

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

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APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 7/9/2004	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: Alabama Department of Public Health		Organizational Unit: Bureau of Family Health Services										
Address (give city, county, state and zip code) 201 Monroe Street The RSA Tower Montgomery, AL 36104 County: Montgomery		Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: Thomas M. Miller, MD, MPH Tel Number: 334-206-2940										
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">6</td><td style="width: 20px; text-align: center;">3</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">6</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">6</td><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">9</td></tr></table>		6	3	6	0	0	0	6	1	9	7. TYPE OF APPLICANT: (Enter appropriate letter in box) A A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipality J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipality M. Profit Organization G. Special District N. Other (Specify)	
6	3											
6	0	0	0	6	1	9						
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration Decrease Duration Other (specify):		9 NAME OF FEDERAL AGENCY: Health Resources and Services Administration, Maternal and Child Health Bureau										
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">3</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">4</td></tr></table> TITLE: Maternal and Child Health Services Block Grant		9	3	9	9	4	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Maternal and Child Health Services Block Grant					
9	3											
9	9	4										
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): Alabama (statewide)												
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:										
Start Date: 10/01/2004	Ending Date: 09/30/2005	a. Applicant Statewide	b. Project Statewide									
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW										
a. Federal	\$ <u>12,415,310.00</u>											
b. Applicant	\$ <u>0.00</u>											
c. State	\$ <u>25,410,662.00</u>											
d. Local	\$ <u>0.00</u>											
e. Other	\$ <u>3,301,009.00</u>											
f. Program Income	\$ <u>32,428,814.00</u>											
g. TOTAL	\$ <u>73,555,795.00</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 Donald E. Williamson, MD		b. Title State Health Officer	c. Telephone Number 334-206-5200									
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: AL

1. FEDERAL ALLOCATION

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

\$ 12,415,310

A.Preventive and primary care for children:

\$ 6,190,880 (49.86%)

B.Children with special health care needs:

\$ 3,724,593 (30%)

(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:

\$ 1,241,531 (10%)

(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)

\$ 25,410,662

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

\$ 0

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

\$ 3,301,009

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

\$ 32,428,814

7. TOTAL STATE MATCH (Lines 3 through 6)

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

\$ 15,408,615

\$ 61,140,485

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

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

\$ 73,555,795

9. OTHER FEDERAL FUNDS

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

a. SPRANS: \$ 510,900

b. SSDI: \$ 142,075

c. CISS: \$ 98,797

d. Abstinence Education: \$ 984,200

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 90,000,000

h. AIDS: \$ 2,110,669

i. CDC: \$ 704,200

j. Education: \$ 0

k. Other:

Hemophilia of GA \$ 28,700

Immunizations \$ 21,409,659

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

\$ 115,989,200

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 189,544,995

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: AL

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 12,905,145	\$ 13,971,117	\$ 12,956,792	\$ 0	\$ 12,415,310	\$ 0
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 35,708,823	\$ 24,658,656	\$ 43,037,317	\$ 0	\$ 25,410,662	\$ 0
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 3,282,697	\$ 2,926,480	\$ 3,475,487	\$ 0	\$ 3,301,009	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 13,744,448	\$ 30,602,483	\$ 16,241,761	\$ 0	\$ 32,428,814	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 65,641,113	\$ 72,158,736	\$ 75,711,357	\$ 0	\$ 73,555,795	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 120,170,615	\$ 116,104,760	\$ 117,282,825	\$ 0	\$ 115,989,200	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 185,811,728	\$ 188,263,496	\$ 192,994,182	\$ 0	\$ 189,544,995	\$ 0
(STATE MCH BUDGET TOTAL)						

**FORM 3
STATE MCH FUNDING PROFILE**

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

STATE: AL

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 12,487,088	\$ 11,981,751	\$ 12,487,088	\$ 9,027,236	\$ 12,613,192	\$ 16,227,189
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 27,515,114	\$ 35,477,903	\$ 31,007,981	\$ 35,597,748	\$ 35,749,271	\$ 42,589,942
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 2,906,195	\$ 2,969,191	\$ 2,719,368	\$ 2,881,101	\$ 3,053,905	\$ 2,900,486
6. Program Income <i>(Line6, Form 2)</i>	\$ 31,707,792	\$ 13,431,846	\$ 31,584,066	\$ 11,415,109	\$ 13,888,400	\$ 15,005,236
7. Subtotal <i>(Line8, Form 2)</i>	\$ 74,616,189	\$ 63,860,691	\$ 77,798,503	\$ 58,921,194	\$ 65,304,768	\$ 76,722,853
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 92,267,672	\$ 118,587,324	\$ 105,133,629	\$ 120,530,777	\$ 118,534,552	\$ 117,643,099
9. Total <i>(Line11, Form 2)</i>	\$ 166,883,861	\$ 182,448,015	\$ 182,932,132	\$ 179,451,971	\$ 183,839,320	\$ 194,365,952
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2002
Field Note:
Expended exceeds budgeted by 28.7% due to FY02 expenditures for FY01 activity.
2. **Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2002
Field Note:
Expended exceeds budgeted by 19.1% due to underestimate of budget based on FY00 activity.
3. **Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2003
Field Note:
State expenditures decreased from budget by approximately 31% due to an overprojection of expenditures which included medicaid dollars in error. Corrections have been made to the ADPH spreadsheet to prevent this in future submissions.
4. **Section Number:** Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2003
Field Note:
Expenditures in other funds exceeded budget by 10.85% due to an overestimate of expenditures.
5. **Section Number:** Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2003
Field Note:
Program income increased from budget by over 120% due to an underprojection of income which excluded medicaid dollars in error. Corrections have been made to the ADPH spreadsheet to prevent this in future submissions.

FORM 4

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

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

STATE: AL

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 12,365,807	\$ 9,945,527	\$ 10,236,175	\$ 0	\$ 10,236,175	\$ 0
b. Infants < 1 year old	\$ 5,136,388	\$ 7,313,766	\$ 8,213,524	\$ 0	\$ 7,182,732	\$ 0
c. Children 1 to 22 years old	\$ 18,276,762	\$ 23,662,161	\$ 26,203,635	\$ 0	\$ 23,238,228	\$ 0
d. Children with Special Healthcare Needs	\$ 24,564,381	\$ 26,449,748	\$ 26,784,022	\$ 0	\$ 28,624,659	\$ 0
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 5,297,775	\$ 4,787,534	\$ 4,274,001	\$ 0	\$ 4,274,001	\$ 0
g. SUBTOTAL	\$ 65,641,113	\$ 72,158,736	\$ 75,711,357	\$ 0	\$ 73,555,795	\$ 0

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

a. SPRANS	\$ 661,902	\$ 661,902	\$ 510,900
b. SSDI	\$ 107,369	\$ 90,000	\$ 142,075
c. CISS	\$ 39,738	\$ 80,128	\$ 98,797
d. Abstinence Education	\$ 1,178,097	\$ 975,583	\$ 984,200
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 90,000,000	\$ 90,000,000	\$ 90,000,000
h. AIDS	\$ 654,435	\$ 1,826,788	\$ 2,110,669
i. CDC	\$ 707,644	\$ 724,703	\$ 704,200
j. Education	\$ 0	\$ 0	\$ 0
k. Other			
Hemophilia of GA	\$ 0	\$ 0	\$ 28,700
Immunizations	\$ 26,792,730	\$ 22,895,021	\$ 21,409,659
AIDS (CRS)	\$ 28,700	\$ 28,700	\$ 0
OAPP	\$ 0	\$ 0	\$ 0
III. SUBTOTAL	\$ 120,170,615	\$ 117,282,825	\$ 115,989,200

FORM 4

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

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

STATE: AL

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 32,308,280	\$ 18,238,831	\$ 33,300,410	\$ 11,176,557	\$ 17,086,490	\$ 10,494,746
b. Infants < 1 year old	\$ 8,879,446	\$ 4,124,245	\$ 9,280,223	\$ 5,639,514	\$ 4,571,334	\$ 8,965,146
c. Children 1 to 22 years old	\$ 5,964,179	\$ 14,095,004	\$ 7,098,487	\$ 15,839,261	\$ 14,992,942	\$ 28,601,535
d. Children with Special Healthcare Needs	\$ 19,823,130	\$ 21,311,330	\$ 22,462,792	\$ 21,510,440	\$ 22,123,525	\$ 24,330,326
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 7,641,154	\$ 6,091,281	\$ 5,656,591	\$ 4,755,422	\$ 6,530,477	\$ 4,331,100
g. SUBTOTAL	\$ 74,616,189	\$ 63,860,691	\$ 77,798,503	\$ 58,921,194	\$ 65,304,768	\$ 76,722,853

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		\$ 98,536		\$ 109,747	
c. CISS	\$ 25,000		\$ 48,534		\$ 54,843	
d. Abstinence Education	\$ 1,081,058		\$ 1,081,058		\$ 1,081,058	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 90,000,000		\$ 90,000,000		\$ 90,000,000	
h. AIDS	\$ 28,700		\$ 0		\$ 695,856	
i. CDC	\$ 730,000		\$ 508,974		\$ 541,921	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
AIDS (CRS)	\$ 0		\$ 0		\$ 28,911	
GENETIC GRANT	\$ 0		\$ 0		\$ 175,000	
IMMUNIZATION	\$ 0		\$ 0		\$ 25,683,819	
OAPP	\$ 74,214		\$ 160,476		\$ 163,397	
CRS(TBI,Hemo&Genetics)	\$ 0		\$ 309,922		\$ 0	
Immunizations	\$ 0		\$ 12,329,082		\$ 0	
Ryan White	\$ 0		\$ 597,047		\$ 0	
CRS (TBI , AIDS GRANT	\$ 228,700		\$ 0		\$ 0	
III. SUBTOTAL	\$ 92,267,672		\$ 105,133,629		\$ 118,534,552	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

- 1. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2002
Field Note:
See Section V. A. Budget Narrative, Expenditures
- 2. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2003
Field Note:
Expenditures for pregnant women were 19.2% less than budget and represent approximately 95% of funds expended in FY 2002. This is a continuing downward trend in services performed in our CHD's discussed in previous submissions.
- 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: 2002
Field Note:
See Section V. A. Budget Narrative, Expenditures
- 4. 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:
Although FY 2003 expenditures for infants more than doubled the amount budgeted, they represent only 82% of the funds expended for infants in the previous year. This represents a continued downward trend of services performed in our CHD's.
- 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:
See Section V. A. Budget Narrative, Expenditures
- 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:
FY 2003 expenditures for children is consistent with the same downward trend in services for pregnant women and infants and although these funds show an increase of 16% when compared to budget, they represent only 83% of the funds expended in the previous year.
- 7. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2002
Field Note:
See Section V. A. Budget Narrative, Expenditures

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: AL

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.)	\$ 42,098,159	\$ 43,589,069	\$ 46,657,955	\$ 0	\$ 44,833,945	\$ 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.)	\$ 8,957,792	\$ 11,689,787	\$ 8,262,922	\$ 0	\$ 11,854,962	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 5,646,475	\$ 7,039,340	\$ 5,758,008	\$ 0	\$ 7,000,615	\$ 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.)	\$ 8,938,687	\$ 9,840,540	\$ 15,032,472	\$ 0	\$ 9,866,273	\$ 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.)	\$ 65,641,113	\$ 72,158,736	\$ 75,711,357	\$ 0	\$ 73,555,795	\$ 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: AL

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.)	\$ 55,887,527	\$ 44,359,962	\$ 58,348,889	\$ 41,900,173	\$ 42,406,067	\$ 46,395,481
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.)	\$ 6,946,503	\$ 7,989,515	\$ 9,335,815	\$ 6,191,336	\$ 8,769,823	\$ 8,686,631
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 3,859,168	\$ 3,525,915	\$ 5,445,892	\$ 3,919,217	\$ 5,077,327	\$ 6,132,078
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.)	\$ 7,922,991	\$ 7,985,299	\$ 4,667,907	\$ 6,910,468	\$ 9,051,551	\$ 15,508,663
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.)	\$ 74,616,189	\$ 63,860,691	\$ 77,798,503	\$ 58,921,194	\$ 65,304,768	\$ 76,722,853

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

- 1. Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2003
Field Note:
Although expenditures are 30% greater than budget, this comparison is somewhat artificial for FY 2003. Of the services provided by ADPH, Family Planning Teen Care Coordination represented the largest growth with \$3,666,064 expended in FY 2003 compared to \$2,821,480 expended in FY 2002. Additionally, CRS changed their methodology for distributing expenditures throughout the pyramid with the submittal of the 2003 report/2005 submission. This change will provide an artificial budget/expenditure comparison for budgets submitted before the change.
- 2. Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2002
Field Note:
Expended exceeds budgeted by 20.8% due to inclusion of Medically-at-Risk Case Mangement and Unwed Pregnancy Prevention Program expenditures.
- 3. Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2003
Field Note:
Expenditures for Population Based Services exceeded budget by 25%. Medically at Risk Case Management represented the largest growth within ADPH with \$3,053,586 expended in FY 2003 compared to \$1,977,516 spent in FY 2002.
- 4. Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2002
Field Note:
Expended exceeds budgeted by 71.3% due to inclusion of Abstinence Education-Only Program, Abstinence Community-Based Education-Only Program and Unwed Pregnancy Prevention Program expenditures.
- 5. Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2003
Field Note:
Expenditures for FY 2003 increased by about 3.54% over that which was budgeted. These figures were largely based on an ADPH budget that did not include Abstinence, SPRANS, and AUPPP. Expenditures in these three programs combined represent \$3,772,684 for FY 2003.

FORM 6

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

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

STATE: AL

Total Births by Occurrence: 58,397

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	58,356	99.9	3	3	3	100
Congenital Hypothyroidism	58,356	99.9	84	14	14	100
Galactosemia	58,356	99.9	11	2	2	100
Sickle Cell Disease	58,631	100.4	58	55	55	100

Other Screening (Specify)

Congenital Adrenal Hyperplasia (CAH)	58,356	99.9	4	4	4	100
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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

These results are for calendar year 2003. Because some second and repeat tests are marked as initial specimens, an unknown quantity of second and repeat tests are counted in the numerator for initial screens.

The State does not have a policy regarding metabolic or hemoglobinopathy screening for older children. Effective 12/3/2003, the Bureau of Clinical Laboratories discontinued adult hemoglobin testing. However, the Alabama Department of Public Health contracts with seven community-based sickle cell organizations in the State to provide patient education, counseling, training, and support. In addition, there are two comprehensive sickle cell centers at the University of Alabama at Birmingham and the University of South Alabama in Mobile, who provide sickle cell testing, diagnosis, counseling, and treatment for pediatric and adult clients.

For the screening test Congenital Adrenal Hyperplasia (CAH), the number of confirmed cases is equal TO THE NUMBER OF PRESUMPTIVE POSITIVE SCREENINGS. Per the program coordinator, the results reported are correct because "the screening methodology is highly sensitive and few false positives are identified for CAH. Also, additional cases may be identified from the State's routine second screening." Thus, the protocols established for identification in Alabama ensure that the results are reported.

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: Galactosemia_OneScreenNo
Row Name: Galactosemia
Column Name: Receiving at least one screen
Year: 2005
Field Note:
Six individuals screened for Galactosemia were diagnosed as Duarte carriers, and thus do not have Classical Galactosemia. These patients will be followed-up, with a treatment that consists of a lactose-restricted diet, for a period of one year at the Sparks Clinic.
2. **Section Number:** Main
Field Name: SickleCellDisease_OneScreenNo
Row Name: SickleCellDisease
Column Name: Receiving at least one screen
Year: 2005
Field Note:
3. **Section Number:** Main
Field Name: Phenylketonuria_Confirmed
Row Name: Phenylketonuria
Column Name: Confirmed Cases
Year: 2005
Field Note:
In Alabama, one individual was diagnosed with hyperphenylalaninemia. This patient does not have classical PKU, but will require follow-up treatment that will consist of a protein-restricted diet, as well as monitoring of blood lead levels. This follow-up treatment will be provided at the Sparks Clinic in Birmingham, Alabama.
4. **Section Number:** Other Screening Types
Field Name: Other
Row Name: All Rows
Column Name: All Columns
Year: 2005
Field Note:
Maple Syrup Urine Disease (MSUD) –1 new diagnosis. Currently, patients in Alabama are not screened for this condition, but will be with the implementation of Tandem Mass Spectrometry (MS/MS).

