

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: TN
APPLICATION YEAR: 2009

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

FORM 2
MCH BUDGET DETAILS FOR FY 2009

[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:

\$ 11,658,473

A.Preventive and primary care for children:

\$ 3,497,542 (30%)

B.Children with special health care needs:

\$ 3,497,542 (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:

\$ 1,165,847 (10%)

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

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

\$ 5,000,000

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

\$ 13,325,000

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)

\$ 5,371,900

7. TOTAL STATE MATCH (Lines 3 through 6)

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

\$ 13,125,024

\$ 18,696,900

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

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

\$ 35,355,373

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: \$ 93,763

c. CISS: \$ 100,000

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 0

j. Education: \$ 0

k. Other: \$ 0

Family Planning \$ 6,213,251

Newborn Hearing \$ 150,000

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

\$ 6,557,014

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 41,912,387

FORM NOTES FOR FORM 2

Amount is estimated.

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: FedAlloc
Row Name: Federal Allocation
Column Name:
Year: 2009
Field Note:
Estimated amount provided by the Department of health and human services
2. **Section Number:** Main
Field Name: FedAlloc_PPCC
Row Name: Federal Allocation - Preventive and primary care for children
Column Name:
Year: 2009
Field Note:
Amount is estimated.
3. **Section Number:** Main
Field Name: FedAlloc_CSHCN
Row Name: Federal Allocation - Children with special health care needs
Column Name:
Year: 2009
Field Note:
Amount is estimated.
4. **Section Number:** Main
Field Name: FedAlloc_Admin
Row Name: Federal Allocation - Title V Administrative costs
Column Name:
Year: 2009
Field Note:
Amount is estimated.
5. **Section Number:** Main
Field Name: UnobligatedBalance
Row Name: Unobligated Balance
Column Name:
Year: 2009
Field Note:
Amount is estimated.
6. **Section Number:** Main
Field Name: StateMCHFunds
Row Name: State MCH Funds
Column Name:
Year: 2009
Field Note:
Amount is estimated.
7. **Section Number:** Main
Field Name: ProgramIncome
Row Name: Program Income
Column Name:
Year: 2009
Field Note:
Amount is estimated.
8. **Section Number:** Main
Field Name: SSDI
Row Name: Other Federal Funds - SSDI
Column Name:
Year: 2009
Field Note:
Amount is estimated.
9. **Section Number:** Main
Field Name: CISS
Row Name: Other Federal Funds - CISS
Column Name:
Year: 2009
Field Note:
Amount is estimated.
10. **Section Number:** Main
Field Name: OtherFedFundsOtherFund
Row Name: Other Federal Funds - Other Funds
Column Name:
Year: 2009
Field Note:
Amount is estimated.

FORM 3
STATE MCH FUNDING PROFILE

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

STATE: TN

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 12,693,368	\$ 14,892,660	\$ 12,693,368	\$ 15,592,430	\$ 12,349,717	\$ 10,888,584
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 12,731,880	\$ 0	\$ 9,000,000	\$ 0	\$ 9,000,000	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 13,322,400	\$ 13,250,000	\$ 13,450,000	\$ 13,250,000	\$ 13,250,000	\$ 13,300,000
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	\$ 4,783,502	\$ 6,000,000	\$ 6,682,000	\$ 5,000,000	\$ 5,128,306
7. Subtotal <i>(Line8, Form 2)</i>	\$ 44,747,648	\$ 32,926,162	\$ 41,143,368	\$ 35,524,430	\$ 39,599,717	\$ 29,316,890
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 9,220,986	\$ 8,802,718	\$ 9,040,314	\$ 8,503,000	\$ 8,642,989	\$ 9,545,574
9. Total <i>(Line11, Form 2)</i>	\$ 53,968,634	\$ 41,728,880	\$ 50,183,682	\$ 44,027,430	\$ 48,242,706	\$ 38,862,464
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

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

STATE: TN

	FY 2007		FY 2008		FY 2009	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 11,855,000	\$ 14,682,820	\$ 11,855,578	\$ 0	\$ 11,658,473	\$ 0
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 7,500,000	\$ 0	\$ 7,500,000	\$ 0	\$ 5,000,000	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 13,250,000	\$ 13,325,000	\$ 13,300,000	\$ 0	\$ 13,325,000	\$ 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>	\$ 6,682,000	\$ 5,371,883	\$ 5,128,300	\$ 0	\$ 5,371,900	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 39,287,000	\$ 33,379,703	\$ 37,783,878	\$ 0	\$ 35,355,373	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 8,250,000	\$ 7,742,714	\$ 8,177,027	\$ 0	\$ 6,557,014	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 47,537,000	\$ 41,122,417	\$ 45,960,905	\$ 0	\$ 41,912,387	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

The expended amount is based on true expenditures

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2007
Field Note:
The expended amount is based on true expenditures.
2. **Section Number:** Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2006
Field Note:
The difference in Expended amount will be used prior to the grant deadline.
3. **Section Number:** Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2007
Field Note:
The expended amount is based on true expenditures
4. **Section Number:** Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2006
Field Note:
The difference in Expended amount will be used prior to the grant deadline.
5. **Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2007
Field Note:
The expended amount is based on true expenditures
6. **Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2006
Field Note:
The difference in Expended amount will be used prior to the grant deadline.
7. **Section Number:** Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2007
Field Note:
The expended amount is based on true expenditures
8. **Section Number:** Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2007
Field Note:
The expended amount is based on true expenditures
9. **Section Number:** Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2007
Field Note:
The expended amount is based on true expenditures
10. **Section Number:** Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2006
Field Note:
The difference in Expended amount will be used prior to the grant deadline.
11. **Section Number:** Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2007
Field Note:
The expended amount is based on true expenditures
12. **Section Number:** Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds

Column Name: Expended

Year: 2006

Field Note:

The difference in Expended amount will be used prior to the grant deadline.

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 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 1,745,158	\$ 2,107,274	\$ 2,674,319	\$ 761,686	\$ 2,534,382	\$ 938,140
b. Infants < 1 year old	\$ 7,472,857	\$ 4,675,515	\$ 5,718,928	\$ 4,231,587	\$ 5,623,160	\$ 3,254,175
c. Children 1 to 22 years old	\$ 14,229,752	\$ 11,074,904	\$ 12,055,007	\$ 16,474,979	\$ 13,345,105	\$ 8,868,109
d. Children with Special Healthcare Needs	\$ 8,636,296	\$ 5,771,395	\$ 8,187,530	\$ 6,015,014	\$ 6,929,950	\$ 6,395,177
e. Others	\$ 10,873,679	\$ 8,132,762	\$ 9,915,552	\$ 6,742,329	\$ 9,781,130	\$ 9,029,602
f. Administration	\$ 1,789,906	\$ 1,164,312	\$ 2,592,032	\$ 1,298,835	\$ 1,385,990	\$ 831,687
g. SUBTOTAL	\$ 44,747,648	\$ 32,926,162	\$ 41,143,368	\$ 35,524,430	\$ 39,599,717	\$ 29,316,890

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	\$ 130,000	\$ 100,000	\$ 100,000
c. CISS	\$ 200,600	\$ 50,000	\$ 0
d. Abstinence Education	\$ 1,067,568	\$ 1,014,610	\$ 993,367
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	\$ 717,300	\$ 717,336
CISS-SECCS	\$ 0	\$ 100,000	\$ 100,000
Family Planning	\$ 5,765,185	\$ 6,020,208	\$ 5,979,357
Hearing Screening	\$ 151,220	\$ 148,196	\$ 150,000
Lead	\$ 807,713	\$ 890,000	\$ 602,929
III. SUBTOTAL	\$ 9,220,986	\$ 9,040,314	\$ 8,642,989

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 2007		FY 2008		FY 2009	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 864,314	\$ 1,134,910	\$ 1,209,084	\$ 0	\$ 1,202,083	\$ 0
b. Infants < 1 year old	\$ 4,360,857	\$ 3,805,286	\$ 4,194,011	\$ 0	\$ 4,030,513	\$ 0
c. Children 1 to 22 years old	\$ 18,582,751	\$ 12,327,096	\$ 11,320,907	\$ 0	\$ 13,047,012	\$ 0
d. Children with Special Healthcare Needs	\$ 6,560,929	\$ 4,729,932	\$ 8,236,885	\$ 0	\$ 5,020,463	\$ 0
e. Others	\$ 7,503,817	\$ 10,280,949	\$ 11,637,434	\$ 0	\$ 10,889,455	\$ 0
f. Administration	\$ 1,414,332	\$ 1,101,530	\$ 1,185,557	\$ 0	\$ 1,165,847	\$ 0
g. SUBTOTAL	\$ 39,287,000	\$ 33,379,703	\$ 37,783,878	\$ 0	\$ 35,355,373	\$ 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	\$ 94,644	\$ 93,763
c. CISS	\$ 100,000	\$ 100,000	\$ 100,000
d. Abstinence Education	\$ 993,000	\$ 993,368	\$ 0
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			
Family Planning	\$ 0	\$ 6,121,679	\$ 6,213,251
Newborn Hearing	\$ 0	\$ 150,000	\$ 150,000
CHAD	\$ 717,000	\$ 717,336	\$ 0
New Born Hearing	\$ 150,000	\$ 0	\$ 0
Title X F. P.	\$ 6,190,000	\$ 0	\$ 0
III. SUBTOTAL	\$ 8,250,000	\$ 8,177,027	\$ 6,557,014

FORM NOTES FOR FORM 4

Budget amount is estimated.
Expended amount is 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: 2009
Field Note:
Amount is estimated.
2. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenBudgeted
Row Name: Pregnant Women
Column Name: Budgeted
Year: 2008
Field Note:
Budget amount is estimated.
3. **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.
4. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2007
Field Note:
Actual expended amount.
5. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2006
Field Note:
Expended amount is estimated.
6. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Budgeted
Row Name: Infants <1 year old
Column Name: Budgeted
Year: 2009
Field Note:
Amount is estimated.
7. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Budgeted
Row Name: Infants <1 year old
Column Name: Budgeted
Year: 2008
Field Note:
Budget amount is estimated.
8. **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.
9. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2007
Field Note:
Actual expended amount.
10. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2006
Field Note:
Expended amount is estimated.
11. **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: 2009
Field Note:
Amount is estimated.
12. **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: 2008

Field Note:

Budget amount is estimated.

13. **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.

14. **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: 2007

Field Note:

Actual expended amount.

15. **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: 2006

Field Note:

Expended amount is estimated.

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

Field Name: CSHCNBudgeted

Row Name: CSHCN

Column Name: Budgeted

Year: 2009

Field Note:

Amount is estimated.

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

Field Name: CSHCNBudgeted

Row Name: CSHCN

Column Name: Budgeted

Year: 2008

Field Note:

Budget amount is estimated.

18. **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.

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

Field Name: CSHCNExpended

Row Name: CSHCN

Column Name: Expended

Year: 2007

Field Note:

Actual expended amount.

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

Field Name: CSHCNExpended

Row Name: CSHCN

Column Name: Expended

Year: 2006

Field Note:

Expended amount is estimated.

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

Field Name: AllOthersBudgeted

Row Name: All Others

Column Name: Budgeted

Year: 2009

Field Note:

Amount is estimated.

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

Field Name: AllOthersBudgeted

Row Name: All Others

Column Name: Budgeted

Year: 2008

Field Note:

Budget amount is estimated.

23. **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.

