

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

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

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 7/15/2004	APPLICANT IDENTIFIER									
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER									
		4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER									
5. APPLICANT INFORMATION												
Legal Name: New Hampshire Bureau of Community Health Services		Organizational Unit: Maternal and Child Health Section										
Address (give city, county, state and zip code) Department of Health and Human Services 29 Hazen Drive Concord, NH 03301 County: Merrimack		Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: Lisa Bujno, Section Chief Tel Number: 603-271-4516										
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <table border="1" style="width:100%; text-align: center;"><tr><td>0</td><td>2</td><td>6</td><td>0</td><td>0</td><td>0</td><td>6</td><td>1</td><td>8</td></tr></table>		0	2	6	0	0	0	6	1	8	7. TYPE OF APPLICANT: (Enter appropriate letter in box) A A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipality J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipality M. Profit Organization G. Special District N. Other (Specify)	
0	2	6	0	0	0	6	1	8				
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration Decrease Duration Other (specify):		9 NAME OF FEDERAL AGENCY: Health Resources and Services Administration, Maternal and Child Health Bureau										
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <table border="1" style="width:100%; text-align: center;"><tr><td>9</td><td>3</td><td>9</td><td>9</td><td>4</td></tr></table> TITLE: Maternal and Child Health Services Block Grant		9	3	9	9	4	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Maternal & Child Health/Special Medical Services					
9	3	9	9	4								
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): State of New Hampshire												
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:										
Start Date: 10/01/2004	Ending Date: 09/30/2005	a. Applicant 1 & 2	b. Project 1 & 2									
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?										
a. Federal	\$ <u>2,094,555.00</u>	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:										
b. Applicant	\$ <u>0.00</u>	b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372										
c. State	\$ <u>6,265,249.00</u>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW										
d. Local	\$ <u>0.00</u>											
e. Other	\$ <u>0.00</u>											
f. Program Income	\$ <u>0.00</u>											
g. TOTAL	\$ <u>8,359,804.00</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 Mary Ann Cooney, RN MS		b. Title Director	c. Telephone Number 603-271-4501									
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: NH

1. FEDERAL ALLOCATION

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

\$ 2,094,555

A. Preventive and primary care for children:

\$ 851,407 (40.65%)

B. Children with special health care needs:

\$ 941,711 (44.96%)

(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:

\$ 21,442 (1.02%)

(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)

\$ 6,265,249

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

\$ 0

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

\$ 0

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

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

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

\$ 2,872,257

\$ 6,265,249

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

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

\$ 8,359,804

9. OTHER FEDERAL FUNDS

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

a. SPRANS: \$ 0

b. SSDI: \$ 100,000

c. CISS: \$ 100,000

d. Abstinence Education: \$ 96,930

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 330,151

j. Education: \$ 0

k. Other:

NH Univ Newborn Hear \$ 100,229

Transitioning Hlthy \$ 37,500

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

\$ 764,810

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 9,124,614

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

None

**FORM 3
STATE MCH FUNDING PROFILE**

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

STATE: NH

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 2,026,335	\$ 2,026,335	\$ 2,125,512	\$ 0	\$ 2,094,555	\$ 0
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 194,969	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 4,215,687	\$ 4,513,985	\$ 5,917,012	\$ 0	\$ 6,265,249	\$ 0
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 6,436,991	\$ 6,540,320	\$ 8,042,524	\$ 0	\$ 8,359,804	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 491,692	\$ 435,816	\$ 826,195	\$ 0	\$ 764,810	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 6,928,683	\$ 6,976,136	\$ 8,868,719	\$ 0	\$ 9,124,614	\$ 0
(STATE MCH BUDGET TOTAL)						

**FORM 3
STATE MCH FUNDING PROFILE**

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

STATE: NH

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 1,995,754	\$ 1,496,065	\$ 2,006,169	\$ 1,710,584	\$ 2,003,891	\$ 1,980,228
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 457,471	\$ 457,471	\$ 100,616	\$ 100,616	\$ 52,633	\$ 52,633
3. State Funds <i>(Line3, Form 2)</i>	\$ 5,040,313	\$ 3,802,997	\$ 4,482,204	\$ 4,046,985	\$ 4,229,257	\$ 4,412,489
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 150,000	\$ 174,239	\$ 150,000	\$ 150,000	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 7,643,538	\$ 5,930,772	\$ 6,738,989	\$ 6,008,185	\$ 6,285,781	\$ 6,445,350
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 292,862	\$ 95,070	\$ 440,842	\$ 206,671	\$ 333,091	\$ 331,323
9. Total <i>(Line11, Form 2)</i>	\$ 7,936,400	\$ 6,025,842	\$ 7,179,831	\$ 6,214,856	\$ 6,618,872	\$ 6,776,673
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2003
Field Note:
Additional funds were accepted, thus reducing the Unobligated Balance.

2. **Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2003
Field Note:
There were add'l state funds made available in FFY03 than were expected when the budgeted was originally prepared.

3. **Section Number:** Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2002
Field Note:
Expenditures may be higher than original award due to carryover funds.

Expended

SSDI 107,727
Adolescent Health 66,844
Abstinence 82,862
NH Univ Newborn Hearing 73,890

Total \$ 331,323

4. **Section Number:** Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2003
Field Note:
The difference of 10% or more is most likely attributed to the time it took to receive Fiscal Committee/Governor and Council approval to accept add'l federal funds. Other contributing factor could be the contracting process, thereby delaying actual expenditures and recruitment for grant coordinator(s).

MCH needs to add/edit these notes.

FORM 4

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

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

STATE: NH

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 536,099	\$ 484,964	\$ 638,026	\$ 0	\$ 640,442	\$ 0
b. Infants < 1 year old	\$ 711,099	\$ 782,841	\$ 1,042,204	\$ 0	\$ 1,043,589	\$ 0
c. Children 1 to 22 years old	\$ 1,705,782	\$ 2,046,230	\$ 2,798,544	\$ 0	\$ 2,810,403	\$ 0
d. Children with Special Healthcare Needs	\$ 2,907,081	\$ 2,573,975	\$ 2,676,288	\$ 0	\$ 2,993,212	\$ 0
e. Others	\$ 482,116	\$ 599,996	\$ 774,867	\$ 0	\$ 789,866	\$ 0
f. Administration	\$ 94,814	\$ 52,314	\$ 112,595	\$ 0	\$ 82,292	\$ 0
g. SUBTOTAL	\$ 6,436,991	\$ 6,540,320	\$ 8,042,524	\$ 0	\$ 8,359,804	\$ 0

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

a. SPRANS	\$ 0	\$ 0	\$ 0
b. SSDI	\$ 100,000	\$ 100,000	\$ 100,000
c. CISS	\$ 50,000	\$ 100,000	\$ 100,000
d. Abstinence Education	\$ 82,862	\$ 96,930	\$ 96,930
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 0	\$ 0	\$ 0
h. AIDS	\$ 0	\$ 0	\$ 0
i. CDC	\$ 0	\$ 379,036	\$ 330,151
j. Education	\$ 0	\$ 0	\$ 0
k. Other			
NH Univ Newborn Hear	\$ 0	\$ 100,229	\$ 100,229
Transitioning Hlthy	\$ 0	\$ 0	\$ 37,500
Healthy ChildCare NH	\$ 0	\$ 50,000	\$ 0
EHDI Tracking, Research	\$ 148,579	\$ 0	\$ 0
NH Univ. Newborn	\$ 110,251	\$ 0	\$ 0
III. SUBTOTAL	\$ 491,692	\$ 826,195	\$ 764,810

FORM 4

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

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

STATE: NH

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 545,064	\$ 502,472	\$ 510,959	\$ 477,209	\$ 536,099	\$ 485,992
b. Infants < 1 year old	\$ 545,064	\$ 502,472	\$ 510,959	\$ 477,209	\$ 711,099	\$ 778,421
c. Children 1 to 22 years old	\$ 2,132,193	\$ 1,507,416	\$ 1,539,876	\$ 1,431,632	\$ 1,634,614	\$ 1,973,067
d. Children with Special Healthcare Needs	\$ 3,602,920	\$ 2,798,577	\$ 3,397,700	\$ 2,863,592	\$ 2,825,255	\$ 2,633,551
e. Others	\$ 780,503	\$ 558,316	\$ 740,193	\$ 665,444	\$ 517,195	\$ 580,617
f. Administration	\$ 37,794	\$ 61,519	\$ 39,302	\$ 93,099	\$ 61,519	\$ 70,120
g. SUBTOTAL	\$ 7,643,538	\$ 5,930,772	\$ 6,738,989	\$ 6,008,185	\$ 6,285,781	\$ 6,521,768

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 50,000		\$ 70,833		\$ 50,000	
d. Abstinence Education	\$ 82,862		\$ 145,009		\$ 82,862	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 0		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Universal Newborn Hearing Screening	\$ 0		\$ 0		\$ 100,229	
Univ. Newborn Hearing Screening	\$ 0		\$ 125,000		\$ 0	
Fluoride Grant	\$ 60,000		\$ 0		\$ 0	
III. SUBTOTAL	\$ 292,862		\$ 440,842		\$ 333,091	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