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: AL

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	7,295	54.8	0.0	0.0	45.2	0.0
Infants < 1 year old	55,438	44.5	0.0	49.4	2.8	3.3
Children 1 to 22 years old	32,174	63.4	0.0	0.0	36.6	0.0
Children with Special Healthcare Needs	23,633	49.0	2.2	32.0	16.8	0.0
Others	96,355	58.2	0.0	0.0	41.8	0.0
TOTAL	214,895					

FORM NOTES FOR FORM 7

Form 7 "Children 1 to 22 Years" Row

Because the databases from which these numbers are derived do not capture data for children to age 22 years, numbers and percentages reported pertain to children 1 through 21 years of age. These numbers, as well as numbers for Title-V-served pregnant women and "Others," are derived from three encounter form databases: one for Jefferson County, one for Mobile County, and one for remaining counties.

Form 7 Column A

Based on the fact that Title V funds help support the State's Newborn Screening Program and on written (3/2/99) and verbal (6/14/99, 6/15/99) guidance provided by the Maternal and Child Health Bureau, the estimated number of newborns screened for metabolic disorders is listed in Column A for infants less than 1 year of age. To account for the fact that an unknown number of second and repeat tests are counted as being initial screens (see note to Form 06), we applied a factor of 0.95 to the 58,356 newborns reported as being screened for PKU, yielding an estimate of 55,438 infants served. We believe that this is a conservative estimate and that the true number of newborns screened for metabolic disorders (and therefore served by Title V) may be higher than the estimated number.

Form 7 Column B

For each of the encounter-form databases used, the number of Medicaid-covered, Title V-served children aged 1-21 years was estimated by multiplying the number of Medicaid-covered, Title V-served infants and children aged 0-21 years by the proportion of that geographic area's Title V-served infants and children 0-21 years who were 1-21 years old. (The 3 geographic areas were Jefferson County, Mobile County, and all remaining counties.) These 3 estimated numbers were then summed to form the numerator for estimating the percentage of Title V-served children aged 1-21 years who were covered by Medicaid.

Form 7 Column E

Percentages in the "None" column include patients for whom source of coverage was listed as "patient," "free," or "fee" on reports of encounter-form data. The encounter-form reports available to the Bureau of Family Health Services do not state whether patients have Title XXI or private/other coverage. This limitation pertains to pregnant women, children 1-21 years of age, and "Others." Persons covered by these sources would therefore be classified in the "None" column unless they were also covered by Medicaid.

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:

Numbers and percentages reported for this measure are derived from 3 encounter-form databases: 1 for Jefferson County, 1 for Mobile County, and 1 for remaining counties. Mobile County Health Department (Mobile CHD) has changed its computer system and is experiencing problems when attempting to merge 10 months of data from the old system with 2 months of data from the new system. Thus, the data reported by Mobile CHD represent 10 out of 12 months of service in FY 2003. Mobile CHD staff anticipate this problem being alleviated once they've had an opportunity to collect a full year of data via the new system.

Because Epi/Data staff believe that reporting only 10 months of data will undercount the number of maternity patients served at Mobile CHD, we have extrapolated the data provided in order to derive an adjusted total to represent an entire year of data. For Mobile CHD, we have taken the average number of patients served per month for the 10-month period reported (1,652 total patients/10 months=165 patients/month) and assumed that for the 2 months not included in the report, the same average number of maternity patients were seen during those months. Thus, we added 330 patients (165 patients/month*2 months) to the total reported (1,652) to derive an adjusted total of 1,982 (1,652+330) maternity patients served by Mobile CHD in FY 2003. This same process was used to derive an adjusted total for the number of maternity patients served whose method of payment was Medicaid. Thus, for Mobile CHD, the average number of Medicaid patients (583 Medicaid patients/10 months=58 patients/month) was calculated and then added to the reported total (583) to derive an adjusted total of 699 (583+(58*2)) maternity patients served during FY 2003 whose method of payment was Medicaid.

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:

For infants less than 1 year of age, percentages were estimated by assuming that the source-of-coverage distribution of Title V-served infants was the same as the source-of-coverage distribution for delivery of residential live births in CY 2002.

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:

Because the databases from which these numbers are derived do not capture data for children to age 22 years, numbers and percentages reported pertain to children 1 through 21 years of age. These numbers, as well as numbers for Title V-served pregnant women and "Others," are derived from three encounter form databases: one for Jefferson County, one for Mobile County, and one for all remaining counties.

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:

Complete insurance information was not collected on every child to whom a service was provided. Insurance data reported are on the 14,584 children enrolled in Children's Rehabilitation Service during FY 2003.

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: AL

Reporting Year: 2003

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	59,415	40,058	18,539	156	521	5		136
Title V Served	7,295	2,276	4,790	51	49			129
Eligible for Title XIX	26,483	13,533	12,684	86	130	1		49
INFANTS								
Total Infants in State	58,337	39,543	17,983	155	520	5		131
Title V Served	55,439	37,496	17,175	147	490	5		126
Eligible for Title XIX	48,250	24,050	21,220	136	299			2,545

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	56,698	2,675	42	2,034	19	86	236	300
Title V Served	6,393	902						
Eligible for Title XIX	25,384	1,078	21	830	7	45	100	96
INFANTS								
Total Infants in State	55,662	2,636	39	1,999	18	86	233	300
Title V Served	52,903	2,497	39	1,895	17	81	221	283
Eligible for Title XIX	45,202	503	2,545					

FORM NOTES FOR FORM 8

To be consistent with the glossary's definition of deliveries, "Total Deliveries in State" includes live births and fetal deaths. Encounter-form data regarding deliveries (used for "Title V-Served") do not include outcome information, but presumably include both live births and fetal deaths. Numbers for "Total Deliveries in State," "Eligible for Title XIX" deliveries, and "Total Infants in State" (the latter estimated by subtracting the number of infant deaths from the number of live births) pertain to CY 2002. (These numbers are based on vital statistics data.) Other numbers pertain to FY 2003.

Form 8 "Title V-Served"

The number of Title V-served infants in each ethnic group was estimated by assuming the ethnic distribution of Alabama residential live births in CY 2002. That is, the number of Title V-served infants in a given ethnic group was estimated by multiplying the estimated total number of Title V-served infants by the proportion of all CY 2002 live-born infants who were in that ethnic group, and rounding to the nearest whole number.

FIELD LEVEL NOTES

1. **Section Number:** I. Unduplicated Count By Race

Field Name: DeliveriesTotal_More

Row Name: Total Deliveries in State

Column Name: More Than One Race Reported

Year: 2005

Field Note:

Reports available to the Bureau of Family Health Services do not have a multiracial category.

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:

Numbers and percentages reported for this measure are derived from 3 encounter-form databases: 1 for Jefferson County, 1 for Mobile County, and 1 for remaining counties. Mobile County Health Department (Mobile CHD) has changed its computer system and is experiencing problems when attempting to merge 10 months of data from the old system with 2 months of data from the new system. Thus, the data reported by Mobile CHD represent 10 out of 12 months of service in FY 2003. Mobile CHD staff anticipate this problem being alleviated once they've had an opportunity to collect a full year of data via the new system.

Because Epi/Data staff believe that reporting only 10 months of data will undercount the number of maternity patients served at the Mobile County Health Department, we have extrapolated the data provided in order to derive an adjusted total to represent an entire year of data. For Mobile CHD, we have taken the average number of patients served per month for the 10-month period reported (1,652 total patients/10 months=165 patients/month) and assumed that for the 2 months not included in the report, the same average number of maternity patients were seen during those months. Thus, we added 330 patients (165 patients/month*2 months) to the total reported (1,652) to derive an adjusted total of 1,982 (1,652+330) maternity patients served by Mobile CHD in FY 2003. This same process was used to derive adjusted totals for the number of maternity patients served during FY 2003 by race and ethnicity.

3. **Section Number:** I. Unduplicated Count By Race

Field Name: DeliveriesTitleV_Hawaiian

Row Name: Title V Served

Column Name: Native Hawaiian or Other Pacific Islander

Year: 2005

Field Note:

Data sources for "Title V-Served" deliveries are 3 encounter-form databases (1 for Jefferson County, 1 for Mobile County, and 1 for all remaining counties). Only the encounter-form database report for Jefferson County has a classification for "Native Hawaiian or Other Pacific Islander." Because neither the report for Mobile County nor the report for all remaining counties has this classification represented, this information on the Jefferson County report has been included in the "other & unknown" category for consistency.

4. **Section Number:** I. Unduplicated Count By Race

Field Name: DeliveriesTitleV_More

Row Name: Title V Served

Column Name: More Than One Race Reported

Year: 2005

Field Note:

Reports available to the Bureau of Family Health Services do not have a multiracial category.

5. **Section Number:** I. Unduplicated Count By Race

Field Name: DeliveriesTitleXIX_More

Row Name: Eligible for Title XIX

Column Name: More Than One Race Reported

Year: 2005

Field Note:

Reports available to the Bureau of Family Health Services do not have a multiracial category.

6. **Section Number:** I. Unduplicated Count By Race

Field Name: InfantsTotal_More

Row Name: Total Infants in State

Column Name: More Than One Race Reported

Year: 2005

Field Note:

Reports available to the Bureau of Family Health Services do not have a multiracial category.

7. **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:

The number of Title V-served infants in each racial group was estimated by assuming the racial distribution of Alabama residential live births in CY 2002. That is, the number of Title V-served infants in a given racial group was estimated by multiplying the estimated total number of Title V-served infants by the proportion of all CY 2002 live-born infants who were in that racial group, and rounding to the nearest whole number.

8. **Section Number:** I. Unduplicated Count By Race

Field Name: InfantsTitleV_More

Row Name: Title V Served

Column Name: More Than One Race Reported

Year: 2005

Field Note:

Reports available to the Bureau of Family Health Services do not have a multiracial category.

9. **Section Number:** I. Unduplicated Count By Race

Field Name: InfantsTitleXIX_White

Row Name: Eligible for Title XIX

Column Name: White

Year: 2005

Field Note:

The data source for "Eligible for Title XIX" infants is a Medicaid database. The Medicaid report did not classify Hispanic individuals by race; accordingly, Hispanic individuals were assumed to be white when deriving numbers from these reports.

10. Section Number: I. Unduplicated Count By Race

Field Name: InfantsTitleXIX_Black

Row Name: Eligible for Title XIX

Column Name: Black or African American

Year: 2005

Field Note:

We are aware that the reported number of 21,220 infants notably (by 18%) exceeds the estimated number of African American infants in the State. Further, we have more confidence in the vital-statistics-based estimate (17,983 African American infants in the State) than we do in the estimate that 21,220 African American infants were eligible for Title XIX. However, even invalid estimates, if based on consistent methods, can sometimes be used to monitor trends (if the degree and direction of bias are consistent). Accordingly, we are reporting the number of 21,220 --which is from Medicaid's Form HCFA - 2082 (Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services; Section D [1]. Eligibles for Medical Care by Age, Race, Ethnicity, and Sex; Alabama, FY 2003). We will consult with the Alabama Medicaid Agency to determine potential reasons for this apparent overcount of Medicaid-eligible African American infants. However, since we do not manage or have access to the Medicaid database, we may not be able to resolve the reporting artifact.

11. Section Number: I. Unduplicated Count By Race

Field Name: InfantsTitleXIX_Asian

Row Name: Eligible for Title XIX

Column Name: Asian

Year: 2005

Field Note:

The data source for "Eligible for Title XIX" infants is a Medicaid database. The Medicaid report has a classification for "Asian or Pacific Islander" combined. This combined classification is reported here as "Asian."

12. 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:

Numbers and percentages reported for this measure are derived from 3 encounter-form databases: 1 for Jefferson County, 1 for Mobile County, and 1 for remaining counties. Mobile County Health Department (Mobile CHD) has changed its computer system and is experiencing problems when attempting to merge 10 months of data from the old system with 2 months of data from the new system. Thus, the data reported by Mobile CHD represent 10 out of 12 months of service in FY 2003. Mobile CHD staff anticipate this problem being alleviated once they've had an opportunity to collect a full year of data via the new system.

Because Epi/Data staff believe that reporting only 10 months of data will undercount the number of maternity patients served at Mobile CHD, we have extrapolated the data provided in order to derive an adjusted total to represent an entire year of data. For Mobile CHD, we have taken the average number of patients served per month for the 10-month period reported (1,652 total patients/10 months=165 patients/month) and assumed that for the 2 months not included in the report, the same average number of maternity patients were seen during those months. Thus, we added 330 patients (165 patients/month*2 months) to the total reported (1,652) to derive an adjusted total of 1,982 (1,652+330) maternity patients served by Mobile CHD in FY 2003. This same process was used to derive adjusted totals for the number of maternity patients served during FY 2003 by race and ethnicity.

13. Section Number: II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleV_TotalHispanic

Row Name: Title V Served

Column Name: Total Hispanic or Latino

Year: 2005

Field Note:

The number of "Title V-Served" deliveries is derived from 3 encounter-form databases (1 for Jefferson County, 1 for Mobile County, and 1 for all remaining counties) which do not have a classification for "Ethnicity Not Reported" and which do not classify the number by country or area of origin.

Mobile County Health Department (Mobile CHD) has changed its computer system and is experiencing problems when attempting to merge 10 months of data from the old system with 2 months of data from the new system. Thus, the data reported represents 10 out of 12 months of service in FY 2003. Mobile CHD staff anticipate this problem being alleviated once they've had an opportunity to collect a full year of data via the new system.

Because Epi/Data staff believe that reporting only 10 months of data will undercount the number of maternity patients served at Mobile CHD we have extrapolated the data provided in order to derive an adjusted total to represent an entire year of data. For Mobile CHD, we have taken the average number of patients served per month for the 10-month period reported (1,652 total patients/10 months=165 patients/month) and assumed that for the 2 months not included in the report, the same average number of maternity patients were seen during those months. Thus, we added 330 patients (165 patients/month*2 months) to the total reported (1,652) to derive an adjusted total of 1,982 (1,652+330) maternity patients served by Mobile CHD in FY 2003. This same process was used to derive adjusted totals for the number of maternity patients served during FY 2003 by race and ethnicity.

14. Section Number: II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleV_NotReported

Row Name: Title V Served

Column Name: Ethnicity Not Reported

Year: 2005

Field Note:

The number of "Title V-Served" deliveries is derived from 3 encounter-form databases (1 for Jefferson County, 1 for Mobile County, and 1 for all remaining counties), which do not have a classification for "Ethnicity Not Reported" and which do not classify the number by country or area of origin.

15. Section Number: II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleV_Mexican

Row Name: Title V Served

Column Name: Mexican

Year: 2005

Field Note:

The number of "Title V-Served" deliveries is derived from 3 encounter-form databases (1 for Jefferson County, 1 for Mobile County, and 1 for all remaining counties), which do not have a classification for "Ethnicity Not Reported" and which do not classify the number by country or area of origin.

16. Section Number: II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleV_Cuban

Row Name: Title V Served

Column Name: Cuban

Year: 2005

Field Note:

The number of "Title V-Served" deliveries is derived from 3 encounter-form databases (1 for Jefferson County, 1 for Mobile County, and 1 for all remaining counties), which do not have a classification for "Ethnicity Not Reported" and which do not classify the number by country or area of origin.

