

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

---

- [FORM 1 - SF424](#)
- [FORM 2 - MCH BUDGET DETAILS](#)
- [FORM 3 - STATE MCH FUNDING PROFILE](#)
- [FORM 4 - BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED AND SOURCES OF FEDERAL FUNDS](#)
- [FORM 5 - STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES](#)
- [FORM 6 - NUMBER AND PERCENTAGE OF NEWBORN AND OTHERS SCREENED, CASE CONFIRMED, AND TREATED](#)
- [FORM 7 - NUMBER OF INDIVIDUALS SERVED \(UNDUPLICATED\) UNDER TITLE V](#)
- [FORM 8 - DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE XIX](#)
- [FORM 9 - STATE MCH TOLL-FREE TELEPHONE LINE DATA](#)
- [FORM 10 - TITLE V MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT STATE PROFILE FOR FY 2004](#)
- [FORM 11 - NATIONAL AND STATE PERFORMANCE MEASURES](#)
- [FORM 12 - NATIONAL AND STATE OUTCOME MEASURES](#)
- [FORM 13 - CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CHILDREN WITH SPECIAL HEALTH CARE NEEDS](#)
- [FORM 14 - LIST OF MCH PRIORITY NEEDS](#)
- [FORM 15 - TECHNICAL ASSISTANCE \(TA\) REQUEST AND TRACKING](#)
- [FORM 16 - STATE PERFORMANCE/OUTCOME MEASURE DETAIL SHEETS](#)
- [FORM 17 - HEALTH SYSTEM CAPACITY INDICATORS \(01 THROUGH 04,07,08\) - MULTI-YEAR DATA](#)
- FORM 18
  - [MEDICAID AND NON-MEDICAID COMPARISON](#)
  - [MEDICAID ELIGIBILITY LEVEL \(HSCI 06\)](#)
  - [SCHIP ELIGIBILITY LEVEL \(HSCI 06\)](#)
- FORM 19
  - [GENERAL MCH DATA CAPACITY \(HSCI 09A\)](#)
  - [ADOLESCENT TOBACCO USE DATA CAPACITY \(HSCI 09B\)](#)
  - [OVERWEIGHT AND OBESITY DATA CAPACITY \(HSCI 09C\)](#)
- [FORM 20 - HEALTH STATUS INDICATORS 01-05 - MULTI-YEAR DATA](#)
- FORM 21
  - [POPULATION DEMOGRAPHICS DATA \(HSI 06\)](#)
  - [LIVE BIRTH DEMOGRAPHICS DATA \(HSI 07\)](#)
  - [INFANT AND CHILDREN MORTALITY DATA \(HSI 08\)](#)
  - [MISCELLANEOUS DEMOGRAPHICS DATA \(HSI 09\)](#)
  - [GEOGRAPHIC LIVING AREA DEMOGRAPHIC DATA \(HSI 10\)](#)
  - [POVERTY LEVEL DEMOGRAPHIC DATA \(HSI 11\)](#)
  - [POVERTY LEVEL FOR CHILDREN DEMOGRAPHICS DATA \(HSI 12\)](#)

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED <b>7/15/2004</b>	APPLICANT IDENTIFIER									
1. TYPE OF SUBMISSION:  Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER <b>DUNS #143148679</b>									
		4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER <b>6 B04 MC 000297-06-Q4</b>									
5. APPLICANT INFORMATION												
Legal Name: <b>Maryland Department of Health and Mental Hygiene</b>		Organizational Unit: <b>Family Health Administration/CMCH</b>										
Address (give city, county, state and zip code) <b>201 W. Preston Street</b>  <b>Baltimore, MD 21201</b> County:		Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: <b>Bonnie S. Birkel, CRNP, MPH</b> Tel Number: <b>410-767-6721</b>										
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <table border="1" style="width:100%; text-align: center;"><tr><td>5</td><td>2</td><td>6</td><td>0</td><td>0</td><td>2</td><td>0</td><td>3</td><td>3</td></tr></table>		5	2	6	0	0	2	0	3	3	7. TYPE OF APPLICANT: (Enter appropriate letter in box) <b>A</b> A. State                      H. Independent School District B. County                    I. State Controlled Institution of Higher Learning C. Municipality             J. Private University D. Township                K. Indian Tribe E. Interstate                L. Individual F. Intermunicipality      M. Profit Organization G. Special District        N. Other (Specify)	
5	2	6	0	0	2	0	3	3				
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration Decrease Duration Other (specify):		9 NAME OF FEDERAL AGENCY: <b>Health Resources and Services Administration, Maternal and Child Health Bureau</b>										
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <table border="1" style="width:100%; text-align: center;"><tr><td>9</td><td>3</td><td>9</td><td>9</td><td>4</td></tr></table> TITLE: <b>Maternal and Child Health Services Block Grant</b>		9	3	9	9	4	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>Maryland Title V MCH Block Grant Program</b>					
9	3	9	9	4								
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): <b>Entire state</b>												
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:										
Start Date: <b>10/01/2004</b>	Ending Date: <b>09/30/2005</b>	a. Applicant <b>7</b>	b. Project <b>1-8</b>									
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: <b>7/13/2004</b> 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>12,212,800.00</u>											
b. Applicant	\$ <u>0.00</u>											
c. State	\$ <u>9,159,600.00</u>											
d. Local	\$ <u>0.00</u>											
e. Other	\$ <u>0.00</u>											
f. Program Income	\$ <u>0.00</u>											
g. TOTAL	\$ <u>21,372,400.00</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT <input type="checkbox"/> Yes. If "Yes", attach an explanation <input checked="" type="checkbox"/> No										
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.												
a. Typed Name of Authorized Representative <b>Nelson J. Sabatini</b>		b. Title <b>Secretary</b>	c. Telephone Number <b>410-767-6505</b>									
d. Signature of Authorized Representative		e. Date Signed										

**FORM 2**  
**MCH BUDGET DETAILS FOR FY 2005**

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

**STATE: MD**

**1. FEDERAL ALLOCATION**

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

\$ 12,212,800

A.Preventive and primary care for children:

\$ 3,840,897 ( 31.45%)

B.Children with special health care needs:

\$ 3,832,969 ( 31.38%)

(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:

\$ 884,491 ( 7.24%)

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

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

\$ 0

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

\$ 9,159,600

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

\$ 0

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

\$ 0

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

\$ 0

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

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

\$ 8,262,484

\$ 9,159,600

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

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

\$ 21,372,400

**9. OTHER FEDERAL FUNDS**

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

a. SPRANS: \$ 359,565

b. SSDI: \$ 100,000

c. CISS: \$ 0

d. Abstinence Education: \$ 535,590

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 56,001,230

h. AIDS: \$ 0

i. CDC: \$ 6,888,317

j. Education: \$ 0

k. Other:

Family Planning \$ 3,510,017

Injury \$ 381,603

Preventive Hlth BG \$ 3,226,326

Primary Care \$ 505,376

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

\$ 71,508,024

**11. STATE MCH BUDGET TOTAL**

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 92,880,424

**FORM NOTES FOR FORM 2**

None

**FIELD LEVEL NOTES**

None

**FORM 3  
STATE MCH FUNDING PROFILE**

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

**STATE: MD**

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 12,232,141	\$ 12,232,141	\$ 12,212,800	\$ 0	\$ 12,212,800	\$ 0
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 9,174,106	\$ 9,174,106	\$ 9,159,600	\$ 0	\$ 9,159,600	\$ 0
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 21,406,247	\$ 21,406,247	\$ 21,372,400	\$ 0	\$ 21,372,400	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 65,560,960	\$ 65,560,960	\$ 68,606,262	\$ 0	\$ 71,508,024	\$ 0
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 86,967,207	\$ 86,967,207	\$ 89,978,662	\$ 0	\$ 92,880,424	\$ 0
(STATE MCH BUDGET TOTAL)						

**FORM 3  
STATE MCH FUNDING PROFILE**

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

**STATE: MD**

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 12,333,172	\$ 12,182,966	\$ 12,168,163	\$ 9,065,303	\$ 12,087,071	\$ 12,087,071
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 300,000	\$ 0	\$ 0	\$ 3,021,768	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 9,249,879	\$ 9,137,225	\$ 9,126,123	\$ 9,065,303	\$ 9,065,304	\$ 9,065,304
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 133,000	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 22,016,051	\$ 21,320,191	\$ 21,294,286	\$ 21,152,374	\$ 21,152,375	\$ 21,152,375
<b>(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)</b>						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 76,446,370	\$ 81,272,781	\$ 80,461,785	\$ 88,850,031	\$ 76,048,017	\$ 76,048,017
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 98,462,421	\$ 102,592,972	\$ 101,756,071	\$ 110,002,405	\$ 97,200,392	\$ 97,200,392
<b>(STATE MCH BUDGET TOTAL)</b>						

**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: MD**

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 3,743,823	\$ 3,743,823	\$ 3,357,700	\$ 0	\$ 4,025,872	\$ 0
b. Infants < 1 year old	\$ 3,469,291	\$ 3,469,291	\$ 2,083,045	\$ 0	\$ 2,369,404	\$ 0
c. Children 1 to 22 years old	\$ 9,325,820	\$ 9,325,820	\$ 11,187,782	\$ 0	\$ 8,144,054	\$ 0
d. Children with Special Healthcare Needs	\$ 4,330,829	\$ 4,330,829	\$ 4,126,699	\$ 0	\$ 5,285,211	\$ 0
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 536,484	\$ 536,484	\$ 617,174	\$ 0	\$ 1,547,859	\$ 0
g. SUBTOTAL	\$ 21,406,247	\$ 21,406,247	\$ 21,372,400	\$ 0	\$ 21,372,400	\$ 0

