

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

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APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 7/15/2004	APPLICANT IDENTIFIER									
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER									
		4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER									
5. APPLICANT INFORMATION												
Legal Name:		Organizational Unit: NJ Department of Health & Senior Services										
Address (give city, county, state and zip code) County:		Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: Celeste Andriot Wood Tel Number: 609.292.4043										
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <table border="1" style="width:100%; text-align: center;"><tr><td>2</td><td>1</td><td>-</td><td>6</td><td>0</td><td>0</td><td>0</td><td>9</td><td>2</td></tr></table>		2	1	-	6	0	0	0	9	2	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)	
2	1	-	6	0	0	0	9	2				
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration Decrease Duration Other (specify):		9 NAME OF FEDERAL AGENCY: Health Resources and Services Administration, Maternal and Child Health Bureau										
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <table border="1" style="width:100%; text-align: center;"><tr><td>9</td><td>3</td><td>9</td><td>9</td><td>4</td></tr></table> TITLE: Maternal and Child Health Services Block Grant		9	3	9	9	4	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Improve health of mothers infants & adolescents.					
9	3	9	9	4								
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): State of New Jersey		13. PROPOSED PROJECT:										
Start Date: 10/01/2004		Ending Date: 09/30/2005										
14. CONGRESSIONAL DISTRICTS OF:		a. Applicant	b. Project									
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?										
a. Federal	\$ <u>12,348,050.00</u>	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:										
b. Applicant	\$ <u>0.00</u>	b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372										
c. State	\$ <u>22,292,699.00</u>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW										
d. Local	\$ <u>0.00</u>											
e. Other	\$ <u>0.00</u>											
f. Program Income	\$ <u>0.00</u>											
g. TOTAL	\$ <u>34,640,749.00</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 Carolyn G. Holmes		b. Title Deputy Commissioner	c. Telephone Number 609.292.7836									
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: NJ

1. FEDERAL ALLOCATION

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

\$ 12,348,050

A. Preventive and primary care for children:

\$ 5,825,629 (47.18%)

B. Children with special health care needs:

\$ 4,247,940 (34.4%)

(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:

\$ 1,100,000 (8.91%)

(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)

\$ 22,292,699

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

\$ 0

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

\$ 0

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

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

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

\$ 9,419,570

\$ 22,292,699

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

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

\$ 34,640,749

9. OTHER FEDERAL FUNDS

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

a. SPRANS: \$ 0

b. SSDI: \$ 100,000

c. CISS: \$ 0

d. Abstinence Education: \$ 843,000

e. Healthy Start: \$ 500,000

f. EMSC: \$ 0

g. WIC: \$ 20,721,000

h. AIDS: \$ 2,072,878

i. CDC: \$ 2,322,546

j. Education: \$ 11,876,000

k. Other: \$ 0

All Other \$ 3,193,737

Family Planning \$ 3,121,766

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

\$ 44,750,927

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 79,391,676

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: WIC
Row Name: Other Federal Funds - WIC
Column Name:
Year: 2005
Field Note:
WIC administration and operations only (not food) - \$20,721,000

**FORM 3
STATE MCH FUNDING PROFILE**

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

STATE: NJ

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 12,132,446	\$ 11,887,968	\$ 12,102,033	\$ 0	\$ 12,348,050	\$ 0
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 17,408,031	\$ 16,780,208	\$ 17,388,000	\$ 0	\$ 22,292,699	\$ 0
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 29,540,477	\$ 28,668,176	\$ 29,490,033	\$ 0	\$ 34,640,749	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 22,856,633	\$ 22,429,860	\$ 45,938,502	\$ 0	\$ 44,750,927	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 52,397,110	\$ 51,098,036	\$ 75,428,535	\$ 0	\$ 79,391,676	\$ 0
(STATE MCH BUDGET TOTAL)						

**FORM 3
STATE MCH FUNDING PROFILE**

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

STATE: NJ

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 11,806,608	\$ 10,284,376	\$ 11,806,608	\$ 16,715,926	\$ 11,904,654	\$ 12,314,548
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 11,567,902	\$ 11,359,151	\$ 11,526,285	\$ 12,798,231	\$ 15,613,085	\$ 15,569,343
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 23,374,510	\$ 21,643,527	\$ 23,332,893	\$ 29,514,157	\$ 27,517,739	\$ 27,883,891
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 10,383,117	\$ 9,800,000	\$ 12,151,237	\$ 11,950,230	\$ 11,857,892	\$ 11,492,992
9. Total <i>(Line11, Form 2)</i>	\$ 33,757,627	\$ 31,443,527	\$ 35,484,130	\$ 41,464,387	\$ 39,375,631	\$ 39,376,883
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2002
Field Note:

FORM 4

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

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

STATE: NJ

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 4,489,097	\$ 3,970,205	\$ 4,452,995	\$ 0	\$ 4,930,303	\$ 0
b. Infants < 1 year old	\$ 5,370,911	\$ 5,174,267	\$ 5,376,286	\$ 0	\$ 7,636,945	\$ 0
c. Children 1 to 22 years old	\$ 8,571,684	\$ 8,487,134	\$ 8,611,089	\$ 0	\$ 9,891,684	\$ 0
d. Children with Special Healthcare Needs	\$ 9,992,600	\$ 9,947,180	\$ 9,908,651	\$ 0	\$ 11,081,817	\$ 0
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 1,116,185	\$ 1,089,390	\$ 1,141,012	\$ 0	\$ 1,100,000	\$ 0
g. SUBTOTAL	\$ 29,540,477	\$ 28,668,176	\$ 29,490,033	\$ 0	\$ 34,640,749	\$ 0

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

a. SPRANS	\$ 0	\$ 0	\$ 0
b. SSDI	\$ 132,836	\$ 94,000	\$ 100,000
c. CISS	\$ 0	\$ 0	\$ 0
d. Abstinence Education	\$ 843,000	\$ 843,071	\$ 843,000
e. Healthy Start	\$ 500,000	\$ 500,000	\$ 500,000
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 0	\$ 22,774,743	\$ 20,721,000
h. AIDS	\$ 2,072,878	\$ 2,232,878	\$ 2,072,878
i. CDC	\$ 3,099,467	\$ 2,321,995	\$ 2,322,546
j. Education	\$ 0	\$ 11,876,000	\$ 11,876,000
k. Other			
All Other	\$ 971,013	\$ 0	\$ 3,193,737
Family Planning	\$ 3,121,766	\$ 3,103,266	\$ 3,121,766
other total	\$ 0	\$ 2,192,549	\$ 0
Early Intervention	\$ 10,193,673	\$ 0	\$ 0
Social Security Block	\$ 1,922,000	\$ 0	\$ 0
III. SUBTOTAL	\$ 22,856,633	\$ 45,938,502	\$ 44,750,927

FORM 4

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

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

STATE: NJ

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 3,289,910	\$ 3,112,181	\$ 3,809,840	\$ 4,875,025	\$ 3,836,920	\$ 3,847,977
b. Infants < 1 year old	\$ 2,186,606	\$ 2,029,554	\$ 2,205,725	\$ 3,391,439	\$ 5,295,271	\$ 5,381,591
c. Children 1 to 22 years old	\$ 7,829,210	\$ 7,303,136	\$ 7,298,865	\$ 9,104,360	\$ 7,606,000	\$ 7,779,605
d. Children with Special Healthcare Needs	\$ 9,200,836	\$ 8,416,375	\$ 9,046,691	\$ 10,888,447	\$ 9,638,483	\$ 9,759,362
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 867,948	\$ 782,281	\$ 971,772	\$ 1,254,886	\$ 1,141,065	\$ 1,115,356
g. SUBTOTAL	\$ 23,374,510	\$ 21,643,527	\$ 23,332,893	\$ 29,514,157	\$ 27,517,739	\$ 27,883,891

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

a. SPRANS	\$ 0	\$ 0	\$ 0
b. SSDI	\$ 100,000	\$ 100,000	\$ 100,000
c. CISS	\$ 0	\$ 0	\$ 0
d. Abstinence Education	\$ 843,071	\$ 843,071	\$ 843,071
e. Healthy Start	\$ 443,630	\$ 344,500	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 0	\$ 0	\$ 0
h. AIDS	\$ 1,866,700	\$ 2,535,977	\$ 2,364,550
i. CDC	\$ 1,512,806	\$ 2,219,952	\$ 2,884,534
j. Education	\$ 0	\$ 0	\$ 0
k. Other			
All Other	\$ 0	\$ 0	\$ 3,749,737
SSBG	\$ 1,916,000	\$ 1,916,000	\$ 1,916,000
All other including PHHS BG	\$ 0	\$ 4,191,737	\$ 0
other	\$ 3,700,910	\$ 0	\$ 0
III. SUBTOTAL	\$ 10,383,117	\$ 12,151,237	\$ 11,857,892

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: 2003

Field Note:

FY2003 Pregnant Women, Expended differs from budgeted amount by more than 10% (11.6%).

