

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

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

STATE: AL

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])

\$ 11,583,959

Of the Federal Allocation (1 above), the amount earmarked for:

A. Preventive and primary care for children:

\$ 4,219,025 (36.42 %)

B. Children with special health care needs:

\$ 3,475,188 (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:

\$ 1,158,395 (10 %)

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

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

\$ 0

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

\$ 30,570,408

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 0

5. OTHER FUNDS (Item 15e of SF 424)

\$ 5,228,235

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 52,877,241

7. TOTAL STATE MATCH (Lines 3 through 6)

\$ 88,675,884

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

\$ 15,408,615

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

\$ 100,259,843

(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:	\$ <u>0</u>
b. SSDI:	\$ <u>101,212</u>
c. CISS:	\$ <u>130,158</u>
d. Abstinence Education:	\$ <u>316,817</u>
e. Healthy Start:	\$ <u>0</u>
f. EMSC:	\$ <u>0</u>
g. WIC:	\$ <u>142,965,242</u>
h. AIDS:	\$ <u>4,429,435</u>
i. CDC:	\$ <u>0</u>
j. Education:	\$ <u>15,299</u>
k. Home Visiting:	\$ <u>0</u>
l. Other:	\$ <u>0</u>

CRS-Hemophilia of GA	\$ <u>28,668</u>
CRS-State Imp Grant	\$ <u>300,000</u>
Immunizations	\$ <u>56,704,370</u>
PREP	\$ <u>58,304</u>

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

\$ 205,049,455

11. STATE MCH BUDGET TOTAL

\$ 305,309,298

(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: AL

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form2)</i>	\$ 11,875,207	\$ 11,670,784	\$ 11,883,733	\$ 11,706,599	\$ 11,723,121	\$ 11,788,715
2. Unobligated Balance <i>(Line2, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form2)</i>	\$ 27,626,462	\$ 32,765,125	\$ 31,201,723	\$ 29,384,544	\$ 32,988,189	\$ 25,988,102
4. Local MCH Funds <i>(Line4, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form2)</i>	\$ 3,894,284	\$ 3,794,909	\$ 4,860,537	\$ 4,031,708	\$ 4,505,688	\$ 4,453,602
6. Program Income <i>(Line6, Form2)</i>	\$ 35,037,072	\$ 42,332,334	\$ 41,643,312	\$ 54,041,011	\$ 47,906,361	\$ 52,501,789
7. Subtotal	\$ 78,433,025	\$ 90,563,152	\$ 89,389,305	\$ 99,163,862	\$ 97,123,359	\$ 94,742,208
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form2)</i>	\$ 169,023,409	\$ 191,882,611	\$ 183,383,141	\$ 189,767,689	\$ 191,882,611	\$ 188,932,834
9. Total <i>(Line11, Form2)</i>	\$ 247,456,434	\$ 282,445,763	\$ 272,772,446	\$ 288,931,551	\$ 289,005,970	\$ 283,675,042
(STATE MCH BUDGET TOTAL)						

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

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form2)</i>	\$ 11,721,312	\$ 11,323,941	\$ 11,569,686	\$	\$ 11,583,969	\$
2. Unobligated Balance <i>(Line2, Form2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
3. State Funds <i>(Line3, Form2)</i>	\$ 27,918,090	\$ 28,123,036	\$ 29,708,097	\$	\$ 30,570,408	\$
4. Local MCH Funds <i>(Line4, Form2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
5. Other Funds <i>(Line5, Form2)</i>	\$ 4,566,370	\$ 4,404,291	\$ 5,895,051	\$	\$ 5,228,235	\$
6. Program Income <i>(Line6, Form2)</i>	\$ 55,300,816	\$ 53,310,267	\$ 51,901,484	\$	\$ 52,877,241	\$
7. Subtotal	\$ 99,496,588	\$ 97,161,535	\$ 99,074,318	\$ 0	\$ 100,259,843	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form2)</i>	\$ 188,934,633	\$ 204,751,273	\$ 189,232,835	\$	\$ 205,049,455	\$
9. Total <i>(Line11, Form2)</i>	\$ 288,431,221	\$ 301,912,808	\$ 288,307,153	\$ 0	\$ 305,309,298	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Form3_Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2010

Field Note:

Line 3. (State Funds)—FY 2010 State Funds Expended decreased from the budgeted amount by -21.2% or a net of \$6.99 million. Approximately, \$2.24 million of this difference is the result of a larger increase in earned income and the rise in actual costs in 2010. The remaining difference is due to CRS expenditures for FY 2010 which was 31.1% or \$4.75 million less than the budgeted amount (See CRS Form 3).

FORM 4
BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)
 [Secs 506(2)(2)(iv)]
 STATE: AL

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 2,530,040	\$ 1,822,499	\$ 2,089,939	\$ 1,132,827	\$ 1,871,707	\$ 1,747,958
b. Infants < 1 year old	\$ 8,121,086	\$ 10,241,537	\$ 8,215,228	\$ 11,057,451	\$ 10,348,544	\$ 9,112,347
c. Children 1 to 22 years old	\$ 35,863,023	\$ 46,869,500	\$ 37,936,803	\$ 53,381,506	\$ 47,359,209	\$ 49,861,944
d. Children with Special Healthcare Needs	\$ 30,728,694	\$ 30,428,899	\$ 38,534,412	\$ 32,098,231	\$ 36,256,204	\$ 32,302,598
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 1,190,182	\$ 1,200,717	\$ 2,612,923	\$ 1,493,847	\$ 1,287,695	\$ 1,717,361
g. SUBTOTAL	\$ 78,433,025	\$ 90,563,152	\$ 89,389,305	\$ 99,163,862	\$ 97,123,359	\$ 94,742,208
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,720		\$ 118,886		\$ 67,930	
c. CISS	\$ 7,314		\$ 0		\$ 0	
d. Abstinence Education	\$ 734,577		\$ 1,064,661		\$ 943,608	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 121,044,616		\$ 130,602,103		\$ 137,365,102	
h. AIDS	\$ 3,763,146		\$ 3,115,232		\$ 6,300,199	
i. CDC	\$ 0		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Home Visiting	\$ 0		\$ 0		\$ 0	
l. Other						
Hemophilia of Ga.	\$ 0		\$ 0		\$ 28,700	
Immunizations	\$ 43,344,336		\$ 48,453,549		\$ 47,147,072	
Hemophilia of GA.	\$ 0		\$ 28,700		\$ 0	
Hemophilia of GA	\$ 28,700		\$ 0		\$ 0	
III. SUBTOTAL	\$ 169,023,409		\$ 183,383,141		\$ 191,882,611	

FORM 4
BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)
 [Secs 506(2)(2)(iv)]
 STATE: AL

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 1,156,616	\$ 1,069,493	\$ 1,784,666	\$	\$ 1,083,935	\$
b. Infants < 1 year old	\$ 11,055,033	\$ 9,599,549	\$ 7,792,311	\$	\$ 8,356,075	\$
c. Children 1 to 22 years old	\$ 53,369,834	\$ 52,359,191	\$ 50,877,717	\$	\$ 53,793,386	\$
d. Children with Special Healthcare Needs	\$ 32,416,244	\$ 32,413,055	\$ 36,823,737	\$	\$ 35,251,345	\$
e. Others	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
f. Administration	\$ 1,498,861	\$ 1,720,247	\$ 1,795,887	\$	\$ 1,775,102	\$
g. SUBTOTAL	\$ 99,496,588	\$ 97,161,535	\$ 99,074,318	\$ 0	\$ 100,259,843	\$ 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	\$ 127,127		\$ 97,078		\$ 101,212	
c. CISS	\$ 142,115		\$ 182,321		\$ 130,158	
d. Abstinence Education	\$ 0		\$ 899,668		\$ 316,817	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 131,565,690		\$ 133,868,074		\$ 142,965,242	
h. AIDS	\$ 4,616,188		\$ 4,616,188		\$ 4,429,435	
i. CDC	\$ 0		\$ 0		\$ 0	
j. Education	\$ 0		\$ 10,165		\$ 15,259	
k. Home Visiting	\$ 0		\$ 0		\$ 0	
l. Other						
CRS-Hemophilia of GA	\$ 0		\$ 25,953		\$ 28,658	
CRS-State Imp Grant	\$ 0		\$ 0		\$ 300,000	
Immunizations	\$ 52,454,813		\$ 48,443,710		\$ 56,704,370	
PREP	\$ 0		\$ 789,678		\$ 58,304	
CRS -State Imp Grant	\$ 0		\$ 300,000		\$ 0	
Hemophilia of GA	\$ 28,700		\$ 0		\$ 0	
III. SUBTOTAL	\$ 188,934,633		\$ 189,232,835		\$ 205,049,455	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **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:
Line l. b. (Infants < year old)—FY 2011 Infants < 1 year old decreased from the budgeted amount by -13.16% or \$1.45 million. The FY 2011 budget was based on activity/cost in 2009. During this period infant live births continued to decline from 15,573 to 13,611 a total of 1,962 (12.6%) for 2009 through 2011. Current trends indicate that infants less than one year are moving to private providers and utilizing their medical home.
2. **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:
Line l. b. (Infants < year old)—FY 2010 Infants < 1 year old decreased from the budgeted amount by -11.9% or \$1.236 million. The FY 2010 budget was based on activity/cost in 2008. During this period infant live births continued to decline from 64,345 to 60,732 a total of 3,613 (5.62%) for 2008 through 2010. Also, trends indicate that infants less than one year are moving to private providers and utilizing their medical home.
3. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2010
Field Note:
Line l. d. (CSHCN) — CSHCN expended decreased from budgeted amount by about -10.9% or \$3.95 million. The difference between FY2010 budget and expenditures reflects the difference in requested versus received state and other funds and proration, as well as smaller differences in program income and federal Block Grant dollars allocated to the CSHCN Program.
4. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2011
Field Note:
Line l. f. (Administration)—FY 2011 Administration expenditures increased from the budgeted by 14.77% or \$221,386. During FY 2009, approximately \$275,648 in cost for the Fetal Infant Mortality Program was excluded from the Administrative totals. This caused the FY 2011 budget numbers to be understated. The actual increase in expended for FY 2011 would have been 2.78% or \$49,251.
5. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2010
Field Note:
Line l. f. (Administration)—FY 2010 Administration expenditures increased from the budgeted amount by 33.4% or \$429,867. During FY 2008 approximately \$572,000 in cost were transferred to FY 2007 which would understate the budget amount for FY 2010.

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: AL

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.)	\$ 52,956,775	\$ 47,849,013	\$ 52,607,223	\$ 53,621,951	\$ 50,719,210	\$ 51,230,130
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.)	\$ 7,812,149	\$ 16,348,969	\$ 9,730,205	\$ 18,991,434	\$ 17,585,361	\$ 16,186,475
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 11,272,498	\$ 13,947,232	\$ 13,551,012	\$ 12,767,072	\$ 14,385,544	\$ 13,101,562
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.)	\$ 6,391,603	\$ 12,417,938	\$ 13,500,865	\$ 13,783,405	\$ 14,433,244	\$ 14,224,041
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.)	\$ 78,433,025	\$ 90,563,152	\$ 89,389,305	\$ 99,163,862	\$ 97,123,359	\$ 94,742,208

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: AL

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.)	\$ 53,761,100	\$ 51,855,043	\$ 53,169,395	\$	\$ 53,240,660	\$
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.)	\$ 19,054,683	\$ 16,493,158	\$ 16,745,065	\$	\$ 16,891,843	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 12,785,357	\$ 13,594,041	\$ 13,219,373	\$	\$ 13,675,668	\$
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.)	\$ 13,865,448	\$ 15,219,293	\$ 15,940,485	\$	\$ 16,451,672	\$
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.)	\$ 99,496,588	\$ 97,161,535	\$ 99,074,318	\$ 0	\$ 100,259,843	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2011

Field Note:

Form 5: State Title V Program Budget and Expenditures by Types of Services

Line II. (Enabling Services)–FY 2011 Enabling Services expenditures decreased from budgeted amount by -13.44% or \$2,561,525. For FY 2011, Fetal Infant Mortality Program cost in the amount of \$480,255 was reclassified from Enabling to Infrastructure Building Services. CRS accounted for 76% or \$1,950,841 of the total decrease. (See CRS Form 5)

FORM 6

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

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

STATE: AL

Total Births by Occurrence: 58,786

Reporting Year: 2011

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	58,231	99.1	5	5	5	100
Congenital Hypothyroidism	58,231	99.1	32	32	32	100
Galactosemia	58,231	99.1	0	0	0	
Sickle Cell Disease	58,231	99.1	66	66	66	100

Other Screening (Specify)						
Congenital Adrenal Hyperplasia	58,231	99.1	5	5	5	100
Cystic Fibrosis	58,231	99.1	19	19	19	100
Very Long-Chain Acyl-CoA Dehydrogenase Deficiency	58,231	99.1	1	1	1	100
Methylmalonic Acidemia	58,231	99.1	1	1	1	100
Carnitine Uptake Defect	58,231	99.1	2	2	2	100
Glutaric Acidemia Type I	58,231	99.1	1	1	1	100
Medium-Chain Acyl-CoA Dehydrogenase Deficiency	58,231	99.1	5	5	5	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

Concerning Column A, All Rows

The Alabama Department of Public Health's (ADPH's) Bureau of Clinical Laboratories reports the number of newborn screening tests by fiscal year. Diagnoses reported pertain to CY 2011.

The number of total births by occurrence is reported by calendar year. However, due to time required to receive, manage, and edit vital statistics data, final year 2011 birth files are not yet available to Alabama. The total births by occurrence reported here are for CY 2010. Some discrepancies may result due to the differing reporting periods.

Further, the screens counted include screens for infants born in Alabama to out-of-state residents. On the other hand, in accordance with Title V Information System instructions, the denominator for the ratio shown in Column A excludes births to out-of-state residents.

Concerning Column B, All Rows

ADPH's Bureau of Clinical Laboratories defines the criteria for "presumed positive."

FIELD LEVEL NOTES**1. Section Number:** Form6_Main

Field Name: BirthOccurrence

Row Name: Total Births By Occurrence

Column Name: Total Births By Occurrence

Year: 2013

Field Note:

The number shown is the final estimate, as of July 28, 2011, of the number of live births to Alabama residents that occurred in the State in CY 2010.

2. Section Number: Form6_Main

Field Name: Phenylketonuria_OneScreenNo

Row Name: Phenylketonuria

Column Name: Receiving at least one screen

Year: 2013

Field Note:

See "FORM NOTES FOR FORM 6."

3. Section Number: Form6_Main

Field Name: Congenital_OneScreenNo

Row Name: Congenital

Column Name: Receiving at least one screen

Year: 2013

Field Note:

See "FORM NOTES FOR FORM 6."

4. Section Number: Form6_Main

Field Name: Galactosemia_OneScreenNo

Row Name: Galactosemia

Column Name: Receiving at least one screen

Year: 2013

Field Note:

See "FORM NOTES FOR FORM 6."