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

a. SPRANS	\$ 99,960	\$ 250,411	\$ 359,565
b. SSDI	\$ 100,000	\$ 100,000	\$ 100,000
c. CISS	\$ 0	\$ 0	\$ 0
d. Abstinence Education	\$ 526,242	\$ 523,806	\$ 535,590
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 51,103,433	\$ 53,038,144	\$ 56,001,230
h. AIDS	\$ 0	\$ 0	\$ 0
i. CDC	\$ 6,389,931	\$ 7,342,080	\$ 6,888,317
j. Education	\$ 0	\$ 0	\$ 0
k. Other			
Family Planning	\$ 0	\$ 3,512,485	\$ 3,510,017
Injury	\$ 0	\$ 240,125	\$ 381,603
Preventive Hlth BG	\$ 0	\$ 3,153,644	\$ 3,226,326
Primary Care	\$ 0	\$ 0	\$ 505,376
Primary Care	\$ 0	\$ 445,567	\$ 0
FAMILY PLANNING	\$ 3,198,689	\$ 0	\$ 0
INJURY	\$ 449,929	\$ 0	\$ 0
PHHS	\$ 3,290,022	\$ 0	\$ 0
PRIMARY CARE	\$ 402,754	\$ 0	\$ 0
<b>III. SUBTOTAL</b>	\$ 65,560,960	\$ 68,606,262	\$ 71,508,024

**FORM 4**

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

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

**STATE: MD**

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 2,227,353	\$ 3,084,318	\$ 3,199,991	\$ 3,707,414	\$ 3,256,798	\$ 3,256,798
b. Infants < 1 year old	\$ 1,612,838	\$ 2,630,856	\$ 3,243,843	\$ 3,013,910	\$ 3,581,453	\$ 3,581,453
c. Children 1 to 22 years old	\$ 12,564,602	\$ 9,120,711	\$ 8,209,319	\$ 10,042,724	\$ 9,148,755	\$ 9,148,755
d. Children with Special Healthcare Needs	\$ 4,510,147	\$ 5,854,516	\$ 5,408,856	\$ 3,877,146	\$ 4,795,774	\$ 4,795,774
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 501,111	\$ 629,790	\$ 1,232,277	\$ 511,180	\$ 369,595	\$ 369,595
<b>g. SUBTOTAL</b>	<b>\$ 21,416,051</b>	<b>\$ 21,320,191</b>	<b>\$ 21,294,286</b>	<b>\$ 21,152,374</b>	<b>\$ 21,152,375</b>	<b>\$ 21,152,375</b>

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

a. SPRANS	\$ 236,197	\$ 50,831	\$ 82,406
b. SSDI	\$ 100,000	\$ 94,929	\$ 100,000
c. CISS	\$ 0	\$ 0	\$ 0
d. Abstinence Education	\$ 533,842	\$ 525,512	\$ 535,712
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 51,593,385	\$ 51,990,169	\$ 51,023,639
h. AIDS	\$ 489,255	\$ 542,329	\$ 1,008,413
i. CDC	\$ 12,288,390	\$ 15,984,561	\$ 15,013,666
j. Education	\$ 0	\$ 0	\$ 0
k. Other			
Injury/Immunizations	\$ 0	\$ 0	\$ 5,200,746
Title X	\$ 2,888,557	\$ 2,956,710	\$ 3,083,435
Injury, Immunizations	\$ 0	\$ 8,316,744	\$ 0
Injury	\$ 8,316,744	\$ 0	\$ 0
<b>III. SUBTOTAL</b>	<b>\$ 76,446,370</b>	<b>\$ 80,461,785</b>	<b>\$ 76,048,017</b>

**FORM NOTES FOR FORM 4**

None

**FIELD LEVEL NOTES**

None

**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: MD**

TYPE OF SERVICE	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 4,183,036	\$ 4,183,036	\$ 2,240,231	\$ 0	\$ 2,085,954	\$ 0
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 6,308,149	\$ 6,308,149	\$ 8,883,965	\$ 0	\$ 7,927,443	\$ 0
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 3,389,427	\$ 3,389,427	\$ 3,333,194	\$ 0	\$ 2,708,803	\$ 0
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 7,525,635	\$ 7,525,635	\$ 6,915,010	\$ 0	\$ 8,650,200	\$ 0
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 21,406,247	\$ 21,406,247	\$ 21,372,400	\$ 0	\$ 21,372,400	\$ 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: MD**

TYPE OF SERVICE	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 6,045,156	\$ 4,013,279	\$ 2,532,347	\$ 3,752,518	\$ 1,637,288	\$ 2,898,288
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 4,209,826	\$ 11,923,457	\$ 10,350,719	\$ 10,448,955	\$ 7,850,195	\$ 7,811,195
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 5,343,505	\$ 819,432	\$ 2,059,797	\$ 998,891	\$ 3,696,052	\$ 3,446,052
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 5,817,564	\$ 4,564,023	\$ 6,351,423	\$ 5,952,010	\$ 7,968,840	\$ 6,968,840
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 21,416,051	\$ 21,320,191	\$ 21,294,286	\$ 21,152,374	\$ 21,152,375	\$ 21,124,375

**FORM NOTES FOR FORM 5**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Main  
**Field Name:** DirectHCExpended  
**Row Name:** Direct Health Care Services  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
Funds were shifted to direct health services as fewer Medicaid MCO providers agreed to serve patients. This resulted in the need for greater expenditure of funds to cover direct service costs particularly for CSHCN.
2. **Section Number:** Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
See notes.
3. **Section Number:** Main  
**Field Name:** PopBasedExpended  
**Row Name:** Population-Based Services  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
See notes
4. **Section Number:** Main  
**Field Name:** InfrastrBuildExpended  
**Row Name:** Infrastructure Building Services  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
See note for direct services.

**FORM 6**

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

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

**STATE: MD**

Total Births by Occurrence: 70,783

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	71,741	101.4	9	3	3	100
Congenital Hypothyroidism	71,741	101.4	206	19	19	100
Galactosemia	71,741	101.4	109	4	4	100
Sickle Cell Disease	71,741	101.4	138	122	122	100

**Other Screening (Specify)**

Biotinidase Deficiency	71,741	101.4	8	0	0	
Homocystinuria	71,741	101.4	8	0	0	
Tyrosinemia	71,741	101.4	7	0	0	
Congenital Adrenal Hyperplasia (CAH)	71,741	101.4	14	3	3	100
Maple Syrup Urine Disease (MSUD)	71,741	101.4	9	1	1	100
Hyperphenylalaninemia	71,741	101.4	9	2	2	100
Medium Chain AcylCo-A Dehydrogenase (MCAD)	11,463	16.2	2	0	0	

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

Maternal PKU	678		0	0	0	
AFP/ Triple Marker	3,105		119	119	119	100
Hemoglobinopathy Screening for Adults	7,977		444	444	444	100

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

## FORM NOTES FOR FORM 6

None

### FIELD LEVEL NOTES

- 1. Section Number:** Main  
**Field Name:** BirthOccurence  
**Row Name:** Total Births By Occurrence  
**Column Name:** Total Births By Occurrence  
**Year:** 2005  
**Field Note:**  
A considerable number of Maryland residents go into Washington, DC to deliver, yet many have newborn screens sent to Maryland. Therefore the number of resident births screened is larger than the number of occurant births.

The data are for calendar year (CY) 2003 to be consistent with the report to the National Newborn Screening and Genetics Resource Center.
- 2. Section Number:** Main  
**Field Name:** Phenylketonuria\_OneScreenNo  
**Row Name:** Phenylketonuria  
**Column Name:** Receiving at least one screen  
**Year:** 2005  
**Field Note:**  
A considerable number of Maryland residents go into Washington, DC to deliver, yet many have newborn screens sent to Maryland. Therefore the number of resident births screened is larger than the number of occurant births.

The data are for calendar year (CY) 2003 to be consistent with the report to the National Newborn Screening and Genetics Resource Center.
- 3. Section Number:** Main  
**Field Name:** Congenital\_OneScreenNo  
**Row Name:** Congenital  
**Column Name:** Receiving at least one screen  
**Year:** 2005  
**Field Note:**  
A considerable number of Maryland residents go into Washington, DC to deliver, yet many have newborn screens sent to Maryland. Therefore the number of resident births screened is larger than the number of occurrant births.

The data are for calendar year (CY) 2003 to be consistent with the report to the National Newborn Screening and Genetics Resource Center.
- 4. Section Number:** Main  
**Field Name:** Galactosemia\_OneScreenNo  
**Row Name:** Galactosemia  
**Column Name:** Receiving at least one screen  
**Year:** 2005  
**Field Note:**  
A considerable number of Maryland residents go into Washington, DC to deliver, yet many have newborn screens sent to Maryland. Therefore the number of resident births screened is larger than the number of occurant births.

The data are for calendar year (CY) 2003 to be consistent with the report to the National Newborn Screening and Genetics Resource Center.
- 5. Section Number:** Main  
**Field Name:** SickleCellDisease\_OneScreenNo  
**Row Name:** SickleCellDisease  
**Column Name:** Receiving at least one screen  
**Year:** 2005  
**Field Note:**  
A considerable number of Maryland residents go into Washington, DC to deliver, yet many have newborn screens sent to Maryland. Therefore the number of resident births screened is larger than the number of occurant births.

