

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

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APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 7/15/2004	APPLICANT IDENTIFIER 1-62-600-1445-D									
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER									
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER									
5. APPLICANT INFORMATION												
Legal Name: Tennessee Department of Health, DUNS 172636268		Organizational Unit: Maternal and Child Health										
Address (give city, county, state and zip code) 425 5th Avenue, North 5th Floor, Cordell Hull Bldg. Nashville, TN 37247 County: Davidson		Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: Theodora Pinnock, M.D. Tel Number: 615-741-7353										
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">6</td><td style="width: 20px; text-align: center;">2</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">6</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">4</td><td style="width: 20px; text-align: center;">4</td><td style="width: 20px; text-align: center;">5</td></tr></table>		6	2	6	0	0	1	4	4	5	7. TYPE OF APPLICANT: (Enter appropriate letter in box) A A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipality J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipality M. Profit Organization G. Special District N. Other (Specify)	
6	2											
6	0	0	1	4	4	5						
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration Decrease Duration Other (specify):		9 NAME OF FEDERAL AGENCY: Health Resources and Services Administration, Maternal and Child Health Bureau										
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">3</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">4</td></tr></table> TITLE: Maternal and Child Health Services Block Grant		9	3	9	9	4	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Maternal and child health services					
9	3											
9	9	4										
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): Statewide												
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:										
Start Date: 10/01/2004	Ending Date: 09/30/2005	a. Applicant 5th District	b. Project Districts 1-9									
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW										
a. Federal	\$ <u>12,693,368.00</u>											
b. Applicant	\$ <u>9,000,000.00</u>											
c. State	\$ <u>13,450,000.00</u>											
d. Local	\$ <u>0.00</u>											
e. Other	\$ <u>0.00</u>											
f. Program Income	\$ <u>6,000,000.00</u>											
g. TOTAL	\$ <u>41,143,368.00</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 Kenneth S. Robinson, M.D.		b. Title Commissioner	c. Telephone Number 615-741-3111									
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: TN

1. FEDERAL ALLOCATION

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

\$ 12,693,368

A.Preventive and primary care for children:

\$ 4,111,382 (32.39%)

B.Children with special health care needs:

\$ 3,846,091 (30.3%)

(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:

\$ 1,269,336 (10%)

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

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

\$ 9,000,000

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

\$ 13,450,000

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)

\$ 6,000,000

7. TOTAL STATE MATCH (Lines 3 through 6)

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

\$ 13,125,024

\$ 19,450,000

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

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

\$ 41,143,368

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: \$ 50,000

d. Abstinence Education: \$ 1,014,610

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 0

j. Education: \$ 0

k. Other: \$ 0

CHAD \$ 717,300

CISS-SECCS \$ 100,000

Family Planning \$ 6,020,208

Hearing Screening \$ 148,196

Lead \$ 890,000

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

\$ 9,040,314

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 50,183,682

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

None

**FORM 3
STATE MCH FUNDING PROFILE**

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

STATE: TN

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 12,731,879	\$ 12,735,917	\$ 12,693,368	\$ 0	\$ 12,693,368	\$ 0
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 12,453,186	\$ 0	\$ 12,731,880	\$ 0	\$ 9,000,000	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 13,500,000	\$ 13,450,000	\$ 13,322,400	\$ 0	\$ 13,450,000	\$ 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>	\$ 6,000,000	\$ 5,142,601	\$ 6,000,000	\$ 0	\$ 6,000,000	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 44,685,065	\$ 31,328,518	\$ 44,747,648	\$ 0	\$ 41,143,368	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 3,190,351	\$ 8,956,743	\$ 9,220,986	\$ 0	\$ 9,040,314	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 47,875,416	\$ 40,285,261	\$ 53,968,634	\$ 0	\$ 50,183,682	\$ 0
(STATE MCH BUDGET TOTAL)						

**FORM 3
STATE MCH FUNDING PROFILE**

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

STATE: TN

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 12,319,010	\$ 10,469,705	\$ 12,453,189	\$ 8,615,225	\$ 12,453,189	\$ 9,302,321
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 1,157,685	\$ 0	\$ 1,580,538	\$ 0	\$ 4,748,270	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 13,492,925	\$ 13,529,335	\$ 13,250,000	\$ 13,500,000	\$ 13,500,000	\$ 13,322,400
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>	\$ 4,100,331	\$ 6,144,143	\$ 5,000,000	\$ 5,187,110	\$ 6,000,000	\$ 5,121,070
7. Subtotal <i>(Line8, Form 2)</i>	\$ 31,069,951	\$ 30,143,183	\$ 32,283,727	\$ 27,302,335	\$ 36,701,459	\$ 27,745,791
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 2,303,800	\$ 2,489,039	\$ 3,577,733	\$ 2,336,935	\$ 4,366,920	\$ 2,704,466
9. Total <i>(Line11, Form 2)</i>	\$ 33,373,751	\$ 32,632,222	\$ 35,861,460	\$ 29,639,270	\$ 41,068,379	\$ 30,450,257
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2002
Field Note:
Budgeted amount was estimated.
2. **Section Number:** Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2002
Field Note:
Budgeted amount was estimated.
3. **Section Number:** Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2003
Field Note:
Entire grant was carried forward.
4. **Section Number:** Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2002
Field Note:
Budgeted amounts were estimated.
5. **Section Number:** Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2003
Field Note:
Budgeted amount was over estimated.
6. **Section Number:** Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2002
Field Note:
As per instructions from Regional Office last year, added Title X funding to the list.
7. **Section Number:** Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2003
Field Note:
Line 8 -New amount of \$8,955,536 includes the family planning grant as per federal staff. We were told we needed to include the family planning grant in budgeted and expended amounts.

Line 9 - Total should be \$53,640,601.

FORM 4
BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

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

STATE: TN

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 2,010,828	\$ 2,036,354	\$ 1,745,158	\$ 0	\$ 2,674,319	\$ 0
b. Infants < 1 year old	\$ 4,468,507	\$ 4,354,664	\$ 7,472,857	\$ 0	\$ 5,718,928	\$ 0
c. Children 1 to 22 years old	\$ 9,651,974	\$ 9,149,228	\$ 14,229,752	\$ 0	\$ 12,055,007	\$ 0
d. Children with Special Healthcare Needs	\$ 8,311,422	\$ 6,249,468	\$ 8,636,296	\$ 0	\$ 8,187,530	\$ 0
e. Others	\$ 18,052,766	\$ 7,550,173	\$ 10,873,679	\$ 0	\$ 9,915,552	\$ 0
f. Administration	\$ 2,189,568	\$ 1,988,631	\$ 1,789,906	\$ 0	\$ 2,592,032	\$ 0
g. SUBTOTAL	\$ 44,685,065	\$ 31,328,518	\$ 44,747,648	\$ 0	\$ 41,143,368	\$ 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	\$ 99,431	\$ 130,000	\$ 100,000
c. CISS	\$ 188,000	\$ 200,600	\$ 50,000
d. Abstinence Education	\$ 1,050,000	\$ 1,067,568	\$ 1,014,610
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 0	\$ 0	\$ 0
h. AIDS	\$ 0	\$ 0	\$ 0
i. CDC	\$ 0	\$ 0	\$ 0
j. Education	\$ 0	\$ 0	\$ 0
k. Other			
CHAD	\$ 1,098,700	\$ 1,098,700	\$ 717,300
CISS-SECCS	\$ 0	\$ 0	\$ 100,000
Family Planning	\$ 0	\$ 5,765,185	\$ 6,020,208
Hearing Screening	\$ 226,220	\$ 151,220	\$ 148,196
Lead	\$ 528,000	\$ 807,713	\$ 890,000
III. SUBTOTAL	\$ 3,190,351	\$ 9,220,986	\$ 9,040,314

