

INDIANA MATERNAL AND CHILD HEALTH TITLE V BLOCK GRANT
Indiana State Department of Health
Title V – Maternal and Child Health Block Grant
FY 2007 Application/FY 2005 Report
Executive Summary

Purpose

Title V Maternal and Child Health (MCH) Block Grant funds are to be used to improve the health status of women, infants, children, adolescents and children with special health care needs in the State of Indiana. While MCH programs are available to all women, infants and children and many programs are available to families with children, emphasis is placed on women of childbearing age, low-income populations and those who do not have access to health care.

Mission

The Title V Grant Application is integrated with the mission of the Indiana State Department of Health (ISDH): “The Indiana State Department of Health supports Indiana’s economic prosperity and quality of life by promoting, protecting and providing for the health of Hoosiers in their communities.”

ISDH has also developed the following priority health initiatives:

1. Data drives efforts for both health conditions and health systems initiatives
 - Effective, efficient, and timely data collection.
 - Evidence-based and results-oriented interventions based on best practices
2. INShape Indiana
 - Promotion of prevention and individual responsibility especially in the areas of obesity prevention through good nutrition and exercise and smoking cessation.
 - Participation in this effort with all components of communities – collaborative partners.
 - Integration of INShape opportunities in all programming and communications.
3. Integration of medical care with public health
 - Appropriately targeted access to care for underserved Hoosiers.
 - Opportunities for Medicaid demonstration projects to showcase successful public health-based interventions.
 - All direct and enabling services providers must be Medicaid providers.
4. Preparedness
 - Continual scanning for developing public health threats regardless of cause of the threat (particularly direct medical care projects).
 - Planning and training for poised and effective response to threats that cannot be prevented.
 - Coordination through Local Public Health Coordinators.

The ISDH’s vision for the future is one in which health is viewed as more than the delivery of health care and public health services. This broader public health view also includes strengthening the social, economic, cultural, and spiritual fabric of communities in our state.

State Summary Profile

Indiana's FY 2007 Title V Block Grant allocation is estimated at \$11,890,821. Federal law mandates that at least 30% of the grant be spent on preventative and primary care services for children and at least 30% of the grant be spent on services for children with special health care needs (CSHCN). Indiana is requesting the 30% requirement for CSHCN be waived to give ISDH greater flexibility to fund high priority projects appropriately with Title V or State CSHCN funds.

The Indiana State Department of Health administers the Title V grant through Maternal and Children's Special Health Care Services (MCSHC), a division of the Community and Family Health Services Commission (CFHSC). MCSHC administered programs include: Prenatal Substance Use Prevention Program, Indiana Perinatal Network, SIDS, Preventive and Primary Child Health Care, Indiana RESPECT (Reducing Early Sex and Pregnancy by Educating Children and Teens), Indiana Child Care Health Consultant Program, Family Care Coordination, Prenatal Care Services, Prenatal Care Coordination, Adolescent Health Centers, Family Planning Services, and the Genetic Diseases Program. MCSHC also administers Children's Special Health Care Services (CSHCS), the state program for children with special health care needs. Other programs administered within the Commission include: Indiana Childhood Lead Poisoning Prevention Program, Immunization, Injury Prevention, Oral Health, WIC, Universal Newborn Hearing Screening, Newborn Metabolic Screening, and the Sickle Cell Program.

During FY '05, MCSHCS used the Title V grant to fund 11 family planning projects, 5 genetics centers, 13 infant health projects, 13 prenatal care clinics, 15 child health projects, 5 school-based adolescent health grantees, 1 high risk infant follow-up program, 23 prenatal care coordination programs, 13 family care coordination programs, and a broad variety of special projects.

Significant Accomplishments

FY'05 Accomplishments

- 100% of newborns who screened positive for one or more congenital defects received follow-up to determine definitive diagnosis and clinical management of their condition.
- More than 61% of families of Children with Special Health Care Needs (CSHCN) indicated they were satisfied with the services they received.
- Children's Special Health Care Services implemented the Agency Claims and Administrative Processing System (ACAPS) of data collection and reimbursement. ACAPS tracks the linkages of clients to primary care providers, specialty care providers, and dental care.
- CSHCS completed enhancements to the telephone/communication system to provide additional options to parents and providers.
- CSHCS provided community-based training to First Steps providers and the Division of Families and Children (DFC) providers to promote systems development and to improve the organization and delivery of services to CSHCN.

