

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

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APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 7/15/2004	APPLICANT IDENTIFIER									
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE 5/15/2004	STATE APPLICATION IDENTIFIER									
		4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER									
5. APPLICANT INFORMATION												
Legal Name: Delaware Dept of Health and Social Services		Organizational Unit: Division of Public Health, Family Health Services										
Address (give city, county, state and zip code) Jesse Cooper Building PO Box 637 Dover, DE 19903 County: Kent		Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: Dennis Rubino Tel Number: 302-744-4553										
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">5</td><td style="width: 20px; text-align: center;">1</td><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;">0</td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">7</td><td style="width: 20px; text-align: center;">9</td></tr></table>		5	1	6	0	0	0	2	7	9	7. TYPE OF APPLICANT: (Enter appropriate letter in box) A A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipality J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipality M. Profit Organization G. Special District N. Other (Specify)	
5	1	6	0	0	0	2	7	9				
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration Decrease Duration Other (specify):		9 NAME OF FEDERAL AGENCY: Health Resources and Services Administration, Maternal and Child Health Bureau										
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">3</td><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">4</td></tr></table> TITLE: Maternal and Child Health Services Block Grant		9	3	9	9	4	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: DE DPH Services for Women, Children & Special Need					
9	3	9	9	4								
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): Statewide												
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:										
Start Date: 10/01/2004	Ending Date: 09/30/2005	a. Applicant Delaware at Large	b. Project Maternal and Child Health									
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: 9/1/2004 b. NO <input 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>2,088,067.00</u>											
b. Applicant	\$ <u>320,000.00</u>											
c. State	\$ <u>8,795,104.00</u>											
d. Local	\$ <u>0.00</u>											
e. Other	\$ <u>355,000.00</u>											
f. Program Income	\$ <u>0.00</u>											
g. TOTAL	\$ <u>11,558,171.00</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT <input type="checkbox"/> Yes. If "Yes", attach an explanation <input 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 Jamie H. Rivera, MD, FAAP, Director, Div of Public Health		b. Title designee for DHSS Secretary, Vincent P. Meconi	c. Telephone Number 302-744-4700									
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: DE

1. FEDERAL ALLOCATION

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

\$ 2,088,067

A. Preventive and primary care for children:

\$ 626,527 (30.01%)

B. Children with special health care needs:

\$ 627,092 (30.03%)

(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:

\$ 89,367 (4.28%)

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

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

\$ 320,000

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

\$ 8,795,104

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

\$ 0

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

\$ 355,000

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)

\$ 5,679,728

\$ 9,150,104

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

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

\$ 11,558,171

9. OTHER FEDERAL FUNDS

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

a. SPRANS: \$ 0

b. SSDI: \$ 0

c. CISS: \$ 50,000

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 0

j. Education: \$ 0

k. Other: \$ 0

_____ \$ _____

_____ \$ _____

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

\$ 50,000

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 11,608,171

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: FedAlloc_PPCC
Row Name: Federal Allocation - Preventive and primary care for children
Column Name:
Year: 2005
Field Note:

**FORM 3
STATE MCH FUNDING PROFILE**

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

STATE: DE

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 1,985,160	\$ 1,985,160	\$ 2,088,067	\$ 0	\$ 2,088,067	\$ 0
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 185,000	\$ 185,000	\$ 210,000	\$ 0	\$ 320,000	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 9,352,602	\$ 9,352,602	\$ 8,795,104	\$ 0	\$ 8,795,104	\$ 0
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 355,000	\$ 355,000	\$ 355,000	\$ 0	\$ 355,000	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 11,877,762	\$ 11,877,762	\$ 11,448,171	\$ 0	\$ 11,558,171	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 224,720	\$ 224,720	\$ 50,000	\$ 0	\$ 50,000	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 12,102,482	\$ 12,102,482	\$ 11,498,171	\$ 0	\$ 11,608,171	\$ 0
(STATE MCH BUDGET TOTAL)						

**FORM 3
STATE MCH FUNDING PROFILE**

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

STATE: DE

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 1,955,133	\$ 1,765,540	\$ 1,965,540	\$ 1,703,240	\$ 1,965,540	\$ 1,965,540
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 200,000	\$ 200,000	\$ 200,000	\$ 262,300	\$ 262,300	\$ 262,300
3. State Funds <i>(Line3, Form 2)</i>	\$ 9,468,042	\$ 9,468,042	\$ 10,296,759	\$ 10,296,759	\$ 8,736,734	\$ 8,736,734
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 425,000	\$ 425,000	\$ 425,000	\$ 425,000	\$ 355,000	\$ 355,000
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 12,048,175	\$ 11,858,582	\$ 12,887,299	\$ 12,687,299	\$ 11,319,574	\$ 11,319,574
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 50,000	\$ 50,000	\$ 72,500	\$ 72,500	\$ 224,720	\$ 224,720
9. Total <i>(Line11, Form 2)</i>	\$ 12,098,175	\$ 11,908,582	\$ 12,959,799	\$ 12,759,799	\$ 11,544,294	\$ 11,544,294
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

None

FORM 4

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

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

STATE: DE

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 1,957,533	\$ 1,957,533	\$ 2,409,898	\$ 0	\$ 2,467,451	\$ 0
b. Infants < 1 year old	\$ 355,000	\$ 355,000	\$ 355,000	\$ 0	\$ 355,000	\$ 0
c. Children 1 to 22 years old	\$ 7,006,478	\$ 7,006,478	\$ 5,298,506	\$ 0	\$ 5,235,782	\$ 0
d. Children with Special Healthcare Needs	\$ 1,758,267	\$ 1,758,267	\$ 2,535,213	\$ 0	\$ 2,647,451	\$ 0
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 800,484	\$ 800,484	\$ 849,554	\$ 0	\$ 852,487	\$ 0
g. SUBTOTAL	\$ 11,877,762	\$ 11,877,762	\$ 11,448,171	\$ 0	\$ 11,558,171	\$ 0

