

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: TN
APPLICATION YEAR: 2013

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FORM 2
MCH BUDGET DETAILS FOR FY 2013
[Secs. 504 (d) and 505(a)(3)(4)]
STATE: TN

1. FEDERAL ALLOCATION		\$	11,539,865
	(Item 15a of the Application Face Sheet [SF 424])		
	Of the Federal Allocation (1 above), the amount earmarked for:		
	A. Preventive and primary care for children:		
	\$ 3,461,960 (30 %)		
	B. Children with special health care needs:		
	\$ 3,461,960 (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:		
	\$ 1,153,986 (10 %)		
	(The above figure cannot be more than 10%)[Sec. 504(d)]		
2. UNOBLIGATED BALANCE	(Item 15b of SF 424)	\$	5,500,000
3. STATE MCH FUNDS	(Item 15c of the SF 424)	\$	13,250,000
4. LOCAL MCH FUNDS	(Item 15d of SF 424)	\$	0
5. OTHER FUNDS	(Item 15e of SF 424)	\$	0
6. PROGRAM INCOME	(Item 15f of SF 424)	\$	5,650,000
7. TOTAL STATE MATCH	(Lines 3 through 6)	\$	18,900,000
	(Below is your State's FY 1989 Maintenance of Effort Amount)		
	\$ 13,125,024		
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)		\$	35,939,865
	(Total lines 1 through 6. Same as line 15g of SF 424)		
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:	\$	65,357	
c. CISS:	\$	255,000	
d. Abstinence Education:	\$	1,154,546	
e. Healthy Start:	\$	0	
f. EMSC:	\$	0	
g. WIC:	\$	135,977,824	
h. AIDS:	\$	0	
i. CDC:	\$	7,301,220	
j. Education:	\$	0	
k. Home Visiting:	\$	6,953,766	
l. Other:			
Family Planning	\$	6,535,476	
Preg Assistance Fund	\$	2,566,197	
10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)		\$	160,809,386
11. STATE MCH BUDGET TOTAL		\$	196,749,251
	(Partnership subtotal + Other Federal MCH Funds subtotal)		

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

None

FORM 3
STATE MCH FUNDING PROFILE
[Secs. 505(a) and 506(a)(1-3)]
STATE: TN

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form2)</i>	\$ 11,855,578	\$ 9,502,319	\$ 11,658,473	\$ 8,967,477	\$ 11,645,007	\$ 8,558,526
2. Unobligated Balance <i>(Line2, Form2)</i>	\$ 7,500,000	\$ 0	\$ 5,000,000	\$ 0	\$ 3,500,000	\$ 0
3. State Funds <i>(Line3, Form2)</i>	\$ 13,300,000	\$ 13,250,000	\$ 13,325,000	\$ 13,300,000	\$ 13,250,000	\$ 13,325,000
4. Local MCH Funds <i>(Line4, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form2)</i>	\$ 5,128,300	\$ 5,800,931	\$ 5,371,900	\$ 5,884,387	\$ 5,800,900	\$ 5,539,280
7. Subtotal	\$ 37,783,878	\$ 28,553,250	\$ 35,355,373	\$ 28,151,864	\$ 34,195,907	\$ 27,422,806
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form2)</i>	\$ 8,177,027	\$ 7,122,906	\$ 6,557,014	\$ 7,024,247	\$ 7,872,484	\$ 7,603,405
9. Total <i>(Line11, Form2)</i>	\$ 45,960,905	\$ 35,676,156	\$ 41,912,387	\$ 35,176,111	\$ 42,068,391	\$ 35,026,211
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE
[Secs. 505(a) and 506(a)(1-3)]
STATE: TN

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form2)</i>	\$ 11,645,007	\$ 9,415,863	\$ 11,539,865	\$	\$ 11,539,865	\$
2. Unobligated Balance <i>(Line2, Form2)</i>	\$ 3,000,000	\$ 3,000,000	\$ 3,100,000	\$	\$ 5,500,000	\$
3. State Funds <i>(Line3, Form2)</i>	\$ 13,250,000	\$ 13,550,000	\$ 13,250,000	\$	\$ 13,250,000	\$
4. Local MCH Funds <i>(Line4, Form2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
5. Other Funds <i>(Line5, Form2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
6. Program Income <i>(Line6, Form2)</i>	\$ 5,900,000	\$ 5,813,868	\$ 5,550,000	\$	\$ 5,650,000	\$
7. Subtotal	\$ 33,795,007	\$ 31,779,731	\$ 33,439,865	\$ 0	\$ 35,939,865	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form2)</i>	\$ 7,145,900	\$ 8,508,413	\$ 11,831,199	\$	\$ 160,809,386	\$
9. Total <i>(Line11, Form2)</i>	\$ 40,940,907	\$ 40,288,144	\$ 45,271,064	\$ 0	\$ 196,749,251	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Form3_Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2011
Field Note:
Remaining funds were carried over as unobligated funds in FY2012.
2. **Section Number:** Form3_Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2010
Field Note:
The expended is based on true expenditures.
3. **Section Number:** Form3_Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2010
Field Note:
This difference in expended amount will be used prior to the grant deadline.
4. **Section Number:** Form3_Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2011
Field Note:
The FY2011 expenditure amount included the MIECHV funding. This grant was not included in the budgeted amount listed for FY2011 since the State had not yet received the award at the time the application was done.

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 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 1,209,084	\$ 856,598	\$ 1,202,083	\$ 557,125	\$ 1,025,877	\$ 330,719
b. Infants < 1 year old	\$ 4,194,011	\$ 3,397,837	\$ 4,030,513	\$ 3,233,523	\$ 4,069,313	\$ 2,926,288
c. Children 1 to 22 years old	\$ 11,320,907	\$ 11,784,055	\$ 13,047,012	\$ 11,964,732	\$ 13,813,306	\$ 11,945,862
d. Children with Special Healthcare Needs	\$ 8,236,885	\$ 3,144,199	\$ 5,020,463	\$ 3,048,058	\$ 3,761,550	\$ 3,147,418
e. Others	\$ 11,637,434	\$ 8,651,635	\$ 10,889,455	\$ 8,944,973	\$ 10,361,360	\$ 8,633,522
f. Administration	\$ 1,185,557	\$ 718,926	\$ 1,165,847	\$ 403,453	\$ 1,164,501	\$ 438,997
g. SUBTOTAL	\$ 37,783,878	\$ 28,553,250	\$ 35,355,373	\$ 28,151,864	\$ 34,195,907	\$ 27,422,806
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	\$ 94,644		\$ 93,763		\$ 93,763	
c. CISS	\$ 100,000		\$ 100,000		\$ 100,000	
d. Abstinence Education	\$ 993,368		\$ 0		\$ 993,844	
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. Home Visiting	\$ 0		\$ 0		\$ 0	
l. Other						
Family Planning	\$ 6,121,679		\$ 6,213,251		\$ 6,534,877	
Newborn Hearing	\$ 150,000		\$ 150,000		\$ 150,000	
CHAD	\$ 717,336		\$ 0		\$ 0	
III. SUBTOTAL	\$ 8,177,027		\$ 6,557,014		\$ 7,872,484	

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 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 668,803	\$ 679,133	\$ 403,285	\$	\$ 768,035	\$
b. Infants < 1 year old	\$ 3,881,695	\$ 3,397,571	\$ 3,568,368	\$	\$ 3,842,331	\$
c. Children 1 to 22 years old	\$ 13,848,481	\$ 13,378,245	\$ 14,324,393	\$	\$ 15,538,410	\$
d. Children with Special Healthcare Needs	\$ 3,493,503	\$ 3,975,431	\$ 3,461,960	\$	\$ 3,461,960	\$
e. Others	\$ 10,738,025	\$ 9,881,590	\$ 10,527,873	\$	\$ 11,175,142	\$
f. Administration	\$ 1,164,500	\$ 467,761	\$ 1,153,986	\$	\$ 1,153,987	\$
g. SUBTOTAL	\$ 33,795,007	\$ 31,779,731	\$ 33,439,865	\$ 0	\$ 35,939,865	\$ 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	\$ 92,872		\$ 93,763		\$ 65,357	
c. CISS	\$ 105,000		\$ 132,000		\$ 255,000	
d. Abstinence Education	\$ 0		\$ 1,141,533		\$ 1,154,546	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 135,977,824	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 0		\$ 0		\$ 7,301,220	
j. Education	\$ 0		\$ 0		\$ 0	
k. Home Visiting	\$ 0		\$ 0		\$ 6,953,766	
l. Other						
Family Planning	\$ 6,648,028		\$ 6,897,373		\$ 6,535,476	
Preg Assistance Fund	\$ 0		\$ 0		\$ 2,566,197	
Injury Prevention	\$ 0		\$ 125,185		\$ 0	
MIECHV Home Visiting	\$ 0		\$ 3,141,345		\$ 0	
Newborn Hearing	\$ 300,000		\$ 300,000		\$ 0	
III. SUBTOTAL	\$ 7,145,900		\$ 11,831,199		\$ 160,809,396	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenBudgeted
Row Name: Pregnant Women
Column Name: Budgeted
Year: 2010
Field Note:
Budget amount is estimated.
2. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2010
Field Note:
The expended is based on true expenditures.
3. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Budgeted
Row Name: Infants <1 year old
Column Name: Budgeted
Year: 2010
Field Note:
Budget amount is estimated.
4. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2011
Field Note:
The expended is based on true expenditures.
5. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2010
Field Note:
The expended is based on true expenditures.
6. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Budgeted
Row Name: Children 1 to 22 years old
Column Name: Budgeted
Year: 2010
Field Note:
Budget amount is estimated.
7. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2010
Field Note:
The expended is based on true expenditures.
8. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNBudgeted
Row Name: CSHCN
Column Name: Budgeted
Year: 2010
Field Note:
Budget amount is estimated.
9. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2011
Field Note:
The expended is based on true expenditures.
10. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2010
Field Note:
The expended is based on true expenditures.
11. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersBudgeted
Row Name: All Others
Column Name: Budgeted
Year: 2010
Field Note:
Budget amount is estimated.

12. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2010
Field Note:
The expended is based on true expenditures
13. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminBudgeted
Row Name: Administration
Column Name: Budgeted
Year: 2010
Field Note:
Budget amount is estimated.
14. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2011
Field Note:
The expended is based on true expenditures
15. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2010
Field Note:
The expended is based on true expenditures

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES
[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]
STATE: TN

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 27,355,528	\$ 21,700,470	\$ 25,597,290	\$ 17,476,677	\$ 25,988,889	\$ 17,024,078
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WMC, and Education.)	\$ 4,382,930	\$ 3,609,131	\$ 4,101,224	\$ 6,536,863	\$ 4,322,363	\$ 6,367,576
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 3,173,846	\$ 1,324,871	\$ 2,969,851	\$ 2,801,110	\$ 1,586,690	\$ 2,728,569
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.)	\$ 2,871,574	\$ 1,918,778	\$ 2,687,008	\$ 1,337,214	\$ 2,297,965	\$ 1,302,583
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.)	\$ 37,783,878	\$ 28,553,250	\$ 35,355,373	\$ 28,151,864	\$ 34,195,907	\$ 27,422,806

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 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 20,979,940	\$ 19,728,857	\$ 20,759,467	\$	\$ 22,311,467	\$
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.)	\$ 7,847,201	\$ 7,379,254	\$ 7,764,737	\$	\$ 8,345,237	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 3,362,603	\$ 3,162,083	\$ 3,327,267	\$	\$ 3,576,017	\$
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.)	\$ 1,605,263	\$ 1,509,537	\$ 1,588,394	\$	\$ 1,707,144	\$
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.)	\$ 33,795,007	\$ 31,779,731	\$ 33,439,865	\$ 0	\$ 35,939,865	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Form5_Main
Field Name: DirectHCBudgeted
Row Name: Direct Health Care Services
Column Name: Budgeted
Year: 2010
Field Note:
Budget amount is estimated.
2. **Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2010
Field Note:
The expended is based on true expenditures.
3. **Section Number:** Form5_Main
Field Name: EnablingBudgeted
Row Name: Enabling Services
Column Name: Budgeted
Year: 2010
Field Note:
Budget amount is estimated.
4. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2010
Field Note:
The expended is based on true expenditures.
5. **Section Number:** Form5_Main
Field Name: PopBasedBudgeted
Row Name: Population-Based Services
Column Name: Budgeted
Year: 2010
Field Note:
Budget amount is estimated.
6. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2010
Field Note:
The expended is based on true expenditures.
7. **Section Number:** Form5_Main
Field Name: InfrastrBuildBudgeted
Row Name: Infrastructure Building Services
Column Name: Budgeted
Year: 2010
Field Note:
Budget amount is estimated.
8. **Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2010
Field Note:
The expended is based on true expenditures.

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: 84,533

Reporting Year: **2010**

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						
Congenital Hypothyroidism	84,016	99.4	290	52	52	100
Galactosemia	84,016	99.4	230	0	0	
Sickle Cell Disease						
Other Screening (Specify)						
Biotinidase Deficiency	84,016	99.4	43	2	2	100
Congenital Adrenal Hyperplasia	84,016	99.4	315	3	3	100
Cystic Fibrosis	84,016	99.4	622	17	17	100
Hemoglobinopathy	84,016	99.4	75	64	64	100
Amino Acidemia	84,016	99.4	220	11	10	90.9
Fatty or Organic Acidemia	84,016	99.4	241	13	13	100

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

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

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1. **Section Number:** Form6_Main
Field Name: BirthOccurence
Row Name: Total Births By Occurence
Column Name: Total Births By Occurence
Year: 2013
Field Note:
Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System.
2. **Section Number:** Form6_Main
Field Name: Congenital_OneScreenNo
Row Name: Congenital
Column Name: Receiving at least one screen
Year: 2013
Field Note:
Of the 84,533 occurent births, 517 were without a metabolic screen. For 228 babies, screens were not performed because the infants died on the day of birth (N=198) or on day of life #1 (N=30). Of the remaining 289 infants who have a documented birth certificate but no newborn screen recorded, 157 were bom at home.
3. **Section Number:** Form6_Other Screening Types
Field Name: Other
Row Name: All Rows
Column Name: All Columns
Year: 2013
Field Note:
All but one infant with confirmed disease received follow-up; the exception is one case of amino acidemia. The explanation is that the infant had already expired when the newborn screening result was called. Autopsy confirmed the diagnosis of Amino Acidemia.