- MCSHC funded Indiana University for a 3-year pilot project to transition CSHCN to adult care. Included are a needs assessment to gather information from Indiana's CSHCN parents and care providers and a demonstration project providing transitional consultation, information and referral, and primary care services.
- The ISDH Vaccines for Children (VFC) program continued to supply all Advisory Committee on Immunization Practices (ACIP) recommended vaccines for VFC eligible children as well all other children seen in MCSHC funded clinics with Public Health Services Section 317 (PHS) funds. All MCSHC grantees either provide direct vaccination services or referrals to providers who do.
- The State Adolescent Health Coordinator and MZD, Inc., an Indiana advertising agency, developed a new sexual abstinence media campaign to target Indiana's parents and teens to decrease adolescent pregnancy. The new campaign materials include parent and teen commercials, billboards, movie theatre advertisements and an interactive parent website (www.indianarespect.com). Parents are challenged to discuss sexuality issues with their children.
- ISDH Oral Health Services promoted community-based dental sealant programs, and collaborated with the IU School of Dentistry's Community Dentistry sealant placement program. The ISDH Director of Oral Health Services served on the Board and planning committee of the IU School of Dentistry Mobile Dental Sealant Program.
- The MCSHC Free Pregnancy Test Program tested more than 17,000 women in 61 counties Indiana in 2005 in cooperation with 104 participating agencies.
- ISDH shared new developments related to childhood automotive safety and injury prevention with all MCSHC projects.
- MCSHC provided funding to help WIC and the Office of Minority Health host four "Grandmother teas" in high-risk counties to raise awareness of the importance of breastfeeding.
- The ISDH Early Hearing Detection and Intervention program provided information necessary to amend the rule governing the Indiana Birth Defects and Problems Registry (IBDPR) law to include the ICD-9 codes associated with hearing loss as reportable conditions and audiologists as healthcare providers required to report.
- MCSHC facilitated the MCHB funded project, Indiana Early Childhood Comprehensive Systems Program. This included: Access to Health Insurance and Medical Homes subcommittees for parents, pediatricians, public health program staff and others who are providing information to the Core Partner Steering Committee regarding existing needs and other pertinent information.
- MCSHC and IPN collaborated to complete the Baby First Right From the Start multi-media campaign digital tool-kit and distribute it through the IPN website.
- MCSHC provided partial funding for the Indiana Suicide Prevention Coalition, which provided technical assistance to a wide variety of news organizations, community-based organizations, state-level agencies, and educational institutions.
- Indiana Perinatal Network (IPN) sent Levels of Hospital Perinatal Care Consensus Statement and Best Practice Guideline manuals to hospitals for updates. The Levels of Care document along with 3 years of low birthweight statistics included recommendations for appropriate consultation, referral and transport, and criteria for services offered at Level I, II, IIIA, IIIB, IIIC, and IIID obstetric and neonatal units.

- MCSHC provided technical assistance to community partnerships with the Lake County MCH Network. The Network collaborated with the local Division of Family and Children to reduce the time gap between Medicaid enrollment and obtaining a Medicaid card from 6 weeks to 2 weeks. The Network collaborated with the Calumet Township Trustees to provide outreach and case management services on site at the Trustee Office.
- MCSHC expanded and further defined the Operational Data Store (ODS) and is now successfully importing data related to the Lead Screening program as well as testing the beta-revised first Data Mart for Newborn Screening output.
- The Indiana State health Commissioner and the Commissioner of the Indiana Department of Environmental Management approved the Strategic Plan for Addressing Asthma in December 2004. It is available at <http://www.in.gov/isdh/programs/asthma/pdfs/IndianaAsthmaPlan.pdf>
- The Prenatal Substance Use Prevention Program (PSUPP) served more than 3,500 pregnant women in FY 2005 and helped more than 60% of them quit cigarettes. More than 99% of the women in the PSUPP program quit using drugs and/or alcohol in 2005.
- As one of the five states chosen to participate in the Association of Maternal and Child Health Programs (AMCHP) Action Learning Lab (ALL) on Reducing Perinatal Disparities, the Indiana ALL State Team completed focus groups with 130 women in Marion and Lake Counties.
- In FY 2005, 14,517 children on Indiana Medicaid were screened for lead poisoning.