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: NJ

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.)	\$ 8,075,500	\$ 7,740,410	\$ 8,257,209	\$ 0	\$ 9,391,410	\$ 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.)	\$ 9,746,985	\$ 9,747,180	\$ 9,436,811	\$ 0	\$ 10,397,630	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 6,250,000	\$ 6,020,320	\$ 6,487,807	\$ 0	\$ 8,385,190	\$ 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.)	\$ 5,467,992	\$ 5,160,266	\$ 5,308,206	\$ 0	\$ 6,466,519	\$ 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.)	\$ 29,540,477	\$ 28,668,176	\$ 29,490,033	\$ 0	\$ 34,640,749	\$ 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: NJ

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.)	\$ 5,783,823	\$ 6,308,251	\$ 7,279,575	\$ 8,400,230	\$ 6,692,000	\$ 6,970,973
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.)	\$ 8,026,860	\$ 6,355,625	\$ 7,287,626	\$ 8,994,690	\$ 9,708,339	\$ 10,038,201
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 4,277,564	\$ 3,831,064	\$ 3,209,221	\$ 5,845,308	\$ 5,972,500	\$ 6,134,456
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.)	\$ 5,286,263	\$ 5,148,587	\$ 5,556,471	\$ 6,273,929	\$ 5,144,900	\$ 4,740,261
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.)	\$ 23,374,510	\$ 21,643,527	\$ 23,332,893	\$ 29,514,157	\$ 27,517,739	\$ 27,883,891

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

None

FORM 6

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

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

STATE: NJ

Total Births by Occurrence: 112,350

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	113,215	100.8	31	8	8	100
Congenital Hypothyroidism	113,215	100.8	88	54	54	100
Galactosemia	113,215	100.8	112	4	4	100
Sickle Cell Disease	113,215	100.8	70	53	53	100

Other Screening (Specify)

Biotinidase Deficiency	113,215	100.8	20	3	3	100
Cystic Fibrosis	113,215	100.8	58	10	10	100
Congenital Adrenal Hyperplasia (CAH)	113,215	100.8	179	14	14	100
Maple Syrup Urine Disease (MSUD)	113,215	100.8	22	0	0	
SCAD - short chain acyl-CoA dehydrogenase	113,215	100.8	7	2	2	100
MCAD - medium chain acyl-CoA dehydrogenase	113,215	100.8	5	5	5	100
LCAD - long chain acyl-CoA dehydrogenase	113,215	100.8	0	0	0	
VLCAD - very long chain acyl-CoA dehydrogenase	113,215	100.8	1	1	1	100
Urea Cycle defects - Arginosuccinic acidemia & Citrullinemia	113,215	100.8	4	2	2	100
organic acidemias - methylmalonic and propionic acidemia	27,969	24.9	1	0	0	

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

Pediatric Lead Screening	172,932		832	606	433	71.5
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- (1) Use occurrent births as denominator.
 (2) Report only those from resident births.
 (3) Use number of confirmed cases as denominator.

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: BirthOccurence
Row Name: Total Births By Occurrence
Column Name: Total Births By Occurrence
Year: 2005
Field Note:
The number of initial screenings as reported by the state's Inborn Errors of Metabolism laboratory. The number of initial screenings may exceed the number of newborns due to difficulties in removing duplicate screens for the same child, out of state births tested in NJ or older non-newborns being screened. The number of births by occurrence (112,350) is the number of live births occurring in New Jersey regardless of mother's state residence reported to the Bureau of Vital Statistics by the Electronic Birth Certificate system.
2. **Section Number:** Main
Field Name: Phenylketonuria_OneScreenNo
Row Name: Phenylketonuria
Column Name: Receiving at least one screen
Year: 2005
Field Note:
The number of initial screenings as reported by the state's Inborn Errors of Metabolism laboratory. The number of initial screenings may exceed the number of newborns due to difficulties in removing duplicate screens for the same child, out of state births tested in NJ or older non-newborns being screened.
3. **Section Number:** Main
Field Name: Congenital_OneScreenNo
Row Name: Congenital
Column Name: Receiving at least one screen
Year: 2005
Field Note:
The number of initial screenings as reported by the state's Inborn Errors of Metabolism laboratory. The number of initial screenings may exceed the number of newborns due to difficulties in removing duplicate screens for the same child, out of state births tested in NJ or older non-newborns being screened.
4. **Section Number:** Main
Field Name: Galactosemia_OneScreenNo
Row Name: Galactosemia
Column Name: Receiving at least one screen
Year: 2005
Field Note:
The number of initial screenings as reported by the state's Inborn Errors of Metabolism laboratory. The number of initial screenings may exceed the number of newborns due to difficulties in removing duplicate screens for the same child, out of state births tested in NJ or older non-newborns being screened.
5. **Section Number:** Main
Field Name: SickleCellDisease_OneScreenNo
Row Name: SickleCellDisease
Column Name: Receiving at least one screen
Year: 2005
Field Note:
The number of initial screenings as reported by the state's Inborn Errors of Metabolism laboratory. The number of initial screenings may exceed the number of newborns due to difficulties in removing duplicate screens for the same child, out of state births tested in NJ or older non-newborns being screened.
6. **Section Number:** Other Screening Types
Field Name: Other
Row Name: All Rows
Column Name: All Columns
Year: 2005
Field Note:
There were 27,969 initial screens for the following disorders (testing began 10/2003) and no confirmed positives
methylmalonic acidemia
propionic acidemia
glutaric acidemia type 1 - GA type 1
3-hydroxy-3-methylglutaryl CoA lyase deficiency - HMG
3-methylcrotonyl CoA carboxylase deficiency - 3-MCC
7. **Section Number:** Screening Programs for Older Children and Women
Field Name: OtherWomen
Row Name: All Rows
Column Name: All Columns
Year: 2005
Field Note:
Children (0-16 y.o.) with elevated blood lead levels (≥ 20 ug/dL) reported to the New Jersey Childhood Lead Poisoning Prevention Surveillance System (CLPPSS) for 7/1/2002 - 6/30/2003. Coumn D (Needing Treatment that Received Treatment) is the number of children with a completed environmental investigation.

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: NJ

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	109,885	22.7		72.2	2.2	3.0
Infants < 1 year old	112,350	20.0		78.5	1.5	
Children 1 to 22 years old	274,732					
Children with Special Healthcare Needs	55,500	40.0		52.0	4.0	4.0
Others	30,000					
TOTAL	582,467					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

- 1. Section Number:** Main
Field Name: PregWomen_TS
Row Name: Pregnant Women
Column Name: Title V Total Served
Year: 2005
Field Note:
The number of New Jersey resident women delivering a live birth during 2003 from the Electronic Birth Certificate (EBC) file is used to estimate the total number of pregnant women served.
Primary source of Insurance coverage for prenatal care is self-reported from the NJ PRAMS 2003.
- 2. Section Number:** Main
Field Name: Children_0_1_TS
Row Name: Infants <1 year of age
Column Name: Title V Total Served
Year: 2005
Field Note:
The number of live births during 2003 to New Jersey resident mothers from the Electronic Birth Certificate (EBC) file is used to report the total number of infants < 1 year old served.
Insurance status of the mother at time of delivery is self-reported on the EBC.
- 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:
Estimated number of Children 1 to 22 years old is based on the total of children served in 2003 in the Florida Mouthrinse Program (53,000), Oral Health Education (30,000), POrSCHe Program (800), Adolescent Community Partnerships (18,000) and the Pediatric Lead Screening Program (172,932). An exact unduplicated count of children served is not available from the programmatic data.
- 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:
Children served by Case Management, Child Evaluation Centers, Tertiary Care Centers, Cleft Lip/Cleft Palate Centers & Newborn Biochemical Follow-up.
Primary sources of Insurance based on programmatic statistics reported to SCAEIS from grantee programs.
- 5. Section Number:** Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2005
Field Note:
Number of Others is an estimate of individuals served in Family Planning Centers.

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: NJ

Reporting Year: 2001

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	109,976	77,561	19,642	177	8,376	681		3,539
Title V Served	109,976	77,561	19,642	177	8,376	681		3,539
Eligible for Title XIX	22,084	11,810	8,395	50	627	170		1,032
INFANTS								
Total Infants in State	109,976	77,561	19,642	177	8,376	681		3,539
Title V Served	109,976	77,561	19,642	177	8,376	681		3,539
Eligible for Title XIX	22,084	11,810	8,395	50	627	170		1,032

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	89,305	23,589	404	4,262	812	6,686	11,383	446
Title V Served	89,305	23,589	404	4,262	812	6,686	11,383	446
Eligible for Title XIX	14,126	7,839	220	848	144	3,075	3,644	128
INFANTS								
Total Infants in State	89,305	23,589	404	4,262	812	6,686	11,383	446
Title V Served	89,305	23,589	404	4,262	812	6,686	11,383	446
Eligible for Title XIX	14,126	7,839	220	848	144	3,075	3,644	128

FORM NOTES FOR FORM 8

Data for Form 8 from Electronic Birth Certificate file matched to Medicaid Enrollment file for 2001 (file as of 12/2002). Counts do not exactly match most current birth counts for 2001 birth certificate file. EBC and Medicaid Enrollment files not yet matched for 2002. Total deliveries in state reported as live births to New Jersey resident mothers.