- 17. Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_PuertoRican
Row Name: Title V Served
Column Name: Puerto Rican
Year: 2005
Field Note:
The number of "Title V-Served" deliveries is derived from 3 encounter-form databases (1 for Jefferson County, 1 for Mobile County, and 1 for all remaining counties), which do not have a classification for "Ethnicity Not Reported" and which do not classify the number by country or area of origin.
- 18. Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_CentralAmerican
Row Name: Title V Served
Column Name: Central and South American
Year: 2005
Field Note:
The number of "Title V-Served" deliveries is derived from 3 encounter-form databases (1 for Jefferson County, 1 for Mobile County, and 1 for all remaining counties), which do not have a classification for "Ethnicity Not Reported" and which do not classify the number by country or area of origin.
- 19. Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_EthnicityOther
Row Name: Title V Served
Column Name: Other and Unknown
Year: 2005
Field Note:
The number of "Title V-Served" deliveries is derived from 3 encounter-form databases (1 for Jefferson County, 1 for Mobile County, and 1 for all remaining counties), which do not have a classification for "Ethnicity Not Reported" and which do not classify the number by country or area of origin.
- 20. Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_TotalHispanic
Row Name: Eligible for Title XIX
Column Name: Total Hispanic or Latino
Year: 2005
Field Note:
The number of "Eligible for Title XIX" infants is from a Medicaid database report, which did not classify the number by country or area of origin.
- 21. Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_NotReported
Row Name: Eligible for Title XIX
Column Name: Ethnicity Not Reported
Year: 2005
Field Note:
For the "Eligible for Title XIX" row, which is based on a report provided by the Alabama Medicaid Agency, Column C is the number reported as being of unknown race or ethnicity.
- 22. Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_Mexican
Row Name: Eligible for Title XIX
Column Name: Mexican
Year: 2005
Field Note:
The number of "Eligible for Title XIX" infants is from a Medicaid database report, which did not classify the number by country or area of origin.
- 23. Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_Cuban
Row Name: Eligible for Title XIX
Column Name: Cuban
Year: 2005
Field Note:
The number of "Eligible for Title XIX" infants is from a Medicaid database report, which did not classify the number by country or area of origin.
- 24. Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_PuertoRican
Row Name: Eligible for Title XIX
Column Name: Puerto Rican
Year: 2005
Field Note:
The number of "Eligible for Title XIX" infants is from a Medicaid database report, which did not classify the number by country or area of origin.
- 25. Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_CentralAmerican
Row Name: Eligible for Title XIX
Column Name: Central and South American
Year: 2005
Field Note:
The number of "Eligible for Title XIX" infants is from a Medicaid database report, which did not classify the number by country or area of origin.
- 26. Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_EthnicityOther
Row Name: Eligible for Title XIX
Column Name: Other and Unknown
Year: 2005
Field Note:
The number of "Eligible for Title XIX" infants is from a Medicaid database report, which did not classify the number by country or area of origin.

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

	FY 2005	FY 2004	FY 2003	FY 2002	FY 2001
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(800) 654-1385</u>				
2. State MCH Toll-Free "Hotline" Name	Healthy Beginnings				
3. Name of Contact Person for State MCH "Hotline"	<u>Charlena Freeman</u>				
4. Contact Person's Telephone Number	<u>(334) 206-2973</u>				
5. Number of calls received on the State MCH "Hotline" this reporting period			<u>992</u>	<u>1,579</u>	<u>1,741</u>

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

	FY 2005	FY 2004	FY 2003	FY 2002	FY 2001
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(800) 846-3697</u>				
2. State MCH Toll-Free "Hotline" Name	None	None	None	None	None
3. Name of Contact Person for State MCH "Hotline"	<u>Dawn Ellis</u>				
4. Contact Person's Telephone Number	<u>(334) 613-2294</u>				
5. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>44,863</u>	<u>40,556</u>	<u>42,414</u>

FORM NOTES FOR FORM 9

Children's Rehabilitation Service operates a toll-free number in the State Office and 15 district offices. Calls on some district lines may include calls related to Early Intervention. This number is the sum of calls received on all 16 lines for FY 2003.

FIELD LEVEL NOTES

1. **Section Number:** Optional

Field Name: calls_1

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

Column Name: FY

Year: 2003

Field Note:

Children's Rehabilitation Service operates a toll-free number in the State Office and 15 district offices. Calls on some district lines may include calls related to Early Intervention. This number is the sum of calls received on all 16 lines for FY 2003.

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

1. State MCH Administration:
(max 2500 characters)

The Title V Program is administratively located within the Bureau of Family Health Services (BFHS), a major unit within the Alabama Department of Public Health (ADPH). Through BFHS, ADPH administers all aspects of the Title V Program except services for children with special health care needs (CSHCN). Children's Rehabilitation Service (CRS), administered by the Alabama Department of Rehabilitation Services (ADRS), is the lead agency for services to CSHCN. This arrangement requires close collaboration between ADPH and CRS. In addition to the Title V Program, BFHS administers the Title X Family Planning Grant; the Special Supplemental Nutrition Program for Women, Infants, and Children; and the State Dental Program. In addition to administering CRS, ADRS administers the Alabama Hemophilia Program.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ <u>12,415,310</u>
3. Unobligated balance (Line 2, Form 2)	\$ <u>0</u>
4. State Funds (Line 3, Form 2)	\$ <u>25,410,662</u>
5. Local MCH Funds (Line 4, Form 2)	\$ <u>0</u>
6. Other Funds (Line 5, Form 2)	\$ <u>3,301,009</u>
7. Program Income (Line 6, Form 2)	\$ <u>32,428,814</u>
8. Total Federal-State Partnership (Line 8, Form 2)	\$ <u>73,555,795</u>

9. Most significant providers receiving MCH funds:

<u>County Health Departments</u>
<u>Monsky Developmental Clinic</u>
<u>Sparks Clinic at Civitan Int'l Research Center</u>
<u>UAB and USA Medical Genetics Programs</u>

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

a. Pregnant Women	<u>7,295</u>
b. Infants < 1 year old	<u>55,438</u>
c. Children 1 to 22 years old	<u>32,174</u>
d. CSHCN	<u>23,633</u>
e. Others	<u>96,355</u>

11. Statewide Initiatives and Partnerships:

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

Financial support for direct services in county health departments (CHDs)--By helping to pay for salaries, supplies, and equipment in CHDs statewide, Title V funds help provide prenatal care for pregnant women and physical assessment, immunizations, vision and hearing screening, nutritional assessment, developmental appraisal, and dental care for children. Care coordination in CHDs--Care coordination services help patients access medical, social, educational, and other services. In FY 2004 ADPH began administering the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Care Coordination program. Through this program, care coordination is provided to eligible Medicaid-enrolled children who come to CHDs for care. BFHS staff plan and provide quarterly training events for area- or county-level ADPH staff serving as EPSDT care coordinators. Direct and enabling services to children with special health care needs--Through 15 district offices, CRS provides information, referral, medical, rehabilitative, and care coordination services to 23,633 children and adolescents with special health care needs. Additionally, genetic evaluations of children with special health care needs are made available through CRS partnering with the State's two university-affiliated genetics programs. Enabling services include transportation assistance, interpretation, and family support.

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

Newborn Hematologic/Metabolic Screening--ADPH's Bureau of Clinical Laboratories (BCL) and BFHS jointly implement a program providing population-based screening of newborns for phenylketonuria (PKU), hypothyroidism, galactosemia, hemoglobinopathies, and adrenal hyperplasia. Further, through the use of Tandem Mass Spectrometry, BFHS and BCL are incrementally adding tests for other disorders to the screening panel. Adolescent pregnancy prevention--Family planning services for adolescents are provided in ADPH clinics; two community-based, non-clinical programs to prevent adolescent pregnancy are administered; and the State Children's Health Insurance Program (SCHIP) continues offering family planning coverage for eligible teens up to 200% of poverty. Newborn hearing screening--ADPH administers the Newborn Hearing Screening Program, through which it partners with CRS and other public and private service providers to implement universal newborn hearing screening. CRS ensures access to appropriate diagnostic, treatment, and intervention services.

c. Infrastructure Building Services:
(max 2500 characters)

SCHIP--ADPH is the lead agency for SCHIP, for which Phase I, expansion of the Medicaid Program, began in February 1998 and was completed by FY 2003. Phase II, privately administered health insurance for eligible children, began offering coverage in October 1998 and is ongoing. CRS Parent Connection Program--This ongoing program includes a parent support network, activities of the State and Local Parent Advisory Committees, employment of Parent Consultants, publication of a newsletter, and sibling support activities. CRS continues enhancing its management information system and increasing its use of communication technology for educating the public, clients, and families. State Perinatal Program--BFHS convenes the State Perinatal Advisory Committee, which makes recommendations about regionalization of perinatal care and other issues concerning perinatal outcome. Further, through Regional Perinatal Coordinators, BFHS supports Regional Perinatal Advisory Committees (RPACs). Activities of the RPACs include promotion of health care providers' awareness of the need to address folic acid consumption by women who may become pregnant, and review of selected infant deaths. State Systems Development Initiative (SSDI) Project--BFHS implements Alabama's SSDI Project, which focuses on enhancing data capacity and mainly entails electronic linkage of live birth records to certain other databases. State Dental Program--BFHS partners with the Alabama Medicaid Agency and the Alabama Oral Health Coalition to promote oral health, especially for low-income children. In FY 2005 ADPH will begin administering the federally funded Alabama Oral Health Collaborative Systems Project, to promote oral health among women of childbearing age, children, and youth in underserved areas. Alabama Child Death Review System (ACDRS)--ACDRS reviews

unexpected deaths in children and youth, maintains a website pertaining to child death review, and collaborates with other groups regarding potential legislative initiatives concerning preventable deaths of children and youth.

12. The primary Title V Program contact person:

Name Thomas M. Miller, MD, MPH
Title Director, Bureau of Family Health Services
Address Alabama Department of Public HealthThe RSA TowerP
City Montgomery
State AL
Zip 36130-3017
Phone (334) 206-2940
Fax (334) 206-2950
Email tmiller@adph.state.al.us
Web www.adph.org

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

Name Cary F. Boswell, EdD
Title Assistant Commissioner
Address Children's Rehabilitation Service2129 East South Boule
City Montgomery
State AL
Zip 36111-0586
Phone (334) 281-8780
Fax (334) 281-1973
Email cboswell@rehab.state.al.us
Web www.rehab.state.al.us

FORM NOTES FOR FORM 10

Individuals Served by the Title V Program (Col. A, Form 7)
PREGNANT WOMEN:

Numbers and percentages reported for this measure are derived from 3 encounter-form databases: 1 for Jefferson County, 1 for Mobile County, and 1 for remaining counties.

Mobile County Health Department (Mobile CHD) has changed its computer system and is experiencing problems when attempting to merge 10 months of data from the old system with 2 months of data from the new system. Thus, the data reported represents 10 out of 12 months of service in FY 2003. Mobile CHD staff anticipate this problem being alleviated once they've had an opportunity to collect a full year of data via the new system.

Because Epi/Data staff believe that reporting only 10 months of data will undercount the number of maternity patients served at Mobile CHD, we have extrapolated the data provided in order to derive an adjusted total to represent an entire year of data. For Mobile CHD, we have taken the average number of patients served per month for the 10-month period reported (1,652 total patients/10 months=165 patients/month) and assumed that for the 2 months not included in the report, the same average number of maternity patients were seen during those months. Thus, for Mobile CHD, we added 330 patients (165 patients/month*2 months) to the total reported (1,652) to derive an adjusted total of 1,982 (1,652+330) maternity patients served in FY 2003. Adding this adjusted total to the numbers reported for Jefferson County (4,432) plus the number reported for the remaining counties (881) yields a grand total of 7,295 pregnant women served in FY 2003.

FIELD LEVEL NOTES

None

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

PERFORMANCE MEASURE # 01

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

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	63	77	70	67	78
Denominator	63	77	70	67	78
Is the Data Provisional or Final?				Final	Final

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

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

PERFORMANCE MEASURE # 02

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

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective				66	66
Annual Indicator				66.1	66.1
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	66	66	66	70	72
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	_____	_____	_____	53	53
Annual Indicator	_____	_____	_____	53.9	53.9
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	53	53	53	60	62
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	_____	_____	_____	59	59
Annual Indicator	_____	_____	_____	59.7	59.7
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	59	59	59	60	62
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 05

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

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	_____	73	73
Annual Indicator	_____	_____	_____	73.7	73.7
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	73	73	73	78	80
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 06

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

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	_____	6	6
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	6	6	6	10	12
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>86</u>	<u>75.3</u>	<u>78.1</u>	<u>80.9</u>	<u>83.8</u>
Annual Indicator	<u>72.7</u>	<u>78.6</u>	<u>77.7</u>	<u>77</u>	<u>78.9</u>
Numerator	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
Denominator	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>86.9</u>	<u>90</u>	<u>90</u>	<u>90</u>	<u>90</u>
Annual Indicator					
Numerator					
Denominator					
Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.					

PERFORMANCE MEASURE # 08

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

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>42.8</u>	<u>41.3</u>	<u>38.2</u>	<u>36.7</u>	<u>35.2</u>
Annual Indicator	<u>39.7</u>	<u>36.3</u>	<u>30.8</u>	<u>29.9</u>	<u>27.3</u>
Numerator	<u>3,458</u>	<u>3,400</u>	<u>2,971</u>	<u>2,899</u>	<u>2,659</u>
Denominator	<u>87,203</u>	<u>93,649</u>	<u>96,498</u>	<u>96,896</u>	<u>97,295</u>
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>33.8</u>	<u>32.5</u>	<u>31.2</u>	<u>30</u>	<u>30</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	36	42	50	58	67
Annual Indicator	36.3	45.5	22.2	22.5	22.7
Numerator	651	71			384
Denominator	1,794	156			1,692
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	23.2	23.7	24.2	24.7	25.2
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 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	6.9	8.1	8	7.8	7.7
Annual Indicator	8.2	5.5	6.3	6.1	5.2
Numerator	73	51	59	57	49
Denominator	890,795	931,589	932,478	933,368	934,255
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	7.5	7.3	5.9	5.8	5.8
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 11

Percentage of mothers who breastfeed their infants at hospital discharge.

	Annual Objective and Performance Data				
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>58.4</u>	<u>66.2</u>	<u>45.9</u>	<u>47.3</u>	<u>48.7</u>
Annual Indicator	<u>46.2</u>	<u>47.3</u>	<u>50.7</u>	<u>48.0</u>	
Numerator	<u>27,439</u>	<u>28,644</u>	<u>27,725</u>	<u>26,873</u>	
Denominator	<u>59,422</u>	<u>60,580</u>	<u>54,701</u>	<u>55,995</u>	
Is the Data Provisional or Final?				Final	

	Annual Objective and Performance Data				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>50.2</u>	<u>51.7</u>	<u>51.7</u>	<u>51.7</u>	<u>51.7</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 # 12

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

	Annual Objective and Performance Data				
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>65.6</u>	<u>70</u>	<u>74.7</u>	<u>79.7</u>	<u>85</u>
Annual Indicator	<u>60.2</u>	<u>72.9</u>	<u>84.0</u>	<u>93.4</u>	<u>95.6</u>
Numerator	<u>36,923</u>	<u>45,576</u>	<u>50,186</u>	<u>54,000</u>	<u>55,846</u>
Denominator	<u>61,337</u>	<u>62,534</u>	<u>59,768</u>	<u>57,839</u>	<u>58,397</u>
Is the Data Provisional or Final?				Final	Final

	Annual Objective and Performance Data				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>87.5</u>	<u>90</u>	<u>92.9</u>	<u>95</u>	<u>95</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 # 13

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	11.8	11.7	11.5	11.3	11.1
Annual Indicator	10.7	8.5	8.8	10.8	
Numerator	122,000	98,000	101,000	122,000	
Denominator	1,143,000	1,158,000	1,143,000	1,128,000	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	8.6	8.4	8.2	8.1	8.1
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 14

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	87	88	88.9	89.8	90.7
Annual Indicator	86.8	84.5	87.2	88.3	85.9
Numerator	280,177	301,947	339,536	379,969	386,624
Denominator	322,784	357,177	389,499	430,507	449,906
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	90.8	92.2	93.6	95	95
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 15

The percent of very low birth weight infants among all live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	1.9	1.9	2	2	2
Annual Indicator	2.0	2.0	2.0	2.1	2.1
Numerator	1,266	1,282	1,188	1,227	1,217
Denominator	62,070	63,166	60,294	58,867	59,317
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	2	2	2	2	2
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 16

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	8.7	8.5	8.3	8.2	8.1
Annual Indicator	11.1	7.1	8.0	7.0	5.4
Numerator	33	23	26	23	18
Denominator	296,450	324,580	326,633	328,686	330,739
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	8.1	8	7.9	7.8	7.8
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 17

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	76.4	79.6	82.9	84.6	86.4
Annual Indicator	78.4	79.2	80.6	83.4	81.3
Numerator	992	1,015	957	1,023	989
Denominator	1,266	1,282	1,188	1,227	1,217
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	88.2	90	90	90	90
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 18

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	85	86.6	85.2	86.4	87.6
Annual Indicator	82.9	82.5	82.1	83.0	83.6
Numerator	51,479	52,127	49,526	48,885	49,606
Denominator	62,070	63,166	60,294	58,870	59,317
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	86.7	87.8	88.9	90	90
Annual Indicator					
Numerator					
Denominator					

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

STATE PERFORMANCE MEASURE # 1

The degree to which the Bureau of Family Health Services (BFHS) addresses the folic acid intake of women of childbearing age

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	6	11	10	15	18
Annual Indicator	10.0	11.0	13.0	13.0	13.0
Numerator	10	11	13	13	13
Denominator	18	18	18	18	18
Is the Data Provisional or Final?				Final	Final

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

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

STATE PERFORMANCE MEASURE # 7

The degree to which key maternal and child health databases are developed and analyzed, with pertinent findings reported to and utilized by the Bureau of Family Health Services (BFHS)

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	14	15	15	18	18
Annual Indicator	5.0	9.0	13.0	14.0	16.0
Numerator	5	9	13	14	16
Denominator	18	18	18	18	18
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	18	18	18	18	18
Annual Indicator					
Numerator					
Denominator					

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

STATE PERFORMANCE MEASURE # 10

The degree to which the State assures case management to facilitate access to, as well as full benefit from, available health care for children enrolled in the Patient 1st program

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective		10	15	15	15
Annual Indicator	4	12	12	13	13
Numerator	4	12	12	13	13
Denominator	15	15	15	15	15
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	0	0	0	0	0
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

The percent of children, 0-9 years of age, enrolled in the Patient 1st Program who received case management services during the reporting year.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective		1	2	3	4
Annual Indicator	0	0.8	2.7	2.4	4.1
Numerator		1,684	6,091	5,540	9,127
Denominator		210,497	226,196	233,994	222,416
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	0	0	0	0	0
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

The degree to which the State develops and implements a plan to promote utilization of dental services, particularly utilization of preventive services by low income children

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective		8	9	11	15
Annual Indicator	3.0	4.0	9.0	14.0	13.0
Numerator	3	4	9	14	13
Denominator	15	15	15	15	15
Is the Data Provisional or Final?				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.

