

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

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<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED <b>7/15/2004</b>	APPLICANT IDENTIFIER									
1. TYPE OF SUBMISSION:  Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER									
		4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER									
5. APPLICANT INFORMATION												
Legal Name: <b>Minnesota Department of Health</b>		Organizational Unit: <b>Division of Family Health</b>										
Address (give city, county, state and zip code) <b>P.O. Box 64882</b>  <b>St. Paul, MN 55164</b> County: <b>Ramsey County</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: <b>Jan Jernell</b> Tel Number: <b>651-281-9883</b>										
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">4</td><td style="width: 20px; text-align: center;">1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">6</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">7</td><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">6</td><td style="width: 20px; text-align: center;">2</td></tr></table>		4	1	6	0	0	7	1	6	2	7. TYPE OF APPLICANT: (Enter appropriate letter in box) <b>A</b> A. State                      H. Independent School District B. County                    I. State Controlled Institution of Higher Learning C. Municipality             J. Private University D. Township                K. Indian Tribe E. Interstate                L. Individual F. Intermunicipality      M. Profit Organization G. Special District        N. Other (Specify)	
4	1											
6	0	0	7	1	6	2						
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration Decrease Duration Other (specify):		9 NAME OF FEDERAL AGENCY: <b>Health Resources and Services Administration, Maternal and Child Health Bureau</b>										
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">3</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">4</td></tr></table> TITLE: <b>Maternal and Child Health Services Block Grant</b>		9	3	9	9	4	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>Maternal and Child Health in Minnesota</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>4</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. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW										
a. Federal	\$ <u>9,545,279.00</u>											
b. Applicant	\$ <u>0.00</u>											
c. State	\$ <u>7,158,959.00</u>											
d. Local	\$ <u>4,193,082.00</u>											
e. Other	\$ <u>3,251,741.00</u>											
f. Program Income	\$ <u>95,916.00</u>											
g. TOTAL	\$ <u>24,244,977.00</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>Dave Hovet</b>		b. Title <b>Financial Management Division Director</b>	c. Telephone Number <b>651-215-0389</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: MN**

**1. FEDERAL ALLOCATION**

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

\$ 9,545,279

A. Preventive and primary care for children:

\$ 3,226,919 ( 33.81% )

B. Children with special health care needs:

\$ 3,271,092 ( 34.27% )

(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:

\$ 600,000 ( 6.29% )

(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)

\$ 7,158,959

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

\$ 4,193,082

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

\$ 3,251,741

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

\$ 95,916

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

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

\$ 6,184,197

\$ 14,699,698

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

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

\$ 24,244,977

**9. OTHER FEDERAL FUNDS**

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

a. SPRANS: \$ 406,496

b. SSDI: \$ 100,000

c. CISS: \$ 100,000

d. Abstinence Education: \$ 499,072

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 83,925,602

h. AIDS: \$ 0

i. CDC: \$ 574,397

j. Education: \$ 546,146

k. Other:

HHS \$ 4,379,859

HRSA \$ 615,000

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

\$ 91,146,572

**11. STATE MCH BUDGET TOTAL**

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 115,391,549

**FORM NOTES FOR FORM 2**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Main  
**Field Name:** FedAlloc  
**Row Name:** Federal Allocation  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
9,545,279 is the estimated allocation for FFY 2005

**FORM 3  
STATE MCH FUNDING PROFILE**

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

**STATE: MN**

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 9,479,150	\$ 9,845,406	\$ 9,044,137	\$ 0	\$ 9,545,279	\$ 0
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 971,768	\$ 0	\$ 1,501,017	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 7,838,189	\$ 7,384,055	\$ 7,908,866	\$ 0	\$ 7,158,959	\$ 0
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 4,498,709	\$ 4,938,666	\$ 3,887,509	\$ 0	\$ 4,193,082	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 4,876,120	\$ 4,996,549	\$ 3,031,089	\$ 0	\$ 3,251,741	\$ 0
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 25,000	\$ 95,916	\$ 0	\$ 0	\$ 95,916	\$ 0
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 27,688,936	\$ 27,260,592	\$ 25,372,618	\$ 0	\$ 24,244,977	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 88,664,195	\$ 92,462,830	\$ 81,998,360	\$ 0	\$ 91,146,572	\$ 0
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 116,353,131	\$ 119,723,422	\$ 107,370,978	\$ 0	\$ 115,391,549	\$ 0
(STATE MCH BUDGET TOTAL)						

**FORM 3  
STATE MCH FUNDING PROFILE**

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

**STATE: MN**

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 9,631,790	\$ 9,130,200	\$ 9,672,943	\$ 8,587,462	\$ 9,388,749	\$ 8,407,401
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 33,741	\$ 352,819	\$ 268,102	\$ 580,738	\$ 696,049	\$ 1,114,182
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 7,249,148	\$ 7,113,787	\$ 7,455,784	\$ 6,876,150	\$ 7,563,598	\$ 7,141,188
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 4,676,184	\$ 4,847,078	\$ 5,443,525	\$ 5,174,251	\$ 4,739,339	\$ 4,833,179
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 6,331,224	\$ 4,928,114	\$ 6,779,117	\$ 5,943,351	\$ 5,121,739	\$ 5,238,651
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 35,000	\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 27,957,087	\$ 26,396,998	\$ 29,644,471	\$ 27,186,952	\$ 27,534,474	\$ 26,759,601
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 53,748,780	\$ 53,287,640	\$ 57,457,475	\$ 74,899,350	\$ 79,751,058	\$ 92,825,033
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 81,705,867	\$ 79,684,638	\$ 87,101,946	\$ 102,086,302	\$ 107,285,532	\$ 119,584,634
(STATE MCH BUDGET TOTAL)						

**FORM NOTES FOR FORM 3**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Main  
**Field Name:** FedAllocExpended  
**Row Name:** Federal Allocation  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
The expended federal allocation is less than what was budgeted because of overall under spending on salaries due to a freeze in hiring positions. Open position remained open longer than anticipated also effecting the spending patterns for supply budgets and indirect charges for FY 2002.
2. **Section Number:** Main  
**Field Name:** FedAllocExpended  
**Row Name:** Federal Allocation  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Modifications made to adjust expended amounts to conform to federal reporting guidelines. We are unable to modify budget amounts.
3. **Section Number:** Main  
**Field Name:** UnobligatedBalanceExpended  
**Row Name:** Unobligated Balance  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
The expended federal allocation is less than what was budgeted because of overall under spending on salaries due to a freeze in hiring positions. Open position remained open longer than anticipated also effecting the spending patterns for supply budgets and indirect charges for FY 2002.
4. **Section Number:** Main  
**Field Name:** UnobligatedBalanceExpended  
**Row Name:** Unobligated Balance  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Modifications made to adjust expended amounts to conform to federal reporting guidelines. We are unable to modify budget amounts.
5. **Section Number:** Main  
**Field Name:** StateMCHFundsExpended  
**Row Name:** State Funds  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**
6. **Section Number:** Main  
**Field Name:** StateMCHFundsExpended  
**Row Name:** State Funds  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Modifications made to adjust expended amounts to conform to federal reporting guidelines. We are unable to modify budget amounts.
7. **Section Number:** Main  
**Field Name:** LocalMCHFundsExpended  
**Row Name:** Local MCH Funds  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**
8. **Section Number:** Main  
**Field Name:** LocalMCHFundsExpended  
**Row Name:** Local MCH Funds  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Modifications made to adjust expended amounts to conform to federal reporting guidelines. We are unable to modify budget amounts.  
  