- 1. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenBudgeted
Row Name: Pregnant Women
Column Name: Budgeted
Year: 2004
Field Note:
Budgeted amount for FY04 is greater than for FY02 due to a revised, more accurate method of calculating amounts by types of individuals served, used for the first time in this application.
- 2. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Budgeted
Row Name: Infants <1 year old
Column Name: Budgeted
Year: 2004
Field Note:
Budgeted amount for FY04 is greater than for FY02 due to a revised, more accurate method of calculating amounts by types of individuals served, used for the first time in this application.
- 3. 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:
The difference between FY03 budget and expenditures in excess of 10% is best explained by the fact that the state budget for FY 03 was prepared several years prior to the actual activities. As well as ongoing reorganization within NHDHHS and it's activities.
- 4. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Budgeted
Row Name: Children 1 to 22 years old
Column Name: Budgeted
Year: 2004
Field Note:
Budgeted amount for FY04 is greater than for FY02 due to a revised, more accurate method of calculating amounts by types of individuals served, used for the first time in this application.
- 5. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2002
Field Note:
Expended amount was greater than budgeted amount due to a revised, more accurate method of calculating all expenditures by types of individuals served.
- 6. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2003
Field Note:
The difference between FY03 budget and expenditures in excess of 10% is best explained by the fact that the state budget for FY 03 was prepared several years prior to the actual activities. As well as ongoing reorganization within NHDHHS and it's activities.
- 7. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2003
Field Note:
The difference between FY03 budget and expenditures in excess of 10% is best explained by the fact that the state budget for FY 03 was prepared several years prior to the actual activities. As well as ongoing reorganization within NHDHHS and it's activities.
- 8. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersBudgeted
Row Name: All Others
Column Name: Budgeted
Year: 2004
Field Note:
Budgeted amount for FY04 is greater than for FY02 due to a revised, more accurate method of calculating amounts by types of individuals served, used for the first time in this application.
- 9. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2002
Field Note:
Expended amount was greater than budgeted amount due to a revised, more accurate method of calculating all expenditures by types of individuals served.
- 10. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2003
Field Note:
The difference between FY03 budget and expenditures in excess of 10% is best explained by the fact that the state budget for FY 03 was prepared several years prior to the actual activities. As well as ongoing reorganization within NHDHHS and it's activities.
- 11. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AdminBudgeted

Row Name: Administration

Column Name: Budgeted

Year: 2004

Field Note:

Budgeted amount for FY04 is greater than for FY02 due to a revised, more accurate method of calculating amounts by types of individuals served, used for the first time in this application.

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

Field Name: AdminExpended

Row Name: Administration

Column Name: Expended

Year: 2002

Field Note:

Expended amount was greater than budgeted amount due to a revised, more accurate method of calculating all expenditures by types of individuals served, used for the first time in this application.

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

Field Name: AdminExpended

Row Name: Administration

Column Name: Expended

Year: 2003

Field Note:

The difference between FY03 budget and expenditures in excess of 10% is best explained by the fact that the state budget for FY 03 was prepared several years prior to the actual activities. As well as ongoing reorganization within NHDHHS and it's activities.

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: NH

TYPE OF SERVICE	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 3,392,302	\$ 2,217,101	\$ 3,038,620	\$ 0	\$ 3,125,567	\$ 0
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 416,175	\$ 1,502,804	\$ 2,124,882	\$ 0	\$ 2,183,891	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,261,646	\$ 367,952	\$ 470,787	\$ 0	\$ 474,528	\$ 0
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 1,366,868	\$ 2,452,463	\$ 2,408,235	\$ 0	\$ 2,575,818	\$ 0
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 6,436,991	\$ 6,540,320	\$ 8,042,524	\$ 0	\$ 8,359,804	\$ 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: NH

TYPE OF SERVICE	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 3,921,173	\$ 3,142,090	\$ 3,172,266	\$ 3,014,969	\$ 3,708,077	\$ 2,352,345
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 383,295	\$ 266,226	\$ 224,916	\$ 226,806	\$ 319,893	\$ 1,648,282
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,166,870	\$ 1,068,107	\$ 1,243,100	\$ 1,188,948	\$ 1,253,380	\$ 375,311
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 2,172,200	\$ 1,454,349	\$ 2,098,707	\$ 1,577,462	\$ 1,004,431	\$ 2,145,829
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 7,643,538	\$ 5,930,772	\$ 6,738,989	\$ 6,008,185	\$ 6,285,781	\$ 6,521,767

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

- 1. Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2002
Field Note:
The Bureaus of Maternal & Child Health and Special Medical Services have realigned budget and expenditures to various categories in an effort to better meet objectives of the grant.
- 2. Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2003
Field Note:
The difference between FY2003 budget and expended in excess of 10% is best explained by the fact that the budget is prepared at least 2 years in advance of actual FY2003 business. Other significant factors are the ongoing efforts to more appropriately realign services and the reorganization of NHDHHS.
- 3. Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2002
Field Note:
The Bureaus of Maternal & Child Health and Special Medical Services have realigned budget and expenditures to various categories in an effort to better meet objectives of the grant.
- 4. Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2003
Field Note:
The difference between FY2003 budget and expended in excess of 10% is best explained by the fact that the budget is prepared at least 2 years in advance of actual FY2003 business. Other significant factors are the ongoing efforts to more appropriately realign services and the reorganization of NHDHHS.
- 5. Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2002
Field Note:
The Bureaus of Maternal & Child Health and Special Medical Services have realigned budgets and expenditures to various categories in an effort to better meet objectives of the grant.
- 6. Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2003
Field Note:
The difference between FY2003 budget and expended in excess of 10% is best explained by the fact that the budget is prepared at least 2 years in advance of actual FY2003 business. Other significant factors are the ongoing efforts to more appropriately realign services and the reorganization of NHDHHS.
- 7. Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2002
Field Note:
The Bureaus of Maternal & Child Health and Special Medical Services have realigned budgets and expenditures to various categories in an effort to better meet objectives of the grant.
- 8. Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2003
Field Note:
The difference between FY2003 budget and expended in excess of 10% is best explained by the fact that the budget is prepared at least 2 years in advance of actual FY2003 business. Other significant factors are the ongoing efforts to more appropriately realign services and the reorganization of NHDHHS.

FORM 6

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

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

STATE: NH

Total Births by Occurrence: 13,875

Reporting Year: 2003

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment(3)	
	No.	%			No.	%
Phenylketonuria	13,826	99.6	8	2	2	100
Congenital Hypothyroidism	13,826	99.6	160	10	10	100
Galactosemia	13,826	99.6	10	1	1	100
Sickle Cell Disease	5,353	38.6	0	0	0	
Other Screening (Specify)						
Homocystinuria	13,826	99.6	18	0	0	
Toxoplasmosis	13,826	99.6	4	0	0	
Maple Syrup Urine Disease (MSUD)	13,826	99.6	8	0	0	
Screening Programs for Older Children & Women (Specify Tests by name)						
(1) Use occurrent births as denominator.						
(2) Report only those from resident births.						
(3) Use number of confirmed cases as denominator.						

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: BirthOccurence
Row Name: Total Births By Occurence
Column Name: Total Births By Occurence
Year: 2005
Field Note:
Data is from calendar year 2003. Data source for screening is from New England Newborn Screening Program laboratory at the University of Massachusetts.

2. **Section Number:** Main
Field Name: SickleCellDisease_OneScreenNo
Row Name: SickleCellDisease
Column Name: Receiving at least one screen
Year: 2005
Field Note:
Newborn screening for hemoglobinopathies is not currently universal in NH; a recent newborn screening task force recommended universal screening. Administrative rules changes are pending.

3. **Section Number:** Main
Field Name: SickleCellDisease_Confirmed
Row Name: SickleCellDisease
Column Name: Confirmed Cases
Year: 2005
Field Note:
The number of confirmed cases is equal to the number of presumptive positives only because both are zero.

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: NH

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	2,070	69.0	0.0	14.0	10.0	7.0
Infants < 1 year old	13,875	18.0	0.0	66.0	16.0	0.0
Children 1 to 22 years old	32,318	18.0	0.0	42.0	40.0	0.0
Children with Special Healthcare Needs	3,294	44.2	0.6	48.2	2.0	5.0
Others	48,443	19.0	0.0	51.0	29.0	1.0
TOTAL	100,000					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: PregWomen_TS
Row Name: Pregnant Women
Column Name: Title V Total Served
Year: 2005
Field Note:
Data for pregnant women is estimated, due to problems with the prenatal database during 2003.
2. **Section Number:** Main
Field Name: Children_0_1_TS
Row Name: Infants <1 year of age
Column Name: Title V Total Served
Year: 2005
Field Note:
Number of infants is the same as on Form 6, and is the number of newborns screened for heritable disorders. Many of these children are also served by other MCH programs, such as primary care clinics.
3. **Section Number:** Main
Field Name: Children_1_22_TS
Row Name: Children 1 to 22 years of age
Column Name: Title V Total Served
Year: 2005
Field Note:
All data is from agency Uniform Data System submissions and is an estimate for the 1-22 age range.
4. **Section Number:** Main
Field Name: CSHCN_TS
Row Name: Children with Special Health Care Needs
Column Name: Title V Total Served
Year: 2005
Field Note:
Data source is the Special Medical Services Bureau database for FY03
5. **Section Number:** Main
Field Name: CSHCN_XIX
Row Name: Children with Special Health Care Needs
Column Name: Title XIX %
Year: 2005
Field Note:
If the family has insurance plus Medicaid, the count is only for insurance. The Medicaid count is for Medicaid only.
6. **Section Number:** Main
Field Name: CSHCN_Private
Row Name: Children with Special Health Care Needs
Column Name: Private/Other %
Year: 2005
Field Note:
If the family has insurance plus Medicaid, the count is only for insurance. The Medicaid count is for Medicaid only. Last year (FY04 application) if the family had Medicaid plus insurance, the count was put in as Medicaid.
7. **Section Number:** Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2005
Field Note:
Others include non-pregnant adults and elderly clients served by primary care centers throughout the state.