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 0		\$ 0		\$ 0	
c. CISS	\$ 100,000		\$ 50,000		\$ 50,000	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 124,720		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
III. SUBTOTAL	\$ 224,720		\$ 50,000		\$ 50,000	

FORM 4

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

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

STATE: DE

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 503,614	\$ 1,328,161	\$ 1,381,957	\$ 1,281,957	\$ 1,764,533	\$ 1,718,283
b. Infants < 1 year old	\$ 3,270,497	\$ 5,936,980	\$ 6,658,516	\$ 6,558,516	\$ 355,000	\$ 355,000
c. Children 1 to 22 years old	\$ 7,261,366	\$ 2,822,343	\$ 3,015,177	\$ 3,015,177	\$ 6,947,695	\$ 6,901,445
d. Children with Special Healthcare Needs	\$ 664,630	\$ 1,423,030	\$ 1,507,588	\$ 1,507,588	\$ 1,703,505	\$ 1,657,255
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 348,068	\$ 348,068	\$ 324,061	\$ 324,061	\$ 548,841	\$ 502,591
g. SUBTOTAL	\$ 12,048,175	\$ 11,858,582	\$ 12,887,299	\$ 12,687,299	\$ 11,319,574	\$ 11,134,574

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

a. SPRANS	\$ 0	\$ 0	\$ 0
b. SSDI	\$ 0	\$ 0	\$ 0
c. CISS	\$ 50,000	\$ 72,500	\$ 100,000
d. Abstinence Education	\$ 0	\$ 0	\$ 0
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 0	\$ 0	\$ 0
h. AIDS	\$ 0	\$ 0	\$ 0
i. CDC	\$ 0	\$ 0	\$ 124,720
j. Education	\$ 0	\$ 0	\$ 0
k. Other			
III. SUBTOTAL	\$ 50,000	\$ 72,500	\$ 224,720

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

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

Field Name: PregWomenBudgeted

Row Name: Pregnant Women

Column Name: Budgeted

Year: 2004

Field Note:

Dollars budgeted for pregnant women increased since last year. Most of state match dollars are based on salaries of staff. A full analysis was done of state funded staff which better specifies what they do.

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

Field Name: CSHCNBudgeted

Row Name: CSHCN

Column Name: Budgeted

Year: 2004

Field Note:

The amount of funds spent on CSHCN has increased. Most of our state match dollars are spent on salaries. A complete analysis was done of staffing needs and what positions actually do showing that expenses for staff serving CSHCN has increased.

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: DE

TYPE OF SERVICE	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 4,026,673	\$ 4,026,673	\$ 4,547,520	\$ 0	\$ 4,548,783	\$ 0
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 4,133,469	\$ 4,133,469	\$ 3,587,920	\$ 0	\$ 3,180,893	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,513,152	\$ 1,513,152	\$ 1,025,685	\$ 0	\$ 1,597,394	\$ 0
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 2,204,468	\$ 2,204,468	\$ 2,287,046	\$ 0	\$ 2,231,101	\$ 0
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 11,877,762	\$ 11,877,762	\$ 11,448,171	\$ 0	\$ 11,558,171	\$ 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: DE

TYPE OF SERVICE	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 3,300,153	\$ 3,261,917	\$ 3,544,884	\$ 3,544,884	\$ 4,032,105	\$ 3,939,605
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 4,100,232	\$ 4,168,003	\$ 4,529,591	\$ 4,529,591	\$ 4,125,638	\$ 4,033,138
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,032,007	\$ 1,021,772	\$ 1,110,411	\$ 1,048,111	\$ 1,299,651	\$ 1,299,651
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 3,615,783	\$ 3,406,890	\$ 3,702,413	\$ 3,564,713	\$ 1,862,180	\$ 1,862,180
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 12,048,175	\$ 11,858,582	\$ 12,887,299	\$ 12,687,299	\$ 11,319,574	\$ 11,134,574

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

None

FORM 6

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

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

STATE: DE

Total Births by Occurrence: 11,083

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	11,083	100	6	0	0	
Congenital Hypothyroidism	11,083	100	20	8	8	100
Galactosemia	11,083	100	0	0	0	
Sickle Cell Disease	11,083	100	5	5	5	100

Other Screening (Specify)

Hemoglobinopathies	11,083	100	4	4	4	100
Congenital Adrenal Hyperplasia (CAH)	11,083	100	63	1	1	100

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

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

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: Galactosemia_Confirmed
Row Name: Galactosemia
Column Name: Confirmed Cases
Year: 2005
Field Note:
The number of those with positive screens for Galactosemia resulted in the same number of confirmed cases.

2. **Section Number:** Main
Field Name: SickleCellDisease_Confirmed
Row Name: SickleCellDisease
Column Name: Confirmed Cases
Year: 2005
Field Note:
The number of presumptive positive screens for Sickle Cell Disease resulted in the same number of confirmed cases.

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: DE

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	1,051	78.5	0.0	2.4	12.4	6.8
Infants < 1 year old	11,083	38.9	0.0	56.3	0.0	4.7
Children 1 to 22 years old	2,543	8.7	0.0	11.6	74.9	4.8
Children with Special Healthcare Needs	1,557	67.3	0.0	21.7	4.8	6.2
Others	0	0.0	0.0	0.0	0.0	0.0
TOTAL	16,234					

FORM NOTES FOR FORM 7

None

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 is actual number of births, not population statistics. Populations Statistics not available at this time.

2. **Section Number:** Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2005
Field Note:
This line was left blank because we do not serve anyone else with Title V funding.