STATE PERFORMANCE MEASURE # 13

The degree to which programs and policies designed to prevent adolescent pregnancy are implemented and evaluated

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective		9	11	13	15
Annual Indicator	9	11	14	14	14
Numerator	9	11	14	14	14
Denominator	18	18	18	18	18
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	17	18	18	18	18
Annual Indicator					
Numerator					
Denominator					

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

STATE PERFORMANCE MEASURE # 14

The degree to which the State Children with Special Health Care Needs Program assures public awareness of Title V CSHCN programs and activities among families and public/private service providers

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective	<u> </u>	<u> 3</u>	<u> 5</u>	<u> 8</u>	<u> 10</u>
Annual Indicator	<u> 0</u>	<u> 3</u>	<u> 5</u>	<u> 9</u>	<u> 10</u>
Numerator	<u> 0</u>	<u> 3</u>	<u> 5</u>	<u> 9</u>	<u> 10</u>
Denominator	<u> 15</u>				
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u> 12</u>	<u> 15</u>	<u> 15</u>	<u> 15</u>	<u> 15</u>
Annual Indicator					
Numerator					
Denominator					
Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.					

STATE PERFORMANCE MEASURE # 15

The percent of Alabama dentists who actively provide dental services for Medicaid-enrolled children

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective	<u> </u>	<u> 21</u>	<u> 26</u>	<u> 31</u>	<u> 36</u>
Annual Indicator	<u> 15.9</u>	<u> 26.6</u>	<u> 27.1</u>	<u> 30.4</u>	<u> 34.0</u>
Numerator	<u> 298</u>	<u> 499</u>	<u> 518</u>	<u> 579</u>	<u> 649</u>
Denominator	<u> 1,878</u>	<u> 1,878</u>	<u> 1,912</u>	<u> 1,907</u>	<u> 1,907</u>
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u> 41</u>	<u> 46</u>	<u> 46</u>	<u> 46</u>	<u> 46</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.					

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:

These results are for calendar year 2003.

The State does not have a policy regarding metabolic or hemoglobinopathy screening for older children. Effective 12/3/2003, the Bureau of Clinical Laboratories discontinued adult hemoglobin testing. However, the Alabama Department of Public Health contracts with 7 community-based sickle cell organizations in the State to provide patient education, counseling, training, and support. In addition, there are 2 comprehensive sickle cell centers at the University of Alabama at Birmingham and the University of South Alabama in Mobile, who provide sickle cell testing, diagnosis, counseling, and treatment for pediatric and adult clients.

For the screening test Congenital Adrenal Hyperplasia (CAH), the number of confirmed cases is equal to the number of presumptive positive screenings. Per the program coordinator, the results reported are correct because "the screening methodology is highly sensitive and few false positives are identified for CAH. Also, additional cases may be identified from the State's routine second screening." Thus, the protocols established for identification in Alabama ensure that the results are reported.

In Alabama, 1 individual was diagnosed with hyperphenylalaninemia. This patient does not have classical PKU, but will require follow-up treatment that will consist of a protein-restricted diet, as well as monitoring of blood lead levels. This follow-up treatment will be provided at the Sparks Clinic in Birmingham, Alabama.

Six individuals screened for Galactosemia were diagnosed as Duarte carriers, and thus do not have Classical Galactosemia. These patients will be followed-up, with a treatment that consists of a lactose-restricted diet, for a period of one year at the Sparks Clinic.

Maple Syrup Urine Disease (MSUD)- 1 new diagnosis. Currently, patients in Alabama are not screened for this condition, but will be with the implementation of Tandem Mass Spectrometry (MS/MS).

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.

The 2003 indicator is based on the State estimates from SLAITS. It is the result of analyses conducted by the staff of the Special Populations Surveys Branch, Division of Health Interview Statistics, National Center for Health Statistics, Centers for Disease Control and Prevention and provided to the Maternal and Child Health Bureau, Health Resources and Services Administration in the Summary Tables from the National Survey of Children with Special Health Care Needs, 2001 (Department of Health and Human Services, April 28, 2003). All estimates are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes. The annual performance objectives reflect the fact that the National Survey of Children with Special Health Care Needs will be conducted intermittently and new data may not be available until FY 2007.

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.

The 2003 indicator is based on the State estimates from SLAITS. It is the result of analyses conducted by the staff of the Special Populations Surveys Branch, Division of Health Interview Statistics, National Center for Health Statistics, Centers for Disease Control and Prevention and provided to the Maternal and Child Health Bureau, Health Resources and Services Administration in the Summary Tables from the National Survey of Children with Special Health Care Needs, 2001 (Department of Health and Human Services, April 28, 2003). All estimates are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes. The annual performance objectives reflect the fact that the National Survey of Children with Special Health Care Needs will be conducted intermittently and new data may not be available until FY 2007.

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.

The 2003 indicator is based on the State estimates from SLAITS. It is the result of analyses conducted by the staff of the Special Populations Surveys Branch, Division of Health Interview Statistics, National Center for Health Statistics, Centers for Disease Control and Prevention and provided to the Maternal and Child Health Bureau, Health Resources and Services Administration in the Summary Tables from the National Survey of Children with Special Health Care Needs, 2001 (Department of Health and Human Services, April 28, 2003). All estimates are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes. The annual performance objectives reflect the fact that the National Survey of Children with Special Health Care Needs will be conducted intermittently and new data may not be available until FY 2007.

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.

The 2003 indicator is based on the State estimates from SLAITS. It is the result of analyses conducted by the staff of the Special Populations Surveys Branch, Division of Health Interview Statistics, National Center for Health Statistics, Centers for Disease Control and Prevention and provided to the Maternal and Child Health Bureau, Health Resources and Services Administration in the Summary Tables from the National Survey of Children with Special Health Care Needs, 2001 (Department of Health and Human Services, April 28, 2003). All estimates are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes. The annual performance objectives reflect the fact that the National Survey of Children with Special Health Care Needs will be conducted intermittently and new data may not be available until FY 2007.

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.

Because only one of the States (Maine) met the NCHS standards for reliability for PM 6, the 2003 indicator is the national average except for Maine which has its State value noted. The national average is the result of analyses conducted by the staff of the Special Populations Surveys Branch, Division of Health Interview Statistics, National Center for Health Statistics, Centers for Disease Control and Prevention and provided to the Maternal and Child Health Bureau, Health Resources and Services Administration in the Summary Tables from the National Survey of Children with Special Health Care Needs, 2001 (Department of Health and Human Services, April 28, 2003). All estimates are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes. The annual performance objectives reflect the fact that the National Survey of Children with Special Health Care Needs will be conducted intermittently and new data may not be available until FY 2007.

7. Section Number: Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2005

Field Note:

Values are from the National Immunization Survey conducted by the U.S. Centers for Disease Control and Prevention (CDC). Tables published by CDC do not provide numerators and denominators, which is why these items are left blank, but show a 95% confidence interval of + or - 4.9 for Alabama in FY 2003. Estimates for 1999 and onward are not comparable to those for 1998 and earlier. The reason for this lack of comparability is that the only available estimates approximating this measure for 1998 and earlier pertain to completed immunizations for measles, polio, diphtheria, tetanus, pertussis, and Haemophilus influenza (subsequently termed "major series"). In FY 2000 targets for 2000 and 2001 were revised, and those for 2002-2005 set, to pertain to the major series plus Hepatitis B. Targets of 90% for 2006 -2008 have since been added. During the FY 2004-05 needs assessment, targets from 2005 and onward may be revised downward to proceed from a 3-year baseline for 2002-04.

8. Section Number: Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2005

Field Note:

Field Note:

The denominator for 2003, 2002, 2001 and years prior to 2000 represent 60% of the population projection for females aged 15-19 years in the specified calendar year. These projections are made by Alabama's Center for Business and Economic Research. The denominator for 2000 was derived from the 2000 Census of Population, SF 1 File, conducted by the Bureau of the Census, and was the population count for females aged 15-17 years in the specified calendar year.

Targets added, in FY 2003, for 2006 and 2007 are each 4.0% below the target for the year preceding it. Earlier targets are retained from the 2001report/2003 application. The target for the Annual Performance Objective for 2008 has been set to that for 2007. Targets for 2005-2008 will be reconsidered, and a target for 2009 set, during the State's FY 2004-05 maternal and child health needs assessment.

9. Section Number: Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2005

Field Note:

The estimates for 1991 (not shown on form) and 2003 are from direct-observation surveys of school children. Estimates for 1999 and 2000 are from parental-report surveys. Estimates for 2001 and 2002 (for which we had no database) were derived by assuming a constant annual percent change, from the 1991 direct-observation-based estimate of 20.0% to the 2003 direct-observation-based estimate of 22.7%. Under this assumption, the historical rate of improvement from 1991 to 1993 was 1.1% per year.

The estimate for 1999 is from a survey conducted by the Bureau of Family Health Services, in collaboration with involved schools, of public-school 3rd graders. That for 2000 is a provisional estimate from the Telephone Survey of Alabama Households with Children, conducted as part of the FY 2000 maternal and child health needs assessment. Thus, the estimates for 1999 and 2000 are neither comparable to the direct-observation-based estimates nor precisely comparable to one another. Further, based on the literature and perception, parental-report-based estimates markedly overestimate the proportion of children who have dental sealants in place--accounting for the marked discrepancy in estimates for these 2 years versus those for remaining years.

Because the estimates for 1999 and 2000 are spuriously high and are not comparable to one another, they did not provide a valid basis for setting targets for this measure. Nevertheless, they were the only recent estimates available when targets were initially set, so were previously used in setting targets. Although a provisional estimate for the observation-based survey done in FY 2003 was available by July 2003, revision of targets was delayed until a final estimate would be available. This decision, as well as our practice of revising objectives only for current or future years, accounts for the wide discrepancy in estimated indicators and performance objectives for FYs 2001-2003.

Targets were revised or set in May 2004 for FYs 2004-2008. These targets require an annual improvement of 2.1% per year--a modest rate of improvement, but twice that of the estimated historical rate of improvement of 1.1% per year.

10. Section Number: Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2005

Field Note:

Field Note:

The denominator for 2003, 2002, 2001 and years prior to 2000 represent the population projection for children 14 years of age and younger in the specified calendar year. These projections are made by Alabama's Center for Business and Economic Research. The denominator for 2000 was derived from the 2000 Census of Population, SF 1 File, conducted by the Bureau of the Census, and was the population count for children 14 years of age and younger in the specified calendar year.

International Classification of Diseases, Tenth Revision (ICD-10) codes were used for 1999 through 2003, while International Classification of Diseases, Ninth Revision (ICD-9) codes were used for earlier years. Thus, estimates for 1999 through 2003 may not be comparable to those for previous years.

The estimate for 2003 is rough and very provisional, and additional deaths may yet be reported. In particular, death certificates for any Alabama residents who died in Mississippi have not yet been received.

Targets added, in FY 2003, for CY 2006 and 2007 require an annual decline of 2.0% from the 3-year baseline of 6.6 deaths per 100,000 in 1999-01. Earlier targets are retained from previous MCH Block Grant reports/applications.

The target for Annual Performance Objective for 2008 has been set to that for 2007. Targets for 2005-2008 will be reconsidered, and a target for 2009 set, during the State's FY 2004-05 maternal and child health needs assessment.

11. Section Number: Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2005

Field Note:

Estimates for this indicator are for calendar year and are from Pregnancy Risk Assessment Monitoring System (PRAMS) data, which are managed by the U.S. Centers for Disease Control and Prevention (CDC). The PRAMS survey is a population-based mail/telephone survey of Alabama residents who recently gave birth in the State. A stratified complex sampling design is used, and numbers reported here are weighted to represent all live births occurring in Alabama to Alabama residents. The percentage of mothers who were breastfeeding at 1 week postpartum was used as a surrogate for the percentage breastfeeding at hospital discharge. The PRAMS question did not distinguish between exclusive breastfeeding and breastfeeding with supplemental feedings. Because data are based on a sample rather than the total number of births, some statistical imprecision is expected. Observations for which breastfeeding status is unknown or unreported are included in the denominators, which yields conservative estimates.

Due to the time required for the data management process (which includes weighting and preparation of data), data for a given year do not generally become available to the states until at least 1 year 4 months after the end of the data collection year. For example, data for 2000 were made available by around May 2002 and could be reported in the MCH Block Grant submitted in July 2002. Under this type of time frame, though we cannot provide an estimate for this indicator for the reporting year, we can provide one for the year preceding the reporting year--in this case, 2002. When CDC provides the State with the PRAMS database for 2003, the Alabama Department of Public Health's Center for Health Statistics will promptly provide estimates for this performance measure to the Bureau of Family Health Services, who will update Form 11 at the first opportunity. The added targets for 2006-2008 are the same as the target for 2005, and may be revised during the FY 2004-05 maternal and child health needs assessment process.

12. Section Number: Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2005**Field Note:**

Numerators for 2002 and 2003 are based on hospitals performing screenings in calendar years 2002 and 2003. However, the estimate for 2002 is very rough, since the current reporting system (based on reports from individual hospitals participating in the Newborn Hearing Screening Program) did not begin until December 2002. Further, the numerator for 2003 was estimated by multiplying the estimated number of live births in 2003 (56,986) in hospitals participating in the Newborn Hearing Screening Program by .98. The factor of .98 is applied to allow for failure to screen a few infants in participating hospitals due to equipment failure or other issues. (Based on contacts with and reports submitted by participating hospitals, the Newborn Hearing Screening Coordinator estimates that at least 98% of live-born infants in these hospitals undergo hearing screening prior to discharge.)

Prior to 2002, numerators were based on telephone surveys, conducted by the Birmingham Ear Institute (BEI), of hospitals to ascertain whether they screened newborns for hearing impairment and, if they did, what groups they screened. (For example, if a hospital screened no newborns, it contributed nothing to the numerator; if it screened only newborns in its neonatal intensive care unit, it contributed the number of infants in its neonatal intensive care unit during a given year to the numerator.) The denominator for each year is the number of occurrent live births in a given year or, in one case (1998), the preceding year. The estimates for 1998 and 1999 are respectively from telephone surveys conducted in March and June 1999. Those for 2000 and 2001 are from surveys conducted in April 2000 and May 2001, respectively.