5. Section Number: Form6_Main

Field Name: SickleCellDisease_OneScreenNo

Row Name: SickleCellDisease

Column Name: Receiving at least one screen

Year: 2013

Field Note:

See "FORM NOTES FOR FORM 6."

6. Section Number: Form6_Main

Field Name: Phenylketonuria_Presumptive

Row Name: Phenylketonuria

Column Name: Presumptive positive screens

Year: 2013

Field Note:

See "FORM NOTES FOR FORM 6."

7. Section Number: Form6_Main

Field Name: Congenital_Presumptive

Row Name: Congenital

Column Name: Presumptive positive screens

Year: 2013

Field Note:

See "FORM NOTES FOR FORM 6."

8. Section Number: Form6_Main

Field Name: Galactosemia_Presumptive

Row Name: Galactosemia

Column Name: Presumptive positive screens

Year: 2013

Field Note:

See "FORM NOTES FOR FORM 6."

9. Section Number: Form6_Main

Field Name: SickleCellDisease_Presumptive

Row Name: SickleCellDisease

Column Name: Presumptive positive screens

Year: 2013

Field Note:

See "FORM NOTES FOR FORM 6."

10. Section Number: Form6_Main

Field Name: Phenylketonuria_Confirmed

Row Name: Phenylketonuria

Column Name: Confirmed Cases

Year: 2013

Field Note:

There are 5 confirmed cases of PKU and 5 additional infants with hyperphenylalaninemia, rather than classic PKU. Depending on how high their phenylalanine levels are some infants with hyperphenylalaninemia require dietary management.

See "FORM NOTES FOR FORM 6."

11. **Section Number:** Form6_Main

Field Name: Congenital_Confirmed

Row Name: Congenital

Column Name: Confirmed Cases

Year: 2013

Field Note:

See "FORM NOTES FOR FORM 6."

12. **Section Number:** Form6_Main

Field Name: Galactosemia_Confirmed

Row Name: Galactosemia

Column Name: Confirmed Cases

Year: 2013

Field Note:

See "FORM NOTES FOR FORM 6."

13. **Section Number:** Form6_Main

Field Name: SickleCellDisease_Confirmed

Row Name: SickleCellDisease

Column Name: Confirmed Cases

Year: 2013

Field Note:

See "FORM NOTES FOR FORM 6."

14. **Section Number:** Form6_Main

Field Name: Phenylketonuria_TreatmentNo

Row Name: Phenylketonuria

Column Name: Needing treatment that received treatment

Year: 2013

Field Note:

There are 5 confirmed cases of PKU and 5 additional infants with hyperphenylalaninemia, rather than classic PKU. Depending on how high their phenylalanine levels are some infants with hyperphenylalaninemia require dietary management.

See "FORM NOTES FOR FORM 6."

15. **Section Number:** Form6_Other Screening Types

Field Name: Other

Row Name: All Rows

Column Name: All Columns

Year: 2013

Field Note:

See "FORM NOTES FOR FORM 6."

ADPH's Newborn Screening Program is screening for 29 of the 31 primary disorders recommended by The U.S. Department of Health and Human Services, Recommended Universal Screening Panel, and The March of Dimes. One of these disorders is hearing impairment, which is not reported on this form. Only the conditions for which 1 or more infants had presumptive positive blood screens are listed here.

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: **AL**

Number of Individuals Served - Historical Data by Annual Report Year					
Types of Individuals Served	2006	2007	2008	2009	2010
Pregnant Women	2,156	1,389	1,827	1,780	1,747
Infants < 1 year old	57,510	60,117	60,951	58,956	56,170
Children 1 to 22 years old	31,847	34,235	33,571	33,800	34,338
Children with Special Healthcare Needs	17,284	16,346	16,591	16,296	15,481
Others	96,719	102,692	109,238	111,263	105,053
Total	205,516	214,779	222,178	222,095	212,789

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	1,631	64.9	0.0	1.3	33.8	0.0
Infants < 1 year old	55,319	51.2	0.0	43.3	2.7	2.8
Children 1 to 22 years old	34,348	72.3	3.4	6.3	18.0	0.0
Children with Special Healthcare Needs	11,436	65.0	2.0	22.0	9.0	0.0
Others	103,779	60.2	1.2	13.2	25.4	0.0
TOTAL	206,513					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Form7_Main
Field Name: PregWbmen_TS
Row Name: Pregnant Women
Column Name: Title V Total Served
Year: 2013
Field Note:
This note pertains to Columns B through F of the "Pregnant Women" row. The figures reported by the Mobile County Health Department were duplicated. Therefore, ratios (the duplicated number, of the respective category, over the duplicated total) were used to calculate the percentages. Previously, the Computer Systems Center for the Alabama Department of Public Health provided additional information through Maternity Table (MT) II for 65 Alabama counties. For FY 2011, the counts on the insurance coverage report available on MT II could not be verified. As a result, that information was not used on this occasion.
2. **Section Number:** Form7_Main
Field Name: PregWbmen_XIX
Row Name: Pregnant Women
Column Name: Title XIX %
Year: 2013
Field Note:
The note to Column A of this row explains how this percentage was estimated.
3. **Section Number:** Form7_Main
Field Name: PregWbmen_XXI
Row Name: Pregnant Women
Column Name: Title XXI %
Year: 2013
Field Note:
The note to Column A of this row explains how this percentage was estimated
4. **Section Number:** Form7_Main
Field Name: PregWbmen_Private
Row Name: Pregnant Women
Column Name: Private/Other %
Year: 2013
Field Note:
The note to Column A of this row explains how this percentage was estimated.
5. **Section Number:** Form7_Main
Field Name: PregWbmen_None
Row Name: Pregnant Women
Column Name: None %
Year: 2013
Field Note:
The note to Column A of this row explains how this percentage was estimated. However, the percentage shown was rounded down from 33.8535 (781/2,307), so that the percentages shown in Columns B-F would total to 100.0%. (In Form 7, percentages can be shown to only 1 decimal.)
6. **Section Number:** Form7_Main
Field Name: PregWbmen_Unknown
Row Name: Pregnant Women
Column Name: Unknown %
Year: 2013
Field Note:
The note to Column A of this row explains how this percentage was estimated.
7. **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:
To account for the fact that some repeat tests could conceivably be counted as initial screens, we applied a factor of 0.95 to the 58,231 newborns reported as receiving at least 1 screen for phenylketonuria in fiscal year 2011, yielding an estimate of 55,319 infants served. We believe that this is a conservative estimate and that the true number of newborns screened for metabolic disorders (and therefore served by Title V) may be higher than the estimated number.

The percentages for "primary sources of coverage," shown in Columns B-F, assume that the insurance coverage for infants served under Title V was distributed identically to the insurance coverage for delivery of Alabama residential live births in calendar year 2010, as reported on the birth certificate. That is, source of payment for delivery of live births to Alabama residents in 2010 was used as a surrogate for insurance coverage of infants served under Title V. The year 2010, rather than 2011, was used because the final statistical live birth file for 2011 may not become available until October 2012—due to the time required to receive late-arriving certificates and to edit the live birth file.
8. **Section Number:** Form7_Main
Field Name: Children_0_1_XIX
Row Name: Infants <1 year of age
Column Name: Title XIX %
Year: 2013
Field Note:
The note to Column A of this row explains how this percentage was estimated.
9. **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:
The note to Column A of this row explains how this percentage was estimated. The birth certificate check boxes for source of payment for delivery do not provide a separate option for Title XXI.
10. **Section Number:** Form7_Main
Field Name: Children_0_1_Private

Row Name: Infants <1 year of age
Column Name: Private/Other %
Year: 2013
Field Note:
The note to Column A of this row explains how this percentage was estimated.

11. **Section Number:** Form7_Main
Field Name: Children_0_1_None
Row Name: Infants <1 year of age
Column Name: None %
Year: 2013
Field Note:
The note to Column A of this row explains how this percentage was estimated. Deliveries for which the source of payment was reported as "self pay" are classified here in the "None" column.

12. **Section Number:** Form7_Main
Field Name: Children_0_1_Unknown
Row Name: Infants <1 year of age
Column Name: Unknown %
Year: 2013
Field Note:
The note to Column A of this row explains how this percentage was estimated.

13. **Section Number:** Form7_Main
Field Name: Children_1_22_TS
Row Name: Children 1 to 22 years of age
Column Name: Title V Total Served
Year: 2013
Field Note:
Three source documents were used to estimate the number of children served under Title V. Estimates for this population are for children aged 1 through 21 years. The first of these 3 documents is entitled, "State of Alabama Department of Public Health Bureau of Family Health Services Child Health Table II Reporting Period: Oct 2010–Sep 2011." This report is for county health departments (CHDs) in 65 of the State's 67 counties. The second source document is entitled, "Jefferson County Dept. Health Child Health Table I Report Total Reporting Period: 10/01/2010 to 09/30/2011." The third document is entitled, "Mobile County Health Department Child Health Table 1 Period: 10/10–9/11."

The percentages showing distribution according to primary source of coverage are rough estimates because Jefferson County Department of Health (JCDH) did not provide unduplicated counts according to source of coverage. For JCDH, we estimated the unduplicated count of patients according to source of coverage by applying a ratio to the duplicated count in each coverage category. The ratio was the total unduplicated count of JCDH patients aged 1-21 years (20,087) divided by the sum of the source of coverage-specific duplicate counts of these children for JCDH (20,105), or 0.9991. For example, multiplying 0.9991 by the duplicated count of JCDH "Medicaid/Public" 1-21 year-old patients (14,117) yielded 14,104—which is our estimated unduplicated count of Medicaid-enrolled 1-21 year-old patients served by JCDH. Using a corresponding method for each of JCDH's coverage categories, we estimated unduplicated counts for JCDH patients in this age group as follows: 694.3777 classified as "ALL Kids"; 311.7206 as "Patient"; 3,431.9245 as "Free"; 1,227.8996 as "Private Insurance"; and 316.7161 as "None/Unknown." Summing the coverage-specific unduplicated estimates yields 20,087—which matches the total unduplicated count for 1-21 year-old patients shown on the source document for JCDH.

14. **Section Number:** Form7_Main
Field Name: Children_1_22_XIX
Row Name: Children 1 to 22 years of age
Column Name: Title XIX %
Year: 2013
Field Note:
The numerator for this percentage is comprised of 24,844 1-21 year-old patients classified as "Medicaid." The Column A for this row explains how unduplicated patient counts according to source of coverage were estimated for 1-21 year-old patients seen by the Jefferson County Department of Health.

15. **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:
The numerator for this percentage is comprised of 1,176 1-21 year-old patients classified as "ALL Kids." ALL Kids is Alabama's Children's Health Insurance Program.

The Column A for this row explains how unduplicated patient counts according to source of coverage were estimated for 1-21 year-old patients seen by the Jefferson County Department of Health.

16. **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:
The numerator for this percentage is comprised of 2,147 1-21 year-old patients classified as "Private Insurance" or "Private/Other Insurance."

The Column A for this row explains how unduplicated patient counts according to source of coverage were estimated for 1-21 year-old patients seen by the Jefferson County Department of Health.

17. **Section Number:** Form7_Main
Field Name: Children_1_22_None
Row Name: Children 1 to 22 years of age
Column Name: None %
Year: 2013
Field Note:
The numerator for this percentage is comprised of 6,180 1-21 year-old patients classified as "Free", "Patient", and "None."

The Column A for this row explains how unduplicated patient counts according to source of coverage were estimated for 1-21 year-old patients seen by the Jefferson County Department of Health.

18. **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:

There were no 1-21 year-old patients classified as "Unknown" in any of the three source documents listed in the Column A field note for this row.

19. Section Number: Form7_Main

Field Name: CSHCN_TS

Row Name: Children with Special Health Care Needs

Column Name: Title V Total Served

Year: 2013

Field Note:

Complete insurance coverage was not collected on every child to whom a service was provided. Insurance data reported are on the 11,436 children enrolled in Children's Rehabilitation Service during FY 2011 for whom insurance information was gathered. This number excludes children who received information and referral services.

20. Section Number: Form7_Main

Field Name: AllOthers_TS

Row Name: Others

Column Name: Title V Total Served

Year: 2013

Field Note:

Individuals served by the Alabama Department of Public Health's Family Planning Program in FY 2011 are reported in this row. The numbers shown are estimated from numbers provided by 3 entities: the Alabama Department of Public Health's (ADPH's) Bureau of Information Services, the Jefferson County Department of Health (JCDH), and the Mobile County Health Department (Mobile CHD). The total shown in Column A of this row should (and does) match the official total number of family planning clients reported elsewhere to the U.S. Department of Health and Human Services.

The insurance-specific reports were provided later than the reports that had been used for the official total shown in Column A. For ADPH and Mobile CHD, these later reports had different totals than had been summed, along with JCDH's total, to calculate the official total. Therefore, to estimate ADPH's and Mobile CHD's components of the numerators used for Columns B-F of this row, we assumed that the distribution of primary source of coverage was the same as shown in that entity's insurance-specific report, but that the total number of family planning clients was the same as shown in that entity's earlier report (the one used when calculating the official total shown in Column A).

21. Section Number: Form7_Main

Field Name: AllOthers_XIX

Row Name: Others

Column Name: Title XIX %

Year: 2013

Field Note:

The note to Column A of this row explains how this percentage was estimated.

22. Section Number: Form7_Main

Field Name: AllOthers_XXI

Row Name: Others

Column Name: Title XXI %

Year: 2013

Field Note:

The note to Column A of this row explains how this percentage was estimated.

23. Section Number: Form7_Main

Field Name: AllOthers_Private

Row Name: Others

Column Name: Private/Other %

Year: 2013

Field Note:

The note to Column A of this row explains how this percentage was estimated. However, the percentage shown was rounded down from 13.2551 (13,756/103,779), so that the percentages shown in Columns B-F would total to 100.0%.

24. Section Number: Form7_Main

Field Name: AllOthers_None

Row Name: Others

Column Name: None %

Year: 2013

Field Note:

The note to Column A of this row explains how this percentage was estimated.

25. Section Number: Form7_Main

Field Name: AllOthers_Unknown

Row Name: Others

Column Name: Unknown %

Year: 2013

Field Note:

The note to Column A of this row explains how this percentage was estimated.

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: AL

Reporting Year: 2011

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	60,541	40,398	18,492	215	968	8	0	460
Title V Served	1,631	477	1,004	6	33	37	67	7
Eligible for Title XIX	31,038	17,220	13,082	114	294	2	0	326
INFANTS								
Total Infants in State	59,457	39,857	17,979	211	961	8	0	441
Title V Served	55,319	37,008	16,803	196	890	7	0	415
Eligible for Title XIX	59,098	32,785	23,920	201	496	0	0	1,686

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	55,661	4,857	23	3,198	36	171	1,363	89
Title V Served	1,457	174	0	0	0	0	0	174
Eligible for Title XIX	27,622	3,410	6	2,285	12	59	1,002	52
INFANTS								
Total Infants in State	54,637	4,800	20	3,159	35	171	1,348	87
Title V Served	50,842	4,456	21	2,930	33	158	1,255	80
Eligible for Title XIX	52,315	5,929	854	0	0	0	0	0

FORM NOTES FOR FORM 8

The source for many of the cells in Form 8 is the most recent, complete file of residential live births, fetal deaths, and/or infant deaths—which is for calendar year (CY) 2010. Therefore, though the reporting year is 2011, many of the estimates are based on the CY 2010 live births and/or fetal deaths. In such cases, the note for Column A of the affected row states that CY 2010 records were used for the estimate.