FY'06 Current Activities

- Indiana University Newborn Screening Laboratory conducts most of the follow-up diagnosis on infants with invalid or abnormal screens. All other follow-up is conducted by ISDH Newborn Screening staff.
- ISDH Children's Special Health Care Services (CSHCN) staff is developing a satisfaction survey for parents/guardians of the program's participants to determine how they feel services can be improved.
- MCSHC is using the Operational Data Store (ODS) information provided by the Newborn Screening (NBS), Universal Newborn Hearing Screening (UNHS), and Sickle Cell programs to track primary care providers for clients in CSHCN programs.
- CSHCS is developing new capacities within the Agency Claims and Administrative Processing System (ACAPS) so that insurance information can be shared more easily with providers and families, and so that it can be kept up to date and within program areas that work directly with providers and participants.
- CSHCS has updated the CSHCS Participant Manual. It will be printed and mailed to each program participant.
- CSHCS is working with interagency initiatives to transition disabled individuals from school to work and to transition youth to adult health services.
- The ISDH Immunization Program is working with MCH sites to increase participation in the Children and Hoosiers Immunization Registry Program (CHIRP) to 75% in 2006.
- The State Adolescent Health Coordinator is collaborating with the Coordinated School Health Program Intra-Agency workgroup.

- ISDH Oral Health Services promotes the use of pit and fissure sealant to dental and dental hygiene students at the IU School of Dentistry and to current practitioners throughout the state.
- ISDH implemented a web-based Injury and Violence Prevention resource Center, a clearinghouse for information and resources for Indiana.
- MCSHC provides training to funded prenatal service projects on best practices for encouraging women to breastfeed. Members of Indiana Perinatal Network (IPN) and WIC attended the January 2006 CDC conference by the United States Breastfeeding Committee that charged states with developing state coalitions to address breastfeeding at the local level. IPN will continue its main breastfeeding committee as the umbrella organization and will develop coalition bylaws. Indiana will continue to organize 10 local breastfeeding coalitions and a state central coalition. Each area has identified one or two lead persons and a toolkit was developed to assist with initial local organization. The first annual State Coalition Meeting, modeled after the National Conference will be held on September 7, 2006 where up to 100 persons will be trained on coalition building. Each region may be provided with up to \$400 to organize locally.
- The State Audiology Coordinator and the Regional Audiology Consultants updated the Audiologic Guidelines for Assessment of Children referred from Universal Newborn Hearing Screening to more closely meet American Speech-Language-Hearing Association (ASHA) and Joint Commission on Infant Hearing (JCIH) recommended best practice guidelines.
- The MCSHC Early Childhood Comprehensive Services program, now known as Sunny Start: Healthy Bodies, Healthy Minds, now provides service information to families via the Early Childhood Meeting Place, a website made available through Indiana University.
- MCSHC funded Fetal Infant Mortality Reviews (FIMR) are underway in Marion, Lake, St. Joseph, and Vanderburgh Counties. The reviews will produce recommendations to reduce infant mortality rates.
- MCSHC is reviewing FIMR data for appropriate deliveries and transport of high-risk deliveries and neonates. MCSHC met with all FIMR teams to gather data and provide technical assistance updates. Preliminary data from the FIMR groups show there are still some problems with women walking into an out-of-network hospital in labor. Unfortunately, these women are most likely to be higher risk women. Birth data from 2003 show that 78% of all very low birthweight infants were born at appropriate hospitals.
- The Indiana Suicide Prevention Coalition, partially funded by MCSHC, participated in the Columbia Teen Screen tool in an Indiana high school and developed recommendations on youth suicide prevention for the Indiana Children's Social, Emotional, and Behavioral Health Plan.
- MCSHC is working with the Office of Medicaid Policy and Planning (OMPP) and five Medicaid Managed Care Organizations (MCO), to develop policies that facilitate early entrance into prenatal care for MCH populations and continues to provide reimbursement for prenatal care coordination and community health workers at the local level. Standardized prenatal care coordination combined assessment forms were published in a Medicaid bulletin, March 6, 2006. MCSHC provided three regional trainings on the use of these forms with all state certified prenatal care coordinators in May 2006.