FORM 4

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

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

STATE: TN

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 647,105	\$ 1,356,443	\$ 1,398,771	\$ 1,228,605	\$ 1,651,566	\$ 1,082,086
b. Infants < 1 year old	\$ 1,386,656	\$ 3,014,318	\$ 3,015,122	\$ 2,730,234	\$ 3,670,146	\$ 4,633,547
c. Children 1 to 22 years old	\$ 7,210,609	\$ 6,502,328	\$ 6,385,374	\$ 5,897,304	\$ 7,927,515	\$ 8,813,456
d. Children with Special Healthcare Needs	\$ 10,182,234	\$ 6,224,376	\$ 9,001,071	\$ 5,091,528	\$ 7,560,500	\$ 5,356,636
e. Others	\$ 9,288,421	\$ 11,062,548	\$ 11,283,389	\$ 11,019,211	\$ 13,469,435	\$ 6,742,227
f. Administration	\$ 2,354,926	\$ 1,983,170	\$ 1,200,000	\$ 1,335,453	\$ 2,422,297	\$ 1,117,839
g. SUBTOTAL	\$ 31,069,951	\$ 30,143,183	\$ 32,283,727	\$ 27,302,335	\$ 36,701,459	\$ 27,745,791

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	\$ 105,100		\$ 95,000		\$ 155,000	
c. CISS	\$ 50,000		\$ 109,033		\$ 159,000	
d. Abstinence Education	\$ 1,050,000		\$ 2,100,000		\$ 2,100,000	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 0		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
CHAD	\$ 1,098,700		\$ 1,098,700		\$ 1,098,700	
CISS/GENETICS	\$ 0		\$ 0		\$ 175,000	
HEARING SCREENING	\$ 0		\$ 0		\$ 151,220	
LEAD	\$ 0		\$ 0		\$ 528,000	
CISS/Genetics	\$ 0		\$ 175,000		\$ 0	
III. SUBTOTAL	\$ 2,303,800		\$ 3,577,733		\$ 4,366,920	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2002
Field Note:
Budgeted amount was estimated.
2. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2002
Field Note:
Budgeted amount was estimated.
3. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2002
Field Note:
Budgeted amount was estimated.
4. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2002
Field Note:
Budgeted amount was estimated.
5. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2003
Field Note:
Budgeted amount was over estimated.
6. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2002
Field Note:
Budgeted amount was estimated.
7. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2003
Field Note:
Budgeted amount was over estimated.
8. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2002
Field Note:
Budgeted amount was estimated.

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: TN

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.)	\$ 32,351,987	\$ 22,681,847	\$ 32,397,297	\$ 0	\$ 29,787,798	\$ 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.)	\$ 5,183,468	\$ 3,634,108	\$ 5,190,727	\$ 0	\$ 4,772,631	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 3,753,545	\$ 2,631,596	\$ 3,758,802	\$ 0	\$ 3,456,043	\$ 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.)	\$ 3,396,065	\$ 2,380,967	\$ 3,400,822	\$ 0	\$ 3,126,896	\$ 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.)	\$ 44,685,065	\$ 31,328,518	\$ 44,747,648	\$ 0	\$ 41,143,368	\$ 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: TN

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.)	\$ 22,487,450	\$ 21,823,664	\$ 23,470,269	\$ 19,766,891	\$ 26,571,856	\$ 20,087,953
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.)	\$ 3,610,575	\$ 3,496,609	\$ 3,731,999	\$ 3,167,071	\$ 4,257,369	\$ 3,218,512
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 2,617,000	\$ 2,532,027	\$ 2,679,549	\$ 2,293,396	\$ 3,082,923	\$ 2,330,646
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 2,354,926	\$ 2,290,883	\$ 2,401,910	\$ 2,074,977	\$ 2,789,311	\$ 2,108,680
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.)	\$ 31,069,951	\$ 30,143,183	\$ 32,283,727	\$ 27,302,335	\$ 36,701,459	\$ 27,745,791

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2002
Field Note:
Budgeted amount was estimated.
2. **Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2003
Field Note:
Budgeted amount was over estimated.
3. **Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2002
Field Note:
Budgeted amount was estimated.
4. **Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2003
Field Note:
Budgeted amount was over estimated.
5. **Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2002
Field Note:
Budgeted amount was estimated.
6. **Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2003
Field Note:
Budgeted amount was over estimated.
7. **Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2002
Field Note:
Budgeted amount was estimated.
8. **Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2003
Field Note:
Budgeted amount was over estimated.

FORM 6

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

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

STATE: TN

Total Births by Occurrence: 77,433

Reporting Year: 2002

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment(3)	
	No.	%			No.	%
Phenylketonuria	77,433	100	51	3	3	100
Congenital Hypothyroidism	77,433	100	336	46	46	100
Galactosemia	77,433	100	127	14	14	100
Sickle Cell Disease	77,433	100	223	57	57	100

Other Screening (Specify)

Congenital Adrenal Hyperlasia	77,433	100	284	7	7	100
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Screening Programs for Older Children & Women (Specify Tests by name)

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

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1. **Section Number:** Other Screening Types
Field Name: Other
Row Name: All Rows
Column Name: All Columns
Year: 2005
Field Note:

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: TN

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	42,280	37.2		1.0	61.8	
Infants < 1 year old	90,663	41.7		1.1	57.2	
Children 1 to 22 years old	355,051	29.2		1.7	69.1	
Children with Special Healthcare Needs	6,244	93.0		4.1	2.9	
Others	156,524	15.8		4.7	79.0	0.5
TOTAL	650,762					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Main

Field Name: Children_0_1_TS

Row Name: Infants <1 year of age

Column Name: Title V Total Served

Year: 2005

Field Note:

Number of infants served is from the local health department data system and would include both residents, non-residents, and those who moved into the state which were age less than one. Number of infants on form 6 are those tested in the newborn screening program.

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: TN

Reporting Year: 2003

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	78,841	60,630	16,160	176	145			1,730
Title V Served	42,280	28,333	11,668	14	257	8	0	2,000
Eligible for Title XIX	61,022	40,336	16,720	122	427	0	0	3,417
INFANTS								
Total Infants in State	76,773	58,635	16,608					1,530
Title V Served	90,663	60,589	25,860	36	497	8		3,673
Eligible for Title XIX	61,022	40,336	16,720	122	427	0	0	3,417

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	73,847	4,943	51	3,711	61	199	819	153
Title V Served	37,682	4,598						4,598
Eligible for Title XIX	57,605	1,159	2,258					1,159
INFANTS								
Total Infants in State	73,378	3,395						3,395
Title V Served	83,301	7,362						7,362
Eligible for Title XIX	57,605	1,159	2,258					1,159

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

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

Field Name: InfantsTotal_All

Row Name: Total Infants in State

Column Name: Total All Races

Year: 2005

Field Note:

Infants served data includes non-resident data and persons moving into the state.