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:
For all completed fields in this row, the numbers were obtained by adding the number of residential fetal deaths of 20 or more weeks gestation to the number of residential live births. Because final numbers for 2011 are not available, the numbers shown are for calendar year 2010. Non-Hawaiian "Other Asian or Pacific Islanders" are included in the count of Asians.
- 2. Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTotal_Asian
Row Name: Total Deliveries in State
Column Name: Asian
Year: 2013
Field Note:
"Other Asian or Pacific Islander" is included in the "Asian" category.
- 3. Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTotal_More
Row Name: Total Deliveries in State
Column Name: More Than One Race Reported
Year: 2013
Field Note:
The number for the multiracial category is not available to the Bureau of Family Health Services (FHS).
- 4. 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:
Previously, these data were derived from 2 separate sources: the Alabama Department of Public Health's (ADPH's) Information Technology (IT) Division and the Mobile County Health Department (CHD). For fiscal year 2011, the IT Division was unable to provide verifiable information. Therefore, "Maternity Table II" from the Mobile CHD was the only source used for this report. Maternity Table II includes the race/ethnicity categories.
- 5. 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:
For all completed cells in this row, the numbers were obtained by adding the number of residential fetal deaths of 20 or more weeks gestation to the number of residential live births. In both cases, the numbers pertain to infants whose delivery was paid for by Medicaid. Because final numbers for 2011 are not available, the numbers shown are for calendar year 2010. Non-Hawaiian "Other Asian or Pacific Islanders" are included in the count of Asians.
- 6. Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_Asian
Row Name: Eligible for Title XIX
Column Name: Asian
Year: 2013
Field Note:
"Other Asian or Pacific Islander" is included in the "Asian" category.
- 7. Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_More
Row Name: Eligible for Title XIX
Column Name: More Than One Race Reported
Year: 2013
Field Note:
The number for the multiracial category is not available to FHS.
- 8. 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:
For all completed fields in this row, the numbers were obtained by subtracting the number of residential infant deaths from the number of residential live births. Because final numbers for 2011 are not available, the numbers shown are for calendar year 2010. Residence and race are defined according to the mother's residence and race for both deaths and live births. Non-Hawaiian "Other Asian or Pacific Islanders" are included in the count of Asians.
- 9. Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTotal_Asian
Row Name: Total Infants in State
Column Name: Asian
Year: 2013
Field Note:
"Other Asian or Pacific Islander" is included in the "Asian" category.
- 10. Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTotal_More
Row Name: Total Infants in State
Column Name: More Than One Race Reported
Year: 2013

Field Note:

The number for the multiracial category is not available to FHS.

11. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTitleV_All

Row Name: Title V Served

Column Name: Total All Races

Year: 2013

Field Note:

To account for the fact that some repeat tests could conceivably be counted as initial screens, we applied a factor of 0.95 to the 58,231 newborns reported as having been screened for PKU in fiscal year 2011, yielding an estimate of 55,319 infants served. We believe that this is a conservative estimate and that the true number of newborns screened for metabolic disorders (and therefore served by Title V) may be higher than the estimated number.

Racial distribution for Columns B through H of this row was estimated by assuming the racial distribution of residential live births in calendar year 2010. (Non-Hawaiian "Other Asian or Pacific Islanders" are included in the count of Asians.) Applying the proportions corresponding to this distribution resulted in fractions of individuals. These fractions were rounded to the nearest whole number, because the Title V Information System does not allow decimals to be entered into the number fields.

12. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTitleV_More

Row Name: Title V Served

Column Name: More Than One Race Reported

Year: 2013

Field Note:

The number for the multiracial category is not available to FHS.

13. 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:

We requested the following from the Alabama Medicaid Agency: "an unduplicated count of Alabama Medicaid eligible-persons less than one year of age, by race and ethnicity," for fiscal year 2011. Numbers shown in this row are based on an email from Alabama Medicaid on February 15, 2012. The counts are from a query of the Alabama Medicaid data system. Although an unduplicated count was requested, some individuals are probably counted more than once, as discussed in this row's note concerning Column C.

14. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTitleXIX_White

Row Name: Eligible for Title XIX

Column Name: White

Year: 2013

Field Note:

The report used (described in the note to the Column A field of this row) includes a "Hispanic" category, but does not report the race of Hispanic individuals. Therefore, the number shown here is the sum of the 26,856 Caucasian individuals and the 5,929 Hispanic individuals. As discussed in the Column C note for this row, some individuals may be counted more than once.

15. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTitleXIX_Black

Row Name: Eligible for Title XIX

Column Name: Black or African American

Year: 2013

Field Note:

The source for numbers reported in this row is described in the Column A field note for this row. Note that, according to the source, the number of Title XIX-eligible Black infants (23,920) in fiscal year (FY) 2011 exceeds the estimated total number of Black infants in the State (17,979) in calendar year (CY) 2010. Apparently, therefore, some of the infants served by Medicaid in FY 2011 were counted more than once. For example, some infants may have been enrolled at the beginning of the FY, become ineligible during the FY, then again become eligible during the FY, and been counted during each enrollment. As well, note that estimates of the number of Medicaid-eligible infants and the total number of infants come from different time periods (Final CY 2011 live birth files and infant death files are not yet available.)

16. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTitleXIX_Indian

Row Name: Eligible for Title XIX

Column Name: American Indian or Native American

Year: 2013

Field Note:

Some individuals may be counted more than once, as discussed in this row's note concerning Column C.

17. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTitleXIX_Asian

Row Name: Eligible for Title XIX

Column Name: Asian

Year: 2013

Field Note:

The report used for this row combines "Asian or Pacific Islander," so Native Hawaiians and other Pacific Islanders are included in the number shown for Asians (Column E). Some individuals may be counted more than once, as discussed in this row's note concerning Column C.

18. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTitleXIX_More

Row Name: Eligible for Title XIX

Column Name: More Than One Race Reported

Year: 2013

Field Note:

The number for the multiracial category is not available to FHS.

19. 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:

For all completed fields in this row, the numbers were obtained by adding the number of residential fetal deaths of 20 or more weeks gestation to the number of residential live births. Because final numbers for 2011 are not available, the numbers shown are for calendar year 2010.

20. 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:

Previously, these data were derived from 2 separate sources: ADPH's Bureau of Information Technology (IT) and the Mobile CHD. For fiscal year 2011, the IT Division was unable to provide verifiable information. Therefore, "Maternity Table II" from the Mobile CHD was the only source for this report. Maternity Table II includes a "Hispanic" category, but excludes an "unknown" category for ethnicity. Therefore, any individuals for whom ethnicity was not reported would be included in Column A (Total NOT Hispanic or Latino).

21. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleV_TotalHispanic

Row Name: Title V Served

Column Name: Total Hispanic or Latino

Year: 2013

Field Note:

Sources used do not report ethnicity according to country of origin. Accordingly, "0" is entered into Columns B.1 through B.5.

22. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleV_NotReported

Row Name: Title V Served

Column Name: Ethnicity Not Reported

Year: 2013

Field Note:

As explained in the note to Column A, any individuals for whom ethnicity was not reported would be included in that column.

23. 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:

For all fields in this row, the numbers were obtained by adding the number of residential fetal deaths of 20 or more weeks gestation to the number of residential live births. In both cases, the numbers pertain to infants whose delivery was paid for by Medicaid. Because final numbers for 2011 are not available, the numbers shown are for calendar year 2010.

24. 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:

For all completed fields in this row, the numbers were obtained by subtracting the number of residential infant deaths from the number of residential live births. Because final numbers for 2011 are not available, the numbers shown are for calendar year 2010. For both deaths and live births, residence and ethnicity are defined according to the mother's residence and ethnicity.

25. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleV_TotalNotHispanic

Row Name: Title V Served

Column Name: Total Not Hispanic or Latino

Year: 2013

Field Note:

To account for the fact that some repeat tests could conceivably be counted as initial screens, we applied a factor of 0.95 to the 58,231 newborns reported as having been screened for PKU in fiscal year 2011, yielding an estimate of 55,319 infants served (shown in Table I, Column A). We believe that this is a conservative estimate and that the true number of newborns screened for metabolic disorders (and therefore served by Title V) may be higher than the estimated number.

Ethnic distribution for Columns A-C and B.1 through B.5 of this row were estimated by assuming the ethnic distribution of residential live births in calendar year 2010. This assumption results in fractions that, with one exception, were rounded to whole numbers for entry into Form 8. The exception was the estimate for "Central and South American," which was rounded up (from 1,254.3364) so that the origin-specific numbers would sum to the number for "Total Hispanic or Latino."

26. 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:

We requested the following from the Alabama Medicaid Agency: "an unduplicated count of Alabama Medicaid-eligible persons less than 1 year of age by race and ethnicity," for fiscal year 2011. (Alabama Medicaid does not have separate variables for race and ethnicity.) Numbers shown in this row are based on an email from Alabama Medicaid on February 15, 2012. The counts are from a query of the Alabama Medicaid data system. Although an unduplicated count was requested, some individuals are probably counted more than once, as discussed in the note to Column C of the "Eligible for Title XIX" row of Table 1 of Form 8.

The pertinent Medicaid report provides 7 mutually exclusive categories: 1 of which is "Hispanic" and 1 of which is "Unknown/Not Provided." The 854 infants in the "Unknown/Not Provided" category are shown in Column C of this row. Since many of these 854 infants may be non-Latino, the 52,315 Title XIX-eligible infants reported in the Column A field of this row may notably underestimate the number of non-Latino Title XIX-eligible infants.

27. 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:

Sources used do not report ethnicity according to country of origin. Accordingly, "0" is entered into Columns B.1 through B.5.

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

	FY 2013	FY 2012	FY 2011	FY 2010	FY 2009
1. State MCH Toll-Free "Hotline" Telephone Number	(800)846-3697	(800) 846-3697	(800) 846-3697	(800) 846-3697	(800) 846-3697
2. State MCH Toll-Free "Hotline" Name	None	None	None	None	None
3. Name of Contact Person for State MCH "Hotline"	Melinda Davis	Melinda Davis	Melinda Davis	Melinda Davis	Melinda Davis
4. Contact Person's Telephone Number	(334) 293-7049	(334) 293-7049	(334) 293-7049	(334) 293-7049	(334) 613-2360
5. Contact Person's Email	Melinda.Davis@rehab.alabama.gov	Melinda.Davis @rehab.al.gov	Melinda.Davis@rehab.alabama.gov	Melinda.Davis@rehab.alabama.gov	
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	11885	14333	18259

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

	FY 2013	FY 2012	FY 2011	FY 2010	FY 2009
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 654-1385	(800) 654-1385	(800) 654-1385	(800) 654-1385	(800) 654-1385
2. State MCH Toll-Free "Hotline" Name	Healthy Beginnings	Healthy Beginnings	Healthy Beginnings	Healthy Beginnings	Healthy Beginnings
3. Name of Contact Person for State MCH "Hotline"	Charlena Freeman	Charlena Freeman	Charlena Freeman	Charlena Freeman	Charlena Freeman
4. Contact Person's Telephone Number	(334) 206-2973	(334) 206-2973	(334) 206-2973	(334) 206-2973	(334) 206-2973
5. Contact Person's Email	Charlena.Freeman@adph.state.al.us	Charlena.Freeman@adph.state.al.us	Charlena.Freeman@adph.state.al.us	Charlena.Freeman@adph.state.al.us	
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	1309	1647	641

FORM NOTES FOR FORM 9

Children's Rehabilitation Service operates a toll-free number in the State Office and 15 district offices (decreased to 14 district offices in October 2011). This number is the sum of calls received on all 16 lines for FY 2011.

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:

The number shown in this field counts calls to 2 lines: Healthy Beginnings, a Maternal and Child Health (MCH) help line, and Info Connection, a line providing information on reproductive health to teens.

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

1. State MCH Administration:
(max 2500 characters)

The Title V Program is administratively located within the Bureau of Family Health Services (FHS), a major unit within the Alabama Department of Public Health (ADPH). Through FHS, ADPH administers all aspects of the Title V Program except services for children and youth with special health care needs (CYSHCN). Children's Rehabilitation Service (CRS), a major division of the Alabama Department of Rehabilitation Services (ADRS), administers services to CYSHCN. This arrangement requires close collaboration between ADPH and CRS. In addition to the Title V Program, FHS manages the Title X Family Planning Grant; the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); and the State Dental Program. In addition to managing services to CYSHCN, CRS manages the Alabama Hemophilia Program.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 11,583,959
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 30,570,408
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 5,228,235
7. Program Income (Line 6, Form 2)	\$ 52,877,241
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 100,259,843

9. Most significant providers receiving MCH funds:

<u>County Health Departments</u>
<u>Children's Rehabilitation Service</u>

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

a. Pregnant Women	1,631
b. Infants < 1 year old	55,319
c. Children 1 to 22 years old	34,348
d. CSHCN	11,436
e. Others	103,779

11. Statewide Initiatives and Partnerships

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

Financial support for direct services in county health departments (CHDs): By helping to pay for salaries, supplies, and equipment in CHDs statewide, Title V funds help provide physical assessment, immunizations, vision and hearing screening, nutritional assessment, developmental appraisal, and dental care for children. Care coordination in CHDs: Care coordination helps patients to access and obtain maximum benefit from needed health-related services. The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Care Coordination Program, implemented under Patient 1st, the Alabama Medicaid Agency's primary care case management program, is the primary channel through which ADPH provides care coordination for children. ADPH care coordinators serve adults enrolled in Patient 1st as well. FHS staff provide quarterly training events for area- or county-level ADPH care coordinators. Children and youth with special health care needs (CYSHCN): Through 14 community-based offices, CRS provides information, referral, medical, evaluation, and care coordination services to CYSHCN. Enabling services include transportation assistance, interpretation, and family/youth support.

b. Population-Based Services
(max 2500 characters)

Newborn screening: ADPH administers 2 statewide newborn screening programs through FHS's Newborn Screening Branch. One of these programs, the Newborn Screening Program (NSP), provides population-based screening of newborns for phenylketonuria (PKU), hypothyroidism, galactosemia, hemoglobinopathies, adrenal hyperplasia, and cystic fibrosis. Further, through the use of Tandem Mass Spectrometry, NSP is incrementally adding tests for other disorders to the screening panel, which performs universal screening for 29 primary disorders. The second of these screening programs is the Universal Newborn Hearing Screening (UNHS) Program, which partners with CRS and other public and private service providers to implement universal newborn hearing screening. All of Alabama's 53 birthing hospitals have universal newborn hearing screening programs in place. The UNHS Program staff track infants who did not pass or did not have a hearing screening to ensure that they receive appropriate follow-up services. CRS assists with tracking by sharing data electronically with UNHS Program staff on the outcome of secondary testing for children who fail initial UNHS and then choose CRS for follow-up screening. Along with UNHS Program staff, CRS ensures access to appropriate diagnostic, treatment, and intervention services for hearing impairment. Other screening: CRS partners with local schools, daycare facilities, and Head Start Centers in underserved areas to provide on-site screenings for hearing loss and/or scoliosis. Children who fail screenings are referred to their physician or to CRS clinics for further evaluation. Adolescent pregnancy prevention: Family planning services for adolescents are provided in ADPH clinics, and the State Children's Health Insurance Program (CHIP) offers family planning coverage for eligible teens up to 300% of poverty.

c. Infrastructure Building Services
(max 2500 characters)

State Perinatal Program: This program operates under the State Board of Health and the State Perinatal Advisory Council (SPAC). SPAC represents the Regional Perinatal Advisory Councils and advises the State Health Officer in the planning, organization, and implementation of the Perinatal Program. The Director of the State Perinatal Program and 5 Regional Nurse Perinatal Coordinators are administratively located in FHS and engage in activities, including infant mortality review, to address concerns of SPAC and the Regional Perinatal Advisory Councils. Healthy Child Care Alabama Project: This program, administratively located in FHS, is a collaborative effort between ADPH and the Alabama Department of Human Resources. Through the program, 9 registered nurse consultants work in a variety of community settings, in 52 of the State's 67 counties. Their services include provision of information on health and safety for child care providers and families of children in child care, linkage of families and child care providers to community resources and services, and assistance to child care providers with integration of CYSHCN into the child care environment. CRS Parent Connection Program: This program includes a parent support network, activities of the State and Local Parent Advisory Committees, employment of Parent Consultants, publication of a newsletter, and sibling support activities. CRS continues enhancing its management information system and increasing its use of communication technology for educating the public, clients, and families.

