

TITLE V BLOCK GRANT APPLICATION
FORMS (1-21)
STATE: TN
APPLICATION YEAR: 2007

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APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 7/15/2006	APPLICANT IDENTIFIER 1-62-600-1445-D									
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER									
		4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER									
5. APPLICANT INFORMATION												
Legal Name: Tennessee Department of Health,		Organizational Unit: Maternal and Child Health										
Organizational DUNS: 172636268												
Address (give city, county, state and zip code) 425 5th Avenue North, 5 Th 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. Email: theodora.Pinnock@state.tn.us Tel Number: 615-741-7353 Fax Number: 615-741-1063										
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: 10/01/2006	Ending Date: 09/30/2007	a. Applicant 5 Th District	b. Project District 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>11,855,000.00</u>											
b. Applicant	\$ <u>7,500,000.00</u>											
c. State	\$ <u>13,250,000.00</u>											
d. Local	\$ <u>0.00</u>											
e. Other	\$ <u>0.00</u>											
f. Program Income	\$ <u>6,682,000.00</u>											
g. TOTAL	\$ <u>39,287,000.00</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 2007

[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:

\$ 11,855,000

A.Preventive and primary care for children:

\$ 3,556,500 (30%)

B.Children with special health care needs:

\$ 3,556,500 (30%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 1,185,500 (10%)

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

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

\$ 7,500,000

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

\$ 13,250,000

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)

\$ 6,682,000

7. TOTAL STATE MATCH (Lines 3 through 6)

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

\$ 13,125,024

\$ 19,932,000

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

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

\$ 39,287,000

9. OTHER FEDERAL FUNDS

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

a. SPRANS: \$ 0

b. SSDI: \$ 100,000

c. CISS: \$ 100,000

d. Abstinence Education: \$ 993,000

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 0

j. Education: \$ 0

k. Other: \$ 0

CHAD \$ 717,000

New Born Hearing \$ 150,000

Title X F. P. \$ 6,190,000

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

\$ 8,250,000

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 47,537,000

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 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 12,693,368	\$ 15,592,430	\$ 12,349,717	\$ 0	\$ 11,855,000	\$ 0
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 9,000,000	\$ 0	\$ 9,000,000	\$ 0	\$ 7,500,000	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 13,450,000	\$ 13,250,000	\$ 13,250,000	\$ 0	\$ 13,250,000	\$ 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	\$ 6,682,000	\$ 5,000,000	\$ 0	\$ 6,682,000	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 41,143,368	\$ 35,524,430	\$ 39,599,717	\$ 0	\$ 39,287,000	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 9,040,314	\$ 8,503,000	\$ 8,642,989	\$ 0	\$ 8,250,000	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 50,183,682	\$ 44,027,430	\$ 48,242,706	\$ 0	\$ 47,537,000	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

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

STATE: TN

	FY 2002		FY 2003		FY 2004	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 12,453,189	\$ 9,302,321	\$ 12,731,879	\$ 12,735,917	\$ 12,693,368	\$ 14,892,660
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 4,748,270	\$ 0	\$ 12,453,186	\$ 0	\$ 12,731,880	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 13,500,000	\$ 13,322,400	\$ 13,500,000	\$ 13,450,000	\$ 13,322,400	\$ 13,250,000
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	\$ 5,121,070	\$ 6,000,000	\$ 5,142,601	\$ 6,000,000	\$ 4,783,502
7. Subtotal <i>(Line8, Form 2)</i>	\$ 36,701,459	\$ 27,745,791	\$ 44,685,065	\$ 31,328,518	\$ 44,747,648	\$ 32,926,162
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 4,366,920	\$ 2,704,466	\$ 3,190,351	\$ 8,956,743	\$ 9,220,986	\$ 8,802,718
9. Total <i>(Line11, Form 2)</i>	\$ 41,068,379	\$ 30,450,257	\$ 47,875,416	\$ 40,285,261	\$ 53,968,634	\$ 41,728,880
(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: 2005
Field Note:
Expended amount was estimated
2. **Section Number:** Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2004
Field Note:
Budgeted amount was estimated.
3. **Section Number:** Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2005
Field Note:
Budget was estimated
4. **Section Number:** Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2004
Field Note:
Budgeted amount was estimated.
5. **Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2005
Field Note:
Expended amount was estimated
6. **Section Number:** Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2005
Field Note:
Expended amount was estimated
7. **Section Number:** Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2004
Field Note:
Budgeted amount was over estimated.
8. **Section Number:** Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2005
Field Note:
Expended amount was estimated
9. **Section Number:** Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2004
Field Note:
Budgeted amounts were estimated.

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 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 2,674,319	\$ 761,686	\$ 2,534,382	\$ 0	\$ 864,314	\$ 0
b. Infants < 1 year old	\$ 5,718,928	\$ 4,231,587	\$ 5,623,160	\$ 0	\$ 4,360,857	\$ 0
c. Children 1 to 22 years old	\$ 12,055,007	\$ 16,474,979	\$ 13,345,105	\$ 0	\$ 18,582,751	\$ 0
d. Children with Special Healthcare Needs	\$ 8,187,530	\$ 6,015,014	\$ 6,929,950	\$ 0	\$ 6,560,929	\$ 0
e. Others	\$ 9,915,552	\$ 6,742,329	\$ 9,781,130	\$ 0	\$ 7,503,817	\$ 0
f. Administration	\$ 2,592,032	\$ 1,298,835	\$ 1,385,990	\$ 0	\$ 1,414,332	\$ 0
g. SUBTOTAL	\$ 41,143,368	\$ 35,524,430	\$ 39,599,717	\$ 0	\$ 39,287,000	\$ 0

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

a. SPRANS	\$ 0	\$ 0	\$ 0
b. SSDI	\$ 100,000	\$ 100,000	\$ 100,000
c. CISS	\$ 50,000	\$ 0	\$ 100,000
d. Abstinence Education	\$ 1,014,610	\$ 993,367	\$ 993,000
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	\$ 717,300	\$ 717,336	\$ 717,000
New Born Hearing	\$ 0	\$ 0	\$ 150,000
Title X F. P.	\$ 0	\$ 0	\$ 6,190,000
CISS-SECCS	\$ 100,000	\$ 100,000	\$ 0
Family Planning	\$ 6,020,208	\$ 5,979,357	\$ 0
Hearing Screening	\$ 148,196	\$ 150,000	\$ 0
Lead	\$ 890,000	\$ 602,929	\$ 0
III. SUBTOTAL	\$ 9,040,314	\$ 8,642,989	\$ 8,250,000

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 2002		FY 2003		FY 2004	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 1,651,566	\$ 1,082,086	\$ 2,010,828	\$ 2,036,354	\$ 1,745,158	\$ 2,107,274
b. Infants < 1 year old	\$ 3,670,146	\$ 4,633,547	\$ 4,468,507	\$ 4,354,664	\$ 7,472,857	\$ 4,675,515
c. Children 1 to 22 years old	\$ 7,927,515	\$ 8,813,456	\$ 9,651,974	\$ 9,149,228	\$ 14,229,752	\$ 11,074,904
d. Children with Special Healthcare Needs	\$ 7,560,500	\$ 5,356,636	\$ 8,311,422	\$ 6,249,468	\$ 8,636,296	\$ 5,771,395
e. Others	\$ 13,469,435	\$ 6,742,227	\$ 18,052,766	\$ 7,550,173	\$ 10,873,679	\$ 8,132,762
f. Administration	\$ 2,422,297	\$ 1,117,839	\$ 2,189,568	\$ 1,988,631	\$ 1,789,906	\$ 1,164,312
g. SUBTOTAL	\$ 36,701,459	\$ 27,745,791	\$ 44,685,065	\$ 31,328,518	\$ 44,747,648	\$ 32,926,162

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	\$ 155,000	\$ 99,431	\$ 130,000
c. CISS	\$ 159,000	\$ 188,000	\$ 200,600
d. Abstinence Education	\$ 2,100,000	\$ 1,050,000	\$ 1,067,568
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
Family Planning	\$ 0	\$ 0	\$ 5,765,185
Hearing Screening	\$ 0	\$ 226,220	\$ 151,220
Lead	\$ 0	\$ 528,000	\$ 807,713
CISS/GENETICS	\$ 175,000	\$ 0	\$ 0
HEARING SCREENING	\$ 151,220	\$ 0	\$ 0
LEAD	\$ 528,000	\$ 0	\$ 0
III. SUBTOTAL	\$ 4,366,920	\$ 3,190,351	\$ 9,220,986

FORM NOTES FOR FORM 4

Budgeted amount was estimated.

FIELD LEVEL NOTES

1. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenBudgeted
Row Name: Pregnant Women
Column Name: Budgeted
Year: 2007
Field Note:
Budgeted amount was estimated.
2. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2005
Field Note:
Expended amount was estimated.
3. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2004
Field Note:
Budgeted amount was estimated.
4. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Budgeted
Row Name: Infants <1 year old
Column Name: Budgeted
Year: 2007
Field Note:
Budgeted amount was estimated.
5. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2005
Field Note:
Expended amount was estimated.
6. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2004
Field Note:
Budgeted amount was over estimated.
7. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Budgeted
Row Name: Children 1 to 22 years old
Column Name: Budgeted
Year: 2007
Field Note:
Budgeted amount was estimated.
8. **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: 2005
Field Note:
Expended amount was estimated.
9. **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: 2004
Field Note:
Budgeted amount was over estimated.
10. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNBudgeted
Row Name: CSHCN
Column Name: Budgeted
Year: 2007
Field Note:
Budgeted amount was estimated.
11. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2005
Field Note:
Expended amount was estimated.
12. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN

Column Name: Expended

Year: 2004

Field Note:

budgeted amount was over estimated.

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

Field Name: AllOthersBudgeted

Row Name: All Others

Column Name: Budgeted

Year: 2007

Field Note:

Budgeted amount was estimated.

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

Field Name: AllOthersExpended

Row Name: All Others

Column Name: Expended

Year: 2005

Field Note:

Expended amount was estimated.

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

Field Name: AllOthersExpended

Row Name: All Others

Column Name: Expended

Year: 2004

Field Note:

Budgeted amount was over estimated.

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

Field Name: AdminBudgeted

Row Name: Administration

Column Name: Budgeted

Year: 2007

Field Note:

Budgeted amount was estimated.

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

Field Name: AdminExpended

Row Name: Administration

Column Name: Expended

Year: 2005

Field Note:

expended amount was estimated.

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

Field Name: AdminExpended

Row Name: Administration

Column Name: Expended

Year: 2004

Field Note:

Budgeted amount was over 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 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 29,787,798	\$ 25,719,687	\$ 28,670,195	\$ 0	\$ 28,443,788	\$ 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.)	\$ 4,772,631	\$ 4,120,834	\$ 4,593,567	\$ 0	\$ 4,557,292	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 3,456,043	\$ 2,984,052	\$ 3,326,376	\$ 0	\$ 3,300,108	\$ 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.)	\$ 3,126,896	\$ 2,699,857	\$ 3,009,579	\$ 0	\$ 2,985,812	\$ 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.)	\$ 41,143,368	\$ 35,524,430	\$ 39,599,717	\$ 0	\$ 39,287,000	\$ 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 2002		FY 2003		FY 2004	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 26,571,856	\$ 20,087,953	\$ 32,351,987	\$ 22,681,847	\$ 32,397,297	\$ 23,838,541
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.)	\$ 4,257,369	\$ 3,218,512	\$ 5,183,468	\$ 3,634,108	\$ 5,190,727	\$ 3,819,435
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 3,082,923	\$ 2,330,646	\$ 3,753,545	\$ 2,631,596	\$ 3,758,802	\$ 2,765,798
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.)	\$ 2,789,311	\$ 2,108,680	\$ 3,396,065	\$ 2,380,967	\$ 3,400,822	\$ 2,502,388
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.)	\$ 36,701,459	\$ 27,745,791	\$ 44,685,065	\$ 31,328,518	\$ 44,747,648	\$ 32,926,162

FORM NOTES FOR FORM 5

Budgeted and expended amount was estimated.