The data are for calendar year (CY) 2003 to be consistent with the report to the National Newborn Screening and Genetics Resource Center.
- 6. Section Number:** Main  
**Field Name:** Phenylketonuria\_Confirmed  
**Row Name:** Phenylketonuria  
**Column Name:** Confirmed Cases  
**Year:** 2005  
**Field Note:**  
Classical PKU only. In addition, 2 cases of clinically significant hyperphenylalaninemia requiring treatment were identified and are receiving treatment.
- 7. Section Number:** Main  
**Field Name:** Congenital\_Confirmed  
**Row Name:** Congenital  
**Column Name:** Confirmed Cases  
**Year:** 2005  
**Field Note:**  
Primary Congenital Hypothyroidism only. In addition, 2 cases of secondary hypothyroidism requiring treatment were identified and are receiving treatment.
- 8. Section Number:** Main  
**Field Name:** Galactosemia\_Confirmed  
**Row Name:** Galactosemia  
**Column Name:** Confirmed Cases  
**Year:** 2005  
**Field Note:**  
Classical Galactosemia only. In addition, 2 cases of clinically significant variants were identified and are receiving treatment.
- 9. Section Number:** Main  
**Field Name:** SickleCellDisease\_Confirmed  
**Row Name:** SickleCellDisease  
**Column Name:** Confirmed Cases  
**Year:** 2005  
**Field Note:**  
Includes SS disease, SC disease and sickle beta thalassemia.
- 10. Section Number:** Other Screening Types  
**Field Name:** Other  
**Row Name:** All Rows

**Column Name:** All Columns

**Year:** 2005

**Field Note:**

A considerable number of Maryland residents go into Washington, DC to deliver, yet many have newborn screens sent to Maryland. Therefore the number of resident births screened is larger than the number of occurant births.

The data are for calendar year (CY) 2003 to be consistent with the report to the National Newborn Screening and Genetics Resource Center.

Maryland began screening for MCAD with MS.MS on November 1, 2003 so only 11,463 babies were screened for MCAD in 2003.

Data on sickle cell disease carrier testing is for CY 2003. For FY 2003, 8757 adults and older children were screened with 9 disease states and 524 carrier states identified.

11. **Section Number:** Screening Programs for Older Children and Women

**Field Name:** OtherWomen

**Row Name:** All Rows

**Column Name:** All Columns

**Year:** 2005

**Field Note:**

Data is for CY 2003

We do not provide follow up for AFP/Triple Marker screening beyond notifying the physician. The patients with abnormal AFP results are offered counseling and further work up is available at the University of Maryland. However, most OB providers prefer to handle the case themselves from this point on. We have no way of knowing the outcomes of most of these pregnancies.

The results of hemoglobinopathy screening go back to the primary care provider who submitted the sample. The hemoglobinopathy screening is primarily to identify carriers. They do not need treatment but are all offered genetic counseling. A list of places to receive counseling is provided. We have no way of tracking uptake.

These counseling services are partially subsidized by the grants we make to these programs.

We do provide long term dietary management to 297 individuals with metabolic disorders and these individuals receive blood level monitoring but we do not have a record of how many tests were provided.

**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: MD**

Reporting Year: 2002

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	73,250	37.0		61.0	1.0	1.0
Infants < 1 year old	76,254	16.0		75.0	9.0	
Children 1 to 22 years old	42,256	24.0	10.0	56.0	10.0	
Children with Special Healthcare Needs	6,976	23.0	10.0	62.0	5.0	0.0
Others	10,478					100.0
<b>TOTAL</b>	<b>209,214</b>					

## FORM NOTES FOR FORM 7

None

### FIELD LEVEL NOTES

- 1. Section Number:** Main  
**Field Name:** PregWomen\_TS  
**Row Name:** Pregnant Women  
**Column Name:** Title V Total Served  
**Year:** 2005  
**Field Note:**  
There were 70,783 Maryland recorded births for CY 2003. Out of state births to Maryland residents for CY 2003 are not yet available from vital statistics. The best estimate for CY 2003 resident births is 74,672+ since some Pennsylvania records are not yet in. The number of infants served is the number of infants screened in the newborn screening program (71,741) .
- 2. 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:**  
This is the number of infants screened by the newborn screening program. (71,741). This includes babies born in Maryland as well as some babies born to Maryland residents elsewhere.
- 3. Section Number:** Main  
**Field Name:** CSHCN\_TS  
**Row Name:** Children with Special Health Care Needs  
**Column Name:** Title V Total Served  
**Year:** 2005  
**Field Note:**  
This number includes only those children (CSHCN) receiving a relatively direct service from the OGCSHCN. These children received metabolic disease case management / dietary therapy, sickle cell disease case management, respite care, direct fee for service specialty care through Children's Medical Services, and IFSP case management. This does not include children receiving specialty care at the Centers of Excellence or the genetics centers and their outreach clinics. However, the specialty clinic system at the tertiary care centers, which receives a partial subsidy from the OGCSHCN, provides approximately 90,000 specialty clinic visits to approximately 45,000 children. The OGCSHCN subsidy helps support clinic infrastructure and wrap around services. (Data collection on CSHCN from the tertiary centers is improving and we probably will be able to breakdown the specialty clinic data in more detail next year). The distribution of payment sources is based on payment data from the specialty care centers.
- 4. Section Number:** Main  
**Field Name:** AllOthers\_TS  
**Row Name:** Others  
**Column Name:** Title V Total Served  
**Year:** 2005  
**Field Note:**  
In addition, approximately 10,478 non pregnant adults were provided with some service. 8,757(FY 03) adults were provided carrier screening for sickle cell disease, 1037 adults were provided Tay Sachs disease carrier screening, and 678 women were screened for high blood phenylalanine (before becoming pregnant). In addition, 52 adults with hemophilia received comprehensive center clinic visits. However, we have no data on the distribution of payment in the above patients. In addition, approximately 7,300 persons were served by the State clinical genetics system and approximately 9,000 persons received complex genetic testing. Since the withdrawal of federal funding to MARHGN (our regional genetic network), however, we do not have the resources to collect data on the age distribution or method of payment of these patients.

**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: MD**

Reporting Year: 2002

**I. UNDUPLICATED COUNT BY RACE**

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	73,250	43,995	23,848	232	3,619			1,556
Title V Served	73,250	43,995	23,848	232	3,619			1,556
Eligible for Title XIX	25,151	7,869	11,879	43	728	6		4,626
<b>INFANTS</b>								
Total Infants in State	76,254	45,048	25,120	157	3,197	74		2,658
Title V Served	76,254	45,048	25,120	157	3,197	74		2,658
Eligible for Title XIX	31,971	8,551	14,031	53	877	7		8,452

**II. UNDUPLICATED COUNT BY ETHNICITY**

	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	HISPANIC OR LATINO (Sub-categories by country or area of origin)				
				(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	67,210	6,040	0					6,040
Title V Served	67,210	6,040	0					6,040
Eligible for Title XIX	21,487	3,664	0					3,664
<b>INFANTS</b>								
Total Infants in State	70,960	5,294	0					5,294
Title V Served	70,960	5,294	0					5,294
Eligible for Title XIX	23,519	4,781	3,671					4,781

**FORM NOTES FOR FORM 8**

Source: Total Deliveries - Maryland Vital Statistics Administration; Title V Served - All women and infants are served through various population based activities. Medicaid Deliveries -Maryland Medical Assistance Program. Other and Unknown column includes Hispanics (2966). Numbers refer to the numbers of recipients of services.

**FIELD LEVEL NOTES**

1. **Section Number:** I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleV\_All  
**Row Name:** Title V Served  
**Column Name:** Total All Races  
**Year:** 2005  
**Field Note:**  
The total number is the number of infants served by the newborn screening program. (71,741).
2. **Section Number:** I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleXIX\_RaceOther  
**Row Name:** Eligible for Title XIX  
**Column Name:** Other and Unknown  
**Year:** 2005  
**Field Note:**  
Includes Hispanics
3. **Section Number:** I. Unduplicated Count By Race  
**Field Name:** InfantsTitleV\_All  
**Row Name:** Title V Served  
**Column Name:** Total All Races  
**Year:** 2005  
**Field Note:**  
This is the number of infants screened in the newborn screening program. (71,741)
4. **Section Number:** II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTotal\_TotalNotHispanic  
**Row Name:** Total Deliveries in State  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2005  
**Field Note:**  
Totals due not sum due to reporting of Hispanics with the racial categories by the Medical Assistance Program.
5. **Section Number:** II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleV\_TotalNotHispanic  
**Row Name:** Title V Served  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2005  
**Field Note:**
6. **Section Number:** II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_TotalNotHispanic  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2005  
**Field Note:**
7. **Section Number:** II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_TotalNotHispanic  
**Row Name:** Total Infants in State  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2005  
**Field Note:**  
Totals do not equal due to reporting of Hispanics with the racial categories.
8. **Section Number:** II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleV\_TotalNotHispanic  
**Row Name:** Title V Served  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2005  
**Field Note:**
9. **Section Number:** II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleXIX\_TotalNotHispanic  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2005  
**Field Note:**

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

	<b>FY 2005</b>	<b>FY 2004</b>	<b>FY 2003</b>	<b>FY 2002</b>	<b>FY 2001</b>
1. State MCH Toll-Free "Hotline" Telephone Number	<u>800-456-8900</u>	<u>800-456-8900</u>	<u>(800) 456-8900</u>	<u>(800) 456-8900</u>	<u>(800) 456-8900</u>
2. State MCH Toll-Free "Hotline" Name	MCH Hotline	MCH Hotline	MCH Hotline Line	MCH Hotline Line	MCH Hotline Line
3. Name of Contact Person for State MCH "Hotline"	<u>Arneda Johnson</u>	<u>Karen Brown</u>	<u>R. Murphey</u>	<u>R. Murphey</u>	<u>R. Murphey</u>
4. Contact Person's Telephone Number	<u>410-767-8847</u>	<u>410-767-8847</u>	<u>(410) 767-1483</u>	<u>(410) 767-1483</u>	<u>(410) 767-1483</u>
5. Number of calls received on the State MCH "Hotline" this reporting period			<u>46,809</u>	<u>57,819</u>	<u>54,901</u>

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

	<b>FY 2005</b>	<b>FY 2004</b>	<b>FY 2003</b>	<b>FY 2002</b>	<b>FY 2001</b>
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(800) 638-8864</u>	<u>(800) 638-8864</u>			<u>(800) 638-8864</u>
2. State MCH Toll-Free "Hotline" Name	Children's Resource Line	Children's Resource Line			CSHCN Resource Line
3. Name of Contact Person for State MCH "Hotline"	<u>Barbara Greer/ Betty Smi</u>	<u>Barbara Greer/ Betty Smi</u>			<u>Donna Harris</u>
4. Contact Person's Telephone Number	<u>(410)-767-6730</u>	<u>(410)-767-6730</u>			<u>(410) 767-6749</u>
5. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>1,904</u>	<u>63,440</u>	<u>2,772</u>

**FORM NOTES FOR FORM 9**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Optional

**Field Name:** calls\_1

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

**Column Name:** FY

**Year:** 2003

**Field Note:**

Using the number of calls to this line is problematic because it is frequently used by the Department of Health and Mental Hygiene for other purposes. It is a pre-existing 800 line and whenever there is a crisis requiring the Department to have an instant hotline, this line is used. When this is a crisis hotline, our regular callers can't get through or the calls are answered by personnel from other units who are focusing on the crisis and who do not refer them on to us. This line was used as the State hotline during the anthrax crisis in Oct. through Nov. 2001, which accounts for the very high number of calls in FY 02. It is very difficult to sort out which calls are CSHCN related from the phone bill. We certainly handle more calls than the number on the phone bill that we can clearly identify as CSHCN related. We get many, many more calls directly to our other lines, however, we are so short staffed that we have not been able to keep up our call logs. We believe that the web site is more frequently used by families and professionals on behalf of CSHCN than the hotline at this point in time. There were 122,988 hits to our CSHCN specific web pages and our pages were downloaded/ printed 8,412 times (FY 03).