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

Number of Individuals Served - Historical Data by Annual Report Year					
Types of Individuals Served	2006	2007	2008	2009	2010
Pregnant Women	15,350	16,315	14,673	9,808	6,240
Infants < 1 year old	53,033	54,388	86,661	82,078	87,469
Children 1 to 22 years old	252,764	251,971	259,614	264,056	286,647
Children with Special Healthcare Needs	8,804	8,583	8,224	7,275	6,525
Others	146,704	147,430	147,911	157,433	162,963
Total	476,655	478,687	517,083	520,650	549,844

Reporting Year: 2011

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	10,416	46.4	0.0	1.8	51.9	0.0
Infants < 1 year old	84,533	39.4	0.0	0.2	60.4	0.0
Children 1 to 22 years old	267,264	41.2	0.0	1.0	57.9	0.0
Children with Special Healthcare Needs	6,059	12.9	0.0	0.8	86.3	0.0
Others	151,550	33.6	0.1	1.0	65.2	0.1
TOTAL	519,822					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Form7_Main
Field Name: PregWbmen_XXI
Row Name: Pregnant Women
Column Name: Title XXI %
Year: 2013
Field Note:
Actual value reported is 0.04% (N=4) but EHB system rounds to 0.

2. **Section Number:** Form7_Main
Field Name: Children_0_1_TS
Row Name: Infants <1 year of age
Column Name: Title V Total Served
Year: 2013
Field Note:
The total number of infants served under Title V is at least 84,533. Newborn Screening is provided through Title V, and therefore, at least the number of infants receiving screens (84,533) receive Title V services.

The Department of Health Patient Tracking Billing Management Information System tracks encounters for Title V services provided through local health departments. The number of infants who received these services is 52,106 (Data Source: TDOH PTBMIS). It is estimated that most of these infants would be included in the total listed above (84,533); however, some infants who receive Title V services through the health departments may have moved to Tennessee after birth and therefore would not have received a newborn screen in Tennessee. Therefore, the explanation above is that "at least" 84,533 infants were served through Title V, because the number may actually be greater.

Note: For the row labeled "Infants <1 year old," the values listed under "primary sources of coverage" apply to the 52,106 infants who received services through the health departments; the source of coverage for the infants in the newborn screening program is not known.

3. **Section Number:** Form7_Main
Field Name: Children_0_1_XXI
Row Name: Infants <1 year of age
Column Name: Title XXI %
Year: 2013
Field Note:
Actual value reported is 0.002% (N=1) but EHB system rounds to 0.

4. **Section Number:** Form7_Main
Field Name: Children_0_1_Unknown
Row Name: Infants <1 year of age
Column Name: Unknown %
Year: 2013
Field Note:
Actual value reported is 0.004% (N=2) but EHB system rounds to 0.

5. **Section Number:** Form7_Main
Field Name: Children_1_22_XXI
Row Name: Children 1 to 22 years of age
Column Name: Title XXI %
Year: 2013
Field Note:
Actual value reported is 0.01% (N=23) but EHB system rounds to 0.

6. **Section Number:** Form7_Main
Field Name: Children_1_22_Private
Row Name: Children 1 to 22 years of age
Column Name: Private/Other %
Year: 2013
Field Note:
Actual value reported is 0.95% (N=2,552) but EHB system rounds to 1.

7. **Section Number:** Form7_Main
Field Name: Children_1_22_Unknown
Row Name: Children 1 to 22 years of age
Column Name: Unknown %
Year: 2013
Field Note:
Actual value reported is 0.01% (N=32) but EHB system rounds to 0.

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: 2010

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	79,345	60,190	16,599	161	1,512	134	0	749
Title V Served	79,345	60,190	16,599	161	1,512	134	0	749
Eligible for Title XIX	40,703	27,709	12,283	97	381	58	0	175
INFANTS								
Total Infants in State	79,016	53,423	15,959					9,634
Title V Served	52,106	39,910	10,658	70	299	18	0	1,151
Eligible for Title XIX	33,259	29,965	3,294	0	0	0	0	0

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	72,169	7,121	55	4,517	112	310	0	2,182
Title V Served	72,169	7,121	55	4,517	112	310	0	2,182
Eligible for Title XIX	36,800	3,887	16	2,465	56	163	0	1,203
INFANTS								
Total Infants in State	71,208	7,808	0	0	0	0	0	0
Title V Served	47,105	5,001	0	0	0	0	0	0
Eligible for Title XIX	26,961	6,297	0	0	0	0	0	0

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

1. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTotal_All
Row Name: Total Deliveries in State
Column Name: Total All Races
Year: 2013
Field Note:
Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System (2010).
2. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2013
Field Note:
Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System (2010).

Note: The same number was used for this row as in the row above, since Title V services in Tennessee include Newborn Screening, and every baby receives a newborn screen at birth.
3. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2013
Field Note:
Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System; based on mother's delivery payment source=TennCare (Medicaid).
4. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTotal_All
Row Name: Total Infants in State
Column Name: Total All Races
Year: 2013
Field Note:
Data Source: 2010 US Census
5. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2013
Field Note:
Data source: The Current Population Survey (CPS) Annual Social and Economic Supplement Table Creator; includes infants with income-to-poverty ratio < %175; data is from the 2011 survey but survey questions regarding income ask about the previous year's income (i.e. 2010)

Note: The actual Medicaid eligibility for infants is <185% of the federal poverty level but the value of 175% is the closest cutoff level available in the CPS report cited above. This would likely give a slight underestimate of the infants eligible for Title XIX.
6. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_TotalNotHispanic
Row Name: Total Deliveries in State
Column Name: Total Not Hispanic or Latino
Year: 2013
Field Note:
Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System.
7. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_TotalHispanic
Row Name: Total Deliveries in State
Column Name: Total Hispanic or Latino
Year: 2013
Field Note:
Note: The state does not have population projections for subcategories of Hispanic ethnicity; therefore columns B1-B5 are blank
8. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_TotalNotHispanic
Row Name: Title V Served
Column Name: Total Not Hispanic or Latino
Year: 2013
Field Note:
Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System (2010 provisional)

Note: The same number was used for this row as in the row above, since Title V services in Tennessee include Newborn Screening, and every baby receives a newborn screen at birth.
9. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_TotalNotHispanic
Row Name: Eligible for Title XIX
Column Name: Total Not Hispanic or Latino
Year: 2013
Field Note:
Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System; based on mother's delivery payment source=TennCare (Medicaid).
10. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_TotalNotHispanic
Row Name: Total Infants in State
Column Name: Total Not Hispanic or Latino
Year: 2013
Field Note:

Data Source: 2010 US Census

11. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTotal_TotalHispanic

Row Name: Total Infants in State

Column Name: Total Hispanic or Latino

Year: 2013

Field Note:

Note: The state does not have population projections for subcategories of Hispanic ethnicity; therefore columns B1-B5 are blank

12. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTotal_EthnicityOther

Row Name: Total Infants in State

Column Name: Other and Unknown

Year: 2013

Field Note:

Note: The state does not have population projections for subcategories of Hispanic ethnicity; therefore columns B1-B5 are blank

13. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleV_TotalHispanic

Row Name: Title V Served

Column Name: Total Hispanic or Latino

Year: 2013

Field Note:

Data Source: Tennessee Department of Health, Patient Tracking Billing Management Information System

Note: These numbers represent infants who received a service through the Department of Health. The system does not report subcategories of Hispanic ethnicity; therefore columns B1-B5 are blank

14. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_TotalNotHispanic

Row Name: Eligible for Title XIX

Column Name: Total Not Hispanic or Latino

Year: 2013

Field Note:

Data source: The Current Population Survey (CPS) Annual Social and Economic Supplement Table Creator; includes infants with income-to-poverty ratio < %175; data is from the 2011 survey but survey questions regarding income ask about the previous year's income (i.e. 2010)

Note: The actual Medicaid eligibility for infants is <185% of the federal poverty level but the value of 175% is the closest cutoff level available in the CPS report cited above. This would likely give a slight underestimate of the infants eligible for Title XIX.

15. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_TotalHispanic

Row Name: Eligible for Title XIX

Column Name: Total Hispanic or Latino

Year: 2013

Field Note:

Note: The state does not have information on subcategories of Hispanic ethnicity; therefore columns B1-B5 are blank

16. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_EthnicityOther

Row Name: Eligible for Title XIX

Column Name: Other and Unknown

Year: 2013

Field Note:

Note: The state does not have information on subcategories of Hispanic ethnicity; therefore columns B1-B5 are blank

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

	FY 2013	FY 2012	FY 2011	FY 2010	FY 2009
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Contact Person's Email					
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

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

	FY 2013	FY 2012	FY 2011	FY 2010	FY 2009
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 428-2229	(800) 428-2229	(800) 428-2229	(800) 428-2229	(800) 428-2229
2. State MCH Toll-Free "Hotline" Name	TN Baby Line	TN Baby Line	TN Baby Line	TN Baby Line	TN Baby Line
3. Name of Contact Person for State MCH "Hotline"	Sara Guerra	Deana Vaughn	Deana Vaughn	Deana Vaughn	Deana vaughn
4. Contact Person's Telephone Number	615-741-7353	(615) 741-0370	(615) 741-0307	(615) 741-0370	(615) 741-0370
5. Contact Person's Email	sara.guerra@tn.gov	Deana.vaughn@tn.gov	Deana.Vaughn@tn.org	Deana.Vaughn@tn.gov	
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	29	63	34

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

1. **Section Number:** Form9_Main

Field Name: calls_2

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

Column Name: FY

Year: 2011

Field Note:

Calls received are for Calendar Year 2011. We have noticed a decline in calls to this line over the past few years. We are actively exploring reasons for this decline and contemplating ways to increase usage of the line. A possible explanation is the availability of numerous other toll-free lines, including the TENnderCare call center, a large operation serving Medicaid-eligible families.

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2013
[Sec. 506(a)(1)]
STATE: TN

1. State MCH Administration:
(max 2500 characters)

The Maternal and Child Health Section is housed within the Division of Family Health and Wellness in the Tennessee Department of Health. The section includes the following programs: Adolescent Health, Asthma, Breast and Cervical Cancer Screening, Child Fatality Review, Children's Special Services (Title V CSHCN Program), Early Childhood Comprehensive Systems, Family Planning (Title X), Fetal-Infant Mortality Review, Home Visiting (including the federal Maternal, Infant, and Early Childhood Home Visiting Program), Injury Prevention, Lead Poisoning Prevention, Newborn Metabolic and Hearing Screening (including a network of genetics and sickle cell centers), Perinatal Regionalization, Teen Pregnancy Prevention, and Women's Health.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 11,539,865
3. Unobligated balance (Line 2, Form 2)	\$ 5,500,000
4. State Funds (Line 3, Form 2)	\$ 13,250,000
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 5,650,000
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 35,939,865

9. Most significant providers receiving MCH funds:

Rural and Metro Health Departments
Genetics and Sickle Cell Centers
Community-Based Agencies
Teaching Hospitals

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

a. Pregnant Women	10,416
b. Infants < 1 year old	84,533
c. Children 1 to 22 years old	267,264
d. CSHCN	6,059
e. Others	151,550

11. Statewide Initiatives and Partnerships

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

Direct Medical Care: 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, and breast and cervical cancer screening. All EPSDT screenings for children in state custody are done in health department clinics. Enabling Services: These efforts include care coordination, case management, home visiting services, newborn screening follow-up, and coordination between various child- and family-serving programs. The care coordination component of Children's Special Services (Title V CSHCN Program) provides family-centered support to enable families to better meet their child's health needs. MCH nurses in The Breast and Cervical Cancer Screening Program assist patients in accessing diagnostic services and additional coverage for related treatments. 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. As part of the newborn metabolic and hearing screening programs, MCH nurses provide follow-up and case management for infants with presumptive positive screens.

b. Population-Based Services
(max 2500 characters)

Child Fatality Review: 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. Childhood Lead Poisoning Prevention Program: Staff work to identify and provide follow-up services to children with elevated blood lead levels and to educate citizens and health care providers, with the goal of preventing childhood lead poisoning. Newborn Metabolic and Hearing Screening: Every infant born in Tennessee is screened for congenital hearing loss as well as a panel of genetic and metabolic illnesses. MCH nurses provide follow-up for infants with positive screens and collaborate with a strong network of tertiary providers to ensure appropriate diagnostic and therapeutic follow-up. Both screenings are mandated by state law. Pregnancy Risk Assessment Monitoring System (PRAMS): This population-based surveillance tool provides state-specific information about maternal attitudes and preconception, prenatal, and perinatal behaviors that influence the health and well-being of mothers and children. PRAMS has been implemented in Tennessee and the 2008 report is available at <http://health.state.tn.us/statistics/PdfFiles/2008%20TN%20PRAMS%20Report.pdf>. Fetal-Infant Mortality Review (FIMR): FIMR was established in Tennessee in 2008. This community-based process yields valuable information about local determinants of factors that influence maternal and infant health. As of 2011, teams are operational in three metropolitan counties and one rural region.

c. Infrastructure Building Services
(max 2500 characters)

Regional and County Health Councils: These entities operate in all 95 counties to assess needs and gaps, develop plans, identify available resources, and implement strategies for action. Many of the targeted activities are for the MCH populations. Child Care Resource and Referral Centers: This statewide network of centers, partially funded by MCH, provides technical assistance, training, consultation, and resources to child care providers to improve the health and safety of child care. Each center's staff includes a child health consultant. Medical Home Work Group: This group, a subcommittee of the Early Childhood Comprehensive Systems (ECCS) program, consists of parents, health care providers, and payer representatives. The group is working to establish a common operational definition of "medical home" and to identify initiatives to support medical homes for all children in Tennessee. Standards Development: MCH staff are regularly involved in development and updating of maternal and child health protocols in use by all 95 county health departments.