Local Match was increased from 25% to 50% on July 1 2003.
9. **Section Number:** Main  
**Field Name:** OtherFundsExpended  
**Row Name:** Other Funds  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**
10. **Section Number:** Main  
**Field Name:** OtherFundsExpended  
**Row Name:** Other Funds  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Modifications made to adjust expended amounts to conform to federal reporting guidelines. We are unable to modify budget amounts.
11. **Section Number:** Main  
**Field Name:** ProgramIncomeExpended  
**Row Name:** Program Income  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**

Local reporting was expanded to include client fees separately . Previously client fees were reported under Local MCH funds.

- 12. **Section Number:** Main
- Field Name:** OtherFedFundsExpended
- Row Name:** Other Federal Funds
- Column Name:** Expended
- Year:** 2002
- Field Note:**  
The Family Health Section was awarded and appropriated additional federal funds in FY 2002.

**FORM 4**

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

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

**STATE: MN**

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 4,283,281	\$ 5,094,664	\$ 4,028,193	\$ 0	\$ 4,767,077	\$ 0
b. Infants < 1 year old	\$ 475,920	\$ 566,074	\$ 447,577	\$ 0	\$ 529,675	\$ 0
c. Children 1 to 22 years old	\$ 11,318,598	\$ 10,459,758	\$ 10,431,860	\$ 0	\$ 8,196,363	\$ 0
d. Children with Special Healthcare Needs	\$ 8,754,215	\$ 8,712,562	\$ 7,795,457	\$ 0	\$ 8,308,564	\$ 0
e. Others	\$ 1,002,323	\$ 911,630	\$ 985,266	\$ 0	\$ 919,300	\$ 0
f. Administration	\$ 1,854,599	\$ 1,515,904	\$ 1,684,265	\$ 0	\$ 1,523,998	\$ 0
g. SUBTOTAL	\$ 27,688,936	\$ 27,260,592	\$ 25,372,618	\$ 0	\$ 24,244,977	\$ 0

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

a. SPRANS	\$ 481,030	\$ 0	\$ 406,496
b. SSDI	\$ 96,000	\$ 100,000	\$ 100,000
c. CISS	\$ 0	\$ 0	\$ 100,000
d. Abstinence Education	\$ 613,756	\$ 499,072	\$ 499,072
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 71,343,757	\$ 75,510,144	\$ 83,925,602
h. AIDS	\$ 0	\$ 0	\$ 0
i. CDC	\$ 823,054	\$ 419,487	\$ 574,397
j. Education	\$ 410,000	\$ 546,146	\$ 546,146
k. Other			
HHS	\$ 14,187,945	\$ 4,373,511	\$ 4,379,859
HRSA	\$ 0	\$ 550,000	\$ 615,000
NHTSA/CODES	\$ 58,559	\$ 0	\$ 0
USDA-CSFP	\$ 650,094	\$ 0	\$ 0
<b>III. SUBTOTAL</b>	\$ 88,664,195	\$ 81,998,360	\$ 91,146,572

**FORM 4**

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

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

**STATE: MN**

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 7,541,428	\$ 4,214,366	\$ 3,972,896	\$ 4,513,684	\$ 4,281,260	\$ 4,120,231
b. Infants < 1 year old	\$ 1,256,967	\$ 468,263	\$ 441,433	\$ 501,520	\$ 475,696	\$ 457,803
c. Children 1 to 22 years old	\$ 7,961,573	\$ 10,915,745	\$ 12,521,561	\$ 11,090,606	\$ 10,710,626	\$ 11,455,354
d. Children with Special Healthcare Needs	\$ 8,555,792	\$ 7,978,016	\$ 9,354,088	\$ 8,341,941	\$ 8,976,848	\$ 8,260,744
e. Others	\$ 933,403	\$ 1,180,602	\$ 1,267,073	\$ 1,245,035	\$ 1,178,837	\$ 964,168
f. Administration	\$ 1,707,924	\$ 1,640,006	\$ 2,087,420	\$ 1,494,166	\$ 1,911,207	\$ 1,501,301
g. SUBTOTAL	\$ 27,957,087	\$ 26,396,998	\$ 29,644,471	\$ 27,186,952	\$ 27,534,474	\$ 26,759,601

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

a. SPRANS	\$ 284,664	\$ 675,151	\$ 450,702
b. SSDI	\$ 100,000	\$ 100,000	\$ 100,000
c. CISS	\$ 50,000	\$ 0	\$ 0
d. Abstinence Education	\$ 613,756	\$ 613,756	\$ 613,756
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 47,132,018	\$ 50,087,645	\$ 66,143,931
h. AIDS	\$ 0	\$ 0	\$ 0
i. CDC	\$ 4,444,122	\$ 4,894,836	\$ 4,050,536
j. Education	\$ 373,000	\$ 582,815	\$ 410,000
k. Other			
HHS/TITLE X	\$ 0	\$ 0	\$ 187,945
HRSA/TANF	\$ 0	\$ 0	\$ 7,000,000
NSTSA/CODES	\$ 0	\$ 0	\$ 140,797
USDA/CSFP	\$ 448,083	\$ 393,258	\$ 653,391
NHTSA/CODES	\$ 0	\$ 110,014	\$ 0
FDA/Tobacco	\$ 303,137	\$ 0	\$ 0
<b>III. SUBTOTAL</b>	\$ 53,748,780	\$ 57,457,475	\$ 79,751,058

## FORM NOTES FOR FORM 4

None

### FIELD LEVEL NOTES

- Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** PregWomenExpended  
**Row Name:** Pregnant Women  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Form 4 has been updated due to modifications made on form 3.

Locals provided more services to pregnant women.

- Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_0\_1Expended  
**Row Name:** Infants <1 year old  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Form 4 has been updated due to modifications made on form 3.

Restrictions in Mn Law related to the use of MCH funds were removed on July 1, 2003 creating more flexibility and options for local priorities

- Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_1\_22Expended  
**Row Name:** Children 1 to 22 years old  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Form 4 has been updated due to modifications made on form 3.

- Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** CSHCNExpended  
**Row Name:** CSHCN  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Form 4 has been updated due to modifications made on form 3.

- Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** AllOthersExpended  
**Row Name:** All Others  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
Higher priority areas directed expenditures.

- Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** AllOthersExpended  
**Row Name:** All Others  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Form 4 has been updated due to modifications made on form 3.

- Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** AdminExpended  
**Row Name:** Administration  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
Local and MDH spent less than anticipated on administration in FY 2002.

- Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** AdminExpended  
**Row Name:** Administration  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Form 4 has been updated due to modifications made on form 3.

Local and MDH spent less than anticipated thus admin was less.

**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: MN**

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.)	\$ 9,373,883	\$ 8,647,439	\$ 7,755,777	\$ 0	\$ 7,014,721	\$ 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.)	\$ 1,404,163	\$ 1,728,189	\$ 1,165,582	\$ 0	\$ 1,510,523	\$ 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.)	\$ 8,765,573	\$ 8,589,917	\$ 7,168,726	\$ 0	\$ 7,441,100	\$ 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.)	\$ 8,145,317	\$ 8,295,047	\$ 9,282,533	\$ 0	\$ 8,278,633	\$ 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.)	\$ 27,688,936	\$ 27,260,592	\$ 25,372,618	\$ 0	\$ 24,244,977	\$ 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: MN**

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.)	\$ 7,219,413	\$ 10,455,270	\$ 10,333,764	\$ 10,672,238	\$ 10,387,392	\$ 9,884,062
<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.)	\$ 11,901,735	\$ 1,209,704	\$ 1,265,874	\$ 1,441,560	\$ 1,435,059	\$ 1,266,086
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 2,200,618	\$ 8,417,847	\$ 10,930,398	\$ 8,756,429	\$ 8,672,036	\$ 8,556,846
<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.)	\$ 6,635,321	\$ 6,314,177	\$ 7,114,435	\$ 6,317,725	\$ 7,039,987	\$ 7,052,607
<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.)	\$ 27,957,087	\$ 26,396,998	\$ 29,644,471	\$ 27,187,952	\$ 27,534,474	\$ 26,759,601

**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:** 2003  
**Field Note:**  
Form 5 has been updated due to modifications made on form 3.
  
