

TITLE V BLOCK GRANT APPLICATION
FORMS (1-21)
STATE: ND
APPLICATION YEAR: 2005

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APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 7/15/2004	APPLICANT IDENTIFIER									
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER ND 04 713-0355									
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER									
5. APPLICANT INFORMATION												
Legal Name: North Dakota Department of Health		Organizational Unit: North Dakota Department of Health										
Address (give city, county, state and zip code) 600 East Boulevard Avenue, Dept. 301 Bismarck, ND 58505 County: Burleigh		Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: Kim Senn (MCH); Tamara Gallup-Millner 701.328.2436 (CSHS) Tel Number: 701.328.2493 (MCH)										
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">4</td><td style="width: 20px; text-align: center;">5</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">3</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">7</td><td style="width: 20px; text-align: center;">6</td><td style="width: 20px; text-align: center;">4</td></tr></table>		4	5	0	3	0	9	7	6	4	7. TYPE OF APPLICANT: (Enter appropriate letter in box) A A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipality J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipality M. Profit Organization G. Special District N. Other (Specify)	
4	5	0	3	0	9	7	6	4				
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration Decrease Duration Other (specify):		9 NAME OF FEDERAL AGENCY: Health Resources and Services Administration, Maternal and Child Health Bureau										
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">3</td><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">4</td></tr></table> TITLE: Maternal and Child Health Services Block Grant		9	3	9	9	4	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Maternal and Child Health Services Block Grant					
9	3	9	9	4								
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.):												
13. PROPOSED PROJECT: Start Date: 10/01/2004 Ending Date: 09/30/2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Statewide b. Project Statewide										
15. ESTIMATED FUNDING: a. Federal \$ <u>1,882,687.00</u> b. Applicant \$ <u>564,806.00</u> c. State \$ <u>1,218,594.00</u> d. Local \$ <u>627,760.00</u> e. Other \$ <u>0.00</u> f. Program Income \$ <u>0.00</u> g. TOTAL \$ <u>4,293,847.00</u>		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW										
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT <input type="checkbox"/> Yes. If "Yes", attach an explanation <input checked="" type="checkbox"/> No										
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.												
a. Typed Name of Authorized Representative Arvy Smith		b. Title Deputy State Health Officer	c. Telephone Number 701.328.3070									
d. Signature of Authorized Representative		e. Date Signed										

FORM 2
MCH BUDGET DETAILS FOR FY 2005

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: ND

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 1,882,687

A. Preventive and primary care for children:

\$ 627,500 (33.33%)

B. Children with special health care needs:

\$ 564,807 (30%)

(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:

\$ 188,268 (10%)

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

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

\$ 564,806

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

\$ 1,218,594

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

\$ 627,760

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

\$ 0

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

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

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

\$ 1,206,293

\$ 1,846,354

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

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 4,293,847

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 100,000

c. CISS: \$ 0

d. Abstinence Education: \$ 90,894

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 218,557

j. Education: \$ 100,000

k. Other: \$ 0

ECCS \$ 100,000

PHHS \$ 30,000

Title X FP \$ 840,596

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

\$ 1,480,047

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 5,773,894

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

None

**FORM 3
STATE MCH FUNDING PROFILE**

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

STATE: ND

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 2,012,129	\$ 1,245,867	\$ 1,933,136	\$ 0	\$ 1,882,687	\$ 0
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 603,640	\$ 603,640	\$ 579,941	\$ 0	\$ 564,806	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 1,517,922	\$ 1,293,491	\$ 1,458,331	\$ 0	\$ 1,218,594	\$ 0
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 455,378	\$ 102,740	\$ 437,499	\$ 0	\$ 627,760	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 4,589,069	\$ 3,245,738	\$ 4,408,907	\$ 0	\$ 4,293,847	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 14,034,755	\$ 12,478,784	\$ 14,137,962	\$ 0	\$ 1,480,047	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 18,623,824	\$ 15,724,522	\$ 18,546,869	\$ 0	\$ 5,773,894	\$ 0
(STATE MCH BUDGET TOTAL)						

**FORM 3
STATE MCH FUNDING PROFILE**

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

STATE: ND

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 1,964,086	\$ 1,521,644	\$ 1,979,933	\$ 1,397,090	\$ 1,978,047	\$ 1,458,399
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 618,033	\$ 618,003	\$ 593,980	\$ 593,980	\$ 593,414	\$ 593,414
3. State Funds <i>(Line3, Form 2)</i>	\$ 1,475,000	\$ 794,159	\$ 1,493,634	\$ 711,478	\$ 1,483,536	\$ 1,100,196
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 472,893	\$ 819,960	\$ 448,090	\$ 790,557	\$ 456,338	\$ 447,694
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 4,530,012	\$ 3,753,766	\$ 4,515,637	\$ 3,493,105	\$ 4,511,335	\$ 3,599,703
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 15,022,469	\$ 11,974,688	\$ 13,252,146	\$ 12,336,938	\$ 12,926,638	\$ 12,793,658
9. Total <i>(Line11, Form 2)</i>	\$ 19,552,481	\$ 15,728,454	\$ 17,767,783	\$ 15,830,043	\$ 17,437,973	\$ 16,393,361
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2002
Field Note:
Federal Allocation differs from expended by more than 10% because of carryover funds that state match not made available for.
2. **Section Number:** Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2003
Field Note:
Routinely budget more than expended. Federal allocation differed from expended by more than 10% because carryover funds require additional match that is currently not available.
3. **Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2002
Field Note:
More state funds expended than anticipated.
4. **Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2003
Field Note:
Expended less than expected due to state budget cuts.
5. **Section Number:** Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2003
Field Note:
Local funding used to meet the state match requirements.
6. **Section Number:** Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2003
Field Note:
Actual spending did not meet budgeted amount.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: ND

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 344,846	\$ 348,724	\$ 426,420	\$ 0	\$ 197,225	\$ 0
b. Infants < 1 year old	\$ 684,628	\$ 573,465	\$ 639,630	\$ 0	\$ 628,826	\$ 0
c. Children 1 to 22 years old	\$ 1,079,759	\$ 1,002,159	\$ 1,066,051	\$ 0	\$ 1,108,410	\$ 0
d. Children with Special Healthcare Needs	\$ 2,168,632	\$ 1,111,618	\$ 2,083,492	\$ 0	\$ 2,029,118	\$ 0
e. Others	\$ 109,992	\$ 97,618	\$ 0	\$ 0	\$ 142,000	\$ 0
f. Administration	\$ 201,212	\$ 112,154	\$ 193,314	\$ 0	\$ 188,268	\$ 0
g. SUBTOTAL	\$ 4,589,069	\$ 3,245,738	\$ 4,408,907	\$ 0	\$ 4,293,847	\$ 0