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: DirectHCBudgeted
Row Name: Direct Health Care Services
Column Name: Budgeted
Year: 2007
Field Note:
Budgeted amount was estimated.
2. **Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2005
Field Note:
Expended amount was estimated.
3. **Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2004
Field Note:
Note pending
4. **Section Number:** Main
Field Name: EnablingBudgeted
Row Name: Enabling Services
Column Name: Budgeted
Year: 2007
Field Note:
Budgeted amount was estimated.
5. **Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2005
Field Note:
Expended amount was estimated.
6. **Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2004
Field Note:
Note pending
7. **Section Number:** Main
Field Name: PopBasedBudgeted
Row Name: Population-Based Services
Column Name: Budgeted
Year: 2007
Field Note:
Budgeted amount was estimated.
8. **Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2005
Field Note:
Expended amount was estimated.
9. **Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2004
Field Note:
Note pending
10. **Section Number:** Main
Field Name: InfrastrBuildBudgeted
Row Name: Infrastructure Building Services
Column Name: Budgeted
Year: 2007
Field Note:
Budgeted amount was estimated.
11. **Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2005
Field Note:
Expended amount was estimated.
12. **Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services

Column Name: Expended

Year: 2004

Field Note:

Note pending

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: 79,590

Reporting Year: 2004

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	79,590	100	151	6	6	100
Congenital Hypothyroidism	79,590	100	536	63	63	100
Galactosemia	79,590	100	215	27	27	100
Sickle Cell Disease						
Other Screening (Specify)						
Biotinidase Deficiency	79,590	100	153	5	5	100
Hemoglobinopathies	79,590	100	161	82	82	100
Congenital Adrenal Hyperplasia (CAH)	79,590	100	213	8	8	100
Maple Syrup Urine Disease (MSUD)	79,590	100	55	0	0	
Medium Chain AcylCo-A Dehydrogenase (MCAD)	79,590	100	216	4	4	100
Acylcarnitines	79,590	100	1,078	13	13	100
HCY (Met)	79,590	100	414	0	0	
Amino Acids (Cit & Tyr)	79,590	100	99	1	1	100

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

Data source is the State newborn screening database

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: BirthOccurence
Row Name: Total Births By Occurence
Column Name: Total Births By Occurence
Year: 2007
Field Note:
Data Source is the Tennessee New Born Screening follow up data
2. **Section Number:** Main
Field Name: Phenylketonuria_OneScreenNo
Row Name: Phenylketonuria
Column Name: Receiving at least one screen
Year: 2007
Field Note:
Data source is the Tennessee New Born Screening follow up data.
3. **Section Number:** Main
Field Name: Congenital_OneScreenNo
Row Name: Congenital
Column Name: Receiving at least one screen
Year: 2007
Field Note:
Data Source is the Tennessee New Born Screening follow up data
4. **Section Number:** Main
Field Name: Galactosemia_OneScreenNo
Row Name: Galactosemia
Column Name: Receiving at least one screen
Year: 2007
Field Note:
Data Source is the Tennessee New Born Screening follow up data.
5. **Section Number:** Main
Field Name: SickleCellDisease_OneScreenNo
Row Name: SickleCellDisease
Column Name: Receiving at least one screen
Year: 2007
Field Note:
Screening data are included in hemoglobinopathies.
6. **Section Number:** Other Screening Types
Field Name: Other
Row Name: All Rows
Column Name: All Columns
Year: 2007
Field Note:
Screening data for hemoglobinopathies include sickle cell disease. Of the 5 confirmed cases of biotinidase deficiency, 2 were deficient and 3 were partials.

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: 2005

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	15,212	31.6		0.8	67.4	0.3
Infants < 1 year old	78,503	43.0		0.6	56.4	0.1
Children 1 to 22 years old	334,260	39.9		1.1	58.8	0.2
Children with Special Healthcare Needs	10,982	32.3		0.7	67.1	0.0
Others	134,328	18.7		3.5	77.4	0.4
TOTAL	573,285					

FORM NOTES FOR FORM 7

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

FIELD LEVEL NOTES

1. **Section Number:** Main

Field Name: PregWomen_TS

Row Name: Pregnant Women

Column Name: Title V Total Served

Year: 2007

Field Note:

The low number of pregnant women was due to methodology in data collection. Data source is the State of Tennessee PTBMIS System(Patient Tracking Billing Management Information System). The decrease in the 2005 data for pregnant women data is likely to be the difference in the count in data collection from calendar year and fiscal year.

2. **Section Number:** Main

Field Name: Children_0_1_TS

Row Name: Infants <1 year of age

Column Name: Title V Total Served

Year: 2007

Field Note:

This data include children under 1 year old who were born in a fiscal year. Data source is the State of Tennessee PTBMIS system.

3. **Section Number:** Main

Field Name: Children_1_22_TS

Row Name: Children 1 to 22 years of age

Column Name: Title V Total Served

Year: 2007

Field Note:

State of Tennessee PTBMIS is the data source.

4. **Section Number:** Main

Field Name: CSHCN_TS

Row Name: Children with Special Health Care Needs

Column Name: Title V Total Served

Year: 2007

Field Note:

The fluctuation in the total number of children with special healthcare needs is due to change in methodology. The data was generated from the patient encounter. The source is the State of Tennessee PTBMIS system.

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: 2005

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	81,247	62,480	16,462	156	1,356			793
Title V Served	78,530	55,325	18,286	27	285	41		4,566
Eligible for Title XIX	52,114	29,350	14,815	73	420			7,456
INFANTS								
Total Infants in State	80,130	60,679	17,747					1,704
Title V Served	75,668	55,325	18,286	27	285	41		1,704
Eligible for Title XIX	52,114	29,350	14,815	73	420			7,456

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	78,942							2,305
Title V Served	78,530							4,919
Eligible for Title XIX	44,165							7,949
INFANTS								
Total Infants in State	78,426							1,704
Title V Served	73,611							2,057
Eligible for Title XIX	44,165							7,949

FORM NOTES FOR FORM 8

Infants served data includes non-resident data and persons moving into the state. The unknown categories includes the hispanic population.
Data source is the Tennessee Health Statistics

FIELD LEVEL NOTES

1. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTotal_All
Row Name: Total Deliveries in State
Column Name: Total All Races
Year: 2007
Field Note:
Data includes both resident and non-resident data of children who moved to the state. Data in the unknown category includes the hispanic deliveries. Data source is Tennessee Health Statistics.
2. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2007
Field Note:
Data includes both resident and non-resident who moved to the state.
Data source is tennessee Health Statistic.
3. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2007
Field Note:
Data source is the Tennessee Health Statistics.
4. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTotal_All
Row Name: Total Infants in State
Column Name: Total All Races
Year: 2007
Field Note:
Data source is the Tennessee Health Statistics.
5. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2007
Field Note:
Data includes resident and non-residents and infants who moved to the state.
6. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2007
Field Note:
Data source is the Tennessee Health Statistics
7. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_TotalNotHispanic
Row Name: Total Deliveries in State
Column Name: Total Not Hispanic or Latino
Year: 2007
Field Note:
Data source is the State of Tennessee Health Statistics.
8. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_TotalHispanic
Row Name: Total Deliveries in State
Column Name: Total Hispanic or Latino
Year: 2007
Field Note:
Total hispanic is included in the unknown category.
9. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_EthnicityOther
Row Name: Total Deliveries in State
Column Name: Other and Unknown
Year: 2007
Field Note:
Data in B.5 includes the hispanic group
10. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_TotalNotHispanic
Row Name: Title V Served
Column Name: Total Not Hispanic or Latino
Year: 2007
Field Note:
Data source is the Tennessee Health Statistics
11. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_TotalHispanic
Row Name: Title V Served
Column Name: Total Hispanic or Latino
Year: 2007
Field Note:
Data for the Hispanic is included in the unknown category.

12. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_TotalNotHispanic
Row Name: Eligible for Title XIX
Column Name: Total Not Hispanic or Latino
Year: 2007
Field Note:
Data source is the Tennessee Health Statistics
13. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_TotalHispanic
Row Name: Eligible for Title XIX
Column Name: Total Hispanic or Latino
Year: 2007
Field Note:
Data for the hispanic deliveries in included in the unknown category.
14. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_TotalNotHispanic
Row Name: Total Infants in State
Column Name: Total Not Hispanic or Latino
Year: 2007
Field Note:
Data source is the Tennessee Health Statistics
15. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_TotalHispanic
Row Name: Total Infants in State
Column Name: Total Hispanic or Latino
Year: 2007
Field Note:
data for hispanic delivery is included in the unknown category.
16. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_TotalNotHispanic
Row Name: Title V Served
Column Name: Total Not Hispanic or Latino
Year: 2007
Field Note:
Data source is the Tennessee Health Statistics
17. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_TotalHispanic
Row Name: Title V Served
Column Name: Total Hispanic or Latino
Year: 2007
Field Note:
Data for the hispanic deliveries is included in the unknown category.
18. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_TotalNotHispanic
Row Name: Eligible for Title XIX
Column Name: Total Not Hispanic or Latino
Year: 2007
Field Note:
Data source is the Tennessee Health Statistics
19. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_TotalHispanic
Row Name: Eligible for Title XIX
Column Name: Total Hispanic or Latino
Year: 2007
Field Note:
Data for hispanic deliveries is included in the unknown category.

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

	FY 2007	FY 2006	FY 2005	FY 2004	FY 2003
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 428-2229	(800) 428-2229	(800) 428-2229	(800) 428-2229	(800) 428-2229
2. State MCH Toll-Free "Hotline" Name	Tn Baby Line	TN Baby Line	TN Baby Line	TN Baby Line	TN Baby Line
3. Name of Contact Person for State MCH "Hotline"	Deana Vaughn	Deana Vaughn	Deana Vaughn	Lori Materi-Yopp	Lori Materi
4. Contact Person's Telephone Number	(615) 741-0370	(615) 741-0370	(615) 741-0370	(615) 741-0224	(615) 741-0224
5. Number of calls received on the State MCH "Hotline" this reporting period	0	0	56	59	65

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

	FY 2007	FY 2006	FY 2005	FY 2004	FY 2003
1. State MCH Toll-Free "Hotline" Telephone Number	_____	_____	_____	_____	_____
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"	_____	_____	_____	_____	_____
4. Contact Person's Telephone Number	_____	_____	_____	_____	_____
5. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM NOTES FOR FORM 9

Data source is the Tennessee Maternal and Child Health

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: hnumber_2
Row Name: State MCH toll-free hotline telephone number
Column Name: FY
Year: 2007
Field Note:
Data source is the Tennessee Maternal and Child Health.

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2007
[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 two sections; Child and Adolescent Health, Abstinence Only Education, SIDS, Early Childhood Comprehensive Systems Planning, School Health, Child Fatality Review, Child Care Resource and Referral Centers, EPSDT, and Childhood Lead Poisoning Prevention. Services for CSHCN (called Children Special Services) include; medical and other health needs; care coordination/case management; and a Parent Support Network (PEP). The Women's Health/Genetics section includes comprehensive family planning services; prenatal care, adolescent pregnancy prevention, perinatal regionalization, women's health, newborn screening follow-up, newborn hearing screening follow-up, and the network of the genetics and sickle cell centers.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ <u>11,855,000</u>
3. Unobligated balance (Line 2, Form 2)	\$ <u>7,500,000</u>
4. State Funds (Line 3, Form 2)	\$ <u>13,250,000</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>6,682,000</u>
8. Total Federal-State Partnership (Line 8, Form 2)	\$ <u>39,287,000</u>

9. Most significant providers receiving MCH funds:

<u>Rural and Metro health department clinics</u>
<u>Genetics and 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>15,212</u>
b. Infants < 1 year old	<u>78,503</u>
c. Children 1 to 22 years old	<u>334,260</u>
d. CSHCN	<u>10,982</u>
e. Others	<u>134,328</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 referral. The number of EPSDT screenings done in local health departments has greatly increased. 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 assistance with health care, social and educational needs. New EPSDT efforts include the statewide community outreach initiative and Call Center.