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

Field Name: AllOthersExpended

Row Name: All Others
Column Name: Expended
Year: 2007
Field Note:
Actual expended amount.

25. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2006
Field Note:
Expended amount is estimated.
26. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AdminBudgeted
Row Name: Administration
Column Name: Budgeted
Year: 2009
Field Note:
Amount is estimated.
27. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AdminBudgeted
Row Name: Administration
Column Name: Budgeted
Year: 2008
Field Note:
Budget amount is estimated.
28. **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.
29. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2007
Field Note:
Actual expended amount.
30. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2006
Field Note:
Expended amount is 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 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 32,397,297	\$ 23,838,541	\$ 29,787,798	\$ 25,719,687	\$ 28,670,195	\$ 21,225,428
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 5,190,727	\$ 3,819,435	\$ 4,772,631	\$ 4,120,834	\$ 4,593,567	\$ 3,400,759
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 3,758,802	\$ 2,765,798	\$ 3,456,043	\$ 2,984,052	\$ 3,326,376	\$ 2,462,619
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.)	\$ 3,400,822	\$ 2,502,388	\$ 3,126,896	\$ 2,699,857	\$ 3,009,579	\$ 2,228,084
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 44,747,648	\$ 32,926,162	\$ 41,143,368	\$ 35,524,430	\$ 39,599,717	\$ 29,316,890

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 2007		FY 2008		FY 2009	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 28,443,788	\$ 24,166,905	\$ 27,355,528	\$ 0	\$ 25,597,290	\$ 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.)	\$ 4,557,292	\$ 3,872,046	\$ 4,382,930	\$ 0	\$ 4,101,224	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 3,300,108	\$ 2,803,895	\$ 3,173,846	\$ 0	\$ 2,969,851	\$ 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.)	\$ 2,985,812	\$ 2,536,857	\$ 2,871,574	\$ 0	\$ 2,687,008	\$ 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.)	\$ 39,287,000	\$ 33,379,703	\$ 37,783,878	\$ 0	\$ 35,355,373	\$ 0

FORM NOTES FOR FORM 5

Budgeted amount is estimated.
Expended amount was estimated.
The difference in Expended amount will be used prior to the grant deadline.

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: DirectHCBudgeted
Row Name: Direct Health Care Services
Column Name: Budgeted
Year: 2009
Field Note:
Budgeted amount is estimated.
2. **Section Number:** Main
Field Name: DirectHCBudgeted
Row Name: Direct Health Care Services
Column Name: Budgeted
Year: 2008
Field Note:
Budget amount is estimated
3. **Section Number:** Main
Field Name: DirectHCBudgeted
Row Name: Direct Health Care Services
Column Name: Budgeted
Year: 2007
Field Note:
Budgeted amount was estimated.
4. **Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2007
Field Note:
Expended amount was actual amount.
5. **Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2006
Field Note:
The difference in Expended amount will be used prior to the grant deadline.
6. **Section Number:** Main
Field Name: EnablingBudgeted
Row Name: Enabling Services
Column Name: Budgeted
Year: 2009
Field Note:
Budgeted amount is estimated.
7. **Section Number:** Main
Field Name: EnablingBudgeted
Row Name: Enabling Services
Column Name: Budgeted
Year: 2008
Field Note:
Budgeted amount is estimated.
8. **Section Number:** Main
Field Name: EnablingBudgeted
Row Name: Enabling Services
Column Name: Budgeted
Year: 2007
Field Note:
Budgeted amount was estimated.
9. **Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2007
Field Note:
Expended amount was actual amount
10. **Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2006
Field Note:
The difference in Expended amount will be used prior to the grant deadline.
11. **Section Number:** Main
Field Name: PopBasedBudgeted
Row Name: Population-Based Services
Column Name: Budgeted
Year: 2009
Field Note:
Budgeted amount is estimated.
12. **Section Number:** Main

Field Name: PopBasedBudgeted
Row Name: Population-Based Services
Column Name: Budgeted
Year: 2008
Field Note:
Budget amount is estimated.

13. **Section Number:** Main
Field Name: PopBasedBudgeted
Row Name: Population-Based Services
Column Name: Budgeted
Year: 2007
Field Note:
Budgeted amount was estimated.

14. **Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2007
Field Note:
Expended amount was actual amount

15. **Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2006
Field Note:
The difference in Expended amount will be used prior to the grant deadline.

16. **Section Number:** Main
Field Name: InfrastrBuildBudgeted
Row Name: Infrastructure Building Services
Column Name: Budgeted
Year: 2009
Field Note:
Budgeted amount is estimated.

17. **Section Number:** Main
Field Name: InfrastrBuildBudgeted
Row Name: Infrastructure Building Services
Column Name: Budgeted
Year: 2008
Field Note:
Budget amount is estimated.

18. **Section Number:** Main
Field Name: InfrastrBuildBudgeted
Row Name: Infrastructure Building Services
Column Name: Budgeted
Year: 2007
Field Note:
Budgeted amount was estimated.

19. **Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2007
Field Note:
Expended amount was actual amount

20. **Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2006
Field Note:
The difference in Expended amount will be used prior to the grant deadline.

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: 81,720

Reporting Year: **2006**

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	81,720	100	60	10	10	100
Congenital Hypothyroidism	81,720	100	399	55	55	100
Galactosemia	81,720	100	144	29	29	100
Sickle Cell Disease						
Other Screening (Specify)						
Biotinidase Deficiency	81,720	100	216	2	2	100
Hemoglobinopathies	81,720	100	261	69	69	100
Congenital Adrenal Hyperplasia (CAH)	81,720	100	1,268	4	4	100
Maple Syrup Urine Disease (MSUD)	81,720	100	61	1	1	100
Medium Chain AcylCo-A Dehydrogenase (MCAD)	81,720	100	70	3	3	100
Amino Acids	81,720	100	199	5	5	100
Acylcarnitines	81,720	100	374	2	2	100
HCY (Met)	81,720	100	145	0	0	

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

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

FORM NOTES FOR FORM 6

Data source is the newborn screening database, State of Tennessee database
Sickle cells screening is included in Hemoglobinopathies.
Screening data are included in Hemoglobinopathics.
Screening data for hemolobinopathics included sickle cell disease

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: BirthOccurence
Row Name: Total Births By Occurrence
Column Name: Total Births By Occurrence
Year: 2009
Field Note:
Data source is the newborn screening database, State of Tennessee database
Sickle cells screening is included in Hemoglobinopathies.
Screening data are included in Hemoglobinopathics.
Screening data for hemolobinopathics included sickle cell disease
2. **Section Number:** Main
Field Name: Phenylketonuria_OneScreenNo
Row Name: Phenylketonuria
Column Name: Receiving at least one screen
Year: 2009
Field Note:
Screening data are included in Hemoglobinopathics.
Screening data for hemolobinopathics included sickle cell disease
data report is year 2006 and data for 2007 is not completed
3. **Section Number:** Main
Field Name: Congenital_OneScreenNo
Row Name: Congenital
Column Name: Receiving at least one screen
Year: 2009
Field Note:
Screening data are included in Hemoglobinopathics.
Screening data for hemolobinopathics included sickle cell disease
data report is year 2006 and data for 2007 is not completed
4. **Section Number:** Main
Field Name: Galactosemia_OneScreenNo
Row Name: Galactosemia
Column Name: Receiving at least one screen
Year: 2009
Field Note:
Screening data are included in Hemoglobinopathics.
Screening data for hemolobinopathics included sickle cell disease
data report is year 2006 and data for 2007 is not completed
5. **Section Number:** Main
Field Name: Phenylketonuria_Presumptive
Row Name: Phenylketonuria
Column Name: Presumptive positive screens
Year: 2009
Field Note:
Screening data are included in Hemoglobinopathics.
Screening data for hemolobinopathics included sickle cell disease
data report is year 2006 and data for 2007 is not completed
6. **Section Number:** Main
Field Name: Congenital_Presumptive
Row Name: Congenital
Column Name: Presumptive positive screens
Year: 2009
Field Note:
Screening data are included in Hemoglobinopathics.
Screening data for hemolobinopathics included sickle cell disease
data report is year 2006 and data for 2007 is not completed
7. **Section Number:** Main
Field Name: Phenylketonuria_Confirmed
Row Name: Phenylketonuria
Column Name: Confirmed Cases
Year: 2009
Field Note:
Screening data are included in Hemoglobinopathics.
Screening data for hemolobinopathics included sickle cell disease
data report is year 2006 and data for 2007 is not completed
8. **Section Number:** Main
Field Name: Congenital_Confirmed
Row Name: Congenital
Column Name: Confirmed Cases
Year: 2009
Field Note:
Screening data are included in Hemoglobinopathics.
Screening data for hemolobinopathics included sickle cell disease
data report is year 2006 and data for 2007 is not completed
9. **Section Number:** Main
Field Name: Phenylketonuria_TreatmentNo
Row Name: Phenylketonuria
Column Name: Needing treatment that received treatment
Year: 2009

Field Note:

Screening data are included in Hemoglobinopathics.
Screening data for hemolobinopathics included sickle cell disease
data report is year 2006 and data for 2007 is not completed

10. **Section Number:** Main

Field Name: Congenital_TreatmentNo

Row Name: Congenital

Column Name: Needing treatment that received treatment

Year: 2009

Field Note:

Screening data are included in Hemoglobinopathics.
Screening data for hemolobinopathics included sickle cell disease
data report is year 2006 and data for 2007 is not completed

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: 2007

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	16,315	29.1		6.2	64.4	0.2
Infants < 1 year old	54,388	39.3		0.2	60.4	0.1
Children 1 to 22 years old	251,971	39.0		0.9	60.1	0.1
Children with Special Healthcare Needs	8,583	31.4		1.4	67.2	0.0
Others	147,430	15.4		1.2	82.6	0.9
TOTAL	478,687					

FORM NOTES FOR FORM 7

B04: Title V Block Grant
Title V Information System (TVIS)

State: TN
Application Year: 2008

Form Notes for Form 7

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

Difference is due data collection.

