

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

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<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED <b>7/15/2004</b>	APPLICANT IDENTIFIER									
1. TYPE OF SUBMISSION:  Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER									
		4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER <b>6 B04MC02389-01-01</b>									
5. APPLICANT INFORMATION												
Legal Name: <b>Department of Human Services</b>		Organizational Unit: <b>Health Services, Office of Family Health</b>										
Address (give city, county, state and zip code) <b>800 N.E. Oregon Suite 850 Portland, OR 97232</b> County:		Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: <b>Donalda Dodson, RN, MPH</b> Tel Number: <b>503-731-4016</b>										
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <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></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">6</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">7</td><td style="width: 20px; text-align: center;">5</td><td style="width: 20px; text-align: center;">2</td></tr></table>		9	3	6	0	0	1	7	5	2	7. TYPE OF APPLICANT: (Enter appropriate letter in box) <b>A</b> 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)	
9	3											
6	0	0	1	7	5	2						
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: <b>Health Resources and Services Administration, Maternal and Child Health Bureau</b>										
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></tr></table> <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;">9</td><td style="width: 20px; text-align: center;">4</td></tr></table> TITLE: <b>Maternal and Child Health Services Block Grant</b>		9	3	9	9	4	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:					
9	3											
9	9	4										
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): <b>Statewide</b>												
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:										
Start Date: <b>10/01/2004</b>	Ending Date: <b>09/30/2005</b>	a. Applicant	b. Project									
15. ESTIMATED FUNDING:		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										
a. Federal	\$ <u>6,579,878.00</u>											
b. Applicant	\$ <u>0.00</u>											
c. State	\$ <u>16,823,917.00</u>											
d. Local	\$ <u>0.00</u>											
e. Other	\$ <u>3,860,542.00</u>											
f. Program Income	\$ <u>0.00</u>											
g. TOTAL	\$ <u>27,264,337.00</u>	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 <b>Donalda Dodson, RN, MPH</b>		b. Title <b>Administrator, Office of Family Health</b>	c. Telephone Number <b>503-731-4016</b>									
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: OR**

**1. FEDERAL ALLOCATION**

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

\$ 6,579,878

A. Preventive and primary care for children:

\$ 2,392,864 ( 36.37% )

B. Children with special health care needs:

\$ 1,973,963 ( 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:

\$ 646,700 ( 9.83% )

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

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

\$ 0

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

\$ 16,823,917

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

\$ 0

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

\$ 3,860,542

**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)

\$ 3,950,427

\$ 20,684,459

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

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

\$ 27,264,337

**9. OTHER FEDERAL FUNDS**

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

a. SPRANS: \$ 808,834

b. SSDI: \$ 135,276

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 16,994,613

h. AIDS: \$ 0

i. CDC: \$ 4,536,763

j. Education: \$ 0

k. Other: \$ 0

FPEP Waiver \$ 20,191,420

Title X \$ 2,377,495

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

\$ 45,044,401

**11. STATE MCH BUDGET TOTAL**

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 72,308,738

**FORM NOTES FOR FORM 2**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Main  
**Field Name:** FedAlloc\_CSHCN  
**Row Name:** Federal Allocation - Children with special health care needs  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The amount for CSHCN is 30% of the Total Title V Allocation.

**FORM 3  
STATE MCH FUNDING PROFILE**

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

**STATE: OR**

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 6,562,508	\$ 6,579,878	\$ 6,484,811	\$ 0	\$ 6,579,878	\$ 0
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 14,569,000	\$ 17,169,873	\$ 14,352,682	\$ 0	\$ 16,823,917	\$ 0
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 305,412	\$ 3,949,255	\$ 262,086	\$ 0	\$ 3,860,542	\$ 0
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 2,887,254	\$ 0	\$ 3,843,878	\$ 0	\$ 0	\$ 0
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 24,324,174	\$ 27,699,006	\$ 24,943,457	\$ 0	\$ 27,264,337	\$ 0
<b>(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)</b>						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 90,919,075	\$ 100,959,086	\$ 90,334,410	\$ 0	\$ 45,044,401	\$ 0
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 115,243,249	\$ 128,658,092	\$ 115,277,867	\$ 0	\$ 72,308,738	\$ 0
<b>(STATE MCH BUDGET TOTAL)</b>						

**FORM 3  
STATE MCH FUNDING PROFILE**

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

**STATE: OR**

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 6,323,492	\$ 6,327,295	\$ 6,382,795	\$ 6,377,149	\$ 6,267,229	\$ 6,481,606
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 371,229	\$ 0	\$ 997,151	\$ 0	\$ 412,023	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 9,388,574	\$ 12,647,953	\$ 9,304,214	\$ 13,799,972	\$ 11,195,086	\$ 16,668,292
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 2,698,305	\$ 577,747	\$ 16,873,854	\$ 827,539	\$ 66,097	\$ 685,788
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 3,439,765	\$ 2,257,806	\$ 2,222,859	\$ 2,496,609	\$ 2,365,701	\$ 2,288,471
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 22,221,365	\$ 21,810,801	\$ 35,780,873	\$ 23,501,269	\$ 20,306,136	\$ 26,124,157
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 55,302,391	\$ 43,222,668	\$ 84,651,860	\$ 34,874,301	\$ 85,685,254	\$ 100,424,053
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 77,523,756	\$ 65,033,469	\$ 120,432,733	\$ 58,375,570	\$ 105,991,390	\$ 126,548,210
(STATE MCH BUDGET TOTAL)						

## FORM NOTES FOR FORM 3

None

### FIELD LEVEL NOTES

- 1. Section Number:** Main  
**Field Name:** UnobligatedBalanceExpended  
**Row Name:** Unobligated Balance  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
NOTE FOR ALL EXPENDITURES: Expenditures are not final at the time of preparation, the Title V and other grants are not yet closed, and state biennial budgeting cycle can change how some funds are reported at the time.  
Unobligated budget based on projected budget for the state 2001-2003 legislative approved budget. Unobligated balances are fully expended.
- 2. Section Number:** Main  
**Field Name:** StateMCHFundsExpended  
**Row Name:** State Funds  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
NOTE FOR ALL EXPENDITURES: Expenditures are not final at the time of preparation, the Title V and other grants are not yet closed, and state biennial budgeting cycle can change how some funds are reported at the time.  
State funds include a combination of local expenditures, state general funds, and other funds. The budgeted amount is based on the previous expenditures (2000) and on the 2001-03 state legislative approved budget.
- 3. Section Number:** Main  
**Field Name:** StateMCHFundsExpended  
**Row Name:** State Funds  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
State funds include Medicaid match funds and other private foundation grants, which may fluctuate from the time of the budget amount and reporting of expenditures. In addition, budgeted amounts are only those funds that were approved by the Legislature at the time of projection, and may not reflect new funds.
- 4. Section Number:** Main  
**Field Name:** OtherFundsExpended  
**Row Name:** Other Funds  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
NOTE FOR ALL EXPENDITURES: Expenditures are not final at the time of preparation, the Title V and other grants are not yet closed, and state biennial budgeting cycle can change how some funds are reported at the time.  
Other funds includes new non-federal grants received that were not anticipated in the budgeted amount.
- 5. Section Number:** Main  
**Field Name:** OtherFundsExpended  
**Row Name:** Other Funds  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
See Note on 6. Program Income: Metabolic Newborn Screening fees are being reported as Other Funds, rather than Program Income.
- 6. Section Number:** Main  
**Field Name:** ProgramIncomeExpended  
**Row Name:** Program Income  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Metabolic newborn screening fees in the Public Health Lab were previously reported as Program Income. For 2005 application/2003 report, it has been determined that this is not program income to the state's Title V program, but rather part of the other funds received and expended generally on the Title V population.
- 7. Section Number:** Main  
**Field Name:** OtherFedFundsExpended  
**Row Name:** Other Federal Funds  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
NOTE FOR ALL EXPENDITURES: Expenditures are not final at the time of preparation, the Title V and other grants are not yet closed, and state biennial budgeting cycle can change how some funds are reported at the time.  
Other federal funds include WIC, CDC, and HCFA Waiver for Family Planning, and budgeted amounts were conservative.
- 8. Section Number:** Main  
**Field Name:** OtherFedFundsExpended  
**Row Name:** Other Federal Funds  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
In the 2003 budget period, Family Planning Expansion Project (Medicaid waiver) was reported as the Legislative approved amount. The expended amount changes depending on the number of clients served in the FPEP program, since it is a Medicaid Administrative Match program.

**FORM 4**

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

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

**STATE: OR**

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 4,889,737	\$ 5,631,147	\$ 5,244,582	\$ 0	\$ 5,329,138	\$ 0
b. Infants < 1 year old	\$ 6,617,213	\$ 8,408,313	\$ 8,692,611	\$ 0	\$ 6,761,156	\$ 0
c. Children 1 to 22 years old	\$ 7,472,922	\$ 8,886,823	\$ 5,713,259	\$ 0	\$ 9,784,921	\$ 0
d. Children with Special Healthcare Needs	\$ 3,514,819	\$ 3,520,048	\$ 3,499,277	\$ 0	\$ 3,465,527	\$ 0
e. Others	\$ 833,321	\$ 717,412	\$ 833,321	\$ 0	\$ 761,538	\$ 0
f. Administration	\$ 996,162	\$ 535,263	\$ 960,407	\$ 0	\$ 1,162,057	\$ 0
g. SUBTOTAL	\$ 24,324,174	\$ 27,699,006	\$ 24,943,457	\$ 0	\$ 27,264,337	\$ 0

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

a. SPRANS	\$ 180,000	\$ 740,050	\$ 808,834
b. SSDI	\$ 150,000	\$ 100,000	\$ 135,276
c. CISS	\$ 0	\$ 0	\$ 0
d. Abstinence Education	\$ 0	\$ 498,124	\$ 0
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 66,276,588	\$ 66,092,651	\$ 16,994,613
h. AIDS	\$ 0	\$ 0	\$ 0
i. CDC	\$ 4,617,000	\$ 3,552,693	\$ 4,536,763
j. Education	\$ 0	\$ 0	\$ 0
k. Other			
FPEP Waiver	\$ 17,325,357	\$ 17,325,357	\$ 20,191,420
Title X	\$ 0	\$ 0	\$ 2,377,495
FP Title X	\$ 0	\$ 2,025,535	\$ 0
Title X Family Planning	\$ 2,370,130	\$ 0	\$ 0
<b>III. SUBTOTAL</b>	\$ 90,919,075	\$ 90,334,410	\$ 45,044,401