2. **Section Number:** Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
The expended federal allocation is less than what was budgeted because of overall under spending on salaries due to a freeze in hiring positions. Open position remained open longer than anticipated also effecting the spending patterns for supply budgets and indirect charges for FY 2002.
  
3. **Section Number:** Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Form 5 has been updated due to modifications made on form 3.  
  
Loss of alternative funding sources for Enabling services required locals to redirect block grant funding to this area.
  
4. **Section Number:** Main  
**Field Name:** PopBasedExpended  
**Row Name:** Population-Based Services  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Form 5 has been updated due to modifications made on form 3.
  
5. **Section Number:** Main  
**Field Name:** InfrastrBuildExpended  
**Row Name:** Infrastructure Building Services  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Form 5 has been updated due to modifications made on form 3.

**FORM 6**

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

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

**STATE: MN**

Total Births by Occurrence: 68,037

Reporting Year: 2002

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	67,839	99.7	92	10	10	100
Congenital Hypothyroidism	67,839	99.7	420	4	4	100
Galactosemia	67,839	99.7	24	0	0	
Sickle Cell Disease	67,839	99.7	1,654	22	22	100

Other Screening (Specify)

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

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

**FORM NOTES FOR FORM 6**

None

**FIELD LEVEL NOTES**

None

**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: MN**

Reporting Year: 2003

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	10,859	51.5		34.6		13.9
Infants < 1 year old	67,833	35.3		62.3		2.4
Children 1 to 22 years old	18,575	24.2		70.9		4.9
Children with Special Healthcare Needs	8,054	47.4		36.1		16.5
Others	3,267	0.8		94.4		4.8
<b>TOTAL</b>	<b>108,588</b>					

**FORM NOTES FOR FORM 7**

None

**FIELD LEVEL NOTES**

None

**FORM 8**  
**DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE**  
**XIX**  
**(BY RACE AND ETHNICITY)**  
[SEC. 506(A)(2)(C-D)]  
**STATE: MN**

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	68,037	57,572	4,799	1,347	3,754			565
Title V Served	6,031	3,997	434	429	316	19	17	819
Eligible for Title XIX	23,939	12,612	3,584	834	1,217	18	734	4,940
<b>INFANTS</b>								
Total Infants in State	68,037	57,572	4,799	1,347	3,754			565
Title V Served	3,507	2,080	496	133	222		103	473
Eligible for Title XIX	25,797	13,658	3,884	887	1,305	21	784	5,258

**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	62,651	4,639	747					4,639
Title V Served	3,757	1,455	891					1,455
Eligible for Title XIX	20,118	3,744	77					3,744
<b>INFANTS</b>								
Total Infants in State	62,833	4,639	565					4,639
Title V Served	2,286	748	472					748
Eligible for Title XIX	21,613	4,097	87					4,097

**FORM NOTES FOR FORM 8**

None

**FIELD LEVEL NOTES**

None

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

	<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) 728-5420          </u>	<u>          (800) 728-5420          </u>	<u>          (800) 728-5420          </u>	<u>          (800) 728-5420          </u>	<u>          (800) 728-5420          </u>
2. State MCH Toll-Free "Hotline" Name	Information and Referral Line	Information and Referral Line	Information and Referral Line	Information and Referral Line	Information and Referral Line
3. Name of Contact Person for State MCH "Hotline"	<u>          Sarah Thorson          </u>	<u>          Sarah Thorson          </u>	<u>          Margy Robertson          </u>	<u>          Margy Robertson          </u>	<u>          Mary Waninger          </u>
4. Contact Person's Telephone Number	<u>          (651) 281-9992          </u>	<u>          (651) 281-9992          </u>	<u>          (651) 281-9972          </u>	<u>          (651) 281-9972          </u>	<u>          (651) 281-9965          </u>
5. Number of calls received on the State MCH "Hotline" this reporting period	<u>  </u>	<u>  </u>	<u>  2,057          </u>	<u>  3,047          </u>	<u>  2,826          </u>

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

	<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>  </u>				
2. State MCH Toll-Free "Hotline" Name	<u>  </u>				
3. Name of Contact Person for State MCH "Hotline"	<u>  </u>				
4. Contact Person's Telephone Number	<u>  </u>				
5. Number of calls received on the State MCH "Hotline" this reporting period	<u>  0          </u>				

**FORM NOTES FOR FORM 9**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Main

**Field Name:** calls\_2

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

**Column Name:** FY

**Year:** 2003

**Field Note:**

Excludes calls directly to regional offices; includes request for funding sources training through 9-30-03.

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

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

The Minnesota Department of Health, Family Health Division administers the Title V programs. Examples of programs under the control of the Family Health Division include: Minnesota Services for Children with Special Health Needs, Part C, WIC, Commodity Food Supplemental Program, Family Planning, Child and Teen Check Up Training, Abstinence Education Program, Family Home Visiting, SSDI, Infant Mortality, Mental Health and Suicide Prevention, FAS Prevention, Newborn Hearing Screening, Child and Adolescent Health and Woman's Health.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ <u>9,545,279</u>
3. Unobligated balance (Line 2, Form 2)	\$ <u>0</u>
4. State Funds (Line 3, Form 2)	\$ <u>7,158,959</u>
5. Local MCH Funds (Line 4, Form 2)	\$ <u>4,193,082</u>
6. Other Funds (Line 5, Form 2)	\$ <u>3,251,741</u>
7. Program Income (Line 6, Form 2)	\$ <u>95,916</u>
<b>8. Total Federal-State Partnership (Line 8, Form 2)</b>	<b>\$ <u>24,244,977</u></b>

9. Most significant providers receiving MCH funds:

Local Public Health Agencies

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

a. Pregnant Women	<u>10,859</u>
b. Infants < 1 year old	<u>67,833</u>
c. Children 1 to 22 years old	<u>18,575</u>
d. CSHCN	<u>8,054</u>
e. Others	<u>3,267</u>

11. Statewide Initiatives and Partnerships:

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

1) The Minnesota Children with Special Health Care Needs Program is significantly expanding both number and location of Diabetes and Youth Project and Development and Behavioral Clinics. 2) Minnesota Department of Health has entered into partnership with the Mayo Clinic and the University of Minnesota. Unique skills of each entity will come together to provide newborn babies and their families access to quality metabolic screening and follow up activities.

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

1) Immigrant Health Task Force focuses on developing a better understanding and assessment of the service and systems issues influencing the health of our newest citizens. 2) Universal Newborn Hearing Screening is continuing to focus on integration activities with Newborn Metabolic Screening and Birth Defects Information System. 3) Tribal Health Directors, the Department of Human Services and the Department of Health come together regularly to discuss issues influencing American Indian health and disparities. 4) Local Public Health Act revisions available for analysis require local maternal and child health efforts target local priorities and move towards a results based accountability.

c. Infrastructure Building Services:  
*(max 2500 characters)*

1) The Community Health Worker Project is a joint project with the Minnesota State University System and many other community based partners planning for institutionalizing training curriculum and certification for Community Health Workers into Minnesota's statewide network of Community Colleges and Universities. 2) PRAMS data began to be collected in August 2002 and is now available for analysis. 3) Minnesota Student Survey data continues to be analyzed related to disparities between CSHCN and their peers. 4) Participation in the development of the Minnesota Heart Disease and Stroke Prevention Plan 2010. 5) The Minnesota Early Childhood Comprehensive Systems Grant has brought together a variety of partners to develop a state plan to improve the coordination and quality of early childhood screening systems throughout Minnesota. 5) Renewed focus on improving maternal and child health oral health.