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: DE

Reporting Year: 2002

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	11,697	7,441	2,681	21	356	0	0	1,198
Title V Served	11,697	7,441	2,681	21	356	0	0	1,198
Eligible for Title XIX	4,310	1,631	1,599	0	0	0	0	1,080
INFANTS								
Total Infants in State	11,083	7,772	2,706	29	390	33	0	153
Title V Served	11,083	7,772	2,706	29	390	33	0	153
Eligible for Title XIX	4,310	1,631	1,599	0	0	0	0	1,080

II. UNDUPLICATED COUNT BY ETHNICITY

	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	HISPANIC OR LATINO (Sub-categories by country or area of origin)				
				(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	10,143	1,536	0	733	10	307	256	230
Title V Served	10,143	1,536	0	733	10	307	256	230
Eligible for Title XIX	3,331	973	6	587	2	183	199	8
INFANTS								
Total Infants in State	10,478	605	0	0	0	0	0	605
Title V Served	10,478	605	0	0	0	0	0	605
Eligible for Title XIX	3,331	973	6	587	2	183	199	8

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

1. **Section Number:** II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleXIX_TotalHispanic

Row Name: Eligible for Title XIX

Column Name: Total Hispanic or Latino

Year: 2005

Field Note:

The Total Hispanic or Latino reported for Deliveries- Eligible for Title XIX does not equal the sum of Hispanic or Lation subcategories reported in columns B1-B5 because there are 6 "Ethnicity Not Reported" [6 + 973= 979].

2. **Section Number:** II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_TotalHispanic

Row Name: Eligible for Title XIX

Column Name: Total Hispanic or Latino

Year: 2005

Field Note:

The Total Hispanic or Latino reported for Deliveries- Eligible for Title XIX does not equal the sum of Hispanic or Lation subcategories reported in columns B1-B5 because there are 6 "Ethnicity Not Reported" [6 + 973= 979].

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

	FY 2005	FY 2004	FY 2003	FY 2002	FY 2001
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(800) 464-HELP</u>				
2. State MCH Toll-Free "Hotline" Name	Helpline	Helpline	Helpline	Helpline	Helpline
3. Name of Contact Person for State MCH "Hotline"	<u>Kathy Logan</u>				
4. Contact Person's Telephone Number	<u>302-577-5714</u>	<u>302-577-5714</u>	<u>(302) 577-5714</u>	<u>(302) 577-5714</u>	<u>(302) 577-5714</u>
5. Number of calls received on the State MCH "Hotline" this reporting period			<u>2,077</u>	<u>1,860</u>	<u>1,866</u>

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

	FY 2005	FY 2004	FY 2003	FY 2002	FY 2001
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(800) 248-0284(800)24TC</u>	<u>(800) 248-0284(800)24TC</u>			<u>(800) 248-0284(800)24TC</u>
2. State MCH Toll-Free "Hotline" Name	IN TOUCH	IN TOUCH			IN TOUCH
3. Name of Contact Person for State MCH "Hotline"	<u>Gloria James</u>	<u>Gloria James</u>			<u>Gloria James</u>
4. Contact Person's Telephone Number	<u>(302) 744-4452</u>	<u>(302) 744-4452</u>			<u>(302) 744-4452</u>
5. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>0</u>	<u>665</u>	<u>2,241</u>

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

None

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

1. State MCH Administration:
(max 2500 characters)

The Title V program is administered through the Division of Public Health in the Department of Health and Social Services. It is part of the Family Health Services Branch of the the Community Health Care Access Section. Included in this Branch are children with special health care needs, school based health centers, infant mortality, and child health.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ <u>2,088,067</u>
3. Unobligated balance (Line 2, Form 2)	\$ <u>320,000</u>
4. State Funds (Line 3, Form 2)	\$ <u>8,795,104</u>
5. Local MCH Funds (Line 4, Form 2)	\$ <u>0</u>
6. Other Funds (Line 5, Form 2)	\$ <u>355,000</u>
7. Program Income (Line 6, Form 2)	\$ <u>0</u>
8. Total Federal-State Partnership (Line 8, Form 2)	\$ <u>11,558,171</u>

9. Most significant providers receiving MCH funds:

DPH- Northern and Southern Health Services
Sussex Vocational Technical School District
Family and Children First

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

a. Pregnant Women	<u>1,051</u>
b. Infants < 1 year old	<u>11,083</u>
c. Children 1 to 22 years old	<u>2,543</u>
d. CSHCN	<u>1,557</u>
e. Others	<u>0</u>

11. Statewide Initiatives and Partnerships:

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

Child Development Watch (an early intervention program for infants and toddlers) and Kids Kare (a program for children at risk biologically, nutritionally, psychosocially or environmentally) help to ensure a medical home including access to health insurance, and coordinate and ensure service delivery. Smart Start is a prevention program for pregnant women. Provided are an initial assessment, a basic package of education and counseling, intervention specific to the risk factors, teaching and counseling, and referrals when necessary. Each woman is provided with one care manager.

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

Teen pregnancy prevention efforts include partnering with community agencies in identifying ways to promote responsible behaviors and self-esteem in teens; coordinating with outreach efforts such as the Healthy Start Program's Resource Mothers and Outreach workers; and participating in the Be Proud/Be Responsible curriculum provided in community centers, Boys and Girls Clubs, etc. Beginning in the Year 2000 has been the development of a comprehensive, holistic approach to teen pregnancy prevention a youth development project modeled after the Carrera Model. Support for School Based Health Centers which provide comprehensive health care, information, counseling and other support to teens in 27 different centers. The centers work with teens to ensure healthy behaviors. The centers provide activities, counseling, etc. to decrease irresponsible behaviors such as smoking, substance, abuse and premarital sex. They help teens and their families to link with medical homes.

c. Infrastructure Building Services:
(max 2500 characters)

Partnership with the Perinatal Board: 1) to determine what may be causing infant mortality particularly for black infants; 2) to assure access to care for pregnant women; and 3) to develop further collaborative efforts with the March of Dimes to prevent prematurity, development when necessary. Collaboration with community hospitals, duPont Pediatric Clinics, and physicians to ensure linkages to DPH services such as Smart Start, Kids Kare, and Child Development Watch.