12. The primary Title V Program contact person:

Name Chris R. Haag, MPH

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

Name Melinda Davis, MS, CCC-A, CPHL

Title Deputy Director, Bureau of Family Health Services
Address Alabama Department of Public Health, PO Box 303017
City Montgomery
State Alabama
Zip 36130-3017
Phone (334) 206-5331
Fax (334) 206-2960
Email chris.haag@adph.state.al.us
Web www.adph.org

Title Assistant Commissioner
Address Children's Rehabilitation Service 602 S. Lawrence St.
City Montgomery
State Alabama
Zip 36104
Phone (334) 293-7049
Fax (334) 293-7373
Email melinda.davis@rehab.alabama.gov
Web www.rehab.alabama.gov

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

Row Name:

Column Name:

Year: 2010

Field Note:

Data Issues and Comments:

The 122 infants include 2 infants with hyperphenylalaninemia, rather than classic PKU. Depending on how high their phenylalanine levels are, some infants with hyperphenylalaninemia require dietary management.

Trends:

This indicator has remained at 100% in the years shown. The number of newborns who screened positive notably increased in past years. This year the number of newborns who screened positive decreased: from 140 in 2009 to 122 in 2010.

Objectives:

Objectives have remained at 100% for several years, and will remain there unless the status of this indicator changes.

3. Section Number: Fom11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2009

Field Note:

Comments:

The 140 infants include 3 infants with hyperphenylalaninemia, rather than classic PKU. Depending on how high their phenylalanine levels are, some infants with hyperphenylalaninemia require dietary management.

Trends:

This indicator has remained at 100% in the years shown. The number who screened positive increased once again: from 107 in 2008 to 140 on 2009.

Comparing 2009 to 2008, the number of positive screens changed by 10 or more for 2 conditions. That is, the number of positive screens for congenital hypothyroidism increased by 14: from 16 positive screens in 2008 to 30 positive screens in 2009. Over the same period, the number of positive screens for cystic fibrosis increased by 15: from 7 positive screens in 2008 to 22 positive screens in 2009.

Objectives:

Objectives have remained at 100% for several years, and will remain there unless the status of this indicator changes.

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	70	59.9	59.9	59.9	59.9
Annual Indicator	59.9	59.9	59.9	59.9	74
Numerator					
Denominator					
Data Source		2005-06 National Survey of CSHCN	2005-06 National Survey of CSHCN	2005-06 National Survey of CSHCN	2009/2010 National Survey of CSHCN

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	74	74	74	74	74
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Fom11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2011

Field Note:

For 2011, 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 (HRSA) and the U.S. Centers for Disease Control and Prevention (CDC) 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: Fom11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2010

Field Note:

Data Issues:

For 2007-2010, indicator data come from the National Survey of CSHCN, conducted by HRSA and CDC in 2005-06. 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.

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

3. Section Number: Fom11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2009

Field Note:

Data Issues:

See this indicator's field note to year 2010.

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	60	50	50	50	50
Annual Indicator	50	50	50	50	50.7
Numerator					
Denominator					
Data Source		2005-06 National Survey of CSHCN	2005-06 National Survey of CSHCN	2005-06 National Survey of CSHCN	2009-10 National Survey of CSHCN

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	50.7	50.7	50.7	50.7	50.7
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Fom11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2011

Field Note:

For 2011, 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 (HRSA) and the U.S. Centers for Disease Control and Prevention (CDC) 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 surveys, therefore these 2 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: Fom11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2010

Field Note:

Data Issues
 For 2007-10, indicator data come from the National Survey of CSHCN, conducted by HRSA and CDC in 2005-06. 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 2 surveys are not comparable for NPM 3.

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

3. Section Number: Fom11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2009

Field Note:

Data Issues

See this indicator's field note to year 2010.

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)

	2007	2008	2009	2010	2011
Annual Performance Objective	62	65	65	65	65
Annual Indicator	65	65	65	65	64.7
Numerator					
Denominator					
Data Source		2005-06 National Survey of CSHCN	2005-06 National Survey of CSHCN	2005-06 National Survey of CSHCN	2009-10 National Survey of CSHCN

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	64.7	64.7	64.7	64.7	64.7
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, 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 (HRSA) and the U.S. Centers for Disease Control and Prevention (CDC) 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:

Data Issues
 For 2007-2009, indicator data come from the National Survey of CSHCN, conducted by HRSA and CDC in 2005-06. This survey was first conducted in 2001. The same questions were used to generate the NPM 4 indicator for both the 2001 and the 2005-06 CSHCN 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.

3. Section Number: Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2009

Field Note:

Data Issues

See this indicator's field note to year 2010.

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)

	2007	2008	2009	2010	2011
Annual Performance Objective	78	91.7	91.7	91.7	91.7
Annual Indicator	91.7	91.7	91.7	91.7	73.5
Numerator					
Denominator					
Data Source		2005-06 National Survey of CSHCN	2005-06 National Survey of CSHCN	2005-06 National Survey of CSHCN	2009/2010 National Survey of CSHCN
<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. (Explain data in a year note. See Guidance, Appendix IX.)</p>					
Is the Data Provisional or Final?				Final	Final

	2012	2013	2014	2015	2016
Annual Performance Objective	73.5	73.5	73.5	73.5	73.5
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Fom11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2011

Field Note:

For 2011, 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 (HRSA) and the U.S. Centers for Disease Control and Prevention (CDC) 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 3 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: Fom11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2010

Field Note:

Data Issues:

For 2007-2009, indicator data come from the National Survey of CSHCN, conducted by HRSA and CDC in 2005-06. 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 data for the 2 surveys are not comparable for NPM 5.

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

3. Section Number: Fom11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2009

Field Note:

Data Issues:

See this indicator's field note to year 2010.

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	10	38.3	38.3	38.3	38.3
Annual Indicator	38.3	38.3	38.3	38.3	34.8
Numerator					
Denominator					
Data Source		2005-06 National Survey of CSHCN	2005-06 National Survey of CSHCN	2005-06 National Survey of CSHCN	2009/2010 National Survey of CSHCN

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	34.8	34.8	34.8	34.8	34.8
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2011

Field Note:

For 2011, 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 (HRSA) and the U.S. Centers for Disease Control and Prevention (CDC) 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: Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2010

Field Note:

For 2007-2009, indicator data come from the National Survey of CSHCN, conducted by HRSA and CDC in 2005-06. 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.

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.

3. Section Number: Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2009

Field Note:

Data Issues:

See this indicator's field note to year 2010.

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	86.4	87.7	89	80.6	77.3
Annual Indicator	81.9	78.9	76.3	74.4	78.6
Numerator					
Denominator					
Data Source		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?

Provisional Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	77.7	78.1	78.5	78.9	79.3
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 Issues:

Values for all years are from the National Immunization Survey conducted by the U.S. Centers for Disease Control and Prevention (CDC). Tables published by CDC do not provide numerators and denominators, which is why these items are left blank, but show a 95% confidence interval of ± 5.0 for Alabama in calendar year (CY) 2010. The specific CDC table used was "Vaccination coverage for the 4:3:1:3:3 vaccine series among children 19 to 35 months, US, National Immunization Survey, 2010." Thus, the survey period was for the last 9 months of fiscal year (FY) 2010 and the first 3 months of FY 2011. Children in the CY 2010 survey were born between January 2007 and July 2009. The table used was made available to states on May 16, 2012 from the U.S. Health Resources and Services Administration's Maternal and Child Health Bureau regional office staff via email. This table is normally posted on CDC's website, but was not posted this year.

Status and Trends

In FY 2010, an estimated 78.6% of 19-35 month olds in Alabama received a full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B. During the surveillance period, FYs 2006-2011, single-year values ranged from 74.4% in 2010 to 85.3% in 2006, with a median of 78.8%.

According to CDC, coverage estimate comparisons are not recommended for years prior to 2009 because of changes made in the way the Hib vaccine is now measured and the vaccine shortage that affected a large percent of children that were included in the 2009 and 2010 samples. ("Hib" refers to Haemophilus influenzae type b.) As a result, for this reporting period we will not assess trends for this performance measure. See the year 2009 and 2010 notes for previous trends.

Objectives

Objectives through 2015 have been retained from previous years. The 2016 objective has been set at 79.3%, requiring an annual increase of 0.5% from the 2009 baseline, represented as the average of the percentage for 2008, 2009, and 2010.

2. Section Number: Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2010

Field Note:

Data Issues:

Values for all years are from the National Immunization Survey conducted by CDC. Tables published by CDC do not provide numerators and denominators, which is why these items are left blank, but show a 95% confidence interval of + or - 8.1 for Alabama in FY 2010. The specific CDC table used was "Estimated Vaccine Coverage with 4:3:1:3:3 Among Children 19-35 Months of Age by Race/Ethnicity and by State and Local Area-US, National Immunization Survey, Q1/2009-Q4/2009." Children in the CY 2009 survey were born between February 2006 and June 2007.

Trends

In CY 2009, an estimated 74.4% of 19-35 month olds in Alabama received a full schedule of age appropriate immunizations against measles, mumps, rubella, polio, diphtheria, tetanus, pertussis, Haemophilus influenza, and hepatitis B.

During the surveillance period, FYs 2005-2010, single-year values ranged from 74.4% in 2010 to 85.3% in 2006, with a median of 80.4%. After peaking at 85.3% in 2006, the estimate for this indicator declined 4 years in a row. Although this decline is not significant per comparison of 95% confidence intervals, it is cause for concern.

Per input from ADPH's Immunization Division, nationally, there were supply issues with Hib vaccine when the cohorts to whom recent estimates pertain were infants. This input is consistent with information on CDC's web site. Per this site, from 2007-2009, there were shortages of Hib vaccine or delays in distributing the vaccine. Such shortages or delays in distribution could be expected to adversely affect immunization levels as defined for NPM 7.

Objectives

The estimate for this indicator has declined in each of the last 4 years. Further, with the exception of the year 2006, the highest value for this indicator in recent years was 82.3% in the year 2005. For these reasons, we are revising the targets for 2011-2014 downward. To revise these targets and set the year 2015 objective, the roughly estimated mean of this indicator for FYs 2008-2010 (76.5%, for the 3 rounded percentages) was considered to represent the year 2009 baseline. Targets for 2011 forward require an average annual improvement (increase) of

0.5% per year (multiplicative model).

3. **Section Number:** Fom11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2009

Field Note:

Data Issues:

Values for all years are from the National Immunization Survey conducted by CDC. Tables published by CDC do not provide numerators and denominators, which is why these items are left blank, but show a 95% confidence interval of + or - 6.1 for Alabama in FY 2009. The specific CDC table used was "Estimated Vaccine Coverage with Individual Vaccines and Selected Vaccination Series Among Children 19-35 Months of Age by State and Local Area—US, National Immunization Survey, Q1/2008-Q4/2008." Thus, the survey period was for CY 2008, or the last 9 months of FY 2008 and the first 3 months of FY 2009. As a corollary, the survey period used for the FY 2009 estimate overlaps with the survey period used for the FY 2008 estimate (Q3/2007-Q2/2008). Children in the CY 2008 survey were born between January 2005 and June 2007. The table used (Q1/2008-Q4 2008) was retrieved on March 20, 2010 from the following web address, by first clicking on "NIS-Child Data Tables—Overall" and then clicking on "Overall—Coverage with Individual Vaccines and Vaccination Series": <http://www.cdc.gov/vaccines/stats-surv/nis/nis-2008released.htm>. (It was the most recent pertinent table that the writer could find at that time.)

Trends

This indicator has not shown a clear trend over the years shown. As indicated by the confidence interval, this indicator can fluctuate notably from year to year, and the decline in FYs 2007 and 2008, relative to FY 2006, was not statistically significant, although it is cause for concern. (Caveat: As previously stated, the survey period used for the FY 2009 estimate included the last 9 months of FY 2008 and only the first 3 months of FY 2009.)

Objectives

Per the Maternal and Child Health Services Block Grant FY 2004 Report/FY 2006 Application, targets set in FY 2005 required an average annual increase (improvement) of 1.5% from the FY 2004 baseline: which was greater than the average annual increase of 1.3% that had occurred from 2000 through 2004. Targets set in FY 2005 resulted in a target of 89.0% for FY 2009, which has not been approached.

We are now revising targets for FYs 2010-2014 downward. For making these revisions, the mean of the status of this indicator for the last 3 years, or 79.0%, was considered to represent the year 2008 baseline. Targets for 2010 forward require an average annual improvement (increase) of 1.0% per year multiplicative model).

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	24.8	24.6	26.2	27.9	26.8
Annual Indicator	29.1	26.5	26.2	22.9	
Numerator	2,826	2,562	2,492	2,219	
Denominator	97,125	96,661	95,224	96,991	
Data Source		Vital records and Census	Vital records and Census	Vital records and Census	

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

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	24.8	24.7	24.6	24.4	24.3
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:

Data Issues:

Due to the time required to receive records and edit data, final vital statistics files for 2011 are not available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. Therefore, the year 2011 estimate is not provided. Instead, it will be provided in July 2013.