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 General Assembly to promote the safety and well being of children. The State Team's recommendation to expand the availability of autopsies for unexplained child deaths passed the General Assembly. 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 has a strong network of tertiary level providers for referral, case screening for 34 diseases which reflects 50 different 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. The registry has continued to increase the number of years of data. 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 immunization are up to date. Tennessee has a statewide network of Child Care Resources and Referral Centers each of which has a child care health consultant (CCHC). The centers provide technical assistance, training, consultation, and resources to child care provider to improve the health and safety of child care.

12. The primary Title V Program contact person:

Name

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

Name

Dr. Theodora Pinnock, MD

Greg Yopp

Title Director of MCH

Title Director, Children's Special Services

Address 425 5 TH Avenue North, 5 Th Floor

Address 425 5 TH Avenue North, 5 TH Floor

City Nashville

City Nashville

State TN

State TN

Zip 37247-4701

Zip 37247-4701

Phone (615) 741-7353

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Fax (615) 741-1063

Fax (615) 741-1063

Email theodora.pinnock@state.tn.us

Email gregory.yopp@state.tn.us

Web

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

Form Level Notes for Form 11

Data source is the State of Tennessee Health Statistics. In 2007 the State may start the PRAMS survey.

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	78,318	139	140	209	173
Denominator	78,318	139	140	209	173
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
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.

Field Level Notes

- Section Number:** Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2005
Field Note:
 Data source is the state of Tennessee New Born Screening data system.
 In 2007 the State may start the PRAMS survey.
- Section Number:** Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2004
Field Note:
 All but 11 of those screened and determined presumptive positives have been confirmed for 2004. Data source is the state of Tennessee New Born Screening data system.
- Section Number:** Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2003
Field Note:
 Data source is the state of Tennessee New Born Screening data system.

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>				
	2001	2002	2003	2004	2005
Annual Performance Objective	<u>90</u>	<u>92</u>	<u>94.5</u>	<u>96</u>	<u>70</u>
Annual Indicator	<u>56.2</u>	<u>58.0</u>	<u>59.3</u>	<u>59.3</u>	<u>59.3</u>
Numerator	<u>3,384</u>	<u>3,506</u>	<u>3,703</u>	<u>3,703</u>	<u>3,703</u>
Denominator	<u>6,022</u>	<u>6,044</u>	<u>6,244</u>	<u>6,244</u>	<u>6,244</u>
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	<u>62</u>	<u>62</u>	<u>62</u>	<u>62</u>	<u>62</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.

Field Level Notes

- Section Number:** Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2005
Field Note:
 The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.
- Section Number:** Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2004
Field Note:
 The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.
- Section Number:** Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2003
Field Note:
 The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

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>				
	2001	2002	2003	2004	2005
Annual Performance Objective	90	92	94.5	96	75
Annual Indicator	55.9	57.0	60.0	60.0	60.0
Numerator	3,366	3,445	3,746	3,746	3,746
Denominator	6,022	6,044	6,244	6,244	6,244
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	63	64	65	65	65
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

- Section Number:** Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2005
Field Note:
 The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.
- Section Number:** Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2004
Field Note:
 The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.
- Section Number:** Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2003
Field Note:
 The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

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)

	Annual Objective and Performance Data				
	2001	2002	2003	2004	2005
Annual Performance Objective	90	92	94.5	96	75
Annual Indicator	57.6	58.0	62.0	62.0	62.0
Numerator	3,469	3,506	3,871	3,871	3,871
Denominator	6,022	6,044	6,244	6,244	6,244
Is the Data Provisional or Final?				Final	Provisional

	Annual Objective and Performance Data				
	2006	2007	2008	2009	2010
Annual Performance Objective	64	64	65	65	65
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

- Section Number:** Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2005
Field Note:
 The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.
- Section Number:** Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2004
Field Note:
 The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.
- Section Number:** Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2003
Field Note:
 The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

PERFORMANCE MEASURE # 05

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

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective	<u>90</u>	<u>92</u>	<u>94.5</u>	<u>96</u>	<u>90</u>
Annual Indicator	<u>76.0</u>	<u>78.0</u>	<u>80.0</u>	<u>80.0</u>	<u>80.0</u>
Numerator	<u>4,577</u>	<u>4,714</u>	<u>4,995</u>	<u>4,995</u>	<u>4,995</u>
Denominator	<u>6,022</u>	<u>6,044</u>	<u>6,244</u>	<u>6,244</u>	<u>6,244</u>
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	<u>82</u>	<u>82</u>	<u>83</u>	<u>83</u>	<u>83</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.

Field Level Notes

- Section Number:** Performance Measure #5
Field Name: PM05
Row Name:
Column Name:
Year: 2005
Field Note:
 The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.
- Section Number:** Performance Measure #5
Field Name: PM05
Row Name:
Column Name:
Year: 2004
Field Note:
 The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.
- Section Number:** Performance Measure #5
Field Name: PM05
Row Name:
Column Name:
Year: 2003
Field Note:
 The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

<u>Annual Objective and Performance Data</u>					
	2001	2002	2003	2004	2005
Annual Performance Objective	90	92	94.5	96	50
Annual Indicator	8.2	25.0	100.0	100.0	100.0
Numerator	494	1,511	1,561	1,561	1,561
Denominator	6,022	6,044	1,561	1,561	1,561
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
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.

Field Level Notes

- Section Number:** Performance Measure #6
Field Name: PM06
Row Name:
Column Name:
Year: 2005
Field Note:
 The data reported in 2005 are pre-populated with the data from 2004 for this performance measure. The increase in the annual indicator was due to wrong methodology previously used in counting the variables. The denominator entered previously were wrongly counted due to errors in count methodology. This has being corrected to show consistency for future years. Changes were made to our annual indicators as well.
- Section Number:** Performance Measure #6
Field Name: PM06
Row Name:
Column Name:
Year: 2004
Field Note:
 The data reported in 2004 are pre-populated with the data from 2003 for this performance measure. The increase in the annual indicator was due to wrong methodology previously used in counting the variables. The denominator entered previously were wrongly counted due to errors in count methodology. This has being corrected to show consistency for future years. Changes were made to our annual indicators as well.
- Section Number:** Performance Measure #6
Field Name: PM06
Row Name:
Column Name:
Year: 2003
Field Note:
 The data reported in 2002 have pre-populated the data for 2003 for this performance measure. The increase in the annual indicator was due to wrong methodology previously used in counting the variables. The denominator entered previously were wrongly counted due to errors in count methodology. This has being corrected to show consistency for future years. Changes were made to our annual indicators as well.

PERFORMANCE MEASURE # 07

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

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective	<u>91</u>	<u>92</u>	<u>90</u>	<u>94</u>	<u>95</u>
Annual Indicator	<u>87.6</u>	<u>85.6</u>	<u>78.4</u>	<u>77.2</u>	<u>79.1</u>
Numerator	<u>66,734</u>	<u>61,258</u>	<u>55,881</u>	<u>60,040</u>	<u>90,761</u>
Denominator	<u>76,180</u>	<u>71,563</u>	<u>71,277</u>	<u>77,773</u>	<u>114,731</u>
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	<u>81</u>	<u>83</u>	<u>85</u>	<u>85</u>	<u>85</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.

Field Level Notes

1. **Section Number:** Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2005

Field Note:

Data is from NIS Data for Tennessee

2. **Section Number:** Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2004

Field Note:

Data is from NIS data for Tennessee

3. **Section Number:** Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2003

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.

PERFORMANCE MEASURE # 08

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

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective	<u>32</u>	<u>30</u>	<u>27</u>	<u>24</u>	<u>23</u>
Annual Indicator	<u>29.2</u>	<u>28.2</u>	<u>27.8</u>	<u>26.3</u>	<u>27.5</u>
Numerator	<u>3,412</u>	<u>3,225</u>	<u>3,203</u>	<u>3,057</u>	<u>3,229</u>
Denominator	<u>116,707</u>	<u>114,412</u>	<u>115,376</u>	<u>116,426</u>	<u>117,523</u>
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	<u>27</u>	<u>26.5</u>	<u>26.5</u>	<u>26</u>	<u>25</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.

Field Level Notes1. **Section Number:** Performance Measure #8**Field Name:** PM08**Row Name:****Column Name:****Year:** 2005**Field Note:**

Data source is the State of Tennessee Health Statistics System.

The increase of 1.2 appears to be a trend that might happen in the U.S. (most states) and consistant with previous years.

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>				
	2001	2002	2003	2004	2005
Annual Performance Objective	17	17	17	17	25
Annual Indicator	14.8	9.3	9.3	22.0	21.9
Numerator	11,864	6,476	6,476	35,059	71,961
Denominator	80,000	69,314	69,314	159,359	329,279
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	23	23	24	24.5	25
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.

Field Level Notes

1. **Section Number:** Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2005

Field Note:

This data is from the 1997 survey of Tennessee children as reported in the Tennessee Dental Association Journal.

2. **Section Number:** Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2004

Field Note:

3. **Section Number:** Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2003

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.

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>				
	2001	2002	2003	2004	2005
Annual Performance Objective	4.5	4.1	3.7	3	3
Annual Indicator	4.9	5.3	4.0	4.2	4.0
Numerator	58	62	48	50	48
Denominator	1,176,633	1,180,216	1,188,005	1,196,148	1,204,737
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
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.

Field Level Notes

- Section Number:** Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2005
Field Note:
 Data source is the State of Tennessee Health Statistics System
- Section Number:** Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2004
Field Note:
 Data source is the State of Tennessee Health Statistics System
- Section Number:** Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2003
Field Note:
 Data source is the State of Tennessee Health Statistics System

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	29.3
Numerator	_____	_____	_____	_____	440
Denominator	_____	_____	_____	_____	1,500
Is the Data Provisional or Final?					Final

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	_____ 32	_____ 34	_____ 36	_____ 40	_____ 50
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.

Field Level Notes

1. **Section Number:** Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2005

Field Note:

Data is from National Immunization Survey. Tennessee 29.1 (+ - 4.2) Percent of 95 % confidence interval. Source: CDC.gov/breastfeeding/data
The numerators and Denominator are based on estimates of the CDC survey.

PERFORMANCE MEASURE RETIRED 11

Percentage of mothers who breastfeed their infants at hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective	60	62	62	63	64
Annual Indicator	59.2	61.4	62.0	62.0	61.7
Numerator	46,364	47,544	48,881	49,345	50,245
Denominator	78,318	77,433	78,841	79,590	81,454
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	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.

Field Level Notes

- Section Number:** Old Performance Measure #11
Field Name: PM11R07
Row Name:
Column Name:
Year: 2005
Field Note:
 Data source is the State of Tennessee Health Statistics System
- Section Number:** Old Performance Measure #11
Field Name: PM11R07
Row Name:
Column Name:
Year: 2004
Field Note:
 Data source is the State of Tennessee Health Statistics System

PERFORMANCE MEASURE # 12

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

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective	85	88	98	98	98
Annual Indicator	84.4	95.0	97.0	97.0	97.0
Numerator	66,100	73,561	76,476	77,202	79,010
Denominator	78,318	77,433	78,841	79,590	81,454
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
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.