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

a. SPRANS	\$ 0	\$ 0	\$ 0
b. SSDI	\$ 100,000	\$ 100,000	\$ 100,000
c. CISS	\$ 0	\$ 100,000	\$ 0
d. Abstinence Education	\$ 126,220	\$ 126,220	\$ 90,894
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 10,950,000	\$ 10,710,000	\$ 0
h. AIDS	\$ 0	\$ 0	\$ 0
i. CDC	\$ 218,557	\$ 258,632	\$ 218,557
j. Education	\$ 0	\$ 100,000	\$ 100,000
k. Other			
ECCS	\$ 0	\$ 0	\$ 100,000
PHHS	\$ 0	\$ 0	\$ 30,000
Title X FP	\$ 0	\$ 806,996	\$ 840,596
Domestic Violence	\$ 1,893,862	\$ 1,936,114	\$ 0
Family Planning Title X	\$ 746,116	\$ 0	\$ 0
III. SUBTOTAL	\$ 14,034,755	\$ 14,137,962	\$ 1,480,047

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: ND

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 373,359	\$ 404,095	\$ 340,379	\$ 364,605	\$ 338,700	\$ 489,905
b. Infants < 1 year old	\$ 725,976	\$ 795,370	\$ 675,765	\$ 729,209	\$ 672,427	\$ 779,098
c. Children 1 to 22 years old	\$ 974,882	\$ 1,254,414	\$ 1,065,781	\$ 1,093,813	\$ 1,060,516	\$ 1,225,867
d. Children with Special Healthcare Needs	\$ 2,167,386	\$ 1,095,871	\$ 2,133,928	\$ 1,092,413	\$ 2,131,895	\$ 1,011,187
e. Others	\$ 92,000	\$ 110,000	\$ 101,791	\$ 109,992	\$ 109,992	\$ 0
f. Administration	\$ 196,409	\$ 94,016	\$ 197,993	\$ 103,073	\$ 197,805	\$ 93,646
g. SUBTOTAL	\$ 4,530,012	\$ 3,753,766	\$ 4,515,637	\$ 3,493,105	\$ 4,511,335	\$ 3,599,703

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

a. SPRANS	\$ 0	\$ 0	\$ 0
b. SSDI	\$ 100,000	\$ 95,000	\$ 100,000
c. CISS	\$ 0	\$ 0	\$ 0
d. Abstinence Education	\$ 126,220	\$ 126,220	\$ 126,220
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 12,666,245	\$ 9,384,300	\$ 10,372,850
h. AIDS	\$ 0	\$ 0	\$ 0
i. CDC	\$ 0	\$ 0	\$ 100,000
j. Education	\$ 0	\$ 0	\$ 0
k. Other			
Arthritis	\$ 0	\$ 0	\$ 120,000
Domestic Violence	\$ 1,660,582	\$ 1,251,558	\$ 1,492,876
Family Planning Title X	\$ 0	\$ 0	\$ 614,692
Family Planning	\$ 469,422	\$ 2,395,068	\$ 0
III. SUBTOTAL	\$ 15,022,469	\$ 13,252,146	\$ 12,926,638

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenBudgeted
Row Name: Pregnant Women
Column Name: Budgeted
Year: 2004
Field Note:
Amount budgeted for maternal health.
2. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenBudgeted
Row Name: Pregnant Women
Column Name: Budgeted
Year: 2005
Field Note:
New methodology used to determine budgeted amounts.
3. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2002
Field Note:
More funds were expended than budgeted due to additional funds spend in area by local grantees and additional state funds added.
4. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Budgeted
Row Name: Infants <1 year old
Column Name: Budgeted
Year: 2004
Field Note:
Infant funds budgeted.
5. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2002
Field Note:
See notes on Maternal.
6. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2003
Field Note:
Expenditures by local public health departments less than budgeted.
7. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Budgeted
Row Name: Children 1 to 22 years old
Column Name: Budgeted
Year: 2004
Field Note:
Amount budgeted for children.
8. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2002
Field Note:
Additional funds expended state and local levels.
9. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNBudgeted
Row Name: CSHCN
Column Name: Budgeted
Year: 2004
Field Note:
Amount budgted for CSHCNs.
10. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2002
Field Note:
Explanation from CSHS.
11. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2003
Field Note:
Federal allocation differs from expended by more than 10% because carryover funds require additional match that is currently not available.
12. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others

Column Name: Expended

Year: 2002

Field Note:

None Expended.

13. **Section Number:** I. Federal-State MCH Block Grant Partnership

Field Name: AllOthersExpended

Row Name: All Others

Column Name: Expended

Year: 2003

Field Note:

Expenditures by other federal grants less than budgeted.

14. **Section Number:** I. Federal-State MCH Block Grant Partnership

Field Name: AdminBudgeted

Row Name: Administration

Column Name: Budgeted

Year: 2004

Field Note:

Amount budeted for Indirect costs.

15. **Section Number:** I. Federal-State MCH Block Grant Partnership

Field Name: AdminExpended

Row Name: Administration

Column Name: Expended

Year: 2002

Field Note:

Indirect applied to salaries and benefits.

16. **Section Number:** I. Federal-State MCH Block Grant Partnership

Field Name: AdminExpended

Row Name: Administration

Column Name: Expended

Year: 2003

Field Note:

Expended less than expected. Some costs being shifted to other federal grants.

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: ND

TYPE OF SERVICE	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 825,417	\$ 570,580	\$ 744,379	\$ 0	\$ 853,237	\$ 0
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 558,925	\$ 333,366	\$ 644,379	\$ 0	\$ 606,643	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,220,789	\$ 920,306	\$ 895,566	\$ 0	\$ 856,039	\$ 0
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 1,983,938	\$ 1,421,486	\$ 2,124,583	\$ 0	\$ 1,977,928	\$ 0
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 4,589,069	\$ 3,245,738	\$ 4,408,907	\$ 0	\$ 4,293,847	\$ 0

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: ND

TYPE OF SERVICE	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 1,074,457	\$ 461,243	\$ 883,973	\$ 461,103	\$ 841,383	\$ 427,205
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 312,600	\$ 345,126	\$ 395,987	\$ 292,620	\$ 659,349	\$ 360,781
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,366,011	\$ 1,305,080	\$ 1,363,830	\$ 1,221,551	\$ 1,286,580	\$ 1,211,818
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 1,776,944	\$ 1,642,317	\$ 1,871,847	\$ 1,517,831	\$ 1,724,023	\$ 1,599,899
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 4,530,012	\$ 3,753,766	\$ 4,515,637	\$ 3,493,105	\$ 4,511,335	\$ 3,599,703

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: DirectHCBudgeted
Row Name: Direct Health Care Services
Column Name: Budgeted
Year: 2004
Field Note:
Amount projected for CSHS and FPP in MCH.
2. **Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2002
Field Note:
Includes CSHS and FPP in MCH.
3. **Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2003
Field Note:
Federal allocation differs from expended by more than 10% because carryover funds require additional match that is currently not available.
4. **Section Number:** Main
Field Name: EnablingBudgeted
Row Name: Enabling Services
Column Name: Budgeted
Year: 2004
Field Note:
Enabling services through CSHS.
5. **Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2002
Field Note:
CSHS Expenditures.
6. **Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2003
Field Note:
Federal allocation differs from expended by more than 10% because carryover funds require additional match that is currently not available.
7. **Section Number:** Main
Field Name: PopBasedBudgeted
Row Name: Population-Based Services
Column Name: Budgeted
Year: 2004
Field Note:
Primarily support for local efforts in MCH. This is reduced based on decrease in funds to ND.
8. **Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2002
Field Note:
Primarily funds allocated to local agencies in MCH.
9. **Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2003
Field Note:
Decreased funding to local public health departments due to federal cuts.
10. **Section Number:** Main
Field Name: InfrastrBuildBudgeted
Row Name: Infrastructure Building Services
Column Name: Budgeted
Year: 2004
Field Note:
Primarily state level support of programs in MCH.
11. **Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2002
Field Note:
Primarily state level management of programs in MCH.
12. **Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services

Column Name: Expended

Year: 2003

Field Note:

Shifting salaries and other costs to other federal grants.