- The Operational Data Store (ODS) development team, coordinated by the data Integration Steering Committee (DISC), are developing input and output from the Universal Newborn Hearing Screening (UNHS), Lead, Indiana Birth Defects and Problems Registry (IBDPR), Immunizations, CSHCS, and First Steps data. The input and data mart output for IBDPR is now fully integrated into the ODS.
- The State Asthma Program and the Indian Joint Asthma Coalition (InJAC) is reviewing Indiana voluntary and regulatory codes and making recommendations for changes to improve environmental conditions for persons with asthma.
- The Prenatal Substance Use Prevention Program (PSUPP) is collaborating with Smoke Free Indiana to reach a broader audience and have greater impact on smoking cessation among pregnant women. The Indiana Tobacco Prevention and Cessation (ITPC) program has formed smoking cessation coalitions in all 92 counties which will be brought in for training by Smoke Free Indiana to return to their counties and train OB providers and staff.
- MCSHC distributed lead screening and medical management forms for the Indiana Coalition for Lead Poisoning Prevention (ICLPP) to all physicians in the State that serve children, including WIC, local health departments, and MCSHC clinics in an effort to increase the screening of children.
- MCSHC is providing technical assistance to Allen, Elkhart, Lake, Marion, and St. Joseph Counties to mobilize community partnerships among policymakers, health care providers, families, the general public, and others to form county coalitions to identify and solve perinatal disparity issues. LaPorte County has been added as a targeted county due to their increasingly disparate and worsening perinatal outcomes.
- LaPorte County has formed a coalition consisting of the two hospitals, Valparaiso University, social services agencies, county school corporations, private practitioners, health clinics, WIC, and faith-based organizations to reduce duplication of effort and improve perinatal services.
- To establish an accountable baseline of overweight and obesity data, ISDH and Indiana Department of Education (IDOE) jointly initiated a school weight and height collection project in 2005. In August 2005, State Health Commissioner Dr. Monroe and State Superintendent of Public Instruction Dr. Reed released a joint letter to all Indiana schools along with an information packet and equipment. More than three hundred schools submitted the contact information form to confirm their participation with ISDH.

Planned Activities for FY 2007

- The Newborn Screening Program Director will develop an in-service training program for midwives to increase their birth reporting and to encourage their promotion of newborn screens to clients.
- CSHCS staff will analyze responses to the satisfaction survey of parents/guardians of CSHCN to determine better ways to involve families in the decision making of their child's health care as well as policy decisions.
- The Indiana Parent Information Network (IPIN) and Unified Training Services (UTS) will provide at least four physician medical home training programs in communities statewide.