Field Level Notes**1. Section Number:** Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2005**Field Note:**Data source is the State vital records and Newborn screening registry.
No law requires hospitals in the state to report on screening.**2. Section Number:** Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2004**Field Note:**

Data source is State Vital record and Newborn screening registry

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective	<u>3</u>	<u>2.8</u>	<u>7</u>	<u>7</u>	<u>7</u>
Annual Indicator	<u>4.0</u>	<u>7.0</u>	<u>7.5</u>	<u>10.8</u>	<u>6.4</u>
Numerator	<u>55,941</u>	<u>103,121</u>	<u>119,428</u>	<u>173,220</u>	<u>97,933</u>
Denominator	<u>1,398,521</u>	<u>1,473,157</u>	<u>1,592,371</u>	<u>1,603,892</u>	<u>1,530,196</u>
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	<u>6</u>	<u>7</u>	<u>7</u>	<u>7</u>	<u>6</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.

Field Level Notes

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

Field Name: PM13

Row Name:

Column Name:

Year: 2005

Field Note:

Estimate was generated from the National survey of children health where 93.6 % of children had health insurance.

It is anticipated that the State of Tennessee might have Coverkids health coverage and this will cover both kids and pregnant women.

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	10.3
Numerator	_____	_____	_____	_____	20,474
Denominator	_____	_____	_____	_____	197,847
Is the Data Provisional or Final?					Provisional

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	_____ 9	_____ 9	_____ 9	_____ 8	_____ 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.

Field Level Notes1. **Section Number:** Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2005**Field Note:**

Data source is state WIC database. Data categories may include children under the age of 2 years to 5 years.

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	16.2
Numerator	_____	_____	_____	_____	13,158
Denominator	_____	_____	_____	_____	81,454
Is the Data Provisional or Final?					Provisional

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	9.7	9	7.5	6	4
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

- 1. **Section Number:** Performance Measure #15
- Field Name:** PM15
- Row Name:**
- Column Name:**
- Year:** 2005
- Field Note:**
Data source is the State of Tennessee Health Statistics System

PERFORMANCE MEASURE # 16

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

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective	8	7.5	7	6.5	6
Annual Indicator	10.0	8.7	6.2	10.3	7.5
Numerator	40	35	25	42	31
Denominator	398,800	401,132	404,366	407,744	411,299
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	6	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.

Field Level Notes

- 1. **Section Number:** Performance Measure #16
- Field Name:** PM16
- Row Name:**
- Column Name:**
- Year:** 2005
- Field Note:**
Data was from State Vital registry

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>				
	2001	2002	2003	2004	2005
Annual Performance Objective	<u>79</u>	<u>79.5</u>	<u>80</u>	<u>80</u>	<u>80</u>
Annual Indicator	<u>74.3</u>	<u>73.0</u>	<u>74.8</u>	<u>72.3</u>	<u>68.0</u>
Numerator	<u>1,001</u>	<u>989</u>	<u>1,004</u>	<u>815</u>	<u>922</u>
Denominator	<u>1,347</u>	<u>1,355</u>	<u>1,343</u>	<u>1,128</u>	<u>1,356</u>
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	<u>80</u>	<u>80</u>	<u>80</u>	<u>80</u>	<u>80</u>
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes**1. Section Number:** Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2005**Field Note:**

Data source is the State of Tennessee Health Statistics System.

In 2007 the State may start the PRAMS survey.

2. Section Number: Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2004**Field Note:**

Data source is the State of Tennessee Health Statistics System.

In 2007 the State may start the PRAMS survey.

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>				
	2001	2002	2003	2004	2005
Annual Performance Objective	87	88	89	90	90
Annual Indicator	80.5	80.4	80.6	80.4	60.4
Numerator	63,016	62,274	63,551	64,000	49,163
Denominator	78,318	77,433	78,841	79,590	81,454
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
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.

Field Level Notes**1. Section Number:** Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2005**Field Note:**

State Vital Records

Data source is the State of Tennessee Health Statistics System

2. Section Number: Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2004**Field Note:**

These data are estimates.

STATE PERFORMANCE MEASURE # 1

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

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective		35		30	
Annual Indicator		32.4	27.6	27.6	27.6
Numerator		3,226	515	515	515
Denominator		9,959	1,865	1,865	1,865
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	28	28	26	26	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.

Field Level Notes

1. **Section Number:** State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2005

Field Note:

The 2005 Youth Risk Behavior Survey (YRBSS) was the sources.

2. **Section Number:** State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2004

Field Note:

2003 Youth Behavioral Risk Surveillance Survey (YRBSS) was used to estimate year 2004

3. **Section Number:** State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2003

Field Note:

The 2003 Youth Risk Behavior Survey was the source.

STATE PERFORMANCE MEASURE # 2

Reduce the percentage of high school students using alcohol.

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective		40		38	
Annual Indicator		41.1	41.1	41.1	41.1
Numerator		797	772	772	772
Denominator		1,940	1,878	1,878	1,878
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	36	36	34	34	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.

Field Level Notes

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

Field Name: SM2

Row Name:

Column Name:

Year: 2005

Field Note:

YRBSS was the data source.

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

Field Name: SM2

Row Name:

Column Name:

Year: 2004

Field Note:

The Youth Behavioral Risk Surveillance Survey (YRBSS) is done every other year. The next set of data will come in 2005.

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

Field Name: SM2

Row Name:

Column Name:

Year: 2003

Field Note:

The Youth Risk Behavior Survey was done in 2003

STATE PERFORMANCE MEASURE # 3

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>				
	2001	2002	2003	2004	2005
Annual Performance Objective	7.8	7.6	7.4	7.2	7
Annual Indicator	6.5	6.0	7.1	10.5	11.4
Numerator	9,571	8,853	10,106	15,143	17,500
Denominator	1,473,157	1,473,157	1,427,042	1,437,424	1,530,196
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	7	7	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.

Field Level Notes

- Section Number:** State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2005

Field Note:

The DCS numbers are based on the date that the investigation is completed and classified. The numbers do not necessarily reflect the year that the abuse and/or neglect took place. Therefore, the dramatic increase in the 2004 numbers is due mainly to the department's concerted effort to eliminate investigation backlogs. The backlog has reduced substantially and is expected to be caught up by the end of 2005. DCS reports that counting by the classification date allows for a more consistent accounting. If they reported by the incident date, then the numbers for all the years would continue to change and would be fluid. This accounting system allows for consistency. Once the case backlogs are caught up, it is expected that the victim count will stabilize and provide a more accurate assessment of trends from year to year.

- Section Number:** State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2004

Field Note:

The DCS numbers are based on the date that the investigation is completed and classified. The numbers do not necessarily reflect the year that the abuse and/or neglect took place. Therefore, the dramatic increase in the 2004 numbers is due mainly to the department's concerted effort to eliminate investigation backlogs. The backlog has reduced substantially and is expected to be caught up by the end of 2005. DCS reports that counting by the classification date allows for a more consistent accounting. If they reported by the incident date, then the numbers for all the years would continue to change and would be fluid. This accounting system allows for consistency. Once the case backlogs are caught up, it is expected that the victim count will stabilize and provide a more accurate assessment of trends from year to year.

STATE PERFORMANCE MEASURE # 4

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

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective	42	45	59	60	80
Annual Indicator	48.7	57.9	56.3	68.1	88.1
Numerator	271,005	455,474	440,539	527,845	663,876
Denominator	555,961	786,407	782,057	775,232	753,474
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	89	90	92	92	95
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

- Section Number:** State Performance Measure #4
Field Name: SM4
Row Name:
Column Name:
Year: 2005
Field Note:
 Data source is the State of Tennessee EPSDT data System
- Section Number:** State Performance Measure #4
Field Name: SM4
Row Name:
Column Name:
Year: 2004
Field Note:
 Data source is the State of Tennessee EPSDT data System
- Section Number:** State Performance Measure #4
Field Name: SM4
Row Name:
Column Name:
Year: 2003
Field Note:
 Data source is the State of Tennessee EPSDT data System

STATE PERFORMANCE MEASURE # 5

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>				
	2001	2002	2003	2004	2005
Annual Performance Objective	5.4	5.3	5.2	5.2	5.2
Annual Indicator	5.4	4.8	6.7	6.6	6.9
Numerator	1,955	1,147	1,589	1,809	1,985
Denominator	36,285	23,799	23,685	27,494	28,890
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
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.

Field Level Notes

- Section Number:** State Performance Measure #5
Field Name: SM5
Row Name:
Column Name:
Year: 2005
Field Note:
 Data source is the State of Tennessee Health Statistics System. The increase in the numerator is due testing. In mid 2003 there was a change in the methodology of testing and it appears the sensitivity of the test is great and able to capture all false negatives.
- Section Number:** State Performance Measure #5
Field Name: SM5
Row Name:
Column Name:
Year: 2004
Field Note:
 Data source is the State of Tennessee Health Statistics System
- Section Number:** State Performance Measure #5
Field Name: SM5
Row Name:
Column Name:
Year: 2003
Field Note:
 Data source is the State of Tennessee Health Statistics System

STATE PERFORMANCE MEASURE # 6

Reduce the number of babies born prematurely.

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	12.7
Numerator	_____	_____	_____	_____	10,241
Denominator	_____	_____	_____	_____	80,583
Is the Data Provisional or Final?					Provisional

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	_____ 12	_____ 11	_____ 10	_____ 10	_____ 10
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.

Field Level Notes

- 1. **Section Number:** State Performance Measure #6
- Field Name:** SM6
- Row Name:**
- Column Name:**
- Year:** 2005
- Field Note:**
State of Tennessee data source. (Health Statistics)

STATE PERFORMANCE MEASURE # 7

Increase percentage of adolescents with complete Early Periodic Screening, Diagnosis and Treatment(EPSDT) annual examinations by 5% each year.

<u>Annual Objective and Performance Data</u>					
	2001	2002	2003	2004	2005
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	10.3
Numerator	_____	_____	_____	_____	62,000
Denominator	_____	_____	_____	_____	600,000
Is the Data Provisional or Final?					Provisional

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	_____ 50	_____ 50	_____ 60	_____ 65	_____ 65
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

- 1. **Section Number:** State Performance Measure #7
- Field Name:** SM7
- Row Name:**
- Column Name:**
- Year:** 2005
- Field Note:**
Data source is the State of Tennessee EPSDT data System

STATE PERFORMANCE MEASURE # 8

Reduce the number of pregnant women who smoke and or use illicit drugs.

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	10.7
Numerator	_____	_____	_____	_____	8,749
Denominator	_____	_____	_____	_____	81,454
Is the Data Provisional or Final?					Provisional

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	10	10	9	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.

Field Level Notes

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

Field Name: SM8

Row Name:

Column Name:

Year: 2005

Field Note:

Data source is Tennessee Health Statistics.

Currently Tennessee does not have PRAMS data collection but efforts is under way to start the PRAMS by year 2007.

STATE PERFORMANCE MEASURE # 9

Reduce the number of overweight and obese children and adolescents.

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	31.9
Numerator	_____	_____	_____	_____	491
Denominator	_____	_____	_____	_____	1,540
Is the Data Provisional or Final?					Final

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	_____ 30	_____ 30	_____ 30	_____ 29	_____ 25
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.

Field Level Notes

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

Field Name: SM9

Row Name:

Column Name:

Year: 2005

Field Note:

2005 Tennessee Risk Behavior Survey indicated that 31.9 % of school students were described as obese out of a total of 1,540 students surveyed.

STATE PERFORMANCE MEASURE # 10

Increase the percentage of youth with special health care needs, age 14 and older, who receive formal plans for transition to adulthood.