Population data on total infants is projected data.

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

Field Name: InfantsTitleV_All

Row Name: Title V Served

Column Name: Total All Races

Year: 2005

Field Note:

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

None

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

1. State MCH Administration:
(max 2500 characters)

Maternal and Child Health, within the Bureau of Health Services in the Tennessee Department of Health, consists of four sections: Family Planning/Women's Health services include: comprehensive family planning services; prenatal care; pregnancy testing; perinatal regionalization; office of women's health; and adolescent pregnancy prevention. Child and Adolescent Health services include: Abstinence Only Education, Child Care Resource and Referral Centers, EPSDT, Home Visiting programs, Adolescent Health, SIDS, Early Childhood Comprehensive Systems Planning, School Health, Child Fatality Review, and Childhood Lead Poisoning Prevention. Services for CSHCN (called Children's Special Services) include: medical and other health needs; care coordination/case management; and a Parent Support Network (PEP). The Genetics and Newborn Screening program services include: access to genetic screening, diagnostic testing, and counseling services; metabolic newborn screening (and referral where appropriate); and newborn hearing screening.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ <u>12,693,368</u>
3. Unobligated balance (Line 2, Form 2)	\$ <u>9,000,000</u>
4. State Funds (Line 3, Form 2)	\$ <u>13,450,000</u>
5. Local MCH Funds (Line 4, Form 2)	\$ <u>0</u>
6. Other Funds (Line 5, Form 2)	\$ <u>0</u>
7. Program Income (Line 6, Form 2)	\$ <u>6,000,000</u>
8. Total Federal-State Partnership (Line 8, Form 2)	\$ <u>41,143,368</u>

9. Most significant providers receiving MCH funds:

<u>Rural and metro health department clinics</u>
<u>Perinatal, Genetics, Sickle Cell Centers</u>
<u>Community-based agencies</u>
<u>Teaching hospitals</u>

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

a. Pregnant Women	<u>42,280</u>
b. Infants < 1 year old	<u>90,663</u>
c. Children 1 to 22 years old	<u>355,051</u>
d. CSHCN	<u>6,244</u>
e. Others	<u>156,524</u>

11. Statewide Initiatives and Partnerships:

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

Direct services, provided statewide through health department clinics and nonprofit agencies, include pregnancy testing, family planning, nutrition services, immunizations and well child visits, EPSDT screenings, follow-up and referrals. EPSDT screenings done in local health departments increased from 43,512 in FY 2002 to 51,845 in FY 2003. All EPSDT screenings for children in state custody are done in health department clinics. Enabling services concentrate on access to care, care coordination, home visiting services, and newborn screening follow-up. In selected areas, prenatal care and primary care are available. The care coordination component of CSS and the PEP Program provide special support and enable families to better meet their child's needs in a complex health care environment. Statewide home visiting services provide intensive services for pregnant women and families of infants and toddlers that emphasize education, parent support, infant stimulation, assessment, and referral to assure that children are healthy, free from child abuse, and ready for school. The HUGS home visiting program has significantly expanded services, providing over 32,400 visits for FY 2004, an increase of 42 percent.

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

Child Fatality Teams in 31 judicial districts review all deaths of children under age 18 and make reports of recommendations for prevention efforts. The state child fatality review team reviews reports from the local teams, analyzes statistics of the incidence and causes of child deaths, and makes recommendations to the Governor and the General Assembly to promote the safety and well being of children. The Childhood Lead Poisoning Prevention Program works to identify children with elevated blood lead levels and to educate citizens and health care providers, with the goal of preventing childhood lead poisoning. The Newborn Hearing Screening Program educates providers and birthing facilities about the importance of screening all newborns, encourages universal screening, collects data on screening results, and refers for follow-up. Data indicate 86 of the total 89 birthing facilities currently provide hearing screening to 97% of the birth population. In 2003, sixty-six facilities reported hearing screening results on the state metabolic/genetic blood slip. The documented follow-up rate for those infants referred was 63 percent for 2003. The Genetics and Newborn Screening Program has established a network of tertiary level providers for referral, case management and treatment of infants and children with genetic and metabolic diseases, including sickle cell. The state has recently installed tandem mass spectrometry equipment at the State Laboratory, allowing expansion of the testing program. The state is currently testing for 29 types of genetic disorders.

c. Infrastructure Building Services:
(max 2500 characters)

Regional and County Health Councils operate in all 95 counties to assess needs and gaps, develop plans, seek resources, and implement strategies for action. Many of the targeted activities are for the MCH populations. The Tennessee Birth Defects Registry (TBDR) originated as a legislative requirement for the Tennessee Department of Health to maintain an ongoing statewide program for monitoring birth defects; funding was received in 2003. Statewide counts of 43 major birth defects were released for the first time in 2003. The primary data for the TBDR are records extracted from the Hospital Discharge Data System. The Department has established an Immunization Registry which combines data from both the public and private sectors in an electronic format. The system permits primary care providers (PCP) to access case specific information to assure that an infant or child's immunizations are up to date. Tennessee has a statewide network of Child Care Resource and Referral Centers each of which has a child care health consultant (CCHC). These centers provide technical assistance, training, consultation, and resources to child care providers to improve the health and safety of child care.

There are currently 11 Centers statewide serving approximately 5,600 regulated child care providers. SIDS Program – Prevention through Understanding: Investigating Unexpected Infant Death, the Death Scene Investigation project, provides statewide training for law enforcement, firefighters, and emergency medical services staff.

12. The primary Title V Program contact person:

Name Dr. Theodora Pinnock
Title Director of MCH
Address 425 5th Avenue North, 5th Floor
City Nashville
State TN
Zip 37247-4701
Phone (615) 741-7353
Fax (615) 741-1063
Email theodora.pinnock@state.tn.us
Web _____

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

Name Greg Yopp
Title Director, Children's Special Services
Address 425 5th Avenue North, 5th Floor
City Nashville
State TN
Zip 37247-4701
Phone (615) 741-7353
Fax (615) 741-1063
Email gregory.yopp@state.tn.us
Web _____

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: TN

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	_____	_____	78,318	77,433	78,841
Denominator	_____	_____	78,318	77,433	78,841
Is the Data Provisional or Final?				Final	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	_____	_____	90	92	94.5
Annual Indicator	_____	_____	56.2	58.0	59.3
Numerator	_____	_____	3,384	3,506	3,703
Denominator	_____	_____	6,022	6,044	6,244
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	96	98	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 # 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	_____	_____	90	92	94.5
Annual Indicator	_____	_____	55.9	57.0	60.0
Numerator	_____	_____	3,366	3,445	3,746
Denominator	_____	_____	6,022	6,044	6,244
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	96	98	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 # 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	_____	_____	90	92	94.5
Annual Indicator	_____	_____	57.6	58.0	62.0
Numerator	_____	_____	3,469	3,506	3,871
Denominator	_____	_____	6,022	6,044	6,244
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	96	98	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 # 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)