FORM 6

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

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

STATE: ND

Total Births by Occurrence: 8,973

Reporting Year: 2003

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	8,942	99.7	2	1	1	100
Congenital Hypothyroidism	8,942	99.7	4	4	4	100
Galactosemia	8,942	99.7	4	0	0	
Sickle Cell Disease						

Other Screening (Specify)

Congenital Adrenal Hyperplasia (CAH)	8,942	99.7	6	1	1	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

All four presumptive positive screens for congenital hypothyroidism were confirmed cases.

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: Congenital_Confirmed
Row Name: Congenital
Column Name: Confirmed Cases
Year: 2005
Field Note:
All four presumptive positive screens for congenital hypothyroidism were confirmed cases

2. **Section Number:** Other Screening Types
Field Name: Other
Row Name: All Rows
Column Name: All Columns
Year: 2005
Field Note:
Congenital Adrenal Hyperplasia

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: ND

Reporting Year: 2003

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	4,571	26.0	0.0	70.4	2.5	1.2
Infants < 1 year old	8,942	45.6	5.9	41.1	7.4	0.0
Children 1 to 22 years old	77,775	17.0	1.6	74.0	7.4	0.0
Children with Special Healthcare Needs	1,403	16.5	2.0	75.6	4.6	1.3
Others	15,138	4.3	0.0	54.0	41.7	0.0
TOTAL	107,829					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

None

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: ND

Reporting Year: 2002

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	8,877	7,273	179	1,291	11	0	0	123
Title V Served	472	402	29	38	3	0	0	0
Eligible for Title XIX	2,207	1,327	75	788	1	0	0	16
INFANTS								
Total Infants in State	7,660	6,481	86	668	42	3	327	53
Title V Served	7,660	6,481	86	668	42	3	327	53
Eligible for Title XIX	1,890	1,488	36	358	2	0	0	6

II. UNDUPLICATED COUNT BY ETHNICITY

	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	HISPANIC OR LATINO (Sub-categories by country or area of origin)				
				(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	8,480	233	164	165	7	8	12	41
Title V Served	478	4	0	0	0	0	0	4
Eligible for Title XIX	2,041	111	55	90	1	1	4	15
INFANTS								
Total Infants in State	7,429	231	0	0	0	0	0	231
Title V Served	7,223	143	124	83	7	8	10	35
Eligible for Title XIX	0	0	1,890	0	0	0	0	0

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

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

Field Name: InfantsTotal_All

Row Name: Total Infants in State

Column Name: Total All Races

Year: 2005

Field Note:

Total infants in the state is taken from estimates from the US Census Bureau for children under age 1. North Dakota typically has more than 1000 more occurent births than resident birth each year. All of the occurnet births are served by Title V.

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

	FY 2005	FY 2004	FY 2003	FY 2002	FY 2001
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(800) 472-2286</u>	<u>(800) 472-2286</u>	<u>(800) 472-2286</u>	<u>(800) 472-2286</u>	<u>(800) 472-2286</u>
2. State MCH Toll-Free "Hotline" Name	MCH Toll-Free	MCH Toll-Free			
3. Name of Contact Person for State MCH "Hotline"	<u>Colleen Ebach</u>	<u>Colleen Ebach</u>	<u>JoAnne Swindler</u>	<u>JoAnne Swindler</u>	<u>JoAnne Swindler</u>
4. Contact Person's Telephone Number	<u>701-328-2356</u>	<u>701-328-2356</u>	<u>(701) 328-2356</u>	<u>(701) 328-2356</u>	<u>(701) 328-2356</u>
5. Number of calls received on the State MCH "Hotline" this reporting period			<u>6,104</u>	<u>6,546</u>	<u>6,906</u>

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

	FY 2005	FY 2004	FY 2003	FY 2002	FY 2001
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(800) 755-2714</u>	<u>(800) 755-2714</u>			<u>(800) 755-2714</u>
2. State MCH Toll-Free "Hotline" Name	CSHS Toll-Free Info Line	CSHS Toll-Free Info Line			CSHS Toll-Free Info Line
3. Name of Contact Person for State MCH "Hotline"	<u>Tamara Gallup-Millner</u>	<u>Tamara Gallup-Millner</u>			<u>Tamara Gallup-Millner</u>
4. Contact Person's Telephone Number	<u>(701) 328-2436</u>	<u>(701) 328-2436</u>			<u>(701) 328-2436</u>
5. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>1,831</u>	<u>2,007</u>	<u>2,071</u>

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

None

Director

Address Division Family Health, N.D. Department of Health
City Bismarck
State ND
Zip 58505-0200
Phone (701) 328-2493
Fax (701) 328-1412
Email ksenn@state.nd.us
Web http://www.ndmch.com/default.asp

Unit Director

Address CSHS Unit, N.D. Department of Human Services
City Bismarck
State ND
Zip 58505-0269
Phone (701) 328-2436
Fax (701) 328-1645
Email sogalt@state.nd.us
Web http://www.state.nd.us/humanservices/services/medical

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

1. **Section Number:** Most significant providers receiving MCH funds

Field Name: ProviderFund1

Row Name:

Column Name:

Year: 2005

Field Note:

MCH funds are used to support infrastructure and population based services by providing funds to 27 of 28 local public health units, four tribal entities and four other agencies/organizations that provide MCH services (i.e., Family Health Care Center).

2. **Section Number:** Most significant providers receiving MCH funds

Field Name: ProviderFund2

Row Name:

Column Name:

Year: 2005

Field Note:

CSHS providers include medical specialists and related health care providers, hospitals and health systems, public health departments, universities, school districts and county social service offices.

3. **Section Number:** The primary Title V Program contact person

Field Name: PrimaryContact

Row Name:

Column Name:

Year: 2005

Field Note:

Kim Senn, R.N., B.N.Sc.

Director

Division of Family Health

North Dakota Department of Health

600 East Boulevard Avenue, Dept. 301

Bismarck, ND 58505-0200

701.328.2493

701.328.1412

ksenn@state.nd.us

<http://www.ndmch.com/default.asp>

4. **Section Number:** The CSHCN contact person

Field Name: CSHCNContact

Row Name:

Column Name:

Year: 2005

Field Note:

Tamara Gallup-Millner, R.N., M.P.A.