**FORM 4**

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

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

**STATE: OR**

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 3,146,865	\$ 3,208,106	\$ 3,135,928	\$ 4,549,998	\$ 3,401,732	\$ 5,578,917
b. Infants < 1 year old	\$ 4,180,151	\$ 5,044,974	\$ 4,621,954	\$ 6,345,832	\$ 2,476,382	\$ 7,310,620
c. Children 1 to 22 years old	\$ 10,403,699	\$ 9,195,029	\$ 22,609,244	\$ 7,608,598	\$ 9,175,375	\$ 8,140,118
d. Children with Special Healthcare Needs	\$ 3,294,974	\$ 3,322,274	\$ 3,331,263	\$ 3,393,580	\$ 3,340,028	\$ 3,430,746
e. Others	\$ 730,211	\$ 524,511	\$ 1,558,337	\$ 712,120	\$ 823,733	\$ 882,138
f. Administration	\$ 465,465	\$ 515,907	\$ 524,147	\$ 891,141	\$ 1,088,886	\$ 791,618
<b>g. SUBTOTAL</b>	<b>\$ 22,221,365</b>	<b>\$ 21,810,801</b>	<b>\$ 35,780,873</b>	<b>\$ 23,501,269</b>	<b>\$ 20,306,136</b>	<b>\$ 26,134,157</b>

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

a. SPRANS	\$ 60,000	\$ 0	\$ 264,359
b. SSDI	\$ 100,000	\$ 100,000	\$ 42,359
c. CISS	\$ 50,000	\$ 100,000	\$ 0
d. Abstinence Education	\$ 460,076	\$ 460,760	\$ 230,038
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 51,102,972	\$ 52,352,071	\$ 66,584,880
h. AIDS	\$ 0	\$ 0	\$ 0
i. CDC	\$ 1,977,098	\$ 2,812,961	\$ 2,243,267
j. Education	\$ 0	\$ 0	\$ 0
k. Other			
FPEP - HCFA Waiver	\$ 0	\$ 0	\$ 14,628,780
Title X	\$ 1,552,245	\$ 2,974,224	\$ 1,691,571
FP Expansion (1115 Waiver)	\$ 0	\$ 25,821,844	\$ 0
Prev. Block Grant	\$ 0	\$ 30,000	\$ 0
<b>III. SUBTOTAL</b>	<b>\$ 55,302,391</b>	<b>\$ 84,651,860</b>	<b>\$ 85,685,254</b>

**FORM NOTES FOR FORM 4**

NOTE FOR ALL EXPENDITURES: Expenditures are not final at the time of preparation, the Title V and other grants are not yet closed, and state biennial budgeting cycle can change how some funds are reported at the time.

NOTE FOR ALL BUDGET FIGURES: The budget for FY 2005 is based on the Legislative Approved budget for the 2003-2005 biennium.

**FIELD LEVEL NOTES**

1. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** PregWomenBudgeted  
**Row Name:** Pregnant Women  
**Column Name:** Budgeted  
**Year:** 2005  
**Field Note:**  
The budget for FY 2005 is based on the Legislative Approved budget for the 2003-2005 biennium.
2. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** PregWomenExpended  
**Row Name:** Pregnant Women  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
NOTE FOR ALL EXPENDITURES: Expenditures are not final at the time of preparation, the Title V and other grants are not yet closed, and state biennial budgeting cycle can change how some funds are reported at the time.
3. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** PregWomenExpended  
**Row Name:** Pregnant Women  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
NOTE FOR ALL EXPENDITURES: Expenditures are not final at the time of preparation, the Title V and other grants are not yet closed, and state biennial budgeting cycle can change how some funds are reported at the time.
4. **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:**  
NOTE FOR ALL EXPENDITURES: Expenditures are not final at the time of preparation, the Title V and other grants are not yet closed, and state biennial budgeting cycle can change how some funds are reported at the time.
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:** 2003  
**Field Note:**  
NOTE FOR ALL EXPENDITURES: Expenditures are not final at the time of preparation, the Title V and other grants are not yet closed, and state biennial budgeting cycle can change how some funds are reported at the time.
6. **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:**  
NOTE FOR ALL EXPENDITURES: Expenditures are not final at the time of preparation, the Title V and other grants are not yet closed, and state biennial budgeting cycle can change how some funds are reported at the time.
7. **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:** 2003  
**Field Note:**  
NOTE FOR ALL EXPENDITURES: Expenditures are not final at the time of preparation, the Title V and other grants are not yet closed, and state biennial budgeting cycle can change how some funds are reported at the time.
8. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** CSHCNExpended  
**Row Name:** CSHCN  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
NOTE FOR ALL EXPENDITURES: Expenditures are not final at the time of preparation, the Title V and other grants are not yet closed, and state biennial budgeting cycle can change how some funds are reported at the time.
9. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** AllOthersExpended  
**Row Name:** All Others  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
NOTE FOR ALL EXPENDITURES: Expenditures are not final at the time of preparation, the Title V and other grants are not yet closed, and state biennial budgeting cycle can change how some funds are reported at the time.
10. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** AllOthersExpended  
**Row Name:** All Others  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
NOTE FOR ALL EXPENDITURES: Expenditures are not final at the time of preparation, the Title V and other grants are not yet closed, and state biennial budgeting cycle

can change how some funds are reported at the time.

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

**Field Name:** AdminExpended

**Row Name:** Administration

**Column Name:** Expended

**Year:** 2002

**Field Note:**

NOTE FOR ALL EXPENDITURES: Expenditures are not final at the time of preparation, the Title V and other grants are not yet closed, and state biennial budgeting cycle can change how some funds are reported at the time.

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

**Field Name:** AdminExpended

**Row Name:** Administration

**Column Name:** Expended

**Year:** 2003

**Field Note:**

NOTE FOR ALL EXPENDITURES: Expenditures are not final at the time of preparation, the Title V and other grants are not yet closed, and state biennial budgeting cycle can change how some funds are reported at the time.

**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: OR**

TYPE OF SERVICE	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 4,423,335	\$ 4,150,202	\$ 4,607,587	\$ 0	\$ 5,400,834	\$ 0
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 8,278,049	\$ 10,031,818	\$ 8,564,121	\$ 0	\$ 9,712,158	\$ 0
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 2,046,516	\$ 2,994,364	\$ 1,741,325	\$ 0	\$ 1,670,661	\$ 0
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 9,576,274	\$ 10,522,622	\$ 10,030,424	\$ 0	\$ 10,480,684	\$ 0
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 24,324,174	\$ 27,699,006	\$ 24,943,457	\$ 0	\$ 27,264,337	\$ 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: OR**

TYPE OF SERVICE	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 6,110,473	\$ 3,840,212	\$ 6,812,772	\$ 3,359,743	\$ 4,137,105	\$ 4,003,550
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 10,374,018	\$ 7,639,101	\$ 17,318,777	\$ 7,697,613	\$ 5,684,164	\$ 8,788,092
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,478,794	\$ 2,752,743	\$ 5,392,595	\$ 3,058,443	\$ 4,224,801	\$ 3,504,207
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 4,258,080	\$ 7,578,745	\$ 6,256,729	\$ 9,385,470	\$ 6,260,066	\$ 9,838,308
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 22,221,365	\$ 21,810,801	\$ 35,780,873	\$ 23,501,269	\$ 20,306,136	\$ 26,134,157

## FORM NOTES FOR FORM 5

NOTE FOR ALL EXPENDITURES: Expenditures are not final at the time of preparation, the Title V and other grants are not yet closed, and state biennial budgeting cycle can change how some funds are reported at the time.

NOTE ON ALL BUDGET FIGURES: The budget for FY 2004 is based on the Legislative Approved budget for the 2001-2003 biennium

### FIELD LEVEL NOTES

1. **Section Number:** Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
NOTE FOR ALL EXPENDITURES: Expenditures are not final at the time of preparation, the Title V and other grants are not yet closed, and state biennial budgeting cycle can change how some funds are reported at the time.
2. **Section Number:** Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Metabolic newborn screening fees in the Public Health Lab were previously reported as Program Income. For 2005 application/2003 report, it has been determined that this is not program income to the state's Title V program, but rather part of the other funds received and expended generally on the Title V population.
3. **Section Number:** Main  
**Field Name:** PopBasedExpended  
**Row Name:** Population-Based Services  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
NOTE FOR ALL EXPENDITURES: Expenditures are not final at the time of preparation, the Title V and other grants are not yet closed, and state biennial budgeting cycle can change how some funds are reported at the time.
4. **Section Number:** Main  
**Field Name:** PopBasedExpended  
**Row Name:** Population-Based Services  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
State funds include Medicaid match funds and other private foundation grants, which may fluctuate from the time of the budget amount and reporting of expenditures. In addition, budgeted amounts are only those funds that were approved by the Legislature at the time of projection, and may not reflect new funds.
5. **Section Number:** Main  
**Field Name:** InfrastrBuildExpended  
**Row Name:** Infrastructure Building Services  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
NOTE FOR ALL EXPENDITURES: Expenditures are not final at the time of preparation, the Title V and other grants are not yet closed, and state biennial budgeting cycle can change how some funds are reported at the time.

**FORM 6**

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

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

**STATE: OR**

Total Births by Occurrence: 46,866

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	46,866	100	19	6	6	100
Congenital Hypothyroidism	46,866	100	721	24	24	100
Galactosemia	46,866	100	3	0	0	
Sickle Cell Disease	46,866	100	13	3	3	100

Other Screening (Specify)

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

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

**FORM NOTES FOR FORM 6**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Main  
**Field Name:** BirthOccurence  
**Row Name:** Total Births By Occurrence  
**Column Name:** Total Births By Occurrence  
**Year:** 2005  
**Field Note:**
  
2. **Section Number:** Main  
**Field Name:** Phenylketonuria\_Confirmed  
**Row Name:** Phenylketonuria  
**Column Name:** Confirmed Cases  
**Year:** 2005  
**Field Note:**  
Only 6 of the 9 confirmed cases needed treatment.
  