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	90	92	94.5
Annual Indicator	_____	_____	76.0	78.0	80.0
Numerator	_____	_____	4,577	4,714	4,995
Denominator	_____	_____	6,022	6,044	6,244
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	96	98	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 # 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)

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	90	92	94.5
Annual Indicator	_____	_____	8.2	25.0	25.0
Numerator	_____	_____	494	1,511	1,561
Denominator	_____	_____	6,022	6,044	6,244
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	96	98	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 # 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>87.7</u>	<u>87.7</u>	<u>91</u>	<u>92</u>	<u>90</u>
Annual Indicator	<u>87.7</u>	<u>88.2</u>	<u>87.6</u>	<u>85.6</u>	<u>78.4</u>
Numerator	<u>200,688</u>	<u>198,296</u>	<u>66,734</u>	<u>61,258</u>	<u>55,881</u>
Denominator	<u>228,832</u>	<u>224,825</u>	<u>76,180</u>	<u>71,563</u>	<u>71,277</u>
Is the Data Provisional or Final?				Final	Provisional

	Annual Objective and Performance Data				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>94</u>	<u>95</u>	<u>95</u>	<u>95</u>	<u>95</u>
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 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>35.5</u>	<u>32</u>	<u>32</u>	<u>30</u>	<u>27</u>
Annual Indicator	<u>35.5</u>	<u>33.4</u>	<u>29.2</u>	<u>28.2</u>	<u>27.8</u>
Numerator	<u>5,360</u>	<u>3,760</u>	<u>3,412</u>	<u>3,225</u>	<u>3,203</u>
Denominator	<u>150,804</u>	<u>112,575</u>	<u>116,707</u>	<u>114,412</u>	<u>115,376</u>
Is the Data Provisional or Final?				Final	Provisional

	Annual Objective and Performance Data				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>24</u>	<u>23</u>	<u>23</u>	<u>23</u>	<u>23</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	17	17	17	17	17
Annual Indicator	10.0	13.4	14.8	9.3	9.3
Numerator	7,074	10,728	11,864	6,476	6,476
Denominator	70,740	79,917	80,000	69,314	69,314
Is the Data Provisional or Final?				Final	Provisional

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

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

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	7.1	7.1	4.5	4.1	3.7
Annual Indicator	5.7	4.9	4.9	5.3	4.0
Numerator	66	57	58	62	48
Denominator	1,158,277	1,165,848	1,176,633	1,180,216	1,188,005
Is the Data Provisional or Final?				Final	Provisional

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

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

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	55.6	57.3	60	62	62
Annual Indicator	59.7	58.4	59.2	61.4	62.0
Numerator	46,413	46,451	46,364	47,544	48,881
Denominator	77,761	79,539	78,318	77,433	78,841
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	63	64	64	64	64
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	65	85	85	88	98
Annual Indicator	61.1	69.0	84.4	95.0	97.0
Numerator	48,720	53,655	66,100	73,561	76,476
Denominator	79,748	77,761	78,318	77,433	78,841
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	98	98	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 # 13

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>2</u>	<u>2</u>	<u>3</u>	<u>2.8</u>	<u>7</u>
Annual Indicator	<u>4.2</u>	<u>4.9</u>	<u>4.0</u>	<u>7.0</u>	<u>7.5</u>
Numerator	<u>56,322</u>	<u>71,561</u>	<u>55,941</u>	<u>103,121</u>	<u>119,428</u>
Denominator	<u>1,340,939</u>	<u>1,460,442</u>	<u>1,398,521</u>	<u>1,473,157</u>	<u>1,592,371</u>
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>7</u>	<u>7</u>	<u>7</u>	<u>7</u>	<u>7</u>
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 14

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>90</u>	<u>92</u>	<u>92</u>	<u>94</u>	<u>100</u>
Annual Indicator	<u>90.0</u>	<u>96.4</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Numerator	<u>1,432,137</u>	<u>623,846</u>	<u>555,961</u>	<u>786,407</u>	<u>782,057</u>
Denominator	<u>1,591,264</u>	<u>647,253</u>	<u>555,961</u>	<u>786,407</u>	<u>782,057</u>
Is the Data Provisional or Final?				Final	Final

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

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

PERFORMANCE MEASURE # 15

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	1.6	1.5	1.5	1.6	1.5
Annual Indicator	1.6	1.7	1.7	1.7	1.7
Numerator	1,276	1,329	1,347	1,355	1,343
Denominator	77,761	79,539	78,318	77,433	78,841
Is the Data Provisional or Final?				Final	Provisional

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

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

PERFORMANCE MEASURE # 16

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	8.4	8.2	8	7.5	7
Annual Indicator	7.7	9.6	10.0	8.7	6.2
Numerator	29	36	40	35	25
Denominator	376,904	376,371	398,800	401,132	404,366
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	6.5	6	6	6	6
Annual Indicator					
Numerator					
Denominator					

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

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	80	80	79	79.5	80
Annual Indicator	78.9	78.9	74.3	73.0	74.8
Numerator	998	1,049	1,001	989	1,004
Denominator	1,265	1,329	1,347	1,355	1,343
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	80	80	80	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 # 18

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	85	86	87	88	89
Annual Indicator	82.8	81.4	80.5	80.4	80.6
Numerator	64,401	64,775	63,016	62,274	63,551
Denominator	77,761	79,539	78,318	77,433	78,841
Is the Data Provisional or Final?				Final	Provisional

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

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

STATE PERFORMANCE MEASURE # 1

After implementation of folic acid education at the state, regional, and local levels, reduce the number of neural tube defects births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	63	62	27	26	25
Annual Indicator					
Numerator	19	26	29	28	33
Denominator	77,761	79,539			
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	24	23	22	22	22
Annual Indicator					
Numerator					
Denominator					

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

STATE PERFORMANCE MEASURE # 2

Reduce to no more than 4% elevated blood lead levels in children 6-72 months of age who are screened.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	4.5%	4%	5	7	5
Annual Indicator	4.5	10.1	2.4	2.0	0.4
Numerator	634	1,263	648	811	199
Denominator	14,100	12,553	26,614	40,466	51,595
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	4	3	3	3	1
Annual Indicator					
Numerator					
Denominator					

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

STATE PERFORMANCE MEASURE # 3

Reduce the percentage of high school students using tobacco (cigarettes and smokeless tobacco).