FIELD LEVEL NOTES

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

Field Name: DeliveriesTitleXIX_TotalNotHispanic

Row Name: Eligible for Title XIX

Column Name: Total Not Hispanic or Latino

Year: 2005

Field Note:

Data for Form 8 from Electronic Birth Certificate file matched to Medicaid Enrollment file for 2001 (file as of 12/2002). Counts do not exactly match most current birth counts for 2001 EBC file. EBC files matched to Medicaid Enrollment files not yet matched for 2002. Total deliveries in state reported as live births to New Jersey resident mothers.

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

None

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FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

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

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
Annual Indicator	_____	_____	100.0	100.0	100.0
Numerator	_____	_____	112,886	111,950	113,215
Denominator	_____	_____	112,886	111,950	113,215
Is the Data Provisional or Final?				Provisional	Provisional

<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	_____	_____	_____	57	58
Annual Indicator	_____	_____	_____	57.7	57.7
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	60	61	62	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 # 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	_____	_____	_____	52	53
Annual Indicator	_____	_____	_____	52	52
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	54	55	56	57	57
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	_____	_____	_____	62	62
Annual Indicator	_____	_____	_____	62.1	62.1
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	63	63	64	64	65
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 05

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

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	_____	75	76
Annual Indicator	_____	_____	_____	75.9	75.9
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	77	78	79	80	80
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 06

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

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	_____	5	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	7	8	9	10	11
Annual Indicator					
Numerator					
Denominator					

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

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>75</u>	<u>71</u>	<u>73</u>	<u>74</u>	<u>75</u>
Annual Indicator	<u>75.3</u>	<u>71.2</u>	<u>73.1</u>	<u>76.1</u>	<u>69.1</u>
Numerator	<u> </u>				
Denominator	<u> </u>				
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>76</u>	<u>77</u>	<u>78</u>	<u>79</u>	<u>80</u>
Annual Indicator					
Numerator					
Denominator					
Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.					

PERFORMANCE MEASURE # 08

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

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>18.5</u>	<u>18</u>	<u>17.5</u>	<u>17</u>	<u>16.5</u>
Annual Indicator	<u>18.7</u>	<u>15.9</u>	<u>16.9</u>	<u>16.1</u>	<u>15.4</u>
Numerator	<u>2,784</u>	<u>2,539</u>	<u>2,557</u>	<u>2,480</u>	<u>2,424</u>
Denominator	<u>149,049</u>	<u>159,548</u>	<u>150,917</u>	<u>154,388</u>	<u>157,765</u>
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>16</u>	<u>15.5</u>	<u>15</u>	<u>14.5</u>	<u>14</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	42	42	42	42	43
Annual Indicator	NaN	42.0	NaN	NaN	42.6
Numerator	0	940	0	0	803
Denominator	0	2,237	0	0	1,883
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	43	44	44	45	45
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	2.3	2.2	2.1	2	1.9
Annual Indicator	2.4	1.4	2.0	1.3	
Numerator	41	25	34	22	
Denominator	1,724,408	1,734,603	1,739,257	1,740,261	
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	1.7	1.6	1.5	1.4	1.3
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 11

Percentage of mothers who breastfeed their infants at hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	62	63	64	66	67
Annual Indicator	61.9	63.2	63.9	66.0	67.3
Numerator			69,738	72,240	73,758
Denominator			109,166	109,520	109,596
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	68	69	69	70	70
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 12

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	42	54	68	97	98
Annual Indicator	42.6	54.8	68.6	97.2	98.1
Numerator	45,932	57,933	74,869	107,356	109,324
Denominator	107,879	105,720	109,166	110,505	111,442
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	99	99	99	99	99
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	8	9	12	11	10.5
Annual Indicator	8.2	9.4	11.5	10.1	
Numerator	171,038	234,728	226,990	227,609	
Denominator	2,098,291	2,505,910	1,974,833	2,253,217	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	10	9.5	9	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 # 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	96	96	96	97	97
Annual Indicator	NaN	NaN	96.3	97.4	96.8
Numerator	0	0	164,016	184,830	182,592
Denominator	0	0	170,257	189,740	188,557
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	97.5	97.5	98	98	98
Annual Indicator					
Numerator					
Denominator					
Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.					

PERFORMANCE MEASURE # 15

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	1.6	1.6	1.5	1.5	1.5
Annual Indicator	1.8	1.6	1.6	1.5	1.6
Numerator	1,944	1,769	1,787	1,735	1,776
Denominator	110,544	112,588	111,772	114,559	112,350
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	1.6	1.5	1.4	1.4	1.4
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 16

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	4.4	4	3.7	3.6	3.5
Annual Indicator	3.6	5.5	3.5	3.0	
Numerator	18	28	18	16	
Denominator	503,613	510,821	519,337	530,882	
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	3.5	3.5	3.4	3.4	3.4
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 17

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	86	87	87	87	88
Annual Indicator	86.7	87.2	87.1	87.9	84.5
Numerator	1,685	1,507	1,556	1,498	1,501
Denominator	1,943	1,729	1,786	1,704	1,776
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	88	88	89	89	89
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	77.5	78	78.5	78.5	79
Annual Indicator	76.9	80.4	75.8	78.9	79.2
Numerator	84,979	85,824	84,726	87,874	89,022
Denominator	110,544	106,787	111,772	111,338	112,350
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	79	79	79	79.2	79.2
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.

STATE PERFORMANCE MEASURE # 1

The percentage of Black non-Hispanic preterm infants in New Jersey

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	14.1	13.7	13.5	13.4	13.3
Annual Indicator	14.1	13.3	13.3	13.5	13.4
Numerator	2,623	2,420	2,356	2,339	2,256
Denominator	18,541	18,183	17,737	17,310	16,872
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	13.2	13.2	13.1	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 # 3

The percentage of Regional MCH Consortia implementing community-based Fetal and Infant Mortality Review (FIMR) Teams.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective			100	100	100
Annual Indicator	42.9	100.0	100.0	100.0	100.0
Numerator	3	7	7	7	7
Denominator	7	7	7	7	7
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.

STATE PERFORMANCE MEASURE # 4

The percentage of children with elevated blood lead levels (≥ 20 ug/dL).

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective		1	0.6	0.5	0.4
Annual Indicator		1.0	0.6	0.5	0.5
Numerator		1,309	947	934	832
Denominator		137,536	149,233	171,712	172,932
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	0.4	0.3	0.3	0.2	0.2
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.

STATE PERFORMANCE MEASURE # 5

The percentage of repeat pregnancies among adolescents 15 - 19 years of age.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	7.7	7	6.6	6.4	6.3
Annual Indicator	7.7	7.0	6.3	6.5	5.8
Numerator	632	559	484	477	406
Denominator	8,213	8,012	7,724	7,334	7,032
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	6	5.8	5.6	5.5	5.5
Annual Indicator					
Numerator					
Denominator					

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

STATE PERFORMANCE MEASURE # 6

The percentage implementation of activities from the state plan to improve the nutritional and physical fitness of children and adolescents.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	50	50	75	90	95
Annual Indicator					
Numerator			75	90	90
Denominator					
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.

STATE PERFORMANCE MEASURE # 7

The percentage of children with birth defects who are appropriately reported to the New Jersey Birth Defects Registry.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	85	85	85	86	86
Annual Indicator	80.7	89.2	85.1	86.2	
Numerator	1,089	1,217	1,190	1,407	
Denominator	1,350	1,365	1,398	1,632	
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	87	87	88	88	89
Annual Indicator					
Numerator					
Denominator					

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

STATE PERFORMANCE MEASURE # 8

The percentage of completed Birth Defects Study interviews.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	64	76	72	74	
Annual Indicator	64.5	76.5	72.2	72.4	
Numerator	453	453	460	398	
Denominator	702	592	637	550	
Is the Data Provisional or Final?				Provisional	

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

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

STATE PERFORMANCE MEASURE # 9

The percentage of HIV exposed newborns receiving appropriate antiviral treatment to reduce the perinatal transmission of HIV.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	70	70	71	71	72
Annual Indicator	69.2	77.8	71.7	68.1	68.6
Numerator	173	207	157	147	94
Denominator	250	266	219	216	137
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	73	74	75	76	77
Annual Indicator					
Numerator					
Denominator					

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

STATE PERFORMANCE MEASURE # 10

The percentage of communities receiving Community Partnership for Healthy Adolescent grants who have developed an adolescent health plan for their communities.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	100	100	100	100
Annual Indicator	_____	100.0	100.0	100.0	100.0
Numerator	_____	10	10	9	8
Denominator	_____	10	10	9	8
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.