3. **Section Number:** Main  
**Field Name:** Galactosemia\_Confirmed  
**Row Name:** Galactosemia  
**Column Name:** Confirmed Cases  
**Year:** 2005  
**Field Note:**  
The one person with a confirmed case did not need treatment.
  
4. **Section Number:** Main  
**Field Name:** SickleCellDisease\_Confirmed  
**Row Name:** SickleCellDisease  
**Column Name:** Confirmed Cases  
**Year:** 2005  
**Field Note:**  
Sickle cell disease positive screenings all were confirmed cases of sickle cell disease, but only 3 needed treatment.
  
5. **Section Number:** Main  
**Field Name:** Phenylketonuria\_TreatmentNo  
**Row Name:** Phenylketonuria  
**Column Name:** Needing treatment that received treatment  
**Year:** 2005  
**Field Note:**  
Only 6 of the 9 confirmed cases needed treatment. Therefore the percentage of those needing treatment that received treatment is 100.0%.
  
6. **Section Number:** Main  
**Field Name:** Galactosemia\_TreatmentNo  
**Row Name:** Galactosemia  
**Column Name:** Needing treatment that received treatment  
**Year:** 2005  
**Field Note:**  
The one person with a confirmed case did not need treatment.
  
7. **Section Number:** Main  
**Field Name:** SickleCellDisease\_TreatmentNo  
**Row Name:** SickleCellDisease  
**Column Name:** Needing treatment that received treatment  
**Year:** 2005  
**Field Note:**  
Only 3 of the 13 required treatment, therefore, the percent needing and receiving treatment should be 100%.

**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: OR**

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	6,984	45.9		2.5	51.6	
Infants < 1 year old	5,673	74.3		7.5	15.2	3.1
Children 1 to 22 years old	3,025	73.0		5.1	17.5	4.4
Children with Special Healthcare Needs	7,452	47.0		46.0	4.0	3.0
Others						
<b>TOTAL</b>	<b>23,134</b>					

## FORM NOTES FOR FORM 7

Infants <1 come from Babies First data for less than 1.  
Children 1-22 comes from Babies First data for greater than 1.

### FIELD LEVEL NOTES

1. **Section Number:** Main  
**Field Name:** Children\_0\_1\_TS  
**Row Name:** Infants <1 year of age  
**Column Name:** Title V Total Served  
**Year:** 2005  
**Field Note:**  
Data for children less than 1 comes from Babies First.
2. **Section Number:** Main  
**Field Name:** Children\_1\_22\_TS  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Title V Total Served  
**Year:** 2005  
**Field Note:**  
Data for children age 1-22 comes from Babies First data by age.
3. **Section Number:** Main  
**Field Name:** CSHCN\_TS  
**Row Name:** Children with Special Health Care Needs  
**Column Name:** Title V Total Served  
**Year:** 2005  
**Field Note:**  
This variable is reported for 2003 not 2002.
4. **Section Number:** Main  
**Field Name:** AllOthers\_TS  
**Row Name:** Others  
**Column Name:** Title V Total Served  
**Year:** 2005  
**Field Note:**  
No data for "other" is available.

**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: OR**

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
<b>DELIVERIES</b>								
Total Deliveries in State	46,767	42,360	966	824	2,158	284		175
Title V Served	5,688	3,753	325	66	72			1,472
Eligible for Title XIX	17,229	15,579	570	510	453	57		60
<b>INFANTS</b>								
Total Infants in State	46,494	42,118	956	819	2,146	282		173
Title V Served	5,688	3,753	325	66	72			1,472
Eligible for Title XIX	17,105	15,469	564	506	451	57		58

**II. UNDUPLICATED COUNT BY ETHNICITY**

	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	HISPANIC OR LATINO (Sub-categories by country or area of origin)				
				(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	38,307	8,292	168	7,655	47	85	329	176
Title V Served	3,995	2,033	103					2,033
Eligible for Title XIX	12,152	5,016	61	4,719	18	32	145	102
<b>INFANTS</b>								
Total Infants in State	38,068	8,260	166	7,623	47	85	329	176
Title V Served	3,995	2,033	103					2,033
Eligible for Title XIX	12,047	4,999	59	4,702	18	32	145	102

## FORM NOTES FOR FORM 8

1. The Title V Served information for Deliveries and Infants is the same because they must be infants to be in Title V programs. Infants are composed of all deliveries minus all deaths of those deliveries.
2. No sub-categories of Hispanic or Latino are available for Title V served persons.

### FIELD LEVEL NOTES

1. **Section Number:** I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleV\_Asian  
**Row Name:** Title V Served  
**Column Name:** Asian  
**Year:** 2005  
**Field Note:**  
Includes all Asians and Pacific Islanders
2. **Section Number:** I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleV\_Hawaiian  
**Row Name:** Title V Served  
**Column Name:** Native Hawaiian or Other Pacific Islander  
**Year:** 2005  
**Field Note:**  
Pacific Islanders are included in the 'Asian' category
3. **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:**
4. **Section Number:** I. Unduplicated Count By Race  
**Field Name:** InfantsTitleV\_All  
**Row Name:** Title V Served  
**Column Name:** Total All Races  
**Year:** 2005  
**Field Note:**
5. **Section Number:** I. Unduplicated Count By Race  
**Field Name:** InfantsTitleV\_Asian  
**Row Name:** Title V Served  
**Column Name:** Asian  
**Year:** 2005  
**Field Note:**  
Asian includes Pacific Islanders
6. **Section Number:** I. Unduplicated Count By Race  
**Field Name:** InfantsTitleV\_Hawaiian  
**Row Name:** Title V Served  
**Column Name:** Native Hawaiian or Other Pacific Islander  
**Year:** 2005  
**Field Note:**  
Pacific Islanders are included in 'Asian'



**FORM NOTES FOR FORM 9**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Main

**Field Name:** calls\_2

**Row Name:** Number of calls received On the State MCH Hotline This reporting period

**Column Name:** FY

**Year:** 2003

**Field Note:**

The number of calls was reduced in 2003 when our long-term contractor withdrew from providing this services. While there was never a gap in service, some reductions in service resulted for a short period. A new contract has been established and we expect eventual resumption of hte call volume previously experienced.

**FORM 10**  
**TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT**  
**STATE PROFILE FOR FY 2005**  
*[SEC. 506(A)(1)]*  
**STATE: OR**

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

The Oregon State Health Division, of the Dept of Human Services, administers the Title V Program. The services located in the Title V agency include grants to counties, policy and program development and evaluation, population-based assessment and surveillance, and leadership and coordination of health systems and services for MCH populations, including high-risk pregnant women, infants and children, adolescents, and children with special health care needs.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$	6,579,878
3. Unobligated balance (Line 2, Form 2)	\$	0
4. State Funds (Line 3, Form 2)	\$	16,823,917
5. Local MCH Funds (Line 4, Form 2)	\$	0
6. Other Funds (Line 5, Form 2)	\$	3,860,542
7. Program Income (Line 6, Form 2)	\$	0
<b>8. Total Federal-State Partnership (Line 8, Form 2)</b>	<b>\$</b>	<b>27,264,337</b>

9. Most significant providers receiving MCH funds:

County Health Departments

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

a. Pregnant Women	6,984
b. Infants < 1 year old	5,673
c. Children 1 to 22 years old	3,025
d. CSHCN	7,452
e. Others	

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:

*(max 2500 characters)*

Community Based Assistance Project: Assistance in LHDs for pregnant women and families in applying for the Oregon Health Plan Maternity Case Management: Nurse case management for high risk women MothersCare: Partnership of service providers to coordinate and promote access to prenatal care Love Shouldn't Hurt Committee: Consortium of community coalitions to raise awareness and promote education about domestic violence WIC-Immunization (WICImm): Collaboration to identify and refer WIC clients needing immunizations CSHCN: Subsidizing pediatric specialty clinics of the CDRC; Payment of hospital, physician and ancillary services billings for eligible children; Payment of transportation and lodging for families traveling to receive services; Payment for respite care for families. Olds Model for Prenatal Service Delivery: Replication in two Oregon counties (urban and rural) with CCFH and CDRC exploring development of a statewide project to replicate the Olds models in other counties

b. Population-Based Services:

*(max 2500 characters)*

Oregon MothersCare: an initiative to build partnerships to streamline, coordinate and promote access to early prenatal care through coordination of referral systems which link women to the state toll-free hotline Family Planning Expansion Project: HCFA 1115 waiver (pending approval) to increase system capacity by expanding Medicaid coverage for family planning services Governor's Task Force on Youth Suicide: Governor-appointed of public/private organizations studying and making recommendations for coordinating services and increasing awareness for youth suicide prevention Governor's Action Committee to Reduce Teen Pregnancy: Governor-appointed committee to develop recommendations and outreach to reduce teen pregnancy Oregon Coalition to Reduce Underage Drinking: Broad-based, youth-oriented forum focused on influencing environmental factors contributing to underage drinking Early Childhood Caries Prevention Coalition: Provider coalition to develop statewide caries prevention for high risk children Oregon's Child Everyone's Business: Public/private coalition to improve the well-being of Oregon children Statewide Oral Health Initiative: public-private partnership to educate, develop and implement activities to promote improved oral health of Oregonians Oregon Childrens Plan - screening and referral of all at-risk births in Oregon collaboration with the Oregon Commission for Children and Families

c. Infrastructure Building Services:

*(max 2500 characters)*

State Technical Assistance Team (STAT): Child fatality review project and multi-disciplinary team to investigate child fatalities ALERT Immunization Registry: Public/private partnership to develop tracking system for immunizations for all children VISTA Health Links: Provide client assistance for information, referral, and payment methods at LHDs Oregon Partnership to Immunize Children - public/private provider coalition to develop outreach activities to increase the rate of immunizations of two-year olds SAFENET: MCH Hotline for information, referral, and assistance for all types of health services Community Genetics and Ethics Planning: statewide genetics planning process to include a community assessment around data, services, education and policy needs CSHCN: Conducting needs assessment reviews with OMAP and managed care organizations Working with 12 communities in developing community based secondary level clinics under the Community Connections program Working with the Oregon Dept. of Education's EI/ECSE program to assure that health issues are addressed along with the educational issues Participating with the Medical Director of OMAP and Medical Directors of palns in developing quality assurance and best practice guidelines for CSHCN Care Coordination (CaCoon) services through contracts with local health departments for public health nurses Coordination with the state Medicaid agency, OMAP, in evaluating the impact of Medicaid managed care on CSHCN, developing provider education programs, and participating in quality assurance efforts

12. The primary Title V Program contact person:

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

Name Donalda Dodson, R.N., M.P.H.  
Title Center Director  
Address Center for Child and Family Health Oregon Health Divisi  
City Portland  
State OR  
Zip 97232  
Phone (503) 731-4398  
Fax (503) 731-4083  
Email donalda.dodson@state.or.us  
Web www.ohd.hr.state.or.us/ccfh/

Name Robert Nickel, MD  
Title Director  
Address Child Development and Rehabilitation Center P.O. Box 1  
City Portland  
State OR  
Zip 97207  
Phone (503) 494-6961  
Fax (503) 434-6868  
Email nickelr@ohsu.edu  
Web http://cdrc.ohsu.edu/

**FORM NOTES FOR FORM 10**

None

**FIELD LEVEL NOTES**

None

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

**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	100	100	100	100
Annual Indicator				100.0	100.0
Numerator				30	33
Denominator				30	33
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					55
Annual Indicator				54.6	54.6
Numerator					62,990
Denominator					115,367
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	57	59	61	63	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	_____	_____	_____	_____	53
Annual Indicator	_____	_____	_____	52.3	52.3
Numerator	_____	_____	_____	_____	60,337
Denominator	_____	_____	_____	_____	115,367
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	55	60	65	70	75
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	_____	_____	_____	_____	56
Annual Indicator	_____	_____	_____	55.7	55.7
Numerator	_____	_____	_____	_____	64,259
Denominator	_____	_____	_____	_____	115,367
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	57	58	59	60	61
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					74
Annual Indicator				73.9	73.9
Numerator					85,256
Denominator					115,367
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	75	78	80	85	90
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					6
Annual Indicator				5.8	5.8
Numerator					6,691
Denominator					115,367
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	6	10	17	20	23
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.

<b>Annual Objective and Performance Data</b>					
	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Annual Performance Objective</b>	<u>70</u>	<u>75</u>	<u>77</u>	<u>77</u>	<u>78</u>
<b>Annual Indicator</b>	<u>63.2</u>	<u>72.1</u>	<u>71.4</u>	<u>72.7</u>	<u>68.6</u>
<b>Numerator</b>	<u>                    </u>				
<b>Denominator</b>	<u>                    </u>				
<b>Is the Data Provisional or Final?</b>				Final	Final

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	<u>79</u>	<u>79</u>	<u>80</u>	<u>80</u>	<u>80</u>
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

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

**PERFORMANCE MEASURE # 08**

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

<b>Annual Objective and Performance Data</b>					
	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Annual Performance Objective</b>	<u>26.5</u>	<u>26</u>	<u>26</u>	<u>25.5</u>	<u>17.5</u>
<b>Annual Indicator</b>	<u>25.1</u>	<u>23.1</u>	<u>20.4</u>	<u>17.7</u>	
<b>Numerator</b>	<u>1,796</u>	<u>1,656</u>	<u>1,477</u>	<u>1,307</u>	
<b>Denominator</b>	<u>71,554</u>	<u>71,688</u>	<u>72,467</u>	<u>73,643</u>	
<b>Is the Data Provisional or Final?</b>				Final	

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	<u>17</u>	<u>16.5</u>	<u>16</u>	<u>15.5</u>	<u>15</u>
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

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

**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	30	30	50	55	55
Annual Indicator	NaN	50.0	NaN	NaN	NaN
Numerator	0	650	0	0	0
Denominator	0	1,301	0	0	0
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	55	55	55	55	55
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	4	3.9	3.8	3.7
Annual Indicator	4.5	3.8	4.8	2.5	
Numerator	31	27	34	18	
Denominator	681,775	710,367	713,361	707,326	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	3.6	3.4	3.2	3	2.8
Annual Indicator					
Numerator					
Denominator					
Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.					

**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	85	87	87	88	89.5
Annual Indicator	87.8	88.6	88.1	89.1	
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	90	90.5	91	91.5	92
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	12	92	93	93	98.5
Annual Indicator	55.0	81	91.5	98.7	
Numerator	24,856		42,020	44,633	
Denominator	45,193		45,947	45,203	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	98.8	99.1	99.4	99.7	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 # 13**

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	9.1	9.1	9.2	9.1	9.1
Annual Indicator	9.2	8.1	NaN	10.1	NaN
Numerator	85,000	69,068	0	80,956	0
Denominator	925,877	856,278	0	797,866	0
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	9	9	9	9	8.9
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.

**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	90	92	90	80	80
Annual Indicator	79.0	77.3	77.1	76.9	77.3
Numerator	220,166	224,751	238,962	249,388	247,452
Denominator	278,680	290,718	309,790	324,433	319,964
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	80	80	81
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	0.9	1.0	1.0	1.0	
Numerator	423	452	435	472	
Denominator	45,193	45,786	45,318	45,190	
Is the Data Provisional or Final?				Final	

	<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	9	9	8.5	8.5	8
Annual Indicator	10.7	13.0	6.0	8.0	
Numerator	26	32	15	20	
Denominator	244,102	245,520	248,078	250,518	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	8	7.5	7.5	7.5	7.5
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	85	85	85	85	85
Annual Indicator	79.9	81.2	83.7	83.0	
Numerator	338	367	364	387	
Denominator	423	452	435	466	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	85	85	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 # 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	82	83	83	84	84
Annual Indicator	81.3	81.1	81.4	82.7	
Numerator	36,741	37,114	36,903	38,693	
Denominator	45,192	45,786	45,318	46,767	
Is the Data Provisional or Final?				Final	

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

**STATE PERFORMANCE MEASURE # 1**

Percent of pregnancies among women 15-44 that are intended

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	48	48	50	50	51
Annual Indicator	47.0	47.7	46.8	48.4	
Numerator				28,247	
Denominator				58,362	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	51	52	53	53.5	54
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 # 2**

Percent of women who had live births who took folic acid most days in the month before becoming pregnant.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	32	34	35	37	40
Annual Indicator	30.4	36.8	37.4	48.2	
Numerator				21,782	
Denominator				45,190	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	42	45	46	46	46
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**

Percent of pregnant women reporting no tobacco use.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	85	86	86.5	87	87
Annual Indicator	84.8	86.5	87.2	87.6	
Numerator				39,572	
Denominator				45,190	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	87.5	88	88.3	88.7	89
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**

Percent of children 0-4 who are observed riding in cars restrained in child safety seats.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	65	68	70	73	75
Annual Indicator	65	66	69	74.0	73.0
Numerator				168,474	166,937
Denominator				227,668	228,681
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	78	80	80	80	80
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 8th graders who report not using cigarettes in the previous month

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	84%	85%	85	86	86
Annual Indicator	84.0	87	87.7	89.3	89.5
Numerator	4,970				5,689
Denominator	5,915				6,355
Is the Data Provisional or Final?					Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	87	90	90	90	90
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**

Percent of Oregonians living in a community where the water system is optimally fluoridated.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	25	25	27	27	27
Annual Indicator	25	25	22.7	20.1	
Numerator			612,483	629,236	
Denominator			2,700,000	3,123,532	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	27	27	28	28	30
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 # 7**

Percent of K-12 students with access to a State Certified school-based health center.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>        </u>	<u>        6        </u>	<u>        7        </u>	<u>        7        </u>	<u>        7        </u>
Annual Indicator	<u>        7.1        </u>	<u>        7.5        </u>	<u>        6.3        </u>	<u>        6.7        </u>	<u>        6.4        </u>
Numerator	<u>      38,367      </u>	<u>      40,534      </u>	<u>      34,782      </u>	<u>      34,227      </u>	<u>      32,642      </u>
Denominator	<u>     541,526     </u>	<u>     542,427     </u>	<u>     548,659     </u>	<u>     512,918     </u>	<u>     509,327     </u>
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>        7        </u>	<u>        7        </u>	<u>        7        </u>	<u>        7        </u>	<u>        7        </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.

**STATE PERFORMANCE MEASURE # 8**

Percent of CSHCN in Oregon receiving appropriate care coordination services

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>      25%      </u>	<u>      25%      </u>	<u>      25%      </u>	<u>        28        </u>	<u>        28        </u>
Annual Indicator	<u>      23.0      </u>	<u>      29.0      </u>	<u>      27.0      </u>	<u>      27.0      </u>	<u>      27.0      </u>
Numerator	<u>      3,542      </u>	<u>      4,527      </u>	<u>      4,134      </u>	<u>      3,115      </u>	<u>      3,142      </u>
Denominator	<u>     15,404     </u>	<u>     15,613     </u>	<u>     15,312     </u>	<u>     11,537     </u>	<u>     11,636     </u>
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>        30        </u>	<u>        30        </u>	<u>        30        </u>	<u>        30        </u>	<u>        30        </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.