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: NH

Reporting Year: 2002

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	14,163	13,352	214	43	165	304	7	78
Title V Served	2,070	1,713	55	4	0	67	179	52
Eligible for Title XIX	2,768	2,629	77	16	31	0	0	15
INFANTS								
Total Infants in State	14,427	13,609	218	44	167	304	7	78
Title V Served	13,826	13,107	188	39	402	2	0	88
Eligible for Title XIX	4,678	4,429	136	27	61	0	0	25

II. UNDUPLICATED COUNT BY ETHNICITY

	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	HISPANIC OR LATINO (Sub-categories by country or area of origin)				
				(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	13,103	502	558					502
Title V Served	1,891	179	0					179
Eligible for Title XIX	2,424	111	233					111
INFANTS								
Total Infants in State	13,357	505	565					505
Title V Served	12,599	467	760					467
Eligible for Title XIX	4,262	159	257					159

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

1. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTotal_All
Row Name: Total Deliveries in State
Column Name: Total All Races
Year: 2005
Field Note:
Data is 2002 occurent births. 2003 data not available until next year's application period.
2. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2005
Field Note:
Data is an estimate, due to problems incurred with the prenatal data base in 2003.
3. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2005
Field Note:
Data is 2002, form Vital Records. 2003 data will be available next year.
4. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTotal_All
Row Name: Total Infants in State
Column Name: Total All Races
Year: 2005
Field Note:
Data is 2002, form Vital Records. 2003 data will be available next year.
5. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2005
Field Note:
Total is number screened by the Maternal and Child Health Section (MCHS) newborn screening unit. Racial data is estimated from vital records data.
6. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2005
Field Note:
Data provided by Medicaid (Patty Fostier).
7. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_TotalNotHispanic
Row Name: Total Deliveries in State
Column Name: Total Not Hispanic or Latino
Year: 2005
Field Note:
Data is 2002, form Vital Records. 2003 data will be available next year.
8. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_TotalNotHispanic
Row Name: Title V Served
Column Name: Total Not Hispanic or Latino
Year: 2005
Field Note:
Data is estimated, due to problems with the prenatal data base during 2003.
9. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_TotalNotHispanic
Row Name: Eligible for Title XIX
Column Name: Total Not Hispanic or Latino
Year: 2005
Field Note:
Data is from Vital Records.
10. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_TotalNotHispanic
Row Name: Total Infants in State
Column Name: Total Not Hispanic or Latino
Year: 2005
Field Note:
Data from Vital Records.
11. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_TotalNotHispanic
Row Name: Title V Served
Column Name: Total Not Hispanic or Latino
Year: 2005
Field Note:
Data is estimated, due to problems with the prenatal data base during 2003.
12. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_TotalNotHispanic
Row Name: Eligible for Title XIX

Column Name: Total Not Hispanic or Latino

Year: 2005

Field Note:

Data is from Medicaid (Patty Fostier).

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

	FY 2005	FY 2004	FY 2003	FY 2002	FY 2001
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(800) 852-3345</u>				
2. State MCH Toll-Free "Hotline" Name	DHHS Toll-Free Information Line				
3. Name of Contact Person for State MCH "Hotline"	<u>Joanie Hall</u>	<u>Shari Campbell</u>	<u>Shari Campbell</u>	<u>Shari Campbell</u>	<u>Shari Campbell</u>
4. Contact Person's Telephone Number	<u>(603) 271-4537</u>	<u>(603) 271-4517</u>	<u>(603) 271-4517</u>	<u>(603) 271-4517</u>	<u>(603) 271-4517</u>
5. Number of calls received on the State MCH "Hotline" this reporting period			<u>3,640</u>	<u>2,250</u>	<u>2,250</u>

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

	FY 2005	FY 2004	FY 2003	FY 2002	FY 2001
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(800) 852-3345 Ext. 4488</u>	<u>(800) 852-3345 Ext. 4488</u>	<u>(800) 852-3345</u>	<u>(800) 852-3345</u>	<u>(800) 852-3345</u>
2. State MCH Toll-Free "Hotline" Name	CSHCN Toll-Free Information Line				
3. Name of Contact Person for State MCH "Hotline"	<u>Virginia Smith</u>				
4. Contact Person's Telephone Number	<u>(603) 271-4488</u>				
5. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>1,200</u>	<u>1,291</u>	<u>653</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:

Several secretaries receive calls inquiring about MCH related services. The number used is an estimate of these calls during the year.

2. Section Number: Optional

Field Name: calls_1

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

Column Name: FY

Year: 2003

Field Note:

Additionally, the New Hampshire Family Voices 800 number is funded by SMSB and handled over 1000 calls, bringing the total of public inquiries to over 2200..

Name Lisa Bujno
Title Bureau Chief
Address Office of Community and Public Health Bureau of Mater
City Concord
State NH
Zip 03301
Phone (603) 271-4516
Fax (603) 271-4519
Email lbujno@dhhs.state.nh.us
Web _____

Name Judith Bumbalo
Title Bureau Chief
Address Office of Program Operations Special Medical Services
City Concord
State NH
Zip 03301-6504
Phone (603) 271-0546
Fax (603) 271-4902
Email jbumbalo@dhhs.state.nh.us
Web http://www.dhhs.state.nh.us/DHHS/SPECIALMEDSRV

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

1. **Section Number:** Statewide Initiatives and Partnerships

Field Name: DMCES

Row Name: Direct Medical Care and Enabling Services

Column Name:

Year: 2005

Field Note:

SMSB provides Neuromotor Specialty Care at 6 sites: Weeks; Laconia; Lebanon; Exeter; Concord; and, Manchester.

2. **Section Number:** Statewide Initiatives and Partnerships

Field Name: IBS

Row Name: Infrastructure building services

Column Name:

Year: 2005

Field Note:

SMSB provides support for the activities of the Center for Medical Home Improvement (Crotchet Mountain). SMSB works with the NH Pediatric Society and other collaborators to develop health transition services.

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

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	_____	_____	_____	85	85
Annual Indicator	_____	_____	_____	100.0	100.0
Numerator	_____	_____	_____	7	13
Denominator	_____	_____	_____	7	13
Is the Data Provisional or Final?				Final	Final

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

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

PERFORMANCE MEASURE # 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	_____	_____	_____	_____	54.9
Annual Indicator	_____	_____	_____	54.9	54.9
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	54.9	54.9	55.9	55.9	56.9
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 # 03

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

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	_____	_____	55.9
Annual Indicator	_____	_____	_____	55.5	55.5
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	55.9	55.9	56.9	56.9	57.9
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 # 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	_____	_____	_____	_____	61.9
Annual Indicator	_____	_____	_____	61.9	61.9
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	61.9	61.9	62.9	62.9	63.9
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 # 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					78.4
Annual Indicator				78.4	78.4
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	78.4	78.4	79.4	79.4	80.4
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 # 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					
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	5.8	5.9	5.9	6
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 07

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

	Annual Objective and Performance Data				
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>85</u>	<u>90</u>	<u>85</u>	<u>85</u>	<u>80</u>
Annual Indicator	<u>80.5</u>	<u>80.0</u>	<u>80.0</u>	<u>79.6</u>	<u>80.9</u>
Numerator	<u>11,589</u>	<u>11,741</u>	<u>12,042</u>	<u>11,981</u>	<u>12,177</u>
Denominator	<u>14,397</u>	<u>14,676</u>	<u>15,052</u>	<u>15,052</u>	<u>15,052</u>
Is the Data Provisional or Final?				Final	Final

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

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

PERFORMANCE MEASURE # 08

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

	Annual Objective and Performance Data				
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>12.5</u>	<u>12</u>	<u>12</u>	<u>12</u>	<u>12</u>
Annual Indicator	<u>10.5</u>	<u>10.2</u>	<u>10.3</u>	<u>8.5</u>	
Numerator	<u>269</u>	<u>258</u>	<u>264</u>	<u>222</u>	
Denominator	<u>25,700</u>	<u>25,292</u>	<u>25,540</u>	<u>26,232</u>	
Is the Data Provisional or Final?				Final	

	Annual Objective and Performance Data				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>12</u>	<u>12</u>	<u>12</u>	<u>12</u>	<u>12</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	27	14	46	47.5	46
Annual Indicator	13.3	38.2	45.9	45.9	45.9
Numerator	2,406	1,863	188	188	188
Denominator	18,138	4,875	410	410	410
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	46	46	46	46	46
Annual Indicator					
Numerator					
Denominator					