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective		35		35	
Annual Indicator		41.3		32.4	
Numerator		4,113		3,226	
Denominator		9,959		9,959	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	30		28		26
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

Reduce the percentage of high school students using alcohol.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective		40		40	
Annual Indicator		44.2		41.1	
Numerator		610		797	
Denominator		1,381		1,940	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	38		36		34
Annual Indicator					
Numerator					
Denominator					

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

STATE PERFORMANCE MEASURE # 5

Reduce the incidence of maltreatment of children younger than age 18 including physical, sexual, emotional abuse and neglect to a rate no more than 8 per 1,000.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	8.1	8	7.8	7.6	7.4
Annual Indicator	7.0	7.6	6.5	6.5	4.5
Numerator	9,784	11,123	9,571	9,571	6,370
Denominator	1,399,521	1,460,442	1,473,157	1,473,157	1,427,042
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	7.2	7.0	7	7	7
Annual Indicator					
Numerator					
Denominator					

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

STATE PERFORMANCE MEASURE # 6

Reduce the number of HIV infected infants to no more than one per year

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	5	5	2	1	1
Annual Indicator					
Numerator	5	4	5	8	5
Denominator					
Is the Data Provisional or Final?				Final	Provisional

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

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

STATE PERFORMANCE MEASURE # 9

Increase percentage of children with complete EPSDT annual examinations by 3 percent each year.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective		40.6	42	45	59
Annual Indicator	37.6		48.7	57.9	56.3
Numerator	271,845		271,005	455,474	440,539
Denominator	722,849	647,253	555,961	786,407	782,057
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	60	65	65	70	75
Annual Indicator					
Numerator					
Denominator					

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

STATE PERFORMANCE MEASURE # 10

Reduce the proportion of teens and young adults ages 15 to 24 with chlamydia trachomatis infections attending family planning clinics

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	8.9	8.7	5.4	5.3	5.2
Annual Indicator	5.5	5.5	5.4	4.8	6.7
Numerator	1,885	1,847	1,955	1,147	1,589
Denominator	34,532	33,692	36,285	23,799	23,685
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	5.2	5.2	5.2	5.2	5.2
Annual Indicator					
Numerator					
Denominator					

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

FORM NOTES FOR FORM 11

None

FIELD LEVEL NOTES

1. **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.
2. **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.
3. **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.
4. **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.
5. **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.
6. **Section Number:** Performance Measure #7
Field Name: PM07
Row Name:
Column Name:
Year: 2005
Field Note:
In years prior to 2003, the level of completion was measured as 4 Dtap/3 Polio/1 MMR. For comparison's sake, the level of "4:3:1" for 2003 was 83.7%. In 2003, the criterion for completion was changed to 4:3:1:3:3:1.
7. **Section Number:** Performance Measure #9
Field Name: PM09
Row Name:
Column Name:
Year: 2005
Field Note:
These numbers are low because the children surveyed were our target population not a random sampling. These numbers represent the most at risk and underserved population and not indicative of the state as a whole.
8. **Section Number:** State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2005
Field Note:
This measure has been restated for 2001 forward to capture the number of NTD births rather than a rate or percentage. When the State's Birth Defects Registry is operational, it is expected that the number will be higher.
9. **Section Number:** State Performance Measure #3
Field Name: SM3
Row Name:
Column Name:
Year: 2005
Field Note:
The Youth Risk Behavior Survey is done every other year.
10. **Section Number:** State Performance Measure #4
Field Name: SM4
Row Name:
Column Name:
Year: 2005
Field Note:
The Youth Risk Behavior Survey is done every other year.
11. **Section Number:** State Performance Measure #6
Field Name: SM6
Row Name:
Column Name:
Year: 2005
Field Note:
The State is reporting cases only. The denominator is not applicable for this measure.

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

Field Name: SM7

Row Name:

Column Name:

Year: 2005

Field Note:

Data are no longer available for this performance measure.

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

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	8.2	8	7.9	7.8	7.7
Annual Indicator	7.7	9.0	8.7	9.4	9.2
Numerator	597	719	680	727	726
Denominator	77,761	79,539	78,318	77,433	78,841
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	7.6	7.5	7.5	7.5	7.5
Annual Indicator					
Numerator					
Denominator					

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

OUTCOME MEASURE # 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	2.3	2.3	2.2	2.2
Annual Indicator	2.7	2.7	2.4	2.6	2.6
Numerator	15.2	18.1	16.2	18.4	17.9
Denominator	5.6	6.6	6.7	7.1	7
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	2.1	2.1	2.1	2.1	2.1
Annual Indicator					
Numerator					
Denominator					

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

OUTCOME MEASURE # 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	4.9	4.8	4.7	4.6	4.5
Annual Indicator	5.0	5.9	5.6	5.9	6.0
Numerator	388	466	436	456	470
Denominator	77,761	79,539	78,318	77,433	78,841
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	4.4	4.3	4.3	4.3	4.3
Annual Indicator					
Numerator					
Denominator					

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

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	3.3	3.2	3	2.9	2.8
Annual Indicator	2.7	3.2	3.1	3.5	3.2
Numerator	209	253	244	271	256
Denominator	77,761	79,539	78,318	77,433	78,841
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	2.7	2.6	2.6	2.6	2.6
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	8.9	8.6	8.7	8.6	8.5
Annual Indicator	9.2	10.9	7.5	7.6	8.1
Numerator	721	869	594	593	639
Denominator	78,179	79,942	78,685	77,766	79,217
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	8.4	8.3	8	8	8
Annual Indicator					
Numerator					
Denominator					

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

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	27.7	27	24	21	18
Annual Indicator	31.3	27.1	22.6	24.5	24.0
Numerator	338	296	249	271	267
Denominator	1,080,516	1,090,721	1,104,068	1,105,061	1,111,232
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	18	15	15	15	15
Annual Indicator					
Numerator					
Denominator					

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

FORM NOTES FOR FORM 12

None

FIELD LEVEL NOTES

None

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

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

 3

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

 3

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

 3

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

 3

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

 3

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

 3

Total Score: 18

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: TN FY: 2005

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

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

1. Reduce the number of neural tube defects.
2. Reduce the STD infection rates including HIV infection of infants and chlamydia infection in young women/teens.
3. Reduce child abuse and neglect.
4. Reduce tobacco use in all its forms by adolescents.
5. Reduce alcohol use by adolescents.
6. Improve the state's EPSDT screening rates.
7. Reduce unintended pregnancies.
8. /2002/ Reduce lead poisoning in children under 5 yrs. old.
- 9.
- 10.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

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

STATE: TN

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>	Adolescent health strategic planning	New adolescent health initiative needs support to develop first state adolescent health plan.	Konepka Institute, Minneapolis, Minnesota
2.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> 6 </u>	Develop statewide transitioning system, including implementation and evaluation plans.	Program does not have a coordinated, collaborated, community system of care for transitioning children 14 and over.	MCHB, National Healthy and Ready to Work, Chamber of Commerce, Kentucky HRTW
3.	Data-related Issues - Data Systems Development If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Adolescent health data collection and reporting	Need technical assistance to develop accurate adolescent health data reporting format.	State Adolescent Health Coordinators Network - annual meeting and training
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: TN

SP # 1

PERFORMANCE MEASURE:

After implementation of folic acid education at the state, regional, and local levels, reduce the number of neural tube defects births.

STATUS:

Active

GOAL

After folic acid / nutrition education has been operational at the local, regional, and state levels, the number of neural tube defects births will decrease each calendar year.

DEFINITION

Implementation of statewide folic acid education should impact the number of infants born with a neural tube defect.

Numerator:

The number of neural tube defects births reported by the State's birth certificate system for the calendar year.

