana Vital Records preliminary 2010 data.
27. **Section Number:** Form21\_Indicator 08A  
**Field Name:** S08\_Race\_Children15to19  
**Row Name:** children 15 through 19  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Louisiana Vital Records preliminary 2010 data.
28. **Section Number:** Form21\_Indicator 08A  
**Field Name:** S08\_Race\_Children20to24  
**Row Name:** children 20 through 24  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Louisiana Vital Records preliminary 2010 data.
29. **Section Number:** Form21\_Indicator 08B  
**Field Name:** S08\_Ethnicity\_Infants  
**Row Name:** Infants 0 to 1  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Louisiana Vital Records preliminary 2010 data.
30. **Section Number:** Form21\_Indicator 08B  
**Field Name:** S08\_Ethnicity\_Children1to4  
**Row Name:** children 1 through 4  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Louisiana Vital Records preliminary 2010 data.
31. **Section Number:** Form21\_Indicator 08B  
**Field Name:** S08\_Ethnicity\_Children5to9  
**Row Name:** children 5 through 9  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Louisiana Vital Records preliminary 2010 data.
32. **Section Number:** Form21\_Indicator 08B  
**Field Name:** S08\_Ethnicity\_Children10to14  
**Row Name:** children 10 through 14  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Louisiana Vital Records preliminary 2010 data.
33. **Section Number:** Form21\_Indicator 08B  
**Field Name:** S08\_Ethnicity\_Children15to19  
**Row Name:** children 15 through 19  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Louisiana Vital Records preliminary 2010 data.
34. **Section Number:** Form21\_Indicator 08B  
**Field Name:** S08\_Ethnicity\_Children20to24  
**Row Name:** children 20 through 24  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Louisiana Vital Records preliminary 2010 data.
35. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSI Race\_Children  
**Row Name:** All children 0 through 19

**Column Name:**

Year: 2013

**Field Note:**

2010 Final Census Data

**36. Section Number:** Form21\_Indicator 09A**Field Name:** HSIRace\_SingleParentPercent**Row Name:** Percent in household headed by single parent**Column Name:**

Year: 2013

**Field Note:**

Definitions: Children under age 18 who live with their own single parent either in a family or subfamily.

Data Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, Census 2000 Supplementary Survey, 2001 Supplementary Survey and 2002 through 2009 American Community Survey (ACS).

Footnotes: Updated October 2010.

S - Estimates suppressed when the confidence interval around the percentage is greater or equal than or equal to 10 percentage points. N.A. – Data not available. A 90 percent confidence interval for each estimate can be found at Children in single-parent families. No other ethnic racial breakdown available.

**37. Section Number:** Form21\_Indicator 09A**Field Name:** HSIRace\_TANFPercent**Row Name:** Percent in TANF (Grant) families**Column Name:**

Year: 2013

**Field Note:**

Percent: The average number of children served by the Family Independence Temporary Assistance Program (FITAP) in a state fiscal year (July 1-June 30).

Data Source: FITAP Numbers: Louisiana Department of Children and Family Services, Office of Family Support, Quality Assurance Division. Population Data: Population Estimates Program, Population Division, U.S. Census Bureau Washington D.C. Available at <http://www.census.gov/popest/estimates.php>

Footnotes: FITAP provides cash assistance to families with children when the financial resources of the family are insufficient to meet subsistence needs. The average family in the program consists of a mother and two children. The average grant in Louisiana is \$200 per month.

**38. Section Number:** Form21\_Indicator 09A**Field Name:** HSIRace\_MedicaidNo**Row Name:** Number enrolled in Medicaid**Column Name:**

Year: 2013

**Field Note:**

From Medicaid: Unduplicated Count of Eligibles by Race FFY 2011 (October 2010- September 2011). Ages 0-19. Hispanic or Latino includes Hispanic or Latino (no other race information) AND Hispanic or Latino and one or more races. Ethnicity not reported includes Invalid Race Code AND More than One Race (Hispanic or Latino not indicated) AND Unknown.

**39. Section Number:** Form21\_Indicator 09A**Field Name:** HSIRace\_SCHIPNo**Row Name:** Number enrolled in SCHIP**Column Name:**

Year: 2013

**Field Note:**

From Medicaid: Unduplicated Count of Eligibles by Race FFY 2011 (October 2010- September 2011). Ages 0-19. Hispanic or Latino includes Hispanic or Latino (no other race information) AND Hispanic or Latino and one or more races. Ethnicity not reported includes Invalid Race Code AND More than One Race (Hispanic or Latino not indicated) AND Unknown.