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

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	2	2	28	28	36
Annual Indicator	1.7	2.3	28	32	
Numerator	4	6			
Denominator	237,077	257,477			
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	36	36	36	36	36
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	65	69	69	66	66.5
Annual Indicator	68.4	63.3	67.5	67.6	65.3
Numerator	9,356	8,855	9,480	9,427	9,059
Denominator	13,688	13,987	14,052	13,943	13,875
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	66.5	66.5	66.5	66.5	66.5
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 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	23	25	26	70	85
Annual Indicator	22.0	23.7	65.4	82.4	91.2
Numerator	3,015	3,318	9,187	11,486	12,655
Denominator	13,688	13,987	14,052	13,943	13,875
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	85	85	90	90	90
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>5</u>	<u>7.5</u>	<u>7</u>	<u>6.5</u>	<u>6.5</u>
Annual Indicator	<u>8.2</u>	<u>8.1</u>	<u>5.1</u>	<u>5.1</u>	<u>5.1</u>
Numerator	<u>25,000</u>	<u>25,000</u>	<u>15,891</u>	<u>15,891</u>	<u>15,891</u>
Denominator	<u>304,436</u>	<u>309,562</u>	<u>309,496</u>	<u>309,496</u>	<u>309,496</u>
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>6.5</u>	<u>6.5</u>	<u>6.5</u>	<u>6.5</u>	<u>6.5</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 # 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	<u>85</u>	<u>85</u>	<u>85</u>	<u>85.5</u>	<u>65</u>
Annual Indicator	<u>69.9</u>	<u>69.6</u>	<u>64.4</u>	<u>69.7</u>	<u>72.3</u>
Numerator	<u>56,025</u>	<u>57,815</u>	<u>50,272</u>	<u>63,342</u>	<u>68,982</u>
Denominator	<u>80,165</u>	<u>83,063</u>	<u>78,005</u>	<u>90,861</u>	<u>95,347</u>
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>65</u>	<u>65</u>	<u>65</u>	<u>65</u>	<u>65</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 # 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	0.8	0.8	0.8	1.5	1.5
Annual Indicator	1.2	1.3	1.1	1.1	
Numerator	174	195	160	158	
Denominator	14,048	14,590	14,647	14,427	
Is the Data Provisional or Final?				Final	

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

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

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	5.8	9	138.3	138	138
Annual Indicator	8.3	10.4	138.3	122	
Numerator	7	9			
Denominator	84,190	86,688			
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	138	138	138	138	138
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	85	85	86	86	86
Annual Indicator	83.6	88.1	88.5	84.1	
Numerator	122	119	100	116	
Denominator	146	135	113	138	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	86	86	86	86	86
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 18

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	89.5	90	90	88	88
Annual Indicator	88.9	87.8	88.2	89.5	
Numerator	12,489	12,803	12,923	12,911	
Denominator	14,048	14,590	14,647	14,427	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	88	88	88	88	88
Annual Indicator					
Numerator					
Denominator					

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

STATE PERFORMANCE MEASURE # 2

Percent of women statewide who smoked during pregnancy.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	13	12	12	16	16
Annual Indicator	16.0	16.6	15.5	15.0	
Numerator	2,243	2,382	2,222	2,116	
Denominator	14,048	14,327	14,342	14,116	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	16	16	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.

STATE PERFORMANCE MEASURE # 8

Percent of state contracted, non Head Start or Head Start affiliated child care programs that receive a minimum of one hour per month on-site consultation from a qualified child care health consultant

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	15	40	45	12.9	13
Annual Indicator	35.0	35.6	35.0	12.9	9.4
Numerator	14	16	14	4	3
Denominator	40	45	40	31	32
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 # 9

Percent of high school students who smoked cigarettes during the past 30 days

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	30	30	30	30	27
Annual Indicator	34.1	34.1	25.3	25.3	25.3
Numerator	611	611			
Denominator	1,793	1,793			
Is the Data Provisional or Final?				Final	Final

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

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

STATE PERFORMANCE MEASURE # 10

Percent of third grade children screened who had untreated dental decay.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective		29	22.6	21.6	21.7
Annual Indicator		22.6	21.7	21.7	21.7
Numerator		1,101	89	89	89
Denominator		4,875	410	410	410
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	22	22	22	22	22
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 # 11

Percent of children age two (18-29 months) on Medicaid who have been tested for lead.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective			25	30	30
Annual Indicator			25.4	31.5	
Numerator			991	1,335	
Denominator			3,894	4,232	
Is the Data Provisional or Final?				Final	

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

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

STATE PERFORMANCE MEASURE # 12

Percent of infants born to women, whose payment source was Medicaid (for either delivery or prenatal care), receiving prenatal care beginning in the first trimester.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective		80	82	73	75
Annual Indicator		80.4	77.7	81.1	
Numerator		2,110	1,946	2,199	
Denominator		2,623	2,506	2,712	
Is the Data Provisional or Final?				Final	

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

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

STATE PERFORMANCE MEASURE # 13

The percent of pediatricians who provide transition support to youth (ages 12-21) with special health care needs (YSHCN) enrolled in their practice.

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

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	14	19	24	29	34
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 # 14

The rate (per 100,000) of emergency department visits among youths aged 15-19 resulting from being an occupant in a motor vehicle crash

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective				2,300	2,300
Annual Indicator			2,275.9	2,536.6	2,510.8
Numerator			2,008	2,238	2,254
Denominator			88,230	88,230	89,772
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	2,500	2,500	2,500	2,500	2,500
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 # 15

Percent of adolescents (ages 10-20) eligible for an EPSDT service who received an EPSDT service during the past year

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective				39	39
Annual Indicator				39.1	35.1
Numerator				9,594	9,451
Denominator				24,547	26,930
Is the Data Provisional or Final?				Final	Final

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

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

STATE PERFORMANCE MEASURE # 16

Percent of children ages 2 – 5 years enrolled on WIC whose Body Mass Index (BMI) for age is 95th percentile or greater.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective				15.4	15
Annual Indicator				15.1	
Numerator				1,021	
Denominator				6,754	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	15	15	15	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:
Appropriate follow-up at this point in NH is short term. The primary care physician is contacted to find out what action has been taken.
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.

Recent parent satisfaction surveys for clinical programs administered by the Special Medical Services Bureau reflect a high degree of satisfaction with services received. The response rate for the survey was 56% (N=195). Overall satisfaction based on 17 quality indicators was 95%. (Very satisfied, 79.4%; Satisfied, 15.5%). The highest score was for "Treated with courtesy-compassion (97.9%) and the lowest score was for "Told about parent groups" (55.2%).
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 numerator was obtained by using the most recent CDC National Immunization Survey rate for NH (Q3/2002-Q2/2003) available from the NH Immunization Program, and applying it to the denominator. The denominator is two year olds in NH from the 2000 census.
8. **Section Number:** Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2005
Field Note:
Calendar year 2003 vital records data is not yet available. This data will be available for next year's application.
9. **Section Number:** Performance Measure #9
Field Name: PM09
Row Name:
Column Name:
Year: 2005
Field Note:
Statewide oral health data for NPM #9 and SPM #10 is collected every three years through The Oral Health Survey of Third Grade Children. The survey has been conducted for the second time in the spring of 2004 and will be repeated every three years. The 2001 Oral Health Survey of Third Grade Students indicated that 46% of third graders had dental sealants on at least one permanent tooth and that 22% of third graders had untreated decay.

Given state budget constraints, the performance measure objectives for 2005-2008 have been adjusted downward.
10. **Section Number:** Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2005
Field Note:
1) Calendar year 2003 vital records is not available. It will be available for the 2006 application.

2) The 2002 indicator for this measure was calculated using the Standard Ratio methodology, as described in the block grant guidance. Raw data is as follows:

NH numerator: 4
NH denominator: 263093
U.S. rate: 4.79

U.S. data source: <http://webapp.cdc.gov/sasweb/ncipc/mortrate10.html>

The objectives for 2003-2008 have been adjusted upward to reflect expected fluctuations in the Standard Ratio due to an historic variation in the number of deaths.

11. **Section Number:** Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2005
Field Note:
The numerator is newborn screening CY2003 data, information from filter papers. It includes only those exclusively breastfeeding. The denominator is the number of occurent births.
12. **Section Number:** Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2005
Field Note:
Numerator is actual number of infants screened. Denominator is number of occurent births.
13. **Section Number:** Performance Measure #13
Field Name: PM13
Row Name:
Column Name:
Year: 2005
Field Note:
The numerator is from the Insurance Family Survey, Office of Planning and Research, DHHS, NH, 2001. The denominator is from population-based estimates based on the 2000 census data. Data cited by the latest Current Population Survey of the Census Bureau (2001), as provided by Tricia Brooks of the NH Healthy Kids Program, is 4.8% for all children (and 2% for children under 200% FPL).
14. **Section Number:** Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2005
Field Note:
The numerator was provided by EDS (Jim Smith) via an ad hoc report. Data for the denominator is a combination of two numbers. It includes the number of 1-21 year olds enrolled/eligible for Medicaid (from EDS). Added to this is the figure of 15,157, obtained by Christina Purdam of the DHHS Office of Planning and Research, from the 2001 DHHS Insurance Family Survey. This latter number reflects uninsured 0-18 year-olds that were eligible for Healthy Kids insurance. Although the age groups added for the denominator do not match exactly, this methodology results in the most accurate estimate available.
15. **Section Number:** Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2005
Field Note:
2003 vital records data is not available. It will be available for the 2006 application.
16. **Section Number:** Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2005
Field Note:
Most recent data available from Vital Records is calendar year 2002. 2003 data will be available for the 2006 application.

The 2002 indicator for this measure was calculated using the Standardized Ratio methodology, as described in the block grant guidance. Raw data is as follows:

numerator - 9 "events"
denominator - 89772
U.S. rate - 8.2

Source for U.S. data: www.cdc.gov/nchs/fastats/pdf/nvsr50_16tl.pdf
17. **Section Number:** Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2005
Field Note:
2003 vital records data is not available. It will be available for the 2006 application.

Data is for occurent births. Level III facility information is not available for out-of-state births. Because this data is occurrences, the denominator does not match the numerator for performance measure #15, i.e. PM #15 data is resident births.
18. **Section Number:** Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2005
Field Note:
2003 vital records data is not available. It will be available for the 2006 application.
19. **Section Number:** State Performance Measure #2
Field Name: SM2
Row Name:
Column Name:
Year: 2005

Field Note:

2003 vital records data is not available. It will be available for the 2006 application.