12. The primary Title V Program contact person:

Name Michael D. Warren, MD MPH FAAP
 Title Director, Division of Family Health and Wellness
 Address 4th Floor CHB, 425 Fifth Ave North

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

Name Jacqueline Johnson, MPA
 Title Director, Children's Special Services
 Address 4th Floor CHB, 425 Fifth Ave North

City _____ Nashville
State _____ TN
Zip _____ 37243
Phone _____ 615-741-7353
Fax _____ 615-741-1063
Email _____ michael.d.warren@tn.gov
Web _____ http://health.tn.gov/mch

City _____ Nashville
State _____ TN
Zip _____ 37243
Phone _____ 615-741-7353
Fax _____ 615-741-1063
Email _____ jacqueline.johnson@tn.gov
Web _____ http://health.tn.gov/mch

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

None

PERFORMANCE MEASURE # 01

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

		<u>Annual Objective and Performance Data</u>				
		2007	2008	2009	2010	2011
Annual Performance Objective	_____	100	100	100	100	100
Annual Indicator	_____	100.0	100.0	100.0	99.4	100.0
Numerator	_____	164	204	161	161	170
Denominator	_____	164	204	161	162	170
Data Source			Department of Health	Department of Health	Department of Health	Department of Health
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>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. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i></p>						
					Final	Provisional
<p>Is the Data Provisional or Final?</p>						

		<u>Annual Objective and Performance Data</u>				
		2012	2013	2014	2015	2016
Annual Performance Objective	_____	100	100	100	100	100
Annual Indicator						
Numerator						
Denominator						

Field Level Notes

1. **Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2011
Field Note:
 Data Source: Tennessee Department of Health, Newborn Screening Program

2. **Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2010
Field Note:
 Data Source: Tennessee Department of Health, Newborn Screening Program

3. **Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2009
Field Note:
 Data Source: Tennessee Department of Health, Newborn Screening Program

PERFORMANCE MEASURE # 02

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	62	62	62	62	62
Annual Indicator	60.7	60.7	60.7	60.7	72.3
Numerator	3,381	136,524	136,524	136,524	183,180
Denominator	5,570	224,895	224,895	224,895	253,333
Data Source		CSHCN Survey	CSHCN Survey	CSHCN Survey	CSHCN Survey

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

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	75	75	75	75	75
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2011

Field Note:

For 2011-2014, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration and the U.S. Centers for Disease Control and Prevention in 2009-2010. This survey was first conducted in 2001. The same questions were used to generate this indicator for both the 2001 and the 2005-06 CSHCN survey. However, in 2009-2010 there were wording changes and additions to the questions used to generate this indicator. The data for 2009-2010 are NOT comparable to earlier versions of the survey.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

2. **Section Number:** Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2010

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Numerator and denominator reported here are those reported as the weighted estimates for the national survey. Data source: <http://cshcndata.org>

3. **Section Number:** Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2009

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Numerator and denominator reported here are those reported as the weighted estimates for the national survey. Data source: <http://cshcndata.org>

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	64	65	65	65	55
Annual Indicator	52.7	52.7	52.7	52.7	45.9
Numerator	2,935	115,761	115,761	115,761	113,064
Denominator	5,570	219,634	219,634	219,634	246,352
Data Source		CSHCN Survey	CSHCN Survey	CSHCN Survey	CSHCN Survey

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

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	50	55	60	60	60
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2011

Field Note:

For 2011-2014, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration and the U.S. Centers for Disease Control and Prevention in 2009-2010. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate this indicator for the 2005-06 CSHCN survey. The data for the 2001 and 2005-2006 surveys are not comparable for NPM 3. However, the same questions were used to generate the NPM 3 indicator for both the 2005-2006 and 2009-2010, therefore these two surveys are comparable.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

2. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2010

Field Note:

Indicator data come from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Numerator and denominator reported here are those reported as the weighted estimates for the national survey. Data source: <http://cshcndata.org>

3. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2009

Field Note:

Indicator data come from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Numerator and denominator reported here are those reported as the weighted estimates for the national survey. Data source: <http://cshcndata.org>

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	64	69	69	69	70
Annual Indicator	67.7	67.7	67.7	67.7	70.4
Numerator	3,771	152,224	152,224	152,224	174,402
Denominator	5,570	224,965	224,965	224,965	247,879
Data Source		CSHCN Survey	CSHCN Survey	CSHCN Survey	CSHCN Survey

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

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	75	75	75	75	75
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2011

Field Note:

For 2011-2014, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration and the U.S. Centers for Disease Control and Prevention in 2009-2010. This survey was first conducted in 2001. The same questions were used to generate the NPM 4 indicator for the 2001, 2005-06, and 2009-2010 CSHCN surveys.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

2. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2010

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Numerator and denominator reported here are those reported as the weighted estimates for the national survey. Data source: <http://cshcndata.org>

3. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2009

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Numerator and denominator reported here are those reported as the weighted estimates for the national survey. Data source: <http://cshcndata.org>

PERFORMANCE MEASURE # 05

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	82	93	93	93	93
Annual Indicator	91.8	91.8	91.8	91.8	71.5
Numerator	5,113	208,995	208,995	208,995	179,700
Denominator	5,570	227,739	227,739	227,739	251,473
Data Source		CSHCN Survey	CSHCN Survey	CSHCN Survey	CSHCN Survey

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

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	75	80	85	90	90
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2011

Field Note:

For 2011-2014, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration and the U.S. Centers for Disease Control and Prevention in 2009-2010. Compared to the 2001 CSHCN survey, there were revisions to the wording, order, and number of questions used to generate this indicator for the 2005-06 CSHCN survey. The questions were also revised extensively for the 2009-2010 CSHCN survey. Therefore, none of the three rounds of the surveys are comparable.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

2. **Section Number:** Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2010

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Numerator and denominator reported here are those reported as the weighted estimates for the national survey. Data source: <http://cshcndata.org>

3. **Section Number:** Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2009

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Numerator and denominator reported here are those reported as the weighted estimates for the national survey. Data source: <http://cshcndata.org>

PERFORMANCE MEASURE # 06

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	100	100	100	100	40
Annual Indicator	100.0	39.6	39.6	39.6	41.8
Numerator	1,534	34,477	34,477	34,477	40,413
Denominator	1,534	87,141	87,141	87,141	96,752
Data Source		CSHCN Survey	CSHCN Survey	CSHCN Survey	CSHCN Survey

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

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	45	50	55	60	60
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Fom11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2011

Field Note:

For 2011-2014, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration and the U.S. Centers for Disease Control and Prevention in 2009-2010. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate this indicator for the 2005-06 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the 2 surveys are not comparable for NPM 6, and findings from the 2005-06 survey may be considered baseline data. However, the same questions were used to generate the NPM 6 indicator for the 2009-2010 survey. Therefore, the 2005-2006 and 2009-2010 surveys can be compared.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

2. Section Number: Fom11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2010

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Numerator and denominator reported here are those reported as the weighted estimates for the national survey. Data source: <http://cshcndata.org>

3. Section Number: Fom11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2009

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Numerator and denominator reported here are those reported as the weighted estimates for the national survey. Data source: <http://cshcndata.org>

PERFORMANCE MEASURE # 07

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	83	88	88	88	80
Annual Indicator	86.7	83.0	83.0	77.0	83.6
Numerator	1,300	278	278	261	310
Denominator	1,500	335	335	339	371
Data Source		2008 NIS Survey	2008 NIS Survey	2009 NIS Survey	2010 NIS Survey
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

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	85	85	85	85	85
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2011

Field Note:

Data Source: 2010 National Immunization Survey (NIS). We are using the earlier definition of the NIS reported estimate that takes into account only whether the child has had 3 doses of vaccine, irrespective of the brand.

2. Section Number: Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2010

Field Note:

Data source is the final 2009 National Immunization Survey (NIS). The result for this aggregate measure (abbreviated "4:3:1:3:3" in the NIS) is significantly lower for this report because of a national shortage of Hib vaccine from December 2007 through mid-2009, which substantially reduced the number of children in this birth cohort who received 3 doses of the Hib vaccine.

3. Section Number: Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2009

Field Note:

Data source is the final 2008 NIS publication.

PERFORMANCE MEASURE # 08

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	26.5	26.5	26	24	20
Annual Indicator	27.8	27.3	24.0	20.2	
Numerator	3,361	3,328	2,955	2,532	
Denominator	120,852	122,020	123,216	125,133	
Data Source		Department of Health	Department of Health	Department of Health	

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

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	19.5	19	18.5	18	17.5
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2011

Field Note:

Because 2011 population estimates are not available at this time, we are currently unable to report this indicator. Updated data for this reporting year will be made available to HRSAMCHB as soon as updated population estimates are available.

2. Section Number: Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2010

Field Note:

Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System and 2010 US Census.

3. Section Number: Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2009

Field Note:

Data Source: Tennessee Department of Health, Division of Health Statistics, Population Projections and Birth Statistical System

PERFORMANCE MEASURE # 09

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

	2007	2008	2009	2010	2011
Annual Performance Objective	23	24	40	40	40
Annual Indicator	21.8	37.2	37.2	37.2	37.2
Numerator	3,769	366	366	366	366
Denominator	17,256	983	983	983	983
Data Source		Tennessee Oral Health Survey			

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

	2012	2013	2014	2015	2016
Annual Performance Objective	40	40	40	40	40
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #9
Field Name: PM09
Row Name:
Column Name:
Year: 2011
Field Note:
 Data Source: 2008 Tennessee Oral Health Survey of children ages 5-11 years. This survey is conducted every FIVE years.
- Section Number:** Form11_Performance Measure #9
Field Name: PM09
Row Name:
Column Name:
Year: 2010
Field Note:
 Data Source: 2008 Tennessee Oral Health Survey of children ages 5 - 11 years.
- Section Number:** Form11_Performance Measure #9
Field Name: PM09
Row Name:
Column Name:
Year: 2009
Field Note:
 Data Source: 2008 Tennessee Oral Health Survey of children ages 5 - 11 years.

PERFORMANCE MEASURE # 10

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

	2007	2008	2009	2010	2011
Annual Performance Objective	2.5	2.5	2	2	1.7
Annual Indicator	3.9	3.4	2.7	2.5	
Numerator	47	41	33	31	
Denominator	1,194,718	1,201,009	1,207,621	1,238,935	
Data Source		Department of Health	Department of Health	Department of Health	

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

	2012	2013	2014	2015	2016
Annual Performance Objective	2.4	2.3	2.3	2.3	2.3
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2011
Field Note:
 Because 2011 population estimates are not available at this time, we are currently unable to report this indicator. Updated data for this reporting year will be made available to HRSAMCHB as soon as updated population estimates are available.

2. **Section Number:** Form11_Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2010
Field Note:
 Data Source: Tennessee Department of Health, Division of Health Statistics, Population Projections and Death Statistical System

3. **Section Number:** Form11_Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2009
Field Note:
 Data Source: Tennessee Department of Health, Division of Health Statistics, Population Projections and Death Statistical System

PERFORMANCE MEASURE # 11

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	34	36	30	40	37.5
Annual Indicator	31.4	37.9	37.9	35.6	35.5
Numerator	14,705	31,952	31,952	29,230	29,178
Denominator	46,777	84,308	84,308	82,109	82,089
Data Source		CDC/National Immunization Survey	CDC/National Immunization Survey	CDC/National Immunization Survey	CDC/National Immunization Survey
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

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	36	37	38	39	40
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Fom11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2009

Field Note:

Data Source: National Immunization Survey. Per the CDC NIS, the data from the NIS are provisional for the 2007 birth cohort used in this survey until final estimates are available in August 2011. We have marked "final" for the purpose of this report.

PERFORMANCE MEASURE # 12

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

	2007	2008	2009	2010	2011
Annual Performance Objective	98	98	98	98	98
Annual Indicator	91.1	94.2	97.6	97.1	97.5
Numerator	83,570	85,613	85,080	82,068	82,313
Denominator	91,754	90,885	87,141	84,535	84,393
Data Source		Department of Health	Department of Health	Department of Health	Department of Health
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.					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Provisional

	2012	2013	2014	2015	2016
Annual Performance Objective	99	99	99	99	99
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2011
Field Note:
 Data Source: Tennessee Department of Health, Newborn Hearing Screening Program
- Section Number:** Form11_Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2010
Field Note:
 Data Source: Tennessee Department of Health, Newborn Hearing Screening Program
- Section Number:** Form11_Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2009
Field Note:
 Data Source: Tennessee Department of Health, Newborn Hearing Screening Program

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	6	6	6	3	3.7
Annual Indicator	6.4	4.9	3.7	3.9	2.4
Numerator	88,283	72,258	54,759	57,912	35,743
Denominator	1,386,911	1,474,653	1,479,972	1,484,923	1,489,292
Data Source		UT CBER	UT CBER	UT CBER	UT CBER

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

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	2.3	2.3	2.2	2.2	2.1
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2011

Field Note:

Data Source: "The Impact of TennCare, A Survey of Recipients, 2011."

Available at <http://cber.bus.utk.edu/tncare/tncare11.pdf> (Table 1a, page 3)

There has also been a decrease in the number and percentage of uninsured Tennesseans versus previous reporting periods. Per the report explanation (also on page 3): "The slight decrease in the total uninsured rate is attributable to the not-so-slight decrease in the uninsured rate of children, a result possibly driven by increased TennCare and CoverKids enrollments as well as sampling changes."

2. Section Number: Form11_Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2010

Field Note:

Data Source: University of Tennessee Center for Business and Economic Research (UT CBER) "The Impact of Tenn Care: A Survey of Recipients 2010. Available at: <http://cber.bus.utk.edu/tncare/tncare10.pdf>

3. Section Number: Form11_Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2009

Field Note:

Data Source: University of Tennessee Center for Business and Economic Research (UT CBER) "The Impact of Tenn Care: A Survey of Recipients 2009. August, 2009

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.

	2007	2008	2009	2010	2011
Annual Performance Objective	9	30	14	25	15
Annual Indicator	34.0	14.9	15.2	15.4	10.7
Numerator	53,971	9,407	10,490	11,075	19,967
Denominator	158,733	63,134	69,015	71,914	186,444
Data Source		Department of Health	Department of Health	Department of Health	Department of Health
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.					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Provisional

	2012	2013	2014	2015	2016
Annual Performance Objective	10	10	10	10	10
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2011
Field Note:
 Data Source: Tennessee Department of Health, PedNSS/TN WIC Database.
- Section Number:** Form11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2010
Field Note:
 Data Source: Tennessee Department of Health, PedNSS/TN WIC Database.
- Section Number:** Form11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2009
Field Note:
 Data Source: Tennessee Department of Health, PedNSS/TN WIC Database.

Note: (2012 application)–The 2009 numbers reported in the 2011 application were only for a 6 month period due to CDC having problems with changes in their analytical program. The correct values were recently made available and are reported here as final.