The difference in the data is that the entire data on form 7 is for the reporting of data in year 2007

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: PregWomen_TS
Row Name: Pregnant Women
Column Name: Title V Total Served
Year: 2009
Field Note:
Number of infants served is from the local health department data system and would include both residents and non residents and those who moved into the State who were less than one. Number of infants on form 6 are those tested in the new born screening program
Difference is due data collection.
The difference in the data is that the entire data on form 7 is for the reporting of data in year 2007
2. **Section Number:** Main
Field Name: PregWomen_XIX
Row Name: Pregnant Women
Column Name: Title XIX %
Year: 2009
Field Note:
Number of infants served is from the local health department data system and would include both residents and non residents and those who moved into the State who were less than one. Number of infants on form 6 are those tested in the new born screening program
Difference is due data collection.
The difference in the data is that the entire data on form 7 is for the reporting of data in year 2007
3. **Section Number:** Main
Field Name: PregWomen_Private
Row Name: Pregnant Women
Column Name: Private/Other %
Year: 2009
Field Note:
Number of infants served is from the local health department data system and would include both residents and non residents and those who moved into the State who were less than one. Number of infants on form 6 are those tested in the new born screening program
Difference is due data collection.
The difference in the data is that the entire data on form 7 is for the reporting of data in year 2007
4. **Section Number:** Main
Field Name: PregWomen_None
Row Name: Pregnant Women
Column Name: None %
Year: 2009
Field Note:
Number of infants served is from the local health department data system and would include both residents and non residents and those who moved into the State who were less than one. Number of infants on form 6 are those tested in the new born screening program
Difference is due data collection.
The difference in the data is that the entire data on form 7 is for the reporting of data in year 2007
5. **Section Number:** Main
Field Name: PregWomen_Unknown
Row Name: Pregnant Women
Column Name: Unknown %
Year: 2009
Field Note:
Number of infants served is from the local health department data system and would include both residents and non residents and those who moved into the State who were less than one. Number of infants on form 6 are those tested in the new born screening program
Difference is due data collection.
The difference in the data is that the entire data on form 7 is for the reporting of data in year 2007
6. **Section Number:** Main
Field Name: Children_0_1_TS
Row Name: Infants <1 year of age
Column Name: Title V Total Served
Year: 2009
Field Note:
Number of infants served is from the local health department data system and would include both residents and non residents and those who moved into the State who were less than one. Number of infants on form 6 are those tested in the new born screening program
Difference is due data collection.
The difference in the data is that the entire data on form 7 is for the reporting of data in year 2007
7. **Section Number:** Main
Field Name: Children_0_1_XIX
Row Name: Infants <1 year of age
Column Name: Title XIX %
Year: 2009
Field Note:
Number of infants served is from the local health department data system and would include both residents and non residents and those who moved into the State who were less than one. Number of infants on form 6 are those tested in the new born screening program
Difference is due data collection.
The difference in the data is that the entire data on form 7 is for the reporting of data in year 2007
8. **Section Number:** Main
Field Name: Children_0_1_Private

Row Name: Infants <1 year of age

Column Name: Private/Other %

Year: 2009

Field Note:

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

Difference is due data collection.

The difference in the data is that the entile data on form 7 is for the reporting of data in year 2007

9. Section Number: Main

Field Name: Children_0_1_None

Row Name: Infants <1 year of age

Column Name: None %

Year: 2009

Field Note:

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

Difference is due data collection.

The difference in the data is that the entile data on form 7 is for the reporting of data in year 2007

10. Section Number: Main

Field Name: Children_0_1_Unknown

Row Name: Infants <1 year of age

Column Name: Unknown %

Year: 2009

Field Note:

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

Difference is due data collection.

The difference in the data is that the entile data on form 7 is for the reporting of data in year 2007

11. 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: 2009

Field Note:

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

Difference is due data collection.

The difference in the data is that the entile data on form 7 is for the reporting of data in year 2007

12. Section Number: Main

Field Name: Children_1_22_XIX

Row Name: Children 1 to 22 years of age

Column Name: Title XIX %

Year: 2009

Field Note:

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

Difference is due data collection.

The difference in the data is that the entile data on form 7 is for the reporting of data in year 2007

13. Section Number: Main

Field Name: Children_1_22_Private

Row Name: Children 1 to 22 years of age

Column Name: Private/Other %

Year: 2009

Field Note:

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

Difference is due data collection.

The difference in the data is that the entile data on form 7 is for the reporting of data in year 2007

14. Section Number: Main

Field Name: Children_1_22_Unknown

Row Name: Children 1 to 22 years of age

Column Name: Unknown %

Year: 2009

Field Note:

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

Difference is due data collection.

The difference in the data is that the entile data on form 7 is for the reporting of data in year 2007

15. Section Number: Main

Field Name: CSHCN_TS

Row Name: Children with Special Health Care Needs

Column Name: Title V Total Served

Year: 2009

Field Note:

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

Difference is due data collection.

The difference in the data is that the entile data on form 7 is for the reporting of data in year 2007

16. Section Number: Main

Field Name: CSHCN_XIX

Row Name: Children with Special Health Care Needs

Column Name: Title XIX %

Year: 2009

Field Note:

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

Difference is due data collection.

The difference in the data is that the entire data on form 7 is for the reporting of data in year 2007

- 17. Section Number:** Main
Field Name: CSHCN_Private
Row Name: Children with Special Health Care Needs
Column Name: Private/Other %
Year: 2009
Field Note:
Number of infants served is from the local health department data system and would include both residents and non residents and those who moved into the State who were less than one. Number of infants on form 6 are those tested in the new born screening program
Difference is due data collection.
The difference in the data is that the entire data on form 7 is for the reporting of data in year 2007
- 18. Section Number:** Main
Field Name: CSHCN_None
Row Name: Children with Special Health Care Needs
Column Name: None %
Year: 2009
Field Note:
Number of infants served is from the local health department data system and would include both residents and non residents and those who moved into the State who were less than one. Number of infants on form 6 are those tested in the new born screening program
Difference is due data collection.
The difference in the data is that the entire data on form 7 is for the reporting of data in year 2007
- 19. Section Number:** Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2009
Field Note:
Number of infants served is from the local health department data system and would include both residents and non residents and those who moved into the State who were less than one. Number of infants on form 6 are those tested in the new born screening program
Difference is due data collection.
The difference in the data is that the entire data on form 7 is for the reporting of data in year 2007
- 20. Section Number:** Main
Field Name: AllOthers_XIX
Row Name: Others
Column Name: Title XIX %
Year: 2009
Field Note:
Number of infants served is from the local health department data system and would include both residents and non residents and those who moved into the State who were less than one. Number of infants on form 6 are those tested in the new born screening program
Difference is due data collection.
The difference in the data is that the entire data on form 7 is for the reporting of data in year 2007
- 21. Section Number:** Main
Field Name: AllOthers_Private
Row Name: Others
Column Name: Private/Other %
Year: 2009
Field Note:
Number of infants served is from the local health department data system and would include both residents and non residents and those who moved into the State who were less than one. Number of infants on form 6 are those tested in the new born screening program
Difference is due data collection.
The difference in the data is that the entire data on form 7 is for the reporting of data in year 2007
- 22. Section Number:** Main
Field Name: AllOthers_None
Row Name: Others
Column Name: None %
Year: 2009
Field Note:
Number of infants served is from the local health department data system and would include both residents and non residents and those who moved into the State who were less than one. Number of infants on form 6 are those tested in the new born screening program
Difference is due data collection.
The difference in the data is that the entire data on form 7 is for the reporting of data in year 2007
- 23. Section Number:** Main
Field Name: AllOthers_Unknown
Row Name: Others
Column Name: Unknown %
Year: 2009
Field Note:
Number of infants served is from the local health department data system and would include both residents and non residents and those who moved into the State who were less than one. Number of infants on form 6 are those tested in the new born screening program
Difference is due data collection.
The difference in the data is that the entire data on form 7 is for the reporting of data in year 2007

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: 2007

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	86,558	58,723	17,744					10,091
Title V Served	54,388	40,400	11,279	29	184	18		2,478
Eligible for Title XIX	54,388	40,400	11,279	29	184	18		2,478
INFANTS								
Total Infants in State	80,424	60,790	17,799					1,835
Title V Served	54,388	40,400	11,279	29	184	18		2,478
Eligible for Title XIX	54,388	40,400	11,279	29	184	18		2,478

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	78,063	8,380						115
Title V Served	47,781	6,607						
Eligible for Title XIX	47,781	6,607						
INFANTS								
Total Infants in State	76,590	3,834						
Title V Served	47,781	6,607						
Eligible for Title XIX	47,781	6,607						

FORM NOTES FOR FORM 8

Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population. Data is from 8 is from the Provisional birthmaster files for total birth and data on form 7 is from the 2007 population estimates (2008 series)

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: 2009
Field Note:
Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population. Data is from 8 is from the Provisional birthmaster files for total birth and data on form 7 is from the 2007 population estimates (2008 series)
- 2. Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTotal_White
Row Name: Total Deliveries in State
Column Name: White
Year: 2009
Field Note:
Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population
- 3. Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTotal_Black
Row Name: Total Deliveries in State
Column Name: Black or African American
Year: 2009
Field Note:
Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population
- 4. Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTotal_RaceOther
Row Name: Total Deliveries in State
Column Name: Other and Unknown
Year: 2009
Field Note:
This data includes the Hispanic population. Tn Health Statistics Birth Master files.
Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population
- 5. Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2009
Field Note:
Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population. Data is from 8 is from the Provisional birthmaster files for total birth and data on form 7 is from the 2007 population estimates (2008 series)
- 6. Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_White
Row Name: Title V Served
Column Name: White
Year: 2009
Field Note:
Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population
- 7. Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_Black
Row Name: Title V Served
Column Name: Black or African American
Year: 2009
Field Note:
Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population
- 8. Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_RaceOther
Row Name: Title V Served
Column Name: Other and Unknown
Year: 2009
Field Note:
Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population
- 9. Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2009
Field Note:
Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population. Data is from 8 is from the Provisional birthmaster files for total birth and data on form 7 is from the 2007 population estimates (2008 series)
- 10. Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_White
Row Name: Eligible for Title XIX
Column Name: White
Year: 2009
Field Note:
Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population
- 11. Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_Black
Row Name: Eligible for Title XIX
Column Name: Black or African American
Year: 2009

Field Note:

Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population

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

Field Name: InfantsTotal_All

Row Name: Total Infants in State

Column Name: Total All Races

Year: 2009

Field Note:

Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population. Data is from 8 is from the Provisional birthmaster files for total birth and data on form 7 is from the 2007 population estimates (2008 series)

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

Field Name: InfantsTotal_White

Row Name: Total Infants in State

Column Name: White

Year: 2009

Field Note:

Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population

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

Field Name: InfantsTotal_Black

Row Name: Total Infants in State

Column Name: Black or African American

Year: 2009

Field Note:

Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population

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

Field Name: InfantsTotal_RaceOther

Row Name: Total Infants in State

Column Name: Other and Unknown

Year: 2009

Field Note:

Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population

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

Field Name: InfantsTitleV_All

Row Name: Title V Served

Column Name: Total All Races

Year: 2009

Field Note:

Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population. Data is from 8 is from the Provisional birthmaster files for total birth and data on form 7 is from the 2007 population estimates (2008 series)

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

Field Name: InfantsTitleV_White

Row Name: Title V Served

Column Name: White

Year: 2009

Field Note:

Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population

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

Field Name: InfantsTitleV_Black

Row Name: Title V Served

Column Name: Black or African American

Year: 2009

Field Note:

Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population

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

Field Name: InfantsTitleV_Indian

Row Name: Title V Served

Column Name: American Indian or Native American

Year: 2009

Field Note:

Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population. Data is from 8 is from the Provisional birthmaster files for total birth and data on form 7 is from the 2007 population estimates (2008 series)

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

Field Name: InfantsTitleV_Asian

Row Name: Title V Served

Column Name: Asian

Year: 2009

Field Note:

Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population. Data is from 8 is from the Provisional birthmaster files for total birth and data on form 7 is from the 2007 population estimates (2008 series)

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

Field Name: InfantsTitleV_Hawaiian

Row Name: Title V Served

Column Name: Native Hawaiian or Other Pacific Islander

Year: 2009

Field Note:

Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population. Data is from 8 is from the Provisional birthmaster files for total birth and data on form 7 is from the 2007 population estimates (2008 series)

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

Field Name: InfantsTitleV_RaceOther

Row Name: Title V Served

Column Name: Other and Unknown

Year: 2009

Field Note:

Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population

23. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2009
Field Note:
 Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population. Data is from 8 is from the Provisional birthmaster files for total birth and data on form 7 is from the 2007 population estimates (2008 series)
24. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_White
Row Name: Eligible for Title XIX
Column Name: White
Year: 2009
Field Note:
 Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population. Data is from 8 is from the Provisional birthmaster files for total birth and data on form 7 is from the 2007 population estimates (2008 series)
25. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_Black
Row Name: Eligible for Title XIX
Column Name: Black or African American
Year: 2009
Field Note:
 Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population
26. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_Indian
Row Name: Eligible for Title XIX
Column Name: American Indian or Native American
Year: 2009
Field Note:
 Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population. Data is from 8 is from the Provisional birthmaster files for total birth and data on form 7 is from the 2007 population estimates (2008 series)
27. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_Hawaiian
Row Name: Eligible for Title XIX
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2009
Field Note:
 Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population. Data is from 8 is from the Provisional birthmaster files for total birth and data on form 7 is from the 2007 population estimates (2008 series)
28. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_RaceOther
Row Name: Eligible for Title XIX
Column Name: Other and Unknown
Year: 2009
Field Note:
 Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population
29. **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: 2009
Field Note:
 Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population
30. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_TotalHispanic
Row Name: Total Deliveries in State
Column Name: Total Hispanic or Latino
Year: 2009
Field Note:
 Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population
31. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_EthnicityOther
Row Name: Total Deliveries in State
Column Name: Other and Unknown
Year: 2009
Field Note:
 Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population
32. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_TotalNotHispanic
Row Name: Title V Served
Column Name: Total Not Hispanic or Latino
Year: 2009
Field Note:
 Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population
33. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_TotalHispanic
Row Name: Title V Served
Column Name: Total Hispanic or Latino
Year: 2009
Field Note:
 Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population
34. **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: 2009

Field Note:

Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population

35. Section Number: II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleXIX_TotalHispanic

Row Name: Eligible for Title XIX

Column Name: Total Hispanic or Latino

Year: 2009

Field Note:

Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population

36. 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: 2009

Field Note:

Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population

37. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTotal_TotalHispanic

Row Name: Total Infants in State

Column Name: Total Hispanic or Latino

Year: 2009

Field Note:

Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population

38. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleV_TotalNotHispanic

Row Name: Title V Served

Column Name: Total Not Hispanic or Latino

Year: 2009

Field Note:

Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population

39. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleV_TotalHispanic

Row Name: Title V Served

Column Name: Total Hispanic or Latino

Year: 2009

Field Note:

Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population

40. 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: 2009

Field Note:

Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population

41. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_TotalHispanic

Row Name: Eligible for Title XIX

Column Name: Total Hispanic or Latino

Year: 2009

Field Note:

Infant served data includes non-resident data and persons moving in to the State. The unknown categories includes the hispanic population

FORM NOTES FOR FORM 9

There is not any public services announcement (PSA) for the call center and the decrease in the total number of call is likely due to this services.

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.

2. **Section Number:** Main
Field Name: calls_2
Row Name: Number of calls received On the State MCH Hotline This reporting period
Column Name: FY
Year: 2007
Field Note:
There is not any public services announcement (PSA) for the call center and the decrease in the total number of call is likely due to this services

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2009
[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's 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>11,658,473</u>
3. Unobligated balance (Line 2, Form 2)	\$ <u>5,000,000</u>
4. State Funds (Line 3, Form 2)	\$ <u>13,325,000</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>5,371,900</u>
8. Total Federal-State Partnership (Line 8, Form 2)	\$ <u>35,355,373</u>

9. Most significant providers receiving MCH funds:

<u>Rural and Metro health department</u>
<u>Genetics and Sickle Cell center</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>16,315</u>
b. Infants < 1 year old	<u>54,388</u>
c. Children 1 to 22 years old	<u>251,971</u>
d. CSHCN	<u>8,583</u>
e. Others	<u>147,430</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 screening, 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 care 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

Jacqueline Johnson

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

Title Director, Children's Special Services
Address 425 5 Th Avenue North, 5 TH Floor
City Nashville
State TN
Zip 37247-4701
Phone (615) 741-7353
Fax (615) 741-1063
Email Jacqueline.johnson@State.tn.us
Web _____

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

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

Form Level Notes for Form 11

Data source is the Tennessee Department of Health. Data source is the State of Tennessee STD infertility project data system Data source is the state of Tennessee New Born Screening data system. In 2007 the State started the PRAMS survey. The data source is CDC Nutrition Surveillance file for this performance measure

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.

	Annual Objective and Performance Data				
	2003	2004	2005	2006	2007
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	140	209	176	180	161
Denominator	140	209	176	180	161

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

	Annual Objective and Performance Data				
	2008	2009	2010	2011	2012
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: Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is the Tennessee Department of Health.
 Data source is the State of Tennessee STD infertility project data system
 Data source is the state of Tennessee New Born Screening data system.
 In 2007 the State started the PRAMS survey.

2. Section Number: Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2006

Field Note:

Data source is the state of Tennessee New Born Screening data system.
 In 2007 the State started the PRAMS survey.
 This data is based on estimation.

3. 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.

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)

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	94.5	96	70	62	62
Annual Indicator	59.3	59.3	59.3	60.0	60.7
Numerator	3,703	3,703	3,703	3,807	3,381
Denominator	6,244	6,244	6,244	6,349	5,570

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	62	62	62	62	62
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

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

Field Name: PM02

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

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

Field Name: PM02

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

3. **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.

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)

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	94.5	96	75	63	64
Annual Indicator	60.0	60.0	60.0	60.7	52.7
Numerator	3,746	3,746	3,746	3,857	2,935
Denominator	6,244	6,244	6,244	6,349	5,570

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	65	65	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: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

- Section Number:** Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

- 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.

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

	2003	2004	2005	2006	2007
Annual Performance Objective	94.5	96	75	64	64
Annual Indicator	62.0	62.0	62.0	61.4	67.7
Numerator	3,871	3,871	3,871	3,897	3,771
Denominator	6,244	6,244	6,244	6,349	5,570

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	69	69	69	70	70
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. **Section Number:** Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

2. **Section Number:** Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

3. **Section Number:** Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2005

Field Note:

The data reported in 2005 are pre-populated with the data from 2004 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)

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	94.5	96	90	82	82
Annual Indicator	80.0	80.0	80.0	80.8	91.8
Numerator	4,995	4,995	4,995	5,128	5,113
Denominator	6,244	6,244	6,244	6,349	5,570

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	93	93	93	93	93
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 #5

Field Name: PM05

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

2. **Section Number:** Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

3. **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.

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.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	94.5	96	50	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	1,561	1,561	1,561	1,561	1,534
Denominator	1,561	1,561	1,561	1,561	1,534

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
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:** Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

2. **Section Number:** Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

3. **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.

PERFORMANCE MEASURE # 07

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

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	90	94	95	81	83
Annual Indicator	78.4	77.2	79.1	86.7	86.7
Numerator	55,881	60,040	90,761	1,300	1,300
Denominator	71,277	77,773	114,731	1,500	1,500

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	88	88	88	89	89
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

- Section Number:** Performance Measure #7
Field Name: PM07
Row Name:
Column Name:
Year: 2007
Field Note:
 The data reported in 2007 are pre-populated with the data from 2006 and the CDC Immunization survey and is based on survey sample size for this performance measure.
- Section Number:** Performance Measure #7
Field Name: PM07
Row Name:
Column Name:
Year: 2006
Field Note:
 Data is from cdc.gov/nipcoverage/nis/05-06.
 This data is from the cdc immunization survey and is base on survey sample size.
 In 2005 full schedule of appropriate immunization was expanded.
- Section Number:** Performance Measure #7
Field Name: PM07
Row Name:
Column Name:
Year: 2005
Field Note:
 Data is from NIS Data for Tennessee
 In 2005 full schedule of appropriate immunization was expanded.

PERFORMANCE MEASURE # 08

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

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	27	24	23	27	26.5
Annual Indicator	27.8	26.3	27.5	28.6	27.8
Numerator	3,203	3,057	3,229	3,389	3,354
Denominator	115,376	116,426	117,523	118,599	120,852

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	26.5	26	25	25	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

- Section Number:** Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2007

Field Note:

The data reported in 2007 are pre-populated with the data from 2007 population estimates and the Tennessee Birth Master file for this performance measure.

- Section Number:** Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2006

Field Note:

Data is from Tennessee Birth Master files.

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 consistent with previous years.

- 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 consistent with previous years.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	17	17	25	23	23
Annual Indicator	9.3	22.0	21.9	22.3	21.8
Numerator	6,476	35,059	71,961	75,789	3,769
Denominator	69,314	159,359	329,279	339,485	17,256

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	24	24.5	25	25	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: 2007

Field Note:

This data is from the of Tennessee (Patient Tracking Billing Medical Informatin System) PTBMIS Database.

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

Field Name: PM09

Row Name:

Column Name:

Year: 2006

Field Note:

This data is from the of Tennessee (Patient Tracking Billing Medical Informatin System) PTBMIS Database.

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

Field Name: PM09

Row Name:

Column Name:

Year: 2005

Field Note:

This data is from the of Tennessee (Patient Tracking Billing Medical Informatin System) PTBMIS Database.

PERFORMANCE MEASURE # 10

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

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	3.7	3	3	3	2.5
Annual Indicator	4.0	4.2	4.0	2.6	3.3
Numerator	48	50	48	32	39
Denominator	1,188,005	1,196,148	1,204,737	1,210,629	1,194,718

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	2.5	2.5	2	2	2
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

- Section Number:** Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2007

Field Note:

The data reported in 2007 are pre-populated with the data from 2007 population estimates and the Tennessee Death Master file for this performance measure.

- Section Number:** Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2007 are pre-populated with the data from 2007 population estimates and the Tennessee Death Master file for this performance measure.

- 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

PERFORMANCE MEASURE # 11

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

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective				32	34
Annual Indicator			29.3	28.0	31.4
Numerator			440	420	14,705
Denominator			1,500	1,500	46,777

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	36	40	50	50	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

- Section Number:** Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2007
Field Note:
 The data reported in 2007 are pre-populated with the data from 2007 population estimates and the CDC Nutrition Surveillance file for this performance measure.
- Section Number:** Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2006
Field Note:
 Data source is national Immunization survey. Source: CDC.gov/breastfeeding/data.
 The numerator and denominator are based on estimates.
- 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 # 12

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

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	98	98	98	98	98
Annual Indicator	97.0	97.0	97.0	88.9	92.5
Numerator	76,476	77,202	79,010	80,173	85,077
Denominator	78,841	79,590	81,454	90,155	92,012

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	98	98	98	98	99
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. **Section Number:** Performance Measure #12

Field Name: PM12

Row Name:

Column Name:

Year: 2007

Field Note:

The data reported in 2007 are pre-populated with the data from 2007 population estimates for this performance measure. Secondly 2007 data is based on population estimates.

2. **Section Number:** Performance Measure #12

Field Name: PM12

Row Name:

Column Name:

Year: 2006

Field Note:

Data source is the State vital records and Newborn screening registry. No law requires hospitals in the state to report on screening.

3. **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.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	7	7	7	6	6
Annual Indicator	7.5	10.8	6.4	6.4	6.4
Numerator	119,428	173,220	97,933	97,933	88,283
Denominator	1,592,371	1,603,892	1,530,196	1,530,196	1,386,911

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
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 #13

Field Name: PM13

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is National survey of Children's health.

93.6 % of children had health insurance according to the survey (WWW.nschdata.org)

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

Field Name: PM13

Row Name:

Column Name:

Year: 2006

Field Note:

Data source is National survey of Children's health.