20. Section Number: State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2005**Field Note:**

A qualified child care health consultant, as recognized by the Healthy Child Care New Hampshire Project, is a licensed RN, NP, PA, or MD with pediatric or family health training. Undergraduate nursing students shall be acceptable as child care health consultants if supervised by faculty knowledgeable in child care.

Head Start and Head Start affiliated child care programs are exempt from the measurement data, as these programs receive health consultation services from Head Start health managers.

21. Section Number: State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2005**Field Note:**

FY2001, FY2002, and FY2003 data come from the 2002 Youth Tobacco Survey (Susan Knight, NH Tobacco Program). The data is weighted and based on a random sample of NH high school students in grades 9-12. Because the data is weighted, the numerator (334) and denominator (1395) are not included on Form 11. The Youth Tobacco Survey will be done again in the fall of 2004.

22. Section Number: State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2005**Field Note:**

Statewide oral health data for NPM #9 and SPM #10 is collected every three years through The Oral Health Survey of Third Grade Children. The survey will be conducted for the second time in the spring of 2004 and thereafter every three years. The Oral Health Program will not know until the 2004 survey results are analyzed if we have achieved our objective. The 2001 Oral Health Survey of Third Grade Students indicated that 46% of third graders had dental sealants on at least one permanent tooth and that that 22% of third graders had untreated decay.

23. Section Number: State Performance Measure #11**Field Name:** SM11**Row Name:****Column Name:****Year:** 2005**Field Note:**

Because of personnel shortages due to a state hiring freeze, the lead program is unable to provide us with data for this measure. Hopefully, they will be able to do so next year.

24. Section Number: State Performance Measure #12**Field Name:** SM12**Row Name:****Column Name:****Year:** 2005**Field Note:**

2003 vital records data is not available. It will be available for the 2006 application.

25. Section Number: State Performance Measure #13**Field Name:** SM13**Row Name:****Column Name:****Year:** 2005**Field Note:**

FY03: This State Performance Measure had not yet been created. The issue was identified as a priority need and the measure was added to the FY04 application.

FY04: Initial baseline data for FY04 was determined by responses to an online survey of members of the New Hampshire Pediatric Society. The survey was conducted to assess their current practices and needs regarding transitioning YSHCN ages 12-21. The survey response rate was 14%, which may be related to the use of an online process, or to factors such as the large number of pediatricians who practice at the tertiary centers and/or are not in primary care, and/or are not providing direct care to youth, and therefore did not return the surveys. Of those responding, 14% met the criteria for this measure. See the "current activities" narrative for this State Performance Measure, for the survey results.

26. Section Number: State Performance Measure #14**Field Name:** SM14**Row Name:****Column Name:****Year:** 2005**Field Note:**

Most recent data available from Vital Records is 2002. 2003 data will be available for the next application.

Does not include deaths. Passengers or drivers of cars only, i.e. does not include motorcycles. Also does not include "Person not otherwise specified" or "Person not elsewhere cited".

27. Section Number: State Performance Measure #15**Field Name:** SM15**Row Name:****Column Name:****Year:** 2005**Field Note:**

Data is from Patty Fostier - 271-8820.

The accuracy of the data for 2003 is questionable, due to concerns about coding accuracy at the local level. We will explore this issue with EPSDT.

28. Section Number: State Performance Measure #16**Field Name:** SM16**Row Name:****Column Name:****Year:** 2005**Field Note:**

This is a new measure for the 2005 application. Data for 2003 is not available. CDC Pediatric Nutrition Surveillance Form (2002) is used for a source, as it has the most

recent data available. It was obtained from the NH state WIC Program.

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

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	4	4	4	4	4
Annual Indicator	5.8	5.8	3.8	5.3	
Numerator	82	84	56	77	
Denominator	14,048	14,590	14,647	14,427	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	4	4	4	4	4
Annual Indicator					
Numerator					
Denominator					

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

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					
Annual Indicator					
Numerator					
Denominator					
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective					
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	3	3	4	4
Annual Indicator	3.9	4.0	2.6	2.8	
Numerator	55	59	38	41	
Denominator	14,048	14,590	14,647	14,427	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	4	4	4	4	4
Annual Indicator					
Numerator					
Denominator					

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

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	0.5	0.5	0.5	1.5	1.5
Annual Indicator	1.5	1.6	1.2	1.3	
Numerator	21	24	18	19	
Denominator	14,048	14,590	14,647	14,427	
Is the Data Provisional or Final?				Final	

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

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

OUTCOME MEASURE # 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	3.5	3.5	3.5	7.5	7.5
Annual Indicator	8.2	7.7	5.9	6.1	
Numerator	116	113	87	88	
Denominator	14,114	14,650	14,703	14,427	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	7.5	7.5	7.5	7.5	7.5
Annual Indicator					
Numerator					
Denominator					

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

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	14	13.5	13	17	17
Annual Indicator	16.0	14.0	20.2	8.7	
Numerator	38	34	49	23	
Denominator	237,077	242,919	242,830	263,093	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	17	17	17	17	17
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:
2003 vital records data is not available. It will be available for the 2006 application.

2. **Section Number:** Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2005
Field Note:
No data is included, as numbers are far too small.

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

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

 3

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

 3

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

 2

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

 2

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

 3

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

 0

Total Score: 13

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: Question6
Row Name: #6. Family members of diverse cultures are involved in all of the above activities
Column Name:
Year: 2005
Field Note:

Family members of diverse cultures have generally not been available for involvement in the all of the above activities, due to the minimal population of various ethnic/racial groups throughout New Hampshire (whites make up over 96% of the total NH population, per Census 2000; the CSHCN estimated population, per the Data Research Center on CSHCN, is made up of 90.8% whites).

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: NH FY: 2005

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

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

1. To improve the Title V program's ability to impact the health of MCH populations through data collection and analysis, identifying disparities, examining barriers to care, and researching and implementing best practice models
2. To assure safe and healthy pregnancies for all women, especially vulnerable populations
3. To assure safe and healthy environments for children, including those with special health care needs
4. To decrease dental disease in MCH populations
5. To improve access to mental health services for children, including those with special health care needs, and their families
6. To decrease unintentional injuries among children under 18, including those with special health care needs
7. To assure that youth with special health care needs, their families and providers learn the essentials of self-care and self-determination, to enhance their health status
8. To promote healthy behaviors and access to health care services for adolescents, including those with special health care needs
9. To preserve effective public health programming, including an infrastructure of safety net providers, to address the needs of MCH populations
10. To decrease the prevalence of childhood obesity.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

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

STATE: NH

APPLICATION YEAR: 2005

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested <i>(max 250 characters)</i>	Reason(s) Why Assistance Is Needed <i>(max 250 characters)</i>	What State, Organization or Individual Would You suggest Provide the TA (if known) <i>(max 250 characters)</i>
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____	Consultant to facilitate Special Medical Services Bureau strategic planning process re: statewide system serving YSHCN through Healthy and Ready to Work (HRTW) programs and SSI process.	External expertise will help assure the viability of the Strategic Plan work product re: YSHCN and HRTW/SSI.	Kathy Blomquist, RN, PhD Co-Director HRTW National Center Consultant, HRTW Kentucky Kentucky Commission for CSHCN 333 Waller Avenue Lexington, Ky. 40504859-252-3170
2.	State Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____ 13	Consultant to facilitate Special Medical Services Bureau strategic planning process re: transition of YSHCN from pediatric to adult health care providers.	External expertise will help assure the viability of the Strategic Plan work product for this measure.	Kathy Blomquist, RN, PhD Co-Director HRTW National Center Consultant, HRTW Kentucky Kentucky Commission for CSHCN 333 Waller Avenue Lexington, Ky. 40504859-252-3170
3.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____ 1	Consultant to facilitate development of educational handouts for medical professionals to assist in the appropriate management of infants identified with sickle cell trait through newborn screening.	Adequate resources will help educate providers about appropriate management of infants with sickle cell trait. Current staffing and expertise do not allow us to address this identified need.	Unknown
4.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____ 13	Review current funding allocations, assist in development of funding formula for BMCH contract agencies.	A funding strategy will promote effective & economical use of Title V funds with an equitable and evidence-based distribution, and further performance-based contracting efforts.	Unknown
5.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____ 6	Consultant to facilitate Special Medical Services Bureau strategic planning process re: transition of YSHCN.	External expertise will help assure the viability of the Strategic Plan work product for this measure.	Kathy Blomquist, RN, PhD Co-Director HRTW National Center Consultant, HRTW Kentucky Kentucky Commission for CSHCN 333 Waller Avenue Lexington, Ky. 40504859-252-3170
6.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____ 5	Consultant to facilitate Special Medical Services Bureau strategic planning process re: cost of care coordination and medical home.	External expertise will help identify potential funding mechanisms and address Medicaid reimbursement issues.	Barbara J. Kruger Nursing Consultant 678 Martinique Court Orange Park, Fla. 32073904-269-5255 Deborah Allen Boston University School of Public Health 715 Albany St. Boston, MA 02118 617-426- 4447
7.	Data-related Issues - Data Systems Development 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: _____ N/A	Consultant to facilitate Special Medical Services Bureau strategic planning process re: care coordination, to include applied research and enhancement of data capacity.	External expertise will help define the essential process and outcomes derived from research findings and address appropriate software to enable internal data collection and analysis.	Renee Schwalberg, MPH Health Systems Research Inc. 4 Milk St. 3rd Fl. Portland, ME 04101 207-772-1410
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National			

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

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

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

SP # 2

PERFORMANCE MEASURE:

Percent of women statewide who smoked during pregnancy.