12. The primary Title V Program contact person:

Name Dennis Rubino
Title CSHCN Director
Address Jesse Cooper Building P.O. Box 637
City Dover
State DE
Zip 19903
Phone (302) 744-4553

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

Name Dennis Rubino
Title CSHCN Director
Address Jesse Cooper Building P.O. Box 637
City Dover
State DE
Zip 19903
Phone (302) 744-4553

Fax (302) 730-3008

Email Dennis.Rubino@state.de.us

Web _____

Fax (302) 730-3008

Email Dennis.Rubino@state.de.us

Web _____

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

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

PERFORMANCE MEASURE # 01

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

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	_____	_____	100
Annual Indicator	_____	_____	_____	100.0	100.0
Numerator	_____	_____	_____	11,360	11,083
Denominator	_____	_____	_____	11,360	11,083
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	_____	_____	_____	_____	60
Annual Indicator	_____	_____	_____	56.9	56.9
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	60	60	65	65	65
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	_____	_____	55
Annual Indicator	_____	_____	_____	52.8	52.8
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	55	55	60	60	60
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	_____	_____	67
Annual Indicator	_____	_____	_____	66.7	66.7
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	67	67	70	70	70
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	_____	_____	_____	_____	75
Annual Indicator	_____	_____	_____	72	72
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	75	75	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.

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	_____	_____	_____	_____	20
Annual Indicator	_____	_____	_____	5.8	5.8
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	20	20	25	25	25
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.

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>85</u>	<u>87</u>	<u>90</u>	<u>90</u>	<u>90</u>
Annual Indicator	<u>78.2</u>	<u>82.9</u>	<u>78.1</u>	<u>80.2</u>	<u></u>
Numerator	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
Denominator	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
Is the Data Provisional or Final?				Final	

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>90</u>	<u>90</u>	<u>90</u>	<u>90</u>	<u>90</u>
Annual Indicator					
Numerator					
Denominator					
Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.					

PERFORMANCE MEASURE # 08

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

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>39.2</u>	<u>38.2</u>	<u>37.7</u>	<u>37.2</u>	<u>30</u>
Annual Indicator	<u>37.3</u>	<u>34.4</u>	<u>31.5</u>	<u>29.7</u>	<u></u>
Numerator	<u>2,613</u>	<u>2,571</u>	<u>2,399</u>	<u>2,316</u>	<u></u>
Denominator	<u>70,012</u>	<u>74,808</u>	<u>76,266</u>	<u>77,911</u>	<u></u>
Is the Data Provisional or Final?				Final	

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>29</u>	<u>28</u>	<u>27</u>	<u>26</u>	<u>26</u>
Annual Indicator					
Numerator					
Denominator					
Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.					

PERFORMANCE MEASURE # 09

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	16	17	18	19	35
Annual Indicator	15.4	14.5	14.1	34.0	30.7
Numerator				351	464
Denominator				1,032	1,512
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	35	35	35	35	35
Annual Indicator					
Numerator					
Denominator					

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

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	3.3	3.3	3.3	3.2	3.2
Annual Indicator	3.6	4.4	4.3	2.8	
Numerator	25	33	33	23	
Denominator	698,181	751,863	768,086	816,490	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	3.2	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.

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	63	63	67.9	67.9	67.9
Annual Indicator	64.3	61.0	62.0	63.2	82.2
Numerator	6,733	6,486	7,047	7,425	9,108
Denominator	10,473	10,641	11,361	11,749	11,083
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	68	68	68	68	68
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	60	80	85	99	99
Annual Indicator	72.6	81.4	97.9	98.0	98.0
Numerator	8,211	9,421	11,040	11,526	10,861
Denominator	11,313	11,574	11,272	11,757	11,083
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	99	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 # 13

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	7	13	12	11	8.2
Annual Indicator	15.0	12.8	10.7	8.2	8.5
Numerator	31,232	24,907	23,300	13,500	17,090
Denominator	208,061	194,587	217,000	164,073	201,054
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	8.2	8.2	8	8	8
Annual Indicator					
Numerator					
Denominator					

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

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	0	34	35	36	37
Annual Indicator	33.6	54.9	84.6	94.7	96.2
Numerator	19,906	37,474	58,374	69,362	71,589
Denominator	59,313	68,281	69,021	73,252	74,384
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	38	39	39	40	40
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	1.6	1.5	1.5	1.5	1.5
Annual Indicator	1.8	1.9	1.8	1.9	
Numerator	944	982	981	1,012	
Denominator	51,899	52,685	53,280	54,116	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	1.4	1.4	1.4	1.4	1.4
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 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	6	5.8	5.8	5.6	5.6
Annual Indicator	7.0	6.4	7.0	6.9	
Numerator	18	17	19	19	
Denominator	257,826	265,668	270,586	274,188	
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	5.5	5.4	5.4
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 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	82	86	90	90	90
Annual Indicator	82.4	81.2	78.6	77.5	
Numerator	169	173	151	172	
Denominator	205	213	192	222	
Is the Data Provisional or Final?				Final	

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

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	83	85	87	87	88
Annual Indicator	82.9	85.0	87.0	86.8	
Numerator	8,846	9,386	9,348	9,619	
Denominator	10,666	11,046	10,747	11,083	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	88	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 # 1

Percent of youths reporting smoking 2 or more cigarettes per day on the days they smoked

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	25	23	22	16.9	16.9
Annual Indicator	23.0		16.9	16.7	
Numerator	495		472	509	
Denominator	2,155		2,794	3,048	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	16.9	16.9	16.9	16.8	16.8
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.

STATE PERFORMANCE MEASURE # 2

The percent of youth reporting any use of alcohol in the last 30 days.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	44	47	46	46	45
Annual Indicator	47.0		46.4		45.4
Numerator	987		1,300		1,384
Denominator	2,102		2,803		3,048
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	45	44	44	43	43
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 youth during the last 12 months who feel so sad or hopeless almost every day for two weeks or more in a row that they stopped doing usual activities

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective			25	25	23
Annual Indicator	26.9		27.0		27.4
Numerator			785		831
Denominator			2,906		3,034
Is the Data Provisional or Final?				Final	Final

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

STATE PERFORMANCE MEASURE # 4

Percent of Medicaid eligible children under 3 years who received an initial blood lead screen

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	40	45	50	50	52
Annual Indicator	29.0	29.5	31.5	26.4	27.0
Numerator	3,147	3,448	3,908	4,195	4,439
Denominator	10,837	11,694	12,394	15,875	16,449
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	52	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.