93.6 % of children had health insurance according to the survey (WWW.nschdata.org)

3. **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.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective				9	9
Annual Indicator			10.3	24.2	34.0
Numerator			20,474	22,265	53,971
Denominator			197,847	92,164	158,733

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	30	30	30	30	27
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. **Section Number:** Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is the State WIC data base and is the calendar year data

Variation is due to calendar year data, increase in the total number of children within the age group of 2-5 years receiving WIC and methodology of data count.

2. **Section Number:** Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2006

Field Note:

Data source is the State WIC data base and is the calendar year data

Variation is due to calendar year data and methodology of data count.

3. **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.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective				9.7	9
Annual Indicator			16.2	15.8	19.4
Numerator			13,158	13,288	16,774
Denominator			81,454	84,277	86,558

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	7.5	6	4	4	4
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

- Section Number:** Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is the State vital records

- Section Number:** Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2006

Field Note:

Data source is the State vital records

- 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.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	7	6.5	6	6	6
Annual Indicator	6.2	10.3	7.5	7.2	5.4
Numerator	25	42	31	30	23
Denominator	404,366	407,744	411,299	414,947	422,058

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	5.2	5.2	5	5	5
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

- Section Number:** Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2007
Field Note:
 Data source is the State vital records registry.
- Section Number:** Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2006
Field Note:
 Data source is the State vital records registry.
- Section Number:** Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2005
Field Note:
 Data was from State Vital records registry

PERFORMANCE MEASURE # 17

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

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	80	80	80	80	80
Annual Indicator	74.8	72.3	68.0	69.3	68.5
Numerator	1,004	815	922	1,045	1,036
Denominator	1,343	1,128	1,356	1,508	1,513

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	80	80	80	80	80
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. **Section Number:** Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is the State vital records registry.

2. **Section Number:** Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2006

Field Note:

Data source is the State vital records.

3. **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.

PERFORMANCE MEASURE # 18

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

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	89	90	90	90	90
Annual Indicator	80.6	80.4	60.4	62.5	63.7
Numerator	63,551	64,000	49,163	52,684	55,134
Denominator	78,841	79,590	81,454	84,277	86,558

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
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

- Section Number:** Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2007
Field Note:
 Data source is the State vital records registry. The data is estimated.
- Section Number:** Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2006
Field Note:
 Data source is the State vital records registry.
- 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

STATE PERFORMANCE MEASURE # 1

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

	Annual Objective and Performance Data				
	2003	2004	2005	2006	2007
Annual Performance Objective		30		28	28
Annual Indicator	27.6	27.6	25.0	25.0	27.4
Numerator	515	515	385	385	422
Denominator	1,865	1,865	1,540	1,540	1,540
Is the Data Provisional or Final?				Final	Final

	Annual Objective and Performance Data				
	2008	2009	2010	2011	2012
Annual Performance Objective	26	26	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

- Section Number:** State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2007
Field Note:
 Data source is the Tennessee YRBSS conducted by Tennessee Department of Education
 2005 Youth Behavioral Risk Surveillance Survey (YRBSS) was used to estimate year 2007
- Section Number:** State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2006
Field Note:
 Data source is the Tennessee YRBSS conducted by Tennessee Department of Education
 2005 Youth Behavioral Risk Surveillance Survey (YRBSS) was used to estimate year 2006
- 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.

STATE PERFORMANCE MEASURE # 2

Reduce the percentage of high school students using alcohol.

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
Annual Performance Objective		38		36	36
Annual Indicator	41.1	41.1	41.8	41.8	41.8
Numerator	772	772	643	643	644
Denominator	1,878	1,878	1,540	1,540	1,540
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	34	34	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

- Section Number:** State Performance Measure #2
Field Name: SM2
Row Name:
Column Name:
Year: 2007
Field Note:
 Data source is the Tennessee YRBSS conducted by Tennessee Department of Education
 2005 Youth Behavioral Risk Surveillance Survey (YRBSS) was used to estimate year 2007
- Section Number:** State Performance Measure #2
Field Name: SM2
Row Name:
Column Name:
Year: 2006
Field Note:
 Data source is the Tennessee YRBS conducted by Tennessee Department of Education
 2005 Youth Behavioral Risk Surveillance Survey (YRBSS) was used to estimate year 2006
- Section Number:** State Performance Measure #2
Field Name: SM2
Row Name:
Column Name:
Year: 2005
Field Note:
 YRBSS was the data source.2005 Youth Behavioral Risk Surveillance Survey (YRBSS) was used

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>				
	2003	2004	2005	2006	2007
Annual Performance Objective	<u>7.4</u>	<u>7.2</u>	<u>7</u>	<u>7</u>	<u>7</u>
Annual Indicator	<u>7.1</u>	<u>10.5</u>	<u>11.4</u>	<u>10.7</u>	<u>10.7</u>
Numerator	<u>10,106</u>	<u>15,143</u>	<u>17,500</u>	<u>17,500</u>	<u>17,500</u>
Denominator	<u>1,427,042</u>	<u>1,437,424</u>	<u>1,530,196</u>	<u>1,635,539</u>	<u>1,635,539</u>
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	<u>7</u>	<u>7</u>	<u>7</u>	<u>7</u>	<u>7</u>
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

- Section Number:** State Performance Measure #3
Field Name: SM3
Row Name:
Column Name:
Year: 2007
Field Note:
 Reports from the Tennessee Department of Children's Services Child Protective Services Section.
- Section Number:** State Performance Measure #3
Field Name: SM3
Row Name:
Column Name:
Year: 2006
Field Note:
 Reports from the Tennessee Department of Children's Services Child Protective Services Section.
- 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.

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>				
	2003	2004	2005	2006	2007
Annual Performance Objective	<u>59</u>	<u>60</u>	<u>80</u>	<u>89</u>	<u>90</u>
Annual Indicator	<u>56.3</u>	<u>68.1</u>	<u>88.1</u>	<u>88.2</u>	<u>73.3</u>
Numerator	<u>440,539</u>	<u>527,845</u>	<u>663,876</u>	<u>664,879</u>	<u>597,536</u>
Denominator	<u>782,057</u>	<u>775,232</u>	<u>753,474</u>	<u>753,982</u>	<u>814,643</u>
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	<u>92</u>	<u>92</u>	<u>95</u>	<u>95</u>	<u>95</u>
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

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

Field Name: SM4

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is State of Tennessee TennCare

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

Field Name: SM4

Row Name:

Column Name:

Year: 2006

Field Note:

Data source is State of Tennessee TennCare

3. **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

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>				
	2003	2004	2005	2006	2007
Annual Performance Objective	<u>5.2</u>	<u>5.2</u>	<u>5.2</u>	<u>5.2</u>	<u>5.2</u>
Annual Indicator	<u>6.7</u>	<u>6.6</u>	<u>6.9</u>	<u>6.3</u>	<u>6.5</u>
Numerator	<u>1,589</u>	<u>1,809</u>	<u>1,985</u>	<u>1,720</u>	<u>1,578</u>
Denominator	<u>23,685</u>	<u>27,494</u>	<u>28,890</u>	<u>27,346</u>	<u>24,334</u>
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	<u>5.2</u>	<u>5.2</u>	<u>5.2</u>	<u>5.2</u>	<u>5.2</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:** State Performance Measure #5
Field Name: SM5
Row Name:
Column Name:
Year: 2007
Field Note:
 Data source is the Tennessee Department of Health.
 Data source is the State of Tennessee STD infertility project data system
- Section Number:** State Performance Measure #5
Field Name: SM5
Row Name:
Column Name:
Year: 2006
Field Note:
 Data source is the State of Tennessee STD infertility project data system
- Section Number:** State Performance Measure #5
Field Name: SM5
Row Name:
Column Name:
Year: 2005
Field Note:
 Data source is the State of Tennessee STD infertility project data system

STATE PERFORMANCE MEASURE # 6

Reduce the number of babies born prematurely.

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
Annual Performance Objective				12	11
Annual Indicator			12.7	12.4	11.7
Numerator			10,241	10,454	10,162
Denominator			80,583	84,277	86,558
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	10	10	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

- Section Number:** State Performance Measure #6
Field Name: SM6
Row Name:
Column Name:
Year: 2007
Field Note:
 Data source is the Tennessee Department of Health.
 Data source is the State of Tennessee provisional birth master files, Tennessee residents only.
- Section Number:** State Performance Measure #6
Field Name: SM6
Row Name:
Column Name:
Year: 2006
Field Note:
 Data source is Tennessee Birth master files, Tennessee resident only
- 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>					
	2003	2004	2005	2006	2007
Annual Performance Objective				50	50
Annual Indicator			10.3	9.7	39.4
Numerator			62,000	58,313	117,570
Denominator			600,000	600,000	298,233
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2008	2009	2010	2011	2012
Annual Performance Objective	60	65	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:** State Performance Measure #7
Field Name: SM7
Row Name:
Column Name:
Year: 2007
Field Note:
 Data source is the State of Tennessee EPSDT data System and the Tennessee TennCare data.
 Data includes Children age 10-18 years and the data is based on FY 2005-2006
- Section Number:** State Performance Measure #7
Field Name: SM7
Row Name:
Column Name:
Year: 2006
Field Note:
 Data source is the State of Tennessee EPSDT data System and the Tennessee TennCare data.
- 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>				
	2003	2004	2005	2006	2007
Annual Performance Objective	_____	_____	_____	10	10
Annual Indicator	_____	_____	10.7	10.4	10.1
Numerator	_____	_____	8,749	8,749	8,721
Denominator	_____	_____	81,454	84,277	86,558
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	9	7	5	5	5
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

- Section Number:** State Performance Measure #8
Field Name: SM8
Row Name:
Column Name:
Year: 2007
Field Note:
 The data reported in 2007 are pre-populated with the data from 2007 Tennessee Birth master files for this performance measure.
- Section Number:** State Performance Measure #8
Field Name: SM8
Row Name:
Column Name:
Year: 2006
Field Note:
 The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.
- 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.

	Annual Objective and Performance Data				
	2003	2004	2005	2006	2007
Annual Performance Objective				30	30
Annual Indicator			31.9	31.9	39.9
Numerator			491	491	615
Denominator			1,540	1,540	1,540
Is the Data Provisional or Final?				Final	Provisional

	Annual Objective and Performance Data				
	2008	2009	2010	2011	2012
Annual Performance Objective	30	29	25	25	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

- Section Number:** State Performance Measure #9

Field Name: SM9

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is the Tennessee YRBSS conducted by Tennessee Department of Education 2005 Youth Behavioral Risk Surveillance Survey (YRBSS) was used.