**STATE PERFORMANCE MEASURE # 9**

Degree of participation in the collaborative effort of developing a statewide data system to support Oregon's early childhood program needs.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective			80	80	85
Annual Indicator				82.8	83
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	85	90	90	90	90
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**

Percent of providers in Oregon participating in an educational experience addressing CSHCN.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	2%	3%	90	91	93
Annual Indicator	2.9	5.8	90.3	86.3	93.2
Numerator	60	104	121	101	124
Denominator	2,092	1,785	134	117	133
Is the Data Provisional or Final?				Final	Final

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

## FORM NOTES FOR FORM 11

None

### FIELD LEVEL NOTES

1. **Section Number:** Performance Measure #1  
**Field Name:** PM01  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Changes in this measure occurred in 2003. The differences in the numerators and denominators now measure the numbers of positive metabolic tests that received a follow-up. The previous measure counted the percent of all births receiving a screen; the previous measure results are not reflected here.
2. **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. The denominator is projected based on the SLAITS estimate that 13% of Oregon's children qualify as children with special health needs.
3. **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. The denominator is projected based on the SLAITS estimate that 13% of Oregon's children qualify as children with special health needs.
4. **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. The denominator is projected based on the SLAITS estimate that 13% of Oregon's children qualify as children with special health needs.
5. **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. The denominator is projected based on the SLAITS estimate that 13% of Oregon's children qualify as children with special health needs.
6. **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. The denominator is projected based on the SLAITS estimate that 13% of Oregon's children qualify as children with special health needs.
7. **Section Number:** Performance Measure #7  
**Field Name:** PM07  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
1) Data reported by fiscal year.  
2) Data for 2002 was corrected.  
State Performance Measure 7 is reported based on statistics from the NIH survey. Results have a very large margin of error based on their small sample size, therefore, they may vary substantially.
8. **Section Number:** Performance Measure #8  
**Field Name:** PM08  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Vital Stats data is not yet available for 2003. It will become available in 2005.
9. **Section Number:** Performance Measure #9  
**Field Name:** PM09  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
State Performance Measure 9 comes from our oral health program's Smile Survey. The survey was last performed in 2000. The next Smile Survey is tentatively scheduled for 2006, however, beyond that time the survey's continuation is unknown.
10. **Section Number:** Performance Measure #10  
**Field Name:** PM10  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Vital Stats will not have 2003 information until 2005.

11. **Section Number:** Performance Measure #11  
**Field Name:** PM11  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
1) Data source changed in 2002 to Mothers Survey, Ross Products Division, Abbott Laboratories from Oregon Public Health Lab data.  
2) Data from 1999 through 2001 has been corrected to reflect data from Ross.
12. **Section Number:** Performance Measure #12  
**Field Name:** PM12  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Data for 2003 will not be available until 2005.
13. **Section Number:** Performance Measure #13  
**Field Name:** PM13  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Data is only available every other year.
14. **Section Number:** Performance Measure #15  
**Field Name:** PM15  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
2003 low weight birth data is not yet reported for the state. It will become available in 2005.
15. **Section Number:** Performance Measure #16  
**Field Name:** PM16  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Vital Stats data for 2003 will not be available until 2005.
16. **Section Number:** Performance Measure #17  
**Field Name:** PM17  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Data for 2003 will not be available until 2005.
17. **Section Number:** Performance Measure #18  
**Field Name:** PM18  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Vital Stats data for 2003 will not be available until 2005.
18. **Section Number:** State Performance Measure #1  
**Field Name:** SM1  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Data for 2003 will not be available until September 2005.
19. **Section Number:** State Performance Measure #2  
**Field Name:** SM2  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The 2002 data numerator and denominator are estimated based on the total population of pregnant women 15-44. The proportion represents the women 15-44 that took folic acid at least one day a week prior to becoming pregnant.
20. **Section Number:** State Performance Measure #3  
**Field Name:** SM3  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Vital Stat data for 2003 will not be available until 2005.
21. **Section Number:** State Performance Measure #4  
**Field Name:** SM4  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
State Performance Measure 4 indicator comes from a Oregon Department of Transportation annual survey. The numerator and denominator are based on the total population for that age group.
22. **Section Number:** State Performance Measure #6  
**Field Name:** SM6  
**Row Name:**  
**Column Name:**  
**Year:** 2005

**Field Note:**

2003 data will not be available until 2005.

**23. Section Number:** State Performance Measure #8

**Field Name:** SM8

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Incomplete data, four counties not reporting. The numerator is derived from State CSHCN program data. These data identify those individuals who are receiving appropriate care coordination service in Oregon. The denominator is a derived number calculating 10% of the CSHCN population under 21.

**24. Section Number:** State Performance Measure #9

**Field Name:** SM9

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

The 2003 data for this measure has been estimated based on last year's results and current participation.

**25. Section Number:** State Performance Measure #10

**Field Name:** SM10

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Denominator includes providers in Title V Community-based programs for which CDRC is responsible to train. The denominator has dropped significantly from 2000 to 2001 and beyond when we elected to evaluate performance in relation to the actual number of providers we would anticipate reaching through our training programs. The denominator is the total number of providers the State CSHCN program works throughout the state. The numerator is the actual number of those providers who are documented as having attended a state CSHCN program sponsored training program.

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

**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	5.8	5.6	5.5	5.4	5.4
Annual Indicator	5.8	5.6	5.4	5.8	
Numerator	261	255	245	260	
Denominator	45,193	45,786	45,318	45,190	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	5.3	5.3	5.3	5.3	5.3
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.

**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	2.5	2.4	2.4	2.3	2.3
Annual Indicator		2.9	1.6	2.5	
Numerator		15.7	8.6	13.9	
Denominator		5.4	5.5	5.6	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	2.2	2.2	2.2	2.2	2.2
Annual Indicator					
Numerator					
Denominator					

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

**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	3.1	3.1	3.1	3.1	3.1
Annual Indicator		4.2	3.6	3.4	
Numerator		192	163	156	
Denominator		45,193	45,786	45,318	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	3.1	3.1	3.1	3.1	3.1
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 # 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	2.6	2.5	2.4	2.3	2.3
Annual Indicator		1.5	2.1	1.7	
Numerator		69	97	77	
Denominator		45,193	45,786	45,318	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	2.2	2.1	2.1	2	2
Annual Indicator					
Numerator					
Denominator					

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

**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	8.8	8.8		5.5	5
Annual Indicator		6.0	5.6	5.6	
Numerator		271	255	254	
Denominator		45,193	45,786	45,318	
Is the Data Provisional or Final?				Final	

	<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 # 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	24	23	2.2	2.2	21
Annual Indicator	22.5	20.9	16.1	21.0	
Numerator	143	137	107	139	
Denominator	636,919	656,988	665,043	662,136	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	21	20	20	20	19
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**

1. **Section Number:** Outcome Measure 2  
**Field Name:** OM02  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The race of infants is based on their mother's race for the denominator.
2. **Section Number:** Outcome Measure 3  
**Field Name:** OM03  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**
  1. Denominators changed to reflect cohort year population.
  2. Numerators corrected to reflect final vital stat data.
3. **Section Number:** Outcome Measure 4  
**Field Name:** OM04  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**
  1. Denominators changed to reflect cohort year population.
  2. Numerators corrected to reflect final vital stat data.
4. **Section Number:** Outcome Measure 5  
**Field Name:** OM05  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**
  1. Denominators changed to reflect cohort year population.
  2. Numerators corrected to reflect final vital stat data.
  3. Fetal deaths include those at 28 weeks of gestation.

**FORM 13**  
**CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS**  
**STATE: OR**

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

3

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

2

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

3

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

3

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

3

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

2

**Total Score:** 16

**Rating Key**

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

**FORM NOTES FOR FORM 13**

None

**FIELD LEVEL NOTES**

None

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

[Sec. 505(a)(5)]

**STATE: OR 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. Increase access to care for OHP and Medicaid populations for prenatal care, dental care, public health nurse home visiting, and school-based health centers.
2. Increase education and training for health providers, health department employees, school staff, and parents on interventions and prevention strategies that improve healthy behaviors.
3. Reduce tobacco use and substance use by adolescents, parents and pregnant women.
4. Increase the number of Oregonians who live in a community with optimally fluoridated water systems.
5. Increase access to appropriate care coordination services for CSHCN in Oregon.
6. Increase the percent of identified programs/providers who have signed a collaborative working agreement with the Oregon children with special health care needs program.
7. Develop a statewide data system to support early childhood program needs through multi-agency collaborative efforts.
8. Reduce disparities in maternal and child health program and service deliveries in rural areas.
9. Increase the cultural competence of state and county health programs, staffing, and services.
- 10.

**FORM NOTES FOR FORM 14**

None

**FIELD LEVEL NOTES**

None

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

STATE: OR

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.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    N/A    </u>	Social marketing principles applied to public health-MCH health promotion, disease prevention	To build capacity across the health system continuum with common understanding of the system	Qualified consultant in public health social marketing or critical communication
2.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    N/A    </u>	Development of state 'umbrella' document of public health planning relating to adolescents	Increase knowledge and use of approaches to state adolescent health planning	Konopka/State Adolescent Health Resource Center
3.	<b>National Performance Measure Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    4    </u>	Understanding and building funding mechanisms to support a system of care for CSCN	Title V-CSHCN svcs shifting from direct svcs to building system of care, requiring an understanding of public and private insurers and how to partner with them	Bobby Peterson, ABC for Health, Madison WI
4.	<b>National Performance Measure Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    5    </u>	Building state and community teams	Title V-OSCSHN is integrating community-based proram in system of care, requiring state and community staff skills to implement change	Debbie Allen, Boston Univ of Pbulic Health
5.	<b>National Performance Measure Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    2    </u>	Involving family members of diverse cultures	To involve all families in planning and implementing care systems	Suganya Sockalingam, National Center for Cultural Competence
6.	<b>National Performance Measure Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    3    </u>	Building collaborations with private pratctce entities	To build medical home concepts across the population and psycho-social systems building	Center for Healthier Children and Families, UCLA
7.	<b>Data-related Issues - Needs Assessment</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    N/A    </u>	Development of evaluation components in program planning	Needs assessments are lacking in program evaluation of effectiveness and cost-benefit	Qualified consultant or academic center
8.	<b>Data-related Issues - Needs Assessment</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    N/A    </u>	Implement the new Adolescent Health Systems Capacity Tool for State Title V Agency	More effective use of tool with facilitator that has led the process and use of the tool with other states	Konopka/State Adolescent Health Resource Center, AMCHP
9.	<b>Data-related Issues - Performance Indicators</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    N/A    </u>	Professional development/assistance integrating joint training & technical assistance opportunities for St. Adol. Health Coords on HP2010 Leading Indicators for adolescents	cooperative learning between states,professional development,networking	AMCHP/CDC

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: OR**

SP #     1    

**PERFORMANCE MEASURE:**

Percent of pregnancies among women 15-44 that are intended

**STATUS:**

Active

**GOAL**

Increase the number of pregnancies that are intended among women 15-44 years.