STATE PERFORMANCE MEASURE # 5

Percent of women delivering live-born infants reporting any cigarette smoking during pregnancy

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	12	12	12	11.5	11.5
Annual Indicator	12.7	13.1	13.2	12.9	
Numerator	1,359	1,443	1,416	1,425	
Denominator	10,666	11,046	10,747	11,083	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	11	11	11	11	11
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

The percentage of births to black women in Delaware who have received adequate prenatal care.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	63.2	65	68	72.2	75
Annual Indicator	63.0	68.2	73.2	74.2	
Numerator	1,677	1,796	1,977	2,008	
Denominator	2,664	2,634	2,702	2,706	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	76.4	78.6	80	82	82
Annual Indicator					
Numerator					
Denominator					

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

STATE PERFORMANCE MEASURE # 7

Percent of live births to women who have another birth in less than 18 months

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	9.4	9.4	9.3	9.2	9.2
Annual Indicator	9.6	9.0	9.8	10.2	
Numerator	574	571	620	673	
Denominator	5,969	6,375	6,311	6,601	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	9.2	9.1	9.1	9	9
Annual Indicator					
Numerator					
Denominator					

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

STATE PERFORMANCE MEASURE # 8

The percent of extremely low birth weight black infants among all live births to black women

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	1.7	1.7	1.6	1.6	1.5
Annual Indicator	1.9	2.0	1.9	1.8	
Numerator	241	250	250	246	
Denominator	12,499	12,776	13,107	13,318	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	1.5	1.4	1.4	1.4	1.4
Annual Indicator					
Numerator					
Denominator					

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

STATE PERFORMANCE MEASURE # 9

The rate of children under age 1 who die as a result of Sudden Infant Death Syndrome

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	74.8	72.5	70.3	90.1	87
Annual Indicator	79.0	81.6	90.1	77.6	
Numerator	41	43	48	42	
Denominator	51,899	52,685	53,280	54,116	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	83	78	74	70	70
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

Hospital discharge rate for children from five through 17 years with asthma

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective		20.3	20.3	20.3	20.3
Annual Indicator	22.3	19.2	18.1	17.8	
Numerator	1,430	1,335	262	260	
Denominator	640,095	694,995	144,848	145,735	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	19.3	19.3	19.3	19.3	19.3
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.

FORM NOTES FOR FORM 11

None

FIELD LEVEL NOTES

1. **Section Number:** Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
2. **Section Number:** Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
3. **Section Number:** Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
4. **Section Number:** Performance Measure #5
Field Name: PM05
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
5. **Section Number:** Performance Measure #6
Field Name: PM06
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
6. **Section Number:** Performance Measure #7
Field Name: PM07
Row Name:
Column Name:
Year: 2005
Field Note:
The data for 2003 is not yet available. It comes from the National Immunization Survey and will be available next year at this time.
7. **Section Number:** Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2005
Field Note:
2003 data is not available.
8. **Section Number:** Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2005
Field Note:
2003 Data not available at this time. This data will be available at this time next year.
An issue by our Vital Statistician was made that for year 2003 Delaware should be using ICD 10 and a four year average.
9. **Section Number:** Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2005
Field Note:
The data comes from the Newborn Screening Program. Included in the total are women who use breast and lactose formula or breast and soy formula. Women are often given formula whether they plan to use it or not and it is noted at hospital discharge. Also, there are some cases where a supplemental formula is recommended.
10. **Section Number:** Performance Measure #13
Field Name: PM13
Row Name:
Column Name:
Year: 2005
Field Note:
Projection for the denominator "number of children in the state under the age of 18" may change by year end.
11. **Section Number:** Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2005
Field Note:
2003 Data not available at this time. This data will be available at this time next year.
12. **Section Number:** Performance Measure #16

Field Name: PM16
Row Name:
Column Name:
Year: 2005
Field Note:
2003 Data not available at this time. This data will be available at this time next year.

13. **Section Number:** Performance Measure #17

Field Name: PM17
Row Name:
Column Name:
Year: 2005
Field Note:
2003 Data not available at this time. This data will be available at this time next year.

14. **Section Number:** Performance Measure #18

Field Name: PM18
Row Name:
Column Name:
Year: 2005
Field Note:
2003 Data not available at this time. This data will be available at this time next year.

15. **Section Number:** State Performance Measure #1

Field Name: SM1
Row Name:
Column Name:
Year: 2005
Field Note:
2003 Data not available at this time. This data will be available at this time next year.

16. **Section Number:** State Performance Measure #3

Field Name: SM3
Row Name:
Column Name:
Year: 2005
Field Note:
Total number of students responding to this question is 3034, which is different than the total of 3048 who participated in this study. For this question 14 students refused to answer.

17. **Section Number:** State Performance Measure #4

Field Name: SM4
Row Name:
Column Name:
Year: 2005
Field Note:
Comment on Year 2002 data: The Lead Program stated that the 2002 data submitted for the grant was not correct. The numerator for that year should have been 4195;the denominator, 15875; with a resulting 26.4%(not the 42.3%).

18. **Section Number:** State Performance Measure #5

Field Name: SM5
Row Name:
Column Name:
Year: 2005
Field Note:
2003 Data not available at this time. This data will be available at this time next year.

19. **Section Number:** State Performance Measure #6

Field Name: SM6
Row Name:
Column Name:
Year: 2005
Field Note:
2003 Data not available at this time. This data will be available at this time next year.

20. **Section Number:** State Performance Measure #7

Field Name: SM7
Row Name:
Column Name:
Year: 2005
Field Note:
2003 Data not available at this time. This data will be available at this time next year.

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

Field Name: SM8
Row Name:
Column Name:
Year: 2005
Field Note:
2003 Data not available at this time. This data will be available at this time next year.

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

Field Name: SM9
Row Name:
Column Name:
Year: 2005
Field Note:
Vital Statistics data for Year 2003 is not available at this time. It will be available at this time next year.