Because of the dramatic improvement in this indicator in 1998, in 1999 targets for that year and subsequent years were revised upward, to reach 85% by 2003. Subsequent targets were set to reach a 90% level by 2005. Targets added, in FY 2003, for 2006 and 2007 require an average annual increase of 2.2%, from the running 3-year baseline for 2001 (i.e., 83.1% for 2000-02 combined); and the target for 2007 is retained for 2008. Targets for 2005-2008 will be reconsidered, and a target for 2009 set, during the FY 2004-05 maternal and child health needs assessment.

13. Section Number: Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2005**Field Note:**

Reference for estimates is Historical Health Insurance (HI) Table 5, as available from a U.S. Census web site on March 29, 2004. Because the reference rounds numbers of children to thousands, percentages calculated by the web-based reporting package for this report/application sometimes differ slightly from estimates shown in Census Bureau tables. (For example, Table HI-5 reports a percentage of 8.9 for 2001.)

Table HI-5 does not yet include estimates for 2003. When estimates for 2003 are provided on Table HI-5, this report/application will be updated accordingly.

The mean of the estimates for 1999-01 combined is 9.3%. Considering this the baseline for 2000, targets for 2004 and 2005 were revised in FY 2003, and targets for 2006 and 2007 added, to require an annual reduction of 2.0%. The mean of the estimates for 2000-02 combined is 9.4%

The target for 2007 has been retained for 2008. Targets for 2005-2008 will be reconsidered, and a target for 2009 set, during the FY 2004-05 maternal and child health needs assessment.

14. Section Number: Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2005**Field Note:**

Selecting a denominator for this measure continues to be exceptionally problematic. Because suitable denominators could not be estimated from available age and poverty distributions, the numbers of Medicaid-enrolled children, per Medicaid eligibility files for the respective years, were used as denominators for the 1998, 1999, 2000, 2001, 2002 and 2003 estimates. Numerators were estimated from tables provided by the Alabama Medicaid Agency for respective years, showing numbers of Medicaid recipients of medical care for several age groups of children. Factors were applied when necessary to make estimates for an age group not precisely coinciding to the age group reported on the Medicaid tables. (The 1996 estimate [not shown on Form 11 of this application/report] was made via a different method, so is not comparable to the later estimates.) The problematic denominator may mask progress in the provision of services to Medicaid-eligible children.

In 2000-2002 combined, an estimated 86.8% of potentially Medicaid-eligible children received a Medicaid-funded service. Using this as the 3-year running baseline for 2001, in FY 2003 targets for 2004 and 2005 were revised, and those for 2006 and 2007 set, to gradually increase to 95% in 2007. These new or revised targets require an annual increase of 1.5%, from the running baseline for 2001.

The target for 2007 has been retained for 2008. Targets for 2005-2008 will be reconsidered, and a target for 2009 set, during the FY 2004-05 maternal and child health needs assessment.

15. Section Number: Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2005**Field Note:**

Targets for 2006 and 2007 were added in FY 2003. The reported prevalence of very low birth weight (VLBW) generally continues to increase slightly or remain stable. For example, the reported live-birth prevalence of VLBW was 2.03% in 2000-2002, versus 1.97% in 1997-99. Per preliminary numbers, the prevalence decreased slightly to 2.05% in 2003 (versus 2.08% in 2002). Targets continue to remain at 2.0%.

Data issues: The degree to which the reported increase in VLBW reflects an actual increase versus variations over time in reporting cannot be assessed from vital statistics data alone. Researchers in Alabama have previously reported their perception that reporting of under 500 gram births, for which "the dividing lines between live birth, stillbirth, and spontaneous mid-trimester abortion are...often difficult to determine," had certainly increased (reference #5, in Appendix C). Conceivably, this perceived increase in reporting of extremely low birth weight infants had actually occurred and may have continued.

Several hypothetical explanations for the reported continued increase in VLBW merit consideration and data-based assessment. First, the multiple birth ratio (the number of live births in deliveries involving twins, triplets etc. per 1,000 live births) had notably risen in Alabama (from 24.3 per 1,000 in 1991 to 33.8 per 1,000 in 2000) and the Nation, and has influenced low birth weight levels. Moreover, in Alabama the number of live-born infants from triplet births had increased from 46 in 1991 to 98 in 2000, and the number of such infants from quadruplet or greater births from 0 in 1991 to 18 in 2000. Second, the reporting issues described above merit consideration. Third, the possibility that advances in prenatal and perinatal care have resulted in live births of some VLBW babies who would have died before birth in the absence of such care should be considered. Finally, the possibility of unfavorable trends in risk markers for women giving birth should be explored. The first 2 issues—the multiple birth ratio and reporting issues—were considered during the 5-year needs assessment, so are further addressed in Section II.

The target for 2007 has been retained for 2008. Targets for 2005-2008 will be reconsidered, and a target for 2009 set, during the FY 2004-05 maternal and child health needs assessment.

16. Section Number: Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2005

Field Note:

The denominator for 2003, 2002, 2001 and years prior to 2000 represent the population projection for youths aged 15-19 years in the specified calendar year. These projections are made by Alabama's Center for Business and Economic Research. The denominator for 2000 was derived from the 2000 Census of Population, SF 1 File, conducted by the Bureau of the Census, and was the population count for youths aged 15-19 years in the specified calendar year.

International Classification of Diseases, Tenth Revision (ICD-10) codes were used for 1999 through 2003, while International Classification of Diseases, Ninth Revision (ICD-9) codes were used for earlier years. Thus, estimates for 1999 through 2003 may not be comparable to those for previous years. The estimate for 2003 is rough and very provisional, and additional deaths may yet be reported.

Although the 1-year rates for 2000, 2001 and 2002 are notably below (i.e., better than) the targets for those years, single-year rates for this indicator are very unstable. Therefore, a more appropriate comparison is of the most recent 3-year rate to an appropriate target. The rate of 7.3 deaths per 100,000 youth in this age group in 2000-2002 surpasses (is better than) the 2000, 2001 and 2002 targets. Each of the added targets, for 2006 and 2007, is 1.0% below the target for the preceding year. Targets for earlier years are retained from the 2001/2003 MCH Block Grant.

The target for 2007 has been retained for 2008. Targets for 2005-2008 will be reconsidered, and a target for 2009 set, during the FY 2004-05 maternal and child health needs assessment.

17. Section Number: Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2005

Field Note:

The targets added for 2006-2008 are 90%, the same as that for 2005. During the FY 2004-05 needs assessment, objectives for 2005 and onward will be revised to proceed from a 2001-03 or 2002-04 baseline.

18. Section Number: Performance Measure #18

Field Name: PM18

Row Name:

Column Name:

Year: 2005

Field Note:

The numerator is the number reporting prenatal care as beginning during the first, second, or third month, based on the birth certificate item: "Month of Pregnancy Prenatal Care Began—First, Second, etc."

By FY 2003 targets for 2004 and 2005 were revised, and those for 2006 and 2007 set, to accommodate the slowed rate of improvement in this indicator in recent years. Due to this slowed rate of improvement, in 1999-2001, only 82.5% of live-born infants were from pregnancies in which the mother had received prenatal care during the first trimester of the referent pregnancy. Considering this 3-year prevalence to be the baseline for 2000, the revised and new targets through 2007 require an annual improvement of 1.24% (multiplicative model). Though appearing modest, these targets are rather aggressive, given the lack of consistent improvement in this indicator from 1998 through 2003.

The target for 2007 has been retained for 2008. Targets for 2005-2008 will be reconsidered, and a target for 2009 set, during the FY 2004-05 maternal and child health needs assessment.

19. Section Number: State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2005

Field Note:

One of the checklist items for this measure was revised slightly for FY 1999 and subsequent years. That is, "Implement a major media campaign to educate Alabama women of childbearing age about the importance of folic acid intake" has been changed to "Participate in a major media campaign to educate Alabama women of childbearing age about the importance of folic acid intake." The scored checklist is attached to Section IV. D., SPM #01, "Last Year's Accomplishments." In FY 2000, the target for 2001 was revised, and those for 2002-2005 set, per the rationale described in the Maternal and Child Health Services Block Grant FY 1999 Annual Report/FY 2001 Application.

As discussed under this measure in Section III.D, the Bureau of Family Health Services (Bureau) will probably not conduct a survey regarding knowledge about, consumption of, or biochemical status of folic acid (a checklist criterion for this performance measure) in the foreseeable future. The reason for not conducting such a survey is that other reporting responsibilities of the Bureau's Epidemiology and Data Management (Epi/Data) Branch are deemed of higher priority than a folic acid survey and preclude dedication of resources to such a survey. Accordingly, targets for 2004-2008 have been revised downward, to 13 on a scale of 0-18. The Epi/Data Branch will, however, seek to ascertain whether information about folic acid consumption in nonpregnant women of childbearing age in Alabama is available from other sources.

During the FY 2004-05 maternal and child health needs assessment, the Bureau will determine whether this measure will remain operative.

20. Section Number: State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2005

Field Note:

The scored checklist is attached to Section IV.D, SPM #02 (using the CURRENT numbering system), "Last Year's Accomplishments."

During the FY 2004-05 maternal and child health needs assessment, the Bureau will determine whether this measure will remain operative. If the measure remains operative, criteria will most likely be revised to reflect current data-related priorities.

21. Section Number: State Performance Measure #10

Field Name: SM10

Row Name:
Column Name:
Year: 2005

Field Note:

The scored checklist is attached to Section IV.D, SPM #03 (using the CURRENT numbering system), "Last Year's Accomplishments." As discussed in Section IV.D, the Alabama Medicaid Agency terminated the Patient 1st Program effective March 1, 2004. Accordingly, targets for FY 2004 onward have been downgraded to 0. As a corollary, this measure will be changed to "inactive" status in the Maternal and Child Health Services Block Grant FY 2004 Annual Report/FY 2006 Application.

22. Section Number: State Performance Measure #11

Field Name: SM11

Row Name:

Column Name:

Year: 2005

Field Note:

Because this program provides very little case management for older children and adults, the program director estimates that about 95% of the program participants are aged 0-9 years. Thus a factor of 0.95 was applied to the 5,832 persons receiving services during FY 2002, yielding an estimate of 5,540 children 0-9 years who were enrolled in Patient 1st and received case management services from the Alabama Department of Public Health (Department) during the reporting period. Similarly, a factor of .95 was applied to the 9,607 persons receiving services during FY 2003, yielding an estimate that 9,127 children 0-9 years of age were enrolled in Patient 1st and received case management services from the Department during the reporting period.

As discussed in Section IV.D, the Alabama Medicaid Agency discontinued the Patient 1st Program, effective March 1, 2004. Consequently, objectives for FY 2004 and onward have been downgraded to 0. As a corollary, this measure will be changed to "inactive" status in the Maternal and Child Health Services Block Grant FY 2004 Annual Report/FY 2006 Application.

23. Section Number: State Performance Measure #12

Field Name: SM12

Row Name:

Column Name:

Year: 2005

Field Note:

The scored checklist is attached to Section IV. D., SPM #5 (using the CURRENT numbering system), "Last Year's Accomplishments."

The reason for the lower score in FY 2003, compared to FY 2002, is that we have downgraded Item #5 on the corresponding checklist from "Mostly Met" to "Partially Met." The rationale for this downward revision follows. Item #5 pertains to partnering with Alabama School of Dentistry in Birmingham (School of Dentistry) staff to survey hospital emergency rooms to collect data on children's emergency visits for oral health conditions. In a study of the Children's Hospital's (in Birmingham) database for FYs 2001 and 2002, the School of Dentistry found that about 1,100 children presented each year in that hospital's emergency room for a dental procedure (per information provided to the Bureau of Family Health Services in FY 2003). Regrettably, however, with the turnover of dental students, management and analysis of the anticipated database was disrupted and is unlikely to resume.

During the FY 2004-05 maternal and child health needs assessment, the Bureau of Family Health Services will determine whether this measure will remain operative. If the measure remains operative, criteria may be changed to reflect current needs pertaining to oral health.

24. Section Number: State Performance Measure #13

Field Name: SM13

Row Name:

Column Name:

Year: 2005

Field Note:

The scored checklist is attached to Section IV. D., SPM #6 (using the CURRENT numbering system), "Last Year's Accomplishments."

During the FY 2004-05 maternal and child health needs assessment, the Bureau of Family Health Services will determine whether this measure will remain operative. If the measure remains operative, criteria will be revised to reflect current programs and issues pertaining to prevention of adolescent pregnancy. Targets for FY 2005 onward would then be revised to reflect the updated criteria.

25. Section Number: State Performance Measure #14

Field Name: SM14

Row Name:

Column Name:

Year: 2005

Field Note:

The scored checklist is attached to Section IV. D., SPM #14, Last Year's Accomplishments.

A description of progress on each criterion in the checklist follows.

Characteristics:

1. The State CSHCN Program has developed a unique logo and tag line for all public awareness materials that reflects its message and the scope of its activities and has incorporated them in all its brochures and materials.

Score: 2-Mostly Met. CRS developed a unique logo and tag line to use in all its public awareness materials. Four pieces of material have been revised to include the new look and have also made available in alternative formats. Other brochures are being revised with the new look. The ADRS website and the CRS Non-Medical Vendor directory all incorporate the new look. A CRS public awareness Powerpoint presentation was developed and disseminated to local offices. CRS signage and display boards all include the new look.

2. The State CSHCN Program has an informational video that can be utilized statewide to disseminate its message and the scope of its activities and services.

Score: 2-Mostly Met. CRS utilized the recommendations of the task force convened in FY 2000 regarding format and content for its informational video. The script is written and videotaping is completed. A local newscaster is providing the voice over for the production. A completed video is expected by the end of FY 2004.

3. The State CSHCN Program has a Web site for families with resource information about and links to services for CSHCN that is updated regularly.

Score: 3-Completely Met. CRS, the ADRS Office of Communication and Information, and the ADRS Division of Computer Services developed an extensive revision to its current Web site that features its seven service programs. The website, complete with resource information and program links, is now active and continually updated.

4. The State CSHCN Program has developed and implemented a statewide public awareness plan that disseminates its materials through multiple methods.

Score: 2-Mostly Met. CRS has developed its public awareness plan and has been actively disseminating its newly revised materials through multiple methods, including mail-outs, hand-outs, conference exhibits, presentations, and personal contacts. A Public Awareness Task Force has been convened and will be expanded to include field district and consumer representatives.

5. The State CSHCN Program has developed and implemented staff training on public awareness strategies and uses of materials to ensure a consistent message statewide.

Score: 1-Partially Met. Due to budget constraints, the staff-training program has not been completed. However, meetings have been ongoing and planning has begun to complete this activity.

Key: 0-Not Met; 1-Partially Met; 2-Mostly Met; 3-Completely Met.

26. Section Number: State Performance Measure #15

Field Name: SM15

Row Name:

Column Name:

Year: 2005

Field Note:

The numerator is the number of dental providers enrolled in the Alabama Medicaid Program in the corresponding FY, whether or not they submitted a claim during the reporting year. The denominator is the number of active, licensed Alabama dentists in the corresponding FY, per Alabama Board of Dental Examiners records.

The target for FY 2005 is retained for FYs 2006-2008. Whether this measure will continue to be operative will be determined during the FY 2004-05 maternal and child health needs assessment.