- Section Number:** State Performance Measure #9

Field Name: SM9

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

Data source is the State of Tennessee Youth Risk Behavior survey

- Section Number:** State Performance Measure #9

Field Name: SM9

Row Name:

Column Name:

Year: 2005

Field Note:

2005 Tennessee Youth 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>					
	2003	2004	2005	2006	2007
Annual Performance Objective	_____	_____	_____	100	100
Annual Indicator	_____	_____	100.0	100.0	100.0
Numerator	_____	_____	1,234	1,234	1,534
Denominator	_____	_____	1,234	1,234	1,534
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2008	2009	2010	2011	2012
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:** State Performance Measure #10
Field Name: SM10
Row Name:
Column Name:
Year: 2007
Field Note:
 Data source is the State of Tennessee CSS data system
- Section Number:** State Performance Measure #10
Field Name: SM10
Row Name:
Column Name:
Year: 2006
Field Note:
 Data source is the State of Tennessee CSS data system
- 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 source is state of Tennessee vital records(Tennessee Resident only)

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	7.7	7.6	7.5	7.5	7.5
Annual Indicator	9.2	8.6	8.7	8.7	8.2
Numerator	726	685	712	729	709
Denominator	78,841	79,590	81,454	84,277	86,558

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	7.5	7.5	7.5	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

1. Section Number: Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is state of Tennessee vital records(Tennessee Resident only)

2. Section Number: Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2006

Field Note:

Data source is state of Tennessee vital records(Tennessee Resident only)

3. Section Number: Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2005

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.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	2.2	2.1	2.1	2.1	2.1
Annual Indicator	2.6	2.5	2.2	2.3	2.4
Numerator	17.9	17.5	17.5	16.7	16.4
Denominator	7	7	8.1	7.4	6.9

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
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

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

Field Name: OM02

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is state of Tennessee vital records(Tennessee Resident only)

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

Field Name: OM02

Row Name:

Column Name:

Year: 2006

Field Note:

Data source is state of Tennessee vital records(Tennessee Resident only)

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

Field Name: OM02

Row Name:

Column Name:

Year: 2005

Field Note:

Data source is the State vital records.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	4.5	4.4	4.3	4.3	4.3
Annual Indicator	6.0	5.4	5.6	5.8	5.1
Numerator	472	430	455	487	440
Denominator	78,841	79,590	81,454	84,277	86,558

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
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

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

Field Name: OM03

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is state of Tennessee vital records(Tennessee Resident only)

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

Field Name: OM03

Row Name:

Column Name:

Year: 2006

Field Note:

Data source is state of Tennessee vital records(Tennessee Resident only)

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

Field Name: OM03

Row Name:

Column Name:

Year: 2005

Field Note:

Data source is the State vital records.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	2.8	2.7	2.6	2.6	2.6
Annual Indicator	3.2	3.2	3.2	2.9	3.1
Numerator	256	255	257	242	269
Denominator	78,841	79,590	81,454	84,277	86,558

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	2.6	2.6	2.6	2.6	2.6
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

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

Field Name: OM04

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is state of Tennessee vital records(Tennessee Resident only)

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

Field Name: OM04

Row Name:

Column Name:

Year: 2006

Field Note:

Data source is state of Tennessee vital records(Tennessee Resident only)

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

Field Name: OM04

Row Name:

Column Name:

Year: 2005

Field Note:

Data source is the State vital records.

OUTCOME MEASURE # 05

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

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	8.5	8.4	8.3	8	8
Annual Indicator	8.1	9.1	10.3	8.7	9.9
Numerator	641	726	839	729	861
Denominator	79,217	79,976	81,847	84,277	87,076

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
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: 2007

Field Note:

Data source is state of Tennessee vital records, 2006-2007 Final Fetal Death, Death and Birthmaster files (Tennessee Resident only)

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

Field Name: OM05

Row Name:

Column Name:

Year: 2006

Field Note:

Data source is state of Tennessee vital records(Tennessee Resident only)

3. **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 defination and methodolgy in counting the variables.

OUTCOME MEASURE # 06

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

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	18	18	20	20	15
Annual Indicator	23.9	22.3	22.1	21.7	20.1
Numerator	266	249	249	245	224
Denominator	1,111,232	1,117,907	1,124,607	1,130,488	1,114,294

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	15	15	15	15	15
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

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

Field Name: OM06

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is state of Tennessee vital records

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

Field Name: OM06

Row Name:

Column Name:

Year: 2006

Field Note:

Data source is state of Tennessee vital records

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

Field Name: OM06

Row Name:

Column Name:

Year: 2005

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: 2009

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: 2009

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.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> 06 </u>	Youth with special health care needs who receive the services necessary to make transitions to adult life, including adult health care, work and independence.	To enhance our current transition services to our participant age 14-21. Develop a new comprehensive tool than the transition check list currently utilized	Healthy Ready to work
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

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

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: 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 15 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, PTBMIS, 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

Data source is Hospital Discharge Tennessee resident only and population estimates. Data source is the State of Tennessee CoverKids database. All children are enrolled as medicaid eligible or uninsurable under the TennCare program. Tennessee SCHIP, cover kids started enrollment in March 2007. This data is based on well baby visits according to the periodicity schedule issued from the American Academy of Pediatrics. Our population of babies less than 1 year of age was small and the percentage over 100% signifies that some babies had more than 1 well baby visits in that time frame. This data is estimated.

HEALTH SYSTEMS CAPACITY MEASURE # 01

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

	<u>Annual Indicator Data</u>				
	2003	2004	2005	2006	2007
Annual Indicator	39.0	58.6	28.9	28.9	29.0
Numerator	1,508	2,288	1,366	1,366	1,155
Denominator	386,315	390,312	473,085	473,085	398,283

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

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: 2007

Field Note:

Data source is Hospital Discharge Tennessee resident only and population estimates

2. **Section Number:** Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2006

Field Note:

Data source is Hospital Discharge Tennessee resident only and population estimates

3. **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)

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.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>62.0</u>	<u>77.5</u>	<u>66.8</u>	<u>62.9</u>	<u>83.6</u>
Numerator	<u>28,443</u>	<u>38,116</u>	<u>52,414</u>	<u>53,033</u>	<u>47,264</u>
Denominator	<u>45,876</u>	<u>49,159</u>	<u>78,503</u>	<u>84,277</u>	<u>56,537</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

- Section Number:** Health Systems Capacity Indicator #02
Field Name: HSC02
Row Name:
Column Name:
Year: 2007
Field Note:
 State of Tennessee TennCare (Medicaid) database
- Section Number:** Health Systems Capacity Indicator #02
Field Name: HSC02
Row Name:
Column Name:
Year: 2006
Field Note:
 State of Tennessee TennCare (medicaid) database
- 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.

HEALTH SYSTEMS CAPACITY MEASURE # 03

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

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>100.0</u>
Numerator	<u></u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>153</u>
Denominator	<u></u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>153</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

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

Field Name: HSC03

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is the State of Tennessee CoverKids database.

All children are enrolled as medicaid eligible or uninsurable under the TennCare program.

Tennessee SCHIP, cover kids started enrollment in March 2007. This data is based on well baby visits according to the periodicity schedule issued from the American Academy of Pediatrics. Our population of babies less than 1 year of age was small and the percentage over 100% signifies that some babies had more than 1 well baby visits in that time frame.

This data is estimated.

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

Field Name: HSC03

Row Name:

Column Name:

Year: 2006

Field Note:

Tennessee does not have a separate SCHIP program and N/A data reported. All children are enrolled as medicaid eligible or uninsurable under the TennCare program.

Tennessee SCHIP, cover kids started enrollment in March 2007 and currently no data is available.

3. **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.

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				
	2003	2004	2005	2006	2007
Annual Indicator	<u>78.5</u>	<u>78.5</u>	<u>74.1</u>	<u>76.8</u>	<u>83.8</u>
Numerator	<u>61,564</u>	<u>61,783</u>	<u>60,360</u>	<u>64,738</u>	<u>72,498</u>
Denominator	<u>78,433</u>	<u>78,696</u>	<u>81,454</u>	<u>84,277</u>	<u>86,558</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

- Section Number:** Health Systems Capacity Indicator #04
Field Name: HSC04
Row Name:
Column Name:
Year: 2007
Field Note:
 Data source is Tennessee Birthmaster file resident only
- Section Number:** Health Systems Capacity Indicator #04
Field Name: HSC04
Row Name:
Column Name:
Year: 2006
Field Note:
 Data source is Tennessee Birthmaster file resident only
- Section Number:** Health Systems Capacity Indicator #04
Field Name: HSC04
Row Name:
Column Name:
Year: 2005
Field Note:
 State of Tennessee 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				
	2003	2004	2005	2006	2007
Annual Indicator	100.0	100.0	100.0	100.0	80.0
Numerator	782,057	775,232	758,628	743,387	651,564
Denominator	782,057	775,232	758,628	743,387	814,643

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Health Systems Capacity Indicator #07A

Field Name: HSC07A

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is State of Tennessee TennCare (medicaid) data based on eligibility.

2. **Section Number:** Health Systems Capacity Indicator #07A

Field Name: HSC07A

Row Name:

Column Name:

Year: 2006

Field Note:

Data source is State of Tennessee TennCare (medicaid) data based on eligibility. Data is based on estimation

3. **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 eligibility.

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				
	2003	2004	2005	2006	2007
Annual Indicator	<u>43.7</u>	<u>51.4</u>	<u>60.4</u>	<u>37.0</u>	<u>39.1</u>
Numerator	<u>63,239</u>	<u>72,563</u>	<u>86,569</u>	<u>56,418</u>	<u>58,912</u>
Denominator	<u>144,621</u>	<u>141,136</u>	<u>143,367</u>	<u>152,680</u>	<u>150,683</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

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: 2007
Field Note:
 Data source is State of Tennessee TennCare (medicaid) data based on eligibility. Data is based on estimation
- Section Number:** Health Systems Capacity Indicator #07B
Field Name: HSC07B
Row Name:
Column Name:
Year: 2006
Field Note:
 State of Tennessee EPSDT database.
- Section Number:** Health Systems Capacity Indicator #07B
Field Name: HSC07B
Row Name:
Column Name:
Year: 2005
Field Note:
 State of Tennessee 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				
	2003	2004	2005	2006	2007
Annual Indicator	100.0	100.0	100.0	100.0	9.0
Numerator	18,909	19,097	19,781	22,392	1,962
Denominator	18,909	19,097	19,781	22,392	21,881

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

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: 2007

Field Note:

Data source is the State CSS data and Federal program data of State SSI recipients.

Data is based on true number receiving services vs. number offered services as we have reported in previous years.

There is change in data methodology since the data was taken from a combination of the State's PTBMIS and the Federal program SSI database. The Numerator are from the State's PTBMIS database and Denominator are from the Federal SSI database. All numbers are for year 2007.