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

Field Name: SM10
Row Name:
Column Name:
Year: 2005
Field Note:
2003 Data not available at this time. This data will be available at this time next year.

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

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	7.6	7.3	7.3	7.2	7.1
Annual Indicator	8.1	8.4			
Numerator	419	444			
Denominator	51,899	52,685			

Is the Data Provisional or Final?

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

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

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	2.6	2.4	2.4	2.4	2.4
Annual Indicator	2.8	2.6			
Numerator	15.7	15.8			
Denominator	5.7	6.1			

Is the Data Provisional or Final?

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	2.3	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	5.2	5.2	5.2	5.2	5.1
Annual Indicator	5.5	5.9			
Numerator	285	310			
Denominator	51,899	52,685			
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	5.1	5			
Annual Indicator					
Numerator					
Denominator					

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

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	2.5	2.5	2.5	2.5	2.4
Annual Indicator	2.6	2.5			
Numerator	134	134			
Denominator	51,899	52,685			
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	2.4	2.3			
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 # 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	8.9	8.8	8.7	8.6	8.6
Annual Indicator	9.4	9.1			
Numerator	490	484			
Denominator	52,172	52,931			
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	8.5	8.5			
Annual Indicator					
Numerator					
Denominator					

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

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	22.7	22.1	22	21.9	21.8
Annual Indicator	23.1	21.9			
Numerator	161	165			
Denominator	698,181	751,863			
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	21.7	21.6			
Annual Indicator					
Numerator					
Denominator					

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

FORM NOTES FOR FORM 12

None

FIELD LEVEL NOTES

None

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

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

3

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

3

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

3

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

2

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

1

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

3

Total Score: 15

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: DE 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. Reduce black infant mortality.
2. Improve access to care in Kent and Sussex Counties and for all black women throughout the state.
3. Ensure a medical home and coordinated services to children with special health needs.
4. Reduce teen births.
5. Reduce preventable diseases in children and adolescents.
6. Reduce preventable injuries to children and adolescents.
7. Improve dental health of children and adolescents.
8. Improve the mental health of children and adolescents through prevention and the assurance of appro
9. Reduce the barriers to delivery of care to pregnant women and women of child bearing years and redu
10. Ensure nutrition services to children, adolescents and adults.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

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

STATE: DE

APPLICATION YEAR: 2005

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested <i>(max 250 characters)</i>	Reason(s) Why Assistance Is Needed <i>(max 250 characters)</i>	What State, Organization or Individual Would You suggest Provide the TA (if known) <i>(max 250 characters)</i>
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____	To acquire a consultant with extensive maternal and child health experience to assist the Division of Public Health and the Community and Family Health Section (where MCH sets) with the process of implementing the IM Task Force.	The state needs: Assistance with the coordination of the Infant Mortality Task Force in successfully reaching its goals as defined in the executive order and to provide professional analysis.	Not known as yet
2.	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: _____			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

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

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

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

SP # 1

PERFORMANCE MEASURE:

Percent of youths reporting smoking 2 or more cigarettes per day on the days they smoked

STATUS:

Active

GOAL

To reduce the number of youths who smoke cigarettes

DEFINITION

Numerator:

Number of youth surveyed who report smoking 2 or more cigarettes per day on the days they smoked.

Denominator:

All youth answering the Youth Risk Behavior Survey question

Units: 100 **Text:** percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Youth Risk Behavior Survey which is undertaken in the state's public schools

SIGNIFICANCE

One out of three young people who become regular smokers will die of a smoking-related diseases. If an individual refrains from smoking during his youth, he is more likely to never start. Smoking is one factor that relates to low-birth weight births and thus infant mortality. According to the Healthy People 2000 Review 1997, cigarette smoking accounts for 17% to 26% low birth weight babies.

SP # 2

PERFORMANCE MEASURE:

The percent of youth reporting any use of alcohol in the last 30 days.

STATUS:

Active

GOAL

To decrease the numbers of youth who use alcohol

DEFINITION

Numerator:

Number of youth surveyed who report using alcohol in the last 30 days

Denominator:

All youth answering the Youth Risk Behavior Survey question

Units: 100 **Text:** percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Youth Risk Behavior Survey which is undertaken in the state's public schools

SIGNIFICANCE

The reduction of alcohol use for all is a strategy to reduce AIDS, motor vehicle injuries, unintended pregnancy, and poor pregnancy outcome.

SP # 3

PERFORMANCE MEASURE:

Percent of youth during the last 12 months who feel so sad or hopeless almost every day for two weeks or more in a row that they stopped doing usual activities

STATUS:

Active

GOAL

To decrease the numbers of adolescents who are so depressed that they cannot carry on usual activities

DEFINITION

Numerator:

Number of youth surveyed who report that during the prior 12 months feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing usual activities

Denominator:

All youth answering the Youth Risk Behavior Survey question

Units: 100 **Text:** percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Data comes from the Youth Risk Behavior Survey undertaken in the state's public schools. Limitations of the data are that its only undertaken in some of the public schools, private schools are not included, and it is takes place every 2 years rather than yearly.

SIGNIFICANCE

The most recent Title V Needs Assessment identifies Adolescent mental health problems as of great concern. Number of service providers are limited and early detection and prevention opportunities are also limited. This measure is meant to provide a method of tracking depression which leads to suicide and other risk taking behaviors.

SP # 4

PERFORMANCE MEASURE:

Percent of Medicaid eligible children under 3 years who received an initial blood lead screen

STATUS:

Active

GOAL

To ensure that all Medicaid eligible children are screened for high lead levels

DEFINITION

Numerator:

Medicaid eligible children under three who have received at least one blood lead screen

Denominator:

Total of all Medicaid eligible children under the age of three

Units: 100 **Text:** percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Medicaid data and Blood Lead Registry

SIGNIFICANCE

Poor, undernourished, or homeless children run a greatly increased risk of poisoning from even small doses of lead. Medicaid eligible children represent our most vulnerable population.