<u>Annual Objective and Performance Data</u>					
	2001	2002	2003	2004	2005
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	100.0
Numerator	_____	_____	_____	_____	1,234
Denominator	_____	_____	_____	_____	1,234
Is the Data Provisional or Final?					Final

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
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.

Field Level Notes

- 1. **Section Number:** State Performance Measure #10
- Field Name:** SM10
- Row Name:**
- Column Name:**
- Year:** 2005
- Field Note:**
Data source is the State of Tennessee CSS data system

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

Form Level Notes for Form 12

Data is from state vital data

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective	7.9	7.8	7.7	7.6	7.5
Annual Indicator	8.7	9.4	9.2	8.6	8.7
Numerator	680	727	726	685	712
Denominator	78,318	77,433	78,841	79,590	81,454
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	7.5	7.5	7.5	7.5	7.5
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. **Section Number:** Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2005
Field Note:
 Data source is the State vital records.

2. **Section Number:** Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2004
Field Note:
 Data source is the State vital records.

3. **Section Number:** Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2003
Field Note:
 Data source is the State vital records.

OUTCOME MEASURE # 02

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

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective	2.3	2.2	2.2	2.1	2.1
Annual Indicator	2.4	2.6	2.6	2.5	2.2
Numerator	16.2	18.4	17.9	17.5	17.5
Denominator	6.7	7.1	7	7	8.1
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
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.

Field Level Notes

- Section Number:** Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2005
Field Note:
 Data source is the State vital records.
- Section Number:** Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2004
Field Note:
 Data source is the State vital records.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective	4.7	4.6	4.5	4.4	4.3
Annual Indicator	5.6	5.9	6.0	5.4	5.6
Numerator	436	456	472	430	455
Denominator	78,318	77,433	78,841	79,590	81,454
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	4.3	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.

Field Level Notes

- Section Number:** Outcome Measure 3
Field Name: OM03
Row Name:
Column Name:
Year: 2005
Field Note:
 Data source is the State vital records.
- Section Number:** Outcome Measure 3
Field Name: OM03
Row Name:
Column Name:
Year: 2004
Field Note:
 Data source is the State vital records.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective	<u>3</u>	<u>2.9</u>	<u>2.8</u>	<u>2.7</u>	<u>2.6</u>
Annual Indicator	<u>3.1</u>	<u>3.5</u>	<u>3.2</u>	<u>3.2</u>	<u>3.2</u>
Numerator	<u>244</u>	<u>271</u>	<u>256</u>	<u>255</u>	<u>257</u>
Denominator	<u>78,318</u>	<u>77,433</u>	<u>78,841</u>	<u>79,590</u>	<u>81,454</u>
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	<u>2.6</u>	<u>2.6</u>	<u>2.6</u>	<u>2.6</u>	<u>2.6</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.

Field Level Notes

- Section Number:** Outcome Measure 4
Field Name: OM04
Row Name:
Column Name:
Year: 2005
Field Note:
 Data source is the State vital records.
- Section Number:** Outcome Measure 4
Field Name: OM04
Row Name:
Column Name:
Year: 2004
Field Note:
 Data source is the State vital records.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective	8.7	8.6	8.5	8.4	8.3
Annual Indicator	7.5	7.6	8.1	9.1	10.3
Numerator	594	593	641	726	839
Denominator	78,685	77,766	79,217	79,976	81,847
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	8	8	8	8	8
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes**1. Section Number:** Outcome Measure 5**Field Name:** OM05**Row Name:****Column Name:****Year:** 2005**Field Note:**

Data source is the State vital records. The increase in the numerator is due to the definition and methodology in counting the variables.

2. Section Number: Outcome Measure 5**Field Name:** OM05**Row Name:****Column Name:****Year:** 2004**Field Note:**

Data source is the State vital records. The increase in the numerator is due to the definition and methodology in counting the variables.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective	24	21	18	18	20
Annual Indicator	22.6	24.5	23.9	22.3	22.1
Numerator	249	271	266	249	249
Denominator	1,104,068	1,105,061	1,111,232	1,117,907	1,124,607
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	20	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.

Field Level Notes

- Section Number:** Outcome Measure 6
Field Name: OM06
Row Name:
Column Name:
Year: 2005
Field Note:
 Data source is the State vital records.
- Section Number:** Outcome Measure 6
Field Name: OM06
Row Name:
Column Name:
Year: 2004
Field Note:
 Data source is the State vital records.

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: 2007

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 premature births.
2. Reduce child abuse and neglect.
3. Reduce tobacco use by adolescents.
4. Reduce alcohol use by adolescents.
5. Improve Tennessee's EPSDT screening rates for children.
6. Improve Tennessee's EPSDT screening rates for adolescents.
7. Reduce the STD infection rates including chlamydia infection in adolescents.
8. Reduce the number of overweight and obese children and teens.
9. Reduce the number of pregnant women who smoke.
10. Improve the number of youth with special health care needs who transition successfully to adulthood.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

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

STATE: TN

APPLICATION YEAR: 2007

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.	Other 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>	No Technical Assistance is needed at this time.	No Technical Assistance is needed at this time.	No Technical Assistance is needed at this time.
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

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

FORM NOTES FOR FORM 15

Tennessee is not requesting Technical Assistance at this time.

FIELD LEVEL NOTES

None

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

SP # 1

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 (YBRSS)

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 # 2

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 # 3

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 # 4

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 # 5

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.

SP # 6

PERFORMANCE MEASURE:

Reduce the number of babies born prematurely.

STATUS:

Active

GOAL

To reduce the number of live births born prematurely.

DEFINITION

Addressing certain known modifiable risk factors of preterm births can improve birth outcomes.

Numerator:

Number of live births with gestation less than 37 weeks in the calendar year.

Denominator:

Total number of live births in the calendar year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 16-11. Reduce preterm births to 7.6%. (Baseline: 11.4 in 1997)

DATA SOURCES AND DATA ISSUES

State's Vital Records

SIGNIFICANCE

Prematurity is the leading cause of neonatal mortality in the U.S. Nearly 50% of preterm births have no known causes, but certain modifiable risk factors (medical, behavioral, and environmental) can be addressed.

SP # 7

PERFORMANCE MEASURE:

Increase percentage of adolescents with complete Early Periodic Screening, Diagnosis and Treatment(EPSDT) annual examinations by 5% each year.

STATUS:

Active

GOAL

To increase the percentage of adolescents with complete EPSDT annual examinations each year.

DEFINITION

The number of teens enrolled in TennCare,ages birth to 20, having had an annual examination each year.

Numerator:

The number of teens aged birth to 20 receiving EPSDT annual examinations.

Denominator:

Number of teens ages birth to 20 whom are eligible for EPSDT examinations each year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

TennCare

SIGNIFICANCE

SP # 8

PERFORMANCE MEASURE:

Reduce the number of pregnant women who smoke and or use illicit drugs.

STATUS:

Active

GOAL

Decrease the number of pregnant women who smoke.

DEFINITION

Addressing smoking cessation with pregnant women can improve birth outcomes.

Numerator:

Number of live births where birth certificate data indicates smoking during pregnancy in the calendar year.

Denominator:

Total number of live births in calendar year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

16-17. Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women.

DATA SOURCES AND DATA ISSUES

State birth certificate system

SIGNIFICANCE

A range of effects, including spontaneous abortion, LBW, and preterm delivery, have been associated with prenatal use of licit and illicit drugs, including alcohol, tobacco, cocaine and marijuana. Tobacco is associated with LBW and spontaneous abortion.

SP # 9

PERFORMANCE MEASURE:

Reduce the number of overweight and obese children and adolescents.

STATUS:

Active

GOAL

Reduce the number of overweight and obese children and adolescents.

DEFINITION

Increasing healthy eating and physical activity among children and adolescents can reduce the number of children and adolescents who are overweight or obese.

Numerator:

2003 Tennessee Youth Risk Behavior Survey data.

Denominator:

2003 Tennessee Youth Risk Behavior data.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

19-3. Reduce the proportion of children and adolescents who are overweight or obese.

DATA SOURCES AND DATA ISSUES

2005 Tennessee Risk Behavior Survey (YBRSS)

SIGNIFICANCE

Maintenance of a healthy weight is a major goal in the effort to reduce the burden of illness and its consequent reduction in quality of life and life expectancy. Patterns of healthful eating behavior and physical activity begins in childhood.

SP # 10

PERFORMANCE MEASURE:

Increase the percentage of youth with special health care needs, age 14 and older, who receive formal plans for transition to adulthood.

STATUS:

Active

GOAL

To increase the percentage of youth with special health care needs, age 14-21 years, who receive formal plans necessary to transition to adult health care, post high school education, work and independence.

DEFINITION

Numerator:

Number of youth in the Children's Special Services' program, age 14-21 years, who receive formal transition plans.

Denominator:

Number of youth in Children's Special Services, age 14 -21 years during the reporting period.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Related to Objective 16.23: Increase the proportion of States and jurisdictions that have service systems for children with or at risk for chronic and disabling conditions as required by Public Law 101-239.

DATA SOURCES AND DATA ISSUES

Tennessee Department of Health's client tracking and encounter system, PTBMS, will be used to determine what services are provided to the client.

SIGNIFICANCE

The transition from youth to adulthood has become a priority issue in Tennessee. This mirrors national priorities as evidenced by the President's "New Freedom Initiative: Delivering on the Promise" (March 2002). Most children with special health care needs now live to adulthood, but are less likely than their non-disabled peers to complete high school, attend college or to be employed.

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

Form Level Notes for Form 17

Tennessee does not have a separate SCHIP program.

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				
	2001	2002	2003	2004	2005
Annual Indicator	<u>39.9</u>	<u>46.7</u>	<u>39.0</u>	<u>58.6</u>	<u>35.0</u>
Numerator	<u>1,511</u>	<u>1,786</u>	<u>1,508</u>	<u>2,288</u>	<u>1,368</u>
Denominator	<u>378,252</u>	<u>382,389</u>	<u>386,315</u>	<u>390,312</u>	<u>390,312</u>
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

1. **Section Number:** Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2005
Field Note:
 Data source is State of Tennessee Health Statistics. (Hospital Discharge Data)

2. **Section Number:** Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2004
Field Note:
 Data source is State of Tennessee Health Statistics. (Hospital Discharge Data)

3. **Section Number:** Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2003
Field Note:
 Data source is State of Tennessee Health Statistics. (Hospital Discharge Data)

HEALTH SYSTEMS CAPACITY MEASURE # 02

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

	<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005
Annual Indicator	<u>55.0</u>	<u>63.0</u>	<u>62.0</u>	<u>77.5</u>	<u>66.8</u>
Numerator	<u>21,459</u>	<u>28,877</u>	<u>28,443</u>	<u>38,116</u>	<u>52,414</u>
Denominator	<u>39,017</u>	<u>45,837</u>	<u>45,876</u>	<u>49,159</u>	<u>78,503</u>
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes**1. Section Number:** Health Systems Capacity Indicator #02**Field Name:** HSC02**Row Name:****Column Name:****Year:** 2005**Field Note:**

Actual medicaid data was not obtainable.

Data source is State's EPSDT database.

2. Section Number: Health Systems Capacity Indicator #02**Field Name:** HSC02**Row Name:****Column Name:****Year:** 2004**Field Note:**

Actual medicaid data was not obtainable.

Data source is State's EPSDT database.

3. Section Number: Health Systems Capacity Indicator #02**Field Name:** HSC02**Row Name:****Column Name:****Year:** 2003**Field Note:**

The data for 2000 were not obtainable.