Births that involve Alabama residents but occur outside of the State were apparently underreported to the Alabama Department of Public Health (ADPH) in some years, most notably in 2007 and 2008. Further, key information was missing for many of the year 2008 births reported to ADPH by a neighboring state. Though the numbers of affected births may be small, failure to account for out-of-state reporting issues could lead to overly optimistic description of trends and to overly optimistic baselines for setting future objectives. In an effort to account for the missing records and missing information, for the years 2007 and 2008, we made certain assumptions about out-of-state births involving adolescents living in Alabama. Details about these assumptions, which are based on distribution of pertinent characteristics in 2005 and/or 2006, are available upon request. Such assumptions were not necessary for subsequent years, since reporting of out-of-state events has apparently improved.

This paragraph pertains to national performance measures (NPMs) that have population-based denominators: specifically, to NPMs 8, 10, and 16. For these measures, normally the U.S. Census Bureau's population estimates are used as denominators. The Census Bureau's annual state population estimates according to race, age, sex, and origin had not been released as of March 21, 2012. At the time of this writing, only decennial census 2010 counts were available. We are using American Fact Finder's (AFF) 2010 Census Summary File 1, which consists of actual counts and basic cross tabulations of information collected from all people and housing units during the 2010 Census.

The 2010 U.S. Census count was derived from an American Fact Finder query of Alabama's total population according to sex by age. The query resulted in 16 tables (PCT 1 & PCT12A-PCT12O), with each table representing a particular race or origin.

For years past, population estimates were downloaded from a detailed, state-level spreadsheet referred to as "SCEST2009-alldata6: Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or more Races) by Age, Sex, and Hispanic Origin: April 1, 2000 to July 1, 2009." Population estimates from 2007 through 2009 are retained from last year's spreadsheet.

Objectives

See this indicator's field notes for 2009 and 2010.

2. Section Number: Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2010

Field Note:

Data Issues:

All estimates shown are for calendar years and pertain to live births.

Data issues concerning numerators and denominators for this indicator are discussed in this indicator's year 2011 Form 11 field note.

Status and Trends

Population estimates several years after a census may be less reliable than those that are within a few years of the previous census. As a corollary, the population estimates for the years preceding 2010 may not be comparable to the year 2010 U.S. Census count. For this reason, we are not describing trends in rates during recent years, but are instead focusing on trends in numbers of births in recent years.

In 2010, the live birth rate among 15-17 year-old Alabama females was 22.9 live births per 1,000 such females, which was 12.6% below the corresponding rate of 26.2 live births per 1,000 females in 2009. From 2005-2010, the number of live births to 15-17 year-old Alabama females ranged from 2,219 in 2010 to 2,826 in 2007, with a median of 2,527. For the last 2 years with available data, live births to Alabama 15-17 year females declined notably.

Objectives

Objectives from 2012 forward have been set to require an average annual decline of 0.5% per year from the 2008-10 baseline of 25.2 live births per 1,000 15-17 year-old females. The

status of this indicator surpassed (was better than) its objective 2 years in a row. As a result, objectives were revised downward (made more challenging). This indicator sometimes fluctuates. If the rate remains around or below the 2010 level for 3 years in a row, objectives will again be revised downward.

3. **Section Number:** Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2009

Field Note:

Data Issues:

Data issues concerning numerators and denominators for this indicator are discussed in this indicator's year 2011 Form 11 field note.

Trends

As mentioned in this indicator's year 2011 Form 11 field note, for analyzing trends, the number of births has been adjusted for certain years in an effort to account for missing information about out-of-state births to Alabama residents.

In 2009, the live birth rate among 15-17 year-old Alabama females was 26.2 live births per 1,000 such females, which was 1.3% below the corresponding rate in 2008. The following description concerns trends from 2000-2008, using numbers available as of April 2010.

Among 15-17 year-old Alabama females, the live birth rate declined from 33.0 live births per 1,000 such females (9,270/280,595) in 2000-02 to 28.0 live births per 1,000 (7,818/279,336) in 2003-05. The 3-year rate then declined only slightly, to reach 27.8 live births per 1,000 females (8,071/289,930) in this age group in 2006-08. Thus, the estimated live birth rate for 2006-08 was 15.7% lower than in 2000-02 and just 0.5% lower than in 2003-05. However, due to out-of-state reporting issues, whether even this very slight estimated decline in 2006-08 relative to 2003-05 actually occurred is uncertain.

For this age group of females, estimated live birth rates for individual years in the surveillance period (2000-2008) ranged from 25.3 births per 1,000 in 2005 to 36.2 births per 1,000 in 2000. Rates for overlapping 3-year periods ranged from 27.6 births per 1,000 in 2004-06 to 33.0 births per 1,000 in 2000-02.

Comparing 2006-08 to 2000-02 and assuming a constant annual percent change, this indicator declined by 2.8% per year. Comparing 2006-08 to 2003-05, the indicator declined by only 0.2% per year.

Objectives

Objectives through 2010 are retained from earlier years. Objectives from 2011-2015 require an annual decline of 0.5% from the 2007-09 baseline of 27.2 live births per 1,000 15-17 year-old females (7,880/289,458); considering that 3-year rate to be the year 2008 baseline.

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	26.7	27	28.8	29.4	30
Annual Indicator	27.7	27.7	27.7	27.7	27.7
Numerator	2,580	2,580	2,580	2,580	2,580
Denominator	9,301	9,301	9,301	9,301	9,301
Data Source		ADPH Oral Health Branch Survey data			

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 Final

	2012	2013	2014	2015	2016
Annual Performance Objective	30.6	31.2	31.2	31.2	31.2
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2011

Field Note:

Data Issues:

Another observation-based survey on the prevalence of dental sealants was being conducted as of late FY 2011 and continues in FY 2012. The new data will not be available until FY 2013. We are using the observation-based numbers for FY 2007 as our best estimates for years in which a survey of dental sealants was not conducted.

Objectives:

In the absence of recent data, we are setting the year 2016 objective to match the year 2013 objective.

2. Section Number: Form11_Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2010

Field Note:

Data Issues:

Another observation-based survey on the prevalence of dental sealants is expected to be conducted in late FY 2011 and/or in FY 2012. Until then, we are using the observation-based numbers for FY 2007 as our best estimates for years in which a survey of dental sealants was not conducted.

Objectives:

In the absence of recent data, we are setting the year 2015 objective to match the year 2013 objective.

3. Section Number: Form11_Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2009

Field Note:

Data Issues:

Another observation-based survey on the prevalence of dental sealants is expected to be conducted in FYs 2011-12. We are using the observation-based numbers for FY 2007 as our best estimates for years in which a survey of dental sealants was not conducted.

The Oral Health Branch and the University of Alabama at Birmingham School of Dentistry partnered to conduct an observation-based, representative statewide survey of dental sealants among third-grade Alabama children from January 2006-March 2007. Jefferson County Department of Health also conducted a survey in its jurisdiction during 2006. The data from both surveys were compiled to report on this indicator. Data previously reported for 2006 were a subset of the complete study.

Trends (through FY 2007):

There has been notable improvement in this indicator. The observation-based, representative survey completed in FY 2007 found that 27.7% of third-grade Alabama children had received protective dental sealants, an improvement of 22.2% over the FY 2003 observation-based survey finding of 22.7%. The estimated annual percentage of improvement was 5.1%.

Objectives:

In the absence of recent data, we are setting the year 2014 objective to match the year 2013 objective.

PERFORMANCE MEASURE # 10

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

	Annual Objective and Performance Data				
	2007	2008	2009	2010	2011
Annual Performance Objective	6.2	6.1	5.2	5.1	4.6
Annual Indicator	3.7	4.6	4.6	4.7	
Numerator	34	43	43	44	
Denominator	922,825	925,961	934,566	932,841	
Data Source		Vital records and Census	Vital records and Census	Vital records and Census	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

	Annual Objective and Performance Data				
	2012	2013	2014	2015	2016
Annual Performance Objective	4.5	4.5	4.5	4.5	4.5
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:

Data Issues:

Due to the time required to receive records and edit data, final vital statistics files for 2011 are not available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. Therefore, the year 2011 estimate is not provided. Instead, it will be provided in July 2013.

The 2010 U.S. Census count was derived from an American Fact Finder query of Alabama's total population according to sex by age. The query resulted in 16 tables (PCT 1 & PCT12A-PCT12C), each table representing a particular race or origin.

For years past, population estimates were downloaded from a detailed, state-level spreadsheet referred to as "SCEST2009-alldata6: Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or more Races) by Age, Sex, and Hispanic Origin: April 1, 2000 to July 1, 2009." Population estimates from 2007 through 2009 are retained from last year's spreadsheet.

Objectives:

See this indicator's field notes for 2010 and 2009.

2. Section Number: Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2010

Field Note:

Data Issues:

All estimates are for calendar years.

Vital events that involve Alabama residents but occur outside of the State were apparently underreported to the Alabama Department of Public Health in 2006-2008, causing slight underestimation of Alabama's mortality rates for those years. Though slight, such underestimation could lead to distortion of trends in mortality rates and to overly optimistic baselines for setting future objectives. Therefore, for National Performance Measure (NPM) 10, we have adjusted the number of deaths for 2006, 2007, and 2008 by: 1) computing the mean annual number of applicable deaths that occurred outside of the State for 2 time periods (2000-2005 and 2006-08); 2) subtracting the mean for the later period from that for the earlier period; and 3) for 2006, 2007, and 2008, adding the difference to the number of deaths shown in Alabama's statistical death files. In the case of NPM 10, the difference was 2 motor vehicle crash deaths per year.

Based on review of the number of applicable out-of-state deaths in 2009, such adjustment was not deemed necessary for year 2009 or 2010 deaths. The Title V Information System (TVIS) does not permit us to directly revise numbers shown for 2007, so the numerator shown on Form 11 for that year for NPM 10 does not reflect the adjustment. Also for NPM 10, the adjusted numerators shown for 2007 and 2008 do not match corresponding numbers that may have been or may soon be published in annual publications of Alabama vital statistics.

Denominator issues concerning this indicator are detailed in the year 2011 note for NPM 8.

Trends:

Population estimates several years after a census may be less reliable than those that are within a few years of the previous census. Therefore, the population estimates for the years preceding 2010 may not be comparable to the year 2010 U.S. Census count. For this reason, we are not describing trends in rates during recent years, but are instead focusing on trends in numbers of deaths.

The estimated motor vehicle crash death rate among Alabama residents 0-14 years of age has not shown a consistent trend over individual years. Among 0-14 year-old Alabama residents the number of deaths (adjusted where necessary) due to motor vehicle crashes declined from 156 in 2005-07 to 130 in 2008-10: for an overall decline of 16.7%. From 2005-2010, deaths due to motor vehicle crashes ranged from 34 deaths in 2007 to 61 deaths in 2005 and 2006, with a median of 43.5 deaths.

Objectives:

Objectives through 2015 are retained from earlier years. Although the observed value for 2010 was much lower than its corresponding objective, it was slightly higher (by 2.5%) than in FY 2010. Thus, the objective for year 2016 has been set to match the year 2015 objective. If future observed values level off at around 4.5 or surpass (are better than) corresponding targets for

3 years in a row, objectives may be revised downward (made more challenging).

3. Section Number: Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2009

Field Note:

Data Issues:

Data issues concerning numerators for this indicator are discussed in this indicator's year 2010 Form 11 field note.

The U.S. Census Bureau's population estimates for persons 0-14 years of age are used as denominators through 2009. These estimates were updated on an annual basis, but TVIS does not allow us to directly change estimates for 2007. The most recent updated year 2007 population estimate for Alabama 0-14 year-olds is 928,262 persons, rather than the number shown on Form 11. Additional information about the denominators for this indicator is in the year 2011 Form 11 field note for NPM 8.

Trends

The estimated motor vehicle crash death rate among Alabama residents 0-14 years of age has not shown a consistent trend over individual years. Comparing 2 adjacent 3-year periods, this rate declined by 35.6%: from 6.7 deaths per 100,000 (184/2,758,612) in 2004-06 to 4.3 deaths per 100,000 (120/2,795,256) in 2007-09. However, this death rate was unusually low in 2007, so future 3-year rates are likely to be higher than the rate in 2007-09. In this age group, for individual years from 2005-2009, the motor vehicle crash death rate ranged from 3.7 deaths per 100,000 persons in 2007 to 6.7 deaths per 100,000 persons in 2005, with a median of 4.6 deaths per 100,000 persons in 2008 and 2009.

Objectives

Objectives through 2010 are retained from earlier years. Objectives from 2011-2015 were set by considering the unrounded rate for 2008-09 combined (4.6063 deaths per 100,000 when carried to 4 decimals) to be the year 2009 baseline, and then requiring a reduction of 0.5% per year. Because objectives are carried to only 1 decimal in TVIS, the year 2011 objective is the same as the year 2008 and 2009 observed values, and the objectives for 2012 onward are all 4.5 deaths per 100,000.

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	27.1	28.2	29.4	27.2	27.2
Annual Indicator	27.0	25.4	23.6	29.0	
Numerator	16,169	15,135	13,441	16,115	
Denominator	59,913	59,508	56,968	55,487	
Data Source		Pregnancy Risk Assessment Monitoring System	Pregnancy Risk Assessment Monitoring System	Pregnancy Risk Assessment Monitoring System	

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

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	27.3	27.4	27.5	27.5	27.5
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2011

Field Note:

Data Issues

Estimates for this indicator are for calendar years and are from Pregnancy Risk Assessment Monitoring System (PRAMS) data, managed by the U.S. Centers for Disease Control and Prevention (CDC). Alabama PRAMS is a population-based mail/telephone survey of Alabama residents who recently gave birth in the State. A stratified complex sampling design is used, and numbers reported here are weighted to represent all live births occurring in Alabama to Alabama residents. Because data are based on a sample, some statistical imprecision is expected. Observations for which breastfeeding status is unknown or unreported are excluded from the denominator.

Due to time required for data management, data for a given year do not generally become available to the states until at least 16 months after the end of the data collection year. For example, PRAMS data for 2009 did not become available until May 2011. The Alabama Department of Public Health's (ADPH's) Center for Health Statistics will provide numbers from the PRAMS 2011 dataset soon after CDC provides the dataset, but numbers for 2011 are not expected to be available before April 2013.

2. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2010

Field Note:

Data Issues

See this indicator's year 2011 Form 11 field note for the data source and for a discussion of the time frame for receiving PRAMS data.

The percentage of mothers who were breastfeeding at the time of the survey is used as a surrogate for the percentage breastfeeding at 6 months following delivery, since the survey questionnaire is sent to mothers about 2-3 months after delivery.

Status and Trends

In 2010, about 29% of Alabama residents who had recently given birth were breastfeeding when surveyed, about 2-3 months after delivery.