12. The primary Title V Program contact person:

Name Jan Jernell  
Title Director, Division of Family Health  
Address Minnesota Department of Health P.O. Box 6488285 Ea  
City St. Paul  
State MN

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

Name John Hurley  
Title Section Manager  
Address Minnesota Department of Health P.O. Box 6488285 Ea  
City St. Paul  
State MN

Zip 55164-0882  
Phone 651-281-9883  
Fax 651-215-8953  
Email jan.jernell@health.state.mn.us  
Web www.health.state.mn.us

Zip 55164-0882  
Phone 615-281-9884  
Fax 651-215-8953  
Email john.hurley@health.state.mn.us  
Web www.health.state.mn.us

**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: MN**

**PERFORMANCE MEASURE # 01**

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

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	100	100	100	100	100
Annual Indicator			98.5	99.7	
Numerator			65,618	67,839	
Denominator			66,617	68,034	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

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

**PERFORMANCE MEASURE # 02**

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective					59.1
Annual Indicator				59.1	59.1
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	59.1	63	63	63	63
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	_____	_____	_____	_____	48.7
Annual Indicator	_____	_____	_____	48.7	48.7
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	48.7	53.6	53.6	53.6	54
Annual Indicator					
Numerator					
Denominator					

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

**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	_____	_____	_____	_____	68.8
Annual Indicator	_____	_____	_____	68.8	68.8
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	68.8	70	70	70	70
Annual Indicator					
Numerator					
Denominator					

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

**PERFORMANCE MEASURE # 05**

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective					73.5
Annual Indicator				73.5	73.5
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	73.5	78.5	78.5	78.5	79
Annual Indicator					
Numerator					
Denominator					

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

**PERFORMANCE MEASURE # 06**

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

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

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	5.8	6.4	6.4	6.4	6.4
Annual Indicator					
Numerator					
Denominator					

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

**PERFORMANCE MEASURE # 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>90</u>	<u>90</u>	<u>90</u>	<u>90</u>	<u>90</u>
Annual Indicator	<u>85.2</u>	<u>82.4</u>	<u>76.3</u>	<u>76.6</u>	
Numerator	<u>56,192</u>	<u>59,421</u>	<u>50,295</u>	<u>49,053</u>	
Denominator	<u>65,953</u>	<u>72,138</u>	<u>65,918</u>	<u>64,037</u>	
Is the Data Provisional or Final?				Final	

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

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

**PERFORMANCE MEASURE # 08**

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>16.5</u>	<u>15.9</u>	<u>15.9</u>	<u>14</u>	<u>13.5</u>
Annual Indicator	<u>15.9</u>	<u>15.5</u>	<u>13.9</u>	<u>14.2</u>	
Numerator	<u>1,766</u>	<u>1,710</u>	<u>1,529</u>	<u>1,572</u>	
Denominator	<u>111,243</u>	<u>110,039</u>	<u>110,039</u>	<u>110,604</u>	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>13.5</u>	<u>13</u>	<u>13</u>	<u>12.5</u>	<u>12.5</u>
Annual Indicator					
Numerator					
Denominator					

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

**PERFORMANCE MEASURE # 09**

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	12	13	14	15	16
Annual Indicator	11.7	11.1	9.3	10.0	
Numerator	12,980	12,357	10,653	12,322	
Denominator	110,756	111,624	114,050	123,636	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	17	18	18	18	18
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	3.2	2.9	2.8	2.6	2.5
Annual Indicator	3.0	3.1	2.6	4.2	
Numerator	31	33	27	46	
Denominator	1,042,120	1,060,493	1,039,285	1,085,097	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	2.5	2.4	2.4	2.3	2.3
Annual Indicator					
Numerator					
Denominator					

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

**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	73.1	76	76	76	82
Annual Indicator	75.2	76.0	68.7	77.5	
Numerator	49,470	51,226	45,766	52,694	
Denominator	65,786	67,403	66,617	68,034	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	85	86	88	89	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 # 12**

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	40	45	65	85	95
Annual Indicator	40.0	61.0	75.0	59.3	97.2
Numerator	26,083	42,573	50,566	38,106	68,054
Denominator	65,207	69,795	67,422	64,213	70,015
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	98	98	98	98	99
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	3.3	3.2	3	2.8	2.6
Annual Indicator	5.8	5.8	6.4	6.5	
Numerator	73,767	74,640	84,039	81,784	
Denominator	1,271,850	1,286,894	1,313,116	1,258,216	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	2.4	2.2	2.2	2.2	2.2
Annual Indicator					
Numerator					
Denominator					

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

**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	87.2	87.2	89.6	89.9	90
Annual Indicator	87.1	86.9	86.6	88.1	88.1
Numerator	323,856	315,759	310,156	355,851	355,484
Denominator	371,893	363,296	358,000	404,000	403,484
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	90.1	90.2	90.2	90.2	90.2
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 # 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	1.07	1.05	1	1	1
Annual Indicator	1.1	1.1	1.2	1.2	
Numerator	730	746	819	828	
Denominator	65,918	67,403	66,587	68,010	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	1	1	0.9	0.9	0.9
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	8.8	8.7	8.6	8.5	8.4
Annual Indicator	9.3	7.7	10.3	8.9	
Numerator	35	29	37	34	
Denominator	375,657	374,362	357,513	383,051	
Is the Data Provisional or Final?				Final	

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

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

**PERFORMANCE MEASURE # 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	89	90	96	79
Annual Indicator	84.0	85.7	96.0	77.5	
Numerator	567	589	752	642	
Denominator	675	687	783	828	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	80	82	83	84	85
Annual Indicator					
Numerator					
Denominator					

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

**PERFORMANCE MEASURE # 18**

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	85.3	86.2	87.1	87.9	88.8
Annual Indicator	84.6	84.9	84.6	85.5	
Numerator	52,172	53,946	54,090	55,987	
Denominator	61,691	63,574	63,916	65,490	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	89.7	90.5	90.5	90.5	90.5
Annual Indicator					
Numerator					
Denominator					

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

**STATE PERFORMANCE MEASURE # 1**

The percent of children, aged birth to three, who are provided with ongoing screening for developmental or medical concerns through the Follow Along Program.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective				80	82
Annual Indicator			71.4	81.9	89.1
Numerator			14,000	16,450	17,753
Denominator			195,989	200,754	199,344
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	84	86	88	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 # 2**

% of children & adolescent enrolled in health plans for 12 months with no gap > 45 days & who receive nationally accepted standard comprehensive health visits.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	49	50	52	54	56
Annual Indicator	31.3	34.7	36.5	38.3	
Numerator	83,607	23,439	60,089	25,380	
Denominator	266,795	67,592	164,771	66,274	
Is the Data Provisional or Final?				Final	

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

**STATE PERFORMANCE MEASURE # 3**

Incidence of injury (violence/unintended; fatal/nonfatal) to all MCH populations.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	310	310	340	340	340
Annual Indicator	309.4	334.4	360.5	374.7	
Numerator	7,081	7,806	8,574	9,024	
Denominator	2,288,821	2,334,659	2,378,534	2,408,293	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	340	340	340	340	340
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**

Incidence of substantiated child maltreatment by persons responsible for a child's care.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	7.77	7.38	7.0	7.5	7.3
Annual Indicator	8.7	8.7	7.7	7.3	
Numerator	11,113	11,169	9,876	9,394	
Denominator	1,271,850	1,286,894	1,286,894	1,286,894	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	7.2	7.2	7.1	7	7
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 pregnancies that are unintended.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>                    </u>	<u>          43.2          </u>	<u>          42          </u>	<u>          41          </u>	<u>          40          </u>
Annual Indicator	<u>          43.2          </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
Numerator	<u>          203          </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
Denominator	<u>          470          </u>	<u>                    </u>	<u>                    </u>	<u>                    </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>          39          </u>	<u>          38          </u>	<u>          38          </u>	<u>          38          </u>	<u>          38          </u>
Annual Indicator					
Numerator					
Denominator					