PERFORMANCE MEASURE # 15

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	9	7.5	13	13	13.5
Annual Indicator	19.4	15.4	15.0	14.2	13.6
Numerator	16,774	13,138	12,257	11,260	10,769
Denominator	86,558	85,480	81,888	79,130	79,028
Data Source		Department of Health	Department of Health	Department of Health	Department of Health

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

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	13	12.5	12	12	12
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2011
Field Note:
 Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System
- Section Number:** Form11_Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2010
Field Note:
 Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System
- Section Number:** Form11_Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2009
Field Note:
 Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System

PERFORMANCE MEASURE # 16

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	6	5.2	5	5	5
Annual Indicator	6.9	5.6	9.1	7.1	
Numerator	29	24	39	31	
Denominator	422,058	426,040	430,127	437,186	
Data Source		Department of Health	Department of Health	Department of Health	

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

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	7	7	6.8	6.8	6.6
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2011
Field Note:
 Because 2011 population estimates are not available at this time, we are currently unable to report this indicator. Updated data for this reporting year will be made available to HRSAMCHB as soon as updated population estimates are available.
- Section Number:** Form11_Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2010
Field Note:
 Data Source: Tennessee Department of Health, Division of Health Statistics, Death Statistical System and 2010 US Census.
- Section Number:** Form11_Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2009
Field Note:
 Data Source: Tennessee Department of Health, Division of Health Statistics, Population Projections and Death Statistical System

PERFORMANCE MEASURE # 17

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	80	80	70	80	83
Annual Indicator	68.5	80.7	79.1	82.9	84.0
Numerator	1,036	1,112	1,085	1,032	997
Denominator	1,513	1,378	1,371	1,245	1,187
Data Source		Department of Health	Department of Health	Department of Health	Department of Health

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

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	84.5	85	85.5	86	86.5
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2011
Field Note:
 Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System
- Section Number:** Form11_Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2010
Field Note:
 Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System
- Section Number:** Form11_Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2009
Field Note:
 Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System

PERFORMANCE MEASURE # 18

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	90	90	70	70	75
Annual Indicator	63.7	67.7	69.0	70.5	69.9
Numerator	55,134	54,765	53,529	52,372	50,351
Denominator	86,558	80,887	77,565	74,301	72,014
Data Source		Department of Health	Department of Health	Department of Health	Department of Health

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

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	70	71	72	73	74
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2011
Field Note:
 Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System
- Section Number:** Form11_Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2010
Field Note:
 Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System
- Section Number:** Form11_Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2009
Field Note:
 Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System

Note: Data for National Performance Measure 18 varies slightly from that reported in Health Systems Capacity Indicator #05C (Form 18). The data on this form are from the Department of Health, while the data on Form 18 are reported by the Bureau of TennCare (Medicaid).

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

None

STATE PERFORMANCE MEASURE # 1 - REPORTING YEAR

Rate of sleep-related infant deaths (per 1,000 live births).

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	7
Annual Indicator	_____	_____	1.6	1.7	_____
Numerator	_____	_____	129	131	_____
Denominator	_____	_____	82,109	79,345	_____
Data Source			Department of Health	Department of Health	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	1	1	1	1	1
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
Numerator	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
Denominator	those measures on Form 11 for the new needs assessment period.				

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2011
Field Note:
 Data not available for 2011. The Child Fatality data for 2011 (source for the numerator) is expected to be available in late 2012.

2. **Section Number:** Form11_State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2010
Field Note:
 Data Source: Number of sleep related deaths (numerator) comes from the Child Fatality Review. The number of births (denominator) comes from the Tennessee Department of Health, Division of Health Statistics, Birth and Death Statistical Systems.

3. **Section Number:** Form11_State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2009
Field Note:
 Data Source: Number of sleep related deaths (numerator) comes from the Child Fatality Review. The number of births (denominator) comes from the Tennessee Department of Health, Division of Health Statistics, Birth and Death Statistical Systems.

STATE PERFORMANCE MEASURE # 2 - REPORTING YEAR

Percentage of obesity and overweight among Tennessee K-12 students

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____ 25
Annual Indicator	_____	40.9	39.0	_____	_____
Numerator	_____	194,814	191,090	_____	_____
Denominator	_____	476,318	489,975	_____	_____
Data Source		Department of Education	Department of Education	Department of Education	Department of Education
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 25	_____ 25	_____ 25	_____ 25	_____ 25
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
Numerator	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
Denominator	those measures on Form 11 for the new needs assessment period.				

Field Level Notes

- Section Number:** Form11_State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2011

Field Note:

Data Source: Tennessee Department of Education, Office of Coordinated School Health.

BMI measurements of K-12 students during the 2009-2010 and 2010-11 school year have been collected but have not yet been released; those data will be uploaded once made available from the Department of Education.

- Section Number:** Form11_State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2010

Field Note:

Data Source: Tennessee Department of Education, Office of Coordinated School Health.

BMI measurements of K-12 students during the 2009-2010 and 2010-11 school year have been collected but have not yet been released; those data will be uploaded once made available from the Department of Education.

- Section Number:** Form11_State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2009

Field Note:

Data Source: Tennessee Department of Education, Office of Coordinated School Health. Data represent BMI measurements of K-12 students during the 2008-2009 school year. Available at: http://www.tn.gov/education/schoolhealth/data_reports/doc/Executive_Summary_2008-09.pdf, page 26.

STATE PERFORMANCE MEASURE # 3 - REPORTING YEAR

Percentage of smoking among women of age 18-44.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____ 20
Annual Indicator	_____	29.6	15.0	14.2	_____
Numerator	_____	121,909	12,257	11,252	_____
Denominator	_____	411,751	81,888	79,094	_____
Data Source		Department of Health	Department of Health	Department of Health	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 20	_____ 20	_____ 19	_____ 19	_____ 18
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_State Performance Measure #3
Field Name: SM3
Row Name:
Column Name:
Year: 2011
Field Note:
 Data for 2011 not yet available. This state performance measure has changed from previous years. The data source will be the Behavioral Risk Factor Surveillance System (BRFSS).
- Section Number:** Form11_State Performance Measure #3
Field Name: SM3
Row Name:
Column Name:
Year: 2010
Field Note:
 Data Source: Department of Health, Patient Tracking Billing Management Information System

 Data represent encounters from February 2010 to January 2011.
- Section Number:** Form11_State Performance Measure #3
Field Name: SM3
Row Name:
Column Name:
Year: 2009
Field Note:
 Data Source: Department of Health, Patient Tracking Billing Management Information System

 Data listed for 2008 and 2009 were collected from 2007 through February 2010. Unable to classify further by year at this time.

STATE PERFORMANCE MEASURE # 4 - REPORTING YEAR

Rate of emergency department visits due to asthma for children 1-4 years of age (per 100,000).

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____ 20
Annual Indicator	_____	_____	220.5	1,827.0	_____
Numerator	_____	_____	1,070	6,007	_____
Denominator	_____	_____	485,318	328,797	_____
Data Source			Department of Health	Department of Health	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 1,700	_____ 1,650	_____ 1,600	_____ 1,550	_____ 1,500
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_State Performance Measure #4

Field Name: SM4

Row Name:

Column Name:

Year: 2011

Field Note:

Because 2011 population estimates are not available at this time, we are currently unable to report this indicator. Also, provisional 2011 hospital discharge data system (HDDS) numerator data was not available at time of the report. Updated data for this reporting year will be made available to HRSA/MCHB as soon as updated population estimates and HDDS data are available.

2. Section Number: Form11_State Performance Measure #4

Field Name: SM4

Row Name:

Column Name:

Year: 2010

Field Note:

Data Source: Tennessee Department of Health, Office of Health Statistics, Hospital Discharge Data System and 2010 US Census

NOTE: This performance measure was changed in 2011, such that the 2010 data reported here is not comparable with previous years.

3. Section Number: Form11_State Performance Measure #4

Field Name: SM4

Row Name:

Column Name:

Year: 2009

Field Note:

Data Source: Tennessee Department of Health, Division of Health Statistics, Population Projections and Hospital Discharge Data System

Note for 2013 application: This state performance measure has been changed. Therefore, comparison between the 2009 and 2010 indicators is not appropriate.

STATE PERFORMANCE MEASURE # 5 - REPORTING YEAR

Number of MCH staff who have completed a self-assessment and based on the assessment have identified and completed a module in the MCH Navigator system.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____ 0
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source					
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 0	_____ 0	_____ 0	_____ 0	_____ 0
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2011

Field Note:

This SPM has been changed. Therefore data is not reported for 2011 but will be reported in future years.

2. **Section Number:** Form11_State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2010

Field Note:

Data is non-numeric in nature; therefore, no numerator/denominator data is reported for this performance measure.

3. **Section Number:** Form11_State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2009

Field Note:

Data is non-numeric in nature; therefore, no numerator/denominator data is reported for this performance measure.

STATE PERFORMANCE MEASURE # 6 - REPORTING YEAR

Percentage of youth (14 and older) enrolled in the state CSHCN program who have formal plans for transition to adulthood.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____ 45
Annual Indicator	_____	39.6	39.6	39.6	_____
Numerator	_____	34,477	34,477	34,477	_____
Denominator	_____	87,141	87,141	87,141	_____
Data Source		CSHCN Survey	CSHCN Survey	CSHCN Survey	_____
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 45	_____ 45	_____ 55	_____ 55	_____ 60
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_State Performance Measure #6
Field Name: SM6
Row Name:
Column Name:
Year: 2011
Field Note:
 This SPM has been changed. Therefore data is not reported for 2011 but will be reported in future years.
- Section Number:** Form11_State Performance Measure #6
Field Name: SM6
Row Name:
Column Name:
Year: 2010
Field Note:
 Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Numerator and denominator reported here are those reported as the weighted estimates for the national survey. Data source: <http://cshcndata.org>
- Section Number:** Form11_State Performance Measure #6
Field Name: SM6
Row Name:
Column Name:
Year: 2009
Field Note:
 Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Numerator and denominator reported here are those reported as the weighted estimates for the national survey. Data source: <http://cshcndata.org>

STATE PERFORMANCE MEASURE # 7 - REPORTING YEAR

Rate of unintentional injury death in children and young people ages 0-24 (per 100,000).

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	14
Annual Indicator	_____	_____	19.0	19.7	_____
Numerator	_____	_____	376	368	_____
Denominator	_____	_____	1,974,006	2,023,349	_____
Data Source			Department of Health	Department of Health	
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	18.5	18	17.5	17	16.5
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2011

Field Note:

Because 2011 population estimates are not available at this time, we are currently unable to report this indicator. Also, provisional 2011 hospital discharge data system (HDDS) numerator data was not available at time of the report. Updated data for this reporting year will be made available to HRSA/MCHB as soon as updated population estimates and HDDS data are available.

- Section Number:** Form11_State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2010

Field Note:

Data Source: Tennessee Department of Health, Division of Health Statistics, Death Statistical System and 2010 US Census.

- Section Number:** Form11_State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2009

Field Note:

Data Source: Tennessee Department of Health, Division of Health Statistics, Population Projections and Death Statistical 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

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	7.5	7.5	7.5	7.5	7
Annual Indicator	8.2	8.0	8.0	7.9	7.4
Numerator	709	686	655	628	587
Denominator	86,558	85,480	82,108	79,345	79,255
Data Source		Department of Health	Department of Health	Department of Health	Department of Health
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. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	7	7	7	7	7
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2011
Field Note:
 Data Source: Tennessee Department of Health, Division of Health Statistics, Birth and Death Statistical System

2. **Section Number:** Form12_Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2010
Field Note:
 Data Source: Tennessee Department of Health, Division of Health Statistics, Birth and Death Statistical System

3. **Section Number:** Form12_Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2009
Field Note:
 Data Source: Tennessee Department of Health, Division of Health Statistics, Birth and Death Statistical System

OUTCOME MEASURE # 02

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	2.1	2.1	2.1	2.1	2.1
Annual Indicator	2.4	2.5	2.7	2.2	2.1
Numerator	16.4	15	16	13.8	12.8
Denominator	6.9	6.1	6	6.3	6
Data Source		Department of Health	Department of Health	Department of Health	Department of Health

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

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
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:** Form12_Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2011
Field Note:
 Data Source: Tennessee Department of Health, Division of Health Statistics, Birth and Death Statistical System

2. **Section Number:** Form12_Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2010
Field Note:
 Data Source: Tennessee Department of Health, Division of Health Statistics, Birth and Death Statistical System

3. **Section Number:** Form12_Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2009
Field Note:
 Data Source: Tennessee Department of Health, Division of Health Statistics, Birth and Death Statistical System

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	4.3	4.3	4.3	4.3	4.3
Annual Indicator	5.1	4.9	4.7	4.6	4.6
Numerator	440	420	390	364	365
Denominator	86,558	85,480	82,108	79,345	79,255
Data Source		Department of Health	Department of Health	Department of Health	Department of Health
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>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. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i></p>					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	4.3	4.3	4.3	4.3	4.3
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

- Section Number:** Form12_Outcome Measure 3
Field Name: OM03
Row Name:
Column Name:
Year: 2011
Field Note:
 Data Source: Tennessee Department of Health, Division of Health Statistics, Birth and Death Statistical Systems
- Section Number:** Form12_Outcome Measure 3
Field Name: OM03
Row Name:
Column Name:
Year: 2010
Field Note:
 Data Source: Tennessee Department of Health, Division of Health Statistics, Birth and Death Statistical Systems
- Section Number:** Form12_Outcome Measure 3
Field Name: OM03
Row Name:
Column Name:
Year: 2009
Field Note:
 Data Source: Tennessee Department of Health, Division of Health Statistics, Birth and Death Statistical Systems

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	2.6	2.6	2.6	2.6	2.6
Annual Indicator	3.1	3.1	3.2	3.3	2.8
Numerator	269	266	265	262	222
Denominator	86,558	85,480	82,108	79,345	79,255
Data Source		Department of Health	Department of Health	Department of Health	Department of Health

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

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
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

- Section Number:** Form12_Outcome Measure 4
Field Name: OM04
Row Name:
Column Name:
Year: 2011
Field Note:
 Data Source: Tennessee Department of Health, Division of Health Statistics, Birth and Death Statistical Systems
- Section Number:** Form12_Outcome Measure 4
Field Name: OM04
Row Name:
Column Name:
Year: 2010
Field Note:
 Data Source: Tennessee Department of Health, Division of Health Statistics, Birth and Death Statistical Systems
- Section Number:** Form12_Outcome Measure 4
Field Name: OM04
Row Name:
Column Name:
Year: 2009
Field Note:
 Data Source: Tennessee Department of Health, Division of Health Statistics, Birth and Death Statistical Systems