Denominator:

NA

Units: Text:

HEALTHY PEOPLE 2010 OBJECTIVE

Reduce the occurrence of spina bifida and other NTDs. Target: 3 new cases/10,000.

DATA SOURCES AND DATA ISSUES

State's Birth Certificate System

SIGNIFICANCE

The Centers for Disease Control and Prevention estimates up to 70 percent of the neural tube defects can be prevented when a woman supplements her diet with folic acid.

SP # 2

PERFORMANCE MEASURE:

Reduce to no more than 4% elevated blood lead levels in children 6-72 months of age who are screened.

STATUS:

Active

GOAL

To reduce the number of children ages birth to 6 years with confirmed elevated blood lead levels greater than 10ug/dL to no more than 4% of children screened.

DEFINITION

Numerator:

The number of children with elevated blood lead levels.

Denominator:

The number of children screened for blood lead poisoning.

Units: 100 **Text:**

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Reports from laboratories collected by the Tennessee Childhood Lead Poisoning Prevention Program

SIGNIFICANCE

Childhood lead poisoning is a major preventable environmental health problem. Children with elevated blood lead levels are at risk for learning, behavior and physiologic problems.

SP # 3

PERFORMANCE MEASURE:

Reduce the percentage of high school students using tobacco (cigarettes and smokeless tobacco).

STATUS:

Active

GOAL

To decrease the number of high school students using any form of tobacco.

DEFINITION

The number of high school students using any form of tobacco.

Numerator:

Number of high school students using tobacco (cigarettes and smokeless tobacco) each year.

Denominator:

Total number of high school age students who took the Tennessee Youth Tobacco Survey.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Tennessee Youth Tobacco Survey

SIGNIFICANCE

Tobacco is identified as a "gateway" drug often leading to experimentation and/or use of other substances known to be harmful to young people. With the recent court settlement with the tobacco companies, and known long term harmful affects of tobacco use on the health status and premature death of the users and persons experiencing second hand smoke. Tennessee will target a reduction in tobacco use by teens.

SP # 4

PERFORMANCE MEASURE:

Reduce the percentage of high school students using alcohol.

STATUS:

Active

GOAL

To reduce the percentage of high school students using alcohol.

DEFINITION

The number of high school students using alcohol as a percentage of the number completing the survey.

Numerator:

The number of high school students who had at least one drink of alcohol on one or more of the past 30 days.

Denominator:

The number of high school students taking the YRBS survey.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Youth Risk Behavior Survey

SIGNIFICANCE

The State has established two sources of data regarding teen substance use and abuse. The Youth Behavior Risk Survey and a special survey conducted by the Bureau of Alcohol and Drugs in the Tennessee Department of Health. While prior studies indicate that use of these substances changes periodically, any use is prohibited by law and thought to be seriously harmful to young people. Our goal is to reduce substance use by adolescents in Tennessee.

SP # 5

PERFORMANCE MEASURE:

Reduce the incidence of maltreatment of children younger than age 18 including physical, sexual, emotional abuse and neglect to a rate no more than 8 per 1,000.

STATUS:

Active

GOAL

To reduce the incidence of maltreatment of children younger than age 18 including physical, sexual and emotional abuse and neglect to no more than the rate of 8 per 1000.

DEFINITION

Numerator:

The number of children younger than age 18, who are victims of indicated abuse and neglect.

Denominator:

The total number of children under age 18 in a given year.

Units: 1000 **Text:**

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Reports from the Department of Children's Services Child Protective Services Section.

SIGNIFICANCE

Children must be free from abuse and neglect in order to be healthy both physically and emotionally. Maternal and Child Health programs such as home visiting have proven to be effective in reducing abuse and neglect.

SP # 6

PERFORMANCE MEASURE:

Reduce the number of HIV infected infants to no more than one per year

STATUS:

Active

GOAL

To reduce the number of HIV infected infants (status reported by year of birth) to no more than one case per year.

DEFINITION

Due to the low incidence of HIV infected infants in a given year, only the actual cases will be reported.

Numerator:

Denominator:

Units: 1 **Text:** Births

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Communicable Disease Reporting System, Tennessee Department of Health

SIGNIFICANCE

SP # 9

PERFORMANCE MEASURE: Increase percentage of children with complete EPSDT annual examinations by 3 percent each year.
STATUS: Active
GOAL To increase the percentage of children with complete EPSDT annual examinations each year.
DEFINITION The number of children enrolled in TennCare, ages 0 - 21 years, having had an annual examination each year.
Numerator:
The number of children receiving EPSDT annual examinations
Denominator:
Number of children ages 0 - 21 years whom are eligible for EPSDT each year.
Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES TennCare

SIGNIFICANCE

SP # 10

PERFORMANCE MEASURE:

Reduce the proportion of teens and young adults ages 15 to 24 with chlamydia trachomatis infections attending family planning clinics

STATUS:

Active

GOAL

Reduce chlamydia trachomatis infections among teens and young adults ages 5 to 24 years (per 100) attending family planning clinics.

DEFINITION

Numerator:

Number of teens and young adults identified with chlamydia trachomatis attending family planning clinics.

Denominator:

Total number of teens and young adults tested for chlamydia trachomatis in family planning clinics.

Units: 100 **Text:** percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Region IV Chlamydia Screening project, STD Surveillance System

SIGNIFICANCE

The Region IV chlamydia project tracks positivity rates for those clients tested in the project. In Tennessee, all teens and young adults attending family planning clinics are tested for chlamydia. This measure has been changed from SP#8 to reflect the data being collected and to state the method being used to track changes in the population. Past years data have been included for the new measure.

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: TN

HEALTH SYSTEMS CAPACITY MEASURE # 01

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

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	70.7	41.9	39.9	46.7	39.0
Numerator	2,710	1,569	1,511	1,786	1,508
Denominator	383,356	374,880	378,252	382,389	386,315
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.

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	90.8	NaN	55.0	63.0	62.0
Numerator	59,052	0	21,459	28,877	28,443
Denominator	65,055	0	39,017	45,837	45,876
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 03

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

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	NaN	NaN	NaN	NaN	0
Numerator	0	0	0	0	0
Denominator	0	0	0	0	0
Is the Data Provisional or Final?				Provisional	

HEALTH SYSTEMS CAPACITY MEASURE # 04

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

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	79.4	79.1	78.6	78.3	78.5
Numerator	61,329	62,466	61,135	60,302	61,564
Denominator	77,238	78,967	77,787	76,965	78,433
Is the Data Provisional or Final?				Final	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 07

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

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	<u>37.1</u>	<u>35.2</u>	<u>35.2</u>	<u>35.3</u>	<u>43.7</u>
Numerator	<u>53,814</u>	<u>39,217</u>	<u>39,217</u>	<u>54,648</u>	<u>63,239</u>
Denominator	<u>144,980</u>	<u>111,276</u>	<u>111,276</u>	<u>154,863</u>	<u>144,621</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>44.8</u>	<u>45.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Numerator	<u>2,287</u>	<u>2,290</u>	<u>21,233</u>	<u>21,233</u>	<u>18,909</u>
Denominator	<u>5,110</u>	<u>5,088</u>	<u>21,233</u>	<u>21,233</u>	<u>18,909</u>
Is the Data Provisional or Final?				Final	Final

FORM NOTES FOR FORM 17

None

FIELD LEVEL NOTES

1. **Section Number:** Health Systems Capacity Indicator #02
Field Name: HSC02
Row Name:
Column Name:
Year: 2005
Field Note:
The data for 2000 were not obtainable.
2. **Section Number:** Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2005
Field Note:
Tennessee does not have a separate SCHIP program.