Unit Director

CSHS Unit, Medical Services Division

North Dakota Department of Human Services

600 East Boulevard Avenue, Dept. 325

Bismarck, ND 58505-0269

701.328.2436

701.328.1645

sogalt@state.nd.us

<http://www.state.nd.us/humanservices/services/medicalserv/cshs/>

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

PERFORMANCE MEASURE # 01

The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	_____	_____	100
Annual Indicator	_____	_____	_____	100.0	100.0
Numerator	_____	_____	_____	6	6
Denominator	_____	_____	_____	6	6
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	100	100	100	100	100
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.

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>					
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	_____	_____	61.5
Annual Indicator	_____	_____	_____	61.5	61.5
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	61.5	61.5	65	65	65
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.

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>					
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	_____	_____	54.7
Annual Indicator	_____	_____	_____	54.7	54.7
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	54.7	54.7	60	60	60
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.

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>					
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	_____	_____	62
Annual Indicator	_____	_____	_____	62	62
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	62	62	65	65	65
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.

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>					
	1999	2000	2001	2002	2003
Annual Performance Objective					83.4
Annual Indicator				83.4	83.4
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	83.4	83.4	85	85	85
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.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective					5.8
Annual Indicator				5.8	5.8
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	5.8	10	10	10	10
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.

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>				
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>83.2</u>	<u>83.5</u>	<u>84</u>	<u>82</u>	<u>79</u>
Annual Indicator	<u>81.5</u>	<u>80.3</u>	<u>78.7</u>	<u>77.7</u>	<u>77.7</u>
Numerator	<u>13,127</u>	<u>18,956</u>	<u>18,578</u>	<u>18,342</u>	<u>18,342</u>
Denominator	<u>16,107</u>	<u>23,606</u>	<u>23,606</u>	<u>23,606</u>	<u>23,606</u>
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>79.5</u>	<u>80</u>	<u>80.5</u>	<u>81</u>	<u>81.5</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.

PERFORMANCE MEASURE # 08

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>16.9</u>	<u>16.8</u>	<u>16.1</u>	<u>16.1</u>	<u>12</u>
Annual Indicator	<u>16.2</u>	<u>14.7</u>	<u>12.3</u>	<u>11.5</u>	<u>11.5</u>
Numerator	<u>667</u>	<u>639</u>	<u>562</u>	<u>523</u>	<u>523</u>
Denominator	<u>41,170</u>	<u>43,341</u>	<u>45,512</u>	<u>45,512</u>	<u>45,339</u>
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>11.5</u>	<u>11</u>	<u>10.5</u>	<u>10</u>	<u>9.5</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.

PERFORMANCE MEASURE # 09

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	53	53.5	54	54	54
Annual Indicator	53.6	53.6	53.6	53.6	53.6
Numerator	178	178	178	178	178
Denominator	332	332	332	332	332
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	55	56	57	58	59
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.

PERFORMANCE MEASURE # 10

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	4.1	4.1	4.3	3.9	2.9
Annual Indicator	4.0	4.7	3.0	3.6	3.5
Numerator	5	5.7	11	13	13
Denominator	125,369	122,109	366,056	366,056	366,558
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	2.8	2.7	2.6	2.5	2.4
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 11

Percentage of mothers who breastfeed their infants at hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	58	59	62	59	62
Annual Indicator	57.6	58.4	61.7	61.2	60.9
Numerator	5,126	4,944	4,398	5,285	5,265
Denominator	8,900	8,465	7,128	8,636	8,652
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	63	64	65	66	67
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.

PERFORMANCE MEASURE # 12

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	40	41	45	75	95
Annual Indicator	39.2	38.3	41.7	54.1	91.3
Numerator	3,588	3,397	3,693	4,779	8,104
Denominator	9,156	8,879	8,847	8,839	8,877
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	95	95	95	95	96
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.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	8.7	8.7	16.3	10.3	7.8
Annual Indicator	10.4	12.1	7.9	7.4	7.4
Numerator	18,255	19,463	12,707	11,903	11,903
Denominator	175,526	160,849	160,849	160,849	160,849
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	7.7	7.6	7.5	7.4	7.3
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 14

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	81	82	87.5	87	93
Annual Indicator	74.4	75.3	63.0	78.3	79.8
Numerator	23,493	23,763	23,029	27,653	30,702
Denominator	31,564	31,552	36,575	35,328	38,494
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	80	80.5	81	81.5	82
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.

PERFORMANCE MEASURE # 15

The percent of very low birth weight infants among all live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	1	1	1	1	1
Annual Indicator	1.2	1.2	1.1	1.2	1.2
Numerator	92.7	90	252	267	267
Denominator	7,974.3	7,747	22,975	22,975	22,975
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	1	1	1	1	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.

PERFORMANCE MEASURE # 16

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	25	25	19.5	15.7	11
Annual Indicator	15.8	14.4	11.2	8.7	8.7
Numerator	8.3	7.67	18	14	14
Denominator	52,557	53,356.3	160,350	160,350	160,350
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	10.5	10	9.5	9	8.5
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.

PERFORMANCE MEASURE # 17

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	53	54	64	64	59
Annual Indicator	63.5	59.1	58.0	53.9	53.9
Numerator	47	52	51	48	48
Denominator	74	88	88	89	89
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	60	61	62	63	64
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.

PERFORMANCE MEASURE # 18

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	85	85.5	86	86.5	85
Annual Indicator	86.0	85.0	84.5	85.5	85.5
Numerator	6,564	6,523	6,478	6,627	6,627
Denominator	7,635	7,676	7,664	7,755	7,755
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	85.5	86	86.5	87	87.5
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.

STATE PERFORMANCE MEASURE # 3

The rate (per 1,000) of abuse and neglect in infants and children from birth to age 5.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	6.05	6.0	7.8	7.8	8.1
Annual Indicator	7.9	8.3	8.2	7.4	7.4
Numerator	379	397	392	350	350
Denominator	47,845	47,613	47,613	47,613	47,613
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	7.3	7.2	7.1	7	6.9
Annual Indicator					
Numerator					
Denominator					

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

STATE PERFORMANCE MEASURE # 4

Increase the percent of normal weight among young adults 18-24 years of age.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	45	46	47	48	55
Annual Indicator	42.2	53.2	53.2	53.3	57.5
Numerator	39,022	35,146	35,146	39,095	42,233
Denominator	92,567	66,053	66,053	73,349	73,449
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	58	59	60	61	62
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.

STATE PERFORMANCE MEASURE # 5

Percent of Medicaid-eligible children who receive dental services as part of their comprehensive services.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	33	33.5	37	37.5	29
Annual Indicator	12.0	35.2	31.2	28.8	30.2
Numerator	3,787	11,106	11,417	10,192	11,638
Denominator	31,564	31,552	36,575	35,328	38,494
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	31	32	33	34	35
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.