OUTCOME MEASURE # 05

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>8</u>	<u>8</u>	<u>8</u>	<u>8</u>	<u>8</u>
Annual Indicator	<u>9.9</u>	<u>6.9</u>	<u>6.8</u>	<u>6.5</u>	<u>7.3</u>
Numerator	<u>861</u>	<u>594</u>	<u>557</u>	<u>516</u>	<u>580</u>
Denominator	<u>87,076</u>	<u>85,759</u>	<u>82,364</u>	<u>79,589</u>	<u>79,563</u>
Data Source		Department of Health	Department of Health	Department of Health	Department of Health

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

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>7.5</u>	<u>7.5</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:** Form12_Outcome Measure 5
Field Name: OM05
Row Name:
Column Name:
Year: 2011
Field Note:
 Data Source: Tennessee Department of Health, Division of Health Statistics, Birth, Death, and Fetal Death Statistical Systems
- Section Number:** Form12_Outcome Measure 5
Field Name: OM05
Row Name:
Column Name:
Year: 2010
Field Note:
 Data Source: Tennessee Department of Health, Division of Health Statistics, Birth, Death, and Fetal Death Statistical Systems
- Section Number:** Form12_Outcome Measure 5
Field Name: OM05
Row Name:
Column Name:
Year: 2009
Field Note:
 Data Source: Tennessee Department of Health, Division of Health Statistics, Birth, Death, and Fetal Death Statistical Systems

OUTCOME MEASURE # 06

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

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	15	15	15	15	15
Annual Indicator	20.1	21.6	18.0	20.3	
Numerator	224	242	203	236	
Denominator	1,114,294	1,120,539	1,127,109	1,159,919	
Data Source		Department of Health	Department of Health	Department of Health	Department of Health

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

	2012	2013	2014	2015	2016
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:** Form12_Outcome Measure 6
Field Name: OM06
Row Name:
Column Name:
Year: 2011
Field Note:
 Because 2011 population estimates are not available at this time, we are currently unable to report this indicator. Updated data for this reporting year will be made available to HRSAM/CHB as soon as updated population estimates are available.
2. **Section Number:** Form12_Outcome Measure 6
Field Name: OM06
Row Name:
Column Name:
Year: 2010
Field Note:
 Data Source: Tennessee Department of Health, Division of Health Statistics, Population Projections and Death Statistical System
3. **Section Number:** Form12_Outcome Measure 6
Field Name: OM06
Row Name:
Column Name:
Year: 2009
Field Note:
 Data Source: Tennessee Department of Health, Division of Health Statistics, Population Projections and Death Statistical System

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

Form Level Notes for Form 12

None

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

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

_____ 3

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

_____ 3

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

_____ 3

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

_____ 3

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

_____ 0

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

_____ 2

Total Score: _____ 14

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

- 1. Section Number:** Form13_Main
Field Name: Question1
Row Name: #1. Family members participate on advisory committee or task forces..
Column Name:
Year: 2013
Field Note:
Family members serve on the CSS Advisory Committee (as outlined in Tennessee statute). Family Voices also provides family liaisons for the CSS Advisory Committee and provides training through the MIND videoconference series (a partnership with Vanderbilt's LEND program). Families are also referred to Family Voices for peer to peer counseling.
- 2. Section Number:** Form13_Main
Field Name: Question2
Row Name: #2. Financial support (...) is offered for parent activities or parent groups.
Column Name:
Year: 2013
Field Note:
Travel is reimbursed for family members when they are requested to attend meetings. For example, parents have been requested to attend meetings and present to the Advisory Committee regarding services they have received or services they may need. Family Voices parent professionals are also invited to attend and participate in the Advisory Committee meetings; meals and travel reimbursements are provided.
- 3. Section Number:** Form13_Main
Field Name: Question3
Row Name: #3. Family members are involved in the Children with Special Health Care Needs..
Column Name:
Year: 2013
Field Note:
Family members attend the public input meetings and offer input into the Block Grant Application. This year the Block Grant was sent to Family Voices for parent and family stakeholders to review and provide comment.
- 4. Section Number:** Form13_Main
Field Name: Question4
Row Name: #4. Family members are involved in service training of CSHCN staff and providers.
Column Name:
Year: 2013
Field Note:
Parents of children with special health care needs, including parent professionals from Family Voices have provided training for CSHCN staff through their participation and presentation at MIND videoconferences (part of Vanderbilt's LEND program). CSHCN staff have also attended conferences sponsored by Family Voices where parents and family members were presenters and panel members.
- 5. Section Number:** Form13_Main
Field Name: Question5
Row Name: #5. Family members hired as paid staff or consultants to the State CSHCN program..
Column Name:
Year: 2013
Field Note:
Currently State budgetary constraints prevent MCH from hiring program staff or paid consultants.
- 6. Section Number:** Form13_Main
Field Name: Question6
Row Name: #6. Family members of diverse cultures are involved in all of the above activities
Column Name:
Year: 2013
Field Note:
Family members from all cultures are invited to participate in all of the above activities.

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE TN FY: 2013

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 infant mortality rate
2. Reduce the percentage of obesity and overweight (BMI for age/gender greater than or equal to the 85th percentile) among Tennessee K-12 students
3. Reduce smoking among Tennesseans.
4. Decrease unnecessary health care utilization associated with asthma.
5. Improve MCH workforce capacity and competency.
6. Increase transition services available to children with special health care needs.
7. Reduce unintentional injury deaths in children and young people ages 0-24.
- 8.
- 9.
- 10.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: TN

APPLICATION YEAR: 2013

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested <i>(max 250 characters)</i>	Reason(s) Why Assistance Is Needed <i>(max 250 characters)</i>	What State, Organization or Individual Would You suggest Provide the TA (if known) <i>(max 250 characters)</i>
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>NA</u>	Assistance continues to be needed in identifying best practices and training resources. Care coordinators need to have the skills to address social/physical environments, disparities, cultural needs, self-management support, and health literacy.	The Title V CSHCN program is redesigning the care coordination services provided to program participants. Investing in best practices and standardized training will provide continuous, comprehensive care for CSHCN, and enhance the well-being of the child and family.	If possible, a state that has successfully instituted care coordination standards, training and certification for CSHCN.
2.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____	We need guidance on how to shift the current paradigm from direct service and categorical programs to a more integrated approach to promoting healthy people across the lifespan.	The Maternal and Child Health Section has recently combined with the Nutrition and Wellness Section which has resulted in a new Division of Family Health and Wellness.	If possible, a state which has successfully undergone re-organization to include both MCH and Chronic Disease.
3.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>NA</u>	We need guidance on incorporation of Life Course Perspective (theory and metrics) into existing programs.	An ongoing challenge is how to incorporate Life Course Perspective into a variety of programs using current (limited) funding and determining metrics for measuring progress within a Life Course framework	Unknown
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: _____			
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: _____			
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: _____			
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: _____			
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: _____			
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: _____			
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: _____			

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:

Rate of sleep-related infant deaths (per 1,000 live births).

STATUS:

Active

GOAL:

To reduce the number of sleep-related infant deaths.

DEFINITION:

The rate of sleep-related infant deaths per 1,000 live births. Sleep-related deaths are deaths that occur in the sleep environment due to suffocation or strangulation. This does not include deaths reported as SIDS (Sudden Infant Death Syndrome).

Numerator:

Number of deaths due to infants (less than or equal to 364 days of age) attribute to sleep-related causes (suffocation, strangulation, etc).

Denominator:

Number of live births

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2020 OBJECTIVE:

MICH-1.9

Infant deaths from sudden unexpected infant deaths (includes SIDS, Unknown Cause, Accidental Suffocation, and Strangulation in Bed). Target: 0.84 infant deaths per 1,000 live births. Baseline: 0.93 infant deaths per 1,000 live births were attributed to sudden unexpected/unexplained causes in 2006.

DATA SOURCES AND DATA ISSUES:

Numerator: Tennessee Child Fatality Review. Data will typically lag 12-18 months behind the calendar year reported. Denominator: Tennessee Department of Health, Division of Health Statistics, Birth and Death Statistical Systems

SIGNIFICANCE:

The need is critical. Tennessee consistently ranks among the states with the highest rates of infant mortality. In 2010, non-SIDS sleep-related infant deaths accounted for approximately 20% of all infant deaths.

SP() # 2

PERFORMANCE MEASURE:

Percentage of obesity and overweight among Tennessee K-12 students

STATUS:

Active

GOAL

Reduce childhood obesity and overweight

DEFINITION

Combined overweight and obesity is defined as BMI that is greater than or equal to the 85th percentile on CDC BMI charts for age and gender.

Numerator:

K-12 children measured with BMIs greater than or equal to the 85th percentile for age/gender

Denominator:

K-12 children measured

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

NWS-10.4

Reduce the proportion of children and adolescents who are considered obese (ages 2-19 years). Target: 14.6 percent. Baseline: 16.2 percent of children and adolescents aged 2 to 19 years were considered obese in 2005-08.

DATA SOURCES AND DATA ISSUES

Tennessee Department of Education, Office of Coordinated School Health, Annual BMI Surveillance in Tennessee Public Schools

SIGNIFICANCE

The need is critical. In 2008, 39% of Tennessee school children were overweight or obese (BMI > 85% for age and gender on CDC growth charts). Based on the 2007 National Survey of Children's Health, Tennessee children ages 10-17 ranked 4th in the Nation for childhood obesity and overweight, putting children at risk for associated adverse health and social consequences.

SP() # 3

PERFORMANCE MEASURE:

Percentage of smoking among women of age 18-44.

STATUS:

Active

GOAL

Reduce smoking among Tennessee adolescents and adults

DEFINITION

Adults who report that they currently smoke (in response to BRFSS survey question).

Numerator:

Adults who report that they currently smoke.

Denominator:

Total number of adults surveyed.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

TU-1

Reduce tobacco use by adults. Baseline: 20.6 percent of adults aged 18 years and older were current cigarette smokers in 2008 (age adjusted to the year 2000 standard population). Target: 12.0 percent.

DATA SOURCES AND DATA ISSUES

Behavioral Risk Factor Surveillance System.

SIGNIFICANCE

The need is critical. Smoking is clearly related to adverse health outcomes including heart disease, lung disease, and certain cancers. Additionally, smoking among pregnant women is harmful to offspring, potentially resulting in premature delivery or low birth weight, among other problems.

SP() # _____ 4

PERFORMANCE MEASURE:

Rate of emergency department visits due to asthma for children 1-4 years of age (per 100,000).

STATUS:

Active

GOAL

Decrease emergency department utilization among children with asthma (age 1-4).

DEFINITION

Rate (per 100,000 population) of emergency department visits with asthma documented as cause for visit.

Numerator:

Number of resident asthma (ICD-9 codes 493.0 - 493.9) emergency department visits for children aged 1-4.

Denominator:

Estimate of all children age 1-4 years old in the state

Units: 100000 **Text:** Rate

HEALTHY PEOPLE 2020 OBJECTIVE

RD-3

Reduce hospital emergency department visits for asthma (Children under age 5 years). Target: 95.5 emergency department visits per 10,000. Baseline: 132.7 emergency department visits for asthma per 10,000 children under age 5 years occurred in 2005-07.

DATA SOURCES AND DATA ISSUES

Tennessee Department of Health, Division of Health Statistics, Population Projections and Hospital Discharge Data System

SIGNIFICANCE

The need is critical. Approximately 10% of children in Tennessee suffered from asthma in 2007. Although inpatient hospitalizations have decreased since 1997, emergency department (ED) visits and charges for both inpatient and outpatient hospitalizations have increased. Younger children with asthma have more hospitalizations than older children. In addition, there are significant gender, racial, socioeconomic and geographic disparities in childhood asthma. More school days are lost due to asthma than any other chronic condition, and in Tennessee 98% of emergency treatments in schools are for asthma.

SP() # 5

PERFORMANCE MEASURE:

Number of MCH staff who have completed a self-assessment and based on the assessment have identified and completed a module in the MCH Navigator system.

STATUS:

Active

GOAL

Improve MCH workforce capacity and competency

DEFINITION

A "self-assessment" is defined as the "MCH Leadership Skills Self-Assessment" or the "Council on Linkages Public Health Core Competencies for Public Health Professionals Self Assessment." The MCH Navigator is a web-based catalogue of self-directed training modules for MCH professionals.

Numerator:

Number of MCH staff in Central Office, Regional Offices, and local health departments who have completed a self-assessment (either the MCH Leadership Self-Assessment or the Council on Linkages Self-Assessment) and based on the results of the assessment have identified and completed at least one module in the MCH Navigator system.

Denominator:

Number of MCH staff in Central Office, Regional Offices, and local health departments

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

PHI-1

Increase the proportion of Federal, Tribal, State, and local public health agencies that incorporate Core Competencies for Public Health Professionals into job descriptions and performance evaluations;

PHI-2

Increase the proportion of Tribal, State, and local public health personnel who receive continuing education consistent with the Core Competencies for Public Health Professionals.

DATA SOURCES AND DATA ISSUES

Data will come from reports by Central Office, Regional Office, and local health department staff.

SIGNIFICANCE

The need is critical. Our workforce has been focused and trained on direct clinical services for many years. TDH nursing leadership has requested help in developing competencies in public health basics and leadership. MCH program directors and home visiting staff have also expressed need for additional training and mentoring in order to increase competencies in enabling services, population-based services, and infrastructure building.

SP() # _____ 6

PERFORMANCE MEASURE:

Percentage of youth (14 and older) enrolled in the state CSHCN program who have formal plans for transition to adulthood.

STATUS:

Active

GOAL

Increase the percentage of CSHCN (age 14 years and older) enrolled in the state CSHCN program (Children's Special Services, CSS) who have formal plans for transition to adulthood.

DEFINITION

A formal plan for transition to adulthood is defined as a transition planning document completed (or updated) within the past 12 months and documented in the patient's CSS chart.

Numerator:

Number of CSS enrollees age 14 and older who have a formal plan for transition to adulthood documented in their chart.

Denominator:

Total number of CSS enrollees age 14 and older.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

DH-5

Increase the proportion of youth with special health care needs whose health care provider has discussed transition planning from pediatric to adult health care. Target: 45.3 percent. Baseline: 41.2 percent of youth with special health care needs had health care providers who discussed transition planning from pediatric to adult health care in 2005–06.

DATA SOURCES AND DATA ISSUES

Data will be extracted from patient records for children enrolled in the Tennessee Children's Special Services (CSS) program.

SIGNIFICANCE

The need is critical to provide a growing population of CSHCN with the means to transition to adult health care, independent living and work. Nearly 90% of CSHCN now survive to adulthood. Many respondents to the Family Voices Survey reported they are not having discussions with health care providers or educational staff regarding transition. Forty-eight percent (48%) reported that providers talked with them about planning for changing health care needs as the child ages, and forty-four percent (44%) reported their child's teacher discussed issues related to their child's transition to adulthood.