**40. Section Number:** Form21\_Indicator 09A**Field Name:** HSIRace\_FoodStampNo**Row Name:** Number enrolled in food stamp program**Column Name:**

Year: 2013

**Field Note:**

The average number of children served by the Food Stamp program in a given state fiscal year (July 1-June 30).

Data Source: Food Stamp data: Louisiana Department of Social Services, Office of Family Support, Quality Assurance Division. No further ethnic or racial breakdown is available.

**41. Section Number:** Form21\_Indicator 09A**Field Name:** HSIRace\_WCNb**Row Name:** Number enrolled in WIC**Column Name:**

Year: 2013

**Field Note:**

Data is for FFY 2011. The number was derived by adding the number of infants and children that participated in the reporting year, based on the average number of vouchers. This was found to be more accurate versus using unique identifiers. Past counts of unique identifiers included children later found to be ineligible or duplicates.

The racial and ethnic breakdown were derived from the PHAME Report. Information based upon Race/Identy as entered into PHAME. This was used to pull a percentage of race and apply to the actual participation numbers. The participation numbers are not unique pass ID's, they reflect the actual number of people served (holding WIC benefits).

**42. Section Number:** Form21\_Indicator 09A**Field Name:** HSIRace\_JuvenileCrimeRate**Row Name:** Rate (per 100,000) of juvenile crime arrests**Column Name:**

Year: 2013

**Field Note:**Data source: Analysis of arrest data from the FBI's Crime in the United States 2009 (Washington, DC: Federal Bureau of Investigation, 2010), tables 5 and 69, and population data from the National Center for Health Statistics' Estimates of the July 1, 2000–July 1, 2009, United States Resident Population From the Vintage 2009 Postcensal Series by Year, County, Age, Sex, Race, and Hispanic Origin [machine-readable data files available online at [http://www.cdc.gov/nchs/nvss/bridged\\_race.htm](http://www.cdc.gov/nchs/nvss/bridged_race.htm), released 9/2/2009]. No further racial or ethnic breakdown is available.**43. Section Number:** Form21\_Indicator 09A**Field Name:** HSIRace\_DropOutPercent**Row Name:** Percentage of high school drop-outs (grade 9 through 12)**Column Name:**

Year: 2013

**Field Note:**

Definitions: Teenagers between the ages of 16 and 19 who are not enrolled in high school and are not high school graduates

Data Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, American Community Survey.

Notes: Updated October 2010.

S - Estimates suppressed when the confidence interval around the percentage is greater than or equal to 10 percentage points. N.A. – Data not available. A 90 percent confidence

interval for each estimate can be found at Teens ages 16 to 19 not in school and not high school graduates. No other ethnic racial breakdown available.

44. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIethnicity\_Children  
**Row Name:** All children 0 through 19  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
2010 Final Census Data
45. **Section Number:** Form21\_Indicator 10  
**Field Name:** Metropolitan  
**Row Name:** Living in metropolitan areas  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
2010 Final Census data
46. **Section Number:** Form21\_Indicator 10  
**Field Name:** Urban  
**Row Name:** Living in urban areas  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
2010 Final Census data
47. **Section Number:** Form21\_Indicator 10  
**Field Name:** Rural  
**Row Name:** Living in rural areas  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
2010 Final Census data
48. **Section Number:** Form21\_Indicator 10  
**Field Name:** Frontier  
**Row Name:** Living in frontier areas  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
2010 Final Census data
49. **Section Number:** Form21\_Indicator 11  
**Field Name:** S11\_total  
**Row Name:** Total Population  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
2010 Final Census data
50. **Section Number:** Form21\_Indicator 11  
**Field Name:** S11\_50percent  
**Row Name:** Percent Below: 50% of poverty  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
2010 Final Census data
51. **Section Number:** Form21\_Indicator 11  
**Field Name:** S11\_100percent  
**Row Name:** 100% of poverty  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
2010 Final Census data
52. **Section Number:** Form21\_Indicator 11  
**Field Name:** S11\_200percent  
**Row Name:** 200% of poverty  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
2010 Final Census data
53. **Section Number:** Form21\_Indicator 12  
**Field Name:** S12\_Children  
**Row Name:** Children 0 through 19 years old  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Louisiana Vital Records preliminary 2010 data
54. **Section Number:** Form21\_Indicator 12  
**Field Name:** S12\_50percent  
**Row Name:** Percent Below: 50% of poverty  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
2010 KidsCount data
55. **Section Number:** Form21\_Indicator 12  
**Field Name:** S12\_100percent  
**Row Name:** 100% of poverty  
**Column Name:**

Year: 2013  
Field Note:  
2010 KidsCount data

56. Section Number: Form21\_Indicator 12  
Field Name: S12\_200percent  
Row Name: 200% of poverty  
Column Name:  
Year: 2013  
Field Note:  
2010 KidsCount data