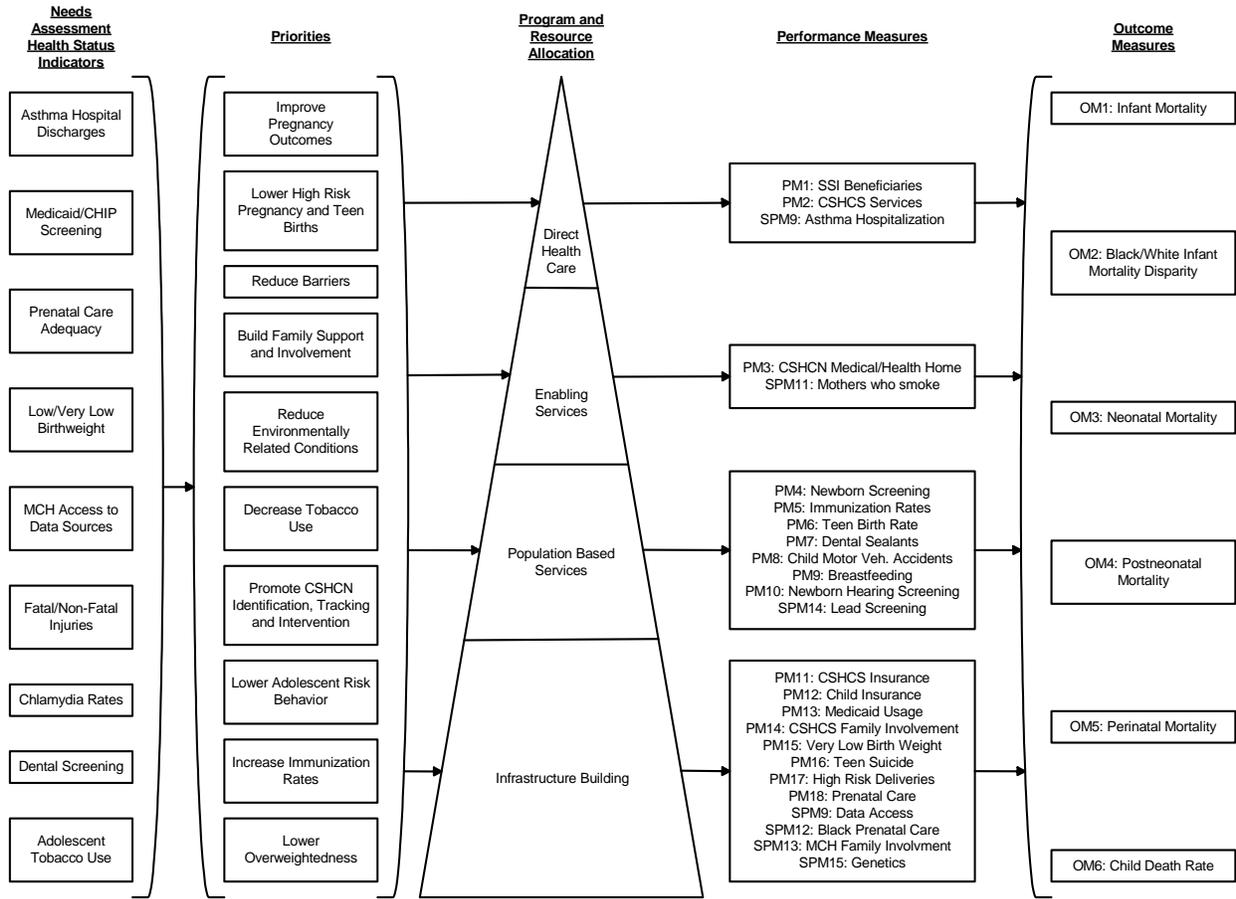
- CSHCS will monitor the activities and progress of Covering Kids and Families (CKF), a national initiative funded by the Robert Wood Johnson Foundation to increase the number of children and adults who benefit from federal and state health care coverage programs.
- CSHCS has planned an evaluation of currently funded CSHCN programs to study how well they assist families in using community-based services.
- The CSHCN Transitions Project has been fully funded for FY 2007 and will work with health care providers statewide on transitioning CSHCN to adult care Statewide.
- MCSHC will work with the Immunization Program to integrate the Federal Resource Enabling Data system (FRED) with CHIRP so that all MCSHC served children's immunization records will be in CHIRP.
- The State Adolescent Health Coordinator will work with the Coordinated School Health Program and INShape Indiana to assist in survey administration and data dissemination activities the FY 2007 Youth Risk Behavior Survey (YRBS).
- ISDH Oral Health Services will survey selected third-graders in selected schools, throughout the state. This will indicate the percentage of sealants based on parent/caregiver reporting.
- ISDH will maintain and update the State Injury Prevention and Control Plan. Of the five injury problems addressed in the Plan, one objective is to reduce the number of deaths in teens secondary to motor vehicle crashes.
- The Community Nutrition program will develop and maintain an Indiana State Breastfeeding website for the public and health care providers.
- The ISDH Early Hearing Detection and Intervention program will partner with the Indiana Chapter of Hands & Voices to modify the Indiana Family Resource Guide for Families with Children with Hearing Loss to translate it into Spanish and make it available electronically.
- The MCSHC Director will serve on the Board of Covering Kids & Families, advocating health coverage for Indiana families and will also participate on the Hospital & Health Center subcommittee.
- MCSHC will provide consumer materials promoting the Quit Now Line to all funded prenatal projects and will instruct all projects to refer pregnant women to the Quit Now program for smoking cessation.
- Birth data by hospitals will be reviewed by a MCH epidemiologist and consultant for appropriate deliveries and transport of high-risk deliveries and neonates. MCSHC will notify counties of any problems.
- The Indiana Suicide Prevention Coalition will collaborate with the four Indiana Area Health Education Centers (AHEC), to incorporate suicide prevention awareness into youth activities.
- The Operational Data Store (ODS) development team will develop and test input and output from the new Vital Records Electronic Birth Certificate (EBC).
- The State Asthma Program will disseminate educational materials to schools and early care settings to help train school personnel and child care providers about asthma management.