**DEFINITION**

**Numerator:**

The number of abortions reported plus the estimated number of unintended pregnancies resulting in live births, the latter based on the number of women reporting to PRAMS that they wanted to be pregnant later or not at any time in the future, weighted to reflect a percent of Oregon's population of women delivering live infants.

**Denominator:**

The number of live births registered plus the number of abortions reported.

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

To track with other measures cited here, the proportion of intended pregnancies is estimated at 1- the proportion of unintended pregnancies (estimated as in the past). This measure was changed to "intended" to track with the Healthy People 2010 Objectives and the Oregon Benchmarks. For live births, intendedness is derived from self reports on the PRAMS survey (about 4 months post partum). Abortion data are reported to the OHD Center for Health Statistics. It is assumed that proportions would not change if intendedness of pregnancies resulting in fetal deaths or spontaneous abortions were known and included.

**SIGNIFICANCE**

The Institutes of Medicine report, "Best Intentions," published in 1995, indicates that unintended pregnancies are an important indicator for the MCH status. The report states: "A woman with an unintended pregnancy is less likely to seek early prenatal care and more likely to expose the fetus to ... tobacco or alcohol. The child of an unwanted conception especially (as distinct from a mistimed one) is at greater risk of being born at low birthweight, of dying in its first year of life, of being abused, and of not receiving sufficient resources for healthy development. The mother may be at greater risk of depression and of physical abuse herself, and her relationship with her partner is at greater risk of dissolution. Both mother and father may suffer economic hardship and may fail to achieve their educational and career goals."

SP # 2

**PERFORMANCE MEASURE:**

Percent of women who had live births who took folic acid most days in the month before becoming pregnant.

**STATUS:**

Active

**GOAL**

Increase the prevalence of folic acid use among women prior to their becoming pregnant

**DEFINITION**

xx

**Numerator:**

Number of women who reported having taken a multi-vitamin 1 to 7 days a week in the month before becoming pregnant.

**Denominator:**

Number of women responding to the PRAMS survey item, weighted to represent Oregon's population of women delivering live infants.

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Folic acid use is estimated from responses to PRAMS, about 4 months post partum. About 79% of new mothers report awareness that folic acid can help prevent some birth defects. Data have been weighted to represent all women giving birth during the year. The Center also plans some further testing of reliability and generalizability of the data.

**SIGNIFICANCE**

Preconceptual folic acid use has been associated with a reduction in neural tube defects. Folic acid use may also be an indicator of vitamin consumption prior to pregnancy.

SP #        3

**PERFORMANCE MEASURE:**

Percent of pregnant women reporting no tobacco use.

**STATUS:**

Active

**GOAL**

Reduce the number of women who use tobacco during pregnancy.

**DEFINITION**

**Numerator:**

Number of births where certificate showed the mother smoked one or more cigarettes during the pregnancy

**Denominator:**

Number of births recorded

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Currently, the only data analyzed are birth records, which are known to under-report the prevalence of smoking during pregnancy. The bias toward under-reporting may be increasing as awareness of the risks of cigarette use grows. PRAMS may provide less biased measures of tobacco use, but further analysis is needed.

**SIGNIFICANCE**

Smoking during pregnancy is associated with fetal death, low birthweight, SIDS rate increase, and respiratory difficulties for newborns. Smoking among pregnant women is associated with alcohol and other drug use, both of which are harmful to the fetus.

SP # 4

**PERFORMANCE MEASURE:**

Percent of children 0-4 who are observed riding in cars restrained in child safety seats.

**STATUS:**

Active

**GOAL**

Increase the observed number of children aged 0-4 riding in cars restrained in child safety seats.

**DEFINITION**

**Numerator:**

Children aged 0-4 that are observed to be riding in motor vehicles, appropriately restrained in safety seats.

**Denominator:**

US Census Bureau estimates of children aged 0-4

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Data from the Oregon Occupant Protection Observation Study, Oregon Dept. of Transportation (Carla Levinski) Issues with this measure have to do with the incorrect use of safety seats. The observed use percentage does not address the need to work with parents on correct installation. Oregon's correct use percentage is also a problem that is addressed as part of the ongoing effort to provide parents opportunities through safety seat clinics to have their car seat installations evaluated and receive training from certified technicians.

**SIGNIFICANCE**

This measure is used to gage the effectiveness of Oregon's child restrain laws on parents' behavior. There is also a need for work in enforcement priorities, health education priorities, and targeting for safety seat clinics and voucher program efforts in the state of Oregon.

SP # 5

**PERFORMANCE MEASURE:**

Percent of 8th graders who report not using cigarettes in the previous month

**STATUS:**

Active

**GOAL**

Increase the proportion of 8th graders free from smoking use during the previous month.

**DEFINITION**

xxx

**Numerator:**

Number of 8th graders reporting no cigarette use during the previous month.

**Denominator:**

Total number of 8th graders responding to questions about cigarette use.

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

The Youth Risk Behavior Survey, administered in odd-numbered years, and the Oregon Public School Drug Use Survey, administered in even-numbered years, are sources of data on use of alcohol, tobacco, and marijuana during the prior 30 days by 8th graders. The middle school survey covers 6th, 7th and 8th graders. While 8th graders surveyed in one year may also be surveyed as a 10th or as a 12th grader, no longitudinal comparisons are possible because there is no identification of individual respondents. In 1997, the items concerning tobacco use were changed to be consistent. Both surveys will allow us to measure trends in prevalence of tobacco use now that issues of item similarity and survey representativeness appear to have been resolved.

**SIGNIFICANCE**

Adolescent use of tobacco is strongly predictive of smoking during adulthood and associated with a wide range of other physical, emotional, or behavioral risks. Initiation of tobacco use occurs regularly among youth aged 11 to 13 with half of all school-aged children who use tobacco reporting starting by the 8th grade. Youth often underestimate the addictive capacity of nicotine and may minimize the risk of tobacco use. However, 90% of all adults who smoke begin before the age of twenty-one. Seventy-five per cent of adult Oregonians who use tobacco say they want to quit.

SP #          6

**PERFORMANCE MEASURE:**

Percent of Oregonians living in a community where the water system is optimally fluoridated.

**STATUS:**

Active

**GOAL**

Increase the number of Oregonians who live in a community with fluoridated water systems.

**DEFINITION**

**Numerator:**

Population of communities with natural or adjusted fluoride levels at 0.7 ppm or greater

**Denominator:**

Population with access to community water systems

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

The Oregon Health Division, Drinking Water Section, provides yearly water fluoridation statistics for community systems with natural or adjusted fluoride.

**SIGNIFICANCE**

Community water fluoridation is a proven safe, effective and inexpensive way to prevent tooth decay ("caries"). Fluoride works by stopping or even reversing the caries process, thus keeping the enamel strong and intact. By reducing or eliminating caries in infants and children, needless pain and infection is reduced, developmental growth is not impeded, social skills and esteem is enhanced, and the public burden in dental care financing is significantly decreased. Fluoride delivery through community water systems benefits all infants and children, regardless of socioeconomic status. Since 1990, less than one quarter of Oregon's population have had access to fluoridated water at the level of 0.7 parts per million or more through community water systems.

SP # 7

**PERFORMANCE MEASURE:**

Percent of K-12 students with access to a State Certified school-based health center.

**STATUS:**

Active

**GOAL**

Increase the proportion of students with access to services at a certified school-based health center.

**DEFINITION**

**Numerator:**

Number of students enrolled in public schools who have access to a State Certified school-based health center

**Denominator:**

Number of students enrolled in public schools

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Oregon Dept. of Education Annual Publication. Enrollment is as of June of each school year.

**SIGNIFICANCE**

This measure is used to determine the number of students statewide who have access to the comprehensive preventive health, primary care and mental health services provided by a state certified SBHC. Adolescents historically are an medically underserved population and poor utilizers of preventive health services. SBHCs see a higher proportion of at-risk and or uninsured youth. SBHCs are an important safety net provider who have reduced barriers (financial, logistical, environmental, psychological) to seeking and receiving health care. SBHCs, as an access model, fill gaps in continuum of care, integrate service components (physical & mental health) and provide important risk assessment and health education functions.

SP # 8

**PERFORMANCE MEASURE:**

Percent of CSHCN in Oregon receiving appropriate care coordination services

**STATUS:**

Active

**GOAL**

Increase access to appropriate care coordination services for CSHCN in Oregon.

**DEFINITION**

**Numerator:**

Number of CSHCN through age 20 receiving care coordination services.

**Denominator:**

Number of CSHCN needing services.

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

The numerator is derived from Oregon State Children with Special Health Care Needs program data. These data identify those individuals who are receiving appropriate care coordination services in Oregon. The denominator is derived by calculating 10% of the CSHCN population under 21.

**SIGNIFICANCE**

Families with children who have special health needs may use numerous complex health, education, vocational, and social services in densely populated areas. In these areas, barriers to access tend to be knowledge of services (needed or available) and economic factors such as transportation, respite care, care for other family members, time off work, and the cost of services. In rural areas, physical geographic accessibility are added to these barriers. These services can be provided in the local community and at a nearby tertiary level center. Thus, care coordination services are an important component of the care for these children. Although service coordination is provided by many different professionals and agencies in Oregon, there are not enough resources to serve all families who need it. Increasing the opportunities for families can lead to improved access to the comprehensive services they need.

SP #        9

**PERFORMANCE MEASURE:**

Degree of participation in the collaborative effort of developing a statewide data system to support Oregon's early childhood program needs.

**STATUS:**

Active

**GOAL**

Develop a statewide data system to support early childhood program needs.

**DEFINITION**

**Numerator:**

Number of organizations represented at each meeting.

**Denominator:**

Number of organizations who agreed to participate in the process.