STATUS:

Active

GOAL

To strongly discourage smoking during pregnancy through the promotion of a newly created video on substance use for professional use. In addition, a public education media blitz will be initiated.

DEFINITION

Numerator:

Number of women who smoked during pregnancy.

Denominator:

Number of women who have live births.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

State Vital Records Birth Certificate Data.

SIGNIFICANCE

Smoking increases low birthweight births.

SP # 8

PERFORMANCE MEASURE:

Percent of state contracted, non Head Start or Head Start affiliated child care programs that receive a minimum of one hour per month on-site consultation from a qualified child care health consultant

STATUS:

Active

GOAL

To ensure healthy and safe child care environments

DEFINITION

See numerator and denominator below

Numerator:

Number of state contracted, non-Headstart or Headstart affiliated child care programs that receive a minimum of one hour per month on-site services from a child care health consultant

Denominator:

Number of state contracted, non-Headstart or Headstart affiliated child care programs

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Survey information from state contracted child care programs

SIGNIFICANCE

A national study focusing on four states considered to be representative of the country found that only 14 percent of the centers visited could be considered high quality and, more importantly, quality was so poor in 40 percent of sites studied that childrens' health and safety was jeopardized. An unpublished study by Dr. Susan Aronson found that 6-10 hours of on-site health consultation, per year, by a nurse to child care programs improved the health and safety at the facility. Thus the evidence for setting health and safety consultation as a priority is clear and compelling.

SP # 9

PERFORMANCE MEASURE:

Percent of high school students who smoked cigarettes during the past 30 days

STATUS:

Active

GOAL

To reduce smoking among adolescents

DEFINITION

Numerator:

Number of students in grades 9-12 who smoked cigarettes on one or more of the past 30 days

Denominator:

Number of students in grades 9-12 who participate in the Youth Tobacco Survey

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

New Hampshire Youth Tobacco Survey. The NH YTS is administered to a random sample of high school students (grades 9-12) every two years. The next survey will be in 2004.

SIGNIFICANCE

Cigarette smoking is a major cause of preventable disease and death in the United States. Studies have shown that the majority of smokers start before age 18.

SP # 10

PERFORMANCE MEASURE:

Percent of third grade children screened who had untreated dental decay.

STATUS:

Active

GOAL

To reduce the proportion of children with untreated dental decay.

DEFINITION

See numerator and denominator below

Numerator:

Number of third grade children screened who had untreated dental decay.

Denominator:

Number of third grade children screened.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

State wide Third Grade Oral Health Survey. This is a random sample survey of all third grade students in the state, developed by the Association of State and Territorial Dental Directors. This survey will be done every 3 years and the first one was done in 2001.

SIGNIFICANCE

As stated in the Surgeon General's report on Oral Health in America, dental decay is the single most common childhood disease. Results of screening 2nd and 3rd graders in 9 school-based programs in NH revealed that 23% of children were suffering from untreated dental decay. Developing programs and policies, in order to reduce the burden of this disease on children, is of prime significance.

SP # 11

PERFORMANCE MEASURE:

Percent of children age two (18-29 months) on Medicaid who have been tested for lead.

STATUS:

Active

GOAL

To reduce the morbidity associated with lead poisoning through early detection.

DEFINITION

Numerator:

The number of children age two (18-29 months) in the state who are enrolled on Medicaid and have been tested for lead at least once during the year.

Denominator:

The number of children age two who are enrolled on Medicaid.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Lead testing figure is from the NH Childhood Lead Poisoning Prevention Program; Medicaid figure is from the NH Medicaid Administration Bureau via the NH Childhood Lead Poisoning Prevention Program.

SIGNIFICANCE

Lead poisoning is one of the most common and preventable childhood environmental health problems in the U.S. Studies have shown associations between decreased intelligence, impaired neurobehavioral development, decreased hearing acuity and growth inhibition with lead levels as low as 10-15 micrograms per deciliter. Low-income children, especially those living in the inner city, are at an increased risk for lead poisoning. Ages one and two years are the recommended targeted times for testing at-risk children for lead exposure. In NH, the Childhood Lead Poisoning Prevention Protocols recommend that all one and two year olds enrolled on Medicaid be tested for lead. A recent national study showed that the testing rate of children on Medicaid, especially two year olds, is significantly lower than expected. In NH, the lead testing rates for all two year olds is approximately half the rate for one year olds.

SP # 12

PERFORMANCE MEASURE:

Percent of infants born to women, whose payment source was Medicaid (for either delivery or prenatal care), receiving prenatal care beginning in the first trimester.

STATUS:

Active

GOAL

To assure early entrance into prenatal care for high-risk women to enhance pregnancy outcomes.

DEFINITION

Numerator:

Number of births to women, whose payment source for delivery or prenatal care was Medicaid, with reported prenatal visit during the first trimester (before 13 weeks gestation) in the calendar year.

Denominator:

Number of live births in the state to women whose payment for delivery or prenatal care was Medicaid.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Birth certificate data in the state vital records are available for over 99% of births.

SIGNIFICANCE

Early identification of maternal disease and risks for complications of pregnancy or birth are the primary reasons for the importance of first trimester entry into prenatal care. This can help ensure that women with complex problems and women with chronic illness or other risks are seen by specialists. Early high-quality prenatal care is critical to improving pregnancy outcomes. In New Hampshire, women who have Medicaid as a payment source consistently enter into prenatal care during the first trimester less than women with other payment sources.

PERFORMANCE MEASURE:

The percent of pediatricians who provide transition support to youth (ages 12-21) with special health care needs (YSHCN) enrolled in their practice.

STATUS:

Active

GOAL

To increase the capacity of New Hampshire pediatricians to provide transition-related health services.

DEFINITION

A measure to monitor the implementation by NH pediatricians of selected critical transition strategies identified in the Supplement to Pediatrics, "Improving Transition for Adolescents With Special Health Care Needs From Pediatric to Adult-Centered Care", (Dec. 2002, Vol. 110, No. 6, Part 2).

Numerator:

The numerator is the number of pediatricians reporting implementation of all six transition practice strategies greater than 60% of the time.

Denominator:

The denominator is the number of pediatrician members of the New Hampshire Pediatric Society responding to the Pediatric Providers Transition Survey.

Units: 100 **Text:** 1

HEALTHY PEOPLE 2010 OBJECTIVE

16:23 Increase the proportion of Territories and States that have service systems for CSHCN. New Hampshire has a comprehensive service system for children with special health care needs, and is expanding the system component that addresses the transition-related health needs of youth with special health care needs.

DATA SOURCES AND DATA ISSUES

The SMSB Pediatric Providers Transition Survey is the data source. In the future periodic surveys will be done using additional methodologies. One data issue is that Survey findings may not be generalizable because of the limited response rate (As of 6/04, the rate is 14% of the surveys distributed.)

SIGNIFICANCE

According to the National Survey of Children with Special Health Care Needs, slightly less than 13% of New Hampshire youth with SHCN have received guidance and support in transition to adulthood. The activities of this State Performance Measure are designed to increase this percentage over time, in accord with NPM #6, and more specifically designed to increase the percentage of NH pediatricians who have adequate relationships with the adult health care providers for YSHCN and adequate communication about transition-related health care with the YSHCN and their families.

SP # 14

PERFORMANCE MEASURE:

The rate (per 100,000) of emergency department visits among youths aged 15-19 resulting from being an occupant in a motor vehicle crash

STATUS:

Active

GOAL

To reduce injuries among adolescents, aged 15-19, associated with being an occupant in a motor vehicle crash.

DEFINITION

see numerator and denominator below

Numerator:

Number of adolescents age 15-19 seen in an emergency department as a result of injuries associated with being an occupant in a motor vehicle crash.

Denominator:

Number of adolescents ages 15-19

Units: 100000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

NH Bureau of Health Statistics and Data Management

SIGNIFICANCE

Motor vehicle crashes are a leading cause of death and injuries among adolescents. Previously we had a state measure (#3, now inactive) which addressed fatalities only. However, due to the small number of fatalities annually in NH among this population (usually less than 10/year), it was not appropriate to use fatalities in setting annual performance measures. This new objective has two benefits: first, it will capture a more significant aspect of the adverse health outcomes among adolescents resulting from motor vehicles crashes; and it will allow us to analyze and report annual population-based incidence rates.

SP # 15

PERFORMANCE MEASURE:

Percent of adolescents (ages 10-20) eligible for an EPSDT service who received an EPSDT service during the past year

STATUS:

Active

GOAL

To ensure Medicaid-eligible adolescents receive preventive health care services

DEFINITION

see numerator and denominator below

Numerator:

Total eligibles receiving at least one initial or periodic EPSDT screen

Denominator:

Total eligibles who should receive at least one initial or periodic EPSDT screen ("should" based on the state's periodicity schedule)

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

1-9: Reduce hospitalization rates for three ambulatory-care-sensitive conditions—pediatric asthma, u

14-27: Increase routine vaccination coverage levels for adolescents

DATA SOURCES AND DATA ISSUES

The data source is the State-Contracted Managed Care Organization Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form HCFA-416). Guidelines for collecting data for this measure are in lines 8 and 9 of the report. Medicaid-eligible individuals under the age of 21 are considered eligible for EPSDT services, regardless of whether they have been informed about the availability of EPSDT services or whether they accept EPSDT services at the time of informing.

SIGNIFICANCE

Insured adolescents are more likely to receive health care but insurance does not guarantee that adequate services are provided. Most adolescent morbidities are preventable and amenable to change with comprehensive screening services increasing the likelihood that problems are addressed early and often.