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

**STATE PERFORMANCE MEASURE # 6**

Percent of women who use alcohol, tobacco and other drugs during pregnancy

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>          12.3          </u>	<u>          12.1          </u>	<u>          12.1          </u>	<u>          12          </u>	<u>          11.1          </u>
Annual Indicator	<u>          12.9          </u>	<u>          12.1          </u>	<u>          12.4          </u>	<u>          11.1          </u>	<u>                    </u>
Numerator	<u>          7,765          </u>	<u>          7,496          </u>	<u>          7,361          </u>	<u>          7,337          </u>	<u>                    </u>
Denominator	<u>          60,077          </u>	<u>          61,800          </u>	<u>          59,324          </u>	<u>          66,111          </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>          11          </u>	<u>          10.5          </u>	<u>          10.5          </u>	<u>          10          </u>	<u>          10          </u>
Annual Indicator					
Numerator					
Denominator					

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

**STATE PERFORMANCE MEASURE # 9**

Rate per 1,000 children with disabilities who are in out- of-home placement due to disabilities.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	_____	_____ 9	_____ 9
Annual Indicator	_____	_____ 3.2	_____ 9.1	_____ 9.7	_____ 8.5
Numerator	_____	_____ 206	_____ 588	_____ 623	_____ 582
Denominator	_____	_____ 64,345	_____ 64,345	_____ 64,345	_____ 68,682
Is the Data Provisional or Final?				Final	Final

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

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

**STATE PERFORMANCE MEASURE # 10**

The percentage of children birth through 21 years of age eligible to have an Individual Interagency Intervention Plan (IIP) who have a IIP.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	_____	_____	_____ 11
Annual Indicator	_____	_____	_____	_____ 10.6	_____ 10.6
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	_____ 12	_____ 13	_____ 14	_____ 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.

## 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:**  
The 2003 data are not yet available.
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:**  
The 2003 data are not yet available.  
Currently reviewing data to see if rates may be affected by periodic vaccine shortages.
8. **Section Number:** Performance Measure #8  
**Field Name:** PM08  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The 2003 data are not yet available.
9. **Section Number:** Performance Measure #9  
**Field Name:** PM09  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The 2003 data are not yet available.
10. **Section Number:** Performance Measure #10  
**Field Name:** PM10  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The 2003 data are not yet available.
11. **Section Number:** Performance Measure #11  
**Field Name:** PM11  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data for 2003 is not yet available.

Data is from "Mothers Survey, Ross Products Division, Ross Laboratories." Ross labs does a sample survey and does not report their sample numbers. I did not add the

numbers for 2001 for number of mothers or occurent births.

12. **Section Number:** Performance Measure #12

**Field Name:** PM12

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

The 2003 data are not yet available.

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

**Field Name:** PM13

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

The 2003 data are not yet available.

14. **Section Number:** Performance Measure #15

**Field Name:** PM15

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

The 2003 data are not yet available.

15. **Section Number:** Performance Measure #16

**Field Name:** PM16

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

The 2003 data are not yet available.

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

**Field Name:** PM17

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

The 2003 data are not yet available.

Minnesota's data on this performance measure has worsened significantly. Specifically, one urban hospital with a large number of annual births to high risk women converted from a Level III high risk perinatal center to a Level II in January, 2002.

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

**Field Name:** PM18

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

The 2003 data are not yet available.

18. **Section Number:** State Performance Measure #2

**Field Name:** SM2

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

The 2003 data are not yet available

Rate continues to increase. Numbers

vary on a biennial basis because commercial plans only provide data every other year.

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

**Field Name:** SM3

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

The 2003 data are not yet available

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

**Field Name:** SM4

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

The 2003 data are not yet available.

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

**Field Name:** SM5

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

The 2003 data are not yet available. There were no BRFSS data on pregnancy intendness for 2002. By next year Minnesota PRAMS data will be available and performance measure will be changed to reflect the ongoing source.

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

**Field Name:** SM6

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

The 2003 data are not yet available.

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

**Field Name:** SM9

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Unique children all episodes of entering care. Denominator is 5.5% of the 2002 estimated population under 18 hears of age. Indicator is the rate/1,000 children with disabilities.

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

**Field Name:** SM10

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

2002 denominator was based on a synthetic estimate found to have been in error. No data is available for FY 2003. Beginning 9/1/2004 actual numbers will be tracked by the Department of Education.

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

**OUTCOME MEASURE # 01**

The infant mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	5.9	5.9	5.9	5.9	5.3
Annual Indicator	6.2	5.6	5.4	5.3	
Numerator	409	375	358	362	
Denominator	65,953	67,452	66,617	68,037	
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	5	4.9
Annual Indicator					
Numerator					
Denominator					

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

**OUTCOME MEASURE # 02**

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	2.7	2.6	2.6	2.1	2
Annual Indicator	2.9	3.0	2.1	2.1	
Numerator	15.8	14.6	10.1	9.8	
Denominator	5.4	4.8	4.9	4.7	
Is the Data Provisional or Final?				Final	

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

**OUTCOME MEASURE # 03**

The neonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	3.7	3.7	3.7	3.5	3.5
Annual Indicator	4.0	3.7	3.5	3.5	
Numerator	262	250	233	240	
Denominator	65,953	67,452	66,617	68,037	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	3.2	3.2	3	3	3
Annual Indicator					
Numerator					
Denominator					

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

**OUTCOME MEASURE # 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	1.8	1.7	1.6	1.5	1.4
Annual Indicator	2.2	1.9	1.9	1.8	
Numerator	147	125	125	122	
Denominator	65,953	67,452	66,617	68,037	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	1.2	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

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

**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	7.1	7.1	5.6	5.3	5
Annual Indicator	6.2	4.7	6.7	5.0	
Numerator	407	316	445	339	
Denominator	65,953	67,452	66,879	68,176	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	4.7	4.4	4.4	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.

**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	21.4	21.4	21.4	17	17
Annual Indicator	21.3	18.0	17.2	22.5	
Numerator	208	179	168	217	
Denominator	978,189	995,411	974,679	963,248	
Is the Data Provisional or Final?				Final	

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

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

**FORM NOTES FOR FORM 12**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Outcome Measure 1  
**Field Name:** OM01  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The 2003 data are not yet available.
2. **Section Number:** Outcome Measure 2  
**Field Name:** OM02  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The 2003 data are not yet available.
3. **Section Number:** Outcome Measure 3  
**Field Name:** OM03  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The 2003 data are not yet available.
4. **Section Number:** Outcome Measure 4  
**Field Name:** OM04  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The 2003 data are not yet available.
5. **Section Number:** Outcome Measure 5  
**Field Name:** OM05  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The 2003 data are not yet available.
6. **Section Number:** Outcome Measure 6  
**Field Name:** OM06  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
No statistically significant difference in rates between 2001 and 2002.

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

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

2

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

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.

1

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).

2

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

3

**Total Score:** 12

**Rating Key**

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

**FORM NOTES FOR FORM 13**

None

**FIELD LEVEL NOTES**

None

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

*[Sec. 505(a)(5)]*

**STATE: MN FY: 2005**

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Reduce drug, alcohol and tobacco use.
2. Promote family support and healthy community conditions
3. Promote healthy parenting/family development throughout childhood and adolescence.
4. Reduce child abuse and neglect.
5. Reduce teen pregnancy and teen birth rate.
6. Address the multi-faceted needs of teen parents.
7. Increase percent of children whose disability is identified early.
8. Reduce youth risk behaviors.
9. Improve mental health of children, youth and parents.
10. Increase percent of children who receive early intervention services.