SP() # 7

PERFORMANCE MEASURE:

Rate of unintentional injury death in children and young people ages 0-24 (per 100,000).

STATUS:

Active

GOAL

Reduce unintentional injury death in children and young people ages 0-24

DEFINITION

Death due to any type of unintentional injury

Numerator:

Number of deaths from all unintentional injuries for children and young people ages 0-24

Denominator:

Number of children and youth ages 0-24 in the State for the reporting period.

Units: 100000 **Text:** Rate

HEALTHY PEOPLE 2020 OBJECTIVE

IVP-11

Reduce unintentional injury deaths. Target: 36.0 deaths per 100,000 population. Baseline: 40.0 deaths per 100,000 population were caused by unintentional injuries in 2007 (age adjusted to the year 2000 standard population).

DATA SOURCES AND DATA ISSUES

Tennessee Department of Health, Division of Health Statistics, Population Projections and Death Statistical System.

SIGNIFICANCE

The need is critical. Injuries are the leading cause of death for U.S. and Tennessee children and young people ages 1-24, with motor vehicle injury as the number one cause for injury fatality. The rate of injury deaths in children has declined in the last 2 decades, yet rates of childhood injury deaths are greater in the US than in other developed countries. Nonfatal injuries contribute substantially to childhood morbidity, disability, and reduced quality of life; and lifetime costs are estimated to be over 50 billion dollars.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

HEALTH SYSTEMS CAPACITY #02

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

	2007	2008	Annual Indicator Data		2011
Annual Indicator	83.6	71.8	2009	2010	85.4
Numerator	48,559	75,323	85,301	89,536	87,004
Denominator	58,058	104,882	105,887	108,351	101,903

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:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2011

Field Note:

Data Source: Bureau of TennCare (Medicaid)

Numerator–TennCare eligible children that received an EPSDT screening during the respective FFY and were included in the denominator

Denominator–Eligible population: all TennCare members age 0 during the respective FFY

2. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2010

Field Note:

Data Source: Bureau of TennCare (Medicaid)

Denominator–Eligible population: all TennCare members age 0 during the respective FFY

Numerator–TennCare eligible children that received an EPSDT screening during the respective FFY and were included in the denominator

3. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2009

Field Note:

Data Source: Tennessee Medicaid (TennCare) Program

HEALTH SYSTEMS CAPACITY #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.

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	0.0	100.0	100.0	61.6	51.1
Numerator	0	34,704	30,753	1,564	1,049
Denominator	1	34,704	30,753	2,541	2,051

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: Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2011

Field Note:

Data Source: TennCare (Medicaid) Program and CoverKids (CHIP)

The state Medicaid program (TennCare) has an eligibility category known as TennCare Standard Uninsured; this category is only available to children under age 19 whose TennCare Medicaid eligibility is ending, who do not have access to insurance through a job or a family member's job, and whose family incomes are below 200% poverty. These children are considered "CHIP children" in the TennCare II extension. The amount reported for this indicator represents the summation of figures provided by Tennessee's SCHIP program (CoverKids) as well as by the state Medicaid program (TennCare).

2. Section Number: Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2010

Field Note:

Data Source: TennCare (Medicaid) Program and CoverKids (CHIP)

The state Medicaid program (TennCare) has an eligibility category known as TennCare Standard Uninsured; this category is only available to children under age 19 whose TennCare Medicaid eligibility is ending, who do not have access to insurance through a job or a family member's job, and whose family incomes are below 200% poverty. These children are considered "CHIP children" in the TennCare II extension. The amount reported for this indicator represents the summation of figures provided by Tennessee's SCHIP program (CoverKids) as well as by the state Medicaid program (TennCare).

HEALTH SYSTEMS CAPACITY #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.

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	83.8	93.2	88.5	87.0	86.6
Numerator	72,498	73,270	66,927	62,619	60,140
Denominator	86,558	78,578	75,614	71,946	69,432

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:** Form17_Health Systems Capacity Indicator #04
Field Name: HSC04
Row Name:
Column Name:
Year: 2011
Field Note:
 Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System
2. **Section Number:** Form17_Health Systems Capacity Indicator #04
Field Name: HSC04
Row Name:
Column Name:
Year: 2010
Field Note:
 Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System
3. **Section Number:** Form17_Health Systems Capacity Indicator #04
Field Name: HSC04
Row Name:
Column Name:
Year: 2009
Field Note:
 Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System

Note: Data for Health Systems Capacity Indicator #04 varies slightly from that reported in Health Systems Capacity Indicator #05D (Form 18). The data on this form are from the Department of Health, while the data on Form 18 are reported by the Bureau of TennCare (Medicaid).

HEALTH SYSTEMS CAPACITY #07A

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

	Annual Indicator Data				
	2007	2008	2009	2010	2011
Annual Indicator	<u>45.9</u>	<u>92.8</u>	<u>82.7</u>	<u>82.3</u>	<u>82.7</u>
Numerator	<u>375,016</u>	<u>759,672</u>	<u>654,277</u>	<u>674,964</u>	<u>687,199</u>
Denominator	<u>816,486</u>	<u>818,194</u>	<u>791,343</u>	<u>819,963</u>	<u>830,577</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.					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

- Section Number:** Form17_Health Systems Capacity Indicator #07A
Field Name: HSC07A
Row Name:
Column Name:
Year: 2011
Field Note:
 Data Source: Bureau of TennCare (Medicaid)
 Numerator: TennCare program children 1-20 with a paid medical service.
 Denominator: Eligible population = all TennCare members age 1-20 with Medicaid eligibility.
- Section Number:** Form17_Health Systems Capacity Indicator #07A
Field Name: HSC07A
Row Name:
Column Name:
Year: 2010
Field Note:
 Data Source: Bureau of TennCare (Medicaid)
 Numerator: TennCare program children 1-20 with a paid medical service.
 Denominator: Eligible population = all TennCare members age 1-20 with Medicaid eligibility.
- Section Number:** Form17_Health Systems Capacity Indicator #07A
Field Name: HSC07A
Row Name:
Column Name:
Year: 2009
Field Note:
 Data Source: Tennessee Medicaid (TennCare) Program
 Numerator: 2009 TennCare program children 0-20 with a paid medical service.
 Denominator: Eligible population: all TennCare members under 21 with Medicaid eligibility.

HEALTH SYSTEMS CAPACITY #07B

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	50.6	52.6	54.0	59.2	58.0
Numerator	77,255	77,122	100,908	114,851	115,134
Denominator	152,575	146,517	186,817	194,038	198,543

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:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2011

Field Note:

Data Source: Bureau of TennCare (Medicaid)

Numerator–TennCare program children 6-9 with a claim for a dental service in the year

Denominator–Eligible population: all TennCare members ages 6-9 at some point during the year with Medicaid eligibility

2. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2010

Field Note:

Data Source: Bureau of TennCare (Medicaid)

Numerator–TennCare program children 6-9 with a claim for a dental service in the year

Denominator–Eligible population: all TennCare members ages 6-9 at some point during the year with Medicaid eligibility

3. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2009

Field Note:

Data Source: Tennessee Medicaid (TennCare) EPSDT and claim system

HEALTH SYSTEMS CAPACITY #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

	2007	2008	2009	2010	2011
Annual Indicator	9.0	14.0	17.3	12.4	13.9
Numerator	1,962	2,838	3,676	2,675	3,062
Denominator	21,881	20,343	21,286	21,623	22,001

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:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2011

Field Note:

Data Sources:

Numerator—CSS (State Title V CSHSN Program) Data

Denominator—Provided by HRSA MCHB through the Data Resource Center for Child and Adolescent Health, Child and Adolescent Health Measurement Initiative.

2. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2010

Field Note:

Data Sources:

Numerator—CSS (State Title V CSHSN Program) Data

Denominator—Provided by HRSA MCHB Federal Project Officer through the Data Resource Center for Child and Adolescent Health, Child and Adolescent Health Measurement Initiative.

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>	2010	Matching data files	10.8	7.1	9
b) <i>Infant deaths per 1,000 live births</i>	2010	Matching data files	9.8	5.9	8
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2010	Matching data files	60.8	71.7	66
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>	2010	Matching data files	64.4	67.7	66

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>	2011	185
b) <i>Medicaid Children</i> (Age range <u> 1 </u> to <u> 6 </u>) (Age range <u> 6 </u> to <u> 19 </u>) (Age range <u> </u> to <u> </u>)	2011	133 100
c) <i>Pregnant Women</i>	2011	185

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>	2011	<u>250</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u>) (Age range <u>6</u> to <u>18</u>) (Age range _____ to _____)	2011	<u>250</u> <u>250</u> _____
c) <i>Pregnant Women</i>	2011	<u>250</u>

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

1. **Section Number:** Form18_Indicator 06 - Medicaid
Field Name: Med_Infant
Row Name: Infants
Column Name:
Year: 2013
Field Note:
 Data Source: Tennessee Medicaid (TennCare) website, <http://www.tn.gov/tenncare/mem-categories.html>. Accessed on 05/19/2012.
2. **Section Number:** Form18_Indicator 06 - Medicaid
Field Name: Med_Children
Row Name: Medicaid Children
Column Name:
Year: 2013
Field Note:
 Data Source: Tennessee Medicaid (TennCare) website, <http://www.tn.gov/tenncare/mem-categories.html>. Accessed on 05/19/2012.
3. **Section Number:** Form18_Indicator 06 - Medicaid
Field Name: Med_Women
Row Name: Pregnant Women
Column Name:
Year: 2013
Field Note:
 Data Source: Tennessee Medicaid (TennCare) website, <http://www.tn.gov/tenncare/mem-categories.html>. Accessed on 05/19/2012.
4. **Section Number:** Form18_Indicator 06 - SCHIP
Field Name: SCHIP_Infant
Row Name: Infants
Column Name:
Year: 2013
Field Note:
 Data Source: Tennessee SCHIP (CoverKids) Program.

 Age 0-1: eligibility for CHIP is 186-250% FPL.
 Age 1-6: eligibility for CHIP is 134-250% FPL.
 Age 6-18: eligibility for CHIP is 101-250% FPL.

 Pregnant women with incomes below 250% FPL are eligible for CHIP.
5. **Section Number:** Form18_Indicator 06 - SCHIP
Field Name: SCHIP_Children
Row Name: SCHIP Children
Column Name:
Year: 2013
Field Note:
 Data Source: Tennessee SCHIP (CoverKids) Program.

 Age 0-1: eligibility for CHIP is 186-250% FPL.
 Age 1-6: eligibility for CHIP is 134-250% FPL.
 Age 6-18: eligibility for CHIP is 101-250% FPL.

 Pregnant women with incomes below 250% FPL are eligible for CHIP.
6. **Section Number:** Form18_Indicator 06 - SCHIP
Field Name: SCHIP_Women
Row Name: Pregnant Women
Column Name:
Year: 2013
Field Note:
 Data Source: Tennessee SCHIP (CoverKids) Program.

 Age 0-1: eligibility for CHIP is 186-250% FPL.
 Age 1-6: eligibility for CHIP is 134-250% FPL.
 Age 6-18: eligibility for CHIP is 101-250% FPL.

 Pregnant women with incomes below 250% FPL are eligible for CHIP.
7. **Section Number:** Form18_Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of ow birth weight (<2,500 grams)
Column Name:
Year: 2013
Field Note:
 Data Source: Bureau of TennCare (Medicaid); Tennessee Department of Health Birth and Death Records matched with TennCare records
8. **Section Number:** Form18_Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2013
Field Note:
 Data Source: Bureau of TennCare (Medicaid); Tennessee Department of Health Birth and Death Records matched with TennCare records

The infant mortality rates presented here were calculated using the 2010 linked birth-death file (the most recently available linked file). This file is restricted to births and deaths that occurred among infants born to TN resident mothers in 2010. Using the linked birth-death file allows for analysis of infant mortality by characteristics recorded on the birth certificate (e.g. payment source). The overall infant mortality rate presented here will be slightly different than that presented elsewhere, such as on Forms 16 and 20. The infant mortality rate on those other forms was calculated using the number of TN resident infant deaths from the Death Statistical System for a given year and the number of births to TN resident mothers from the Birth

Statistical System for the same year.

9. **Section Number:** Form18_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: 2013

Field Note:

Data Source: Bureau of TennCare (Medicaid). Data includes self-reported data (Tennessee Department of Health—birth certificates) and TennCare data. A significant portion of women gained Medicaid eligibility after the first trimester. Data for Health Systems Capacity Indicator #05C varies slightly from that reported in National Performance Measure 18 (Form 11). The data on this form are from the Bureau of TennCare, while the data on Form 11 are reported by the Department of Health.

10. **Section Number:** Form18_Indicator 05

Field Name: AdequateCare

Row Name: Percent of pregnant women with adequate prenatal care

Column Name:

Year: 2013

Field Note:

Data Source: Bureau of TennCare (Medicaid); Indicator determined based on self-reported number of prenatal care visits and the date of first prenatal care (Tennessee Department of Health—birth certificates) and TennCare data. A significant portion of women gained Medicaid eligibility after their first trimester which impacts the adequacy of care possible. Data for Health Systems Capacity Indicator #05D varies slightly from that reported in Health Systems Capacity Indicator #04 (Form 17). The data on this form are from the Bureau of TennCare, while the data on Form 17 are reported by the Department of Health.

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	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	3	Yes
Annual linkage of birth certificates and WIC eligibility files	2	Yes
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

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

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

*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

MCH has direct access to the electronic databases listed in HSCI #09A through an epidemiologist supported with SSDI funding. The epidemiologist is housed within the Department of Health's Office of Policy, Planning, and Assessment but has 50% salary support from MCH.

FIELD LEVEL NOTES

1. **Section Number:** Form19_Indicator 09B

Field Name: YRBSS_09B

Row Name: Youth Risk Behavior Survey (YRBS)

Column Name:

Year: 2013

Field Note:

In Tennessee, the YRBS is conducted by the Department of Education. The Department of Health has access to the published results via the internet: <http://www.tn.gov/education/yrebs/>

Tennessee began participating in the YRBS survey in 1991. The state receives both technical assistance and financial support from the CDC to conduct the YRBS. Students in grades 9-12 are surveyed in the spring of odd numbered years. The survey is voluntary and completely anonymous. When participation rates are high among selected schools, the results of the YRBS may be generalized to all students in the state in grades 9-12. The Office of Coordinated School Health administers the 87 question survey to approximately 1500 students.