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

The OHD data system, WCHDS, has been selected as the individual data system as well as housing the data warehouse for the Early Childhood programs. CDRC staff are participating in the planning to establish this expanded system. CDRC and DHS-OFH staff have dedicated many hours to the planning and implementation of this system.

**SIGNIFICANCE**

The Child Health Consultant in OFH is assigned to be a part of the Interagency Coordinating Team charged by the Governor to implement an Early Childhood System of Care in Oregon. She also represents CDRC on the team.

SP # 10

**PERFORMANCE MEASURE:**

Percent of providers in Oregon participating in an educational experience addressing CSHCN.

**STATUS:**

Active

**GOAL**

Increase the percent of providers participating in an educational experience addressing CSHCN including diagnosis, treatment, prevention issues and family centered care.

**DEFINITION**

**Numerator:**

Number of providers who participated in at least one educational experience.

**Denominator:**

Number of providers in Title V supported programs serving CSHCN.

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Number of providers participating in education will be collected from the training programs delivered by CDRC Title V sponsored programs.

**SIGNIFICANCE**

The decentralization of services for CSHCN places children with providers who are not trained or familiar with their special needs. The expansion of Medicaid and commercial managed care is placing more CSHCN in a Medical Home in their community. The experience and training of these primary and ancillary care providers does not typically include services to this population. The role of Title V in this changing environment in Oregon includes training these providers to increase their knowledge base in the diagnosis, treatment, prevention issues, and family centered care for CSHCN. The need for these children to have access to timely, appropriate specialty services and the benefits of the same will be emphasized in these training sessions.

**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: OR**

**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
<b>Annual Indicator</b>	18.3	18.8	17.3	20.7	
<b>Numerator</b>	401	419	391	471	
<b>Denominator</b>	219,527	222,872	226,011	227,668	
<b>Is the Data Provisional or Final?</b>				Final	

**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
<b>Annual Indicator</b>	68.1	78.9	81.4	79.9	78.3
<b>Numerator</b>	13,941	16,173	17,209	17,338	
<b>Denominator</b>	20,461	20,493	21,139	21,700	
<b>Is the Data Provisional or Final?</b>				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
<b>Annual Indicator</b>	NaN	NaN	NaN	NaN	NaN
<b>Numerator</b>	0	0	0	0	0
<b>Denominator</b>	0	0	0	0	0
<b>Is the Data Provisional or Final?</b>				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
<b>Annual Indicator</b>	71.2	76.3	79.5	78.6	78.4
<b>Numerator</b>	31,641	34,695	35,913	35,424	36,832
<b>Denominator</b>	44,451	45,445	45,171	45,086	46,959
<b>Is the Data Provisional or Final?</b>				Final	Final

**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.

	<b>Annual Indicator Data</b>				
	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Annual Indicator</b>	<u>38.7</u>	<u>38.2</u>	<u>44.1</u>	<u>41.2</u>	<u>39.5</u>
<b>Numerator</b>	<u>19,589</u>	<u>18,790</u>	<u>22,038</u>	<u>21,293</u>	<u>20,349</u>
<b>Denominator</b>	<u>50,593</u>	<u>49,251</u>	<u>49,938</u>	<u>51,629</u>	<u>51,541</u>
<b>Is the Data Provisional or Final?</b>				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.

	<b>Annual Indicator Data</b>				
	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Annual Indicator</b>	<u>7.5</u>	<u>37.0</u>	<u>8.5</u>	<u>13.0</u>	<u>7.0</u>
<b>Numerator</b>	<u>469</u>	<u>2,099</u>	<u>578</u>	<u>931</u>	<u>526</u>
<b>Denominator</b>	<u>6,237</u>	<u>5,680</u>	<u>6,800</u>	<u>7,160</u>	<u>7,508</u>
<b>Is the Data Provisional or Final?</b>				Final	Final

**FORM NOTES FOR FORM 17**

No data is available for measure 3 because there is no state SCHIP program.

**FIELD LEVEL NOTES**

1. **Section Number:** Health Systems Capacity Indicator #01  
**Field Name:** HSC01  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Data for 2003 will not be available until 2005.
2. **Section Number:** Health Systems Capacity Indicator #02  
**Field Name:** HSC02  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
From the EPSDT 2003 Report, no denominator or numerator available.
3. **Section Number:** Health Systems Capacity Indicator #03  
**Field Name:** HSC03  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
No data is available for this measure because Oregon does not have a SCHIP program.
4. **Section Number:** Health Systems Capacity Indicator #08  
**Field Name:** HSC08  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The denominator is the total number of children served by SSI in Oregon. The numerator results from a match between the lists of children served by the State CHSCN Program and the State SSI Roster.

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

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (&lt; 2,500 grams)</i>	2002	Payment source from birth certificate	<u>6.5</u>	<u>5.7</u>	<u>6.1</u>
b) <i>Infant deaths per 1,000 live births</i>	2002	Payment source from birth certificate	<u>7.2</u>	<u>5.1</u>	<u>5.8</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>71.1</u>	<u>89.7</u>	<u>82.7</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>1</u>	<u>1</u>	<u>1</u>

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

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>	2003	<u>133</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u> ) (Age range <u>6</u> to <u>18</u> ) (Age range <u>    </u> to <u>    </u> )	2003	<u>133</u> <u>100</u> <u>    </u>
c) <i>Pregnant Women</i>	2003	<u>185</u>

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

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>	2003	<u>133</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u> ) (Age range <u>6</u> to <u>18</u> ) (Age range <u>    </u> to <u>    </u> )	2003	<u>133</u> <u>100</u> <u>    </u>
c) <i>Pregnant Women</i>	2003	<u>185</u>

**FORM NOTES FOR FORM 18**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Indicator 05  
**Field Name:** CareFirstTrimester  
**Row Name:** Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester  
**Column Name:**  
**Year:** 2005  
**Field Note:**
  
2. **Section Number:** Indicator 05  
**Field Name:** AdequateCare  
**Row Name:** Percent of pregnant women with adequate prenatal care  
**Column Name:**  
**Year:** 2005  
**Field Note:**

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

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

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
<b>ANNUAL DATA LINKAGES</b>		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	2	Yes
Annual linkage of birth certificates and WIC eligibility files	3	Yes
Annual linkage of birth certificates and newborn screening files	3	Yes
<b>REGISTRIES AND SURVEYS</b>		
Hospital discharge survey for at least 90% of in-State discharges	1	Yes
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

\*Where:

- 1 = No, the MCH agency does not have this ability.
- 2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
- 3 = Yes, the MCH agency always has this ability.

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

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: OR**

**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
<b>Annual Indicator</b>	5.4	5.6	5.5	5.8	_____
<b>Numerator</b>	2,430	2,572	2,496	2,617	_____
<b>Denominator</b>	45,193	45,677	45,318	45,190	_____
<b>Is the Data Provisional or Final?</b>				Final	

**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
<b>Annual Indicator</b>	4.2	4.3	4.1	4.2	_____
<b>Numerator</b>	1,816	1,897	1,835	1,882	_____
<b>Denominator</b>	43,310	44,360	45,032	44,524	_____
<b>Is the Data Provisional or Final?</b>				Final	

**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
<b>Annual Indicator</b>	0.9	1.0	1.0	1.0	_____
<b>Numerator</b>	423	444	437	472	_____
<b>Denominator</b>	45,193	45,677	45,032	45,190	_____
<b>Is the Data Provisional or Final?</b>				Final	

**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
<b>Annual Indicator</b>	0.7	0.7	0.7	0.7	_____
<b>Numerator</b>	309	326	309	332	_____
<b>Denominator</b>	43,310	44,360	45,032	44,524	_____
<b>Is the Data Provisional or Final?</b>				Final	

**HEALTH STATUS INDICATOR MEASURE # 03A**

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

	1999	2000	Annual Indicator Data		2003
			2001	2002	
Annual Indicator	10.4	8.9	7.6	8.2	
Numerator	71	63	54	58	
Denominator	680,806	710,361	710,361	707,326	
Is the Data Provisional or Final?				Final	

**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.

	1999	2000	Annual Indicator Data		2003
			2001	2002	
Annual Indicator	4.6	3.8	4.8	3.4	
Numerator	31	27	34	24	
Denominator	680,806	710,361	710,361	707,326	
Is the Data Provisional or Final?				Final	

**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.

	1999	2000	Annual Indicator Data		2003
			2001	2002	
Annual Indicator	17.9	24.7	21.0	20.1	
Numerator	82	119	101	98	
Denominator	459,239	481,750	481,750	486,507	
Is the Data Provisional or Final?				Final	

**HEALTH STATUS INDICATOR MEASURE # 04A**

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

	1999	2000	Annual Indicator Data		2003
			2001	2002	
Annual Indicator	209.0	213.6	246.9	182.1	
Numerator	1,423	1,517	1,754	1,288	
Denominator	680,806	710,361	710,361	707,326	
Is the Data Provisional or Final?				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.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	38.2	32.9	31.8	26.4	
Numerator	260	234	226	187	
Denominator	680,806	710,361	710,361	707,326	
Is the Data Provisional or Final?				Final	

**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.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	143.7	148.0	143.9	114.8	
Numerator	660	713	693	558	
Denominator	459,239	481,750	481,750	486,063	
Is the Data Provisional or Final?				Final	

**HEALTH STATUS INDICATOR MEASURE # 05A**

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	17.2	18.5	18.9	16.3	
Numerator	2,025	2,216	2,257	1,993	
Denominator	117,807	119,533	119,533	121,965	
Is the Data Provisional or Final?				Final	

**HEALTH STATUS INDICATOR MEASURE # 05B**

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	3.9	4.6	5.3	4.9	
Numerator	2,303	2,775	3,083	3,057	
Denominator	583,946	605,930	583,946	618,302	
Is the Data Provisional or Final?				Final	

**FORM NOTES FOR FORM 20**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Health Status Indicator #04C  
**Field Name:** HSI04C  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Corrected denominator for 2001 & 2002.