**FORM NOTES FOR FORM 14**

None

**FIELD LEVEL NOTES**

None

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

STATE: MN

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>Other</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>	Would like to continue CAST-5 activities	CAST-5 activities around data have been extremely helpful. Would like to continue	John Hopkins AMCHP
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>          </u>			
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: MN**

SP #     1    

**PERFORMANCE MEASURE:**

The percent of children, aged birth to three, who are provided with ongoing screening for developmental or medical concerns through the Follow Along Program.

**STATUS:**

Active

**GOAL**

To have all public health agencies tracking children ages 0-3 with identified risk factors which may lead to chronic disabilities in a tracking system.

**DEFINITION**

Note that this performance measure was modified this year to address percent of children followed rather than number of counties with a program.

**Numerator:**

The number of children 0-3 in the Follow Along Program.

**Denominator:**

The number of children aged birth to three.

**Units:** 1000 **Text:** Rate

**HEALTHY PEOPLE 2010 OBJECTIVE**

17.20 Service systems for children with or at risk of chronic and disabling conditions.

**DATA SOURCES AND DATA ISSUES**

Data source: Tracking and Follow-Along participating county data.

**SIGNIFICANCE**

Periodic monitoring and assessment of infants and toddlers at risk for health or developmental problems ensures early identification, help and services. The process improves the chances of identifying health or development problems before the child reaches school age; prevents the onset or reduces the impact of secondary complications; facilitates early intervention services for the child; affords parents support at a critical time and assures that the child receives more than one look by a qualified professional.

SP # 2

**PERFORMANCE MEASURE:**

% of children & adolescent enrolled in health plans for 12 months with no gap > 45 days & who receive nationally accepted standard comprehensive health visits.

**STATUS:**

Active

**GOAL**

An increase in the number of children and adolescents receiving annual preventive health visits.

**DEFINITION**

Change "HEDIS 3.0" to "HEDIS 2001" for both numerator and denominator definitions.

**Numerator:**

The numerator will be the same as that used in HEDIS 3.0 Use of Services for infants birth through 15 months, children 3 through 6, and adolescents 12 to 21.

**Denominator:**

The denominator will be the same as that used in HEDIS 3.0 Use of Services for infants birth through 15 months, children 3 through 6, and adolescents 12-21.

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

21.2 Receipt of recommended services

Increase the proportion of people who have received selected clinical preventive screening and immunization services and at least one of the counseling services appropriate for their age and gender as recommended by the U.S. Preventive Services Task Force.

21.5 Clinical preventive services from publicly funded programs

Ensure that at least 90 percent of the people for whom primary care services are provided directly by publicly funded programs are offered, as a minimum, the screening counseling, and immunization services recommended by the U.S. Preventive Services Task Force.

**DATA SOURCES AND DATA ISSUES**

Source: Minnesota fully insured health plans and county based Issues: Denominator linked to children/adolescents enrolled on a continuous basis in fully insured Medicaid Health Maintenance Organizations. Data is available to the public <http://www.health.state.mn.us/divs/hpsc/mcs/datarptg.htm>.

**SIGNIFICANCE**

Periodic visits for infants and annual visits for older children and adolescents is one of the best methods for detection of physical, developmental, behavioral or emotional problems so appropriate treatment can be given, as well as providing opportunities for health promotion and disease prevention education.

SP #        3

**PERFORMANCE MEASURE:**

Incidence of injury (violence/unintended; fatal/nonfatal) to all MCH populations.

**STATUS:**

Active

**GOAL**

Reduce the incidence of injury, fatal and non-fatal, by all causes to all maternal and child populations.

**DEFINITION**

The focus on mortality and morbidity analyses will include any mention of injury versus injury as an underlying cause of death, as indicated by the presence of an e-code. Maternal is defined as women aged 15 to 44 years. Children are defined as being birth through 19 years of age. The denominator for the maternal/child group is both genders, birth through 19, and women aged 20 through 44. TBI/SCI refers to traumatic brain and spinal cord injury. ED refers to the hospital emergency department.

**Numerator:**

The numerator will contain the number of deaths, hospitalizations or injuries treated in the ED by the given age group, gender and other classification.

**Denominator:**

The denominator are the people in that age group (or other classification) who are at risk for the event listed or described in the numerator. Calculation e.g.  $10/53,799 \times 100,000 = \text{rate}$

**Units:** 100000 **Text:** Rate

**HEALTHY PEOPLE 2010 OBJECTIVE**

Reduce all unintentional and violent injuries to the MCH population.

**DATA SOURCES AND DATA ISSUES**

Data Sources: The E-code matrix will be applied to mortality data (death certificate data); to TBI/SCI data (statewide hospitalized neurologic injury from the TBI/SCI Registry); to hospitalized trauma (statewide hospitalized injury resulting in admission to a Minnesota hospital, available beginning in 1998); and to ED treated injury (identified and reported from the Universal Bill, available beginning in 1998).

**SIGNIFICANCE**

Unintentional injury and violence are the leading causes of morbidity and mortality in children and youth of both genders, and among women through the age of 34 in Minnesota.

SP # 4

**PERFORMANCE MEASURE:**

Incidence of substantiated child maltreatment by persons responsible for a child's care.

**STATUS:**

Active

**GOAL**

Reduce the overall incidence of substantiated child maltreatment.

**DEFINITION**

Children with disabilities will be no more likely to be victims of substantiated child maltreatment than their same-aged non-disabled peers. Maltreatment rates will be less disparate across racial groups.

**Numerator:**

The number of substantiated child maltreatment cases overall and by race and disability status.

**Denominator:**

The number of children 0-18.

**Units:** 1000 **Text:** Rate

**HEALTHY PEOPLE 2010 OBJECTIVE**

7.4 child abuse and neglect.

Reverse to less than 22.6 per 1,000 children the rising incidence of substantiated and indicated maltreatment in children younger than 18.

**DATA SOURCES AND DATA ISSUES**

Source: Minnesota Department of Human Services data supplied by local human service agencies. While this is the best data source available, it is difficult to assess the extent of underreporting. A legislative auitors report in 1998 revealed variations between counties in the investigation and substantiation of child maltreatment.

**SIGNIFICANCE**

While Minnesota's rate of substantiated child maltreatment does not appear alarming when compared to the Healthy People 2000 goal, children with disabilities are nearly twice as likely as their same-aged non-disabled peers to be victims of maltreatment. In addition, there is a 10 fold difference in likelihood of maltreatment between the lowest risk racial group (Asian) and the highest risk racial group (African American).

SP # 5

**PERFORMANCE MEASURE:**

Percent of pregnancies that are unintended.

**STATUS:**

Active

**GOAL**

Reduce the percentage of pregnancies that are unintended.

**DEFINITION**

Need

**Numerator:**

The number of women reporting that their current or most recent pregnancy was unintended, as determined by their response to the BRFSS intendedness question.

**Denominator:**

The number of women identified during the state's BFRSS survey as either currently pregnant or pregnant within the last five years, who agree to respond to the question on pregnancy intendedness.

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

5.2 Unintended pregnancy

Reduce to no more than 30 percent the proportion of all pregnancies that are unintended.

**DATA SOURCES AND DATA ISSUES**

Source: Annual BRFSS survey, using CDC's standard questions on intendedness. Issues: Recall bias will vary among those currently pregnant, and those rpregnant within the last five years.

**SIGNIFICANCE**

Pregnancy intendedness is directly related to pregnancy outcome, infant mortality and child health outcomes.

SP #          6

**PERFORMANCE MEASURE:**

Percent of women who use alcohol, tobacco and other drugs during pregnancy

**STATUS:**

Active

**GOAL**

To decrease the percentage of women who use alcohol, tobacco and other drugs during pregnancy.

**DEFINITION**

Need

**Numerator:**

The number of women who use alcohol, tobacco and other drugs during pregnancy.

**Denominator:**

The number of occurent births in the state in the calendar year.