HEALTH SYSTEMS CAPACITY MEASURE # 03

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

	<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005
Annual Indicator	NaN	NaN	0	0.0	0.0
Numerator	0	0		0	0
Denominator	0	0		1	1
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

- 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 and N/A the data reported.
All children are enrolled as medicaid eligible, uninsured or uninsurable under the TennCare program.

- Section Number:** Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2004

Field Note:

Tennessee does not have a separate SCHIP program. All children are enrolled as Medicaid-eligible, uninsured or uninsurable under the TennCare program

- Section Number:** Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2003

Field Note:

Tennessee does not have a separate SCHIP program. All children are enrolled as Medicaid-eligible, uninsured or uninsurable under the TennCare program

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				
	2001	2002	2003	2004	2005
Annual Indicator	<u>78.6</u>	<u>78.3</u>	<u>78.5</u>	<u>78.5</u>	<u>74.1</u>
Numerator	<u>61,135</u>	<u>60,302</u>	<u>61,564</u>	<u>61,783</u>	<u>60,360</u>
Denominator	<u>77,787</u>	<u>76,965</u>	<u>78,433</u>	<u>78,696</u>	<u>81,454</u>
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes**1. Section Number:** Health Systems Capacity Indicator #04**Field Name:** HSC04**Row Name:****Column Name:****Year:** 2005**Field Note:**

State of Tennessee vital records.

2. Section Number: Health Systems Capacity Indicator #04**Field Name:** HSC04**Row Name:****Column Name:****Year:** 2004**Field Note:**

State of Tennessee vital records.

3. Section Number: Health Systems Capacity Indicator #04**Field Name:** HSC04**Row Name:****Column Name:****Year:** 2003**Field Note:**

State vital records

HEALTH SYSTEMS CAPACITY MEASURE # 07A

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

	Annual Indicator Data				
	2001	2002	2003	2004	2005
Annual Indicator	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Numerator	<u>555,961</u>	<u>786,407</u>	<u>782,057</u>	<u>775,232</u>	<u>1,704,225</u>
Denominator	<u>555,961</u>	<u>786,407</u>	<u>782,057</u>	<u>775,232</u>	<u>1,704,225</u>
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

- Section Number:** Health Systems Capacity Indicator #07A
Field Name: HSC07A
Row Name:
Column Name:
Year: 2005
Field Note:
 Data source is State medicaid data based on eligiblity.
- Section Number:** Health Systems Capacity Indicator #07A
Field Name: HSC07A
Row Name:
Column Name:
Year: 2004
Field Note:
 Data source is State medicaid datebased on eligiblity.
- Section Number:** Health Systems Capacity Indicator #07A
Field Name: HSC07A
Row Name:
Column Name:
Year: 2003
Field Note:
 Data source is State medicaid datebased on eligiblity.

HEALTH SYSTEMS CAPACITY MEASURE # 07B

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

	Annual Indicator Data				
	2001	2002	2003	2004	2005
Annual Indicator	<u>35.2</u>	<u>35.3</u>	<u>43.7</u>	<u>51.4</u>	<u>60.4</u>
Numerator	<u>39,217</u>	<u>54,648</u>	<u>63,239</u>	<u>72,563</u>	<u>86,569</u>
Denominator	<u>111,276</u>	<u>154,863</u>	<u>144,621</u>	<u>141,136</u>	<u>143,367</u>
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

- Section Number:** Health Systems Capacity Indicator #07B
Field Name: HSC07B
Row Name:
Column Name:
Year: 2005
Field Note:
 State EPSDT database.
- Section Number:** Health Systems Capacity Indicator #07B
Field Name: HSC07B
Row Name:
Column Name:
Year: 2004
Field Note:
 State EPSDT database.
- Section Number:** Health Systems Capacity Indicator #07B
Field Name: HSC07B
Row Name:
Column Name:
Year: 2003
Field Note:
 State EPSDT database.

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				
	2001	2002	2003	2004	2005
Annual Indicator	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Numerator	<u>21,233</u>	<u>21,233</u>	<u>18,909</u>	<u>19,097</u>	<u>19,781</u>
Denominator	<u>21,233</u>	<u>21,233</u>	<u>18,909</u>	<u>19,097</u>	<u>19,781</u>
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

- 1. Section Number:** Health Systems Capacity Indicator #08
Field Name: HSC08
Row Name:
Column Name:
Year: 2005
Field Note:
 Data source is the State CSHCN, medicaid and SSI program
- 2. Section Number:** Health Systems Capacity Indicator #08
Field Name: HSC08
Row Name:
Column Name:
Year: 2004
Field Note:
 Data source is the State CSHCN, medicaid and SSI program
- 3. Section Number:** Health Systems Capacity Indicator #08
Field Name: HSC08
Row Name:
Column Name:
Year: 2003
Field Note:
 Data source is the State CSHCN, medicaid and SSI 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>	2005	Matching data files	<u>11.3</u>	<u>0</u>	<u>9.2</u>
b) <i>Infant deaths per 1,000 live births</i>	2005	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>	2005	Matching data files	<u>76</u>	<u>0</u>	<u>85</u>
d) <i>Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2005	Matching data files	<u>0</u>	<u>0</u>	<u>74.1</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>	2005	<u>185</u>
b) <i>Medicaid Children</i> (Age range <u> </u> 1 to <u> </u> 5) (Age range <u> </u> 6 to <u> </u> 19) (Age range <u> </u> to <u> </u>)	2005	<u>133</u> <u>100</u> <u> </u>
c) <i>Pregnant Women</i>	2005	<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>	2005	<u>185</u>
b) <i>Medicaid Children</i> (Age range <u> </u> 1 to <u> </u> 5) (Age range <u> </u> 6 to <u> </u> 19) (Age range <u> </u> to <u> </u>)	2005	<u>133</u> <u>100</u> <u> </u>
c) <i>Pregnant Women</i>	2005	<u>185</u>

FORM NOTES FOR FORM 18

Different data source. Data on non medicaid population is not available.
State Vital Records: Linked Birth certificate and medicaid files.
Data is based on estimates.
Data on non-medicaid population are not available.

FIELD LEVEL NOTES

1. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Infant
Row Name: Infants
Column Name:
Year: 2007
Field Note:
State Vital Records: Linked Birth certificate and medicaid files.
Data is based on estimates.
Data on non-medicaid population are not available.
2. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Children
Row Name: SCHIP Children
Column Name:
Year: 2007
Field Note:
State Vital Records: Linked Birth certificate and medicaid files.
Data is based on estimates.
Data on non-medicaid population are not available.
3. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Women
Row Name: Pregnant Women
Column Name:
Year: 2007
Field Note:
State Vital Records: Linked Birth certificate and medicaid files.
Data is based on estimates.
Data on non-medicaid population are not available.
4. **Section Number:** Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of ow birth weight (<2,500 grams)
Column Name:
Year: 2007
Field Note:
State Vital Records: Linked Birth certificate and medicaid files.
Data is based on estimates.
Data on non-medicaid population are not available.
5. **Section Number:** Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2007
Field Note:
State Vital Records: Linked Birth/Death certificate and medicaid files.
Data is based on estimates.

Data on the non-medicaid population are not available. Medicaid infant mortality rate is under work by staff.
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: 2007
Field Note:
Different data source and Data on non medicaid population are not available.State Vital Records: Linked Birth certificate and medicaid files.
Data may be based on estimates.
7. **Section Number:** Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2007
Field Note:
The Kotelchuck index is not calculated on the medicaid data. Data on the non medicaid population are not available. State Vital Records: Linked Birth certificate and medicaid files.
Data is based on estimates.

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	3	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: Pediatric Nutrition Surveillance System (PedNSS)	3	No
WIC program Data	3	No

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

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

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

1. **Section Number:** Indicator 09A
Field Name: RecentMother
Row Name: Survey of recent mothers at least every two years (like PRAMS)
Column Name:
Year: 2007
Field Note:
State may conduct the PRAMS survey in 2007

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

Form Level Notes for Form 11

These data which are from the hospital discharge dataset for 2005. These are estimates and provisional data.

HEALTH STATUS INDICATOR MEASURE # 01A

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

	Annual Indicator Data				
	2001	2002	2003	2004	2005
Annual Indicator	<u>9.2</u>	<u>9.2</u>	<u>9.4</u>	<u>9.0</u>	<u>9.4</u>
Numerator	<u>7,235</u>	<u>7,124</u>	<u>7,409</u>	<u>7,189</u>	<u>7,652</u>
Denominator	<u>78,318</u>	<u>77,433</u>	<u>78,841</u>	<u>79,590</u>	<u>81,454</u>
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

1. **Section Number:** Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2005
Field Note:
 Data source is State of Tennessee Vital Records

2. **Section Number:** Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2004
Field Note:
 Data source is State of Tennessee Vital Records.

3. **Section Number:** Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2003
Field Note:
 Data source is State Vital Records.

HEALTH STATUS INDICATOR MEASURE # 01B

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

	<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005
Annual Indicator	<u>7.5</u>	<u>7.5</u>	<u>7.6</u>	<u>7.3</u>	<u>7.6</u>
Numerator	<u>5,679</u>	<u>5,641</u>	<u>5,811</u>	<u>5,602</u>	<u>5,968</u>
Denominator	<u>75,891</u>	<u>75,103</u>	<u>76,347</u>	<u>76,335</u>	<u>78,656</u>
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

- Section Number:** Health Status Indicator #01B
Field Name: HSI01B
Row Name:
Column Name:
Year: 2005
Field Note:
 Data source is State of Tennessee Vital Records.
- Section Number:** Health Status Indicator #01B
Field Name: HSI01B
Row Name:
Column Name:
Year: 2004
Field Note:
 Data source is State of Tennessee Vital Records.
- Section Number:** Health Status Indicator #01B
Field Name: HSI01B
Row Name:
Column Name:
Year: 2003
Field Note:
 Data source is State Vital Records.

HEALTH STATUS INDICATOR MEASURE # 02A

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

	<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005
Annual Indicator	<u>1.7</u>	<u>1.7</u>	<u>1.7</u>	<u>1.7</u>	<u>1.7</u>
Numerator	<u>1,347</u>	<u>1,355</u>	<u>1,343</u>	<u>1,343</u>	<u>1,354</u>
Denominator	<u>78,318</u>	<u>77,433</u>	<u>78,841</u>	<u>79,590</u>	<u>81,454</u>
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes1. **Section Number:** Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2005**Field Note:**

Data source is State of Tennessee Vital Records.

2. **Section Number:** Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2004**Field Note:**

Data source is State of Tennessee Vital Records.

3. **Section Number:** Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2003**Field Note:**

Data source is State Vital Records.

HEALTH STATUS INDICATOR MEASURE # 02B

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

	<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005
Annual Indicator	<u>1.3</u>	<u>1.4</u>	<u>1.3</u>	<u>1.1</u>	<u>1.3</u>
Numerator	<u>1,022</u>	<u>1,020</u>	<u>1,008</u>	<u>827</u>	<u>1,029</u>
Denominator	<u>75,891</u>	<u>75,103</u>	<u>76,347</u>	<u>76,335</u>	<u>78,656</u>
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes1. **Section Number:** Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2005**Field Note:**

Data source is State of Tennessee Vital Records.

2. **Section Number:** Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2004**Field Note:**

Data source is State Vital Records.

3. **Section Number:** Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2003**Field Note:**

Data source is State Vital Records.

HEALTH STATUS INDICATOR MEASURE # 03A

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

	<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005
Annual Indicator	<u>12.6</u>	<u>12.2</u>	<u>12.0</u>	<u>12.4</u>	<u>12.6</u>
Numerator	<u>148</u>	<u>144</u>	<u>143</u>	<u>148</u>	<u>150</u>
Denominator	<u>1,176,633</u>	<u>1,180,216</u>	<u>1,188,005</u>	<u>1,196,148</u>	<u>1,188,005</u>
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes1. **Section Number:** Health Status Indicator #03A**Field Name:** HSI03A**Row Name:****Column Name:****Year:** 2005**Field Note:**

Data source is State Vital Records and Fatality Analysis Reporting System.