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

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2002	Matching data files	<u>11.3</u>	<u>0</u>	<u>9.2</u>
b) <i>Infant deaths per 1,000 live births</i>	2002	Matching data files	<u>11.2</u>	<u>0</u>	<u>9.4</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2002	Matching data files	<u>74.7</u>	<u>0</u>	<u>80.4</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>	2002	Matching data files	<u>0</u>	<u>0</u>	<u>78.3</u>

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

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>5</u>) (Age range <u>6</u> to <u>19</u>) (Age range <u> </u> to <u> </u>)	2003	<u>133</u> <u>100</u> <u> </u>
c) <i>Pregnant Women</i>	2003	<u>185</u>

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

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>185</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u>) (Age range <u>6</u> to <u>19</u>) (Age range <u> </u> to <u> </u>)	2003	<u>133</u> <u>100</u> <u> </u>
c) <i>Pregnant Women</i>	2003	<u>185</u>

FORM NOTES FOR FORM 18

The State does not have an SCHIP program separate from the TennCare/Medicaid program.

FIELD LEVEL NOTES

1. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Infant
Row Name: Infants
Column Name:
Year: 2005
Field Note:
The State does not have an SCHIP program separate from the TennCare/Medicaid program.
2. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Children
Row Name: SCHIP Children
Column Name:
Year: 2005
Field Note:
The State does not have an SCHIP program separate from the TennCare/Medicaid program.
3. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Women
Row Name: Pregnant Women
Column Name:
Year: 2005
Field Note:
The State does not have an SCHIP program separate from the TennCare/Medicaid program.
4. **Section Number:** Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of ow birth weight (<2,500 grams)
Column Name:
Year: 2005
Field Note:
Non-Medicaid Population - Data for 2002 on the non-medicaid population as a separate data set are not yet available.
5. **Section Number:** Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2005
Field Note:
Non-Medicaid Population - Data for 2002 on the non-medicaid population as a separate data set are not yet available.
6. **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:
Non-Medicaid Population - Data for 2002 on the non-medicaid population as a separate data set are not yet available.
7. **Section Number:** Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2005
Field Note:
Medicaid/Non-medicaid data are not available using Kotelchuck index.

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

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

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

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

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

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:		

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)	3	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

None

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

HEALTH STATUS INDICATOR MEASURE # 01A

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	<u>9.2</u>	<u>9.2</u>	<u>9.2</u>	<u>9.2</u>	<u>9.4</u>
Numerator	<u>7,151</u>	<u>7,352</u>	<u>7,235</u>	<u>7,124</u>	<u>7,409</u>
Denominator	<u>77,761</u>	<u>79,539</u>	<u>78,318</u>	<u>77,433</u>	<u>78,841</u>
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 01B

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	<u>7.6</u>	<u>7.6</u>	<u>7.5</u>	<u>7.5</u>	<u>7.6</u>
Numerator	<u>5,721</u>	<u>5,855</u>	<u>5,679</u>	<u>5,641</u>	<u>5,811</u>
Denominator	<u>75,521</u>	<u>77,142</u>	<u>75,891</u>	<u>75,103</u>	<u>76,347</u>
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 02A

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	<u>1.6</u>	<u>1.7</u>	<u>1.7</u>	<u>1.7</u>	<u>1.7</u>
Numerator	<u>1,265</u>	<u>1,329</u>	<u>1,347</u>	<u>1,355</u>	<u>1,343</u>
Denominator	<u>77,761</u>	<u>79,539</u>	<u>78,318</u>	<u>77,433</u>	<u>78,841</u>
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 02B

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	<u>1.3</u>	<u>1.4</u>	<u>1.3</u>	<u>1.4</u>	<u>1.3</u>
Numerator	<u>981</u>	<u>1,044</u>	<u>1,022</u>	<u>1,020</u>	<u>1,008</u>
Denominator	<u>75,521</u>	<u>77,142</u>	<u>75,891</u>	<u>75,103</u>	<u>76,347</u>
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 03A

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

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	<u>14.2</u>	<u>13.6</u>	<u>12.6</u>	<u>12.2</u>	<u>11.4</u>
Numerator	<u>165</u>	<u>158</u>	<u>148</u>	<u>144</u>	<u>136</u>
Denominator	<u>1,158,277</u>	<u>1,165,848</u>	<u>1,176,633</u>	<u>1,180,216</u>	<u>1,188,005</u>
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 03B

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

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	<u>5.7</u>	<u>6.0</u>	<u>4.9</u>	<u>5.3</u>	<u>4.0</u>
Numerator	<u>66</u>	<u>70</u>	<u>58</u>	<u>62</u>	<u>48</u>
Denominator	<u>1,158,277</u>	<u>1,165,848</u>	<u>1,176,633</u>	<u>1,180,216</u>	<u>1,188,005</u>
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 03C

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

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	<u>40.6</u>	<u>44.0</u>	<u>42.0</u>	<u>40.3</u>	<u>33.6</u>
Numerator	<u>302</u>	<u>344</u>	<u>331</u>	<u>320</u>	<u>269</u>
Denominator	<u>744,177</u>	<u>781,529</u>	<u>788,264</u>	<u>794,061</u>	<u>800,933</u>
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 04A

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

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator		<u>12,451.4</u>	<u>12,866.5</u>	<u>13,203.9</u>	<u>13,248.6</u>
Numerator		<u>145,164</u>	<u>151,391</u>	<u>155,834</u>	<u>157,394</u>
Denominator		<u>1,165,848</u>	<u>1,176,633</u>	<u>1,180,216</u>	<u>1,188,005</u>
Is the Data Provisional or Final?				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.

	<u>Annual Indicator Data</u>				
	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
Annual Indicator	<u>896.5</u>	<u>884.9</u>	<u>896.6</u>	<u>909.3</u>	<u>916.9</u>
Numerator	<u>10,383</u>	<u>10,317</u>	<u>10,550</u>	<u>10,732</u>	<u>10,893</u>
Denominator	<u>1,158,227</u>	<u>1,165,848</u>	<u>1,176,633</u>	<u>1,180,216</u>	<u>1,188,005</u>
Is the Data Provisional or Final?				Final	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.