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

14.10 Alcohol, tobacco, and drug use during pregnancy.

Increase abstinence from tobacco by pregnant women to at least 90 percent, increase abstinence from alcohol by pregnant women to at least 90 percent and increase abstinence from cocaine and marijuana to 100 percent.

**DATA SOURCES AND DATA ISSUES**

Data on tobacco use during pregnancy is currently available from the Minnesota birth certificate. The data provided on form 11 relates to tobacco use during pregnancy only and does not include information on alcohol or drug use during pregnancy. Data on alcohol and drug use during pregnancy is not currently available. Three possibilities exist for collecting this data in the future. One option involves the number of women recorded on the Minnesota Pregnancy Assessment Form to have used alcohol or street drugs. MDH would have to receive this disidentified aggregate data from managed care organizations and the Department of Human Services. [With the approval by the Centers for Disease Control and Prevention (CDC) of a Pregnancy Risk Assessment Monitoring System (PRAMS), another option is becoming available.]

**SIGNIFICANCE**

Health professionals concur that tobacco, alcohol and other drug use is injurious to the fetus during pregnancy.

SP # 9

**PERFORMANCE MEASURE:**

Rate per 1,000 children with disabilities who are in out- of-home placement due to disabilities.

**STATUS:**

Active

**GOAL**

Maintain the rate of children under age 18 in out-of-home placement due to a disability at 9 per 1,000 children with special health needs.

**DEFINITION**

Need

**Numerator:**

The number of children entering in out-of-home settings due to a disability.

**Denominator:**

Estimate of disabled children (5% of the population < age 18).

**Units:** 1000 **Text:** Rate

**HEALTHY PEOPLE 2010 OBJECTIVE**

None.

The National Agenda for Children with Special Health Care Needs: Achieving the Goals 2000: #1 Sustain the consensus for Building Community-Based and Family-Centered Systems of Care.

**DATA SOURCES AND DATA ISSUES**

1. Minnesota Department of Human Services.2. Minnesota Department of Health, Division of Facility and Provider Compliance

**SIGNIFICANCE**

One of the overarching goals for children's programs in Minnesota has been the development of community-based, family-centered system of care and services for children with chronic illness and disabilities. We believe that children with disabilities belong in loving families in their own communities and that federal and state resources should be made available to support families in their efforts to maintain their children at home. Over the last 3 years, many of the state and federal resources used to support these efforts have, at the very least been threatened, and at worst, lost altogether. Like infant mortality as a health outcome indicator, out-of-home placement for children with disabilities represents a very sad, worst case indicator of the failure of the system to meet the needs of children and families. It is an indicator none-the-less.

SP # 10

**PERFORMANCE MEASURE:**

The percentage of children birth through 21 years of age eligible to have an Individual Interagency Intervention Plan (IIP) who have a IIIP.

**STATUS:**

Active

**GOAL**

To increase the number of children with disabilities whose care is coordinated.

**DEFINITION**

A IIIP, or Individual Interagency Intervention Plan, is a standardized written plan that describes programs or services and their accompanying funding services available to eligible children with disabilities.

**Numerator:**

The number of children with IIIP.

**Denominator:**

The number of children expected to be eligible for a IIIP (30% of the children in special education).

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

17.20 Service systems for children with or at risk of chronic and disabling conditions.

**DATA SOURCES AND DATA ISSUES**

Data is from the Minnesota Department of Education. Data issues include varying software packages in use by local agencies with only one linked directly to MDE. Differentiating use of the IIIP form versus interagency processes also needs to be addressed.

**SIGNIFICANCE**

The purpose is to streamline service delivery by reducing duplication of services from multiple service providers and by increasing collaboration and cooperation among partners providing service to children, youth and families.

**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: MN**

**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>	26.2	29.1	24.9	25.9	
<b>Numerator</b>	915	1,022	896	858	
<b>Denominator</b>	349,047	351,456	359,623	331,177	
<b>Is the Data Provisional or Final?</b>				Final	

**HEALTH SYSTEMS CAPACITY MEASURE # 02**

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>	74.2	72.2	72.2	72.2	
<b>Numerator</b>	15,786	30,622			
<b>Denominator</b>	21,284	42,432			
<b>Is the Data Provisional or Final?</b>				Final	

**HEALTH SYSTEMS CAPACITY MEASURE # 03**

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

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

**HEALTH SYSTEMS CAPACITY MEASURE # 04**

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>	66.1	68.7	76.5	77.1	
<b>Numerator</b>	43,498	46,207	51,453	52,313	
<b>Denominator</b>	65,772	67,259	67,259	67,857	
<b>Is the Data Provisional or Final?</b>				Final	

**HEALTH SYSTEMS CAPACITY MEASURE # 07**

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	40.6	44.0	41.4	41.2	41.2
Numerator	27,380	28,338	26,454	27,107	
Denominator	67,380	64,424	63,831	65,746	
Is the Data Provisional or Final?				Final	Final

**HEALTH SYSTEMS CAPACITY MEASURE # 08**

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	0.0	0.0	0.0	0.0	
Numerator	0	0	0	0	
Denominator	6,917	6,934	7,190	8,726	
Is the Data Provisional or 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:**  
The 2003 data are not yet available.

2. **Section Number:** Health Systems Capacity Indicator #02  
**Field Name:** HSC02  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The 2003 data is not yet available.

3. **Section Number:** Health Systems Capacity Indicator #03  
**Field Name:** HSC03  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
SCHIP eligibility in infants 0-2 is between 275% and 280% FPG.

Because of Minnesota Care eligibility to 275%, the numbers of children impacted by SCHIP eligibility is very small.

4. **Section Number:** Health Systems Capacity Indicator #04  
**Field Name:** HSC04  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The 2003 data are not yet available.

5. **Section Number:** Health Systems Capacity Indicator #07  
**Field Name:** HSC07  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The 2003 data are not yet available.

6. **Section Number:** Health Systems Capacity Indicator #08  
**Field Name:** HSC08  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Minnesota Medicaid covers rehabilitative services.

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

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>	2001	Matching data files	<u>7.4</u>	<u>5.9</u>	<u>6.3</u>
b) <i>Infant deaths per 1,000 live births</i>	2000	Matching data files	<u>6.8</u>	<u>5.3</u>	<u>5.6</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2001	Matching data files	<u>69.6</u>	<u>90.1</u>	<u>85</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>	2001	Matching data files	<u>70.9</u>	<u>78.6</u>	<u>76.5</u>

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

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>275</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>2</u> ) (Age range <u>2</u> to <u>18</u> ) (Age range <u>19</u> to <u>20</u> )	2003	<u>275</u> <u>170</u> <u>100</u>
c) <i>Pregnant Women</i>	2003	<u>275</u>

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

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>280</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>2</u> ) (Age range _____ to _____ ) (Age range _____ to _____ )	2003	<u>280</u> _____ _____
c) <i>Pregnant Women</i>	2003	<u>275</u>

**FORM NOTES FOR FORM 18**

Form 18 data is from matching databases.

**FIELD LEVEL NOTES**

1. **Section Number:** Indicator 06 - SCHIP

**Field Name:** SCHIP\_Women

**Row Name:** Pregnant Women

**Column Name:**

**Year:** 2005

**Field Note:**

Covers non-Medicaid eligible pregnant women.

2. **Section Number:** Indicator 05

**Field Name:** CareFirstTrimester

**Row Name:** Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester

**Column Name:**

**Year:** 2005

**Field Note:**

Form 18 data is from matching databases.