STATE PERFORMANCE MEASURE # 11

The percentage implementation of activities from the state pediatric asthma plan.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	25	25	50	75	80
Annual Indicator	10	50	50	75	75
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	85	90	95	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.

FORM NOTES FOR FORM 11

None

FIELD LEVEL NOTES

1. **Section Number:** Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2005
Field Note:
The number of initial newborn biochemical screenings as reported by the state's Inborn Errors of Metabolism laboratory. The number of initial screenings exceeds the number of newborns due to difficulties in removing duplicate screens for the same child, out of state births tested in NJ or older non-newborns being screened. The software prevents the input of the number of newborns born in NJ (exceeds 100%) which is 112350 in 2003. All newborns with confirmed biochemical disorders receive appropriate follow-up as detailed on Form 6.
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 2002 indicator is based on the State estimates from SLAITS.
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 2002 indicator is based on the State estimates from SLAITS.
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 2002 indicator is based on the State estimates from SLAITS.
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 2002 indicator is based on the State estimates from SLAITS.
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. The 2002 indicator is based on the State estimates from SLAITS.
7. **Section Number:** Performance Measure #7
Field Name: PM07
Row Name:
Column Name:
Year: 2005
Field Note:
Data is from the National Immunization Survey at the CDC
<http://www.cdc.gov/nip/coverage/NIS/>
No numerators or denominators are available.

NPM #7 Estimate from 2003 is from estimate from Q3/2002-Q2/2003
8. **Section Number:** Performance Measure #9
Field Name: PM09
Row Name:
Column Name:
Year: 2005
Field Note:
2003 data based on the NJ Dental Sealant Survey 2003. A random sample of 35 schools participated. All third graders in the schools took home the single question survey instrument worded "Does your child have a sealant on a back tooth?"
9. **Section Number:** Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2005
Field Note:
Data source - CDC National Center for Injury Prevention and Control website www.cdc.gov/ncipc/wisqars/.

No provisional data is available to estimate mortality rates for 2003.

Provisional estimates were provided for 2002 from a provisional multiple cause of death file current as of 4/2004.

ICD-9 Codes: E810-E825, E958.5, E988.5

ICD-10 Codes: V30-V39 (.4-.9), V40-V49 (.4-.9), V50-V59 (.4-.9), V60-V69 (.4-.9), V70-V79 (.4-.9), V81.1 V82.1,V83-V86 (.0-.3), V20-V28 (.3-.9),V29 (.4-.9),V12-V14 (.3-.9),V19 (.4-.6),

10. **Section Number:** Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2005
Field Note:
Source of data before 2001 is the Mothers Survey, Ross Products Division, Abbott Laboratories. The numerator is the number of breastfeed babies at hospital discharge, not the number of EXCLUSIVELY breastfeed babies at hospital discharge. Methodology of the survey is available in the publication, Breastfeeding Continues to Increase Into the New Millennium in Pediatrics 2002: 110: 1103-1109.

Source of provisional 2003 data from Electronic Birth Certificates which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ. EBC rates are very close to Ross' Mothers Survey (for 2000, EBC 62.7 verse Ross 63.2). Numerator is newborns breastfed in 24 hours prior to hospital discharge. Denominator is newborns discharged home.
11. **Section Number:** Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2005
Field Note:
Source of 2002 and provisional 2003 data from the Electronic Birth Certificates which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ.
12. **Section Number:** Performance Measure #13
Field Name: PM13
Row Name:
Column Name:
Year: 2005
Field Note:
Source: Current Population Survey from March 2003 at <http://www.state.nj.us/health/chs/hic02/hic02.pdf#table2>

No data is available for 2003.
13. **Section Number:** Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2005
Field Note:
Source of PM #14 - a report titled, New Jersey DMAHS Managed Care Enrollment, by HMO from the Office of Statistical Analysis and Managed Care Reimbursement, NJ Department of Human Services. The report used for 2003 data is for the month of November 2003. Cumulative annual reports are not available. The data reported is from the NJ KidCare A-JC programs which should not include new SCHIP initiatives.

Data prior to 2001 is not available in the same format.
14. **Section Number:** Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2005
Field Note:
Source of provisional 2002 data is NJDHSS, Center for Health Statistics. <http://www.state.nj.us/health/chs/stats01/nat0102prelim.pdf#n37>

Source of provisional 2003 data is the Electronic Birth Certificate file which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ.
15. **Section Number:** Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2005
Field Note:
Data source - CDC National Center for Injury Prevention and Control website www.cdc.gov/ncipc/wisqars/.
ICD-9 Codes: E950-E959. ICD-10 Codes: X60-X84, Y87.0

No provisional data is available to estimate mortality rates for 2003.

Provisional estimates were provided for 2002 from a provisional multiple cause of death file.
16. **Section Number:** Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2005
Field Note:
Source of provisional 2002 and 2003 data from Electronic Birth Certificates which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ. Facilities for high risk deliveries defined as Intermediate, Intensive and Regional Perinatal Centers.
17. **Section Number:** Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2005
Field Note:
Source of provisional 2002 and 2003 data from Electronic Birth Certificates which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ.
18. **Section Number:** State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:

Year: 2005

Field Note:

Source of provisional 2002 and 2003 data from Electronic Birth Certificates which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ.

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

Field Name: SM3

Row Name:

Column Name:

Year: 2005

Field Note:

As of January 1, 2004 there will be 6 MCH Consortia (denominator).

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

Field Name: SM4

Row Name:

Column Name:

Year: 2005

Field Note:

Children (0-6) with elevated blood lead levels (≥ 20 ug/dL) reported to the New Jersey Childhood Lead POisoning Prevention Surveillance System (CLPPSS) for 2003.

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

Field Name: SM5

Row Name:

Column Name:

Year: 2005

Field Note:

Source of provisional 2002 and 2003 data from Electronic Birth Certificates which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ.

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

Field Name: SM6

Row Name:

Column Name:

Year: 2005

Field Note:

The Child and Adolescent Health Program in the Division of Family Health Services is the source of SPM #6.

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

Field Name: SM7

Row Name:

Column Name:

Year: 2005

Field Note:

Neither actual data nor an estimate can be provided for 2003.

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

Field Name: SM8

Row Name:

Column Name:

Year: 2005

Field Note:

New Jersey will not be participating in the National Birth Defects Study for children born after September 30, 2002. State Performance Measure will be dropped for 2005

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

Field Name: SM9

Row Name:

Column Name:

Year: 2005

Field Note:

Numerator and denominator counts are not available.

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

Field Name: SM10

Row Name:

Column Name:

Year: 2005

Field Note:

A manual indicator is provided rather than a numerator and denominator.

27. **Section Number:** State Performance Measure #11

Field Name: SM11

Row Name:

Column Name:

Year: 2005

Field Note:

A manual indicator has been reported rather than a numerator and denominator.

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

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	6.8	6.5	6.1	6	6
Annual Indicator	6.8	6.3	6.3	5.7	
Numerator	770	723	732	650	
Denominator	113,810	115,542	115,769	114,559	
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	5.9	5.9	5.8	5.8	5.7
Annual Indicator					
Numerator					
Denominator					

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

OUTCOME MEASURE # 02

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	2.4	2.4	2.4	2.4	2.4
Annual Indicator	2.4	2.4	2.4	2.4	
Numerator	14.8	13.7	14	14	
Denominator	6.1	5.7	5.8	5.8	
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	2.4	2.3	2.3	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.

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	4.4	4.3	4.2	4.1	4
Annual Indicator	4.9	4.3	4.2	4.0	
Numerator	562	500	492	462	
Denominator	113,810	115,542	115,769	114,643	
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	4	3.9	3.9	3.8	3.8
Annual Indicator					
Numerator					
Denominator					

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

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	1.9	1.9	1.9	1.8	1.8
Annual Indicator	1.8	1.9	2.1	1.4	
Numerator	207	224	243	166	
Denominator	113,810	115,542	115,769	114,643	
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	1.8	1.7	1.7	1.7	1.6
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 # 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	6.9	6.1	6.1	6	6
Annual Indicator	6.8	6.0	6.3		
Numerator	783	693	729		
Denominator	114,593	116,235	116,498		
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	5.9	5.9	5.8	5.8	5.7
Annual Indicator					
Numerator					
Denominator					

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

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	18	16	15	14.5	14
Annual Indicator	17.3	15.3	14.7	16.3	
Numerator	280	249	240	260	
Denominator	1,619,416	1,631,204	1,637,263	1,592,041	
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	13.5	13	12.5	12.3	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.

STATE OUTCOME MEASURE # 7

The Fetal Mortality Rate per 1,000 live births plus fetal deaths

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	7.3	6.6	6.6	6.5	6.5
Annual Indicator					
Numerator	839	766			
Denominator	114,649	116,308			

Is the Data Provisional or Final?