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

**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: 2002 Is this data from a State Projection? No

<b>CATEGORY TOTAL POPULATION BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	42,820	38,931	1,163	784	1,942	0	0	0
Children 1 through 4	171,239	156,034	4,580	3,071	7,554	0	0	0
Children 5 through 9	221,292	202,471	5,441	3,976	9,404	0	0	0
Children 10 through 14	237,801	216,438	6,192	4,891	10,280	0	0	0
Children 15 through 19	236,527	216,455	5,949	4,839	9,284	0	0	0
Children 20 through 24	231,441	211,703	5,496	4,288	9,954	0	0	0
Children 0 through 24	1,141,120	1,042,032	28,821	21,849	48,418	0	0	0

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

<b>CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	4,422	38,398	0
Children 1 through 4	16,961	154,278	0
Children 5 through 9	21,291	200,001	0
Children 10 through 14	21,138	216,663	0
Children 15 through 19	18,651	217,876	0
Children 20 through 24	18,311	213,130	0
Children 0 through 24	100,774	1,040,346	0

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

**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

<b>CATEGORY TOTAL LIVE BIRTHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Women < 15	31	21	7	1	2			
Women 15 through 17	884	765	53	46	20			
Women 18 through 19	2,305	2,083	86	75	61			
Women 20 through 34	33,677	30,150	749	538	2,240			
Women 35 or older	0							
Women of all ages	36,897	33,019	895	660	2,323	0	0	0

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

<b>CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Women < 15	31	20	0
Women 15 through 17	884	419	4
Women 18 through 19	2,305	778	20
Women 20 through 34	33,677	6,830	215
Women 35 or older			
Women of all ages	36,897	8,047	239

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

**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

<b>CATEGORY TOTAL DEATHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	260	229	13	10	2	6		0
Children 1 through 4	57	50	2	2	1	2		0
Children 5 through 9	41	39	1	1	0	0		0
Children 10 through 14	41	39	0	1	0	0		1
Children 15 through 19	151	138	2	5	3	3		0
Children 20 through 24	177	161	5	6	1	4		0
Children 0 through 24	727	656	23	25	7	15	0	1

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

<b>CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	225	35	0
Children 1 through 4	47	10	0
Children 5 through 9	35	6	0
Children 10 through 14	35	5	1
Children 15 through 19	136	15	0
Children 20 through 24	153	23	1
Children 0 through 24	631	94	2

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

**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)*

<b>CATEGORY Miscellaneous Data BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>	<b>Specific Reporting Year</b>
All children 0 through 19	909,679	830,329.0	23,325.0	17,561.0	38,464.0				2002
Percent in household headed by single parent	27.3								
Percent in TANF (Grant) families	100.0	62.7	9.1	2.5	1.9	0.2	0	23.6	2002
Number enrolled in Medicaid	227,968	188,384.0	14,503.0	5,075.0	7,092.0	7,589.0		5,325.0	2003
Number enrolled in SCHIP	0								
Number living in foster home care	10,840	7,577.0	976.0	900.0	65.0	43.0		1,279.0	2002
Number enrolled in food stamp program	0								
Number enrolled in WIC	97,558	57,559.0	3,610.0	1,756.0	2,829.0			31,804.0	2002
Rate (per 100,000) of juvenile crime arrests	2,862.0								2002
Percentage of high school drop-outs (grade 9 through 12)	4.4	3.6	9.0	6.3	3.8	3.8		8.8	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)*

<b>CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>	<b>Specific Reporting Year</b>
All children 0 through 19	82,463.0	827,216.0		2002
Percent in household headed by single parent				
Percent in TANF (Grant) families	77.0	17.2	5.8	
Number enrolled in Medicaid	217,568.0	70,437.0	5,325.0	2003
Number enrolled in SCHIP				
Number living in foster home care	8,022.0	1,279.0	1,539.0	2002
Number enrolled in food stamp program				
Number enrolled in WIC	65,765.0	31,804.0		2002
Rate (per 100,000) of juvenile crime arrests			2,862.0	2002
Percentage of high school drop-outs (grade 9 through 12)	3.9	9.1	6.9	2002

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

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

Reporting Year: 2003 Is this data from a State Projection? No

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	<u>                    </u>
Living in urban areas	<u>640,940</u>
Living in rural areas	<u>369,149</u>
Living in frontier areas	<u>                    </u>
<b>Total - all children 0 through 19</b>	<u>1,010,089</u>

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

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

**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	<u>3,504,700.0</u>
Percent Below: 50% of poverty	<u>                    </u>
100% of poverty	<u>10.9</u>
200% of poverty	<u>30.2</u>

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

**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	<u>967,043.0</u>
Percent Below: 50% of poverty	<u>                    </u>
100% of poverty	<u>13.9</u>
200% of poverty	<u>37.6</u>

## FORM NOTES FOR FORM 21

### HSI #06A

- 1) Data is from census projections for 2002 by age. These projections did not distinguish Native Hawaiians or Pacific Islanders (assumed collected in Asians), Persons of More than One Race, or Other Persons.
- 2) Ethnicity projected for all persons.

### HSI #07A

- 1) Asian includes all Asians and Pacific Islanders

### For HSI #08A & 08B

- 1) No information was available for deaths by "more than one race."
- 2) In the mortality data Asian refers to only Chinese and Japanese.
- 3) No natality information was available for "Native Hawaiians or Pacific Islanders," "More than one race reported," or "Other and unknown."
- 4) For form 21, #7A natality, race and ethnicity is exclusionary. The data does not show the race of a person that is Hispanic or Latino.

### HSI #10

The urban and rural population reported includes 0 - 20 year olds from the Oregon Office of Rural Health.

## FIELD LEVEL NOTES

- 1. Section Number:** Indicator 07A  
**Field Name:** Race\_Women20to34  
**Row Name:** Women 20 through 34  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Includes all women 20 and over.
- 2. Section Number:** Indicator 07A  
**Field Name:** Race\_Women35  
**Row Name:** Women 35 or older  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Women 35 and older are included in the women 20-34 category.
- 3. Section Number:** Indicator 07B  
**Field Name:** Ethnicity\_Women20to34  
**Row Name:** Women 20 through 34  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
This category includes all women 20 and older.
- 4. Section Number:** Indicator 07B  
**Field Name:** Ethnicity\_Women35  
**Row Name:** Women 35 or older  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Women 35 and over are included in the women 20-34 category.
- 5. Section Number:** Indicator 08A  
**Field Name:** S08\_Race\_Children5to9  
**Row Name:** children 5 through 9  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The total deaths of children 5-9 was estimated as half of the total deaths of children 5-14. It was divided evenly across races.
- 6. Section Number:** Indicator 08A  
**Field Name:** S08\_Race\_Children10to14  
**Row Name:** children 10 through 14  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The total deaths of children 10-14 was estimated as half of the total deaths of children 5-14. It was divided evenly across races.
- 7. Section Number:** Indicator 08B  
**Field Name:** S08\_Ethnicity\_Children5to9  
**Row Name:** children 5 through 9  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The total deaths of children 5-9 was estimated as half of the total deaths of children 5-14. It was divided evenly across ethnicities.
- 8. Section Number:** Indicator 08B  
**Field Name:** S08\_Ethnicity\_Children10to14  
**Row Name:** children 10 through 14  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The total deaths of children 10-14 was estimated as half of the total deaths of children 5-14. It was divided evenly across ethnicities.
- 9. Section Number:** Indicator 09A  
**Field Name:** HSIRace\_Children  
**Row Name:** All children 0 through 19  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
1) Total population figures from 2002 Census projection based on 2000 U.S. Census figures. Does not distinguish for Native Hawaiian or Pacific Islander, More than one race, or other or unknown.
- 10. Section Number:** Indicator 09A  
**Field Name:** HSIRace\_TANFPercent

**Row Name:** Percent in TANF (Grant) families

**Column Name:**

**Year:** 2005

**Field Note:**

11. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_MedicaidNo  
**Row Name:** Number enrolled in Medicaid  
**Column Name:**  
**Year:** 2005  
**Field Note:**
  - 1) Persons included in Medicaid by race and ethnicity only include those age 0-18.
  - 2) Race is not included for those persons that identified themselves as Hispanic.
12. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_WICNo  
**Row Name:** Number enrolled in WIC  
**Column Name:**  
**Year:** 2005  
**Field Note:**
  - 1) Numbers enrolled in WIC include all children, but do not include teen mothers up to 19.
  - 2) WIC calculates Hispanic as an alternative to a race, Hispanic WIC participants are included in the "Other" race category.
  - 3) Asian includes Asian and Pacific Islanders.
13. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_DropOutPercent  
**Row Name:** Percentage of high school drop-outs (grade 9 through 12)  
**Column Name:**  
**Year:** 2005  
**Field Note:**
  - 1) Source: 2002-2003 Drop-Out Report from Oregon Department of Education
  - 2) Asian/Native Hawaiian or Other Pacific Islander figures were combined, therefore, they have the same rate.
  - 3) Other and Unknown includes all Hispanic and unknown.
14. **Section Number:** Indicator 09B  
**Field Name:** HSIEthnicity\_MedicaidNo  
**Row Name:** Number enrolled in Medicaid  
**Column Name:**  
**Year:** 2005  
**Field Note:**
  - 1) Ethnicity figures for Medicaid are included for persons age 0-18.
15. **Section Number:** Indicator 10  
**Field Name:** Metropolitan  
**Row Name:** Living in metropolitan areas  
**Column Name:**  
**Year:** 2005  
**Field Note:**

Our definition of metropolitan is the same as urban.
16. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_FosterCare  
**Row Name:** Number living in foster home care  
**Column Name:**  
**Year:** 2005  
**Field Note:**
  - 1) The definition of foster care changed in 2002 to be the same as the national definition. This changed the reporting of children "still in foster care" which prior to this change did not include children who physically returned home. Therefore, the statistics in 2002 and beyond will show an increase due to this change.
  - 2) Foster-care data includes only those that are in "non-relative" foster homes.
  - 3) Race & ethnicity groups are based on the percentages of those persons represented in each group in all foster homes (including non-relative).
17. **Section Number:** Indicator 09B  
**Field Name:** HSIEthnicity\_FosterCare  
**Row Name:** Number living in foster home care  
**Column Name:**  
**Year:** 2005  
**Field Note:**

See notes for foster care by race (form 21, 9a)