- MCSHC will provide a link to the web-based training for providers for smoking cessation for pregnant women: “Smoking Cessation for Pregnancy and Beyond—Learn Proven Strategies to Help Your Patients Quit.”
- MCSHC will provide at least annual training to county perinatal disparity coalitions on cultural competency, social determinants in perinatal disparities, life course perspective, impact on perinatal care, how to use tools to create and implement local action plans, and exploring promising approaches for effective action.
- Indiana Coalition for Lead Poisoning Prevention will evaluate the effectiveness of the statewide dissemination of the Lead Screening and Medical Management form to physicians and clinics.
- MCSHC will develop a brief guide of Model Programs for Prenatal Care – how to get started, funded, and set goals including Centering Pregnancy and Parenting, Maternity Outreach Mobilization Services (MOMS) and Baby First Advocates outreach programs for communities and organizations interested in taking action to improve early entry into and the content of prenatal care. These guides will be provided to funded MCH sites and local health departments. MCSHC will also publish the guides on the MCSHC website.
- MCSHC and the Community Nutrition and Obesity Prevention program will analyze school weight and height collection data and make recommendations to the State Health Commissioner and the State Superintendent of Schools regarding procedure changes.

Priority Health Needs for the MCSHC population, 2006-2011

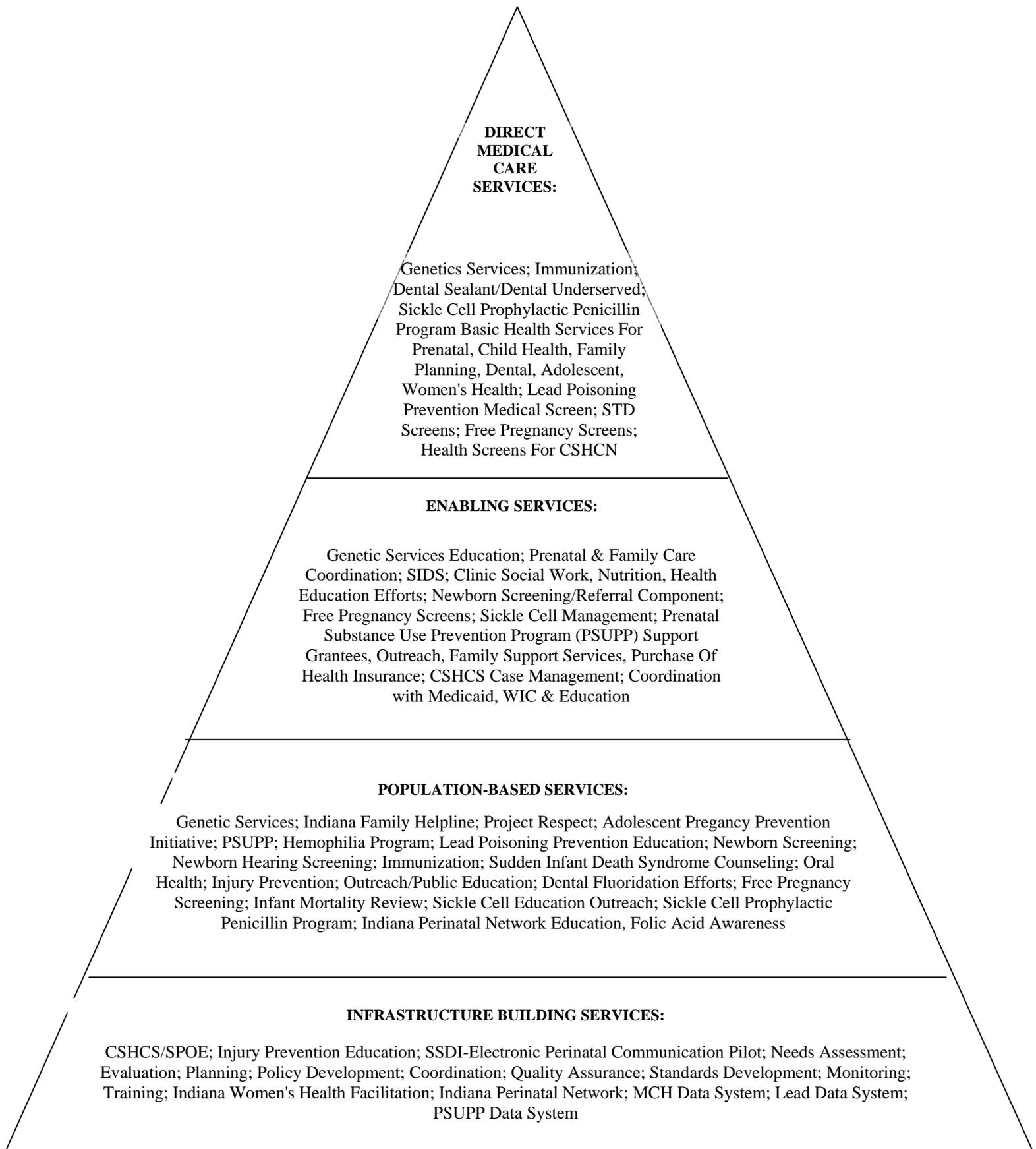
1. To decrease high-risk pregnancies, fetal death, low birth weight, infant mortality racial and ethnic disparities in pregnancy outcomes.
2. To reduce barriers to access to health care, mental health care and dental care for pregnant women, infants, children, children with special health care needs, adolescents, women and families.
3. To build and strengthen systems of family support, education and involvement to empower families to improve health behaviors.
4. To reduce morbidity and mortality rates from environmentally related health conditions including asthma, lead poisoning and birth defects.
5. To decrease tobacco use in Indiana.
6. To integrate information systems which facilitate early identification and provision of services to children with special health care needs.
7. To reduce risk behaviors in adolescents including unintentional injuries and violence, tobacco use, alcohol and other drug use, risky sexual behavior including teen pregnancy, unhealthy dietary behaviors and physical inactivity.