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

Field Name: HSC08

Row Name:

Column Name:

Year: 2006

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: 2005

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>	2007	Matching data files	<u>11.3</u>	<u>0</u>	<u>9.2</u>
b) <i>Infant deaths per 1,000 live births</i>	2007	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>	2007	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>	2007	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>	2007	<u>185</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u>) (Age range <u>6</u> to <u>19</u>) (Age range <u> </u> to <u> </u>)	2007	<u>133</u> <u>100</u> <u> </u>
c) <i>Pregnant Women</i>	2007	<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>	2007	<u>185</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u>) (Age range <u>6</u> to <u>19</u>) (Age range <u> </u> to <u> </u>)	2007	<u>133</u> <u>100</u> <u> </u>
c) <i>Pregnant Women</i>	2007	<u>185</u>

FORM NOTES FOR FORM 18

Different data source. data on non Medicaid population is not available.
Data linked birth certificate and TennCare file (Medicaid)
Data linked birth certificate and TennCare file (Medicaid)

FIELD LEVEL NOTES

1. **Section Number:** Indicator 06 - Medicaid
Field Name: Med_Infant
Row Name: Infants
Column Name:
Year: 2009
Field Note:
Data is TennCare file (Medicaid)
2. **Section Number:** Indicator 06 - Medicaid
Field Name: Med_Children
Row Name: Medicaid Children
Column Name:
Year: 2009
Field Note:
Data is TennCare file (Medicaid)
3. **Section Number:** Indicator 06 - Medicaid
Field Name: Med_Women
Row Name: Pregnant Women
Column Name:
Year: 2009
Field Note:
Data is TennCare file (Medicaid)
Data is TN. Birth certificate and TennCare file (Medicaid)
4. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Infant
Row Name: Infants
Column Name:
Year: 2009
Field Note:
Data is TennCare file (Medicaid)
5. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Children
Row Name: SCHIP Children
Column Name:
Year: 2009
Field Note:
Data is TennCare file (Medicaid)
6. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Women
Row Name: Pregnant Women
Column Name:
Year: 2009
Field Note:
Data is TN. Birth certificate and TennCare file (Medicaid)
7. **Section Number:** Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of ow birth weight (<2,500 grams)
Column Name:
Year: 2009
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
8. **Section Number:** Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2009
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
9. **Section Number:** Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2009
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
10. **Section Number:** Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2009
Field Note:
The Kotelchuck index is not calculated on the Medicaid data. Data on the Medicaid and non Medicaid population are unavailable . State Vital records :Linked Birth certificate and Medicaid file. 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)	3	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 (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

None

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

Form Level Notes for Form 11

Data source is Hospital Discharge Tennessee residents only

HEALTH STATUS INDICATOR MEASURE # 01A

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

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>9.4</u>	<u>9.0</u>	<u>9.4</u>	<u>9.6</u>	<u>9.4</u>
Numerator	<u>7,409</u>	<u>7,189</u>	<u>7,652</u>	<u>8,100</u>	<u>8,162</u>
Denominator	<u>78,841</u>	<u>79,590</u>	<u>81,454</u>	<u>84,277</u>	<u>86,558</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

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: 2007

Field Note:

Data source is Tennessee Birthmaster files resident only

2. **Section Number:** Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2006

Field Note:

Data source is Tennessee Birthmaster files resident only

3. **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

HEALTH STATUS INDICATOR MEASURE # 01B

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

	<u>Annual Indicator Data</u>				
	2003	2004	2005	2006	2007
Annual Indicator	<u>7.6</u>	<u>7.3</u>	<u>7.6</u>	<u>7.6</u>	<u>7.5</u>
Numerator	<u>5,811</u>	<u>5,602</u>	<u>5,968</u>	<u>6,446</u>	<u>6,452</u>
Denominator	<u>76,347</u>	<u>76,335</u>	<u>78,656</u>	<u>84,277</u>	<u>86,558</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is Tennessee Birthmaster files resident only

2. **Section Number:** Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2006

Field Note:

Data source is Tennessee Birthmaster files resident only

3. **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.

HEALTH STATUS INDICATOR MEASURE # 02A

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

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>1.7</u>	<u>1.7</u>	<u>1.7</u>	<u>1.8</u>	<u>1.7</u>
Numerator	<u>1,343</u>	<u>1,343</u>	<u>1,354</u>	<u>1,508</u>	<u>1,513</u>
Denominator	<u>78,841</u>	<u>79,590</u>	<u>81,454</u>	<u>84,277</u>	<u>86,558</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is Tennessee Birthmaster files resident only

2. **Section Number:** Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2006

Field Note:

Data source is Tennessee birth master files resident only

3. **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.

HEALTH STATUS INDICATOR MEASURE # 02B

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

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>1.3</u>	<u>1.1</u>	<u>1.3</u>	<u>1.4</u>	<u>1.3</u>
Numerator	<u>1,008</u>	<u>827</u>	<u>1,029</u>	<u>1,166</u>	<u>1,159</u>
Denominator	<u>76,347</u>	<u>76,335</u>	<u>78,656</u>	<u>84,277</u>	<u>86,558</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

*(Explain data in a year note. See Guidance, Appendix IX.)***Is the Data Provisional or Final?**

Final

Field Level Notes**1. Section Number:** Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source is Tennessee Birthmaster files resident only

2. Section Number: Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data source is Tennessee Birth master files resident only

3. 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.

HEALTH STATUS INDICATOR MEASURE # 03A

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

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>12.0</u>	<u>12.4</u>	<u>12.6</u>	<u>7.0</u>	<u>8.0</u>
Numerator	<u>143</u>	<u>148</u>	<u>150</u>	<u>85</u>	<u>96</u>
Denominator	<u>1,188,005</u>	<u>1,196,148</u>	<u>1,188,005</u>	<u>1,210,629</u>	<u>1,194,718</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

- Section Number:** Health Status Indicator #03A
Field Name: HSI03A
Row Name:
Column Name:
Year: 2007
Field Note:
 Data source is Tennessee Health statistics Death file resident only and population estimates
- Section Number:** Health Status Indicator #03A
Field Name: HSI03A
Row Name:
Column Name:
Year: 2006
Field Note:
 Data source is Tennessee Health statistics Death file resident only and population estimates
- 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.

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				
	2003	2004	2005	2006	2007
Annual Indicator	4.5	4.8	5.0	2.7	3.3
Numerator	53	57	59	33	39
Denominator	1,188,005	1,196,148	1,188,005	1,210,629	1,194,718

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

- Section Number:** Health Status Indicator #03B
Field Name: HSI03B
Row Name:
Column Name:
Year: 2007
Field Note:
 Data source is Tennessee Health statistics Death file resident only and population estimates
- Section Number:** Health Status Indicator #03B
Field Name: HSI03B
Row Name:
Column Name:
Year: 2006
Field Note:
 Data source is Tennessee Health statistics death files resident only and population estimates
- 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.

HEALTH STATUS INDICATOR MEASURE # 03C

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

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>35.8</u>	<u>41.1</u>	<u>45.6</u>	<u>20.9</u>	<u>30.8</u>
Numerator	<u>287</u>	<u>332</u>	<u>372</u>	<u>172</u>	<u>257</u>
Denominator	<u>800,933</u>	<u>808,140</u>	<u>815,796</u>	<u>821,651</u>	<u>833,229</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

- Section Number:** Health Status Indicator #03C
Field Name: HSI03C
Row Name:
Column Name:
Year: 2007
Field Note:
 Data source is Tennessee Health statistics Death file resident only and population estimates
- Section Number:** Health Status Indicator #03C
Field Name: HSI03C
Row Name:
Column Name:
Year: 2006
Field Note:
 Data source is Tennessee Health statistic (Death Files) resident only and population estimates
- 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.

HEALTH STATUS INDICATOR MEASURE # 04A

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

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>13,248.6</u>	<u>13,209.1</u>	<u>13,350.1</u>	<u>13,135.9</u>	<u>13,408.4</u>
Numerator	<u>157,394</u>	<u>158,000</u>	<u>158,600</u>	<u>158,253</u>	<u>159,391</u>
Denominator	<u>1,188,005</u>	<u>1,196,148</u>	<u>1,188,005</u>	<u>1,204,737</u>	<u>1,188,736</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

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

Field Name: HSI04A

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is Hospital Discharge Tennessee resident only and population estimates

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

Field Name: HSI04A

Row Name:

Column Name:

Year: 2006

Field Note:

Data source is Hospital Discharge Tennessee resident only and population estimates

3. **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.

HEALTH STATUS INDICATOR MEASURE # 04B

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

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>916.9</u>	<u>733.4</u>	<u>723.2</u>	<u>797.2</u>	<u>862.1</u>
Numerator	<u>10,893</u>	<u>8,772</u>	<u>8,650</u>	<u>9,604</u>	<u>10,248</u>
Denominator	<u>1,188,005</u>	<u>1,196,148</u>	<u>1,196,148</u>	<u>1,204,737</u>	<u>1,188,736</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

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: 2007

Field Note:

Data source is Hospital Discharge Tennessee resident only and population estimates

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

Field Name: HSI04B

Row Name:

Column Name:

Year: 2006

Field Note:

Data source is Hospital Discharge Tennessee resident only and population estimates

3. **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.

HEALTH STATUS INDICATOR MEASURE # 04C

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

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>3,590.9</u>	<u>4,033.0</u>	<u>4,033.1</u>	<u>3,461.5</u>	<u>3,549.0</u>
Numerator	<u>28,761</u>	<u>32,592</u>	<u>32,625</u>	<u>28,239</u>	<u>29,343</u>
Denominator	<u>800,933</u>	<u>808,140</u>	<u>808,940</u>	<u>815,796</u>	<u>826,803</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

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

Field Name: HSI04C

Row Name:

Column Name:

Year: 2007

Field Note:

Data source is Hospital Discharge Tennessee resident only.

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

Field Name: HSI04C

Row Name:

Column Name:

Year: 2006

Field Note:

data source is Hospital discharge final inpatients (TN residents only)

3. **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.

HEALTH STATUS INDICATOR MEASURE # 05A

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

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>31.8</u>	<u>33.2</u>	<u>33.2</u>	<u>36.5</u>	<u>39.3</u>
Numerator	<u>6,259</u>	<u>6,594</u>	<u>6,648</u>	<u>7,373</u>	<u>8,078</u>
Denominator	<u>196,796</u>	<u>198,363</u>	<u>200,015</u>	<u>201,861</u>	<u>205,378</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

- Section Number:** Health Status Indicator #05A
Field Name: HSI05A
Row Name:
Column Name:
Year: 2007
Field Note:
 Data source is the state STD program surveillance which is the Communicable Disease Surveillance system
- Section Number:** Health Status Indicator #05A
Field Name: HSI05A
Row Name:
Column Name:
Year: 2006
Field Note:
 Data source is the state STD program surveillance which is the Communicable Disease Surveillance system.
- 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.

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				
	2003	2004	2005	2006	2007
Annual Indicator	<u>8.0</u>	<u>8.6</u>	<u>8.7</u>	<u>10.1</u>	<u>10.3</u>
Numerator	<u>8,421</u>	<u>9,035</u>	<u>9,092</u>	<u>10,539</u>	<u>10,786</u>
Denominator	<u>1,049,746</u>	<u>1,047,782</u>	<u>1,046,385</u>	<u>1,043,888</u>	<u>1,046,998</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

- Section Number:** Health Status Indicator #05B
Field Name: HSI05B
Row Name:
Column Name:
Year: 2007
Field Note:
 Data source is the state STD program surveillance which is the Communicable Disease Surveillance system
- Section Number:** Health Status Indicator #05B
Field Name: HSI05B
Row Name:
Column Name:
Year: 2006
Field Note:
 Data source is the state STD program surveillance which is the Communicable Disease Surveillance system.
- 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.