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	6.4	6.4	6.3	6.3	
Annual Indicator					
Numerator					
Denominator					

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

FORM NOTES FOR FORM 12

Software is not permitting calculation of Annual Indicator for State Outcome Measure #7 - Fetal Mortality Rate.

1999 = 7.4

2000 = 6.6

2001 = 7.0

Data not available for 2002. Fetal deaths are for gestation greater than or equal to 20 weeks reported to the Bureau of Vital Statistics.

FIELD LEVEL NOTES

1. Section Number: Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2005

Field Note:

Source: Infant mortality data from the NJ Center for Health Statistics website <http://www.state.nj.us/health/chs/>

For provisional 2002 data the numerator for infant deaths is the number of resident deaths less than 365 days old during the calendar year from the unlinked multiple cause of death file. Denominator is the number of resident live births for calendar year. No provisional data for 2003 is available as of 6/08/2004.

See Chart #7 Infant Mortality Rates by Race/Ethnicity attached to Section I.D. Table of Contents.

2. Section Number: Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2005

Field Note:

Source: Infant mortality data from the NJ Center for Health Statistics website <http://www.state.nj.us/health/chs/>

Numerator is the resident black infant mortality rate (regardless of hispanic origin). Denominator is the the resident white infant mortality rate (regardless of hispanic origin).

Data for 2002 is provisional. No provisional data for 2003 is available as of 6/08/2004

3. Section Number: Outcome Measure 3

Field Name: OM03

Row Name:

Column Name:

Year: 2005

Field Note:

Source: Infant mortality data from the NJ Center for Health Statistics website <http://www.state.nj.us/health/chs/>

For provisional 2002 data the numerator for neonatal infant deaths is the number of resident deaths less than 28 days old during the calendar year from the unlinked multiple cause of death file.

Denominator is the number of resident live births for calendar year.

No provisional data for 2003 is available as of 6/08/2004.

4. Section Number: Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2005

Field Note:

Source: Infant mortality data from the NJ Center for Health Statistics website <http://www.state.nj.us/health/chs/>

For provisional 2002 data the numerator for postneonatal infant deaths is the number of resident deaths 28-364 days old during the calendar year from the unlinked multiple cause of death file. Denominator is the number of resident live births for calendar year.

No provisional data for 2003 is available as of 6/08/2004.

5. Section Number: Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2005

Field Note:

Source: Matched birth certificate infant death certificate files and fetal death certificate files for New Jersey residents from the NJDHSS Center for Health Statistics as analysed by the MCH Epidemiology Program.

Numerator: Number of fetal deaths > 28 weeks gestation plus infant deaths occurring less than 7 days (0-6 days).

No data (as of 6/08/2004) is available for estimates for 2002 or 2003.

6. Section Number: Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2005

Field Note:

Source: NJ Center for Health Statistics website at <http://www.state.nj.us/health/chs/>

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

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

3

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

2

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

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: 16

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: NJ 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. Reduction of Adolescent Risk Taking Behaviors
2. Reducing Black Infant Mortality
3. Reducing Teen Pregnancy
4. Increasing Healthy Births
5. Improving Nutrition and Physical Fitness
6. Decrease hospitalizations for asthma
7. Improving and Integrating Information Systems
8. Improve Access to Quality Care for CSHCN
- 9.
- 10.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

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

STATE: NJ

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>	Assistance in developing topic specific (breastfeeding,maternal smoking...)briefs reporting on data and issues related to MCH Block Grant and PRAMS.	Involving outside clinical experts, health care providers and professional medical writers in developing topic specific briefs will improve state MCH collaboration.	New Jersey chapter of the American Academy of Pediatrics
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

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

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

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

SP # 1

PERFORMANCE MEASURE:

The percentage of Black non-Hispanic preterm infants in New Jersey

STATUS:

Active

GOAL

Decrease the rate of Black non-Hispanic preterm births.

DEFINITION

A preterm birth is defined as any newborn whose birth occurs through the end of the last day of the 37th week (259th day) following the onset of the last menstrual period.

Numerator:

Number of Black non-Hispanic preterm births (less than 259 days from the onset of the last menstrual period) in New Jersey.

Denominator:

Number of Black non-Hispanic live births in New Jersey.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Vital statistics collects the date of the last menstrual period and gestational age routinely on the electronic birth certificate.

SIGNIFICANCE

Preterm births are a primary determinant of Black infant mortality. Infant who are born preterm are at the highest risk for infant mortality and morbidity.

SP # 3

PERFORMANCE MEASURE:

The percentage of Regional MCH Consortia implementing community-based Fetal and Infant Mortality Review (FIMR) Teams.

STATUS:

Active

GOAL

To enhance the health and well-being of women, infants, and their families in New Jersey by improving the community resources and services delivery systems available to them.

DEFINITION

Fetal and Infant Mortality Reviews will be established in select communities in New Jersey through the Maternal and Child Health Consortia. This system of reviews will be consistent with the guidelines published by the Maternal and Child Health Bureau as developed by the MCH Bureau/ACOG National Fetal and Infant Mortality Review Program. A tool to describe the results of the reviews is being developed.

Numerator:

The number of Maternal and Child Health Consortia in New Jersey with community-based Fetal and Infant Mortality Review (FIMR) Teams.

Denominator:

The total number of Maternal and Child Health Consortia (during 2003 there were 7 MCH Consortia, as of 1/2004 there are 6).

Units: 100 **Text:** 1

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The number of Regional MCH Consortia implementing community-based Fetal and Infant Mortality Review (FIMR) Teams is reported by the Maternal Child and Community Health (MCCH) Service Unit in the NJDHSS. MCCH is developing a summary report of NJ FIMR projects.

SIGNIFICANCE

Increasing the understanding of the circumstances and factors associated with fetal and infant deaths advances the ability to assess needs, improve the social and health care delivery system, target resources, and develop policies for women, infants, and their families in specific locations.

SP # 4

PERFORMANCE MEASURE:

The percentage of children with elevated blood lead levels (≥ 20 ug/dL).

STATUS:

Active

GOAL

Decrease the percentage of children with elevated blood lead levels.

DEFINITION

The percentage of children with elevated blood lead levels (≥ 20 ug/dL).

Numerator:

The number of children with elevated blood lead levels (≥ 20 ug/dL).

Denominator:

The number of children reported tested for blood lead in New Jersey.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

New Jersey's Childhood Lead Data Reporting and Tracking System starting in FY 1999. Prior years data based on reports from local health departments participating in NJDHSS childhood lead poisoning surveillance system.

SIGNIFICANCE

Children with elevated blood lead levels are at increased risk for behavioral, physiological and learning problems.

SP # 5

PERFORMANCE MEASURE:

The percentage of repeat pregnancies among adolescents 15 - 19 years of age.

STATUS:

Active

GOAL

Reduce the number of repeat pregnancies/births among adolescents 15-19 years of age.

DEFINITION

Percentage of repeat pregnancies among adolescents 15 - 19 years of age.

Numerator:

Number of repeat pregnancies/births to adolescents 15-19 years of age.

Denominator:

Number of pregnancies/births to adolescents 15-19 years of age.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Electronic Birth Certificate which reports previous pregnancies, adolescent parenting program data set.

SIGNIFICANCE

Teen parenting is associated with low academic achievement, poverty, and single parenthood, teen parents are also more likely to have another child within 2 years often leading to increased hardship and economic dependency.

SP # 6

PERFORMANCE MEASURE:

The percentage implementation of activities from the state plan to improve the nutritional and physical fitness of children and adolescents.

STATUS:

Active

GOAL

Improve the nutritional status and physical fitness of children and adolescents through the development of a strategic plan facilitating the integration of nutritional services into all aspects of child and adolescent health activities.

DEFINITION

The percentage implementation of activities from the state plan to improve the nutritional and physical fitness of children and adolescents.

Numerator:

Activities of the state strategic plan that has been implemented.

Denominator:

Total activities in the state strategic plan for nutrition and physical fitness for children and adolescents.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The Child and Adolescent Health Program in the Division of Family Health Services of the NJDHSS will report the total number of activities in the state strategic plan and will report annually the number of activities implemented from the state strategic plan.

SIGNIFICANCE

Healthy eating patterns in childhood and adolescence promote optimal health, growth, and intellectual development. About 50% of adult body weight and 15% of adult body height and 45% of adult skeletal mass are gained through adolescence. There are strong links between diet and physical activity and the prevention of heart disease, stroke, certain types of cancer and osteoporosis.

SP # 7

PERFORMANCE MEASURE:

The percentage of children with birth defects who are appropriately reported to the New Jersey Birth Defects Registry.

STATUS:

Active

GOAL

To improve the compliance with mandated reporting of children with birth defects to the Special Child Health Services (SCHS) Registry.