SP # 16

PERFORMANCE MEASURE:

Percent of children ages 2 – 5 years enrolled on WIC whose Body Mass Index (BMI) for age is 95th percentile or greater.

STATUS:

Active

GOAL

To decrease the prevalence of childhood obesity.

DEFINITION

See numerator and denominator below.

Numerator:

Total number of children ages 2 – 5 years enrolled on WIC in New Hampshire whose Body Mass Index (BMI) for age is 95th percentile or greater.

Denominator:

Total number of children ages 2 – 5 years enrolled on WIC in New Hampshire.

Units: 100 **Text:** 1

HEALTHY PEOPLE 2010 OBJECTIVE

There is no state or national objective that coincides exactly with the chosen performance measure. Objective 19-3 of Healthy People 2010 is to reduce the proportion of children and adolescents who are overweight or obese. An objective of the New Hampshire Healthy People 2010 is to reduce the prevalence of overweight and obesity among 9th – 12th graders.

DATA SOURCES AND DATA ISSUES

: Data source is the 2002 Pediatric Nutrition Surveillance data from Centers for Disease Control, provided by the NH WIC Program. This age group and data source was chosen because there was no currently available consistent data source for obesity among school age children. Nor is there data for the BMI of children enrolled in Title V funded health agencies. Almost all of the age-appropriate children receiving care at Title V funded health agencies are eligible for enrollment in the WIC program. The term "overweight" is used as the Centers for Disease Control use the term "obese" only for adults. "Overweight" in children is defined as greater or equal to 95th percentile for BMI for age on the National Center for Health Statistics growth charts. The 2002 Pediatric Nutrition Surveillance data, based on the 2000 CDC growth chart BMI for age, showed that the prevalence in New Hampshire was 15.1% compared with national prevalence (prior year) of 13.4

SIGNIFICANCE

Childhood obesity has been identified as a major problem in the United States and New Hampshire. The NH Child Advocacy Network (NH CAN), in its 2004 Children's Agenda, has identified increasing public understanding and support of the need for daily physical activity for all students to prevent childhood obesity and other related problems as one of its priority issues.

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: NH

HEALTH SYSTEMS CAPACITY MEASURE # 01

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	<u>13.3</u>	<u>10.8</u>	<u>11.9</u>	<u>12.2</u>	<u>12.9</u>
Numerator	<u>98</u>	<u>82</u>	<u>90</u>	<u>92</u>	<u>98</u>
Denominator	<u>73,915</u>	<u>75,685</u>	<u>75,685</u>	<u>75,685</u>	<u>75,685</u>
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 02

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	<u>74.1</u>	<u>68.2</u>	<u>68.0</u>	<u>72.0</u>	<u>81.1</u>
Numerator	<u>4,329</u>	<u>2,634</u>	<u>2,799</u>	<u>3,284</u>	<u>3,715</u>
Denominator	<u>5,840</u>	<u>3,860</u>	<u>4,117</u>	<u>4,558</u>	<u>4,582</u>
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 03

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	<u>74.1</u>	<u>68.2</u>	<u>68.0</u>	<u>72.0</u>	<u>81.1</u>
Numerator	<u>4,329</u>	<u>2,634</u>	<u>2,799</u>	<u>3,284</u>	<u>3,715</u>
Denominator	<u>5,840</u>	<u>3,860</u>	<u>4,117</u>	<u>4,558</u>	<u>4,582</u>
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 04

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	<u>88.9</u>	<u>87.9</u>	<u>91.8</u>	<u>88.0</u>	<u></u>
Numerator	<u>12,489</u>	<u>12,264</u>	<u>13,130</u>	<u>12,475</u>	<u></u>
Denominator	<u>14,048</u>	<u>13,951</u>	<u>14,305</u>	<u>14,172</u>	<u></u>
Is the Data Provisional or Final?				Final	

HEALTH SYSTEMS CAPACITY MEASURE # 07

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

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	<u>42.4</u>	<u>42.4</u>	<u>43.1</u>	<u>45.0</u>	<u>36.3</u>
Numerator	<u>12,144</u>	<u>12,144</u>	<u>6,390</u>	<u>6,921</u>	<u>4,682</u>
Denominator	<u>28,615</u>	<u>28,615</u>	<u>14,839</u>	<u>15,377</u>	<u>12,896</u>
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 08

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

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	<u>20.0</u>	<u>22.9</u>	<u>16.0</u>	<u>12.3</u>	<u>11.1</u>
Numerator	<u>326</u>	<u>373</u>	<u>262</u>	<u>181</u>	<u>160</u>
Denominator	<u>1,630</u>	<u>1,630</u>	<u>1,640</u>	<u>1,470</u>	<u>1,443</u>
Is the Data Provisional or Final?				Final	Final

FORM NOTES FOR FORM 17

None

FIELD LEVEL NOTES

1. **Section Number:** Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2005
Field Note:
Data is from the NH Department of Health and Human Services
Asthma Control Program
Asthma in New Hampshire, 1990-2002, Table 13.
2. **Section Number:** Health Systems Capacity Indicator #02
Field Name: HSC02
Row Name:
Column Name:
Year: 2005
Field Note:
Data source is HCFA 416 EPSDT participation report for FFY03 (provided by Jim Smith from the Medicaid Administration Bureau). Numerator is recipients. Denominator is enrollees.
3. **Section Number:** Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2005
Field Note:
Part of NH SCHIP development was Medicaid expansion for infants (0-1), from 185% to 300% of poverty. Therefore the numbers for HSCI #2 and #3 are the same.
4. **Section Number:** Health Systems Capacity Indicator #04
Field Name: HSC04
Row Name:
Column Name:
Year: 2005
Field Note:
2003 Vital Records data is not available. It will be available for the 2006 application.
5. **Section Number:** Health Systems Capacity Indicator #08
Field Name: HSC08
Row Name:
Column Name:
Year: 2005
Field Note:
Data is from the Social Security Administration and the NH Department of Health and Human Services, Division of Medical Services.

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

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2002	Payment source from birth certificate	<u>6.7</u>	<u>5.6</u>	<u>6.3</u>
b) <i>Infant deaths per 1,000 live births</i>	2002	Payment source from birth certificate	<u>4.4</u>	<u>4.3</u>	<u>4.3</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2002	Payment source from birth certificate	<u>81.1</u>	<u>92.7</u>	<u>89.5</u>
d) <i>Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2002	Payment source from birth certificate	<u>82.4</u>	<u>89.6</u>	<u>88</u>

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

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>300</u>
b) <i>Medicaid Children</i> (Age range <u> </u> 1 to <u> </u> 19) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2003	<u>185</u> <u> </u> <u> </u>
c) <i>Pregnant Women</i>	2003	<u>185</u>

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

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2003	<u>300</u>
b) <i>Medicaid Children</i> (Age range <u> </u> 1 to <u> </u> 19) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2003	<u>400</u> <u> </u> <u> </u>
c) <i>Pregnant Women</i>	2003	<u>400</u>

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

1. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Women
Row Name: Pregnant Women
Column Name:
Year: 2005
Field Note:
Eligibility of 400% of the poverty level is for pregnant women 1 to 19.

2. **Section Number:** Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2005
Field Note:
Payment source for birth, of 22 of 77 infant deaths, could not be determined. The "All" rate is only for all those infant deaths and births where the payer is known. This "All" rate will therefore not match the infant death rate found elsewhere in the grant.

3. **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 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: NH

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

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

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

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

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other: NH Youth Tobacco Survey	3	No

HEALTH SYSTEMS CAPACITY INDICATOR #09C (Data Capacity) Overweight/Obesity
(The Ability of the State to Determine the Percent of Children Who are Obese or Overweight)

Data Source	Does your state participate in this survey/data source? (Select 1 - 3)*	Does your MCH program have direct access to this electronic database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Pediatric Nutrition Surveillance System (PedNSS)	3	No
WIC Program Data	3	No
Other: School nurse data	3	No

*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

The migration of Vital Records to the office of the Secretary of State has affected the ability to obtain data, for all of the Department of Health and Human Services. Details of data sharing are being worked out.

FIELD LEVEL NOTES

1. **Section Number:** Indicator 09A
Field Name: BAN
Row Name: Annual linkage of birth records and newborn screening files
Column Name:
Year: 2005
Field Note:
Currently being developed with the help of a State Systems Development Initiative (SSDI) grant
2. **Section Number:** Indicator 09A
Field Name: BirthDefects
Row Name: Annual birth defects surveillance system
Column Name:
Year: 2005
Field Note:
There is no annual birth defects surveillance system in NH.
3. **Section Number:** Indicator 09A
Field Name: RecentMother
Row Name: Survey of recent mothers at least every two years (like PRAMS)
Column Name:
Year: 2005
Field Note:
There is no PRAMS survey in NH.
4. **Section Number:** Indicator 09B
Field Name: Other1_09B
Row Name: Other
Column Name:
Year: 2005
Field Note:
The Youth Tobacco Survey is done every two years by the NH Tobacco Program (Susan Knight).