From 2005-2010 (2005 and 2006 are not shown on Form 11), this indicator has ranged from 23.2% in 2005 to 29.0% in 2010, with a median of 26.2%. During this surveillance period, the indicator has not shown a consistent trend, although declines were notable each year from 2007 through 2009. The year 2010 estimate is the highest recorded for this indicator for the period 2004-2010. Compared to 2009, this indicator was notably (23.1%) higher in 2010. See the year 2009 note for previous trends.

Objectives

Objectives through 2015 have been retained from previous years. Though the point estimate for this indicator improved in 2010, the objective for year 2016 has been set at 27.5%, to match the year 2015 objective, rather than to require a continued increase. If the status of this indicator surpasses its objective for 3 years in a row, we will consider revising targets upward to make them more challenging.

3. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2009

Field Note:

Data Issues

See 2011 field note regarding data source and limitations.

Trends

In 2009, about 24% of Alabama residents who had recently given birth were breastfeeding when surveyed, about 2-3 months after delivery.

From 2005-2009, this indicator has ranged from 23.2% in 2005 to 28.3% in 2006, with a median of 25.4% in 2008. During this surveillance period, the indicator has declined in the last 3

years for which estimates are shown.

Objectives

Objectives through 2014 have been retained from previous years. Since the point estimate for this indicator worsened in 2009, the objective for year 2015 has been set at 27.5%, to match the year 2014 objective. If the point estimate for year 2010 is notably worse than that for 2009, objectives for 2012 forward may be revised downward (made less challenging) in FY 2012.

PERFORMANCE MEASURE # 12

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	95.3	95.4	95.5	96.2	96.4
Annual Indicator	94.6	93.9	96.0	98.4	99.2
Numerator	59,578	59,548	58,846	60,621	57,427
Denominator	63,005	63,450	61,317	61,608	57,876
Data Source		ADPH Newborn Screening Neometrics Database			
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	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	98.6	98.8	99.1	99.3	99.6
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #12

Field Name: PM12

Row Name:

Column Name:

Year: 2011

Field Note:

The numerator was obtained from the Alabama Department of Public Health's Newborn Screening Program's database, Neometrics(TM).

Neometrics(TM) contained hearing screening records for an unduplicated count of 57,876 newborns. Of these, 449 had no hearing screening results reported to the program. Of the 449 not reported, 20 were due to parental refusal and 361 were due to infants dying prior to receiving a hearing screening. Despite repeated efforts by the Universal Newborn Hearing Screening (UNHS) Program, no additional information has been obtained on the remaining 68 infants with missing records. Per the UNHS Coordinator, they were most likely tested, but after the blood spot form had been submitted. Even when the hearing screening results are subsequently entered into Neometrics(TM), they are not always appropriately captured for reporting purposes as a pre-discharge screen.

All birthing facilities are now capable of exporting screening results monthly, although some facilities are still in need of updated equipment. The program must still rely on initial results from filter paper reports from hospitals, which are not always complete. Because we cannot confirm that each of the 68 infants did receive a hearing test, the numerator may be an overestimation. These results may not be directly comparable to those of past years because a new analyst compiled the data for reporting.

Trends

From 2007 through 2011, the estimated percentage of newborns who received hearing screening prior to hospital discharge ranged from 93.1% in 2007 to 99.2% in 2011, with a median of 96.0% in 2009. As stated above, the year 2011 estimate is not comparable to earlier estimates. Also, as detailed in this indicator's field note for 2009, our current best estimate for 2007 differs from that shown on Form 11.

Objectives

The estimate for this indicator has improved in each of the last 3 years. For this reason, we are revising targets for 2012-2015 upward. To revise these targets and set the year 2016 objective, the mean status of this indicator for the last 3 years, of 97.9%, was considered to represent the year 2010 baseline. Targets for 2012 forward require an average improvement (increase) of 0.25% per year (multiplicative model).

2. Section Number: Form11_Performance Measure #12

Field Name: PM12

Row Name:

Column Name:

Year: 2010

Field Note:

Data Issues:

The data source for the numerators is referenced in the year 2011 field note.

The Neometrics(TM) database for 2010 contained 61,608 newborn hearing screening records, which were believed to be an unduplicated count. However, the aforesaid number exceeds the preliminary estimate of the number of occurrent Alabama live births in 2010 (from a file downloaded on 4/21/2011), which is 58,781 births. Further, the 61,608 records in the 2010 Neometrics(TM) database are very close to the number of occurrent Alabama live births in 2009, which was 61,317 births. For these reasons, we conjecture that the year 2010 Neometrics(TM) database may include more than 1 record for some births and/or include some out-of-state births to Alabama residents.

Nevertheless, because the file used for the preliminary estimate of Alabama occurrent live births in 2010 was incomplete, we are using the 61,608 records in the Neometrics(TM) database as the denominator for the year 2010 estimate. Of these, 987 had no hearing screening performed prior to discharge from the hospital. Of the 987 not screened, 4 were due to parental refusal.

The numerator for this estimate includes 5,488 newborns for whom no hearing screening data were entered into the database prior to discharge (a 1.6% increase over 2009). Per the UNHS Coordinator, they were most likely tested but after the blood spot form had been submitted. Even when the screening results are subsequently entered into Neometrics(TM), they are not captured for reporting purposes as a pre-discharge screen. The number of hospitals exporting screening results monthly has increased; however, we still must rely on initial results from filter paper reporting from hospitals, which is not always complete. Because we cannot confirm that each of the 5,488 did receive a hearing test, the numerator may be an overestimation.

Because the denominator for the year 2010 is from a different database than the denominators for earlier years, the year 2010 estimate is not precisely comparable to estimates for earlier years.

Objectives

Objectives through 2014 are retained from earlier years, and the year 2015 objective has been set to match the year 2014 objective. We are aware that the estimate for 2010 surpasses the objectives shown, but have no assurance that the status of this indicator will remain that high in future years.

3. **Section Number:** Form11_Performance Measure #12

Field Name: PM12

Row Name:

Column Name:

Year: 2009

Field Note:

Data Issues

For reasons detailed in the Maternal and Child Health (MCH) Services Block Grant 2009 Annual Report/2011 Application, in that document, this indicator's denominators for 2007-2009 counted only occurrent, residential Alabama live births (births occurring in Alabama to Alabama residents). However, because the Neometrics(TM) database includes records for all known live births occurring in the delivery hospitals, regardless of the mother's residence, we have revised the denominators for 2008 and 2009 to count all live births occurring in Alabama, regardless of where the mother lived. The Title V Information System does not allow us to directly revise the year 2007 numbers shown on Form 11. The number of Alabama occurrent live births in 2007 was 63,995, so that our current year 2007 best estimate for this indicator is 93.1% (59,578/63,995).

As well as including all newborns who were reported as being screened, the numerator shown on Form 11 includes 5,402 newborns for whom no hearing screening data were entered into the system. These 5,402 infants are included in the numerator because—according to the UNHS Coordinator—they probably received a hearing screening before discharge, but after the blood spot form had already been submitted. Even when such hearing screening results are subsequently entered into Neometrics(TM), they are not appropriately captured for reporting purposes as a pre-discharge screen. The UNHS Coordinator anticipates a software update from Neometrics(TM) by December 2010 that will resolve this data issue. As previously stated, the number of newborns who did not have hearing screening data entered into the database in 2009 was 5,402, which is a 32.8% decline from the year 2006 number of 8,037. Because infants for whom we have no data are counted in the numerator, the percentage shown may overestimate the percentage of occurrent live births that received a hearing screening.

Objectives

Objectives through 2009 are retained from earlier years. Objectives from 2010 forward have been revised upward.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	6.9	6.8	6.8	6.4	6.4
Annual Indicator	7.3	3.7	7.9	8.9	
Numerator	82,000	41,000	86,000	101,000	
Denominator	1,123,000	1,122,000	1,090,000	1,137,000	

Data Source

U.S. Census Historical Health Insurance Table HIA5 U.S. Census Historical Health Insurance Table HIB5 U.S. Census Insurance Table HIB5

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

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	6.3	6.2	6.1	6.1	6.1
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 Issues:

All estimates are for calendar years.

Data Issues:

With one exception, for the annual indicators, numerators, and denominators shown on Form 11, the reference is the Health Insurance Historical Tables-HIB Series (Table HIB-5, discussed under this indicator's year 2010 form note), obtained from the U.S. Census Bureau's web site. The exception is the numerator for 2008, which is from the U.S. Census Bureau's revised Historical Health Insurance Table 5 (HIA-5) series. Per Table HIB-5, the numerator for 2008 is 42,000, rather than the 41,000 shown. (The Title V Information System [TVIS] does not permit us to directly revise Form 11 numbers for 2008 and earlier years.)

Table HIB-5 does not yet include estimates for 2011. When estimates for 2011 are provided on the U.S. Census Bureau's web site, this report/application will be updated accordingly at the first opportunity. Table HIB-5 is based on data collected in the American Community Survey (ACS). The ACS is an ongoing nationwide survey. Single-year estimates are available for geographic units with populations of 65,000 or more. Estimates of population size are not comparable between 2009 and 2010. Estimates of percent distributions, rates, and ratios should be compared with caution.

2. Section Number: Form11_Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2010

Field Note:

The reference for estimates from 1999-2010 is Table HIB-5, entitled "Health Insurance Coverage Status and Type of Coverage by State—Children Under 18: 1999-2010," obtained from the U.S. Census Bureau's web site (http://www.census.gov/hhes/www/hlthins/data/historical/HIB_tables.html) on January 23, 2012. Because the reference rounds numbers of individuals to thousands, percentages calculated by TVIS's web-based reporting package or by the Bureau of Family Health Services sometimes differ slightly from estimates shown in U.S. Census Bureau tables. This caveat applies to all numbers shown on Form 11 for this indicator and to all discussions in this document of trends in this indicator.

Status and Trends:

This discussion of trends is based on Table HIB-5. In 2010, an estimated 8.9% of Alabama children and youth under 18 years of age were without health insurance. For the surveillance period of 1999 through 2010, this is the second highest prevalence on record for Alabama, with the highest prevalence having been 9.8% in 2002. From 2002 (inclusive) forward, the lowest estimated prevalence of non-insurance was 3.7% in 2008, and the median estimate was 7.3% in 2007. The lowest reported prevalence, 3.7% in 2008, appears to be an outlier.

Comparing 2010 to 2009, the estimated prevalence of non-insurance among Alabama children and youth increased by 12.6%: from 7.9% in 2009 (86,000/1,090,000) to 8.9% in 2010 (101,000/1,137,000).

Objectives:

Per Table HIB-5, the estimate for this indicator was worse in 2009 and 2010 than in any year from 2003-2008. Therefore, the objective for the year 2016 has been set at 6.1% to match the year 2015 objective (instead of being set below the year 2015 objective). If the estimate for the year 2011 is notably above (worse than) the objective for that year, objectives for 2013 forward may be revised upward (made less challenging) in FY 2013.

3. Section Number: Form11_Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2009

Field Note:

Data Issues:

See this indicator's year 2011 note.

Trends

This discussion of trends is based on Table HIA-5, using numbers available circa April 2011. Numbers provided in Table HIA-5 often differ from those provided in Table HIB-5.

In 2009, an estimated 7.9% of Alabama children and youth under 18 years of age were without health insurance. The prevalence of 7.9% in 2009 ties with the identical estimate of 7.9% in 2003 as being the second highest prevalence on record since 2002. From 2004-2008, corresponding estimates ranged from 3.6% in 2008 to 7.4% in 2006, with a median of 6.3% in 2004.

In spite of the increase in 2009, trends show notable overall progress in this indicator over a longer term, comparing 2007-09 to 2001-03. The following combines 3-year periods, combining single-year numbers reported in Table HIA-5, in order to minimize random variation due to sampling error. Comparing 2007-09 to 2001-03, the estimated prevalence of uninsured Alabama children and youth declined by 30.0%: from 9.0% (302,000/3,372,000) in 2001-03 to 6.3% (209,000/3,335,000) in 2007-09. Further, from 1999-2009 (all years shown in Table HIA-5), the prevalence estimate of uninsured Alabama children and youth was consistently lower than the corresponding estimate for the U.S.

Objectives

Objectives through 2009 were retained from previous years, and the methodology for setting them has been described in earlier Maternal and Child Health Services Block Grant Reports/Applications. For example, objectives for 2007 through 2009 require an average annual decline (multiplicative model) of 1.0% per year, from the 3-year baseline for 2003-05, using Table H-5. (Table HIA-5 was not available to the writer when these objectives were set.)

However, in FY 2010 (when the year 2009 estimate was not yet available), objectives for 2010-2013 were revised downward (made more challenging), and the objective for 2014 was set at 6.1%, the lowest 3-year value on record for this indicator in Alabama. (This estimate of 6.1% of Alabama children being uninsured occurred in 2004-06 and again in 2006-08.) The newly set objectives were challenging, since single-year estimates for this indicator had been above 7.0% in 3 of the last 5 years for which an estimate was available. Further, the status of this indicator in 2005-07 combined was 6.4%.

Currently (in FY 2011), the year 2015 objective is being set at 6.1%, the same as the year 2014 objective. If the status of this indicator fails to reach the corresponding objective 3 years in a row (that is, in 2010 and 2011, as well as in 2009), objectives for FYs 2013 onward will be made less challenging.

PERFORMANCE MEASURE # 14

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	29.9	29.8	27.5	28.5	28.3
Annual Indicator	28.6	28.9	30.0	29.3	
Numerator	14,714	16,419	18,172	19,313	
Denominator	51,448	56,813	60,572	65,914	
Data Source		CDC Pediatric Nutrition Surveillance System	CDC Pediatric Nutrition Surveillance System	CDC Pediatric Nutrition Surveillance System	

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

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	29	28.8	28.7	28.5	28.4
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2011

Field Note:

U.S. Centers for Disease Control and Prevention's (CDC's) Pediatric Nutrition Surveillance System (PedNSS) data for measuring the number and percentage of 2-5 year-old Alabama WIC enrollees who are obese (body mass index [BMI] at or above the 95th percentile) or overweight (BMI at or above the 85th percentile to the 95th percentile) are used to calculate this indicator.

Because the FY 2010 PedNSS data in Table 6C became available by March 2012, we expect FY 2011 data to be available by March 2013. Once 2011 PedNSS findings become available to the Bureau of Family Health Services, we will update Form 11 at the first opportunity.

2. Section Number: Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2010

Field Note:

The data source for this indicator is referenced in its year 2011 form note. The reference is "Table 6C, 2010 Pediatric Nutrition Surveillance, Alabama-Comparison of Growth and Anemia Indicators by Contributor, Children Aged <5 years." Per this reference, 29.3% of children, ages 2 to 5 years, had a BMI that was at or above the 85th percentile.