DEFINITION

The percentage of children with birth defects who are appropriately reported to the New Jersey Birth Defects Registry.

Numerator:

The number of children with birth defects reported to the SCHS Registry.

Denominator:

The total number of children with birth defects, reported by existing agencies/professions and those identified through an audit of maternity and pediatric facilities.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Annual audits are conducted at all maternity hospitals and facilities with pediatric beds. Through the audit, it is possible to determine the number of children born during a specified time period who were reported appropriately by the facility, as well as the number of children who were missed.

SIGNIFICANCE

Birth defects affect 3-4% of newborns. Accurate information on their occurrence affects surveillance, service delivery, needs assessments, planning efforts, as well as other public health functions.

SP # 8

PERFORMANCE MEASURE:

The percentage of completed Birth Defects Study interviews.

STATUS:

Active

GOAL

To improve information regarding potential risk factors associated with birth defects through the completion of the Birth Defects Study in collaboration with the CDC. To participate in a cooperative network with the CDC and other states interested in examining potential risk factors associated with selected birth defects.

DEFINITION

The percentage of completed birth defects study interviews. Study 300 cases (mothers of infants with selected birth defects) and 100 controls (mothers of unaffected newborns) per year using a common questionnaire.

Numerator:

The number of case and control interviews completed in a year.

Denominator:

The total number of potential interviews per year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Reported by Special Child Adult and Early Intervention Services (SCAEIS) in the Division of Family Health Services in NJDHSS. The Birth Defects Study interview has been developed by the CDC.

SIGNIFICANCE

The cause of 40-60% of birth defects is unknown. Participation in this national study will yield detailed information on potential risk factors for selected defects. Eight centers will be completing interviews which can be pooled for detailed analysis. It is hoped that information from this survey will aid in the development and implementation of appropriate prevention activities.

SP # 9

PERFORMANCE MEASURE:

The percentage of HIV exposed newborns receiving appropriate antiviral treatment to reduce the perinatal transmission of HIV.

STATUS:

Active

GOAL

To reduce the perinatal transmission of HIV infection for newborns in New Jersey. To improve the use of antiviral treatment to reduce the perinatal transmission of HIV.

DEFINITION

The percentage of HIV exposed newborns receiving appropriate antiviral treatment to reduce the perinatal transmission of HIV.

Numerator:

The number of HIV exposed newborns born in a given year who are reported to have received appropriate prenatal, perinatal, and/or neonatal antiviral treatment.

Denominator:

The number of HIV exposed newborns born in a given year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Annual newborn HIV seroprevalence, pediatric surveillance, and mother-child linkage studies conducted by the New Jersey Division of AIDS Prevention and Control.

SIGNIFICANCE

Early identification and AZT treatment of pregnant women identified as HIV infected has proven to significantly reduce perinatal transmission among their infants. Since the HIV virus causes a devastating illness resulting in death, any public health effort which could prevent infection should be aggressively implemented.

SP # 10

PERFORMANCE MEASURE:

The percentage of communities receiving Community Partnership for Healthy Adolescent grants who have developed an adolescent health plan for their communities.

STATUS:

Active

GOAL

To reduce risk taking behavior among adolescents which may lead to reduction of intentional and unintentional injury, drug use, tobacco use, pregnancy, STDs etc.

DEFINITION

The percentage of communities receiving Community Partnership for Healthy Adolescent grants who have developed an adolescent health plan for their communities.

Numerator:

The number of Community Partnership for Healthy Adolescent grantees who have a completed adolescent health plan for their community.

Denominator:

The number of communities receiving Community Partnership for Healthy Adolescent grants.

Units: 100 **Text:** 1

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

There are currently 8 Community Partnership for Healthy Adolescents grantees, selected through a competitive Request for Applications (RFA) process. In order to be eligible for funding under the RFA, each grantee was required to have a completed Adolescent Health Plan for its community which complied with the format and specifications included in the RFA. Grantees report on progress towards meeting the objectives of their plan on a quarterly basis. Grantees are also required to do an annual review and revision of their plans. The plans are submitted to the Child and Adolescent Health Program and are reviewed. Plan approval is required for continued funding.

SIGNIFICANCE

Risk reduction activities designed to assist adolescents cannot be implemented in isolation at the state or local level. The responsibility to educate about and prevent risk taking behavior to reduce the consequences of such behavior must be shared by all youth serving organizations including but not limited to educational, social, recreational and health entities.

SP # 11

PERFORMANCE MEASURE:

The percentage implementation of activities from the state pediatric asthma plan.

STATUS:

Active

GOAL

To improve the health of children with asthma and to reduce the morbidity of pediatric asthma, particularly hospitalizations.

DEFINITION

A measure to monitor the implementation of a strategic plan for addressing pediatric asthma endorsed by representatives of public and private organizations engaged in asthma activities. The Pediatric Asthma Coalition of New Jersey and the Interdepartmental Asthma Committee will complete strategic plans.

Numerator:

The number of activities implementation from the pediatric strategic plan.

Denominator:

The total number of activities in the pediatric strategic plan.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The Child and Adolescent Health Program in the Division of Family Health Services of the NJDHSS will report the number of activities implemented from the pediatric state plan. The American Lung Association of New Jersey reports to the Child and Adolescent Health Program on behalf of the Pediatric /Adult Asthma Coalition of New Jersey.

SIGNIFICANCE

Asthma is the most common chronic disease in children. The asthma hospitalization rate in children under five years of age is more than twice the rate for any other age group.

SO # 7

OUTCOME MEASURE:

The Fetal Mortality Rate per 1,000 live births plus fetal deaths

STATUS:

Active

GOAL

To reduce the number of fetal deaths.

DEFINITION

fetal mortality ratio

Numerator:

Number of fetal deaths (20 or more weeks of gestation).

Denominator:

Number of live births plus fetal deaths (20 or more weeks of gestation).

Units: Text:

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Vital records collected by the State.

SIGNIFICANCE

Fetal mortality is a reflection of the health of the fetus and reflects the health status and treatment of the pregnant mother.

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: NJ

HEALTH SYSTEMS CAPACITY MEASURE # 01

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	63.3	49.3	62.7	54.0	NaN
Numerator	3,441	2,780	3,407	2,916	0
Denominator	543,263	563,785	543,540	540,077	0
Is the Data Provisional or Final?				Final	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 02

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	81.5	74.7	79.9	87.0	87.6
Numerator	29,196	27,727	24,047	28,313	29,639
Denominator	35,816	37,107	30,097	32,542	33,845
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 03

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	NaN	61	NaN	NaN	NaN
Numerator	0		0	0	0
Denominator	0		0	0	0
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.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	66.0	66.9	67.6	66.1	64.5
Numerator	66,171	69,110	69,270	71,676	69,617
Denominator	100,196	103,241	102,512	108,500	107,927
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 07

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

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	<u>21.0</u>	<u>22.5</u>	<u>24.5</u>	<u>27.2</u>	<u>33.3</u>
Numerator	<u>22,285</u>	<u>24,363</u>	<u>25,446</u>	<u>29,448</u>	<u>29,393</u>
Denominator	<u>106,194</u>	<u>108,267</u>	<u>103,745</u>	<u>108,144</u>	<u>88,358</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>NaN</u>	<u>NaN</u>	<u>NaN</u>	<u>78.0</u>	<u>73.3</u>
Numerator	<u>0</u>	<u>0</u>	<u>0</u>	<u>5,460</u>	<u>5,500</u>
Denominator	<u>0</u>	<u>0</u>	<u>0</u>	<u>7,000</u>	<u>7,500</u>
Is the Data Provisional or Final?				Provisional	Provisional

FORM NOTES FOR FORM 17

None

FIELD LEVEL NOTES

1. **Section Number:** Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2005
Field Note:
Source: Hospital Discharge Records from the New Jersey DHSS Health Care Financing Systems.
Hospital discharge records count unique hospital stays for children not unique children hospitalized.
Hospital discharge files are unavailable at this time. The provisional files will be available in September 2004.
2. **Section Number:** Health Systems Capacity Indicator #02
Field Name: HSC02
Row Name:
Column Name:
Year: 2005
Field Note:
FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT from the NJ Department of Human Services dated final 3/30/2004.
3. **Section Number:** Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2005
Field Note:
Data for HSCI #3 is currently not available. The data has been requested from the Department of Human Services that administers the SCHIP program in NJ. The closest measure available is the percent of children 0-2 years with a well visit - weighted average = 61% from a 2000 EPSDT NJ FamilyCare Focused Study based on medical record review conducted by an external quality reviewer for the Division of Medical Assistance and Health Services.
4. **Section Number:** Health Systems Capacity Indicator #04
Field Name: HSC04
Row Name:
Column Name:
Year: 2005
Field Note:
HSCI #04 - 2003 provisional data is for the percent of women 15-44 whose observed to expected prenatal visits are \geq to 80% on the Kotelchuck Index from the EBC. Birth records with missing information necessary to calculate the Kotelchuck Index have been excluded from the denominator.
5. **Section Number:** Health Systems Capacity Indicator #07
Field Name: HSC07
Row Name:
Column Name:
Year: 2005
Field Note:
FORM HCFA-416: ANNUAL EPSDT PARTICIPATION REPORT from the NJ Department of Human Services dated final 3/30/2004
6. **Section Number:** Health Systems Capacity Indicator #08
Field Name: HSC08
Row Name:
Column Name:
Year: 2005
Field Note:
Estimated by SCAEIS from monthly SSI reports.
Data from 1999, 2000, and 2001 is not available.