2. **Section Number:** Health Status Indicator #03A**Field Name:** HSI03A**Row Name:****Column Name:****Year:** 2004**Field Note:**

Data source is State Vital Records and Fatality Analysis Reporting System.

3. **Section Number:** Health Status Indicator #03A**Field Name:** HSI03A**Row Name:****Column Name:****Year:** 2003**Field Note:**

Data source is State Vital Records and Fatality Analysis Reporting System.

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				
	2001	2002	2003	2004	2005
Annual Indicator	<u>4.9</u>	<u>5.3</u>	<u>4.5</u>	<u>4.8</u>	<u>5.0</u>
Numerator	<u>58</u>	<u>62</u>	<u>53</u>	<u>57</u>	<u>59</u>
Denominator	<u>1,176,633</u>	<u>1,180,216</u>	<u>1,188,005</u>	<u>1,196,148</u>	<u>1,188,005</u>

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Health Status Indicator #03B**Field Name:** HSI03B**Row Name:****Column Name:****Year:** 2005**Field Note:**

Data source is State Vital Records and Fatality Analysis Reporting System.

2. Section Number: Health Status Indicator #03B**Field Name:** HSI03B**Row Name:****Column Name:****Year:** 2004**Field Note:**

Data source is State Vital Records and Fatality Analysis Reporting System.

3. Section Number: Health Status Indicator #03B**Field Name:** HSI03B**Row Name:****Column Name:****Year:** 2003**Field Note:**

Data source is State Vital Records and Fatality Analysis Reporting System.

HEALTH STATUS INDICATOR MEASURE # 03C

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

	<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005
Annual Indicator	<u>42.0</u>	<u>40.3</u>	<u>35.8</u>	<u>41.1</u>	<u>45.6</u>
Numerator	<u>331</u>	<u>320</u>	<u>287</u>	<u>332</u>	<u>372</u>
Denominator	<u>788,264</u>	<u>794,061</u>	<u>800,933</u>	<u>808,140</u>	<u>815,796</u>
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes**1. Section Number:** Health Status Indicator #03C**Field Name:** HSI03C**Row Name:****Column Name:****Year:** 2005**Field Note:**

Data source is State Vital Records and Fatality Analysis Reporting System.

2. Section Number: Health Status Indicator #03C**Field Name:** HSI03C**Row Name:****Column Name:****Year:** 2004**Field Note:**

Data source is State Vital Records and Fatality Analysis Reporting System.

3. Section Number: Health Status Indicator #03C**Field Name:** HSI03C**Row Name:****Column Name:****Year:** 2003**Field Note:**

Data source is State Vital Records and Fatality Analysis Reporting System.

HEALTH STATUS INDICATOR MEASURE # 04A

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

	Annual Indicator Data				
	2001	2002	2003	2004	2005
Annual Indicator	<u>12,866.5</u>	<u>13,203.9</u>	<u>13,248.6</u>	<u>13,209.1</u>	<u>13,350.1</u>
Numerator	<u>151,391</u>	<u>155,834</u>	<u>157,394</u>	<u>158,000</u>	<u>158,600</u>
Denominator	<u>1,176,633</u>	<u>1,180,216</u>	<u>1,188,005</u>	<u>1,196,148</u>	<u>1,188,005</u>
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

- Section Number:** Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2005

Field Note:

These data, which are from the hospital discharge dataset, are not yet available for 2005. These 2005 data are estimated.

- Section Number:** Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2004

Field Note:

These data, which are from the hospital discharge dataset, are not yet available for 2004. These are estimates.

- Section Number:** Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2003

Field Note:

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>				
	2001	2002	2003	2004	2005
Annual Indicator	<u>896.6</u>	<u>909.3</u>	<u>916.9</u>	<u>733.4</u>	<u>723.2</u>
Numerator	<u>10,550</u>	<u>10,732</u>	<u>10,893</u>	<u>8,772</u>	<u>8,650</u>
Denominator	<u>1,176,633</u>	<u>1,180,216</u>	<u>1,188,005</u>	<u>1,196,148</u>	<u>1,196,148</u>
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

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

Field Name: HSI04B

Row Name:

Column Name:

Year: 2005

Field Note:

These data, which are from the hospital discharge dataset, are not yet available for 2005. These are estimates.

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

Field Name: HSI04B

Row Name:

Column Name:

Year: 2004

Field Note:

Hospital discharge data for 2004 are not available; these are estimates.

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>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>
Annual Indicator	<u>3,699.8</u>	<u>3,798.6</u>	<u>3,590.9</u>	<u>4,033.0</u>	<u>4,033.1</u>
Numerator	<u>29,164</u>	<u>30,163</u>	<u>28,761</u>	<u>32,592</u>	<u>32,625</u>
Denominator	<u>788,264</u>	<u>794,061</u>	<u>800,933</u>	<u>808,140</u>	<u>808,940</u>

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Health Status Indicator #04C**Field Name:** HSI04C**Row Name:****Column Name:****Year:** 2005**Field Note:**

These data, which are from the hospital discharge dataset, are not yet available for 2005.

2. Section Number: Health Status Indicator #04C**Field Name:** HSI04C**Row Name:****Column Name:****Year:** 2004**Field Note:**

Data source is Hospital discharge data for 2004.

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>				
	2001	2002	2003	2004	2005
Annual Indicator	<u>27.4</u>	<u>26.9</u>	<u>31.8</u>	<u>33.2</u>	<u>33.2</u>
Numerator	<u>5,334</u>	<u>5,332</u>	<u>6,259</u>	<u>6,594</u>	<u>6,648</u>
Denominator	<u>194,369</u>	<u>197,974</u>	<u>196,796</u>	<u>198,363</u>	<u>200,015</u>
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes**1. Section Number:** Health Status Indicator #05A**Field Name:** HSI05A**Row Name:****Column Name:****Year:** 2005**Field Note:**

Data source is the state STD program surveillance which is the Communicable Disease Surveillance system.

2. Section Number: Health Status Indicator #05A**Field Name:** HSI05A**Row Name:****Column Name:****Year:** 2004**Field Note:**

Data source is the state STD program surveillance which is the Communicable Disease Surveillance system.

3. Section Number: Health Status Indicator #05A**Field Name:** HSI05A**Row Name:****Column Name:****Year:** 2003**Field Note:**

Data source is the state STD program surveillance which is the Communicable Disease Surveillance system.

HEALTH STATUS INDICATOR MEASURE # 05B

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

	Annual Indicator Data				
	2001	2002	2003	2004	2005
Annual Indicator	<u>5.9</u>	<u>6.4</u>	<u>8.0</u>	<u>8.6</u>	<u>8.7</u>
Numerator	<u>6,345</u>	<u>6,721</u>	<u>8,421</u>	<u>9,035</u>	<u>9,092</u>
Denominator	<u>1,067,315</u>	<u>1,054,929</u>	<u>1,049,746</u>	<u>1,047,782</u>	<u>1,046,385</u>
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes1. **Section Number:** Health Status Indicator #05B**Field Name:** HSI05B**Row Name:****Column Name:****Year:** 2005**Field Note:**

Data source is the state STD program surveillance which is the Communicable Disease Surveillance system.

2. **Section Number:** Health Status Indicator #05B**Field Name:** HSI05B**Row Name:****Column Name:****Year:** 2004**Field Note:**

Data source is the state STD program surveillance which is the Communicable Disease Surveillance system.

3. **Section Number:** Health Status Indicator #05B**Field Name:** HSI05B**Row Name:****Column Name:****Year:** 2003**Field Note:**

Data source is the state STD program surveillance which is the Communicable Disease Surveillance system.

**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: 2005 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

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	80,130	60,679	17,747	0	0	0	0	1,704
Children 1 through 4	314,305	239,487	68,138	0	0	0	0	6,680
Children 5 through 9	395,044	301,932	85,255	0	0	0	0	7,857
Children 10 through 14	415,258	315,958	92,515	0	0	0	0	6,785
Children 15 through 19	411,299	317,161	87,392	0	0	0	0	6,746
Children 20 through 24	404,497	316,249	79,223	0	0	0	0	9,025
Children 0 through 24	2,020,533	1,551,466	430,270	0	0	0	0	38,797

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	76,641	3,489	1
Children 1 through 4	299,051	15,254	0
Children 5 through 9	376,957	18,087	0
Children 10 through 14	402,916	12,342	1
Children 15 through 19	397,928	13,371	0
Children 20 through 24	385,670	18,827	4
Children 0 through 24	1,939,163	81,370	6

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: 2005 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

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	182	81	98	1	0	0	0	2
Women 15 through 17	3,256	2,009	1,195	8	15	2	0	27
Women 18 through 19	7,494	5,270	2,121	17	23	10	0	53
Women 20 through 34	62,307	48,630	11,807	114	1,061	59	0	636
Women 35 or older	8,086	6,490	1,241	16	257	7	0	75
Women of all ages	81,325	62,480	16,462	156	1,356	78	0	793

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	162	20	0
Women 15 through 17	2,914	326	16
Women 18 through 19	6,833	646	15
Women 20 through 34	56,705	5,489	113
Women 35 or older	7,568	512	18
Women of all ages	74,182	6,993	162

**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: 2005 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

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	714	447	252	0	0	0	0	15
Children 1 through 4	105	78	26	0	0	0	0	1
Children 5 through 9	57	35	19	0	0	0	0	3
Children 10 through 14	87	61	25	0	0	0	0	1
Children 15 through 19	312	239	72	0	0	0	0	1
Children 20 through 24	532	371	155	0	0	0	0	6
Children 0 through 24	1,807	1,231	549	0	0	0	0	27

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	666	47	1
Children 1 through 4	96	9	0
Children 5 through 9	55	2	0
Children 10 through 14	84	2	1
Children 15 through 19	299	13	0
Children 20 through 24	505	25	2
Children 0 through 24	1,705	98	4

**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)*

Is this data final or provisional? Provisional

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	1,616,036	1,235,217.0	351,047.0	89.0	357.0	0	264.0	29,062.0	2005
Percent in household headed by single parent	33.0	0	0	0	0	0	0	33.0	2005
Percent in TANF (Grant) families	8.7	35.9	63.4	0.1	0.5	0	0.1	0	2005
Number enrolled in Medicaid	743,387	491,379.0	203,688.0	1,487.0	5,209.0	200.0	11.0	41,413.0	2005
Number enrolled in SCHIP	0	0	0	0	0	0	0	0	2005
Number living in foster home care	11,054	8,386.0	2,363.0	25.0	16.0	9.0	248.0	7.0	2005
Number enrolled in food stamp program	379,185	218,396.0	157,242.0	688.0	2,537.0	132.0	100.0	90.0	2005
Number enrolled in WIC	200,662	117,106.0	63,670.0	282.0	963.0	22.0	193.0	18,426.0	2005
Rate (per 100,000) of juvenile crime arrests	2,408.0	1,604.0	449.0	96.0	64.0	79.0	106.0	10.0	2005
Percentage of high school drop-outs (grade 9 through 12)	100.0	41.9	54.8	0.1	0.5	0.1	0	2.6	2005

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	1,235,217.0	53,801.0	488.0	2005
Percent in household headed by single parent	0	0	33.0	2005
Percent in TANF (Grant) families	98.1	1.9	0	2005
Number enrolled in Medicaid	701,758.0	14,124.0	27,505.0	2005
Number enrolled in SCHIP	0	0	0	2005
Number living in foster home care	10,799.0	421.0	234.0	2005
Number enrolled in food stamp program	366,159.0	13,026.0	0	2005
Number enrolled in WIC	181,761.0	18,426.0	0	2005
Rate (per 100,000) of juvenile crime arrests	2,331.0	67.0	10.0	2005
Percentage of high school drop-outs (grade 9 through 12)	97.4	2.6	0	2005

**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: 2005 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	0
Living in urban areas	1,025,415
Living in rural areas	590,621
Living in frontier areas	0
Total - all children 0 through 19	1,616,036

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: 2005 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	5,900,962.0
Percent Below: 50% of poverty	6.1
100% of poverty	14.5
200% of poverty	34.2

**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: 2005 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	1,235,217.0
Percent Below: 50% of poverty	8.0
100% of poverty	17.6
200% of poverty	41.0

FORM NOTES FOR FORM 21

State Data source with projected estimates. U.S. Census Bureau data sources.