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

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	8.9	9.7	9.6	9.5	9.4
Annual Indicator	9.8	9.4	9.4	9.1	8.7
Numerator	607	594	567	538	516
Denominator	62,070	63,166	60,294	58,867	59,317
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	9.3	9.2			
Annual Indicator					
Numerator					
Denominator					

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

OUTCOME MEASURE # 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	1.75	2.2	2.1	2	2
Annual Indicator	2.3	2.4	2.2	2.0	2.2
Numerator	16	15.4	15.2	14	14
Denominator	6.9	6.5	6.8	7	6.5
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	2	2			
Annual Indicator					
Numerator					
Denominator					

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

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	5.8	6.3	6.2	6.1	6.1
Annual Indicator	6.2	5.8	5.9	5.9	5.2
Numerator	382	369	355	345	309
Denominator	62,070	63,166	60,294	58,867	59,317
Is the Data Provisional or Final?				Final	Provisional

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

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	3.2	3.4	3.4	3.4	3.3
Annual Indicator	3.6	3.6	3.5	3.3	3.5
Numerator	225	225	212	193	207
Denominator	62,070	63,166	60,294	58,867	59,317
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	3.3	3.2			
Annual Indicator					
Numerator					
Denominator					

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

OUTCOME MEASURE # 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	12.7	13.9	13.8	13.7	13.5
Annual Indicator	14.3	9.2	8.7	8.9	8.0
Numerator	899	585	526	526	478
Denominator	62,672	63,453	60,566	59,415	59,872
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	13.4	13.3			
Annual Indicator					
Numerator					
Denominator					

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

OUTCOME MEASURE # 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	34.2	34.6	33.7	32.9	32
Annual Indicator	36.4	26.9	29.3	28.7	26.2
Numerator	302	235	256	251	229
Denominator	830,326	872,391	872,874	873,359	873,841
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	31.2	30.5			
Annual Indicator					
Numerator					
Denominator					

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

STATE OUTCOME MEASURE # 2

The homicide/legal intervention death rate for 15-19 year-old African American males per 100,000 African American males aged 15-19 years

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	<u> </u>	<u>64.2</u>	<u>59.0</u>	<u>56.7</u>	<u>54.4</u>
Annual Indicator	<u>55.5</u>	<u>46.1</u>	<u>45.8</u>	<u>42.0</u>	<u>55.6</u>
Numerator	<u>28</u>	<u>24</u>	<u>23</u>	<u>21</u>	<u>28</u>
Denominator	<u>50,415</u>	<u>52,082</u>	<u>50,208</u>	<u>49,986</u>	<u>50,338</u>
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>52.2</u>	<u>50.1</u>	<u> </u>	<u> </u>	<u> </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.

FORM NOTES FOR FORM 12

None

FIELD LEVEL NOTES

1. **Section Number:** Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2005

Field Note:

The estimate for 2003 is rough and very provisional, and additional deaths may yet be reported. In particular, death certificates for any Alabama residents who died in Mississippi have not yet been received. The target for 2005 will be reconsidered, and targets for 2006-2009 set, during the State's FY 2004-05 maternal and child health needs assessment.

2. **Section Number:** Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2005

Field Note:

The estimate for 2003 is rough and very provisional, and additional deaths may yet be reported. In particular, death certificates for any Alabama residents who died in Mississippi have not yet been received. The target for 2005 will be reconsidered, and targets for 2006-2009 set, during the State's FY 2004-05 maternal and child health needs assessment.

3. **Section Number:** Outcome Measure 3

Field Name: OM03

Row Name:

Column Name:

Year: 2005

Field Note:

The estimate for 2003 is rough and very provisional, and additional deaths may yet be reported. In particular, death certificates for any Alabama residents who died in Mississippi have not yet been received. The target for 2005 will be reconsidered, and targets for 2006-2009 set, during the State's FY 2004-05 maternal and child health needs assessment.

4. **Section Number:** Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2005

Field Note:

The estimate for 2003 is rough and very provisional, and additional deaths may yet be reported. In particular, death certificates for any Alabama residents who died in Mississippi have not yet been received. The target for 2005 will be reconsidered, and targets for 2006-2009 set, during the State's FY 2004-05 maternal and child health needs assessment.

5. **Section Number:** Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2005

Field Note:

The numerator for this measure is the sum of the number of fetal deaths 28 or more weeks in (calculated) gestation plus infant deaths under 7 days of age. The denominator for this measure is the sum of the number of live births plus the number of fetal deaths 28 or more weeks in (calculated) gestation. For years prior to 2000, the Perinatal Mortality Rate (PMR) was calculated using fetal deaths 20 or more weeks in gestation, rather than 28 or more weeks in gestation. The change in definition of the PMR, therefore, presumably accounts for the sharply lower estimate for 2000 versus previous years.

The estimate for 2003 is rough and very provisional, and additional deaths may yet be reported. In particular, death certificates for any Alabama residents who died in Mississippi have not yet been received. The target for 2005 will be reconsidered, and targets for 2006-2009 set, during the State's FY 2004-05 maternal and child health needs assessment.

6. **Section Number:** Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2005

Field Note:

The denominators for 2001 through 2003 and years prior to 2000 represent the population projection for children 14 years of age and younger in the specified CY. These projections are made by Alabama's Center for Business and Economic Research. The denominator for 2000 was derived from the 2000 Census of Population, SF 1 File, conducted by the Bureau of the Census, and was 80% of the population count for children under 5 years of age plus those aged 5-9 years and 10-14 years in the specified CY.

The estimate for 2003 is rough and very provisional, and additional deaths may yet be reported. In particular, death certificates for any Alabama residents who died in Mississippi have not yet been received. The target for 2005 will be reconsidered, and targets for 2006-2009 set, during the State's FY 2004-05 maternal and child health needs assessment.

7. **Section Number:** State Outcome Measure 2

Field Name: SO2

Row Name:

Column Name:

Year: 2005

Field Note:

Prior to 1999 the numerator for this measure included deaths to black and other (not including white) males. For 1999 through 2003 the numerator includes deaths to black males only. Prior to 2000 the denominator represented the population projection for black and other males 15-19 years of age in the specified CY. These projections were made by Alabama's Center for Business and Economic Research. The denominator for 2000 was derived from the 2000 Census of Population, SF 1 File, conducted by the Bureau of the Census, and was the population count for black males 15-19 years of age in the specified CY. The denominators for 2001 through 2003 are Bureau of the Census population projections for black males only.

International Classification of Diseases, Tenth Revision (ICD-10) codes were used for 1999 through 2003, while International Classification of Diseases, Ninth Revision (ICD-9) codes were used for earlier years. Thus, estimates for 1999 through 2003 may not be comparable to those for previous years.

The estimate for 2003 is rough and very provisional, and additional deaths may yet be reported. In particular, death certificates for any Alabama residents who died in Mississippi have not yet been received. The target for 2005 will be reconsidered, and targets for 2006-2009 set, during the State's FY 2004-05 maternal and child health needs assessment.

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

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

3

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

3

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

3

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

2

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

3

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

3

Total Score: 17

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

CRS State Parent Advisory Committee scored the agency on the six characteristics documenting family participation in CSHCN Programs for FY 2003 utilizing an adaptation of a checklist format developed by the State of Wisconsin in December 2001. The scored checklist is attached to Section IV. C., NPM #02, Current Activities.

FIELD LEVEL NOTES

- 1. Section Number:** Main
Field Name: Question1
Row Name: #1. Family members participate on advisory committee or task forces...
Column Name:
Year: 2005
Field Note:
Family members participate on the State/Local Parent Advisory Committees and all agency task forces, including those related to quality assurance teams, computer system design, Care Coordination workgroup, Family Guide task force, Public Awareness task force, 2010 workgroups, the annual planning meeting, and the bimonthly CRS Administrative Team meetings. The State Parent Consultant participates on the workgroups for the State's SCHIP-Plus program, which will provide enhanced services to eligible CSHCN and Medicaid's task force to create a new waiver for Primary Case Management. Parents, sponsored by CRS, have been named to serve on the Medicaid Medical Advisory Committee and the Alabama Head Injury Task Force. At the local level, Parent Consultants are active on the Early Intervention District Coordinating Councils and the Children's Policy Councils. Parents who are not employed by the agency are reimbursed an advisory fee and travel expenses at State rates for participation. The State Parent Consultant, Local Parent Consultants and district CRS staff provide training and mentoring to family members. The agency also sponsors family members to attend training conferences, such as the annual AMCHP meeting and a Transition Conference.
- 2. Section Number:** Main
Field Name: Question2
Row Name: #2. Financial support (...) is offered for parent activities or parent groups.
Column Name:
Year: 2005
Field Note:
Advisory fees and travel expenses at State rates are paid for participation in parent activities. Child care is provided as appropriate. Technical assistance is available through the State Parent Consultant and both state and local CRS staff members. Financial support was given to Family Voices in FY 2003 through sponsorship of mailings; provision of clerical time, meeting space, and staff time for technical assistance; and the in-kind services of the State Parent Consultant.
- 3. Section Number:** Main
Field Name: Question3
Row Name: #3. Family members are involved in the Children with Special Health Care Needs...
Column Name:
Year: 2005
Field Note:
Five family members participated in the CRS Needs Assessment Advisory Committee and over 60 families provided input into the CSHCN portion of the Title V Needs Assessment through 8 family forums during 1999. The State Parent Consultant participated in the agency planning meeting for FY 2004 during FY 2003. The CSHCN section of the MCH Block Grant Application was reviewed in the State/Local Parent Advisory Committees. The State Parent Advisory Committee held a meeting in April, 2004 during which they rated the agency on the items included in this checklist.
- 4. Section Number:** Main
Field Name: Question4
Row Name: #4. Family members are involved in service training of CSHCN staff and providers.
Column Name:
Year: 2005
Field Note:
Family members were involved in the planning of staff trainings and participated as co-presenters at five out of eight training meetings involving the CSHCN staff and providers in FY 2003. These include, but are not limited to, the Early Intervention and Preschool Conference, the Quality Team Training Workshop, the Transporting Children with Special Health Care Needs training, the CRS Family Financial Participation training videoconference, and the CRS Charge Document training videoconference.
- 5. Section Number:** Main
Field Name: Question5
Row Name: #5. Family members hired as paid staff or consultants to the State CSHCN program...
Column Name:
Year: 2005
Field Note:
CRS employed 13 parents of CSHCN in FY 2003. Family staff and consultants receive new staff orientation upon being hired, mentoring from other staff, and evaluation and assessment of employee functions. Additionally, they are given flexibility in the work setting to accommodate the needs of their family similar to that of other CRS staff.
- 6. Section Number:** Main
Field Name: Question6
Row Name: #6. Family members of diverse cultures are involved in all of the above activities
Column Name:
Year: 2005
Field Note:
CRS actively recruits family members of diverse cultures to participate in the aforementioned activities. Of the 13 parents of CSHCN employed by the agency, 46% are African American, which exceeds the diversity in the State population (approximately 26% for all ages, 32% for under age 18 years). Reference for racial demographics is the Population Reference Bureau, analysis of data from U.S. Census Bureau, 2000 Census Redistricting data, as reported in Kids Count 2003, Annie E. Casey Foundation. The agency would like to recruit a parent consultant from the Hispanic culture.

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: AL 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. Promote health education and outreach regarding high priority topics, per qualitative and quantitative data
2. Improve health status of Children with Special Health Care Needs (CSHCN) through increased access to primary, specialty, and subspecialty care
3. Assure access to dental care, especially for low-income children
4. Further reduce the adolescent pregnancy rate
5. Reduce infant mortality in the African American population
6. Reduce the prevalence of very low birth weight in the African American population
7. Assure access to prenatal care, especially for low income, minority, and immigrant populations
8. Increase family participation in CSHCN policy making and in family-to-family support services
9. Improve the capacity of CSHCN to be fully integrated into their communities to live, learn, work, and play
10. Reduce deaths of children and youth due to homicides

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

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

STATE: AL

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: <u> N/A </u>	Guidance on implementation of the Health Insurance Portability and Accountability Act of 1996 Regulations	Issues related to security, utilizing standardized code sets for unique public health services, and updates on developing case law	Unknown
2.	Data-related Issues - Needs Assessment If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	A regional or national workshop on analysis of qualitative data	1) Importance of community discussion groups to the Bureau of Family Health Services's (Bureau's) FY 2004-05 maternal and child health needs assessment.2) Bureau analytic staff's lack of substantial experience in analyzing qualitative data.	Unknown
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

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

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

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

SP # 1

PERFORMANCE MEASURE:

The degree to which the Bureau of Family Health Services (BFHS) addresses the folic acid intake of women of childbearing age

STATUS:

Active

GOAL

To ensure that Alabama women of childbearing age have adequate folate intake, as recommended by the Centers for Disease Control and Prevention.

DEFINITION

See Appendix C for a checklist of 6 criteria for documenting the provision of such education and implementation of such surveys. Please check the degree to which these criteria have been met. The total score may range from 0-18.

Numerator:

Not applicable

Denominator:

Not applicable

Units: 18 **Text:** 5

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

BFHS will estimate the degree to which the checklist criteria are met. Data sources for ascertaining knowledge about or consumption of folate by Alabama women of childbearing age will not be available in the near future, but merit inclusion on the checklist.

SIGNIFICANCE

Neural tube defects, which include spina bifida and anencephaly, are common birth defects in the Nation and can cause infant death or serious disability. Among live-born infants in newborn nurseries in Jefferson County, Alabama, during 1986 and 1987, the incidence of spina bifida was 1.3 cases per 1,000 births, and the incidence of anencephaly was 0.2 cases per 1,000 births. In 1992, the United States Public Health Service recommended that all women of childbearing age in the Nation who are capable of becoming pregnant should consume 0.4 mg of folic acid per day in order to reduce their risk of having a pregnancy affected with spina bifida or other neural tube defects. The Alabama Department of Public Health lacks an estimate of folic acid intake by nonpregnant clients and has no data-based estimate of the proportion of such clients who are aware of the need for adequate intake of folic acid.

SP # 7

PERFORMANCE MEASURE:

The degree to which key maternal and child health databases are developed and analyzed, with pertinent findings reported to and utilized by the Bureau of Family Health Services (BFHS)

STATUS:

Active

GOAL

To promote appropriate development, management, analysis, reporting, and utilization of data pertaining to Title V populations.

DEFINITION

See Appendix C for a checklist of 6 criteria for documenting development, management, analysis, reporting, and utilization of databases. Please check the degree to which the criteria have been met. The total score may range from 0-18.

Numerator:

Not applicable

Denominator:

Not applicable

Units: 18 **Text:** 5

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Staff from BFHS will complete the checklist. The limitations, as well as strengths, of any data system and/or methodology will be considered when interpreting findings. Quite often, public health programs have not been (and sometimes cannot be) implemented in a way that allows rigorous assessment of a program's impact on the outcome of interest. Information from any study will be interpreted in the context of relevant literature and experience.

SIGNIFICANCE

"Public health surveillance is the systematic collection, analysis, interpretation, dissemination, and use of health information (Healthy People 2000, Full Report, p. 550)." The information should be used to better understand the health status of the population and to plan, implement, describe, and evaluate public health programs. Implementation of activities described in the attached checklist will (1) promote fuller utilization of data in developing policies and planning programs to promote the health of women, infants, and children and (2) enhance understanding of the factors involved.

SP # 10

PERFORMANCE MEASURE:

The degree to which the State assures case management to facilitate access to, as well as full benefit from, available health care for children enrolled in the Patient 1st program

STATUS:

Active

GOAL

To reduce barriers to health and dental care and improve the physical and dental health of children.

DEFINITION

See corresponding checklist, which shows five components of infrastructure necessary for assuring the provision of casemanagement services to children enrolled in Patient 1st. Please check the degree to which each component has been implemented. The total score may range from 0-15.

Numerator:

N/A

Denominator:

N/A

Units: 15 **Text:** Scale

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The Alabama Department of Public Health's Family Health Services Bureau.

SIGNIFICANCE

Patient 1st children and their families may require assistance with accessing and coordinating health and dental care services. Public Health social workers and nurses are uniquely qualified to provide case management services. They are experienced in working with a broad spectrum of public and private providers in assuring that patients have access to health and dental care services and get the maximum benefit from these services.

SP # 11

PERFORMANCE MEASURE:

The percent of children, 0-9 years of age, enrolled in the Patient 1st Program who received case management services during the reporting year.

STATUS:

Active

GOAL

To increase the number of children enrolled in Patient 1st receiving case management services through the Alabama Department of Public Health's Bureau of Family Services.

DEFINITION

Numerator:

Number of children aged 0-9 years who are enrolled in Patient 1st and received case management services from the Alabama Department of Public Health during the reporting period

Denominator:

Total number of children aged 0-9 years who are enrolled in Patient 1st during the reporting period

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The Alabama Department of Public Health and the Alabama Medicaid Agency

SIGNIFICANCE

Patient 1st children and their families may require assistance with accessing and coordinating health and dental services. Public health social workers and nurses are uniquely qualified to provide case management services. Utilization of the services, however, is independent of the establishment of the services. Assurance that these case management services are accessed will ensure that patients are able to acquire and fully benefit from the health and dental services available to them under the Patient 1st program.