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

HEALTH STATUS INDICATOR MEASURE # 01A

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	6.3	6.3	6.5	6.3	_____
Numerator	880	916	957	914	_____
Denominator	14,048	14,590	14,648	14,427	_____
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 01B

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	4.6	4.7	4.7	4.6	_____
Numerator	621	658	658	640	_____
Denominator	13,541	14,078	14,049	13,904	_____
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 02A

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	1.2	1.3	1.1	1.1	_____
Numerator	174	195	160	158	_____
Denominator	14,048	14,590	14,647	14,427	_____
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 02B

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	0.8	0.9	0.8	0.7	_____
Numerator	112	125	116	99	_____
Denominator	13,541	14,078	14,049	13,904	_____
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 03A

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

	1999	2000	Annual Indicator Data		2003
			2001	2002	
Annual Indicator	4.0	7.0	9.2	4.4	
Numerator	10	18	24	11	
Denominator	251,125	257,477	260,285	248,666	
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 03B

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

	1999	2000	Annual Indicator Data		2003
			2001	2002	
Annual Indicator	1.6	2.3	1.2	2.0	
Numerator	4	6	3	5	
Denominator	251,125	257,477	260,285	248,666	
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 03C

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

	1999	2000	Annual Indicator Data		2003
			2001	2002	
Annual Indicator	21.8	21.9	20.2	14.8	
Numerator	33	34	32	24	
Denominator	151,060	155,454	158,613	161,772	
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 04A

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

	1999	2000	Annual Indicator Data		2003
			2001	2002	
Annual Indicator	107.1	97.5	80.3	92.0	
Numerator	269	251	209	242	
Denominator	251,125	257,477	260,285	263,093	
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 04B

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	12.7	11.7	13.4	6.8	
Numerator	32	30	35	18	
Denominator	251,125	257,477	260,285	263,093	
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 04C

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator		36.6	110.3	84.7	
Numerator		151	175	137	
Denominator		412,931	158,613	161,772	
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 05A

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	9.7	9.5	10.4	12.0	11.6
Numerator	392	394	473	510	494
Denominator	40,350	41,472	45,362	42,624	42,624
Is the Data Provisional or Final?				Final	Final

HEALTH STATUS INDICATOR MEASURE # 05B

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator		2.0	2.6	2.8	3.0
Numerator		472	566	639	676
Denominator		234,685	217,437	226,570	226,570
Is the Data Provisional or Final?				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:
2003 vital records data is not available. It will be available for the 2006 application.
2. **Section Number:** Health Status Indicator #01B
Field Name: HSI01B
Row Name:
Column Name:
Year: 2005
Field Note:
2003 vital records data is not available. It will be available for the 2006 application.
3. **Section Number:** Health Status Indicator #04A
Field Name: HSI04A
Row Name:
Column Name:
Year: 2005
Field Note:
Data based on inpatient hospitalizations
4. **Section Number:** Health Status Indicator #04B
Field Name: HSI04B
Row Name:
Column Name:
Year: 2005
Field Note:
Data based on inpatient hospitalizations
5. **Section Number:** Health Status Indicator #04C
Field Name: HSI04C
Row Name:
Column Name:
Year: 2005
Field Note:
Data based on inpatient hospitalizations
6. **Section Number:** Health Status Indicator #05A
Field Name: HSI05A
Row Name:
Column Name:
Year: 2005
Field Note:
Data obtained from Patricia Blackman, STD program.
7. **Section Number:** Health Status Indicator #05B
Field Name: HSI05B
Row Name:
Column Name:
Year: 2005
Field Note:
Data obtained from Patricia Blackman, STD program.

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

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: 2000 Is this data from a State Projection? No

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	14,006	12,962	170	29	247	4	413	181
Children 1 through 4	61,679	57,726	615	124	1,078	17	1,472	647
Children 5 through 9	88,537	84,059	781	220	1,056	18	1,593	810
Children 10 through 14	93,255	89,000	764	266	1,007	37	1,433	748
Children 15 through 19	86,688	82,387	845	277	1,145	42	1,231	761
Children 20 through 24	68,766	64,538	812	216	1,393	33	1,007	767
Children 0 through 24	412,931	390,672	3,987	1,132	5,926	151	7,149	3,914

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

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	13,531	475	
Children 1 through 4	59,804	1,875	
Children 5 through 9	86,213	2,324	
Children 10 through 14	91,254	2,001	
Children 15 through 19	84,714	1,974	
Children 20 through 24	66,889	1,877	
Children 0 through 24	402,405	10,526	0

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

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

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	1	1	0	0	0	0	0	0
Women 15 through 17	222	213	4	3	0	2	0	0
Women 18 through 19	659	621	17	5	1	11	0	4
Women 20 through 34	10,871	10,242	152	32	129	253	7	56
Women 35 or older	2,674	2,532	45	4	37	38	0	18
Women of all ages	14,427	13,609	218	44	167	304	7	78

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

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	0	0	1
Women 15 through 17	200	10	12
Women 18 through 19	571	42	46
Women 20 through 34	10,064	384	423
Women 35 or older	2,522	69	83
Women of all ages	13,357	505	565

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NH

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: 2001 Is this data from a State Projection? No

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	56	53	0	0	2	1	0	0
Children 1 through 4	23	22	1	0	0	0	0	0
Children 5 through 9	9	8	0	0	1	0	0	0
Children 10 through 14	17	16	0	0	1	0	0	0
Children 15 through 19	52	51	0	0	0	1	0	0
Children 20 through 24	53	52	1	0	0	0	0	0
Children 0 through 24	210	202	2	0	4	2	0	0

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

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	53	0	3
Children 1 through 4	23	0	0
Children 5 through 9	9	0	0
Children 10 through 14	16	0	1
Children 15 through 19	49	1	2
Children 20 through 24	52	1	0
Children 0 through 24	202	2	6

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

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

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	344,165	330,398.0	2,409.0	688.0	4,474.0	103.0	3,786.0	2,307.0	2000
Percent in household headed by single parent	20.0	19.5	40.0	32.0	11.2	29.5	29.3	35.0	2000
Percent in TANF (Grant) families	2.7	2.6	16.7	2.5	0.8	1.9	0	11.7	2003
Number enrolled in Medicaid	85,181	80,064.0	1,728.0	86.0	736.0	0	0	2,567.0	2003
Number enrolled in SCHIP	29,288							29,288.0	2003
Number living in foster home care	1,281	1,119.0	79.0	19.0	10.0	0	0	54.0	2002
Number enrolled in food stamp program	19,377	18,025.0	737.0	30.0	83.0	3.0	0	499.0	2003
Number enrolled in WIC	22,782	20,278.0	825.0	24.0	250.0	0	0	1,405.0	2003
Rate (per 100,000) of juvenile crime arrests	2,578.0							2,578.0	2002
Percentage of high school drop-outs (grade 9 through 12)	3.8							3.8	2003

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

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	338,314.0	5,851.0	0	2000
Percent in household headed by single parent	19.6	33.0	0	2000
Percent in TANF (Grant) families	2.5	12.9	0	2003
Number enrolled in Medicaid	79,463.0	3,151.0	2,567.0	2003
Number enrolled in SCHIP			29,288.0	2003
Number living in foster home care	1,227.0	54.0	0	2002
Number enrolled in food stamp program	18,047.0	1,283.0	47.0	2003
Number enrolled in WIC	21,409.0	1,373.0	0	2003
Rate (per 100,000) of juvenile crime arrests			2,578.0	2002
Percentage of high school drop-outs (grade 9 through 12)			3.8	2003

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

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

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

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	<u> </u>
Living in urban areas	<u>208,165</u>
Living in rural areas	<u>136,000</u>
Living in frontier areas	<u> </u>
Total - all children 0 through 19	<u>344,165</u>

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

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

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

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

POVERTY LEVELS	TOTAL
Total Population	<u>1,264,000.0</u>
Percent Below: 50% of poverty	<u> </u>
100% of poverty	<u>5.8</u>
200% of poverty	<u>19.1</u>

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

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

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

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	<u>344,165.0</u>
Percent Below: 50% of poverty	<u> </u>
100% of poverty	<u>5.8</u>
200% of poverty	<u>19.6</u>

FORM NOTES FOR FORM 21

Notes for HSI # 9A pertain also to HSI # 9B.

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:
Data is children under 19. Obtained from Robert Hearne.
2. **Section Number:** Indicator 09A
Field Name: HSIRace_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2005
Field Note:
Data is 0-20. Obtained from Patty Fostier via Stephanie Johnson.
3. **Section Number:** Indicator 09A
Field Name: HSIRace_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2005
Field Note:
Data is as of July 1, 2003. Breakdown by race/ethnicity is not available. Data obtained from Joyce Butterworth.
4. **Section Number:** Indicator 09A
Field Name: HSIRace_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2005
Field Note:
Data is under age 19. Obtained from Robert Hearne.
5. **Section Number:** Indicator 09A
Field Name: HSIRace_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2005
Field Note:
Data is for calendar year 2003. Obtained from Lisa Richards via Tara Sharon.
6. **Section Number:** Indicator 09A
Field Name: HSIRace_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2005
Field Note:
Data by race and ethnicity is not available. Data is youth 0-17, from Gary Fowler (2521).
7. **Section Number:** Indicator 09A
Field Name: HSIRace_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2005
Field Note:
From www.ed.state.nh.us Racial breakdowns are not available.
8. **Section Number:** Indicator 10
Field Name: Urban
Row Name: Living in urban areas
Column Name:
Year: 2005
Field Note:
Estimated from census data available.
9. **Section Number:** Indicator 10
Field Name: Rural
Row Name: Living in rural areas
Column Name:
Year: 2005
Field Note:
Estimated from census data available.
10. **Section Number:** Indicator 09A
Field Name: HSIRace_FosterCare
Row Name: Number living in foster home care
Column Name:
Year: 2005
Field Note:
Data is as of September 30, 2002. Obtained from Gail Degoosh via Melissa Correia.