STATE PERFORMANCE MEASURE # 6

Ratio of school nurses to students in North Dakota.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	.68	.82	.18	.15	.2
Annual Indicator	0.2	0.2		0.2	0.2
Numerator	22	18.1		21	21
Denominator	123,462	117,329		112,255	112,255
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	.2	.2	0.2	0.2	0.2
Annual Indicator					
Numerator					
Denominator					

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

STATE PERFORMANCE MEASURE # 8

The proportion of pregnancies that are intended

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective			60.6	61.2	61
Annual Indicator	60.6		60.6	60.6	61.9
Numerator	641		641	641	557
Denominator	1,058		1,058	1,058	900
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	62	63	64	65	66
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.

STATE PERFORMANCE MEASURE # 9

Percent of women who use tobacco during pregnancy

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective			19.0	19	16.5
Annual Indicator	19.1	17.9	16.6	17.2	17.2
Numerator	1,458	1,375	1,273	1,335	1,335
Denominator	7,635	7,676	7,664	7,755	7,755
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	16	15.5	15	14.5	14
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.

STATE PERFORMANCE MEASURE # 10

Rate per 100,000 of pediatric hospitalization for asthma in children age 1 through age 17

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective			72.4	72.3	70
Annual Indicator	72.4	70.2	70.2	70.2	70.2
Numerator	324	317	317	317	317
Denominator	447,459	451,459	451,459	451,459	451,459
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	69	68	67	66	65
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.

STATE PERFORMANCE MEASURE # 11

The percent of CSHCN served by CSHS with a specialty care visit

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective			87.6	88.1	90
Annual Indicator	86.6	87.3	88.0	88.9	87.6
Numerator	4,625	4,498	4,331	4,166	3,932
Denominator	5,342	5,152	4,923	4,688	4,487
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	91	92	93	94	95
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.

STATE PERFORMANCE MEASURE # 12

The percent of reproductive age women who use a multivitamin or folic-acid containing supplements

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective			42	54	57
Annual Indicator	38.0	52.7	52.5	56.2	57.2
Numerator	409	62,581	61,652	62,916	61,442
Denominator	1,076	118,817	117,408	111,919	107,325
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	58	59	60	61	62
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.

STATE PERFORMANCE MEASURE # 13

The rate of deaths to children aged 1-19 caused by unintentional injuries per 100,000 children.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective			24.5	24.5	15
Annual Indicator	25.2	20.9	15.4	15.4	15.4
Numerator	44.3	36.7	81	81	81
Denominator	176,070.3	175,375	526,125	526,125	526,125
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	14.5	14	13.5	13	12.5
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.

FORM NOTES FOR FORM 11

The Annual Performance Objective of 8.1 for 2003 was determined based on actual data from 2000 (8.3) and 2001 (8.2)

FIELD LEVEL NOTES

1. **Section Number:** Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
2. **Section Number:** Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
3. **Section Number:** Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
4. **Section Number:** Performance Measure #5
Field Name: PM05
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
5. **Section Number:** Performance Measure #6
Field Name: PM06
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]
STATE: ND

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	6	5.8	6	7.6	7.6
Annual Indicator	7.2	7.8	7.7	7.5	7.5
Numerator	57.3	60.3	176	173	173
Denominator	7,974.3	7,747	22,975	23,095	23,095
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	7.5	7.4	7.3	7.2	7.1
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.

OUTCOME MEASURE # 02

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	2.1	2.1	1	0.55	0.5
Annual Indicator	0.6	0.3	0.6	1.1	1.1
Numerator	3.89	2.1	4	8	8
Denominator	6.55	7.2	7	7	7
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	0.5	0.5	0.5	0.5	0.5
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.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	3.5	3.4	4	4.4	5
Annual Indicator	4.5	5.1	5.1	5.1	5.1
Numerator	35.7	39.7	118	117	117
Denominator	7,974.3	7,747	22,975	23,095	23,095
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	5	5	5	5	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.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	2.3	2.2	2.1	2.7	2.5
Annual Indicator	2.8	2.7	2.5	2.4	2.4
Numerator	22.7	20.7	58	56	56
Denominator	7,974.3	7,747	22,975	23,095	23,095
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	2.5	2.5	2.5	2.5	2.5
Annual Indicator					
Numerator					
Denominator					

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

OUTCOME MEASURE # 05

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	9	9	9	9	9.5
Annual Indicator	9.4	10.6	10.2	9.8	9.8
Numerator	75.7	82.3	236	228	228
Denominator	8,018.3	7,791.7	23,107	23,227	23,227
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	9.5	9.5	9.5	9.5	9.5
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.

OUTCOME MEASURE # 06

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	37.2	37.1	19.5	19	17
Annual Indicator	21.7	21.9	17.9	16.1	16.1
Numerator	29.3	28.3	66	59	59
Denominator	135,214	129,230.1	369,741	366,558	366,558
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	16	15.5	15	14.5	14
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.

STATE OUTCOME MEASURE # 7

The ratio of the Native American infant mortality rate to the White infant mortality rate.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	0.6	0.6	0.6	0.6	0.6
Annual Indicator	0.6	0.6	0.6	0.6	0.6
Numerator	7	7	7	7	7
Denominator	12	12	12	12	12
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	0.6	0.6	0.6	0.6	0.6
Annual Indicator					
Numerator					
Denominator					

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

FORM NOTES FOR FORM 12

None

FIELD LEVEL NOTES

None

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

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.

 3

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

 3

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

 3

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

 1

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

 3

Total Score: 15

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: ND FY: 2005

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. For children to receive necessary health care services in school.
2. To reduce the rate of abuse and neglect in infants and children.
3. To increase the percentage of Medicaid eligible children who receive dental services.
4. To increase the percent of young adults who are of normal weight.
5. To increase the number of pregnancies that are intended.
6. The effects of prenatal and maternal smoking on infant health.
7. For women of childbearing age to use folic acid.
8. To reduce the number of deaths due to unintentional injuries to children and adolescents.
9. To reduce the impact of congenital anomalies and chronic health conditions on children and families.
10. For children with special health care needs to receive necessary specialty care and related services.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

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

STATE: ND

APPLICATION YEAR: 2005

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested <i>(max 250 characters)</i>	Reason(s) Why Assistance Is Needed <i>(max 250 characters)</i>	What State, Organization or Individual Would You suggest Provide the TA (if known) <i>(max 250 characters)</i>
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Development of a State Adolescent Plan.	No position dedicated solely to address adolescent health issues.	Kristen Teipel: Konopka Institute for Best Practices in Adolescent Health, University of Minnesota.
2.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Conduct a CSHCN program evaluation.	Currently have limited staff capacity, expertise or experience in this area.	Not yet identified.
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

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

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

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

SP # 3

PERFORMANCE MEASURE: The rate (per 1,000) of abuse and neglect in infants and children from birth to age 5.
STATUS: Active
GOAL: Reduce the rate of abuse and neglect to infants and children.
DEFINITION: The number of neglect/abuse cases in infants and children from birth to age 5 where services are required divided by the number of infants and children from birth to age 5 (1990 census date = 47,845) times 1,000. Baseline 1996: 6.103
Numerator:
1996 - 292
Denominator:
1996 - 47,845
Units: 1000 **Text:** rate per thousand

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES Annual reports on the incidence of abuse and neglect reports and cases found to have probable cause are compiled by the Division of Children and Family Services, Department of Human Services, and are available to the MCH Division.