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

1. State MCH Administration:  
(max 2500 characters)

The Department of Health and Mental Hygiene, Family Health Administration (FHA) administers Maryland's Title V MCH Block Grant. The Title V Program supports State and community needs assessment, policy development and activities to protect, promote and improve the health of all women, children, adolescents and young adults including those with special health care needs. The Block Grant supports gap-filling direct services for the uninsured and under-insured; enabling services, such as home visiting, care coordination and genetics counseling; population based services, such as newborn screening and lead poisoning prevention; and infrastructure building activities such as epidemiological analysis and MCH standards developments. FHA also provides leadership and direction for WIC, the Title X Family Planning Program, the Primary Care Cooperative Agreement, Preventive Health Services, Health Promotion and Tobacco Prevention, and Oral Health. The MCH Program continues to promote and strengthen partnerships with other State agencies, advocacy groups, parent groups, providers and community organizations.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ <u>12,212,800</u>
3. Unobligated balance (Line 2, Form 2)	\$ <u>0</u>
4. State Funds (Line 3, Form 2)	\$ <u>9,159,600</u>
5. Local MCH Funds (Line 4, Form 2)	\$ <u>0</u>
6. Other Funds (Line 5, Form 2)	\$ <u>0</u>
7. Program Income (Line 6, Form 2)	\$ <u>0</u>
<b>8. Total Federal-State Partnership (Line 8, Form 2)</b>	<b>\$ <u>21,372,400</u></b>

9. Most significant providers receiving MCH funds:

<u>Local health departments</u>
<u>Tertiary care centers</u>
<u>Community-based organizations</u>
<u> </u>

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

a. Pregnant Women	<u>73,250</u>
b. Infants < 1 year old	<u>76,254</u>
c. Children 1 to 22 years old	<u>42,256</u>
d. CSHCN	<u>6,976</u>
e. Others	<u>10,478</u>

11. Statewide Initiatives and Partnerships:

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

Pregnant Women, Mothers and Infants: Preconception counseling, (including folic acid awareness for all women and genetics counseling), direct medical and dental services, family planning services, prenatal care including referrals for mental health and substance abuse services, outreach and enrollment services for HealthChoice and MCHP, public health nurse home visiting, and grief counseling (FIMR/SIDS). Children and Adolescents: Abstinence only education, school health clinics, public health nurse home visiting, oral health services, early intervention, and family planning services. CSHCN: Primary and specialty services for uninsured and underinsured, care coordination, genetic testing and follow-up, genetics clinics, and medical day care centers.

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

Pregnant Women, Mothers and Infants: Newborn screening, including universal newborn hearing screening; breastfeeding promotion; and hepatitis B and congenital syphilis surveillance and tracking. Children and Adolescents: Immunizations, lead poisoning screening and prevention, dental fluoride program (fluoride tablet/fluoride rinse), teenage pregnancy prevention, health education and promotion, obesity prevention, school screenings (hearing, vision and scoliosis). CSHCN: Genetics service outreach and education.

c. Infrastructure Building Services:  
(max 2500 characters)

Title V resources support state and community health assessment, evaluation of public health strategies, policy and standards development, and quality monitoring. Emphasis on improving/enhancing MCH epidemiological, fiscal and administrative capabilities to ensure accountability through monitoring of process and outcome measures. Pregnant Women, Mothers and Infants: Improved Pregnancy Outcome, Crenshaw Perinatal Health Initiative (regional maternal health delivery system), statewide maternal transport system; Maternal, Fetal and Infant Mortality Review processes, PRAMS. Children and Adolescents: Lead poisoning prevention infrastructure (target plan), asthma surveillance system, comprehensive school health and wellness infrastructure development, public health dental tuition reimbursement to ensure access to care, Child Fatality Review. CSHCN: Development of statewide CSHCN delivery system, and statewide clinical genetics service system.

12. The primary Title V Program contact person:

Name Bonnie S. Birkel, CRNP, MPH  
Title Director, Center for Maternal and Child Health  
Address Maryland Department of Health and Mental Hygiene201

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

Name Susan Panny, M.D.  
Title Director, Office for Genetics and CSHCN  
Address Maryland Department of Health and Mental Hygiene201

City Baltimore  
State MD  
Zip 21201  
Phone (410) 767-6721  
Fax (410) 333-5233  
Email birkelb@dhhm.state.md.us  
Web fha.state.md.us/mch

City Baltimore  
State MD  
Zip 21201  
Phone (410) 767-6730  
Fax (410) 333-5047  
Email pannys@dhhm.state.md.us  
Web fha.state.md.us/genetics

**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: MD**

**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	95	95	95	95	95
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	109	117	125	135	154
Denominator	109	117	125	135	154
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	95	95	95	95	95
Annual Indicator					
Numerator					
Denominator					
Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.					

**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				65	70
Annual Indicator				68.1	68.1
Numerator				142,329	142,329
Denominator				209,000	209,000
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	70	70	75	75	75
Annual Indicator					
Numerator					
Denominator					
Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.					

**PERFORMANCE MEASURE # 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	60
Annual Indicator	_____	_____	_____	56.3	56.3
Numerator	_____	_____	_____	117,667	117,667
Denominator	_____	_____	_____	209,000	209,000
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 # 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	_____	_____	_____	65	70
Annual Indicator	_____	_____	_____	67.5	67.5
Numerator	_____	_____	_____	141,075	141,075
Denominator	_____	_____	_____	209,000	209,000
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	70	70	75	75	75
Annual Indicator					
Numerator					
Denominator					

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

**PERFORMANCE MEASURE # 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	_____	_____	_____	70	75
Annual Indicator	_____	_____	_____	70.6	70.6
Numerator	_____	_____	_____	147,554	147,554
Denominator	_____	_____	_____	209,000	209,000
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	75	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	_____	_____	_____	5	10
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	10	10	10	15	15
Annual Indicator					
Numerator					
Denominator					

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

**PERFORMANCE MEASURE # 07**

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>80</u>	<u>80</u>	<u>80</u>	<u>80</u>	<u>80</u>
Annual Indicator	<u>79.4</u>	<u>78.4</u>	<u>77.9</u>	<u>80.8</u>	<u>83.3</u>
Numerator	<u>165,974</u>	<u>165,832</u>	<u>167,202</u>	<u>178,483</u>	<u>184,009</u>
Denominator	<u>209,035</u>	<u>211,520</u>	<u>214,637</u>	<u>220,899</u>	<u>220,899</u>
Is the Data Provisional or Final?				Final	Provisional

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

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

**PERFORMANCE MEASURE # 08**

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>28.8</u>	<u>27.4</u>	<u>26</u>	<u>24.6</u>	<u>24.6</u>
Annual Indicator	<u>25.1</u>	<u>23.3</u>	<u>20.9</u>	<u>20.2</u>	
Numerator	<u>2,603</u>	<u>2,487</u>	<u>2,298</u>	<u>2,238</u>	
Denominator	<u>103,620</u>	<u>106,941</u>	<u>110,054</u>	<u>110,810</u>	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>24.6</u>	<u>24.6</u>	<u>24.6</u>	<u>24.6</u>	<u>24.6</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	28	30	30	30	30
Annual Indicator	23.7	23.7	23.7	23.7	23.7
Numerator	17,703	17,703	17,703	17,703	17,703
Denominator	74,696	74,696	74,696	74,696	74,696
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	30	30	30	30	30
Annual Indicator					
Numerator					
Denominator					

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

**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	3.5	3.5	3.5	3.5	3.5
Annual Indicator	2.0	2.4	3.0	3.0	
Numerator	21	26	34	35	
Denominator	1,025,320	1,067,199	1,143,763	1,149,643	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	3.5	3.5	3.5	3.5	3.5
Annual Indicator					
Numerator					
Denominator					

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

**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	60	60	60	60	60
Annual Indicator	58.9	59.9	61.0	61.3	61.0
Numerator	37,165	38,851	37,863	37,051	36,422
Denominator	63,143	64,841	62,034	60,399	59,669
Is the Data Provisional or Final?				Provisional	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	60	60	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 # 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	10	25	80	85	90
Annual Indicator	19.1	21.4	78.7	62.7	93.7
Numerator	12,841	14,769	54,210	42,997	66,297
Denominator	67,269	69,152	68,916	68,529	70,783
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	90	90	90	90	95
Annual Indicator					
Numerator					
Denominator					

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

**PERFORMANCE MEASURE # 13**

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	10	10	10	10	10
Annual Indicator	8.1	7.4	9.1	10.0	
Numerator	106,064	100,357	124,607	137,992	
Denominator	1,309,430	1,356,172	1,369,311	1,379,925	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	10	10	10	10	10
Annual Indicator					
Numerator					
Denominator					

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

**PERFORMANCE MEASURE # 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	85	85	85	85	85
Annual Indicator	90.1	85.2	96.3	96.6	96.0
Numerator	300,905	333,790	315,568	336,879	355,513
Denominator	333,964	391,582	327,837	348,914	370,303
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	85	85	85	85	85
Annual Indicator					
Numerator					
Denominator					

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

**PERFORMANCE MEASURE # 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	1.9	1.9	1.9	1.9	1.9
Annual Indicator	2.0	1.9	2.0	1.9	
Numerator	1,446	1,388	1,446	1,422	
Denominator	71,822	74,226	73,152	73,250	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	1.9	1.9	1.9	1.9	1.9
Annual Indicator					
Numerator					
Denominator					

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

**PERFORMANCE MEASURE # 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	5.3	5.2	5.2	5.2	5.2
Annual Indicator	8.0	7.3	7.4	7.1	
Numerator	28	26	27	27	
Denominator	348,590	356,119	365,153	379,052	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	5.2	5.2	5.2	5.2	5.2
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.