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

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>	2001	Matching data files	<u>9.8</u>	<u>7.3</u>	<u>7.9</u>
b) <i>Infant deaths per 1,000 live births</i>	2001	Matching data files	<u>8.6</u>	<u>5.4</u>	<u>6.4</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2001	Matching data files	<u>63.1</u>	<u>88.1</u>	<u>78.4</u>
d) <i>Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2001	Matching data files	<u>52.6</u>	<u>67.8</u>	<u>60.1</u>

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

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2003	<u>185</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>18</u>) (Age range _____ to _____) (Age range _____ to _____)	2003	<u>185</u> _____ _____
c) <i>Pregnant Women</i>	2003	<u>185</u>

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

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>350</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>18</u>) (Age range _____ to _____) (Age range _____ to _____)	2003	<u>350</u> _____ _____
c) <i>Pregnant Women</i>	2003	<u>185</u>

FORM NOTES FOR FORM 18

Data is from a file created by the MCH Epidemiology Program by matching the Electronic Birth Certificate file to a Medicaid Enrollment file. Most recent year available is 2001. Calculated rates/percents may not match rates/percents from the official Birth Certificate files.

FIELD LEVEL NOTES

1. **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:
c) Data does not match rate from official Birth Certificate file because the rate is calculated from a different source - matched Electronic Birth Certificate file to Medicaid enrollment file.
2. **Section Number:** Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2005
Field Note:
The value entered for HSCI 05C "ALL"Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester" does not equal the value provided for National Performance Measure 18.

d) Data is for percent of NEWBORNS (not mothers) born to women whose observed to expected prenatal visits are \geq to 80% on the Kotelchuck Index. Birth records with missing information necessary to calculate the Kotelchuck Index have been excluded from the denominator.

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

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

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

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

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Other: New Jersey 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	No
Pediatric Nutrition Surveillance System (PedNSS)	1	No
WIC Program Data	3	No
Other: 		

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

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

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

1. **Section Number:** Indicator 09A
Field Name: BAN
Row Name: Annual linkage of birth records and newborn screening files
Column Name:
Year: 2005
Field Note:
The linkage of birth records and newborn screening files was last conducted by the MCH Epidemiology Program for 1997 and 1998 files.
2. **Section Number:** Indicator 09A
Field Name: RecentMother
Row Name: Survey of recent mothers at least every two years (like PRAMS)
Column Name:
Year: 2005
Field Note:
The NJ PRAMS Survey was initiated in October of 2002.
3. **Section Number:** Indicator 09B
Field Name: YRBSS_09B
Row Name: Youth Risk Behavior Surveillance
Column Name:
Year: 2005
Field Note:
The NJ YRBS is conducted under the supervision of the Department of Education. The 2003 YRBS did not achieve the target participation rates due to requirements of active parental consent.
4. **Section Number:** Indicator 09A
Field Name: BAM
Row Name: Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files
Column Name:
Year: 2005
Field Note:
Annual linkage of birth records and WIC eligibility files has been performed in the past for cost-effective studies. The MCH Epidemiology Program is in the process of linking WIC files to the new Electronic Birth Certificate as an objective of the SSDI Grant.

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

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>8.0</u>	<u>7.5</u>	<u>7.8</u>	<u>8.0</u>	<u>8.0</u>
Numerator	<u>9,059</u>	<u>8,702</u>	<u>8,756</u>	<u>8,863</u>	<u>9,041</u>
Denominator	<u>113,790</u>	<u>115,542</u>	<u>111,772</u>	<u>111,338</u>	<u>112,350</u>
Is the Data Provisional or Final?				Provisional	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>6.0</u>	<u>5.8</u>	<u>5.7</u>	<u>5.7</u>	<u>5.8</u>
Numerator	<u>6,544</u>	<u>6,431</u>	<u>6,285</u>	<u>6,215</u>	<u>6,340</u>
Denominator	<u>108,743</u>	<u>110,522</u>	<u>109,513</u>	<u>108,909</u>	<u>109,885</u>
Is the Data Provisional or Final?				Provisional	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>1.8</u>	<u>1.6</u>	<u>1.6</u>	<u>1.5</u>	<u>1.6</u>
Numerator	<u>1,944</u>	<u>1,769</u>	<u>1,787</u>	<u>1,708</u>	<u>1,776</u>
Denominator	<u>110,544</u>	<u>112,588</u>	<u>111,772</u>	<u>111,338</u>	<u>112,350</u>
Is the Data Provisional or Final?				Provisional	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>1.3</u>	<u>1.2</u>	<u>1.2</u>	<u>1.1</u>	<u>1.1</u>
Numerator	<u>1,380</u>	<u>1,289</u>	<u>1,267</u>	<u>1,161</u>	<u>1,189</u>
Denominator	<u>108,743</u>	<u>110,522</u>	<u>109,513</u>	<u>108,909</u>	<u>109,885</u>
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 03A

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

	1999	2000	Annual Indicator Data		2003
			2001	2002	
Annual Indicator	5.0	4.0	5.7	4.9	
Numerator	87	70	99	86	
Denominator	1,724,408	1,734,603	1,739,257	1,740,261	
Is the Data Provisional or 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.

	1999	2000	Annual Indicator Data		2003
			2001	2002	
Annual Indicator	2.4	1.4	2.0	1.3	
Numerator	41	25	34	22	
Denominator	1,724,408	1,734,603	1,739,257	1,740,261	
Is the Data Provisional or 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.

	1999	2000	Annual Indicator Data		2003
			2001	2002	
Annual Indicator	16.2	16.6	18.5	15.5	
Numerator	153	158	179	153	
Denominator	944,609	954,046	968,713	988,739	
Is the Data Provisional or Final?				Provisional	

HEALTH STATUS INDICATOR MEASURE # 04A

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

	1999	2000	Annual Indicator Data		2003
			2001	2002	
Annual Indicator	391.6	387.9	403.7	379.9	
Numerator	6,752	6,729	7,022	6,611	
Denominator	1,724,408	1,734,603	1,739,257	1,740,261	
Is the Data Provisional or Final?				Provisional	

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.

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	<u>27.6</u>	<u>34.3</u>	<u>39.8</u>	<u>28.1</u>	<u>31.8</u>
Numerator	<u>466</u>	<u>590</u>	<u>692</u>	<u>489</u>	<u>552</u>
Denominator	<u>1,688,059</u>	<u>1,718,080</u>	<u>1,739,257</u>	<u>1,740,261</u>	<u>1,738,140</u>
Is the Data Provisional or Final?				Provisional	Provisional

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.

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	<u>127.7</u>	<u>163.8</u>	<u>193.6</u>	<u>173.1</u>	<u>152.0</u>
Numerator	<u>1,261</u>	<u>1,629</u>	<u>1,875</u>	<u>1,712</u>	<u>1,534</u>
Denominator	<u>987,659</u>	<u>994,675</u>	<u>968,713</u>	<u>988,739</u>	<u>1,009,446</u>
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 05A

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

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator		<u>17.8</u>	<u>22.0</u>	<u>20.7</u>	
Numerator		<u>4,426</u>	<u>5,561</u>	<u>5,365</u>	
Denominator		<u>248,990</u>	<u>253,074</u>	<u>258,651</u>	
Is the Data Provisional or Final?				Provisional	

HEALTH STATUS INDICATOR MEASURE # 05B

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

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator		<u>4.0</u>	<u>6.8</u>	<u>5.6</u>	
Numerator		<u>5,856</u>	<u>9,866</u>	<u>8,185</u>	
Denominator		<u>1,474,351</u>	<u>1,461,454</u>	<u>1,449,190</u>	
Is the Data Provisional or Final?				Provisional	

FORM NOTES FOR FORM 20

None

FIELD LEVEL NOTES

1. **Section Number:** Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2005
Field Note:
Source of provisional 2002 and 2003 data from Electronic Birth Certificates which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ.
2. **Section Number:** Health Status Indicator #01B
Field Name: HSI01B
Row Name:
Column Name:
Year: 2005
Field Note:
Source of provisional 2002 and 2003 data from Electronic Birth Certificates which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ.
3. **Section Number:** Health Status Indicator #02A
Field Name: HSI02A
Row Name:
Column Name:
Year: 2005
Field Note:
Source of provisional 2002 and 2003 data from Electronic Birth Certificates which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ.