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

Form Level Notes for Form 20

None

HEALTH STATUS INDICATOR #01A

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	9.4	9.2	9.2	9.0	9.0
Numerator	8,162	7,834	7,535	7,166	7,157
Denominator	86,558	85,454	82,080	79,305	79,215

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:** Form20_Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2011
Field Note:
 Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System
- Section Number:** Form20_Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2010
Field Note:
 Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System
- Section Number:** Form20_Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2009
Field Note:
 Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System

HEALTH STATUS INDICATOR #01B

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	7.5	7.4	7.5	7.4	7.4
Numerator	6,452	6,085	5,961	5,688	5,647
Denominator	86,558	82,708	79,491	76,812	76,695

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:** Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2011**Field Note:**

Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System

2. Section Number: Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2010**Field Note:**

Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System

3. Section Number: Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System

HEALTH STATUS INDICATOR #02A

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	1.7	1.6	1.7	1.6	1.5
Numerator	1,513	1,378	1,371	1,245	1,187
Denominator	86,558	86,454	82,080	79,305	79,215

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: Form20_Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2011

Field Note:

Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System

2. Section Number: Form20_Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2010

Field Note:

Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System

3. Section Number: Form20_Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2009

Field Note:

Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System

HEALTH STATUS INDICATOR #02B

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	<u>1.3</u>	<u>1.3</u>	<u>1.3</u>	<u>1.2</u>	<u>1.2</u>
Numerator	<u>1,159</u>	<u>1,043</u>	<u>1,068</u>	<u>950</u>	<u>955</u>
Denominator	<u>86,558</u>	<u>82,708</u>	<u>79,491</u>	<u>76,812</u>	<u>76,695</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:** Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2011**Field Note:**

Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System

2. Section Number: Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2010**Field Note:**

Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System

3. Section Number: Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System

HEALTH STATUS INDICATOR #03A

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	8.0	10.2	7.9	10.3	
Numerator	96	122	95	127	
Denominator	1,194,718	1,201,099	1,207,621	1,238,935	

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:** Form20_Health Status Indicator #03A

Field Name: HSI03A**Row Name:****Column Name:****Year:** 2011**Field Note:**

Because 2011 population estimates are not available at this time, we are currently unable to report this indicator. Updated data for this reporting year will be made available to HRSA/MCHB as soon as updated population estimates are available.

2. **Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A**Row Name:****Column Name:****Year:** 2010**Field Note:**

Data Source: Tennessee Department of Health, Division of Health Statistics, Death Statistical System and 2010 US Census.

3. **Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data Source: Tennessee Department of Health, Division of Health Statistics, Population Projections and Death Statistical System

HEALTH STATUS INDICATOR #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

	2007	2008	2009	2010	2011
Annual Indicator	3.3	3.4	2.7	2.5	
Numerator	39	41	33	31	
Denominator	1,194,718	1,201,099	1,207,621	1,238,935	

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?

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B**Row Name:****Column Name:****Year:** 2011**Field Note:**

Because 2011 population estimates are not available at this time, we are currently unable to report this indicator. Updated data for this reporting year will be made available to HRSA/MCHB as soon as updated population estimates are available.

2. **Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B**Row Name:****Column Name:****Year:** 2010**Field Note:**

Data Source: Tennessee Department of Health, Division of Health Statistics, Death Statistical System and 2010 US Census.

3. **Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data Source: Tennessee Department of Health, Division of Health Statistics, Population Projections and Death Statistical System

HEALTH STATUS INDICATOR #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

	2007	2008	2009	2010	2011
Annual Indicator	<u>30.8</u>	<u>29.8</u>	<u>24.6</u>	<u>23.4</u>	<u></u>
Numerator	<u>257</u>	<u>250</u>	<u>208</u>	<u>202</u>	<u></u>
Denominator	<u>833,229</u>	<u>839,914</u>	<u>846,897</u>	<u>863,430</u>	<u></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:** Form20_Health Status Indicator #03C

Field Name: HSI03C**Row Name:****Column Name:****Year:** 2011**Field Note:**

Because 2011 population estimates are not available at this time, we are currently unable to report this indicator. Updated data for this reporting year will be made available to HRSA/MCHB as soon as updated population estimates are available.

2. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C**Row Name:****Column Name:****Year:** 2010**Field Note:**

Data Source: Tennessee Department of Health, Division of Health Statistics, Death Statistical System and 2010 US Census.

3. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data Source: Tennessee Department of Health, Division of Health Statistics, Population Projections and Death Statistical System

HEALTH STATUS INDICATOR #04A

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	13,239.4	12,313.1	12,487.9	11,867.8	
Numerator	158,173	147,882	150,807	147,034	
Denominator	1,194,718	1,201,009	1,207,621	1,238,935	

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:** Form20_Health Status Indicator #04A

Field Name: HSI04A**Row Name:****Column Name:****Year:** 2011**Field Note:**

Because 2011 population estimates are not available at this time, we are currently unable to report this indicator. Updated data for this reporting year will be made available to HRSA/MCHB as soon as updated population estimates are available.

2. **Section Number:** Form20_Health Status Indicator #04A

Field Name: HSI04A**Row Name:****Column Name:****Year:** 2010**Field Note:**

Data Source: Tennessee Department of Health, Division of Health Statistics, Hospital Discharge Data System and 2010 US Census.

3. **Section Number:** Form20_Health Status Indicator #04A

Field Name: HSI04A**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data Source: Tennessee Department of Health, Division of Health Statistics, Population Projections and Hospital Discharge Data System

HEALTH STATUS INDICATOR #04B

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	819.3	722.3	718.6	674.1	
Numerator	9,788	8,675	8,678	8,352	
Denominator	1,194,718	1,201,009	1,207,621	1,238,935	

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:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2011

Field Note:

Because 2011 population estimates are not available at this time, we are currently unable to report this indicator. Updated data for this reporting year will be made available to HRSA/MCHB as soon as updated population estimates are available.

2. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2010

Field Note:

Data Source: Tennessee Department of Health, Division of Health Statistics, Hospital Discharge Data System and 2010 US Census.

3. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2009

Field Note:

Data Source: Tennessee Department of Health, Division of Health Statistics, Population Projections and Hospital Discharge Data System

HEALTH STATUS INDICATOR #04C

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	3,472.0	3,064.8	3,028.5	2,886.5	
Numerator	28,930	25,742	25,648	24,923	
Denominator	833,229	839,914	846,897	863,430	

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:** Form20_Health Status Indicator #04C

Field Name: HSI04C**Row Name:****Column Name:****Year:** 2011**Field Note:**

Because 2011 population estimates are not available at this time, we are currently unable to report this indicator. Updated data for this reporting year will be made available to HRSA/MCHB as soon as updated population estimates are available.

2. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C**Row Name:****Column Name:****Year:** 2010**Field Note:**

Data Source: Tennessee Department of Health, Division of Health Statistics, Hospital Discharge Data System and 2010 US Census.

3. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data Source: Tennessee Department of Health, Division of Health Statistics, Population Projections and Hospital Discharge Data System

HEALTH STATUS INDICATOR #05A

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	40.0	42.1	42.1	38.8	40.2
Numerator	8,153	8,815	8,815	8,210	8,511
Denominator	203,767	209,417	209,417	211,540	211,482

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: Fom20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2011

Field Note:

Data Source: Tennessee STD Program Surveillance Morbidity Database which is the Communicable Disease Surveillance System

2. Section Number: Fom20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2010

Field Note:

Data Source: Tennessee STD Program Surveillance Morbidity Database which is the Communicable Disease Surveillance System

3. Section Number: Fom20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2009

Field Note:

Data Source: Tennessee STD Program Surveillance Morbidity Database which is the Communicable Disease Surveillance System

HEALTH STATUS INDICATOR #05B

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	10.4	11.8	11.8	11.4	12.6
Numerator	10,859	12,300	12,300	11,862	13,174
Denominator	1,041,926	1,045,578	1,044,578	1,044,145	1,047,577

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: Fom20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2011

Field Note:

Data Source: Tennessee STD Program Surveillance Morbidity Database which is the Communicable Disease Surveillance System

2. Section Number: Fom20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2010

Field Note:

Data Source: Tennessee STD Program Surveillance Morbidity Database which is the Communicable Disease Surveillance System

3. Section Number: Fom20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2009

Field Note:

Data Source: Tennessee STD Program Surveillance Morbidity Database 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: 2010 Is this data from a State Projection? No Is this data final or provisional? Final

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	79,016	53,423	15,959	0	0	0	0	9,634
Children 1 through 4	328,797	225,619	65,221	0	0	0	0	37,957
Children 5 through 9	412,181	292,461	79,609	0	0	0	0	40,111
Children 10 through 14	418,941	301,353	85,405	0	0	0	0	32,183
Children 15 through 19	437,186	313,046	95,258	0	0	0	0	28,882
Children 20 through 24	426,244	308,445	86,331	0	0	0	0	31,468
Children 0 through 24	2,102,365	1,494,347	427,783	0	0	0	0	180,235

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	71,208	7,808	0
Children 1 through 4	297,258	31,539	0
Children 5 through 9	360,580	31,601	0
Children 10 through 14	394,744	24,197	0
Children 15 through 19	414,616	22,570	0
Children 20 through 24	397,265	28,979	0
Children 0 through 24	1,955,671	146,694	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: 2010 Is this data from a State Projection? No Is this data final or provisional? Final

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	116	51	63	0	0	0	0	2
Women 15 through 17	2,532	1,642	860	6	7	0	0	17
Women 18 through 19	6,708	4,593	2,022	18	21	9	0	45
Women 20 through 34	61,578	47,265	12,311	125	1,186	111	0	580
Women 35 or older	8,384	6,639	1,343	12	298	14	0	78
Women of all ages	79,318	60,190	16,599	161	1,512	134	0	722

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	106	10	0
Women 15 through 17	2,271	260	1
Women 18 through 19	6,183	521	4
Women 20 through 34	56,006	5,541	31
Women 35 or older	7,581	789	14
Women of all ages	72,147	7,121	50

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: 2010 Is this data from a State Projection? No Is this data final or provisional? Final

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	626	382	229	0	0	5	0	10
Children 1 through 4	106	69	31	1	1	1	0	3
Children 5 through 9	54	41	13	0	0	0	0	0
Children 10 through 14	76	48	25	0	0	3	0	0
Children 15 through 19	247	178	63	1	0	5	0	0
Children 20 through 24	477	367	101	1	1	3	0	4
Children 0 through 24	1,586	1,085	462	3	2	17	0	17

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	585	40	1
Children 1 through 4	99	7	0
Children 5 through 9	51	3	0
Children 10 through 14	75	1	0
Children 15 through 19	238	9	0
Children 20 through 24	460	17	0
Children 0 through 24	1,508	77	1

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	1,676,121	1,185,902	341,452	0	0	0	0	148,767	2010
Percent in household headed by single parent	32.1	23.7	59.8	41.6	48.5	0.0	67.2	0.0	2011
Percent in TANF (Grant) families	6.8	4.1	18.8	0.0	0.0	0.0	0.0	0.6	2011
Number enrolled in Medicaid	694,217	377,569	223,788	969	5	8,273	0	83,623	2011
Number enrolled in SCHIP	58,757	37,955	10,571	74	1,196	37	0	8,924	2011
Number living in foster home care	5,978	3,785	1,294	25	5	9	0	860	2011
Number enrolled in food stamp program	540,596	341,644	191,421	866	4,360	704	1,569	0	2011
Number enrolled in WIC	216,886	144,114	71,074	55	1,643	0	0	0	2011
Rate (per 100,000) of juvenile crime arrests	1,834.0	1,203.0	4,762.0	0.0	0.0	0.0	0.0	190.0	2010
Percentage of high school drop-outs (grade 9 through 12)	1.8	1.4	3.0	2.6	0.8	1.4	0.0	0.4	2010

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	1,558,406	117,715	0	2010
Percent in household headed by single parent	31.7	37.7	0.0	2011
Percent in TANF (Grant) families	7.0	3.8	0.0	2011
Number enrolled in Medicaid	634,982	59,234	1	2011
Number enrolled in SCHIP	0	3,485	55,272	2011
Number living in foster home care	5,200	343	435	2011
Number enrolled in food stamp program	501,913	38,683	0	2011
Number enrolled in WIC	184,531	32,355	0	2011
Rate (per 100,000) of juvenile crime arrests	1,851.0	754.0	0.0	2010
Percentage of high school drop-outs (grade 9 through 12)	1.8	2.3	0.0	2010

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: 2010 Is this data from a State Projection? No Is this data final or provisional? Final

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	1,166,623
Living in urban areas	1,071,041
Living in rural areas	605,080
Living in frontier areas	0
Total - all children 0 through 19	1,676,121

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: 2011 Is this data from a State Projection? No Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Total Population	6,302,173
Percent Below: 50% of poverty	6.8
100% of poverty	16.6
200% of poverty	38.9

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: 2011 Is this data from a State Projection? No Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	1,649,270
Percent Below: 50% of poverty	9.2
100% of poverty	24.3
200% of poverty	48.6

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES

1. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2013
Field Note:
Data Source: 2010 US Census
2. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2013
Field Note:
Data Source: 2010 US Census
3. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2013
Field Note:
Data Source: 2010 US Census
4. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2013
Field Note:
Data Source: 2010 US Census
5. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2013
Field Note:
Data Source: 2010 US Census
6. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2013
Field Note:
Data Source: 2010 US Census
7. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2013
Field Note:
Data Source: 2010 US Census
8. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2013
Field Note:
Data Source: 2010 US Census
9. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2013
Field Note:
Data Source: 2010 US Census
10. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2013
Field Note:
Data Source: 2010 US Census
11. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2013
Field Note:
Data Source: 2010 US Census

12. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2013
Field Note:
Data Source: 2010 US Census
13. **Section Number:** Form21_Indicator 07A
Field Name: Race_Women15
Row Name: Women < 15
Column Name:
Year: 2013
Field Note:
Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System. NOTE: Does not include 27 women who were missing data on maternal age and could not be categorized into age sub-groups.
14. **Section Number:** Form21_Indicator 07A
Field Name: Race_Women15to17
Row Name: Women 15 through 17
Column Name:
Year: 2013
Field Note:
Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System. NOTE: Does not include 27 women who were missing data on maternal age and could not be categorized into age sub-groups.
15. **Section Number:** Form21_Indicator 07A
Field Name: Race_Women18to19
Row Name: Women 18 through 19
Column Name:
Year: 2013
Field Note:
Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System. NOTE: Does not include 27 women who were missing data on maternal age and could not be categorized into age sub-groups.
16. **Section Number:** Form21_Indicator 07A
Field Name: Race_Women20to34
Row Name: Women 20 through 34
Column Name:
Year: 2013
Field Note:
Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System. NOTE: Does not include 27 women who were missing data on maternal age and could not be categorized into age sub-groups.
17. **Section Number:** Form21_Indicator 07A
Field Name: Race_Women35
Row Name: Women 35 or older
Column Name:
Year: 2013
Field Note:
Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System. NOTE: Does not include 27 women who were missing data on maternal age and could not be categorized into age sub-groups.
18. **Section Number:** Form21_Indicator 07B
Field Name: Ethnicity_Women15
Row Name: Women < 15
Column Name:
Year: 2013
Field Note:
Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System. NOTE: Does not include 27 women who were missing data on maternal age and could not be categorized into age sub-groups.
19. **Section Number:** Form21_Indicator 07B
Field Name: Ethnicity_Women15to17
Row Name: Women 15 through 17
Column Name:
Year: 2013
Field Note:
Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System. NOTE: Does not include 27 women who were missing data on maternal age and could not be categorized into age sub-groups.
20. **Section Number:** Form21_Indicator 07B
Field Name: Ethnicity_Women18to19
Row Name: Women 18 through 19
Column Name:
Year: 2013
Field Note:
Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System. NOTE: Does not include 27 women who were missing data on maternal age and could not be categorized into age sub-groups.
21. **Section Number:** Form21_Indicator 07B
Field Name: Ethnicity_Women20to34
Row Name: Women 20 through 34
Column Name:
Year: 2013
Field Note:
Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System. NOTE: Does not include 27 women who were missing data on maternal age and could not be categorized into age sub-groups.
22. **Section Number:** Form21_Indicator 07B
Field Name: Ethnicity_Women35
Row Name: Women 35 or older
Column Name:

Year: 2013

Field Note:

Data Source: Tennessee Department of Health, Division of Health Statistics, Birth Statistical System. NOTE: Does not include 27 women who were missing data on maternal age and could not be categorized into age sub-groups.