FIELD LEVEL NOTES

1. **Section Number:** Indicator 06A
Field Name: S06_Race_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2007
Field Note:
Data source is State of Tennessee Health Statistics System
2. **Section Number:** Indicator 06A
Field Name: S06_Race_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2007
Field Note:
Data source is State of Tennessee Health Statistics System
3. **Section Number:** Indicator 06A
Field Name: S06_Race_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2007
Field Note:
Data source is State of Tennessee Health Statistics System
4. **Section Number:** Indicator 06A
Field Name: S06_Race_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2007
Field Note:
Data source is State of Tennessee Health Statistics System
5. **Section Number:** Indicator 06A
Field Name: S06_Race_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2007
Field Note:
Data source is State of Tennessee Health Statistics System
6. **Section Number:** Indicator 06A
Field Name: S06_Race_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2007
Field Note:
Data source is State of Tennessee Health Statistics System
7. **Section Number:** Indicator 06B
Field Name: S06_Ethnicity_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2007
Field Note:
Data source is State of Tennessee Health Statistics System
8. **Section Number:** Indicator 06B
Field Name: S06_Ethnicity_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2007
Field Note:
Data source is State of Tennessee Health Statistics System
9. **Section Number:** Indicator 06B
Field Name: S06_Ethnicity_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2007
Field Note:
Data source is State of Tennessee Health Statistics System
10. **Section Number:** Indicator 06B
Field Name: S06_Ethnicity_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2007
Field Note:
Data source is State of Tennessee Health Statistics System
11. **Section Number:** Indicator 06B
Field Name: S06_Ethnicity_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2007
Field Note:
Data source is State of Tennessee Health Statistics System
12. **Section Number:** Indicator 06B
Field Name: S06_Ethnicity_Children20to24
Row Name: children 20 through 24

- Column Name:**
Year: 2007
Field Note:
Data source is State of Tennessee Health Statistics System
13. **Section Number:** Indicator 07A
Field Name: Race_Women15
Row Name: Women < 15
Column Name:
Year: 2007
Field Note:
Data source is State of Tennessee Health Statistics System
14. **Section Number:** Indicator 07A
Field Name: Race_Women15to17
Row Name: Women 15 through 17
Column Name:
Year: 2007
Field Note:
Data source is State of Tennessee Health Statistics System
15. **Section Number:** Indicator 07A
Field Name: Race_Women18to19
Row Name: Women 18 through 19
Column Name:
Year: 2007
Field Note:
Data source is State of Tennessee Health Statistics System
16. **Section Number:** Indicator 07A
Field Name: Race_Women20to34
Row Name: Women 20 through 34
Column Name:
Year: 2007
Field Note:
Data source is State of Tennessee Health Statistics System
17. **Section Number:** Indicator 07A
Field Name: Race_Women35
Row Name: Women 35 or older
Column Name:
Year: 2007
Field Note:
Data source is State of Tennessee Health Statistics System
18. **Section Number:** Indicator 07B
Field Name: Ethnicity_Women15
Row Name: Women < 15
Column Name:
Year: 2007
Field Note:
Data source is State of Tennessee Health Statistics System
19. **Section Number:** Indicator 07B
Field Name: Ethnicity_Women15to17
Row Name: Women 15 through 17
Column Name:
Year: 2007
Field Note:
Data source is State of Tennessee Health Statistics System
20. **Section Number:** Indicator 07B
Field Name: Ethnicity_Women18to19
Row Name: Women 18 through 19
Column Name:
Year: 2007
Field Note:
Data source is State of Tennessee Health Statistics System
21. **Section Number:** Indicator 07B
Field Name: Ethnicity_Women20to34
Row Name: Women 20 through 34
Column Name:
Year: 2007
Field Note:
Data source is State of Tennessee Health Statistics System
22. **Section Number:** Indicator 07B
Field Name: Ethnicity_Women35
Row Name: Women 35 or older
Column Name:
Year: 2007
Field Note:
Data source is State of Tennessee Health Statistics System
23. **Section Number:** Indicator 08A
Field Name: S08_Race_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2007
Field Note:
Data source is State of Tennessee Health Statistics System
24. **Section Number:** Indicator 08A
Field Name: S08_Race_Children1to4
Row Name: children 1 through 4

- Column Name:**
Year: 2007
Field Note:
 Data source is State of Tennessee Health Statistics System
25. **Section Number:** Indicator 08A
Field Name: S08_Race_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2007
Field Note:
 Data source is State of Tennessee Health Statistics System
26. **Section Number:** Indicator 08A
Field Name: S08_Race_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2007
Field Note:
 Data source is State of Tennessee Health Statistics System
27. **Section Number:** Indicator 08A
Field Name: S08_Race_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2007
Field Note:
 Data source is State of Tennessee Health Statistics System
28. **Section Number:** Indicator 08A
Field Name: S08_Race_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2007
Field Note:
 Data source is State of Tennessee Health Statistics System
29. **Section Number:** Indicator 08B
Field Name: S08_Ethnicity_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2007
Field Note:
 Data source is State of Tennessee Health Statistics System
30. **Section Number:** Indicator 08B
Field Name: S08_Ethnicity_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2007
Field Note:
 Data source is State of Tennessee Health Statistics System
31. **Section Number:** Indicator 08B
Field Name: S08_Ethnicity_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2007
Field Note:
 Data source is State of Tennessee Health Statistics System
32. **Section Number:** Indicator 08B
Field Name: S08_Ethnicity_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2007
Field Note:
 Data source is State of Tennessee Health Statistics System
33. **Section Number:** Indicator 08B
Field Name: S08_Ethnicity_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2007
Field Note:
 Data source is State of Tennessee Health Statistics System
34. **Section Number:** Indicator 08B
Field Name: S08_Ethnicity_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2007
Field Note:
 Data source is State of Tennessee Health Statistics System
35. **Section Number:** Indicator 09A
Field Name: HSIRace_Children
Row Name: All children 0 through 19
Column Name:
Year: 2007
Field Note:
 Data source is State of Tennessee Health Statistics System
36. **Section Number:** Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent

Column Name:

Year: 2007

Field Note:

These data are from the 2005 Kids Count data book and does not provide data by race or ethnicity.

37. **Section Number:** Indicator 09A
Field Name: HSIRace_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2007
Field Note:
Data source is State of Tennessee Health Statistics/Medicaid System
38. **Section Number:** Indicator 09A
Field Name: HSIRace_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2007
Field Note:
Tennessee does not have a separate SCHIP program. Tennessee state data based on medicaid enrollees.
39. **Section Number:** Indicator 09A
Field Name: HSIRace_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2007
Field Note:
Data source is State of Tennessee Health Statistics System
40. **Section Number:** Indicator 09A
Field Name: HSIRace_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2007
Field Note:
Data source is State of Tennessee Health Statistics System
41. **Section Number:** Indicator 09A
Field Name: HSIRace_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2007
Field Note:
214.4 per 100,000 juvenile crime arrests. These data are from Dept. of Justice and are for 2003. These are the latest which could be located.
42. **Section Number:** Indicator 09A
Field Name: HSIRace_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2007
Field Note:
These data are from the Tennessee statewide report card. These data are from the 2005 Kids Count data book.
43. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_Children
Row Name: All children 0 through 19
Column Name:
Year: 2007
Field Note:
Data source is State of Tennessee Health Statistics System
44. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2007
Field Note:
These data are from 2005 Kids count data. The source does not provide data by ethnicity.
45. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2007
Field Note:
Data source is State of Tennessee Health Statistics/Medicaid System
46. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2007
Field Note:
Tennessee does not have SCHIP. These estimates are based on the medicaid data.
47. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2007
Field Note:
Data source is State of Tennessee Health Statistics System
48. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests

Column Name:

Year: 2007

Field Note:

These data are from Dept. of Justice and are for 2003. These are the latest which could be located.

49. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2007
Field Note:
These data are from the 2005 Kids Count data book.
50. **Section Number:** Indicator 10
Field Name: Metropolitan
Row Name: Living in metropolitan areas
Column Name:
Year: 2007
Field Note:
Tennessee classifies geographic area in two categories namely rural and urban areas.
51. **Section Number:** Indicator 10
Field Name: Urban
Row Name: Living in urban areas
Column Name:
Year: 2007
Field Note:
These data are from State of Tennessee Health Statistics system.
52. **Section Number:** Indicator 10
Field Name: Rural
Row Name: Living in rural areas
Column Name:
Year: 2007
Field Note:
These data are from State of Tennessee Health Statistics system.
53. **Section Number:** Indicator 10
Field Name: Frontier
Row Name: Living in frontier areas
Column Name:
Year: 2007
Field Note:
Tennessee classifies geographic living areas by two categories namely urban and rural areas.
54. **Section Number:** Indicator 11
Field Name: S11_total
Row Name: Total Population
Column Name:
Year: 2007
Field Note:
State Data source with projected estimates. U.S. Census Bureau data sources.
55. **Section Number:** Indicator 11
Field Name: S11_50percent
Row Name: Percent Below: 50% of poverty
Column Name:
Year: 2007
Field Note:
State Data source with projected estimates. U.S. Census Bureau data sources.
56. **Section Number:** Indicator 11
Field Name: S11_100percent
Row Name: 100% of poverty
Column Name:
Year: 2007
Field Note:
State Data source with projected estimates. U.S. Census Bureau data sources.
57. **Section Number:** Indicator 11
Field Name: S11_200percent
Row Name: 200% of poverty
Column Name:
Year: 2007
Field Note:
State Data source with projected estimates. U.S. Census Bureau data sources.
58. **Section Number:** Indicator 12
Field Name: S12_Children
Row Name: Children 0 through 19 years old
Column Name:
Year: 2007
Field Note:
State Data source with projected estimates. U.S. Census Bureau data sources.
59. **Section Number:** Indicator 12
Field Name: S12_50percent
Row Name: Percent Below: 50% of poverty
Column Name:
Year: 2007
Field Note:
State Data source with projected estimates. U.S. Census Bureau data sources.
60. **Section Number:** Indicator 12
Field Name: S12_100percent
Row Name: 100% of poverty

Column Name:

Year: 2007

Field Note:

State Data source with projected estimates. U.S. Census Bureau data sources.

61. Section Number: Indicator 12

Field Name: S12_200percent

Row Name: 200% of poverty

Column Name:

Year: 2007

Field Note:

State Data source with projected estimates. U.S. Census Bureau data sources.

62. Section Number: Indicator 09A

Field Name: HSIRace_FosterCare

Row Name: Number living in foster home care

Column Name:

Year: 2007

Field Note:

Data source is State of Tennessee Health Statistics/DCS System

63. Section Number: Indicator 09B

Field Name: HSEthnicity_FosterCare

Row Name: Number living in foster home care

Column Name:

Year: 2007

Field Note:

Data source is State of Tennessee Health Statistics/DCS System