SP # 12

PERFORMANCE MEASURE:

The degree to which the State develops and implements a plan to promote utilization of dental services, particularly utilization of preventive services by low income children

STATUS:

Active

GOAL

To increase the proportion of children enrolled in Medicaid who receive dental services.

DEFINITION

See corresponding checklist, which shows five components of the infrastructure necessary for the promotion of utilization of dental services. Please check the degree to which each component has been implemented. The total score may range from 0-15.

Numerator:

N/A

Denominator:

N/A

Units: 15 **Text:** 5

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The Bureau of Family Health Services' Oral Health Branch

SIGNIFICANCE

Current data show that preventive dental services are rarely being accessed by children enrolled in Medicaid. While research confirms that 98% of dental disease is preventable, appropriate measures must be incorporated as early as possible to maintain optimal oral health throughout life. Those at high risk for oral disease are often unaware of dental problems, measures necessary for prevention, and consequences of unattended dental disease. The value of dental health needs to be emphasized in this group to improve dental services utilization.

SP # 13

PERFORMANCE MEASURE:

The degree to which programs and policies designed to prevent adolescent pregnancy are implemented and evaluated

STATUS:

Active

GOAL

To further reduce the adolescent pregnancy rate.

DEFINITION

See corresponding checklist, which shows six criteria for documenting the provision and evaluation of such programs. Please check the degree to which each component has been implemented. The total score may range from 0-18.

Numerator:

N/A

Denominator:

N/A

Units: 18 **Text:** Scale

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The Bureau of Family Health Services will estimate the degree to which the checklist criteria are met.

SIGNIFICANCE

In Alabama, as well as in the remainder of the nation, teenage pregnancy remains an intense issue. Because adolescents have not had time to fully mature or to fully avail themselves of educational, job-related, or social/cultural opportunities, most adolescents are not well prepared to provide for and nurture children. Adolescent childbearing, therefore, generally adversely affects the well being of the youthful parents and of their children. Moreover, premature sexual activity itself may adversely affect the adolescent's overall development and expose him or her to sexually transmitted diseases, especially if the adolescent or the partner does not have the desire and/or capacity to engage in responsible sexual behavior. For these reasons, BFHS should provide or facilitate provision of programs to prevent adolescent pregnancy, as well as evaluations to assess the process and effectiveness of these programs.

SP # 14

PERFORMANCE MEASURE:

The degree to which the State Children with Special Health Care Needs Program assures public awareness of Title V CSHCN programs and activities among families and public/private service providers

STATUS:

Active

GOAL

To increase public awareness of Title V CSHCN services, programs, and activities among families and public/private service providers to improve access to the State's resources for CSHCN.

DEFINITION

Attached is a checklist of five characteristics that document the development and implementation of a public awareness program. Please check the box that most accurately describes the degree to which the public awareness activities are implemented.

Numerator:

N/A

Denominator:

N/A

Units: 15 **Text:** Scale

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Data source is the State CSHCN Program.

SIGNIFICANCE

The lack of public awareness of the State Title V CSHCN Program services, programs, and activities was apparent in the eight statewide family forums and county-level provider surveys conducted as part of the Title V needs assessment. Families acknowledged that the State's service system is complex and difficult to negotiate due to a lack of knowledge of the available resources. Due to its role in developing and assuring a coordinated statewide system of care for CSHCN, the State Title V CSHCN Program is in a unique position to disseminate information about the State's resources for these children. Therefore, increasing public awareness of the State Title V CSHCN Program is an important step in increasing access to needed services for CSHCN and their families.

SP # 15

PERFORMANCE MEASURE:

The percent of Alabama dentists who actively provide dental services for Medicaid-enrolled children

STATUS:

Active

GOAL

To increase the proportion of Alabama dentists who actively provide dental services for children enrolled in Medicaid.

DEFINITION

Numerator:

The number of licensed dentists (general and specialists) within Alabama who are enrolled in the Alabama Medicaid Program and provided services to children ages 1 through 21 years enrolled in Medicaid during the reporting year.

Denominator:

The total number of licensed dentists within Alabama including general dentists and specialists.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The Alabama Medicaid Agency and The Board of Dental Examiners

SIGNIFICANCE

Assuring access to dental care, especially for low-income children, was identified during the State's 5-year Needs Assessment as a priority maternal and child health need. Twenty of Alabama's 67 counties have no dental care providers who accept Medicaid as a source of payment. In addition, 30 counties have only one dental practice in the county to provide services regardless of source of payment. Many Medicaid clients have to travel over 100 miles to receive dental services.

SO # 2

OUTCOME MEASURE:

The homicide/legal intervention death rate for 15-19 year-old African American males per 100,000 African American males aged 15-19 years

STATUS:

Active

GOAL

To reduce the homicide/legal intervention death rate for African American males 15 to 19 years of age.

DEFINITION

Numerator:

The number of 15 to 19 year old African American male deaths due to homicide or legal intervention

Denominator:

The number of African American males 15-19 years of age

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

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Data source for the numerator is the Alabama Center for Health Statistic's mortality database. Data source for the denominator is the Alabama State Data Center's (Center for Business and Economic Research , University of Alabama) annual population projections, as reported in ADPH's annual Vital Events publication.

SIGNIFICANCE

Homicide and legal intervention are collectively the leading cause of death among African American males aged 15 to 19 years. Consequently, a wide racial gap exists with respect to deaths due to homicide and legal intervention in this age group. Although the homicide/legal intervention death rate among African American males in this age group has been declining, further decline is needed.

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: AL

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.

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	<u>89.2</u>	<u>104.9</u>	<u>67.3</u>	<u>67.3</u>	<u>90.6</u>
Numerator	<u>2,697</u>	<u>3,140</u>	<u>2,020</u>	<u>2,020</u>	<u>2,736</u>
Denominator	<u>302,343</u>	<u>299,253</u>	<u>300,045</u>	<u>300,045</u>	<u>302,071</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.

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	<u>114.9</u>	<u>115.5</u>	<u>126.4</u>	<u>121.5</u>	<u>124.5</u>
Numerator	<u>39,988</u>	<u>41,746</u>	<u>46,302</u>	<u>44,104</u>	<u>45,152</u>
Denominator	<u>34,799</u>	<u>36,137</u>	<u>36,638</u>	<u>36,285</u>	<u>36,265</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.

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	<u>64.6</u>	<u>57.8</u>	<u>64.5</u>	<u>64.5</u>	<u>64.6</u>
Numerator	<u>166</u>	<u>316</u>	<u>182</u>	<u>475</u>	<u>843</u>
Denominator	<u>257</u>	<u>547</u>	<u>282</u>	<u>736</u>	<u>1,305</u>
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 04

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

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	<u>78.7</u>	<u>77.6</u>	<u>78.1</u>	<u>78.9</u>	<u>79.9</u>
Numerator	<u>48,625</u>	<u>48,833</u>	<u>46,927</u>	<u>46,281</u>	<u>47,200</u>
Denominator	<u>61,810</u>	<u>62,934</u>	<u>60,063</u>	<u>58,647</u>	<u>59,102</u>
Is the Data Provisional or Final?				Final	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 07

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

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	<u>33.8</u>	<u>32.3</u>	<u>39.2</u>	<u>42.4</u>	<u>46.5</u>
Numerator	<u>26,763</u>	<u>25,684</u>	<u>32,463</u>	<u>37,568</u>	<u>42,774</u>
Denominator	<u>79,083</u>	<u>79,413</u>	<u>82,709</u>	<u>88,678</u>	<u>91,927</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>21.8</u>	<u>22.0</u>	<u>20.4</u>	<u>19.2</u>	<u>18.3</u>
Numerator	<u>4,416</u>	<u>4,348</u>	<u>4,352</u>	<u>4,352</u>	<u>4,327</u>
Denominator	<u>20,250</u>	<u>19,770</u>	<u>21,360</u>	<u>22,670</u>	<u>23,635</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:

The State still does not have a representative, centralized hospital discharge database nor firm plans to develop one in the near future. For CYs 2002-03, however, Blue Cross and Blue Shield of Alabama (BCBS) and the Alabama Medicaid Agency (Medicaid) have provided numbers for estimating the asthma hospitalization rate in preschool children enrolled in their respective plans. We believe that numbers provided by these 2 organizations collectively represent most Alabama children under 5 years of age.

Respective numerators for CYs 2002-03 estimates are the total numbers of discharges for inpatient hospitalizations due to asthma among 0-4 year-old enrollees in either BCBS or Medicaid. Denominators are the estimated population of 0-4 year-old Alabama children for those respective years, reported by the Center for Business and Economic Research, the University of Alabama. Since we had no corresponding numbers or a suitable database for 2001, we used numbers for 2002 as our best estimates for 2001. Because the current method of estimating the State's asthma hospitalization rate for preschool children has been used for only 2 years, we cannot confidently describe trends in this indicator.

The reason for using population-based denominators for 2002-03, rather than the total reported numbers of 0-4 year-old enrollees in BCBS and Medicaid, is that for each of these years the total reported number of BCBS and Medicaid enrollees in this age group exceeds the estimated population for this age group. The apparent over-estimate of total enrollees, along with failure to capture hospitalizations among children who are enrolled in other plans or have no insurance, would markedly underestimate the rate. Population estimates provide a relatively stable denominator, and most children in the State are presumably insured by BCBS or Medicaid. Taking the preceding issues into account, we consider the estimated population to be the preferable denominator. Nevertheless, we recognize that the reported estimates for 2001-03 are likely to be somewhat lower than the actual hospitalization rates, since hospitalizations of children who are uninsured or enrolled in other plans are not counted.

In spite of the problematic denominators for FYs 2001-03, we have more confidence in our estimates for these years than in the estimates for 1999 and 2000. The numerators for 1999 and 2000 were derived from the numbers of pertinent hospitalizations reported by hospitals we contacted who agreed to provide numbers. The total of the reported pertinent hospitalizations was multiplied by a factor (the inverse of the proportion of the State's pediatric beds located in the participating hospitals), to account for the fact that the participating hospitals did not collectively cover the entire State. A very serious flaw of the method used in 1999 and 2000 was that a major pediatric hospital in the State did not provide numbers.

2. **Section Number:** Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2005

Field Note:

This indicator exceeds 100% based on the HCFA 416 Annual Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Participation Report provided by the Alabama Medicaid Agency. The total number of eligibles receiving at least one periodic screen, 45,152, accounts for all the screens done in FY 2003 regardless of the child's possible change in eligibility. The average period of eligibility for infants (under 1 year) was only 74.8% of a year during this reporting period; therefore, children who received an EPSDT during FY 2003 may have no longer been eligible at the close of the year--accounting for the total number of eligibles only being 36,265. Although we realize that the true proportion cannot exceed 100%, we believe that the counts provided by HCFA are informative and worth tracking over time. Accordingly, we have not replaced the reported numbers with arbitrarily selected numbers to yield an estimate of 100% or less. For practical purposes, however, we assume that the true proportion is 90% or more.

3. **Section Number:** Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2005

Field Note:

SCHIP, BCBS, and Epi/Data Branch staff have consulted extensively regarding potential ways to better estimate the proportion of SCHIP enrollees whose age is less than 1 year during the reporting year who received at least 1 initial or periodic screen. Based on these consultations, the previous computation of "percents" (reported in PREVIOUS reports/applications) that exceeded 100 was mainly for 2 reasons. First, at the time of those reports/applications, SCHIP could not report unduplicated counts of individuals, so was instead reporting numbers of screens, which inflated the numerator. Secondly, the enrollment at the end of a given FY was apparently reported as the denominator, making the denominator spuriously low.

Based on the aforesaid consultations, we are developing new methods for estimating the numerator and denominator for this indicator. Per the current stage of these in-progress methods, we estimate that, in FY 2003, 64.6% of SCHIP enrollees under 1 year of age received at least 1 periodic screen before their 1st birthday. Clearly, this estimate does not support our previous assumption that 90% or more of SCHIP enrollees under 1 year of age receive at least 1 periodic screen. However, in stark contrast to earlier methods, our current methods most likely underestimate the proportion of SCHIP infants who receive age-appropriate screens, perhaps markedly. To elaborate, the denominator is the number of children who were less than 1 year of age at any time during the reporting year and were enrolled in SCHIP at any time during the reporting year; and the numerator is the number of such children who had 1 or more initial or periodic screens WHILE LESS THAN 1 YEAR OF AGE at any time during the reporting year. Consequently, some infants who reached 1 year of age before the end of the FY may not have been due for a screen until on or after his or her 1st birthday--& that screen would not have been counted.

SCHIP and BCBS will continue seeking feasible methods to better estimate this indicator. For instance, including children in the numerator who were 1 year of age at some time during the reporting year and were screened in that year after their 1st birthday would probably provide a better estimate. Further, SCHIP and BCBS may consider adapting methods being used for any measures derived from the Health Plan Employer Data and Information Set (HEDIS) that involve similar data management or analytic issues. Accordingly, the reported estimate of 64.6% is considered provisional. Nevertheless, since it data-based, we consider it to be the preferable estimate for any recent year for which the earlier estimate exceeded 100%. Accordingly, we have replaced previous estimates that had exceeded 100% with an estimate approximating the provisional estimate for 2003.

4. **Section Number:** Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2005

Field Note:

Because the percentage (78.9% in 2002) calculated in HSC #04 applies to women 15 through 44 years of age, the percentage (78.8%) originally calculated for the "All" cell in HSC #05 (which pertains to 2002) differs slightly. The 78.8% calculated for HSC #05 includes the 220 women who were either younger than or older than the 15 through 44 years of age group. However, because (per reporting requirements) the estimates for HSC #04 and HSC #05 must agree, the percentage in Form 18 HSC #05 has been entered as 78.9%.

5. **Section Number:** Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2005

Field Note:

The denominator was provided to each state by the Social Security Administration for FY 2003 through the Institute for Child Health Policy. It represents the number of children in Alabama who were under age 16 years and were receiving federally administered SSI payments as of December 2003. It is based on a SORD file and 100% data. The numerator is programmatic data.

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

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>11.7</u>	<u>8.5</u>	<u>9.9</u>
b) <i>Infant deaths per 1,000 live births</i>	2002	Payment source from birth certificate	<u>11.5</u>	<u>7</u>	<u>9</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2002	Payment source from birth certificate	<u>72.8</u>	<u>91.2</u>	<u>83</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>71.2</u>	<u>84.9</u>	<u>78.9</u>

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

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>133</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u>) (Age range <u>6</u> to <u>19</u>) (Age range <u> </u> to <u> </u>)	2003	<u>133</u> <u>100</u> <u> </u>
c) <i>Pregnant Women</i>	2003	<u>133</u>

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

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2003	<u>200</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u>) (Age range <u>6</u> to <u>19</u>) (Age range <u> </u> to <u> </u>)	2003	<u>200</u> <u>200</u> <u> </u>
c) <i>Pregnant Women</i>	2003	<u>200</u>

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

- 1. Section Number:** Indicator 06 - Medicaid
Field Name: Med_Infant
Row Name: Infants
Column Name:
Year: 2005
Field Note:
For infants, Medicaid eligibility specifies household income that is 133% of the federal poverty level or below. Because the data entry field for this indicator will not accept symbols, we have chosen to enter the upper value of the range.
- 2. Section Number:** Indicator 06 - Medicaid
Field Name: Med_Children
Row Name: Medicaid Children
Column Name:
Year: 2005
Field Note:
Medicaid has age-specific income criteria for children. The 2 age groups are 0-5 years of age inclusive (represented here as 1 to 5 because the 0-1 year olds are represented in item "a" for this indicator), and greater than 5 years of age but less than 19 years of age (represented here as 6 to 19).

For 0 to 5 years of age, Medicaid eligibility specifies household income that is 133% of the federal poverty level (FPL) or below. For 6 to 19 years of age, Medicaid eligibility specifies household income that is 100% of the FPL or below. Because the data entry field for this indicator will not accept symbols, we have chosen to enter the upper value of the range in the appropriate locations.
- 3. Section Number:** Indicator 06 - Medicaid
Field Name: Med_Women
Row Name: Pregnant Women
Column Name:
Year: 2005
Field Note:
For pregnant women, Medicaid eligibility specifies 133% of the federal poverty level or below. Because the data entry field for this indicator will not accept symbols, we have chosen to enter the upper value of the range.
- 4. Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Infant
Row Name: Infants
Column Name:
Year: 2005
Field Note:
SCHIP covers infants (under 1 year of age) whose household income is greater than 133% of the federal poverty level (FPL), but does not exceed 200% of the FPL. Because the data entry field for this indicator will not accept symbols and because we have chosen to enter the upper value of the range, the eligibility level is represented here as 200%.
- 5. Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Children
Row Name: SCHIP Children
Column Name:
Year: 2005
Field Note:
SCHIP has 2 age-specific income criteria for children. The 2 age groups are 0 to 5 years of age inclusive (represented here as 1 to 5 because the 0-1 year olds are represented in item "a" for this indicator), and greater than 5 years of age but less than 19 years of age (represented here as 6 to 19).