See Chart #6 Very Low Birthweight by Race attached to Section I.D. Table of Contents.
4. **Section Number:** Health Status Indicator #02B
Field Name: HSI02B
Row Name:
Column Name:
Year: 2005
Field Note:
Source of provisional 2002 and 2003 data from Electronic Birth Certificates which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ.
5. **Section Number:** Health Status Indicator #03A
Field Name: HSI03A
Row Name:
Column Name:
Year: 2005
Field Note:
Data source - CDC National Center for Injury Prevention and Control website www.cdc.gov/ncipc/wisqars/

ICD-9 Codes: E800-E869, E880-E929
ICD-10 Codes: V01-X59, Y85-Y86

Provisional 2002 data from provisional multiple cause of death file.
6. **Section Number:** Health Status Indicator #03B
Field Name: HSI03B
Row Name:
Column Name:
Year: 2005
Field Note:
Data source - CDC National Center for Injury Prevention and Control website www.cdc.gov/ncipc/wisqars/

Provisional 2002 data from provisional multiple cause of death file.
7. **Section Number:** Health Status Indicator #03C
Field Name: HSI03C
Row Name:
Column Name:
Year: 2005
Field Note:
Data source - CDC National Center for Injury Prevention and Control website www.cdc.gov/ncipc/wisqars/

Provisional 2002 data from provisional multiple cause of death file.
8. **Section Number:** Health Status Indicator #04A
Field Name: HSI04A
Row Name:
Column Name:
Year: 2005
Field Note:
Non-fatal unintentional injuries identified by IDC-9 E-codes E80-E949 coded in NJ Hospital Discharge record (UB-92).

Data for 2003 is not currently (as of 6/08/2004) available.
9. **Section Number:** Health Status Indicator #04B
Field Name: HSI04B
Row Name:
Column Name:
Year: 2005
Field Note:
Non-fatal unintentional injuries due to MVA identified by IDC-9 E-codes E810-E825 coded in NJ Hospital Discharge record (UB-92).

Data for 2002 and 2003 is provisional.

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

Field Name: HSI04C

Row Name:

Column Name:

Year: 2005

Field Note:

Non-fatal unintentional injuries due to MVA identified by IDC-9 E-codes E810-E825 coded in NJ Hospital Discharge record (UB-92).

Data for 2002 and 2003 is provisional.

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

Field Name: HSI05A

Row Name:

Column Name:

Year: 2005

Field Note:

Source: Sexually Transmitted Disease Program in the NJDHSS

Data for 2003 is not currently (as of 6/09/2004) available.

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

Field Name: HSI05B

Row Name:

Column Name:

Year: 2005

Field Note:

Source: Sexually Transmitted Disease Program in the NJDHSS

Data for 2003 is not currently (as of 6/09/2004) available.

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

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	106,967	75,962	22,804	313	7,888	0	0	0
Children 1 through 4	428,594	307,695	88,775	1,199	30,925	0	0	0
Children 5 through 9	560,595	409,856	109,840	1,542	39,357	0	0	0
Children 10 through 14	593,155	433,675	115,059	1,983	42,438	0	0	0
Children 15 through 19	540,804	399,501	101,503	1,748	38,052	0	0	0
Children 20 through 24	518,503	383,662	95,695	1,527	37,619	0	0	0
Children 0 through 24	2,748,618	2,010,351	533,676	8,312	196,279	0	0	0

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

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	86,955	20,012	0
Children 1 through 4	349,928	78,666	0
Children 5 through 9	462,868	97,727	0
Children 10 through 14	485,655	107,500	0
Children 15 through 19	453,999	86,805	0
Children 20 through 24	433,719	84,784	0
Children 0 through 24	2,273,124	475,494	0

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

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	145	62	81	1	0	0		1
Women 15 through 17	2,494	1,347	1,066	7	15	3		56
Women 18 through 19	1,998	1,196	746	8	19	1		28
Women 20 through 34	84,480	61,344	13,956	196	7,205	538		1,241
Women 35 or older	24,905	19,823	2,891	48	1,796	106		241
Women of all ages	114,022	83,772	18,740	260	9,035	648	0	1,567

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	88	55	2
Women 15 through 17	1,441	1,042	11
Women 18 through 19	1,186	804	8
Women 20 through 34	63,930	18,405	2,145
Women 35 or older	20,904	2,972	1,029
Women of all ages	87,549	23,278	3,195

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

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	628	362	247	0	8			11
Children 1 through 4	102	57	39	0	2			4
Children 5 through 9	67	50	15	0	1			1
Children 10 through 14	93	58	35	0	0			0
Children 15 through 19	255	177	68	0	1			9
Children 20 through 24	410	277	121	0	5			7
Children 0 through 24	1,555	981	525	0	17	0	0	32

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	463	163	2
Children 1 through 4	86	16	0
Children 5 through 9	52	16	1
Children 10 through 14	77	15	1
Children 15 through 19	213	41	1
Children 20 through 24	324	82	4
Children 0 through 24	1,215	333	9

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

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	2,194,224	1,656,897.0	393,940.0	6,947.0	136,440.0				
Percent in household headed by single parent	23.0								
Percent in TANF (Grant) families	100.0	13.3	58.6	0.1	0.8			28.0	2000
Number enrolled in Medicaid	857,898	259,995.0	307,264.0	2,105.0	9,528.0			279,006.0	2000
Number enrolled in SCHIP	56,884	20,118.0	11,116.0	200.0	2,635.0			22,815.0	1999
Number living in foster home care	7,893	1,736.0	5,130.0					1,027.0	1999
Number enrolled in food stamp program	157,187	24,739.0	80,562.0	134.0	1,693.0			50,059.0	2000
Number enrolled in WIC	105,587	21,044.0	34,105.0		2,685.0			47,753.0	2000
Rate (per 100,000) of juvenile crime arrests		7,213.0	19,173.0	2.0					
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	2,194,224.0			
Percent in household headed by single parent			23.0	
Percent in TANF (Grant) families	72.0	27.0		2000
Number enrolled in Medicaid	668,013.0	189,885.0		2000
Number enrolled in SCHIP	41,100.0		15,784.0	1999
Number living in foster home care	7,104.0	789.0		
Number enrolled in food stamp program	108,436.0	48,751.0		2000
Number enrolled in WIC	61,814.0	43,773.0		2000
Rate (per 100,000) of juvenile crime arrests		8,628.0		1999
Percentage of high school drop-outs (grade 9 through 12)			3.0	

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

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

Reporting Year: 2002 Is this data from a State Projection? No

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	2,218,084
Living in urban areas	2,218,084
Living in rural areas	0
Living in frontier areas	0
Total - all children 0 through 19	2,218,084

Note:

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

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

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

Reporting Year: 2002 Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Total Population	8,262,259.0
Percent Below: 50% of poverty	_____
100% of poverty	7.9
200% of poverty	_____

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

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: 2002 Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	2,218,084.0
Percent Below: 50% of poverty	_____
100% of poverty	9.3
200% of poverty	_____

FORM NOTES FOR FORM 21

Source for HSI #06A - Projected 2003 Total Population by Race
<http://www.census.gov/population/www/projections/popproj.html>

Source for HSI #07A - Total Live Births by Race and Hispanic Ethnicity - 2002 birth certificate file.

Source for HSI #08A - Total Deaths by Race - 2002 Provisional multiple cause of death file.

FIELD LEVEL NOTES

1. **Section Number:** Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2005
Field Note:
Source: Percent in household headed by single parent source - Kids Count Data Book derived from monthly CPS conducted by Census Bureau.
2. **Section Number:** Indicator 09A
Field Name: HSIRace_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2005
Field Note:
Percent in TANF families data source - report from NJ Department of Human Services titled "Work First Racial Distribution of Adults and Children" dated 5/2000. Hispanic origin not reported separately from race, therefore the report categories of HISPANIC and ELIGIBLE CUBANS & HAITIANS were included in RACE category of OTHER AND UNKNOWN.
3. **Section Number:** Indicator 11
Field Name: S11_100percent
Row Name: 100% of poverty
Column Name:
Year: 2005
Field Note:
Source: http://ferret.bls.census.gov/macro/032003/pov/new46_100125_01.htm
4. **Section Number:** Indicator 12
Field Name: S12_100percent
Row Name: 100% of poverty
Column Name:
Year: 2005
Field Note:
Source: U.S. Census Bureau, Current Population Survey, 2003 Annual Social and Economic Supplement.
http://ferret.bls.census.gov/macro/032003/pov/new46_100125_03.htm
5. **Section Number:** Indicator 09A
Field Name: HSIRace_FosterCare
Row Name: Number living in foster home care
Column Name:
Year: 2005
Field Note:
<http://www.acf.hhs.gov/programs/cb/dis/tables/race04.htm> - 1378

<http://www.acf.hhs.gov/programs/cb/dis/tables/entryexit2002.htm>