23. **Section Number:** Form21_Indicator 08A
Field Name: S08_Race_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2013
Field Note:
Data Source: Tennessee Department of Health, Division of Health Statistics, Death Statistical System.
24. **Section Number:** Form21_Indicator 08A
Field Name: S08_Race_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2013
Field Note:
Data Source: Tennessee Department of Health, Division of Health Statistics, Death Statistical System.
25. **Section Number:** Form21_Indicator 08A
Field Name: S08_Race_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2013
Field Note:
Data Source: Tennessee Department of Health, Division of Health Statistics, Death Statistical System.
26. **Section Number:** Form21_Indicator 08A
Field Name: S08_Race_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2013
Field Note:
Data Source: Tennessee Department of Health, Division of Health Statistics, Death Statistical System.
27. **Section Number:** Form21_Indicator 08A
Field Name: S08_Race_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2013
Field Note:
Data Source: Tennessee Department of Health, Division of Health Statistics, Death Statistical System.
28. **Section Number:** Form21_Indicator 08A
Field Name: S08_Race_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2013
Field Note:
Data Source: Tennessee Department of Health, Division of Health Statistics, Death Statistical System.
29. **Section Number:** Form21_Indicator 08B
Field Name: S08_Ethnicity_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2013
Field Note:
Data Source: Tennessee Department of Health, Division of Health Statistics, Death Statistical System.
30. **Section Number:** Form21_Indicator 08B
Field Name: S08_Ethnicity_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2013
Field Note:
Data Source: Tennessee Department of Health, Division of Health Statistics, Death Statistical System.
31. **Section Number:** Form21_Indicator 08B
Field Name: S08_Ethnicity_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2013
Field Note:
Data Source: Tennessee Department of Health, Division of Health Statistics, Death Statistical System.
32. **Section Number:** Form21_Indicator 08B
Field Name: S08_Ethnicity_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2013
Field Note:
Data Source: Tennessee Department of Health, Division of Health Statistics, Death Statistical System.
33. **Section Number:** Form21_Indicator 08B
Field Name: S08_Ethnicity_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2013
Field Note:
Data Source: Tennessee Department of Health, Division of Health Statistics, Death Statistical System.
34. **Section Number:** Form21_Indicator 08B

Field Name: S08_Ethnicity_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2013
Field Note:
Data Source: Tennessee Department of Health, Division of Health Statistics, Death Statistical System.

35. **Section Number:** Form21_Indicator 09A

Field Name: HSIRace_Children
Row Name: All children 0 through 19
Column Name:
Year: 2013
Field Note:
Data Source: 2010 US Census

36. **Section Number:** Form21_Indicator 09A

Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2013
Field Note:
Data source: US Census Bureau, Current Population Survey, Annual Social and Economic Supplement (table creator accessed at http://www.census.gov/hhes/www/cpst/cps_table_creator.html)

37. **Section Number:** Form21_Indicator 09A

Field Name: HSIRace_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2013
Field Note:
Data Source: Department of Human Services

NOTE: The denominator for this calculation is from the 2010 census (provided above in the enumeration of all children 0-19). Thus, these percentages may vary from those calculated using 2011 population estimates (which are not currently available to us).

38. **Section Number:** Form21_Indicator 09A

Field Name: HSIRace_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2013
Field Note:
Data Source: Bureau of TennCare (Medicaid); TennCare office data effective as of September 2011.

39. **Section Number:** Form21_Indicator 09A

Field Name: HSIRace_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2013
Field Note:
Data Source: Tennessee SCHIP (CoverKids) Program

40. **Section Number:** Form21_Indicator 09A

Field Name: HSIRace_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2013
Field Note:
Data Source: Department of Human Services

41. **Section Number:** Form21_Indicator 09A

Field Name: HSIRace_WCNNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2013
Field Note:
Data Source: Tennessee Department of Health, Division of Family Health and Wellness, WIC Program.

42. **Section Number:** Form21_Indicator 09A

Field Name: HSIRace_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2013
Field Note:
Data sources: TBI Tennessee Crime Statistics Online (accessed 4/10/2012 at http://www.tbi.state.tn.us/tn_crime_stats/crime_stats_online.shtml) and 2010 US Census

43. **Section Number:** Form21_Indicator 09A

Field Name: HSIRace_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2013
Field Note:
Data Source: Tennessee Department of Education (2010-11 School Year)

44. **Section Number:** Form21_Indicator 09B

Field Name: HSIEthnicity_Children
Row Name: All children 0 through 19
Column Name:
Year: 2013
Field Note:
Data Source: 2010 US Census

45. **Section Number:** Form21_Indicator 09B

Field Name: HSIEthnicity_SingleParentPercent

Row Name: Percent in household headed by single parent

Column Name:

Year: 2013

Field Note:

Data source: US Census Bureau, Current Population Survey, Annual Social and Economic Supplement (table creator accessed at http://www.census.gov/hhes/www/cpstc/cps_table_creator.html)

46. **Section Number:** Form21_Indicator 09B

Field Name: HSIethnicity_TANFPercent

Row Name: Percent in TANF (Grant) families

Column Name:

Year: 2013

Field Note:

Data Source: Department of Human Services

NOTE: The denominator for this calculation is from the 2010 census (provided above in the enumeration of all children 0-19). Thus, these percentages may vary from those calculated using 2011 population estimates (which are not currently available to us).

47. **Section Number:** Form21_Indicator 09B

Field Name: HSIethnicity_MedicaidNo

Row Name: Number enrolled in Medicaid

Column Name:

Year: 2013

Field Note:

Data Source: Bureau of TennCare (Medicaid); TennCare office data effective as of September 2011.

48. **Section Number:** Form21_Indicator 09B

Field Name: HSIethnicity_SCHIPNo

Row Name: Number enrolled in SCHIP

Column Name:

Year: 2013

Field Note:

Data Source: Tennessee SCHIP (CoverKids) Program

49. **Section Number:** Form21_Indicator 09B

Field Name: HSIethnicity_FoodStampNo

Row Name: Number enrolled in food stamp program

Column Name:

Year: 2013

Field Note:

Data Source: Department of Human Services

50. **Section Number:** Form21_Indicator 09B

Field Name: HSIethnicity_WCNo

Row Name: Number enrolled in WC

Column Name:

Year: 2013

Field Note:

Data Source: Tennessee Department of Health, Division of Family Health and Wellness, WC Program.

51. **Section Number:** Form21_Indicator 09B

Field Name: HSIethnicity_JuvenileCrimeRate

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

Column Name:

Year: 2013

Field Note:

Data sources: TBI Tennessee Crime Statistics Online (accessed 4/10/2012 at http://www.tbi.state.tn.us/tn_crime_stats/crime_stats_online.shtml) and 2010 US Census

52. **Section Number:** Form21_Indicator 09B

Field Name: HSIethnicity_DropOutPercent

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

Column Name:

Year: 2013

Field Note:

Data Source: Tennessee Department of Education (2010-11 School Year)

53. **Section Number:** Form21_Indicator 10

Field Name: Metropolitan

Row Name: Living in metropolitan areas

Column Name:

Year: 2013

Field Note:

NOTE: Urban and metropolitan areas overlap; total children 0-19 equals the sum of children living in urban and rural areas. Counts were determined by multiplying 2010 US Census counts for 0-19 year olds by the percentage of TN children 0-18 in metro/urban/rural areas from the 2000 US Census, which is still the most recent year for which these percentages are available.

54. **Section Number:** Form21_Indicator 10

Field Name: Urban

Row Name: Living in urban areas

Column Name:

Year: 2013

Field Note:

NOTE: Urban and metropolitan areas overlap; total children 0-19 equals the sum of children living in urban and rural areas. Counts were determined by multiplying 2010 US Census counts for 0-19 year olds by the percentage of TN children 0-18 in metro/urban/rural areas from the 2000 US Census, which is still the most recent year for which these percentages are available.

55. **Section Number:** Form21_Indicator 10

Field Name: Frontier

Row Name: Living in frontier areas

Column Name:

Year: 2013

Field Note:

NOTE: Urban and metropolitan areas overlap; total children 0-19 equals the sum of children living in urban and rural areas. Counts were determined by multiplying 2010 US Census

counts for 0-19 year olds by the percentage of TN children 0-18 in metro/urban/rural areas from the 2000 US Census, which is still the most recent year for which these percentages are available.

56. **Section Number:** Form21_Indicator 11
Field Name: S11_total
Row Name: Total Population
Column Name:
Year: 2013
Field Note:
Data source: US Census Bureau, Current Population Survey, Annual Social and Economic Supplement (table creator accessed at http://www.census.gov/hhes/www/cpstc/cps_table_creator.html); data is from the 2011 survey but survey questions regarding income ask about the previous year's income (i.e. 2010)
57. **Section Number:** Form21_Indicator 11
Field Name: S11_50percent
Row Name: Percent Below: 50% of poverty
Column Name:
Year: 2013
Field Note:
Data source: US Census Bureau, Current Population Survey, Annual Social and Economic Supplement (table creator accessed at http://www.census.gov/hhes/www/cpstc/cps_table_creator.html); data is from the 2011 survey but survey questions regarding income ask about the previous year's income (i.e. 2010)
58. **Section Number:** Form21_Indicator 11
Field Name: S11_100percent
Row Name: 100% of poverty
Column Name:
Year: 2013
Field Note:
Data source: US Census Bureau, Current Population Survey, Annual Social and Economic Supplement (table creator accessed at http://www.census.gov/hhes/www/cpstc/cps_table_creator.html); data is from the 2011 survey but survey questions regarding income ask about the previous year's income (i.e. 2010)
59. **Section Number:** Form21_Indicator 11
Field Name: S11_200percent
Row Name: 200% of poverty
Column Name:
Year: 2013
Field Note:
Data source: US Census Bureau, Current Population Survey, Annual Social and Economic Supplement (table creator accessed at http://www.census.gov/hhes/www/cpstc/cps_table_creator.html); data is from the 2011 survey but survey questions regarding income ask about the previous year's income (i.e. 2010)
60. **Section Number:** Form21_Indicator 12
Field Name: S12_Children
Row Name: Children 0 through 19 years old
Column Name:
Year: 2013
Field Note:
Data source: US Census Bureau, Current Population Survey, Annual Social and Economic Supplement (table creator accessed at http://www.census.gov/hhes/www/cpstc/cps_table_creator.html); data is from the 2011 survey but survey questions regarding income ask about the previous year's income (i.e. 2010)
61. **Section Number:** Form21_Indicator 12
Field Name: S12_50percent
Row Name: Percent Below: 50% of poverty
Column Name:
Year: 2013
Field Note:
Data source: US Census Bureau, Current Population Survey, Annual Social and Economic Supplement (table creator accessed at http://www.census.gov/hhes/www/cpstc/cps_table_creator.html); data is from the 2011 survey but survey questions regarding income ask about the previous year's income (i.e. 2010)
62. **Section Number:** Form21_Indicator 12
Field Name: S12_100percent
Row Name: 100% of poverty
Column Name:
Year: 2013
Field Note:
Data source: US Census Bureau, Current Population Survey, Annual Social and Economic Supplement (table creator accessed at http://www.census.gov/hhes/www/cpstc/cps_table_creator.html); data is from the 2011 survey but survey questions regarding income ask about the previous year's income (i.e. 2010)
63. **Section Number:** Form21_Indicator 12
Field Name: S12_200percent
Row Name: 200% of poverty
Column Name:
Year: 2013
Field Note:
Data source: US Census Bureau, Current Population Survey, Annual Social and Economic Supplement (table creator accessed at http://www.census.gov/hhes/www/cpstc/cps_table_creator.html); data is from the 2011 survey but survey questions regarding income ask about the previous year's income (i.e. 2010)
64. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_FosterCare
Row Name: Number living in foster home care
Column Name:
Year: 2013
Field Note:
Source: Tennessee Department of Children's Services. Includes number of children living in foster home care and medically fragile foster home care. This number also includes children who were in pre-adoptive homes as this is technically foster care (adoption not yet finalized).
65. **Section Number:** Form21_Indicator 09B
Field Name: HSIethnicity_FosterCare
Row Name: Number living in foster home care
Column Name:
Year: 2013
Field Note:
Source: Tennessee Department of Children's Services. Includes number of children living in foster home care and medically fragile foster home care. This number also includes children who were in pre-adoptive homes as this is technically foster care (adoption not yet finalized).