SIGNIFICANCE Several preventive health activities conducted by state and local health departments impact parenting issues which result in positive parenting and may contribute to reduced abuse and neglect. The best researched data on reduction of abuse and neglect by nursing newborn home visits are the David Olds studies. Other related activities would include the Optimal Pregnancy Outcome Program, Birth Review Program, Child Fatality Review Panel, child care activities, breast feeding, Shaken Baby Syndrome awareness, NCAST and Infant Massage training, oral and medical health issues related to neglect, and parenting classes activities.

SP # 4

PERFORMANCE MEASURE:

Increase the percent of normal weight among young adults 18-24 years of age.

STATUS:

Active

GOAL

To reduce risk of coronary heart disease, some types of cancer, stroke, Type II diabetes mellitus and atherosclerosis and to promote positive reproductive outcomes among women.

DEFINITION

Healthy weight will be defined as a Body Mass Index (BMI) of 18.5 to 24.9.

Numerator:

Number of young adults ages 18-24 with BMI in healthy range (see above definition) estimated using North Dakota Behavioral Risk Factor percentage.

Denominator:

Number of young adults ages 18-24.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

North Dakota Behavioral Risk Factor Survey.

SIGNIFICANCE

Both overweight and eating disorders are increasing among children and adolescents. Promoting eating and exercise patterns are considered preventive for both obesity and eating disorders. These issues must be addressed in the maternal and child health population.

SP # 5

PERFORMANCE MEASURE:

Percent of Medicaid-eligible children who receive dental services as part of their comprehensive services.

STATUS:

Active

GOAL

To increase access to oral health service for Medicaid-eligible children.

DEFINITION

Numerator:

Number of children who have received dental care during past year through Medicaid.

Denominator:

Number of children eligible for Medicaid services during past fiscal year.

Units: 100 **Text:** percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Data will be collected from the State Medicaid Program through the HCFA reporting system using the most appropriate HCFA form (HCFA 1500, HCFA 416, HCFA 2082).

SIGNIFICANCE

Lack of access to dental services under the Medicaid Program have reached a critical stage. The most recent April 1996 Office of Inspector General (OIG) Report: Children's Dental Services Under Medicaid: Access and Utilization dramatically illustrated the worsening crisis that exists in access to dental services under the Medicaid Program. The report showed that in 1993 less than 1 in 5 eligible children received dental services as compared to 4 in 5 children that received medical services. The OIG recommended that the Department look to its programs to develop incentives and demonstrations that can be implemented at the state and local level which would increase access to dental services. Dental disease is common and in most cases preventable. Early dental disease can be reversed and more advanced disease can be treated before it results in pain and infection and becomes very costly to treat.

SP # 6

PERFORMANCE MEASURE:

Ratio of school nurses to students in North Dakota.

STATUS:

Active

GOAL

To ensure access to needed health services within North Dakota schools.

DEFINITION

Numerator:

Number of school nurses providing nursing services in schools per school year.

Denominator:

Number of students in schools in the state.

Units: 1000 **Text:** rate per thousand

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Department of Public Instruction Personnel Forms for Positions Which Do Not Require Teacher Certification and Positions Requiring Teacher Certification, School Health Services Survey, Children's Services Coordinating Committee grants for school nurses, North Dakota School Directory.

SIGNIFICANCE

North Dakota is the only state that does not have organized/mandated school nursing. School nursing is fragmented in our sparsely populated state. Public health nurses provide school health services in urban and rural school districts as funding allows. Some school districts have a full time nurse employed by their district, while others rely on services of the local public health unit, which provides primarily screening services. Nursing access may be as infrequent as one time per year to a nurse being employed full time. One nurse may provide services to more than one school and in the rural areas may have to drive many miles to provide those services. Although we support the national average of 1 nurse to 750 students, without funding and legislative support, North Dakota feels it is not reasonable and attainable to reach the national average. In North Dakota we feel it is more reasonable to reach 1 nurse per 1,000 students.

SP # 8

PERFORMANCE MEASURE:

The proportion of pregnancies that are intended

STATUS:

Active

GOAL

To increase the proportion of pregnancies that are intended

DEFINITION

Numerator: the number of survey respondents who reported their pregnancy was intended Denominator: The total number of respondents to the New Mother's Survey Units: Percent (X 100)

Numerator:

Denominator:

Units: 100 **Text:** percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

New Mother's Survey conducted by the MCH Division in the ND Department of Health has data for 1996 and 1999

SIGNIFICANCE

Between 1987 and 1994, the proportion of pregnancies that were unintended declined from 57 to 49 percent. Overall, females in the United States spend three-fourths of their reproductive years trying to avoid pregnancy. Unintended pregnancy often is mistakenly perceived as predominantly an adolescent problem; however, unintended pregnancy is a problem among all age groups. In 1994, nearly one-half (48 percent) of American females aged 15 to 44 years had at least one unintended pregnancy in their lifetime, more than one-fourth (28 percent) had one or more unplanned births, nearly one-third (30 percent) had one or more abortions, and 1 in 10 (11 percent) had both an unintended birth and an induced abortion.

SP # 9

PERFORMANCE MEASURE:

Percent of women who use tobacco during pregnancy

STATUS:

Active

GOAL

To decrease the percent of women who use tobacco during pregnancy

DEFINITION

N = The number of women reported on birth certificates as using tobacco during pregnancy
D = The number of resident live births during the calendar year
Units: Percent (X 100)

Numerator:

Denominator:

Units: 100 **Text:** percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Birth certificates - Vital Records

SIGNIFICANCE

Maternal smoking during pregnancy is associated with low birth weight, and higher rates of infant mortality, including SIDS

SP # 10

PERFORMANCE MEASURE:

Rate per 100,000 of pediatric hospitalization for asthma in children age 1 through age 17

STATUS:

Active

GOAL

Reduce hospitalization rate for ambulatory sensitive conditions (asthma)

DEFINITION

N= The number of children age 1 through age 17 in the State hospitalized with a primary diagnosis of asthma (ICD 493-493.9)D= The number of children in the state age 1 through age 17Units: Rate (x 100,000)

Numerator:

Denominator:

Units: 100000 **Text:** rate per 100,000

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

ND Health Care Claims data US Census Bureau population estimates

SIGNIFICANCE

North Dakota's rate of births with certain congenital anomalies is higher than the national rate. Between 1996 and 1997, hospitalization of children with a principle diagnosis of asthma decreased in number but increased as a percentage of all pediatric hospitalization. Congenital anomalies and chronic health conditions negatively impact children's quality of life and functional ability. According to survey results, CSHCN missed school more often than children generally and required increased use of specialized therapy, equipment and supplies.