**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	88	90	90	90	90
Annual Indicator	88.0	86.7	87.0	86.0	
Numerator	1,072	1,018	1,080	1,033	
Denominator	1,218	1,174	1,242	1,201	
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	89.8	90	90	90	90
Annual Indicator	87.0	86.4	83.7	84.1	
Numerator	60,082	62,421	59,789	61,603	
Denominator	69,067	72,206	71,425	73,250	
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.

**STATE PERFORMANCE MEASURE # 1**

Percent of children aged 0-72 months screened for lead poisoning/exposure by blood testing

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	20	15	16	17	18
Annual Indicator	14.7	17.4	17.9	18.2	
Numerator	61,529	74,516	76,742	79,507	
Denominator	418,912	427,939	427,939	436,817	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	19	20	20	20	20
Annual Indicator					
Numerator					
Denominator					

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

**STATE PERFORMANCE MEASURE # 2**

Percent of women enrolled in the Medical Assistance Family Planning Waiver Program who used at least one service during the state fiscal year

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective					25
Annual Indicator				23.3	24.2
Numerator				14,624	15,961
Denominator				62,730	66,053
Is the Data Provisional or Final?				Final	Provisional

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

**STATE PERFORMANCE MEASURE # 3**

Asthma mortality rate (per 1,000,000) among children aged 1 - 14

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	4.0	4.0	4.0	4.0	4.0
Annual Indicator	3.9	4.7	3.7	2.8	
Numerator	4	5	4	3	
Denominator	1,025,320	1,067,199	1,070,790	1,073,389	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	4.0	4.0	4	4	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 # 4**

Percentage of local jurisdictions addressing the issue of respite for families of CSHCN

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective		25	50	60	75
Annual Indicator		25.0	62.5	66.7	70.8
Numerator		6	15	16	17
Denominator		24	24	24	24
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	75	75	75
Annual Indicator					
Numerator					
Denominator					

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

**STATE PERFORMANCE MEASURE # 5**

Percent of women who do not smoke during pregnancy.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	90	90%	90	90	90
Annual Indicator	89.9	90.2	91.1	91.9	
Numerator	64,536	66,949	66,664	67,338	
Denominator	71,822	74,226	73,152	73,250	
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.

**STATE PERFORMANCE MEASURE # 6**

Congenital syphilis rate in Maryland

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	65	40	40	40	40
Annual Indicator	36.2	21.6	6.8	21.8	16.5
Numerator	26	16	5	16	12
Denominator	71,822	74,226	73,152	73,250	72,732
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	40	40	40	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.

**STATE PERFORMANCE MEASURE # 7**

Percent of fetal, infant and child deaths reviewed by local teams

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective		20	20%	22%	24
Annual Indicator	9.8	13.3	27.1	27.1	
Numerator	159	205	432	421	
Denominator	1,624	1,541	1,592	1,556	
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	27	30	30	30	30
Annual Indicator					
Numerator					
Denominator					

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

**STATE PERFORMANCE MEASURE # 9**

The rate of deaths to children aged 1-4 caused by sickle cell disease

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	4	4	4	4	4
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	185	214	239	285	280
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	4	4	4	4	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.

## FORM NOTES FOR FORM 11

None

### FIELD LEVEL NOTES

1. **Section Number:** Performance Measure #1  
**Field Name:** PM01  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Newborn screening data is reported by calendar year, CY 2003, to be consistent with the reports to the National Newborn Screening and Genetics Resource Center.
2. **Section Number:** Performance Measure #2  
**Field Name:** PM02  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
3. **Section Number:** Performance Measure #3  
**Field Name:** PM03  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
4. **Section Number:** Performance Measure #4  
**Field Name:** PM04  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
5. **Section Number:** Performance Measure #5  
**Field Name:** PM05  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
6. **Section Number:** Performance Measure #6  
**Field Name:** PM06  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
7. **Section Number:** Performance Measure #7  
**Field Name:** PM07  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: Immunization percentages - National Immunization Survey for children ages 19-35 months, CY 1999-2002 - 4:3:1:3 series; Data for 2003 is provisional and based on Q3/2002-Q2/2003. Population data - Vital Statistics Population estimates. 2003 data is not yet available.
8. **Section Number:** Performance Measure #8  
**Field Name:** PM08  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Data for 2003 is not yet available. Data for 2002 is based on the calendar year.
9. **Section Number:** Performance Measure #9  
**Field Name:** PM09  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: Survey of Oral Health Status of Maryland School Children conducted during the 2000-2001 school year. This survey is conducted every five years. During the interim years, it is estimated that the percentages remain the same.
10. **Section Number:** Performance Measure #10  
**Field Name:** PM10  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Data for 2003 is not yet available. Data represents calendar year. Source: Maryland Vital Statistics Report, 2002
11. **Section Number:** Performance Measure #11  
**Field Name:** PM11  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
This measure is calculated on the calendar year (CY 2003). The data comes from the newborn screening slips and newborn screening data is compiled on the calendar year to be consistent with the data reported to the National Newborn Screening and Genetics Resource Center. This excludes 11,864 women for whom breast feeding

status was not reported.

12. **Section Number:** Performance Measure #13  
**Field Name:** PM13  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: Maryland Health Care Commission, Health Insurance Coverage in Maryland through 2002. Based on Current Population data for 2001-2002 for children ages 0-19. Percentage applied to children ages 0-17. Data for 2003 is not available.
13. **Section Number:** Performance Measure #14  
**Field Name:** PM14  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: Maryland Medical Assistance Program,. Data is for the Federal Fiscal Year.
14. **Section Number:** Performance Measure #15  
**Field Name:** PM15  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Data for 2003 is not yet available. Data for 2002 represents the calendar year. Source: Vital Statistics Administration
15. **Section Number:** Performance Measure #16  
**Field Name:** PM16  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Data for 2003 is not yet available. Data for 2002 represents the calendar year. Source: Vital Statistics Administration
16. **Section Number:** Performance Measure #17  
**Field Name:** PM17  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: Maryland Vital Statistics Administration. Data for 2003 is not available. Includes Maryland resident recorded events only.
17. **Section Number:** Performance Measure #18  
**Field Name:** PM18  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Data for 2003 is not yet available. Data represents the calendar year. Excludes births for which timing of prenatal care was unknown. Source: Vital Statistics Report, 2002.
18. **Section Number:** State Performance Measure #1  
**Field Name:** SM1  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: 2002 Annual Surveillance Report, Maryland Childhood Lead Registry, Maryland Department of the Environment. Data for 2003 is not available.
19. **Section Number:** State Performance Measure #3  
**Field Name:** SM3  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: Maryland Vital Statistics Report, 2002. Data for 2003 is not available.
20. **Section Number:** State Performance Measure #5  
**Field Name:** SM5  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: Maryland Vital Statistics Administration. Data for 2003 is not yet available.
21. **Section Number:** State Performance Measure #7  
**Field Name:** SM7  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: Child Fatality Review and Fetal and Infant Mortality Review Reports for 2002. 2003 data is not yet available.
22. **Section Number:** State Performance Measure #9  
**Field Name:** SM9  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
This is the correct data . There were 280 children with sickle cell disease between the ages of 1 and 4 in FY 03 and none of them died. So the death rate is 0 (zero). We have been very fortunate in Maryland in being able to dramatically reduce deaths from sickle cell disease in young children. However, there was one death in FY 04, so the numerator isn't always going to be 0 and the death rate isn't always going to be 0.

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

**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	8.4	8.4	8.4	8.4	8.4
Annual Indicator	8.3	7.4	7.9	7.6	
Numerator	596	550	581	556	
Denominator	71,822	74,226	73,152	73,250	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	8.3	8.3	8.2	8.2	8
Annual Indicator					
Numerator					
Denominator					

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

**OUTCOME MEASURE # 02**

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	2.5	2.5	2.5	2.5	2.5
Annual Indicator	2.9	2.8	2.4	2.4	
Numerator	14.7	13.1	13.4	12.7	
Denominator	5.1	4.7	5.5	5.4	
Is the Data Provisional or Final?				Final	

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

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

**OUTCOME MEASURE # 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	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>
Annual Indicator	<u>5.8</u>	<u>5.5</u>	<u>5.9</u>	<u>5.4</u>	<u></u>
Numerator	<u>417</u>	<u>407</u>	<u>430</u>	<u>399</u>	<u></u>
Denominator	<u>71,822</u>	<u>74,226</u>	<u>73,152</u>	<u>73,250</u>	<u></u>
Is the Data Provisional or Final?				Final	

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

**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	<u>2.3</u>	<u>2.3</u>	<u>2.3</u>	<u>2.3</u>	<u>2.3</u>
Annual Indicator	<u>2.5</u>	<u>1.9</u>	<u>2.1</u>	<u>2.1</u>	<u></u>
Numerator	<u>179</u>	<u>143</u>	<u>151</u>	<u>157</u>	<u></u>
Denominator	<u>71,822</u>	<u>74,226</u>	<u>73,152</u>	<u>73,250</u>	<u></u>
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>2.3</u>	<u>2.3</u>	<u>2.3</u>	<u>2.3</u>	<u>2.3</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.

