



Office of Recovery Act Coordination

Department of Health and Human Services

Office of the Assistant Secretary for Financial Resources

Recovery Act:

Idaho Highlights

Since the enactment of the Recovery Act in 2009, the U.S. Department of Health and Human Services has made **\$444.2 million in stimulus funds available in the State of Idaho*** for Community Health Centers, universities and other institutions in the State to provide fiscal relief, improve and expand access to health care, provide child care and other social services for its most vulnerable citizens, establish the infrastructure for health information technology, and conduct scientific research.



This includes:

- **\$342.6 million** for the increased Federal share (FMAP) of State Medicaid costs.
- **\$20.9 million** through the Indian Health Service, including funds from the EPA, for health care and sanitation facilities construction, maintenance, and equipment.
- **\$12.3 million** for the Child Care and Development Fund to increase access to child care and improve quality.
- **\$9.7 million** for scientific research, equipment and facilities, including:
 - **\$4 million** for construction of a state-of-the-art facility to provide infrastructure support for biomedical research and training at Boise State University.
- **\$9.3 million** for Community Health Center services, construction, renovation, equipment, and health information technology (IT), including:
 - **\$1.9 million** for Terry Reilly Health Services in Nampa, **\$1.5 million** for Family Health Services Corp. in Twin Falls, and **\$1.1 million** for Valley Family Health Care in Payette, all for increased demand for service, construction, and equipment.
- **\$8.5 million** for Early Head Start and Head Start programs to expand services and improve quality.
- **\$7.9 million** for health IT, including:
 - **\$5.9 million** for the Idaho Health Data Exchange to facilitate health information exchange.
- **\$5 million** for the Community Services Block Grant for community action agencies to reduce poverty and help low-income people become self-sufficient.
- **\$4.7 million** for Temporary Assistance for Needy Families (TANF).
- **\$3.9 million** to support 84 National Health Service Corps clinicians providing primary health care in Health Professional Shortage Areas.
- **\$955,000** for the Communities Putting Prevention to Work initiative for State programs targeting obesity and tobacco use and **\$200,000** for chronic disease self-management programs for the elderly.
- **\$573,000** for State efforts to fight healthcare-associated infections.
- **\$520,000** for meals and nutrition services for the elderly.

**The total funding in this document is based on the HHS Sept. 30, 2011, Financial and Activity Report (FAR) for the Recovery Act, available at the Department's website, <http://www.hhs.gov/recovery/reports/index.html>, except for FMAP, which is based on the Oct. 21, 2011, FAR and FMAP obligations of \$52.1 million in Recovery Act funds extended by P.L. 111-226. The highlights are a selection of programs funded by the Recovery Act and do not add up to the total funding within the State. For more information about individual HHS programs and Recovery Act funding, see <http://www.hhs.gov/recovery/>.*