Trends

The percentage of children, ages 2 to 5 years, receiving WIC with a BMI at or above the 85th percentile has not shown a consistent trend over individual years. Single year values during the surveillance period (2005-2010) for this indicator have ranged from 28.6% in 2007 to 30.9% in 2005 (not shown on Form 11), with a median of 29.1%. The average annual percent reduction was 1.1%. Comparing the 2009 estimate of 2-5 year-old WIC enrollees whose BMI was at or above the 85th percentile to the estimate for 2010, the percentage decreased by 2.3%: from 30.0% in 2009 (18,172/60,572) to 29.3% (19,313/65,914) in 2010. Although small, any improvement in this indicator is notable.

Objectives

Objectives through 2011 were retained from previous years. However, objectives from 2012 forward have been revised upward, to be slightly less challenging and more realistic in light of recent values for this indicator. Nevertheless, the newly set objectives are still quite challenging. Considering the percentage for 2008-2010 (29.4%, or 53,904/183,299) to represent the 2009 baseline, objectives require a decline of 0.5% per year.

3. Section Number: Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2009

Field Note:

Trends

In 2009 an estimated 30.0% of Alabama children ages 2 to 5 years receiving WIC services had a BMI at or above the 85th percentile. From 2005 (not shown on Form 11) through 2009, the estimate for this indicator ranged from 28.6% in 2007 to 30.9% (9,313/30,140) in 2005, with a median of 28.9% in 2008.

Over consecutive 2-year periods, the percentages have been as follows: 28.65% in 2006-07 and 29.5% in 2008-09. Comparing 2008-09 to 2006-07, this indicator increased (worsened) by an estimated 2.9%.

Objectives

Objectives through 2014 were retained from 2009, and the year 2015 objective was set to match that for 2014.

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	16.6	15.7	13.4	14.7	14.7
Annual Indicator	13.5	15.6	15.8	15.9	
Numerator	8,161	9,506	9,242	8,871	
Denominator	60,411	60,864	58,394	55,693	

Data Source

Pregnancy Risk Assessment Monitoring System Pregnancy Risk Assessment Monitoring System Pregnancy Risk Assessment Monitoring System

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

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	14.6	14.6	14.5	14.5	14.5
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2011

Field Note:

Data Issues

Estimates for this indicator are for calendar years and are from Pregnancy Risk Assessment Monitoring System (PRAMS) data, managed by the U.S. Centers for Disease Control and Prevention (CDC). Alabama PRAMS is a population-based mail/telephone survey of Alabama residents who recently gave birth in the State. A stratified complex sampling design is used, and numbers reported here are weighted to represent all live births occurring in Alabama to Alabama residents. Because data are based on a sample, some statistical imprecision is expected. Observations for which smoking status is unknown or unreported are excluded from the denominator.

Due to time required for data management, data for a given year do not generally become available to the states until at least 16 months after the end of the data collection year. For example, PRAMS data for 2009 did not become available until May 2011. The Alabama Department of Public Health's (ADPH's) Center for Health Statistics will provide numbers from the PRAMS 2011 dataset soon after CDC provides the dataset, but numbers for 2011 are not expected to be available before April 2013.

2. Section Number: Form11_Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2010

Field Note:

Data Issues

See this indicator's year 2011 Form 11 field note for the data source.

Trends

In 2010, an estimated 15.9% of pregnant women smoked during the last 3 months of pregnancy. During the surveillance period of 2005-2010, single-year values for this indicator ranged from 13.5% in 2007 to 18.6% in 2005 (not shown in table); indicating an average annual decline of 3.0% per year. The indicator was at 15.8% in 2 consecutive 3-year periods: 2005-07 and 2008-10. However, annual trends show slight worsening. That is, this indicator increased (worsened) slightly in 2008, 2009, and 2010.

Objectives

The point estimate for this indicator has increased in each of the last 3 years. Further, this indicator missed (was higher than) its objective in 2009 and 2010. Objectives through 2015 have been retained from previous years, and the 2016 objective has been set to the corresponding 2015 objective. If this indicator misses its target in 2011, existing objectives from 2013 forward may be revised upward (made less challenging) in FY 2013.

3. Section Number: Form11_Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2009

Field Note:

Trends

In 2009, an estimated 15.8% of pregnant women smoked during the last 3 months of pregnancy. Combining 3-year periods, the indicator improved (declined) slightly, by an estimated 12.5%: from 17.1% in 2004-06 to 15.0% in 2007-09.

Objectives

Objectives through 2014 have been retained from previous years. The 2015 objective has been set at 14.5%, requiring an annual decline of 0.3% from the year 2007 baseline.

In April 2010, objectives for 2010 onward were revised upward (made less challenging) based on the 2006-08 baseline. We are aware that all of the objectives are lower than the estimated percentage of women who smoked during the last 3 months of pregnancy in 2009. If the status of this indicator remains above the corresponding objective 3 years in a row, we will revise the objectives upward to make them less challenging.

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	8.3	8.2	7.1	6.9	7
Annual Indicator	4.9	7.0	7.3	8.4	
Numerator	16	23	24	29	
Denominator	326,378	330,502	328,967	343,471	
Data Source		Vital records and Census	Vital records and Census	Vital records and Census	

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

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	7	6.8	6.8	6.7	6.7
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Fom11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2011

Field Note:

Data Issues:

Due to the time required to receive records and edit data, final vital statistics files for 2011 are not yet available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. Therefore, the year 2011 estimate is not provided. Instead, it will be provided in July 2013.

Objectives:

See this indicator's field notes for 2009 and 2010.

2. Section Number: Fom11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2010

Field Note:

Data Issues:

All estimates are for calendar years.

For this indicator, normally the U.S. Census Bureau's population estimates for persons 15-19 years of age are used as denominators. The Census Bureau's annual state population estimates according to race, age, sex, and origin had not been released as of March 21, 2012. At that time, only decennial census 2010 counts were available. We are using American Fact Finder's (AFF) 2010 Census Summary File 1, which are actual counts and basic cross tabulations of information collected from all people and housing units during the 2010 Census.

Trends:

Population estimates several years after a census may be less reliable than those that are within a few years of the previous census. As a corollary, the population estimates for the years preceding 2010 may not be comparable to the year 2010 U.S. Census count. For this reason, we are not describing trends in rates during recent years, but are instead focusing on trends in numbers of suicide deaths.

Among 15-19 year-old Alabama residents, suicide deaths increased to 29 deaths in 2010, up from 24 deaths in 2009. This represents an overall increase of about 21% in the number of deaths between 2009 and 2010. Comparing absolute counts for 3-year periods, the number of deaths has remained fairly steady: at 73 deaths in 2005-07 and 76 deaths in 2008-10, indicating about a 4% increase between the 3-year periods.

Objectives:

The estimate for this indicator has increased in each of the last 3 years, but has not missed (been worse than) its objective for 3 years in a row. For these reasons, we are retaining targets from 2012-2015. The year 2016 objective has been set to match the 2015 objective. If this indicator misses (is worse than) its objective for 3 years in a row, we will then consider revising objectives upward to make them less challenging.

3. Section Number: Fom11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2009

Field Note:

Data Issues:

The U.S. Census Bureau's population estimates for persons 15-19 years of age are used as denominators. These estimates are updated on an annual basis, but TVIS does not allow us to directly change estimates for 2007. The updated population estimate for Alabama 15-19 year-olds for 2007 is as follows, rather than as shown above: 327,732 persons.

For the following description of trends, denominators are based on population estimates available circa April 2011.

Trends:

The suicide rate among Alabama residents 15-19 years of age does not show a consistent trend. Comparing two adjacent 3-year periods, the suicide death rate among 15-19 year-olds living in Alabama declined by 29.3%: from 9.0 deaths per 100,000 (87/963,507) in 2004-06 to 6.4 deaths per 100,000 (63/987,201) in 2007-09. However, this death rate was unusually low in 2007, so future 3-year rates are likely to be higher than the rate in 2007-09. In this age group, rates for individual years from 2005-2009 ranged from 4.9 suicides per 100,000 persons in 2007 to 10.1 suicides per 100,000 persons in 2006, with a median of 7.3 suicides per 100,000 persons in 2009.

Objectives

Objectives through 2010 are retained from earlier years. Objectives from 2011-2015 were set by considering the unrounded rate for 2008-09 combined (7.1269 deaths per 100,000 when carried to 4 decimals) to be the year 2009 baseline, and then requiring a reduction of 1.0% per year.

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	82.3	83.1	82.1	83.6	83.7
Annual Indicator	83.5	82.2	82.1	85.0	
Numerator	1,105	1,076	953	967	
Denominator	1,324	1,309	1,161	1,138	

Data Source

Occurrent, residential live birth file Occurrent, residential live birth file Occurrent, residential live birth file

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

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	83.9	84.1	84.2	84.2	84.2
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2011

Field Note:

Data Issues:

Due to the time required to receive records and edit data, final vital statistics files for 2011 are not yet available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. Therefore, the year 2011 estimate is not provided. Instead, it will be provided in July 2013.

This paragraph pertains to NPMs 17 and 18: for which both the numerators and denominators come from statistical live birth files. Births to Alabama residents that occurred outside of the State had apparently been underreported to the ADPH for some of the years leading up to 2008. Further, key information was missing for many of the year 2008 births reported to ADPH by a neighboring state. Though the numbers of affected births may be small, failure to account for the out-of-state reporting issues may appreciably distort analyses of trends and provide misleading baselines for setting future objectives. In an effort to account for these issues, our analyses of NPMs 17 and 18 are based on occurrent events only. That is, when analyzing trends, we counted only births that occurred in Alabama to Alabama residents.

Objectives:

See this indicator's field notes for 2009 and 2010.

2. Section Number: Form11_Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2010

Field Note:

Data Issues:

All estimates are for calendar years and pertain to live births.

Status and Trends:

In 2010, 85.0% of very low birth weight (VLBW) occurrent, residential live births in Alabama occurred at perinatal centers, which is slightly higher (better) than any of the years shown.

For Alabama VLBW occurrent, residential live births, the percentage of births occurring at perinatal centers decreased slightly from 83.4% in 2005-2007 to 83.0% in 2008-2010: for an overall decline of 0.5% and an average annual decline of 0.2% (still comparing 3-year periods). Year-to-year trends were not consistent during the surveillance period (2005-2010). For single years during the surveillance period, the percentage of VLBW live births that occurred at a perinatal center ranged from 82.1% (953/1,161) in 2009 to 85.0% (967/1,138) in 2010 (the highest percentage recorded during the surveillance period), with a median of 83.4%.

Objectives:

Objectives through 2015 have been retained from previous years. This indicator improved slightly in 2010; however, targets have not been consistently surpassed in recent years. For this reason, we are setting the 2016 objective to match the 2015 objective. If this indicator improves in FY 2011, we will consider revising objectives upward to make them more challenging.

3. Section Number: Form11_Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2009

Field Note:

Trends:

In 2009 in Alabama, 82.1% of VLBW occurrent, residential live births occurred at perinatal centers. This prevalence was similar to the corresponding prevalence of 82.2% in 2008, which was slightly lower than the corresponding prevalence of 83.5% in 2007. Trends from 2000-2008 are described below.

The study population for this analysis of trends is VLBW live births that occurred in Alabama to Alabama residents, during the years 2000-2008. Among this population, the percentage of births that occurred at a perinatal center during consecutive 3-year periods was as follows: 82.6% (2,932/3,549) in 2000-02, 83.9% (2,975/3,546) in 2003-05, and 83.1% (3,195/3,847) in 2006-08.

For single years during the surveillance period, the percentage of VLBW live births that occurred at a perinatal center ranged from 80.5% (994/1,235) in 2000 to 84.9% (1,001/1,179) in 2002, with a median of 83.5% in 2007.

Trends in this indicator during the surveillance period were neither notable nor statistically significant. Specifically, statistical significance of trends in single-year percentages (over 9 years) and in 3-year percentages (over the entire 9 years and, as well, comparing 2006-08 to 2000-02 and 2006-08 to 2003-05) was assessed via Cochran-Mantel Haenszel statistics, using SAS(TM). P-values ranged from 0.3283 to 0.6383.

Objectives

Because this indicator did not improve in 2009, the year 2015 objective was set at 84.2%, to match the year 2014 objective. If we find that this indicator notably worsened in 2010, objectives from 2012 forward will be reconsidered in FY 2012.

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	83.4	83.8	82.5	80.3	80.4
Annual Indicator	79.2	78.5	79.2	79.7	
Numerator	49,916	49,045	47,855	46,156	
Denominator	63,005	62,466	60,396	57,915	

Data Source

Occurrent, residential live birth file Occurrent, residential live birth file Occurrent, residential live birth file

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

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	80.6	80.8	80.9	81.1	81.1
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Fom11_Performance Measure #18

Field Name: PM18

Row Name:

Column Name:

Year: 2011

Field Note:

Data Issues:

Due to the time required to receive records and edit data, final vital statistics files for 2011 are not yet available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications (MCH reports/applications) are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. Therefore, the year 2011 estimate is not provided. Instead, it will be provided in July 2013.

Objectives:

See this indicator's field notes for 2009 and 2010.

2. Section Number: Fom11_Performance Measure #18

Field Name: PM18

Row Name:

Column Name:

Year: 2010

Field Note:

Data Issues:

For all years shown, the numerator is the number reporting prenatal care as beginning during the first, second, or third month, based on the birth certificate item: "Month of Pregnancy Prenatal Care Began—First, Second, etc." Here, care received during these months is termed "early prenatal care."

For reasons discussed in the year 2011 field note for NPM 17, our analysis of NPM 18 is based on occurrent, residential events only. That is, when analyzing trends, we counted only births that occurred in Alabama to Alabama residents.

All estimates are for calendar years and pertain to live births.

Trends:

In 2010 in Alabama, 79.7% of mothers of an occurrent, residential live birth received prenatal care beginning in the 1st trimester. Compared to 2009, this is a slight increase of 0.6%. From 2005-2010, the proportion of infants whose mother had received early prenatal care ranged from 78.5% in 2008 to 83.0% in 2005, with a median of 79.5%. See the year 2009 notes to this form for previous trends.

Objectives:

Objectives through 2015 have been retained from previous years. This indicator improved slightly in 2010 but was slightly below the target for that year. For this reason, we are setting the 2016 objective to match the 2015 objective. If the indicator begins to consistently differ from its target in the same direction, we will consider revising objectives.

3. Section Number: Fom11_Performance Measure #18

Field Name: PM18

Row Name:

Column Name:

Year: 2009

Field Note:

Trends:

Among year 2009 live births occurring in Alabama to Alabama residents, for 79.2% of infants the mother had received early prenatal care. This prevalence is only slightly better than it had been in 2008 and the same as it had been in 2007. Trends during the years 2000-2008 are discussed below.

The study population for this analysis of trends is live births that occurred in Alabama to Alabama residents, during the years 2000-2008. Among this population, the proportion of infants whose mother had received early prenatal care during consecutive 3-year periods was as follows: 82.6% (146,396/177,341) in 2000-02, 83.6% (144,661/173,094) in 2003-05, and 79.8% (148,843/186,541) in 2006-08.