SP # 5

PERFORMANCE MEASURE:

Percent of women delivering live-born infants reporting any cigarette smoking during pregnancy

STATUS:

Active

GOAL

To prevent a known risk factor for infant mortality and to reduce respiratory problems for children exposed to second-hand smoke.

DEFINITION

Numerator:

Numerator: Number of women giving birth to live-born infants who report smoking in a calendar year.

Denominator:

Denominator: Total number of women delivering live-born infants in a calendar year

Units: 100 **Text:** percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The data source is Birth Certificate data provided through vital statistics. It is based on what is reported.

SIGNIFICANCE

Infant mortality is highet for smokers.According to the Health People 2000 Review 1997, cigarette smoking accounts for 17 to 26% low birth weight babies. If the mother remains smoking, there are also increased chances for a SIDS death and respiratory problems for their children.

SP # 6

PERFORMANCE MEASURE:

The percentage of births to black women in Delaware who have received adequate prenatal care.

STATUS:

Active

GOAL

To bring black women from throughout Delaware into early prenatal care and ensure that they receive ongoing prenatal care.

DEFINITION

Adequacy of Prenatal Care is based on the Adequacy of Prenatal Care Utilization Index by Milton Kotelchuck, PhD, MPH

Numerator:

Number of births to black women who have received adequate prenatal care

Denominator:

Total number of births to black women in the state.

Units: 100 **Text:** percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Vital Statistics

SIGNIFICANCE

The most recent statistics from Delaware shows a low rate of adequate prenatal care for black women as compared to other women in the state. Addressing this goal will help the state to meet its goal of eliminating health disparities and providing interventions that will decrease the rate of extremely low birth weight births to black women.

SP # 7

PERFORMANCE MEASURE:

Percent of live births to women who have another birth in less than 18 months

STATUS:

Active

GOAL

To prevent a known risk factor for infant mortality.

DEFINITION

Numerator:

Number of live births within 18 months after giving birth to another child, exclusive of multiple births

Denominator:

Total number of live births to women having another child

Units: 100 **Text:** percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The source is vital statistics data from the calendar year. Infants born within 4 months after the birth of a sibling were excluded since these were probably multiple births.

SIGNIFICANCE

A study completed by the state's Perinatal Board Scientific Committee determined that if the short interval births are reduced by 50%, 33 infant deaths would be prevented over a five-year period. Originally, a 24-month interval was targeted. However, in December 2000, the Scientific Committee reviewed current data and supporting information and recommended that the state use 18-month intervals between births as a performance measure. This decision corroborates the findings of the Centers for Disease Control and Prevention, which concluded that the wait between birth pregnancy is best between 18 to 23 months.

SP # 8

PERFORMANCE MEASURE:

The percent of extremely low birth weight black infants among all live births to black women

STATUS:

Active

GOAL

To reduce one of the factors that is a cause of infant mortality and morbidity in a population that has high rates.

DEFINITION

Numerator:

The number of all live black births with birth weight less than 1000 grams born in the previous five years

Denominator:

The total number of live black infants born in the previous five years

Units: 100 **Text:** percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Vital Statistics

SIGNIFICANCE

Low birth weight is a known cause of infant mortality and morbidity. The number of extremely low birth weight black births is the leading cause of the disparity between white and black infant deaths in Delaware.

SP # 9

PERFORMANCE MEASURE:

The rate of children under age 1 who die as a result of Sudden Infant Death Syndrome

STATUS:

Active

GOAL

To reduce one of the chief causes of infant mortality in the state

DEFINITION

Numerator:

Number of live infants who die as a result of Sudden Infant Death Syndrome during the previous five years.

Denominator:

Total number of live infants born in the State and with state addresses during the previous five years

Units: 100000 **Text:** rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Vital Statistics

SIGNIFICANCE

Current Delaware shows that if 75% of infants were placed on their backs during the years 1990-1994, 28 infants could have been saved.

SP # 10

PERFORMANCE MEASURE:

Hospital discharge rate for children from five through 17 years with asthma

STATUS:

Active

GOAL

To ensure quality health care for children with asthma so that they do not need to be hospitalized

DEFINITION

Numerator:

Number of hospital discharges for asthma diagnosed children from 5 through 17 years

Denominator:

Total number of children 5 through 17 years

Units: 10000 **Text:** rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Hospital discharge data This data cannot tell us numbers of actual children, how long they were hospitalized or actual service rendered.

SIGNIFICANCE

According to "Delaware 2000," asthma affects about 28,000 Delawareans based on national prevalence rates. Hospital discharge rates have been increasing rapidly in the child population. If these patients get proper care and are not exposed to hazards such as smoke, they would not need to be hospitalized. Care for this group can also be looked at as indicative of care for children with special health care needs as a whole.

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: DE

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	61.0	56.8	59.4	59.4	
Numerator	1,545	1,483	1,547	1,551	
Denominator	253,336	260,865	260,292	261,319	
Is the Data Provisional or Final?				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
Annual Indicator	57.6	25.5	64.2	81.5	70.7
Numerator	2,639	1,244	3,247	4,323	3,902
Denominator	4,585	4,876	5,055	5,304	5,522
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 03

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	50.0	14.3	NaN	NaN	NaN
Numerator	6	1	0	0	0
Denominator	12	7	0	0	0
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 04

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	68.8	76.0	80.3	80.6	
Numerator	7,339	8,364	8,596	8,929	
Denominator	10,666	11,004	10,703	11,083	
Is the Data Provisional or 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.

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	<u>27.5</u>	<u>33.8</u>	<u>34.5</u>	<u>24.9</u>	<u>39.2</u>
Numerator	<u>3,847</u>	<u>5,074</u>	<u>4,732</u>	<u>3,544</u>	<u>5,622</u>
Denominator	<u>13,987</u>	<u>15,001</u>	<u>13,731</u>	<u>14,248</u>	<u>14,348</u>
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 08

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

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Numerator	<u>4,141</u>	<u>4,206</u>	<u>4,234</u>	<u>3,685</u>	<u>3,825</u>
Denominator	<u>4,141</u>	<u>4,206</u>	<u>4,234</u>	<u>3,685</u>	<u>3,825</u>
Is the Data Provisional or Final?				Final	Final

FORM NOTES FOR FORM 17

None

FIELD LEVEL NOTES

1. **Section Number:** Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2005
Field Note:
2003 data not available at this time. It will be available this time next year.