**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	14.1	14.1	14.1	14.1	14.1
Annual Indicator	13.3	8.8	8.1	8.3	
Numerator	964	658	594	609	
Denominator	72,451	74,884	73,152	73,250	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	14.1	14.1	14.1	14.1	14.1
Annual Indicator					
Numerator					
Denominator					

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

**OUTCOME MEASURE # 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	23	22.5	22.5	22.5	22.5
Annual Indicator	20.5	20.3	21.7	19.6	
Numerator	210	217	232	210	
Denominator	1,025,320	1,067,199	1,070,790	1,073,389	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	22.5	22.5	22.5	22.5	22.5
Annual Indicator					
Numerator					
Denominator					

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

**FORM NOTES FOR FORM 12**

None

**FIELD LEVEL NOTES**

None

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

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

    3    

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

    2    

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

    2    

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

    3    

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

    3    

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

    2    

**Total Score:**     15    

**Rating Key**

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

**FORM NOTES FOR FORM 13**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Main  
**Field Name:** Question1  
**Row Name:** #1. Family members participate on advisory committee or task forces...  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Family members are, by statute, represented on our Advisory Councils. They are reimbursed for Council related expenses- mostly travel. The Advisory Council on Hereditary and Congenital Disorders is dominated by "consumers". Over the years parents (and affected young adults) of most ethnic and racial groups have been represented. The Advisory Council for the Program to Identify Hearing Impaired Infants has one parent slot but, in practice, several other professional slots are almost always occupied by parents. Over the years parents (and affected young adults) of most ethnic and racial groups have been represented. One slot is reserved for a representative from the Maryland Association for the Deaf.
2. **Section Number:** Main  
**Field Name:** Question2  
**Row Name:** #2. Financial support (...) is offered for parent activities or parent groups.  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Financial support is offered to parents for special activities such as attending a "professional" meeting as part of a Maryland team, attending a parent conference, and serving on the advisory committee for a special project.
3. **Section Number:** Main  
**Field Name:** Question3  
**Row Name:** #3. Family members are involved in the Children with Special Health Care Needs...  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The 2 parents of CSHCN who work in the Office for Genetics and CSHCN and our colleagues at Parent's Place are intimately involved in block grant preparation. Parents from other support groups are involved and consulted on issues specific to their special interest.
4. **Section Number:** Main  
**Field Name:** Question4  
**Row Name:** #4. Family members are involved in service training of CSHCN staff and providers.  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The Director of the OGCSHCN who is a physician teaches medical and graduate students at all the medical schools in the State and at several in Washington, DC. She also teaches at university medical school affiliated teaching hospitals. This audience is mostly residents and fellows. Most lectures are co-taught with affected individuals and parents of affected individuals. Several OGCSHCN staff members give Grand Rounds at tertiary and community hospitals in this fashion and this reaches teaching hospital faculty and community health professionals and hospital staff.
5. **Section Number:** Main  
**Field Name:** Question5  
**Row Name:** #5. Family members hired as paid staff or consultants to the State CSHCN program...  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Two parents of CSHCN work as professionals in the OGCSHCN. The OGCSHCN partially supports Parent's Place of Maryland through grants and pays the 7 regional parent representatives around the state who help other parents in the community and assist the OGCSHCN to assess and then meet the needs of the population. The parent representatives are an ethnically and racially diverse group.
6. **Section Number:** Main  
**Field Name:** Question6  
**Row Name:** #6. Family members of diverse cultures are involved in all of the above activities  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Not all segments of the population can be "on board " at the same time. Asian groups are under -represented on some councils and committees.

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

[Sec. 505(a)(5)]

**STATE: MD 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. To improve access to quality health care, including addictions and mental health services for the MCH population including CSHCN.
2. To improve access to oral health care for children.
3. To eliminate health disparities and reduce morbidity.
4. To ensure that the genetic contribution to MCH continues to be addressed.
5. To reduce the rate of low birth weight births.
6. To prevent and/or reduce morbidity that results in poor early childhood outcomes and school absenteeism.
7. To prevent lead poisoning among children, and to screen and treat children for lead exposure.
8. To reduce mortality rates for mothers, infants and children.
9. To actively involve families, advocates and others in MCH policy and program development and implementation.
10. To improve MCH surveillance, and epidemiologic capabilities, including support for community assessments.

**FORM NOTES FOR FORM 14**

None

**FIELD LEVEL NOTES**

None

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

STATE: MD

APPLICATION YEAR: 2005

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested <i>(max 250 characters)</i>	Reason(s) Why Assistance Is Needed <i>(max 250 characters)</i>	What State, Organization or Individual Would You suggest Provide the TA (if known) <i>(max 250 characters)</i>
1.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    N/A    </u>	Facilitation of CAST V Assessment	To assist with Title V Needs Assessment Activities	Johns Hopkins Center for Women's and Children's Health Policy Center
2.	<b>Data-related Issues - Needs Assessment</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    N/A    </u>	Methodologies for allocating resources based on needs assessment and changing demographics	To assist in completing the Title V needs assessment and prioritization processes	Unknown
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>          </u>			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>          </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>          </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>          </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>          </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>          </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>          </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

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

**FORM NOTES FOR FORM 15**

None

**FIELD LEVEL NOTES**

None

**FORM 16**  
**STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET**  
**STATE: MD**

SP #     1    

**PERFORMANCE MEASURE:**

Percent of children aged 0-72 months screened for lead poisoning/exposure by blood testing

**STATUS:**

Active

**GOAL**

Increase number of children under 72 months who receive blood lead screening by blood test.

**DEFINITION**

**Numerator:**

Number of children under 72 months tested for blood lead in Maryland.

**Denominator:**

Number of children in Maryland under 72 months.

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Maryland Department of the Environment Childhood Lead Registry.

**SIGNIFICANCE**

Children with elevated blood lead levels are at increased risk for behavioral, physiologic and learning problems including, but not limited to, lethargy, diminished ability to learn, various central nervous system disorders, convulsions and even death

SP # 2

**PERFORMANCE MEASURE:**

Percent of women enrolled in the Medical Assistance Family Planning Waiver Program who used at least one service during the state fiscal year

**STATUS:**

Active

**GOAL**

To reduce the number of unintended pregnancies

**DEFINITION**

Percent of women enrolled in the Medical Assistance Family Planning Waiver Program who used at least one service during the state fiscal year.

**Numerator:**

Number of M.A. women enrolled in the Family Planning Program who use at least one service

**Denominator:**

Number of women enrolled in the Medical Assistance Family Planning Program

**Units:** 100 **Text:** 1

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Maryland Medical Assistance Program

**SIGNIFICANCE**

Family planning is an important public health strategy for reducing unintended pregnancies and improving pregnancy outcomes. Improving access to and use of quality family planning services is an important goal of Maryland's MCH Program. Financial access to family planning services is offered to eligible low-income women through the Medical Assistance Program. Both the MCH and Medical Assistance Programs are working to ensure that women and families are aware of the availability of family planning services and its role in reducing unwanted pregnancies and improving birth outcomes.

SP #        3

**PERFORMANCE MEASURE:**

Asthma mortality rate (per 1,000,000) among children aged 1 - 14

**STATUS:**

Active

**GOAL**

To reduce morbidity and mortality from asthma

**DEFINITION**

**Numerator:**

Number of deaths due to Asthma among children aged 1 - 14

**Denominator:**

Number of children aged 1 - 14

**Units:** 1000000 **Text:** Rate per 10,000

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Maryland Division of Vital Statistics reporting system.

**SIGNIFICANCE**

Asthma is a common chronic disorder among children and youth. Asthma is of interest to the public health community because it is a disease that may be prevented or ameliorated with appropriate intervention. This is an important measure of primary care utilization and quality of collaborative, comprehensive services.

SP # 4

**PERFORMANCE MEASURE:**

Percentage of local jurisdictions addressing the issue of respite for families of CSHCN

**STATUS:**

Active

**GOAL**

To increase access to respite services by all families of CSHCN in the State

**DEFINITION**

**Numerator:**

Number of local health departments offering respite services

**Denominator:**

Number of local health departments

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

The Office for Genetics and CSHCN will supply data for this measure. Other measures to be explored include: Number of CSHCN grants to local jurisdictions Number of respite providers trained Number of families receiving respite services

**SIGNIFICANCE**

A number of needs assessments through local health departments, Infants and Toddlers programs, health providers and parent groups have identified respite care as the most important unmet service need for families of CSHCN.

SP # 5

**PERFORMANCE MEASURE:**

Percent of women who do not smoke during pregnancy.

**STATUS:**

Active

**GOAL**

To increase the percentage of women who do not smoke during pregnancy

**DEFINITION**

**Numerator:**

The numbers of women who report not smoking during pregnancy

**Denominator:**

The number of live births

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Division of Health Statistics - vital statistics. Birth certificate data in Maryland includes maternal smoking during pregnancy. A Kappa statistic analysis shows the correlation with the medical chart on smoking to be 0.7 (substantial agreement). However, smoking history on prenatal record may not be accurate reflection of true history.

**SIGNIFICANCE**

Smoking is the main known preventable cause of low birth weight and perinatal death. A smoking cessation program specifically for pregnant women would increase smoking cessation and increase acknowledgment of smoking by women during pregnancy.