SP # 11

PERFORMANCE MEASURE:

The percent of CSHCN served by CSHS with a specialty care visit

STATUS:

Active

GOAL

To increase the percent of CSHCN served by CSHS with a specialty care visit

DEFINITION

N= The number of children served through the State CSHS program with a specialty care visit
D= The unduplicated number of children served through the State CSHS program
Units: Percent (X 100)

Numerator:

Denominator:

Units: 100 **Text:** percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

CSHS program data

SIGNIFICANCE

The number and location of pediatric specialists and related service providers is geographically disproportionate to where children with special health care needs live. Two-thirds to three-fourths of pediatric specialists and related service providers such as therapists, live in the four largest population centers in the State. Less than one-half of the State's total child population and 38% of the children served through the CSHS program live in these centers. According to the CSHS Family survey, families reported having to travel an average of more than 100 miles one way to visit their child's medical specialist

SP # 12

PERFORMANCE MEASURE:

The percent of reproductive age women who use a multivitamin or folic-acid containing supplements

STATUS:

Active

GOAL

To reduce the prevalence at birth of neural tube defects (NTDs).

DEFINITION

Local and national surveys (weighted) that measure frequency of use of multivitamin or folic acid containing supplement

Numerator:

The number of women 18-44 years who report taking a daily multivitamin or folic-acid containing supplement

Denominator:

The number of women of childbearing age in the population

Units: 100 **Text:** percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

BRFSS Folic Acid Module

SIGNIFICANCE

Neural Tube Defects are among the most common birth defects contributing to significant infant morbidity and mortality in the US One-half to two-thirds of NTDs can be prevented by the daily folic acid supplementation in reproductive-age women. Preventing NTDs is, therefore, a major opportunity that could significantly reduce mortality and morbidity of babies and children.

SP # 13

PERFORMANCE MEASURE:

The rate of deaths to children aged 1-19 caused by unintentional injuries per 100,000 children.

STATUS:

Active

GOAL

To reduce deaths to children caused by unintentional injuries.

DEFINITION

N= the number of deaths to children aged 1-19 in the state due to unintentional injuries
D= the number of children in the state aged 1 through 19

Numerator:

Number of deaths due to unintentional injuries to children and young adults age 1-19.

Denominator:

Population of children and young adults age 1-19 in the state.

Units: 100000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

N= vital records
D= population estimates, US Census Bureau

SIGNIFICANCE

About 50% of all deaths to children are due to injuries, and around 80% of these are from motor vehicle crashes. Injuries are the leading cause of mortality in this age group and they are one of the most significant health problems affecting North Dakota children.

SO # 7

OUTCOME MEASURE:

The ratio of the Native American infant mortality rate to the White infant mortality rate.

STATUS:

Active

GOAL

To reduce the disparity (ratio) between Native American and White infant mortality rates.

DEFINITION

Numerator:

The Native American infant mortality rate per 1,000 live births.

Denominator:

The White infant mortality rate per 1,000 live births

Units: 1 **Text:** ratio

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Vital records collected by the state.

SIGNIFICANCE

All countries of the world measure the infant mortality rate as an indicator of general health status. The United States has made progress in reducing this rate, but the rate of decline has slowed in the last years. There is still significant racial disparity. Rates are much higher in the lower social class and in the lowest income groups across all populations.

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: ND

HEALTH SYSTEMS CAPACITY MEASURE # 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.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	18.1	15.0	15.0	15.0	15.0
Numerator	74	59	59	59	59
Denominator	40,772	39,400	39,400	39,400	39,400
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 02

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	58.8	59.8	55.1	71.0	74.1
Numerator	1,414	1,353	1,492	1,916	2,176
Denominator	2,405	2,261	2,707	2,698	2,935
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 03

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	86.0	62.6	78.7	85.0	87.0
Numerator	117	132	133	96	67
Denominator	136	211	169	113	77
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 04

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	89.6	87.4	87.1	87.7	87.7
Numerator	6,844	6,705	6,630	6,787	6,787
Denominator	7,635	7,676	7,612	7,739	7,739
Is the Data Provisional or Final?				Final	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 07

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

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	<u>16.0</u>	<u>15.9</u>	<u>52.6</u>	<u>39.9</u>	<u>42.4</u>
Numerator	<u>1,058</u>	<u>1,032</u>	<u>3,711</u>	<u>2,755</u>	<u>3,140</u>
Denominator	<u>6,622</u>	<u>6,503</u>	<u>7,051</u>	<u>6,909</u>	<u>7,413</u>
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 08

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

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	<u>8.6</u>	<u>8.6</u>	<u>8.5</u>	<u>8.8</u>	<u>9.4</u>
Numerator	<u>88</u>	<u>258</u>	<u>238</u>	<u>245</u>	<u>266</u>
Denominator	<u>1,021</u>	<u>2,996</u>	<u>2,808</u>	<u>2,769</u>	<u>2,833</u>
Is the Data Provisional or Final?				Final	Final

FORM NOTES FOR FORM 17

None

FIELD LEVEL NOTES

None

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

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2002	Payment source from birth certificate	<u>7.8</u>	<u>5.8</u>	<u>6.3</u>
b) <i>Infant deaths per 1,000 live births</i>	2002	Matching data files	<u>6.9</u>	<u>4.9</u>	<u>5.7</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2002	Payment source from birth certificate	<u>72.3</u>	<u>89.7</u>	<u>85.5</u>
d) <i>Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2002	Payment source from birth certificate	<u>78.3</u>	<u>90.6</u>	<u>87.7</u>

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

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>	2002	<u>133</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>6</u>) (Age range <u>7</u> to <u>18</u>) (Age range <u> </u> to <u> </u>)	2002	<u>133</u> <u>100</u> <u> </u>
c) <i>Pregnant Women</i>	2002	<u>133</u>

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

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2002	<u>140</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>18</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2002	<u>140</u> <u> </u> <u> </u>
c) <i>Pregnant Women</i>		<u> </u>

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

None

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

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

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	3	Yes
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	3	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: ND

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:		

HEALTH SYSTEMS CAPACITY INDICATOR #09C (Data Capacity) Overweight/Obesity
(The Ability of the State to Determine the Percent of Children Who are Obese or Overweight)

Data Source	Does your state participate in this survey/data source? (Select 1 - 3)*	Does your MCH program have direct access to this electronic database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Pediatric Nutrition Surveillance System (PedNSS)	3	Yes
WIC Program Data	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: ND

HEALTH STATUS INDICATOR MEASURE # 01A

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	6.2	6.5	6.2	6.3	6.3
Numerator	474	500	474	490	490
Denominator	7,635	7,676	7,664	7,755	7,755
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 01B

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	4.8	4.9	4.7	5.0	5.0
Numerator	354	365	351	374	374
Denominator	7,423	7,454	7,408	7,490	7,490
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 02A