	<u>Annual Indicator Data</u>				
	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
Annual Indicator		<u>3,531.8</u>	<u>3,699.8</u>	<u>3,798.6</u>	<u>3,590.9</u>
Numerator		<u>27,602</u>	<u>29,164</u>	<u>30,163</u>	<u>28,761</u>
Denominator		<u>781,529</u>	<u>788,264</u>	<u>794,061</u>	<u>800,933</u>
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 05A

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

	<u>Annual Indicator Data</u>				
	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
Annual Indicator	<u>28.3</u>	<u>28.2</u>	<u>27.4</u>	<u>26.9</u>	<u>31.8</u>
Numerator	<u>5,179</u>	<u>5,154</u>	<u>5,334</u>	<u>5,332</u>	<u>6,259</u>
Denominator	<u>182,786</u>	<u>182,778</u>	<u>194,369</u>	<u>197,974</u>	<u>196,796</u>
Is the Data Provisional or Final?				Final	Final

HEALTH STATUS INDICATOR MEASURE # 05B

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

	<u>Annual Indicator Data</u>				
	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
Annual Indicator	<u>5.4</u>	<u>5.9</u>	<u>5.9</u>	<u>6.4</u>	<u>8.0</u>
Numerator	<u>5,420</u>	<u>5,998</u>	<u>6,345</u>	<u>6,721</u>	<u>8,421</u>
Denominator	<u>1,010,285</u>	<u>1,011,332</u>	<u>1,067,315</u>	<u>1,054,929</u>	<u>1,049,746</u>
Is the Data Provisional or Final?				Final	Final

FORM NOTES FOR FORM 20

None

FIELD LEVEL NOTES

None

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

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	76,773	58,635	16,608	_____	_____	_____	_____	1,530
Children 1 through 4	309,542	235,905	67,711	_____	_____	_____	_____	5,926
Children 5 through 9	394,918	300,832	87,181	_____	_____	_____	_____	6,905
Children 10 through 14	406,772	310,795	89,746	_____	_____	_____	_____	6,231
Children 15 through 19	404,366	312,995	84,772	_____	_____	_____	_____	6,599
Children 20 through 24	396,567	310,644	77,632	_____	_____	_____	_____	8,291
Children 0 through 24	1,988,938	1,529,806	423,650	0	0	0	0	35,482

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	73,378	3,395	_____
Children 1 through 4	296,314	13,228	_____
Children 5 through 9	380,472	14,446	_____
Children 10 through 14	396,229	10,543	_____
Children 15 through 19	391,689	12,677	_____
Children 20 through 24	378,307	18,260	_____
Children 0 through 24	1,916,389	72,549	0

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

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: 2003 Is this data from a State Projection? Yes

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	179	77	97					5
Women 15 through 17	3,209	1,972	1,195	2				40
Women 18 through 19	6,987	4,983	1,913	16				75
Women 20 through 34	60,783	47,326	11,814	142	110			1,391
Women 35 or older	7,683	6,272	1,141	16	35			219
Women of all ages	78,841	60,630	16,160	176	145	0	0	1,730

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	167	12	
Women 15 through 17	2,948	260	2
Women 18 through 19	6,501	485	1
Women 20 through 34	56,894	3,856	33
Women 35 or older	7,337	330	15
Women of all ages	73,847	4,943	51

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

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: 2003 Is this data from a State Projection? Yes

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	726	423	290	1	2			10
Children 1 through 4	100	64	33					3
Children 5 through 9	70	48	22					
Children 10 through 14	97	71	23		1			2
Children 15 through 19	296	233	58					5
Children 20 through 24	485	363	118					4
Children 0 through 24	1,774	1,202	544	1	3	0	0	24

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	684	39	3
Children 1 through 4	97	3	
Children 5 through 9	67	3	
Children 10 through 14	95	2	
Children 15 through 19	288	7	1
Children 20 through 24	451	33	1
Children 0 through 24	1,682	87	5

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

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	1,592,371	1,219,162.0	346,018.0					27,191.0	2003
Percent in household headed by single parent	30.0							30.0	2001
Percent in TANF (Grant) families	8.7	35.9	63.4	0.1	0.5		0.1		2003
Number enrolled in Medicaid	743,387	491,379.0	203,688.0	1,487.0	5,209.0			41,624.0	2003
Number enrolled in SCHIP	0								
Number living in foster home care	11,454	7,424.0	3,527.0	25.0	16.0	9.0	248.0	205.0	2003
Number enrolled in food stamp program	379,185	218,586.0	157,242.0	688.0	2,537.0	132.0			2003
Number enrolled in WIC	200,187	117,106.0	63,670.0		963.0	22.0		18,426.0	2003
Rate (per 100,000) of juvenile crime arrests	212.4							212.4	2002
Percentage of high school drop-outs (grade 9 through 12)	11.0							11.0	2001

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	1,538,082.0	54,289.0		2003
Percent in household headed by single parent			30.0	2001
Percent in TANF (Grant) families	98.1	1.9		2003
Number enrolled in Medicaid	701,758.0	14,124.0	27,505.0	2003
Number enrolled in SCHIP				
Number living in foster home care	10,799.0	421.0	234.0	2003
Number enrolled in food stamp program	366,159.0	13,026.0		2003
Number enrolled in WIC	181,761.0	18,426.0		2003
Rate (per 100,000) of juvenile crime arrests			212.4	2002
Percentage of high school drop-outs (grade 9 through 12)			11.0	2001

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

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

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

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	<u> </u>
Living in urban areas	<u>1,012,748</u>
Living in rural areas	<u>579,623</u>
Living in frontier areas	<u> </u>
Total - all children 0 through 19	<u>1,592,371</u>

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

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

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	<u>5,619,222.0</u>
Percent Below: 50% of poverty	<u>6.1</u>
100% of poverty	<u>14.5</u>
200% of poverty	<u>34.2</u>

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

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	<u>1,592,371.0</u>
Percent Below: 50% of poverty	<u>8.0</u>
100% of poverty	<u>17.6</u>
200% of poverty	<u>41.0</u>

FORM NOTES FOR FORM 21

None

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:
Kids Count data.
2. **Section Number:** Indicator 09A
Field Name: HSIRace_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2005
Field Note:
2004 data.
3. **Section Number:** Indicator 09A
Field Name: HSIRace_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2005
Field Note:
Asian category includes: Asian, Hawaiian and Pacific Islander.
4. **Section Number:** Indicator 09A
Field Name: HSIRace_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2005
Field Note:
Tennessee does not have a separate SCHIP program.
5. **Section Number:** Indicator 09A
Field Name: HSIRace_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2005
Field Note:
2004 data.
6. **Section Number:** Indicator 09A
Field Name: HSIRace_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2005
Field Note:
Reporting 0 - 17 years.
7. **Section Number:** Indicator 09A
Field Name: HSIRace_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2005
Field Note:
Kids Count data.
8. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2005
Field Note:
2004 data.
9. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2005
Field Note:
Tennessee does not have a separate SCHIP program.
10. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2005
Field Note:
2004 data.
11. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2005
Field Note:
0-17 years
12. **Section Number:** Indicator 12
Field Name: S12_50percent
Row Name: Percent Below: 50% of poverty

Column Name:

Year: 2005

Field Note:

Reported for <18 years, 2000 data

13. **Section Number:** Indicator 12

Field Name: S12_100percent

Row Name: 100% of poverty

Column Name:

Year: 2005

Field Note:

Reported for <18 years.

14. **Section Number:** Indicator 12

Field Name: S12_200percent

Row Name: 200% of poverty

Column Name:

Year: 2005

Field Note:

Reported for < 18 years.