For 0 to 5 years of age, SCHIP eligibility specifies a household income greater than 133% of the federal poverty level (FPL), but not to exceed 200% of the FPL. For 6 to 19 years of age, SCHIP eligibility specifies a household income greater than 100% of the FPL, but not to exceed 200% of the FPL. Because the data entry field for this indicator will not accept symbols, we have chosen to enter the upper value of the range in the appropriate locations.

The above age-specific enrollment criteria are designed to complement the criteria for coverage through the Alabama Medicaid Agency. That is, generally speaking, children whose household income exceeds Medicaid's age-specific income criterion but does not exceed 200% of the FPL are eligible for SCHIP.
- 6. Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Women
Row Name: Pregnant Women
Column Name:
Year: 2005
Field Note:
For SCHIP, pregnant women are only covered if they are less than 19 years of age and already ALL Kids-eligible: that is, females whose household income is greater than 100% of the federal poverty level (FPL) but does not exceed 200% of the FPL. Because the data entry field for this indicator will not accept symbols, we have chosen to enter the upper value of the range.
- 7. Section Number:** Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of ow birth weight (<2,500 grams)
Column Name:
Year: 2005
Field Note:
The non-Medicaid category includes those payment sources other than Medicaid as well as those with unknown sources of payment.
- 8. Section Number:** Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2005
Field Note:
The non-Medicaid category includes those payment sources other than Medicaid as well as those with unknown sources of payment.
- 9. 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:

The non-Medicaid category includes those payment sources other than Medicaid as well as those with unknown sources of payment.

10. **Section Number:** Indicator 05

Field Name: AdequateCare

Row Name: Percent of pregnant women with adequate prenatal care

Column Name:

Year: 2005

Field Note:

The non-Medicaid category includes those payment sources other than Medicaid as well as those with unknown sources of payment.

Because the percentage (78.9%) calculated in HSC #04 applies to women 15 through 44 years of age, the percentage (78.8%) calculated for the "All" cell in HSC #05 differs slightly. The 78.8% calculated for HSC #05 includes the 220 women who were either younger than or older than the 15 through 44 years age group. However, because (per reporting requirements) the estimates for HSC #04 and HSC #05 must agree, the percentage in Form 18 HSC #05 has been entered as 78.9%.

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

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	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	3	Yes
Annual linkage of birth certificates and newborn screening files	2	Yes
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	2	No
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

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

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

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: Alabama 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)	1	No
WIC Program Data	3	Yes
Other: 		

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

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

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

None

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

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	<u>9.3</u>	<u>9.7</u>	<u>9.6</u>	<u>9.9</u>	<u>10.0</u>
Numerator	<u>5,800</u>	<u>6,154</u>	<u>5,815</u>	<u>5,844</u>	<u>5,931</u>
Denominator	<u>62,070</u>	<u>63,166</u>	<u>60,294</u>	<u>58,867</u>	<u>59,317</u>
Is the Data Provisional or Final?				Final	Provisional

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	<u>7.8</u>	<u>7.9</u>	<u>7.8</u>	<u>8.0</u>	<u>8.1</u>
Numerator	<u>4,686</u>	<u>4,796</u>	<u>4,528</u>	<u>4,560</u>	<u>4,663</u>
Denominator	<u>60,208</u>	<u>61,031</u>	<u>58,240</u>	<u>56,882</u>	<u>57,366</u>
Is the Data Provisional or Final?				Final	Provisional

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	<u>2.0</u>	<u>2.0</u>	<u>2.0</u>	<u>2.1</u>	<u>2.1</u>
Numerator	<u>1,266</u>	<u>1,282</u>	<u>1,188</u>	<u>1,227</u>	<u>1,217</u>
Denominator	<u>62,070</u>	<u>63,166</u>	<u>60,294</u>	<u>58,867</u>	<u>59,317</u>
Is the Data Provisional or Final?				Final	Provisional

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	<u>1.6</u>	<u>1.6</u>	<u>1.5</u>	<u>1.6</u>	<u>1.6</u>
Numerator	<u>969</u>	<u>984</u>	<u>874</u>	<u>909</u>	<u>931</u>
Denominator	<u>60,208</u>	<u>61,031</u>	<u>58,240</u>	<u>56,882</u>	<u>57,366</u>
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 03A

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	18.4	13.6	15.8	13.8	12.0
Numerator	164	127	147	129	112
Denominator	890,795	931,589	932,478	933,368	934,255
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 03B

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	8.2	5.5	6.3	6.1	5.2
Numerator	73	51	59	57	49
Denominator	890,795	931,589	932,478	933,368	934,255
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 03C

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	48.5	39.9	42.5	43.8	38.1
Numerator	288	252	271	282	248
Denominator	593,765	631,445	637,778	644,113	650,445
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 04A

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

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

HEALTH STATUS INDICATOR MEASURE # 04B

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

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

HEALTH STATUS INDICATOR MEASURE # 04C

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

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

HEALTH STATUS INDICATOR MEASURE # 05A

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	33.8	38.5	31.6	35.8	32.4
Numerator	4,908	5,592	5,065	5,789	5,254
Denominator	145,338	145,257	160,165	161,494	162,159
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	7.7	9.5	8.7	9.5	8.9
Numerator	5,862	7,114	7,024	7,651	7,164
Denominator	758,134	751,115	810,716	807,808	806,356
Is the Data Provisional or Final?				Final	Final

FORM NOTES FOR FORM 20

None

FIELD LEVEL NOTES

1. **Section Number:** Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2005

Field Note:

The denominators for 2003, 2002, 2001 and years prior to 2000 represent the population projection for children 14 years of age and younger in the specified CY. These projections are made by Alabama's Center for Business and Economic Research. The denominator for 2000 was derived from 2000 Census of Population, SF 1 File, conducted by the Bureau of the Census, and was the population count for children 14 years of age and younger in the specified CY.

International Classification of Diseases, Tenth Revision (ICD-10) codes were used for 1999 through 2003, while International Classification of Diseases, Ninth Revision (ICD-9) codes were used for earlier years. Thus, estimates for 1999 through 2003 may not be comparable to those for previous years.

The estimate for 2003 is rough and very provisional, and additional deaths may yet be reported. In particular, death certificates for any Alabama residents who died in Mississippi have not yet been received.

2. **Section Number:** Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2005

Field Note:

The denominators for 2003, 2002, 2001 and years prior to 2000 represent the population projection for children 14 years of age and younger in the specified CY. These projections are made by Alabama's Center for Business and Economic Research. The denominator for 2000 was derived from the 2000 Census of Population, SF 1 File, conducted by the Bureau of the Census, and was the population count for children 14 years of age and younger in the specified CY.

International Classification of Diseases, Tenth Revision (ICD-10) codes were used for 1999 through 2003, while International Classification of Diseases, Ninth Revision (ICD-9) codes were used for earlier years. Thus, estimates for 1999 through 2003 may not be comparable to those for previous years.

The estimate for 2003 is rough and very provisional, and additional deaths may yet be reported. In particular, death certificates for any Alabama residents who died in Mississippi have not yet been received.

3. **Section Number:** Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2005

Field Note:

The denominators for 2003, 2002, 2001 and years prior to 2000 represent the population projection for youth 15 through 24 years of age in the specified CY. These projections are made by Alabama's Center for Business and Economic Research. The denominator for 2000 was derived from the 2000 Census of Population, SF 1 File, conducted by the Bureau of the Census, and was the population count for youth 15 through 24 years of age in the specified CY.

International Classification of Diseases, Tenth Revision (ICD-10) codes were used for 1999 through 2003, while International Classification of Diseases, Ninth Revision (ICD-9) codes were used for earlier years. Thus, estimates for 1999 through 2003 may not be comparable to those for previous years.

The estimate for 2003 is rough and very provisional, and additional deaths may yet be reported. In particular, death certificates for any Alabama residents who died in Mississippi have not yet been received.

4. **Section Number:** Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2005

Field Note:

Because Alabama does not have a centralized hospital discharge database, these numbers are not readily available. The Epidemiology and Data Management Branch will seek to develop a methodology for collecting this information for Alabama in the future.

5. **Section Number:** Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2005

Field Note:

Because Alabama does not have a centralized hospital discharge database, these numbers are not readily available. The Epidemiology and Data Management Branch will seek to develop a methodology for collecting this information for Alabama in the future.

6. **Section Number:** Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2005

Field Note:

Because Alabama does not have a centralized hospital discharge database, these numbers are not readily available. The Epidemiology and Data Management Branch will seek to develop a methodology for collecting this information for Alabama in the future.

7. **Section Number:** Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2005

Field Note:

The numerator represents cases rather than unduplicated patient counts.

8. **Section Number:** Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2005

Field Note:

The numerator represents cases rather than unduplicated patient counts.

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

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: 2003 Is this data from a State Projection? Yes

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	59,193	38,278	19,378	130	357	11	1,039	0
Children 1 through 4	238,168	155,493	75,983	798	1,862	83	3,949	0
Children 5 through 9	299,145	195,483	95,372	1,473	2,463	126	4,228	0
Children 10 through 14	321,662	207,817	106,082	1,763	2,282	104	3,614	0
Children 15 through 19	317,292	205,070	104,415	2,056	2,319	133	3,299	0
Children 20 through 24	326,208	213,965	103,687	2,035	3,283	196	3,042	0
Children 0 through 24	1,561,668	1,016,106	504,917	8,255	12,566	653	19,171	0

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

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	57,084	2,109	0
Children 1 through 4	230,004	8,164	0
Children 5 through 9	290,889	8,256	0
Children 10 through 14	314,706	6,956	0
Children 15 through 19	310,846	6,446	0
Children 20 through 24	316,303	9,905	0
Children 0 through 24	1,519,832	41,836	0

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

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	169	47	122	0	0	0		0
Women 15 through 17	2,899	1,477	1,405	5	4	0		8
Women 18 through 19	5,521	3,241	2,229	16	19	0		16
Women 20 through 34	45,225	31,337	13,259	125	412	4		88
Women 35 or older	5,044	3,710	1,220	10	85	1		18
Women of all ages	58,858	39,812	18,235	156	520	5	0	130

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	161	7	1
Women 15 through 17	2,756	141	2
Women 18 through 19	5,228	291	2
Women 20 through 34	43,167	2,028	30
Women 35 or older	4,859	182	3
Women of all ages	56,171	2,649	38

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

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

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

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	538	278	256	1	0	0		3
Children 1 through 4	102	60	40	1	1	0		0
Children 5 through 9	60	35	23	1	1	0		0
Children 10 through 14	89	51	36	0	2	0		0
Children 15 through 19	315	220	92	0	2	0		1
Children 20 through 24	406	251	152	1	1	0		1
Children 0 through 24	1,510	895	599	4	7	0	0	5

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	521	15	2
Children 1 through 4	99	3	0
Children 5 through 9	58	2	0
Children 10 through 14	86	3	0
Children 15 through 19	310	5	0
Children 20 through 24	392	13	1
Children 0 through 24	1,466	41	3

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

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

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

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

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

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

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

Reporting Year: 2003 Is this data from a State Projection? Yes

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	891,413
Living in urban areas	684,939
Living in rural areas	550,521
Living in frontier areas	0
Total - all children 0 through 19	1,235,460

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

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

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

Reporting Year: 2003 Is this data from a State Projection? Yes

POVERTY LEVELS	TOTAL
Total Population	4,500,752.0
Percent Below: 50% of poverty	6.5
100% of poverty	14.6
200% of poverty	33.6

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

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: 2003 Is this data from a State Projection? Yes

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	1,235,460.0
Percent Below: 50% of poverty	8.3
100% of poverty	18.6
200% of poverty	40.2

FORM NOTES FOR FORM 21

Form 21 HSI #06A

The estimates for this measure were provided by the Center for Business and Economic Research and are based on Census Bureau data.

Form 21 HSI #06B

The estimates for this measure were provided by the Center for Business and Economic Research and are based on Census Bureau data.

Form 21 HSI #07A

This measure excludes 9 residential live births where age of mother was unknown. The racial breakdown for these 9 births was as follows: 3 whites, 2 blacks, and 4 where race was unknown, or a classification which was not specified.

Form 21 HSI #07B

This measure excludes 9 residential live births where age of mother was unknown. The ethnic breakdown for these 9 births was as follows: 4 non-hispanics, 2 hispanics, and 3 where ethnicity was unknown.

Form 21 HSI #09A

Per Maternal and Child Health Services Block Grant guidance, states are not required to report on this indicator yearly, but instead may report every 5 years, as part of the State's needs assessment. Thus, this indicator is not reported here. The feasibility of reporting this indicator will be ascertained during the State's FY 2004-05 maternal and child health needs assessment.

Form 21 HSI #09B

Per Maternal and Child Health Services Block Grant guidance, states are not required to report on this indicator yearly, but instead may report every 5 years, as part of the State's needs assessment. Thus, this indicator is not reported here. The feasibility of reporting this indicator will be ascertained during the State's FY 2004-05 maternal and child health needs assessment.

Form 21 HSI #10

Geographic living area data for 2003 are population projections for children 0-19 and assume a distribution similar to the 2000 Census. These projections are made by Alabama's Center for Business and Economic Research and are based on Census Bureau data.

Form 21 HSI #11

Data for this measure are based on population projections and assume a distribution similar to the 2000 Census. These projections are made by Alabama's Center for Business and Economic Research and are based on Census Bureau data.

Form 21 HSI #12

Data for this measure are based on population projections and assume a distribution similar to the 2000 Census. These projections are made by Alabama's Center for Business and Economic Research and are based on Census Bureau data.

FIELD LEVEL NOTES

1. **Section Number:** Indicator 07A
Field Name: Race_Women15
Row Name: Women < 15
Column Name:
Year: 2005
Field Note:
Reports available to the Bureau of Family Health Services do not have a multiracial category.
2. **Section Number:** Indicator 07A
Field Name: Race_Women15to17
Row Name: Women 15 through 17
Column Name:
Year: 2005
Field Note:
Reports available to the Bureau of Family Health Services do not have a multiracial category.
3. **Section Number:** Indicator 07A
Field Name: Race_Women18to19
Row Name: Women 18 through 19
Column Name:
Year: 2005
Field Note:
Reports available to the Bureau of Family Health Services do not have a multiracial category.
4. **Section Number:** Indicator 07A
Field Name: Race_Women20to34
Row Name: Women 20 through 34
Column Name:
Year: 2005
Field Note:
Reports available to the Bureau of Family Health Services do not have a multiracial category.
5. **Section Number:** Indicator 07A
Field Name: Race_Women35
Row Name: Women 35 or older
Column Name:
Year: 2005
Field Note:
Reports available to the Bureau of Family Health Services do not have a multiracial category.
6. **Section Number:** Indicator 08A
Field Name: S08_Race_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2005
Field Note:
Reports available to the Bureau of Family Health Services do not have a multiracial category.
7. **Section Number:** Indicator 08A
Field Name: S08_Race_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2005
Field Note:
Reports available to the Bureau of Family Health Services do not have a multiracial category.

8. **Section Number:** Indicator 08A
Field Name: S08_Race_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2005
Field Note:
Reports available to the Bureau of Family Health Services do not have a multiracial category.
9. **Section Number:** Indicator 08A
Field Name: S08_Race_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2005
Field Note:
Reports available to the Bureau of Family Health Services do not have a multiracial category.
10. **Section Number:** Indicator 08A
Field Name: S08_Race_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2005
Field Note:
Reports available to the Bureau of Family Health Services do not have a multiracial category.
11. **Section Number:** Indicator 08A
Field Name: S08_Race_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2005
Field Note:
Reports available to the Bureau of Family Health Services do not have a multiracial category.