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	1.0	1.2	1.1	1.1	1.1
Numerator	74	90	88	89	89
Denominator	7,635	7,676	7,664	7,755	7,755
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 02B

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	0.7	0.9	0.9	0.8	0.8
Numerator	55	67	66	58	58
Denominator	7,423	7,454	7,408	7,490	7,490
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 03A

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	<u>9.0</u>	<u>7.7</u>	<u>4.6</u>	<u>5.4</u>	<u>5.4</u>
Numerator	<u>12</u>	<u>10</u>	<u>6</u>	<u>7</u>	<u>7</u>
Denominator	<u>133,462</u>	<u>129,846</u>	<u>129,846</u>	<u>129,846</u>	<u>129,846</u>
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 03B

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	<u>2.2</u>	<u>6.2</u>	<u>0.8</u>	<u>3.1</u>	<u>3.1</u>
Numerator	<u>3</u>	<u>8</u>	<u>1</u>	<u>4</u>	<u>4</u>
Denominator	<u>133,462</u>	<u>129,846</u>	<u>129,846</u>	<u>129,846</u>	<u>129,846</u>
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 03C

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	<u>39.8</u>	<u>20.2</u>	<u>26.9</u>	<u>30.7</u>	<u>30.7</u>
Numerator	<u>39</u>	<u>21</u>	<u>28</u>	<u>32</u>	<u>32</u>
Denominator	<u>98,006</u>	<u>104,121</u>	<u>104,121</u>	<u>104,121</u>	<u>104,121</u>
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 04A

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Numerator	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Denominator	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Is the Data Provisional or Final?					

HEALTH STATUS INDICATOR MEASURE # 04B

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

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	<u>286.2</u>	<u>260.3</u>	<u>248.0</u>	<u>242.6</u>	<u>242.6</u>
Numerator	<u>382</u>	<u>338</u>	<u>322</u>	<u>315</u>	<u>315</u>
Denominator	<u>133,462</u>	<u>129,846</u>	<u>129,846</u>	<u>129,846</u>	<u>129,846</u>
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 04C

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

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	<u>1,990.7</u>	<u>1,751.8</u>	<u>1,745.1</u>	<u>1,901.6</u>	<u>1,901.6</u>
Numerator	<u>1,951</u>	<u>1,824</u>	<u>1,817</u>	<u>1,980</u>	<u>1,980</u>
Denominator	<u>98,006</u>	<u>104,121</u>	<u>104,121</u>	<u>104,121</u>	<u>104,121</u>
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 05A

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

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	<u>10.0</u>	<u>10.3</u>	<u>11.6</u>	<u>11.7</u>	<u>11.7</u>
Numerator	<u>254</u>	<u>266</u>	<u>300</u>	<u>302</u>	<u>302</u>
Denominator	<u>25,489</u>	<u>25,858</u>	<u>25,858</u>	<u>25,858</u>	<u>25,858</u>
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 05B

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

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	<u>3.6</u>	<u>3.5</u>	<u>3.7</u>	<u>3.4</u>	<u>3.4</u>
Numerator	<u>412</u>	<u>381</u>	<u>404</u>	<u>374</u>	<u>374</u>
Denominator	<u>113,829</u>	<u>109,516</u>	<u>109,516</u>	<u>109,516</u>	<u>109,516</u>
Is the Data Provisional or Final?				Final	Provisional

FORM NOTES FOR FORM 20

None

FIELD LEVEL NOTES

None

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

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: 2000 Is this data from a State Projection? No

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	7,751	6,472	86	768	42	3	327	53
Children 1 through 4	31,740	27,238	356	2,652	235	10	999	250
Children 5 through 9	42,982	37,320	366	3,707	260	26	1,041	262
Children 10 through 14	47,464	41,951	329	3,747	230	34	952	221
Children 15 through 19	53,618	48,411	438	3,421	234	24	799	291
Children 20 through 24	50,503	45,671	691	2,687	344	33	641	436
Children 0 through 24	234,058	207,063	2,266	16,982	1,345	130	4,759	1,513

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

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	7,429	231	
Children 1 through 4	30,901	839	
Children 5 through 9	42,081	901	
Children 10 through 14	46,700	746	
Children 15 through 19	52,775	843	
Children 20 through 24	49,495	1,008	
Children 0 through 24	229,381	4,568	0

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

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: 2002 Is this data from a State Projection? No

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	5	1	0	4	0	0	0	0
Women 15 through 17	160	95	5	60	0	0	0	0
Women 18 through 19	492	351	12	127	2	0	0	0
Women 20 through 34	6,221	5,416	61	662	64	6	0	12
Women 35 or older	877	780	10	68	17	0	0	2
Women of all ages	7,755	6,643	88	921	83	6	0	14

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	5	0	0
Women 15 through 17	142	7	11
Women 18 through 19	444	22	26
Women 20 through 34	5,818	110	293
Women 35 or older	837	9	31
Women of all ages	7,246	148	361

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

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: 2002 Is this data from a State Projection? No

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	49	37	2	10				0
Children 1 through 4	8	5	0	3				0
Children 5 through 9	7	7	0	0				0
Children 10 through 14	7	2	2	3				0
Children 15 through 19	33	24	0	8				1
Children 20 through 24	31	26	0	4				1
Children 0 through 24	135	101	4	28	0	0	0	2

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			
Children 1 through 4			
Children 5 through 9			
Children 10 through 14			
Children 15 through 19			
Children 20 through 24			
Children 0 through 24	0	0	0

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HEALTH STATUS INDICATORS
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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)*

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	183,464	161,401.0		14,195.0				7,868.0	2002
Percent in household headed by single parent	14.4								2002
Percent in TANF (Grant) families	6.1	2.8		40.3				11.0	2002
Number enrolled in Medicaid	37,034	25,854.0		9,993.0				1,187.0	2002
Number enrolled in SCHIP	3,453	3,010.0		317.0				126.0	2002
Number living in foster home care	2,183	1,483.0		663.0				37.0	2003
Number enrolled in food stamp program	0								
Number enrolled in WIC	16,059	11,403.0		3,051.0				1,605.0	2002
Rate (per 100,000) of juvenile crime arrests									
Percentage of high school drop-outs (grade 9 through 12)	1.9	1.4		7.6				2.3	2002

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				
Percent in household headed by single parent				
Percent in TANF (Grant) families				
Number enrolled in Medicaid				
Number enrolled in SCHIP				
Number living in foster home care				
Number enrolled in food stamp program				
Number enrolled in WIC				
Rate (per 100,000) of juvenile crime arrests				
Percentage of high school drop-outs (grade 9 through 12)				

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HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2000 Is this data from a State Projection? No

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	40
Living in urban areas	31
Living in rural areas	9
Living in frontier areas	21
Total - all children 0 through 19	61

Note:

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

**FORM 21
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HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2002 Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Total Population	
Percent Below: 50% of poverty	
100% of poverty	12.3
200% of poverty	

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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: 2002 Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	
Percent Below: 50% of poverty	
100% of poverty	14.3
200% of poverty	43.5

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES

None