2. **Section Number:** Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2005
Field Note:
All infants are eligible for Medicaid and therefore do not get SCHIP.
For CY 2001 there were 5047 children under 1 receiving medicaid; CY2002--5425; CY2003---5648.

3. **Section Number:** Health Systems Capacity Indicator #04
Field Name: HSC04
Row Name:
Column Name:
Year: 2005
Field Note:
2003 data is not available. It will be available at this time next year.

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

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2002	Payment source from birth certificate	<u>4.5</u>	<u>5.5</u>	<u>10</u>
b) <i>Infant deaths per 1,000 live births</i>	2001	Payment source from birth certificate	<u>10.6</u>	<u>8</u>	<u>8.9</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>77.9</u>	<u>92.5</u>	<u>86.8</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>34.7</u>	<u>61.5</u>	<u>80.9</u>

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

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>200</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>200</u>

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

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>200</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>200</u>

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

1. **Section Number:** Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2005
Field Note:
Data is for 5-year infant mortality rates based on the birth cohort data.

2. **Section Number:** Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2005
Field Note:
Data includes out of state births.

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

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

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

*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: DE

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	No
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	No
Pediatric Nutrition Surveillance System (PedNSS)	1	No
WIC Program Data	2	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: DE

HEALTH STATUS INDICATOR MEASURE # 01A

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	8.5	8.7	_____	_____	_____
Numerator	_____	960	_____	_____	_____
Denominator	_____	11,046	_____	_____	_____
Is the Data Provisional or 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
Annual Indicator	6.8	6.8	_____	_____	_____
Numerator	696	725	_____	_____	_____
Denominator	10,282	10,648	_____	_____	_____
Is the Data Provisional or 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
Annual Indicator	1.8	1.9	_____	_____	_____
Numerator	944	982	_____	_____	_____
Denominator	51,899	52,685	_____	_____	_____
Is the Data Provisional or 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
Annual Indicator	1.4	1.5	_____	_____	_____
Numerator	148	158	_____	_____	_____
Denominator	10,282	10,648	_____	_____	_____
Is the Data Provisional or 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		
			2001	2002	2003
Annual Indicator	8.4	9.4			
Numerator	63	71			
Denominator	746,295	751,863			

Is the Data Provisional or 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		
			2001	2002	2003
Annual Indicator	3.6	4.4			
Numerator	25	33			
Denominator	698,181	751,863			

Is the Data Provisional or 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		
			2001	2002	2003
Annual Indicator	24.62	37.9			
Numerator		195			
Denominator		514,641			

Is the Data Provisional or 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		
			2001	2002	2003
Annual Indicator	191.5	376.9			
Numerator	289	615			
Denominator	150,928	163,168			

Is the Data Provisional or Final?

HEALTH STATUS INDICATOR MEASURE # 04B

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	895.87	796.4	703.0		
Numerator		1,205	1,151		
Denominator		151,298	163,719		

Is the Data Provisional or 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	3,232.09	3,163.8	2,733.9		
Numerator		3,138	2,978		
Denominator		99,184	108,930		

Is the Data Provisional or 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	47.0	43.5	35.0		
Numerator	1,060	1,089	979		
Denominator	22,542	25,042	27,940		

Is the Data Provisional or 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	7.9	7.5	7.5		
Numerator	1,133	1,111	1,065		
Denominator	144,003	148,249	141,887		

Is the Data Provisional or Final?

FORM NOTES FOR FORM 20

None

FIELD LEVEL NOTES

None

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

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: 0 Is this data from a State Projection? No

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	0							
Children 1 through 4	0							
Children 5 through 9	0							
Children 10 through 14	0							
Children 15 through 19	0							
Children 20 through 24	0							
Children 0 through 24	0	0	0	0	0	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)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1			
Children 1 through 4			
Children 5 through 9			
Children 10 through 14			
Children 15 through 19			
Children 20 through 24			
Children 0 through 24	0	0	0

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

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: 0 Is this data from a State Projection? No

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	0							
Women 15 through 17	0							
Women 18 through 19	0							
Women 20 through 34	0							
Women 35 or older	0							
Women of all ages	0	0	0	0	0	0	0	0

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

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15			
Women 15 through 17			
Women 18 through 19			
Women 20 through 34			
Women 35 or older			
Women of all ages	0	0	0

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

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: 0 Is this data from a State Projection? No

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	0							
Children 1 through 4	0							
Children 5 through 9	0							
Children 10 through 14	0							
Children 15 through 19	0							
Children 20 through 24	0							
Children 0 through 24	0	0	0	0	0	0	0	0

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

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1			
Children 1 through 4			
Children 5 through 9			
Children 10 through 14			
Children 15 through 19			
Children 20 through 24			
Children 0 through 24	0	0	0

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

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

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	0								
Percent in household headed by single parent									
Percent in TANF (Grant) families									
Number enrolled in Medicaid	0								
Number enrolled in SCHIP	0								
Number living in foster home care	0								
Number enrolled in food stamp program	0								
Number enrolled in WIC	0								
Rate (per 100,000) of juvenile crime arrests									
Percentage of high school drop-outs (grade 9 through 12)									

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

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19				
Percent in household headed by single parent				
Percent in TANF (Grant) families				
Number enrolled in Medicaid				
Number enrolled in SCHIP				
Number living in foster home care				
Number enrolled in food stamp program				
Number enrolled in WIC				
Rate (per 100,000) of juvenile crime arrests				
Percentage of high school drop-outs (grade 9 through 12)				

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

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

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

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	_____
Living in urban areas	_____
Living in rural areas	_____
Living in frontier areas	_____
Total - all children 0 through 19	0

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

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

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

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

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

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

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: Is this data from a State Projection? No

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

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES

None