SP #          6

**PERFORMANCE MEASURE:**

Congenital syphilis rate in Maryland

**STATUS:**

Active

**GOAL**

To reduce the rate of congenital syphilis in Maryland

**DEFINITION**

**Numerator:**

The number of infants born with congenital syphilis in Maryland

**Denominator:**

The number of live births in Maryland

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

DHMH - STD Division

**SIGNIFICANCE**

The rate of congenital syphilis, a cause of stillbirths, birth defects, and developmental delays, in Baltimore is 10 times the national average. The rate of syphilis in Baltimore is the highest in the nation. Congenital syphilis is entirely preventable if it is diagnosed and treated early enough during pregnancy.

SP # 7

**PERFORMANCE MEASURE:**

Percent of fetal, infant and child deaths reviewed by local teams

**STATUS:**

Active

**GOAL**

To prevent fetal, infant and child deaths

**DEFINITION**

**Numerator:**

Number of fetal, infant and child deaths reviewed by local teams

**Denominator:**

Number of fetal, infant and child deaths in Maryland

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Maryland FIMR and CFR reporting systems

**SIGNIFICANCE**

Fetal, Infant and Child Death Review is a systematic, multiagency, multidisciplinary review of all unexpected deaths within a jurisdiction. This is a system that examines fatalities within the context of prevention. Detecting and preventing child abuse and neglect remain a major focus of the child fatality reviews. Fetal and Infant mortality reviews provide a community based, action oriented process that leads to improvement in the health and well being of women, infants and families.

SP # 9

**PERFORMANCE MEASURE:**

The rate of deaths to children aged 1-4 caused by sickle cell disease

**STATUS:**

Active

**GOAL**

To reduce mortality among children ages 1-4 with sickle cell disease

**DEFINITION**

The number of deaths from sickle cell disease among children in the program is calculated by: 1) reviewing all program records of children between 1 and 4 years of age in the program to list known deaths, 2) running the database of children in the program, 1 to 4 years of age, against the death tapes in the Vital Statistics Administration, 3) checking all deaths of children 1 to 4 years of age in the death tapes for which sickle cell disease is listed as the primary or contributory cause of death to look for children in the program. A death stays in the numerator until the child would have been 4 years old. The denominator is a rolling denominator including all children in the program born in the 3 years.

**Numerator:**

Number of deaths due to sickle cell disease among children between the ages of 1-4

**Denominator:**

Number of children with sickle cell disease between the ages of 1-4

**Units:** 100 **Text:** 1

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

CORN reports, MA files, program files, death certificates

**SIGNIFICANCE**

Sickle cell disease is a risk factor for early mortality. Identifying infants with sickle cell disease through newborn screening, entering them into a program of comprehensive care, case management and other supportive and enabling services can reduce the excess mortality in this high rate group.

**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: MD**

**HEALTH SYSTEMS CAPACITY MEASURE # 01**

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>	45.3	40.4	46.5	37.2	
<b>Numerator</b>	1,570	1,429	1,658	1,361	
<b>Denominator</b>	346,850	353,393	356,302	365,545	
<b>Is the Data Provisional or Final?</b>				Provisional	

**HEALTH SYSTEMS CAPACITY MEASURE # 02**

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>	75.4	82.8	88.7	89.7	90.6
<b>Numerator</b>	8,342	9,791	25,662	27,264	28,794
<b>Denominator</b>	11,064	11,830	28,941	30,397	31,778
<b>Is the Data Provisional or Final?</b>				Final	Provisional

**HEALTH SYSTEMS CAPACITY MEASURE # 03**

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>	85.1	86.5	43.8	58.8	91.4
<b>Numerator</b>	1,009	1,113	266	320	361
<b>Denominator</b>	1,185	1,286	608	544	395
<b>Is the Data Provisional or Final?</b>				Final	Provisional

**HEALTH SYSTEMS CAPACITY MEASURE # 04**

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>	NaN	NaN	NaN	NaN	NaN
<b>Numerator</b>	0	0	0	0	0
<b>Denominator</b>	0	0	0	0	0
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

**HEALTH SYSTEMS CAPACITY MEASURE # 07**

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

	<b>Annual Indicator Data</b>				
	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Annual Indicator</b>	<u>27.9</u>	<u>31.6</u>	<u>37.2</u>	<u>38.2</u>	<u>33.4</u>
<b>Numerator</b>	<u>11,044</u>	<u>12,862</u>	<u>15,727</u>	<u>20,819</u>	<u>31,344</u>
<b>Denominator</b>	<u>39,560</u>	<u>40,746</u>	<u>42,304</u>	<u>54,486</u>	<u>93,799</u>
<b>Is the Data Provisional or Final?</b>				Final	Provisional

**HEALTH SYSTEMS CAPACITY MEASURE # 08**

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

	<b>Annual Indicator Data</b>				
	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Annual Indicator</b>	<u>0.5</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
<b>Numerator</b>	<u>52</u>	<u>5</u>	<u>3</u>	<u>0</u>	<u>0</u>
<b>Denominator</b>	<u>11,530</u>	<u>13,380</u>	<u>13,610</u>	<u>14,040</u>	<u>23,635</u>
<b>Is the Data Provisional or Final?</b>				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:**  
Source: Discharges - Maryland Health Services Cost Review Commission Discharge Database. Population - Vital Statistics Administration. Data for 2003 is not available.
2. **Section Number:** Health Systems Capacity Indicator #02  
**Field Name:** HSC02  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: Maryland Medical Assistance Program. Data refers to Federal Fiscal year.
3. **Section Number:** Health Systems Capacity Indicator #03  
**Field Name:** HSC03  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: Maryland Medical Assistance Program. Data refers to Federal Fiscal Year.
4. **Section Number:** Health Systems Capacity Indicator #04  
**Field Name:** HSC04  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Data from the Vital Statistics Administration was requested but was not provided because of concerns about the formula used to calculate the Kotelchuck Index. The formula defines the first trimester of pregnancy as months one through four. Months one to three is the traditional definition of the first trimester.
5. **Section Number:** Health Systems Capacity Indicator #07  
**Field Name:** HSC07  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: Maryland Medical Assistance Program. Data is for calendar year. Data for CY 2003 is provisional and not complete.
6. **Section Number:** Health Systems Capacity Indicator #08  
**Field Name:** HSC08  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The program will not accept 0 as the indicator but this is correct. We do not want to have our CSHCN program pay for care for children with SSI. They should be receiving care through Medicaid.

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

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (&lt; 2,500 grams)</i>	2002	Payment source from birth certificate	<u>11.2</u>	<u>7.9</u>	<u>9</u>
b) <i>Infant deaths per 1,000 live births</i>	2000	Matching data files	<u>10.7</u>	<u>5.6</u>	<u>7.2</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>69.7</u>	<u>90</u>	<u>84.1</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>0</u>	<u>0</u>	<u>0</u>

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

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>185</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>19</u> ) (Age range _____ to _____ ) (Age range _____ to _____ )	2003	<u>100</u> _____ _____
c) <i>Pregnant Women</i>	2003	<u>185</u>

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

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>300</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>19</u> ) (Age range _____ to _____ ) (Age range _____ to _____ )	2003	<u>300</u> _____ _____
c) <i>Pregnant Women</i>	2003	<u>250</u>

**FORM NOTES FOR FORM 18**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Indicator 05

**Field Name:** AdequateCare

**Row Name:** Percent of pregnant women with adequate prenatal care

**Column Name:**

**Year:** 2005

**Field Note:**

Data was requested from the Vital Statistics Administration for this measure but was not provided because of concerns about the formula used to calculate the Kotelchuck Index. The formula defines the first trimester of pregnancy as months one through four. Months one to three is the traditional definition of the first trimester.

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

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

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

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

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

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)	1	No
Other: Youth Tobacco Survey	3	No
Maryland Adolescent Survey	3	No

**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)	1	No
Pediatric Nutrition Surveillance System (PedNSS)	1	No
WIC Program Data	3	No
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**

1. **Section Number:** Indicator 09A

**Field Name:** BAN

**Row Name:** Annual linkage of birth records and newborn screening files

**Column Name:**

**Year:** 2005

**Field Note:**

The OGCSHCN has direct access to the newborn screening database (it is an OGCSHCN database) but the birth certificate data is accessed by a request to the Vital Statistics Administration. The OGCSHCN does not access the birth certificate data files electronically. The Vital Statistics Administration gets the newborn screening or other files from the OGCSHCN and then runs whatever comparisons or cross tabs are needed.

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

**HEALTH STATUS INDICATOR MEASURE # 01A**

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>	9.1	8.7	9.0	9.0	_____
<b>Numerator</b>	6,515	6,429	6,605	6,623	_____
<b>Denominator</b>	71,822	74,226	73,152	73,250	_____
<b>Is the Data Provisional or Final?</b>				Final	

**HEALTH STATUS INDICATOR MEASURE # 01B**

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>	7.4	6.8	7.2	7.1	_____
<b>Numerator</b>	5,105	4,848	5,038	4,944	_____
<b>Denominator</b>	69,380	71,542	70,389	70,107	_____
<b>Is the Data Provisional or Final?</b>				Final	

**HEALTH STATUS INDICATOR MEASURE # 02A**

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>	2.0	1.9	2.0	1.9	_____
<b>Numerator</b>	1,446	1,388	1,446	1,422	_____
<b>Denominator</b>	71,822	74,226	73,152	73,250	_____
<b>Is the Data Provisional or Final?</b>				Final	

**HEALTH STATUS INDICATOR MEASURE # 02B**

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>	1.6	1.5	1.4	1.6	_____
<b>Numerator</b>	1,133	1,056	1,012	1,088	_____
<b>Denominator</b>	69,380	71,542	70,389	70,107	_____
<b>Is the Data Provisional or Final?</b>				Final	

**HEALTH STATUS INDICATOR MEASURE # 03A**

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

	1999	2000	Annual Indicator Data		2003
			2001	2002	
Annual Indicator	7.9	6.1	7.7	6.3	
Numerator	87	69	88	73	
Denominator	1,096,543	1,136,846	1,143,292	1,149,643	
Is the Data Provisional or Final?				Final	