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

**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	3	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	1	No
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

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

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

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: MN Student Survey	3	Yes

**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)	3	No
WIC Program Data	3	Yes
Other: 		

\*Where:  
1 = No  
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.  
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

**Notes:**  
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

**FORM NOTES FOR FORM 19**

None

**FIELD LEVEL NOTES**

None

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

**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>	6.1	6.1	6.3	6.3	_____
<b>Numerator</b>	4,016	4,140	4,179	4,282	_____
<b>Denominator</b>	65,918	67,403	66,587	68,010	_____
<b>Is the Data Provisional or Final?</b>				Final	

**HEALTH STATUS INDICATOR MEASURE # 01B**

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>	4.6	4.5	4.6	4.6	_____
<b>Numerator</b>	2,911	2,899	2,956	3,046	_____
<b>Denominator</b>	63,797	65,049	64,274	65,636	_____
<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>	1.1	1.1	1.2	1.2	_____
<b>Numerator</b>	730	746	819	828	_____
<b>Denominator</b>	65,918	67,403	66,587	68,010	_____
<b>Is the Data Provisional or Final?</b>				Final	

**HEALTH STATUS INDICATOR MEASURE # 02B**

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>	0.8	0.8	0.9	0.9	_____
<b>Numerator</b>	522	522	559	571	_____
<b>Denominator</b>	63,797	65,049	64,274	65,636	_____
<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.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	9.0	8.2	8.9	10.0	
Numerator	94	87	92	109	
Denominator	1,042,120	1,060,493	1,039,285	1,085,097	
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.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	3.0	3.1	2.6	4.2	
Numerator	31	33	27	46	
Denominator	1,042,120	1,060,493	1,039,285	1,085,097	
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.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	19.6	24.3	21.6	23.7	
Numerator	134	169	152	169	
Denominator	683,731	696,845	705,131	713,019	
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.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	164.5	172.8	196.4	203.7	203.7
Numerator	1,714	1,833	2,041	2,210	
Denominator	1,042,120	1,060,493	1,039,285	1,085,097	
Is the Data Provisional or Final?				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.

	1999	2000	Annual Indicator Data		2003
			2001	2002	
Annual Indicator	21.9	22.3	20.3	23.5	
Numerator	228	236	211	255	
Denominator	1,042,120	1,060,493	1,039,285	1,085,097	
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.

	1999	2000	Annual Indicator Data		2003
			2001	2002	
Annual Indicator	117.6	108.1	108.8	86.1	
Numerator	804	753	767	614	
Denominator	683,731	696,845	705,131	713,019	
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.

	1999	2000	Annual Indicator Data		2003
			2001	2002	
Annual Indicator	13.2	12.5	13.1	15.1	
Numerator	2,377	2,299	2,390	2,760	
Denominator	180,393	183,499	182,828	182,828	
Is the Data Provisional or Final?				Final	

**HEALTH STATUS INDICATOR MEASURE # 05B**

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

	1999	2000	Annual Indicator Data		2003
			2001	2002	
Annual Indicator	3.3	3.9	3.9	4.9	
Numerator	2,881	3,387	3,477	4,400	
Denominator	874,065	871,044	899,814	899,814	
Is the Data Provisional or Final?				Final	

## FORM NOTES FOR FORM 20

None

### FIELD LEVEL NOTES

1. **Section Number:** Health Status Indicator #01A  
**Field Name:** HSI01A  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The 2003 data are not yet available.
2. **Section Number:** Health Status Indicator #01B  
**Field Name:** HSI01B  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The 2003 data are not yet available.
3. **Section Number:** Health Status Indicator #02A  
**Field Name:** HSI02A  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The 2003 data are not yet available.
4. **Section Number:** Health Status Indicator #02B  
**Field Name:** HSI02B  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The 2003 data are not yet available.
5. **Section Number:** Health Status Indicator #03A  
**Field Name:** HSI03A  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The 2003 data are not yet available.
6. **Section Number:** Health Status Indicator #03B  
**Field Name:** HSI03B  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The 2003 data are not yet available.
7. **Section Number:** Health Status Indicator #03C  
**Field Name:** HSI03C  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The 2003 data are not yet available.
8. **Section Number:** Health Status Indicator #04A  
**Field Name:** HSI04A  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The 2003 data are not yet available.
9. **Section Number:** Health Status Indicator #04B  
**Field Name:** HSI04B  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The 2003 data are not yet available.
10. **Section Number:** Health Status Indicator #04C  
**Field Name:** HSI04C  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The 2003 data are not yet available.
11. **Section Number:** Health Status Indicator #05A  
**Field Name:** HSI05A  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The 2003 data are not yet available.
12. **Section Number:** Health Status Indicator #05B  
**Field Name:** HSI05B  
**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

The 2003 data are not yet available.

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

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

For both parts A and B: Reporting Year: 0 Is this data from a State Projection? No

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

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

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

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

**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	68	26	26	7	8			1
Women 15 through 17	1,572	979	278	126	157			32
Women 18 through 19	3,510	2,562	453	186	259			50
Women 20 through 34	52,606	44,866	3,548	920	2,865			407
Women 35 or older	10,278	9,139	494	108	465			72
Women of all ages	68,034	57,572	4,799	1,347	3,754	0	0	562

**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	52	15	1
Women 15 through 17	1,278	265	29
Women 18 through 19	2,999	464	47
Women 20 through 34	48,342	3,522	742
Women 35 or older	9,754	372	152
Women of all ages	62,425	4,638	971

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

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

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

<b>CATEGORY TOTAL DEATHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	362	268	47	13	11			23
Children 1 through 4	94	70	10	6	7			1
Children 5 through 9	55	42	7	2	1			3
Children 10 through 14	68	54	7	1	4			2
Children 15 through 19	216	179	13	11	7			6
Children 20 through 24	268	217	32	6	8			5
Children 0 through 24	1,063	830	116	39	38	0	0	40

**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	315	32	15
Children 1 through 4	85	5	4
Children 5 through 9	54	1	0
Children 10 through 14	62	4	2
Children 15 through 19	206	2	8
Children 20 through 24	243	15	10
Children 0 through 24	965	59	39

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

**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	0								
Percent in household headed by single parent									
Percent in TANF (Grant) families	10.0	5.0	65.3	51.3	22.8	21.5	7.5	32.1	2003
Number enrolled in Medicaid	389,476	224,100.0	73,125.0	17,813.0	28,470.0	362.0	6,575.0	39,031.0	2002
Number enrolled in SCHIP	0								
Number living in foster home care	0								
Number enrolled in food stamp program	0								
Number enrolled in WIC	85,443	47,740.0	13,971.0	3,516.0	7,181.0			13,035.0	2003
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				
Percent in household headed by single parent				
Percent in TANF (Grant) families	9.4	23.6		2003
Number enrolled in Medicaid	350,495.0	38,981.0		2003
Number enrolled in SCHIP				
Number living in foster home care				
Number enrolled in food stamp program				
Number enrolled in WIC	72,414.0	13,029.0		2003
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: MN**

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

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

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	_____
Living in urban areas	_____
Living in rural areas	_____
Living in frontier areas	_____
<b>Total - all children 0 through 19</b>	<b>0</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: MN**

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

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

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

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

**HSI #12 - Demographics (Poverty Levels)** *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

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

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

**FORM NOTES FOR FORM 21**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_TANFPercent  
**Row Name:** Percent in TANF (Grant) families  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data reflected are for the calendar year 2003.
2. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_WICNo  
**Row Name:** Number enrolled in WIC  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data reflected are for the calendar year 2003.
3. **Section Number:** Indicator 09B  
**Field Name:** HSEthnicity\_TANFPercent  
**Row Name:** Percent in TANF (Grant) families  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data reflected are for the calendar year 2003.
4. **Section Number:** Indicator 09B  
**Field Name:** HSEthnicity\_MedicaidNo  
**Row Name:** Number enrolled in Medicaid  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data reflected are for the calendar year 2003.
5. **Section Number:** Indicator 09B  
**Field Name:** HSEthnicity\_WICNo  
**Row Name:** Number enrolled in WIC  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data reflected are for the calendar year 2003.