**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: 2007 Is this data from a State Projection? No 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	80,424	60,790	17,799	0	0	0	0	1,835
Children 1 through 4	320,320	243,183	69,715	0	0	0	0	7,422
Children 5 through 9	391,359	297,205	85,577	0	0	0	0	8,577
Children 10 through 14	402,615	306,050	89,063	0	0	0	0	7,502
Children 15 through 19	422,058	328,270	86,749	0	0	0	0	7,039
Children 20 through 24	411,171	323,925	78,477	0	0	0	0	8,769
Children 0 through 24	2,027,947	1,559,423	427,380	0	0	0	0	41,144

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	76,590	3,834	0
Children 1 through 4	303,572	16,748	0
Children 5 through 9	371,789	19,570	0
Children 10 through 14	387,677	14,938	0
Children 15 through 19	407,658	14,400	0
Children 20 through 24	393,122	18,049	0
Children 0 through 24	1,940,408	87,539	0

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

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

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? No 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	163	56	81	0	0	0	0	26
Women 15 through 17	3,354	1,782	1,178	0	0	0	0	394
Women 18 through 19	7,889	4,773	2,372	0	0	0	0	744
Women 20 through 34	66,414	45,706	12,828	0	0	0	0	7,880
Women 35 or older	8,711	6,385	1,283	0	0	0	0	1,043
Women of all ages	86,531	58,702	17,742	0	0	0	0	10,087

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	135	28	0
Women 15 through 17	2,962	381	11
Women 18 through 19	7,175	697	17
Women 20 through 34	59,768	6,569	77
Women 35 or older	8,000	704	7
Women of all ages	78,040	8,379	112

**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: 2007 Is this data from a State Projection? No 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	709	407	291	0	0	0	0	11
Children 1 through 4	110	77	32	0	0	0	0	1
Children 5 through 9	41	31	9	0	0	0	0	1
Children 10 through 14	73	49	23	0	0	0	0	1
Children 15 through 19	341	264	72	0	0	0	0	5
Children 20 through 24	483	353	119	0	0	0	0	11
Children 0 through 24	1,757	1,181	546	0	0	0	0	30

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	661	48	0
Children 1 through 4	105	5	0
Children 5 through 9	37	4	0
Children 10 through 14	69	4	0
Children 15 through 19	329	12	1
Children 20 through 24	450	32	1
Children 0 through 24	1,651	105	2

**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	1,616,776	1,235,498.0	348,903.0	0.0	0.0	0.0	0.0	32,375.0	2007
Percent in household headed by single parent	33.0	0.0	0.0	0.0	0.0	0.0	0.0	33.0	2007
Percent in TANF (Grant) families	8.7	35.9	63.4	0.1	0.5	0.0	0.1	0.0	2007
Number enrolled in Medicaid	814,643	538,479.0	223,212.0	1,629.0	5,709.0	219.0	11.0	45,384.0	2007
Number enrolled in SCHIP	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2007
Number living in foster home care	11,366	8,586.0	2,463.0	25.0	16.0	9.0	260.0	7.0	2007
Number enrolled in food stamp program	429,183	247,194.0	177,976.0	778.0	2,872.0	149.0	113.0	101.0	2007
Number enrolled in WIC	208,677	121,785.0	66,214.0	293.0	1,001.0	22.0	200.0	19,162.0	2007
Rate (per 100,000) of juvenile crime arrests	2,508.0	1,654.0	480.0	101.0	67.0	83.0	111.0	12.0	2007
Percentage of high school drop-outs (grade 9 through 12)	100.0	41.9	54.8	0.1	0.5	0.1	0.0	2.6	2007

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	1,547,286.0	69,490.0	0.0	2007
Percent in household headed by single parent	0.0	0.0	0.3	2007
Percent in TANF (Grant) families	98.1	1.9	0.0	2007
Number enrolled in Medicaid	768,519.0	16,124.0	30,000.0	2007
Number enrolled in SCHIP	0.0	0.0	0.0	2007
Number living in foster home care	10,681.0	431.0	254.0	2007
Number enrolled in food stamp program	411,805.0	17,279.0	101.0	2007
Number enrolled in WIC	187,999.0	20,600.0	80.0	2007
Rate (per 100,000) of juvenile crime arrests	2,421.0	77.0	10.0	2007
Percentage of high school drop-outs (grade 9 through 12)	97.4	2.6	0.0	2007

**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: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	0
Living in urban areas	1,032,241
Living in rural areas	584,535
Living in frontier areas	0
Total - all children 0 through 19	1,616,776

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: 2007 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	6,090,043.0
Percent Below: 50% of poverty	6.1
100% of poverty	14.5
200% of poverty	34.5

**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: 2007 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	1,616,776.0
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 and State of Tennessee Health Statistics system (Death file)

FIELD LEVEL NOTES

1. **Section Number:** Indicator 06A
Field Name: S06_Race_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2009
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: 2009
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: 2009
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: 2009
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: 2009
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: 2009
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: 2009
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: 2009
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: 2009
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: 2009
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: 2009
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: 2009
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: 2009
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: 2009
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: 2009
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: 2009
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: 2009
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: 2009
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: 2009
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: 2009
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: 2009
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: 2009
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: 2009
Field Note:
Data source is State of Tennessee Health Statistics system (Death file)
24. **Section Number:** Indicator 08A
Field Name: S08_Race_Children1to4
Row Name: children 1 through 4

- Column Name:**
Year: 2009
Field Note:
Data source is State of Tennessee Health Statistics system (Death file)
25. **Section Number:** Indicator 08A
Field Name: S08_Race_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2009
Field Note:
Data source is State of Tennessee Health Statistics system (Death file)
26. **Section Number:** Indicator 08A
Field Name: S08_Race_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2009
Field Note:
Data source is State of Tennessee Health Statistics system (Death file)
27. **Section Number:** Indicator 08A
Field Name: S08_Race_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2009
Field Note:
Data source is State of Tennessee Health Statistics system (Death file)
28. **Section Number:** Indicator 08A
Field Name: S08_Race_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2009
Field Note:
Data source is State of Tennessee Health Statistics system (Death file)
29. **Section Number:** Indicator 08B
Field Name: S08_Ethnicity_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2009
Field Note:
Data source is State of Tennessee Health Statistics system (Death file)
30. **Section Number:** Indicator 08B
Field Name: S08_Ethnicity_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2009
Field Note:
Data source is State of Tennessee Health Statistics system (Death file)
31. **Section Number:** Indicator 08B
Field Name: S08_Ethnicity_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2009
Field Note:
Data source is State of Tennessee Health Statistics system (Death file)
32. **Section Number:** Indicator 08B
Field Name: S08_Ethnicity_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2009
Field Note:
Data source is State of Tennessee Health Statistics system (Death file)
33. **Section Number:** Indicator 08B
Field Name: S08_Ethnicity_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2009
Field Note:
Data source is State of Tennessee Health Statistics system (Death file)
34. **Section Number:** Indicator 08B
Field Name: S08_Ethnicity_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2009
Field Note:
Data source is State of Tennessee Health Statistics system (Death file)
35. **Section Number:** Indicator 09A
Field Name: HSIRace_Children
Row Name: All children 0 through 19
Column Name:
Year: 2009
Field Note:
These data are from the Tennessee statewide report card
36. **Section Number:** Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent

Column Name:

Year: 2009

Field Note:

These data are from the Tennessee statewide report card and does not provide the by race categories

37. **Section Number:** Indicator 09A
Field Name: HSIRace_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2009
Field Note:
These data are from the Tennessee statewide report card
38. **Section Number:** Indicator 09A
Field Name: HSIRace_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2009
Field Note:
These data are from the Tennessee statewide report card
39. **Section Number:** Indicator 09A
Field Name: HSIRace_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2009
Field Note:
State of Tennessee does not have SHIP but rather have TennCare Health system.
40. **Section Number:** Indicator 09A
Field Name: HSIRace_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2009
Field Note:
These data are from the Tennessee statewide report card
41. **Section Number:** Indicator 09A
Field Name: HSIRace_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2009
Field Note:
These data are from the Tennessee statewide report card
42. **Section Number:** Indicator 09A
Field Name: HSIRace_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2009
Field Note:
These data are from the Tennessee statewide report card
43. **Section Number:** Indicator 09A
Field Name: HSIRace_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2009
Field Note:
These data are from the Tennessee statewide report card
44. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_Children
Row Name: All children 0 through 19
Column Name:
Year: 2009
Field Note:
These data are from the Tennessee statewide report card
45. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2009
Field Note:
These data are from the Tennessee statewide report card
46. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2009
Field Note:
These data are from the Tennessee statewide report card
47. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2009
Field Note:
These data are from the Tennessee statewide report card
48. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_SCHIPNo
Row Name: Number enrolled in SCHIP

Column Name:

Year: 2009

Field Note:

State of Tennessee does not have SCHIP but rather have TennCare system

49. Section Number: Indicator 09B

Field Name: HSIEthnicity_FoodStampNo

Row Name: Number enrolled in food stamp program

Column Name:

Year: 2009

Field Note:

These data are from the Tennessee statewide report card

50. Section Number: Indicator 09B

Field Name: HSIEthnicity_WICNo

Row Name: Number enrolled in WIC

Column Name:

Year: 2009

Field Note:

These data are from the Tennessee statewide report card

51. Section Number: Indicator 09B

Field Name: HSIEthnicity_JuvenileCrimeRate

Row Name: Rate (per 100,000) of juvenile crime arrests

Column Name:

Year: 2009

Field Note:

These data are from the Tennessee statewide report card

52. Section Number: Indicator 09B

Field Name: HSIEthnicity_DropOutPercent

Row Name: Percentage of high school drop-outs (grade 9 through 12)

Column Name:

Year: 2009

Field Note:

These data are from the Tennessee statewide report card

53. Section Number: Indicator 10

Field Name: Metropolitan

Row Name: Living in metropolitan areas

Column Name:

Year: 2009

Field Note:

Tennessee classifies demographic areas in two categories namely rural and urban areas.

54. Section Number: Indicator 10

Field Name: Urban

Row Name: Living in urban areas

Column Name:

Year: 2009

Field Note:

Tennessee classifies demographic areas in two categories namely rural and urban areas.
State data and U.S. census data source

55. Section Number: Indicator 10

Field Name: Rural

Row Name: Living in rural areas

Column Name:

Year: 2009

Field Note:

Tennessee classifies demographic areas in two categories namely rural and urban areas.
State data and U.S. census data source

56. Section Number: Indicator 10

Field Name: Frontier

Row Name: Living in frontier areas

Column Name:

Year: 2009

Field Note:

Tennessee classifies demographic areas in two categories namely rural and urban areas.

57. Section Number: Indicator 11

Field Name: S11_total

Row Name: Total Population

Column Name:

Year: 2009

Field Note:

State data and U.S. census data source

58. Section Number: Indicator 11

Field Name: S11_50percent

Row Name: Percent Below: 50% of poverty

Column Name:

Year: 2009

Field Note:

State data and U.S. census data source.

59. Section Number: Indicator 11

Field Name: S11_100percent

Row Name: 100% of poverty

Column Name:

Year: 2009

Field Note:

State data and U.S. census data source.

60. Section Number: Indicator 11

Field Name: S11_200percent
Row Name: 200% of poverty
Column Name:
Year: 2009
Field Note:
State data and U.S. census data source.

61. **Section Number:** Indicator 12
Field Name: S12_Children
Row Name: Children 0 through 19 years old
Column Name:
Year: 2009
Field Note:
State data and U.S. census data source.

62. **Section Number:** Indicator 12
Field Name: S12_50percent
Row Name: Percent Below: 50% of poverty
Column Name:
Year: 2009
Field Note:
State data and U.S. census data source.

63. **Section Number:** Indicator 12
Field Name: S12_100percent
Row Name: 100% of poverty
Column Name:
Year: 2009
Field Note:
State data and U.S. census data source.

64. **Section Number:** Indicator 12
Field Name: S12_200percent
Row Name: 200% of poverty
Column Name:
Year: 2009
Field Note:
State data and U.S. census data source.

65. **Section Number:** Indicator 09A
Field Name: HSIRace_FosterCare
Row Name: Number living in foster home care
Column Name:
Year: 2009
Field Note:
These data are from the Tennessee statewide report card

66. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_FosterCare
Row Name: Number living in foster home care
Column Name:
Year: 2009
Field Note:
These data are from the Tennessee statewide report card