8. To reduce obesity in Indiana.
9. To reduce the rates of domestic violence to women and children, child abuse and childhood injury in Indiana.
10. To improve racial and ethnic disparities in women of childbearing age, mothers, and children's health outcomes.

Figure 3: TITLE V BLOCK GRANT PERFORMANCE MEASUREMENT SYSTEM



As part of this system, all services provided by MCHS are organized in pyramidal structure as shown in Figure 2.

FIGURE 2: CORE PUBLIC HEALTH SERVICES



National “Core” Performance Measures

1. 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.
2. 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)
3. 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)
4. 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)
5. 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)
6. The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life, including adult health care, work, and independence. (CSHCN Survey)
7. 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.
8. The rate of birth (per 1,000) for teenagers aged 15 through 17 years.
9. Percent of third grade children who have received protective sealants on at least one permanent molar tooth.
10. The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.
11. The percent of mothers who breastfeed their infants at 6 months of age.
12. Percentage of newborns who have been screened for hearing before hospital discharge.
13. Percent of children without health insurance.
14. Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.
15. Percentage of women who smoke in the last three months of pregnancy.
16. The rate (per 100,000) of suicide deaths among youths aged 15 through 19.
17. Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.
18. Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

State “Negotiated” Performance Measures

Currently Tracked (No Longer Tracked After FY 2005)

9. *To establish a system of routine data access with internal and external data sources.*
10. *The rate per 10,000 for asthma hospitalizations (ICD 9 Codes: 493.0-493.9) among children less than five years old.*
11. *The percent of live births to mothers who smoke.*
12. *The percent of black women (15 through 44) with a live birth during the reporting year whose prenatal visits are adequate.*
13. *The degree to which the State assures family participation in program and policy activities in the State MCHS program.*
14. *The number of children aged 6 months through 6 years screened for lead poisoning in targeted census blocks*
15. *To facilitate the integration of genetics and build genetics capacity within other areas of public health.*