**HEALTH STATUS INDICATOR MEASURE # 03B**

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

	1999	2000	Annual Indicator Data		2003
			2001	2002	
Annual Indicator	1.8	2.4	2.7	2.9	
Numerator	20	27	31	33	
Denominator	1,096,543	1,136,846	1,143,292	1,149,643	
Is the Data Provisional or Final?				Final	

**HEALTH STATUS INDICATOR MEASURE # 03C**

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

	1999	2000	Annual Indicator Data		2003
			2001	2002	
Annual Indicator	22.3	20.4	23.9	22.1	
Numerator	146	137	166	159	
Denominator	654,867	670,248	694,249	719,193	
Is the Data Provisional or Final?				Final	

**HEALTH STATUS INDICATOR MEASURE # 04A**

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

	1999	2000	Annual Indicator Data		2003
			2001	2002	
Annual Indicator	195.6	181.6	183.9	184.4	
Numerator	2,145	2,064	2,103	2,120	
Denominator	1,096,543	1,136,846	1,143,292	1,149,643	
Is the Data Provisional or Final?				Final	

**HEALTH STATUS INDICATOR MEASURE # 04B**

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	<u>30.1</u>	<u>26.2</u>	<u>29.1</u>	<u>23.8</u>	<u></u>
Numerator	<u>330</u>	<u>298</u>	<u>333</u>	<u>274</u>	<u></u>
Denominator	<u>1,096,543</u>	<u>1,136,846</u>	<u>1,143,292</u>	<u>1,149,643</u>	<u></u>
Is the Data Provisional or Final?				Final	

**HEALTH STATUS INDICATOR MEASURE # 04C**

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	<u>248.9</u>	<u>258.1</u>	<u>259.8</u>	<u>274.1</u>	<u></u>
Numerator	<u>1,630</u>	<u>1,730</u>	<u>1,804</u>	<u>1,971</u>	<u></u>
Denominator	<u>654,867</u>	<u>670,248</u>	<u>694,249</u>	<u>719,193</u>	<u></u>
Is the Data Provisional or Final?				Final	

**HEALTH STATUS INDICATOR MEASURE # 05A**

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	<u>32.7</u>	<u>33.2</u>	<u>32.9</u>	<u>32.8</u>	<u>31.5</u>
Numerator	<u>5,082</u>	<u>5,283</u>	<u>5,875</u>	<u>6,035</u>	<u>6,097</u>
Denominator	<u>155,604</u>	<u>159,277</u>	<u>178,398</u>	<u>184,109</u>	<u>193,853</u>
Is the Data Provisional or Final?				Final	Provisional

**HEALTH STATUS INDICATOR MEASURE # 05B**

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	<u>5.5</u>	<u>6.0</u>	<u>6.3</u>	<u>7.1</u>	<u>7.0</u>
Numerator	<u>5,457</u>	<u>5,889</u>	<u>6,422</u>	<u>7,073</u>	<u>7,070</u>
Denominator	<u>998,958</u>	<u>988,888</u>	<u>1,011,720</u>	<u>1,000,541</u>	<u>1,005,992</u>
Is the Data Provisional or Final?				Final	Provisional

**FORM NOTES FOR FORM 20**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Health Status Indicator #01B  
**Field Name:** HSI01B  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: Maryland Vital Statistics Administration
2. **Section Number:** Health Status Indicator #02B  
**Field Name:** HSI02B  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: Maryland Vital Statistics Administration
3. **Section Number:** Health Status Indicator #03A  
**Field Name:** HSI03A  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: Maryland DHMH, Center for Preventive Health Services; Population data: U.S. Census; Deaths: Maryland Vital Statistics Administration
4. **Section Number:** Health Status Indicator #03B  
**Field Name:** HSI03B  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: DHMH Center for Preventive Health Services; Population - U.S. Census; Deaths: Maryland Vital Statistics Administration
5. **Section Number:** Health Status Indicator #03C  
**Field Name:** HSI03C  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: DHMH Center for Preventive Health Services; Population - U.S. Census; Deaths - Maryland Vital Statistics Administration
6. **Section Number:** Health Status Indicator #04A  
**Field Name:** HSI04A  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: DHMH Center for Preventive Health Services; Population - U.S. Census; Injuries - Maryland Health Services Cost Review Commission Hospital Discharge Database
7. **Section Number:** Health Status Indicator #04B  
**Field Name:** HSI04B  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: DHMH Center for Preventive Health Services; Population - U.S. Census, Injuries - MD HSCRC Hospital Discharge Database
8. **Section Number:** Health Status Indicator #04C  
**Field Name:** HSI04C  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: DHMH Center for Preventive Health Services; Population - U.S. Census, Injuries - HSCRC Hospital Discharge Database
9. **Section Number:** Health Status Indicator #05A  
**Field Name:** HSI05A  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: Maryland Community Health Administration, Division of Sexually Transmitted Diseases, Population data: U.S. Census
10. **Section Number:** Health Status Indicator #05B  
**Field Name:** HSI05B  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: Maryland Community Health Administration, Division of Sexually Transmitted Diseases

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

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

For both parts A and B: Reporting Year: 2002 Is this data from a State Projection? Yes

<b>CATEGORY TOTAL POPULATION BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	76,290	45,084	25,120	157	3,197	74	2,658	
Children 1 through 4	289,291	173,389	92,495	864	12,353	229	9,961	
Children 5 through 9	374,184	226,826	120,398	1,288	14,915	256	10,501	
Children 10 through 14	409,464	249,331	134,130	1,438	15,438	261	8,866	
Children 15 through 19	397,052	253,312	119,607	1,387	15,550	249	6,947	
Children 20 through 24	340,141	207,661	108,807	1,277	16,732	287	5,377	
Children 0 through 24	1,886,422	1,155,603	600,557	6,411	78,185	1,356	44,310	0

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

<b>CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	70,960	5,294	
Children 1 through 4	269,921	19,370	
Children 5 through 9	352,745	21,889	
Children 10 through 14	388,894	20,570	
Children 15 through 19	360,748	18,304	
Children 20 through 24	316,551	23,590	
Children 0 through 24	1,759,819	109,017	0

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

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

For both parts A and B: Reporting Year: 2002 Is this data from a State Projection? No

<b>CATEGORY TOTAL LIVE BIRTHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Women < 15	147	33	108		2			4
Women 15 through 17	2,238	865	1,295		16			62
Women 18 through 19	4,291	1,995	2,179		47			70
Women 20 through 34	53,010	32,044	16,820		2,773			1,373
Women 35 or older	13,564	9,093	3,442		781			248
Women of all ages	73,250	44,030	23,844	0	3,619	0	0	1,757

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

<b>CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Women < 15	130	17	
Women 15 through 17	2,020	218	
Women 18 through 19	3,859	432	
Women 20 through 34	48,346	4,664	
Women 35 or older	12,856	708	
Women of all ages	67,211	6,039	0

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

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

For both parts A and B: Reporting Year: 2002 Is this data from a State Projection? Yes

<b>CATEGORY TOTAL DEATHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	556	233	300	2	10			11
Children 1 through 4	87	48	33	0	5			1
Children 5 through 9	59	20	34	1	2			2
Children 10 through 14	64	25	36	0	1			2
Children 15 through 19	272	140	124	1	5			2
Children 20 through 24	409	202	200	3	3			1
Children 0 through 24	1,447	668	727	7	26	0	0	19

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

<b>CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	524	32	
Children 1 through 4	81	6	
Children 5 through 9	58	1	
Children 10 through 14	64	0	
Children 15 through 19	259	13	
Children 20 through 24	379	30	
Children 0 through 24	1,365	82	0

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

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

<b>CATEGORY Miscellaneous Data BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>	<b>Specific Reporting Year</b>
All children 0 through 19	1,605,131	929,906.0	492,200.0	5,134.0	61,453.0	4,154.0	112,284.0		2002
Percent in household headed by single parent									
Percent in TANF (Grant) families									
Number enrolled in Medicaid	370,303	100,353.0	212,219.0	593.0	8,356.0	90.0		48,692.0	2003
Number enrolled in SCHIP	154,137	55,421.0	69,688.0	211.0	5,221.0	38.0		23,558.0	2003
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)*

<b>CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>	<b>Specific Reporting Year</b>
All children 0 through 19	1,443,268.0	85,427.0		2002
Percent in household headed by single parent				
Percent in TANF (Grant) families				
Number enrolled in Medicaid	321,611.0	32,413.0	16,279.0	2003
Number enrolled in SCHIP	130,579.0	18,612.0	4,946.0	2003
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: MD**

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

Reporting Year: 2002 Is this data from a State Projection? Yes

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	1,207,607
Living in urban areas	1,260,891
Living in rural areas	267,804
Living in frontier areas	0
<b>Total - all children 0 through 19</b>	<b>1,528,695</b>

**Note:**

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

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

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

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

POVERTY LEVELS	TOTAL
Total Population	5,296,486.0
Percent Below: 50% of poverty	4.2
100% of poverty	8.5
200% of poverty	20.6

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

**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: 2000 Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	1,492,965.0
Percent Below: 50% of poverty	5.3
100% of poverty	10.7
200% of poverty	25.9

## FORM NOTES FOR FORM 21

Source: Maryland Vital Statistics Administration

### FIELD LEVEL NOTES

1. **Section Number:** Indicator 10

**Field Name:** Metropolitan

**Row Name:** Living in metropolitan areas

**Column Name:**

**Year:** 2005

**Field Note:**

Source: Population estimates for 2002, Maryland Department of State Planning. Defined as Baltimore Metro area counties, PG and Montgomery.

2. **Section Number:** Indicator 12

**Field Name:** S12\_Children

**Row Name:** Children 0 through 19 years old

**Column Name:**

**Year:** 2005

**Field Note:**

Source: 2000 Census, Maryland Department of Planning Website. Percentages refer to children under the age of 18.