Tracked Beginning FY 2006

1. The number of data sets, including the NBS, UNHS, Lead, Indiana Birth Defects and Problems Registry, Immunizations, CSHCS, and First Step Data, that are completely integrated into the Indiana Child Health Data Set.
2. The rate per 10,000 for asthma hospitalizations (ICD 9 Codes: 493.0-493.9) among children less than five years old.
3. The percent of live births to mothers who smoke.
4. The percent of black women (15 through 44) with a live birth during the reporting year whose prenatal visits are adequate.
5. The percentage of children with blood lead levels equal to or greater than 10 Micrograms per deciliter.
6. The proportion of births occurring within 18 months of a previous birth.
7. The number of community/neighborhood partnerships established in 5 targeted counties to identify perinatal disparities so that appropriate responses can be implemented at the local level to lessen these differences.
8. The percentage of adults and high school students who are overweight and the percentage of adults and high school students who are obese.

Selected Health Status Indicators

	1998	1999	2000	2001	2002	2003	2004
The Percent of Women (15 through 44) with a live birth during the reporting year whose prenatal visits are considered adequate.	69.6%	75.2%	72.4%	74.1%	73.5%	72.9%	72.3%
The Percent of Live Births weighing less than 2,500 grams.	7.9%	7.8%	7.4%	7.6%	7.3%	7.9%	6.6%
The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.	13.7	10.0	11.4	11.5	9.0	9.6	11.6
The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.	19.5	18.5	21.7	23.8	23.8	23.7	26.6
The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.	4.1	4.6	5.7	7.1	7.1	7.0	8.2

Selected Performance Measures

	1998	1999	2000	2001	2002	2003	2004
Percent of Newborns in the State with at least one screening for selected genetic conditions.	99.6%	99.3%	99.9%	99.4%	99.6%	99.8%	99.4% *
Percent of children through age 2 who have completed immunizations.	77.5%	78.9	79.3%	78.5%	78.5%	79.3%	79%
The Rate of Births (per 1,000) for teenagers aged 15 through 17 years.	28.9	27.4	26.6	23.7	22.5	21.5	20.9
Percentage of mothers who breastfeed their infants at hospital discharge.	57.7%	56.3%	59.8%	62.6%	64.9%	63.2%	66.4% **
Percent of newborns screened for hearing impairment before hospital discharge.	29.3%	56.6%	95%	98%	99.6%	99.8%	97.9%
Percent of children without health insurance.	12.5%	11.8%	7.8%	7.8%	7.6%	7.6%	8.9%
The rate (per 100,000) of suicide deaths among youths aged 15-19.	8.1	8.1	8.7	9.0	9.1	6.6	8.1
Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.	77.0%	79.5%	79.4%	78.8%	80.5%	80.6%	78.5%
Percent of live births to mothers who smoke.	21.3%	20.9%	20.2%	20.2%	19.1%	18.5%	17.9% ***
The percent of black women (15 through 44) with a live birth whose prenatal care visits were adequate.	61.4%	63.5%	60.2%	63.2%	61.6%	61.6%	61.3%

Selected Outcome Measures

	1998	1999	2000	2001	2002	2003	2004
The infant mortality rate per 1,000 live births.	7.5	7.8	7.7	7.5	7.6	7.4	8.1
The ratio of the black infant mortality rate to the white infant mortality rate.	2.7	2.5	2.4	1.9	2.4	2.5	2.5
The perinatal mortality rate per 1,000 live births + fetal deaths.	9.8	6.9	7.4	7.1	11.4	10.6	6.9
The child death rate per 100,000 children aged 1-14.	26.2	27.5	25.5	21.8	22.6	19.3	23.5

* This performance measure has changed to those confirmed cases who needed treatment who have received appropriate follow-up. That figures is 100% for FY 2004.

** This performance measure has changed to those who breastfeed at six months. No data collected yet.

*** This performance measure has changed to those who smoke during the last trimester. No data collected yet.