For single years during the surveillance period, the proportion of infants whose mother had received early prenatal care ranged from 78.5% (49,045/62,466) in 2008 to 84.0% (48,191/57,379) in 2004, with a median of 82.4% (50,793/61,618) in 2000. After peaking at 84.0% in 2004, this indicator declined (worsened) in each subsequent year.

The decline in this indicator during the surveillance period was statistically significant. Specifically, statistical significance of trends in single-year percentages (over 9 years) and in 3-year percentages (over the entire 9 years and, as well, comparing 2006-08 to 2000-02 and 2006-08 to 2003-05) was assessed via Cochran-Mantel-Haenszel statistics, using SAS(TM). In each case, the p-value was less than 0.0001. Comparing 2006-08 to 2003-05, this indicator declined (worsened) by 4.5%: from 83.6% in 2003-05 to 79.8% in 2006-08.

Objectives

As has been detailed in recent MCH reports/applications, recent objectives require an annual increase of 0.2%, from a 3-year period considered to represent the year 2007 baseline. The objective for 2015 has been set to require this same rate of improvement, again from the year 2007 baseline.

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

Form Level Notes for Form 11

NATIONAL PERFORMANCE MEASURES 2-6: 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. **TERMINOLOGY AND TARGETS:** The targets for objectives are discussed in form notes for some performance measures. This general form note provides background and context for such discussion. Specifically, this note concerns: 1) terminology about the relationship of observed values to targets stated in objectives and 2) the rationale underlying decisions by the Alabama Department of Public Health's Bureau of Family Health Services (FHS) about whether to revise or retain existing targets. **Terminology:** As used by FHS within Form 11 notes, "surpassed" indicates that the observed value was better than the objective's target. In cases where lower values are better (for example [e.g.], the motor vehicle crash death rate), an observed value that was lower than the target would surpass the target. On the other hand, where higher values are better (e.g., immunization levels), an observed value that was higher than the target would surpass the target. As also used by FHS within Form 11 notes, "missed" indicates that the observed value was worse than the target. In cases where lower values are better, an observed value that was higher than the target would miss the target. On the other hand, where higher values are better, an observed value that was lower than the target would miss the target. **Rationale Concerning Retention Versus Revision of Targets:** When setting targets, FHS considers such factors as previous trends and the capacity to address the indicator. FHS is aware that, for some performance measures, the most recent observed value for a single year notably varies from the objective's target for that year. However, observed values for single years often fluctuate. Therefore, FHS typically revises targets only if the observed value notably differed from the target in the same direction 3 years in a row. **PERCENT CHANGE:** As used in Form 11 notes, percent changes (whether an increase or a decrease) are based on a multiplicative model.

STATE PERFORMANCE MEASURE # 1 - REPORTING YEAR

The degree to which the State CSHCN Program increases access to culturally competent care coordination services for CYSHCN, including transition planning as appropriate.

<u>Annual Objective and Performance Data</u>					
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	7
Annual Indicator	_____	_____	_____	5	10
Numerator	_____	_____	_____	5	10
Denominator	15	15	15	15	15
Data Source					CSHCNProgram
Is the Data Provisional or Final?					Final

<u>Annual Objective and Performance Data</u>					
	2012	2013	2014	2015	2016
Annual Performance Objective	11	12	14	15	15
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 #1

Field Name: SM1

Row Name:

Column Name:

Year: 2011

Field Note:

The observed status of this indicator in 2011 comes from a measurement checklist based on CSHCN Program data. The checklist includes 5 criteria used to measure progress toward this indicator's objectives.

- Section Number:** Form11_State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2010

Field Note:

The observed status of this indicator in 2010 comes from a measurement checklist based on CSHCN Program data. The checklist includes 5 criteria used to measure progress toward this indicator's objectives.

This performance measure is new for the 2011-2015 Needs Assessment cycle.

STATE PERFORMANCE MEASURE # 2 - REPORTING YEAR

The degree to which the State CSHCN Program promotes increased family and youth participation in policy-making.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____ 8
Annual Indicator	_____	_____	_____	_____ 6	_____ 8
Numerator	_____	_____	_____	_____ 6	_____ 8
Denominator	_____ 15	_____ 15	_____ 15	_____ 15	_____ 15
Data Source				CSHCN Progra	CSHCNProgram
Is the Data Provisional or Final?					Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 10	_____ 12	_____ 13	_____ 15	_____ 15
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 #2

Field Name: SM2

Row Name:

Column Name:

Year: 2011

Field Note:

The observed status of this indicator in 2011 comes from a measurement checklist based on CSHCN Program data. The checklist includes 5 criteria used to measure progress toward this indicator's objectives.

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

Field Name: SM2

Row Name:

Column Name:

Year: 2010

Field Note:

The observed status of this indicator in 2010 comes from a measurement checklist based on CSHCN Program data. The checklist includes 5 criteria used to measure progress toward this indicator's objectives.

This performance measure is new for the 2011-2015 Needs Assessment cycle.

STATE PERFORMANCE MEASURE # 3 - REPORTING YEAR

The degree to which the State CSHCN Program promotes access to community-based services for CYSHCN and families.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____ 7
Annual Indicator	_____	_____	_____	_____ 5	_____ 9
Numerator	_____	_____	_____	_____ 5	_____ 9
Denominator	_____ 15	_____ 15	_____ 15	_____ 15	_____ 15
Data Source				CSHCNProgram	CSHCNProgram
Is the Data Provisional or Final?					Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 10	_____ 11	_____ 13	_____ 15	_____ 15
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 #3

Field Name: SM3

Row Name:

Column Name:

Year: 2011

Field Note:

For 2011-2012, indicator data from the State CSHCN Program were collected by the CSHCN staff. This performance measure is new for the 2011-2015 needs assessment cycle. A checklist measurement tool of 5 characteristics was used to measure progress toward this new objective.

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

Field Name: SM3

Row Name:

Column Name:

Year: 2010

Field Note:

For 2010-2011, indicator data from the State CSHCN Program were collected by the CSHCN staff. This performance measure is new for the 2011-2015 needs assessment cycle. A checklist measurement tool of 5 characteristics was used to measure progress toward this new objective.

STATE PERFORMANCE MEASURE # 4 - REPORTING YEAR

Of children and youth enrolled in Alabama Medicaid's Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, the percentage who received any dental service in the reporting year.

<u>Annual Objective and Performance Data</u>					
	2007	2008	2009	2010	2011
Annual Performance Objective	38.1	39.2	40.4	41.6	46.8
Annual Indicator	45.0	41.6	45.2	46.3	47.5
Numerator	226,476	203,444	235,378	259,193	279,420
Denominator	503,051	489,049	520,955	559,430	588,223
Data Source		CMS-416: Annual EPSDT Participation Report			
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2012	2013	2014	2015	2016
Annual Performance Objective	47.3	47.7	48.2	48.7	49.2
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:

The numerator and denominator for this measure come from the Alabama Medicaid Agency's (Medicaid's) "Form CMS-416: Annual EPSDT Participation Report" for Alabama, FY 2011. Per this report, the age range is from birth through 20 years.

Status and Trends

In FY 2011, 47.5% of Medicaid-enrolled children and youth received a dental service. Compared to FY 2010, this indicates a slight increase of 2.5%.

Comparing 3-year periods, the percentage of Alabama children and youth receiving dental services increased from 41.2% (618,395/1,501,255) in 2006-08 to 46.4% (773,991/1,668,608) in 2009-11: for an overall improvement of 12.6% and an average annual percent increase of 4.0% per year. Comparing 2011 to 2006, the average annual percent increase was 5.1%.

Trends regarding the percentage of Alabama Medicaid EPSDT enrollees who received a dental service have shown a consistent increase (improvement): from 34.0% (501,766/1,475,464) in 2003-05 to 41.2% in 2006-08 to its current 46.4% in 2009-11. Comparing estimates of 2003-05 to 2009-11, the increase represents an overall improvement of 36.4%.

Objectives

The estimate for this indicator surpassed its objective in all of the years shown. Objectives through 2015 have been retained from previous years. The year 2016 objective has been set to require a 1.0% annual percent increase, using the 2010 baseline.

2. Section Number: Form11_State Performance Measure #4

Field Name: SM4

Row Name:

Column Name:

Year: 2010

Field Note:

The numerator and denominator for this measure come from Medicaid's "Form CMS-416: Annual EPSDT Participation Report" for Alabama, FY 2010.

Status and Trends

In FY 2010, 46.3% of Medicaid-enrolled children and youth received a dental service.

Over the years shown, single-year estimates for this indicator ranged from 37.0% in 2006 to 46.3% in 2010, with a median of 45.0% in 2007.

Objectives

Using the unrounded percentage for 2010 as the baseline, objectives for 2011 forward require that this indicator increase (improve) by 1.0% per year.

3. Section Number: Form11_State Performance Measure #4

Field Name: SM4

Row Name:

Column Name:

Year: 2009

Field Note:

The numerator and denominator for this measure come from Medicaid's "Form CMS-416: Annual EPSDT Participation Report" for Alabama, FY 2009. Per this report, the age range is from birth through 20 years.

Trends

From 2003-2008, single-year estimates for this indicator ranged from 31.5% in 2003 to 45.2% in 2009, with a median of 37.0% in 2006. With the exception of 2008, this indicator increased (improved) every year from 2004 onward.

In 2008 the percentage of Alabama Medicaid EPSDT enrollees who received a dental service declined to 41.6%, which was 7.6% below the status (45.0%) in 2007. It is notable that, for the first time since FY 2003, the number of individuals eligible for EPSDT also declined in 2008.

Objectives

Per the web-based Title V Information System instructions, objectives are not being updated at this time.

STATE PERFORMANCE MEASURE # 5 - REPORTING YEAR

The percentage of 0-17 year-old children and youth who do not have a medical home.

Annual Objective and Performance Data					
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	43
Annual Indicator	_____	43.9	43.9	43.9	43.9
Numerator	_____	208,788	208,788	208,788	208,788
Denominator	_____	475,600	475,600	475,600	475,600
Data Source		National Survey of Children's Health, 2007			
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2012	2013	2014	2015	2016
Annual Performance Objective	42.8	42.6	42.4	42.2	42
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:

Data Issues

The source for this estimate is the National Survey of Children's Health (NSCH), 2007, which can be queried at the following web site: <http://www.nschdata.org/content/Default.aspx>. The aforesaid site is a project of the Child and Adolescent Health Measurement Initiative's Data Resource Center for Child and Adolescent Health (Data Resource Center). The Child and Adolescent Measurement Initiative is housed at the Oregon Health and Science University. The Data Resource Center is supported via a cooperative agreement from the Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services. As well, the center periodically receives support from other entities for project-specific work. (The aforesaid information was retrieved from the following web address on 3/17/2011: <http://www.nschdata.org/content/AboutTheDRC.aspx>.)

The NSCH was conducted in 2003 and again in 2007. According to the Data Resource Center, NSCH 2011 is currently being conducted and findings may be released in late 2013. All estimates shown for this indicator on Form 11 are from the 2007 NSCH. We will continue using the prevalence estimate from the 2007 NSCH as our best estimate for this indicator until the next NSCH findings are made available.

The percentage shown is a weighted estimate. The denominator shown is the NSCH's estimated number of Alabama 0-17 year-olds in 2007, after application of the sampling weights. We derived the numerator by multiplying 0.439 times the denominator.

Trends

The 2003 NSCH also provided a prevalence estimate concerning medical homes, but the medical home items and criteria in the 2007 NSCH differed substantially from those used in the 2003 survey. The goal of changing these items and criteria for the 2007 NSCH was to align the NSCH's medical home measure more closely with the medical home measure used in the 2005-2006 National Survey of Children with Special Health Care Needs. The year 2007 prevalence estimate for the medical home measure is discussed in this indicator's year 2010 Form 11 field note.

Because the medical home criteria in the 2007 NSCH differed substantially from those in the 2003 NSCH, trends cannot be confidently interpreted. Therefore, the year 2003 prevalence estimate is not discussed here.

Objectives

Where the Title V Information System requires objectives, the objective is set to require an annual decline (improvement) of 0.5%, from the year 2007 baseline. However, until another NSCH is conducted, using medical home items and criteria that are comparable to the 2007 NSCH, progress on this indicator cannot be tracked.

2. Section Number: Form11_State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2010

Field Note:

Data Issues

See this indicator's year 2011 field note. As stated there, the estimate shown is from the 2007 NSCH.

Findings

Here, 95% confidence intervals (CIs) are shown parenthetically, following each point estimate. According to the 2007 NSCH, 43.9% (40.4-47.4%) of 0-17 year-old Alabama children and youth did not receive health care that met the survey's definition of a medical home. This proportion was very similar to the corresponding proportion for the U.S., which was 42.5% (CI: 41.6-43.3%).

In Alabama's 5-year needs assessment report for FYs 2009-10, the estimated prevalence of not having a medical home is discussed according to several characteristics: respectively, age, race and ethnicity, household income, insurance status, and rural versus urban residence. Highlights from that discussion follow. Assessment of statistical significance was based on comparison of 95% CIs. All the following findings pertain to Alabama children and youth and are from the 2007 NSCH.

Children and youth aged 6-17 years were significantly more likely to be without a medical home than their 0-5 year-old counterparts. That is, 33.4% (26.9-39.8%) of 0-5 year-olds, 47.7% (41.4- 54.0%) of 6-11 year-olds, and 50.1% (44.8-55.4%) of 12-17 year-olds were without a medical home.

Latinos and Black non-Latinos were significantly more likely to be without a medical home than White non-Latinos were: with 58.6% (42.6-74.7%) of Latinos, 57.8% (50.7-64.9%) of Black non-Latinos, and 35.3% (31.3-39.3%) of White non-Latinos being without a medical home.

Though some comparisons between 4 income categories were not statistically significant, the lower the household income, the more likely the child did not have a medical home.

Specifically, according to household income, the following percentages of children and youth did not have a medical home: 62.2% (53.8-70.6%) for incomes from 0-99% of the federal poverty level (FPL), 54.9% (47.3-62.5%) for incomes from 100-199% of the FPL, 33.8% (28.3-39.4%) for incomes from 200-399% of the FPL, and 28.8% (24.0-33.6%) for incomes at 400% of the FPL or higher.

Publicly insured children and uninsured children were significantly more likely to be without a medical home than privately insured children were: with 68.7% (54.6-82.7%) of the uninsured group, 54.2% (47.8-60.7%) of the publicly insured group, and 33.7% (29.7-37.7%) of the privately insured group not having a medical home.

The likelihood that a child lacked a medical home did not vary significantly according to rural versus urban residence.

3. Section Number: Form11_State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2009

Field Note:

Data Issues:

See this indicator's year 2011 field note. As stated there, the estimate shown is from the 2007 NSCH.

STATE PERFORMANCE MEASURE # 6 - REPORTING YEAR

The degree to which statewide fetal and infant mortality review (FIMR) is implemented.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____ 18
Annual Indicator	_____	_____	_____	_____ 18	_____ 18
Numerator	_____	_____	_____	_____ 18	_____ 18
Denominator	_____ 18	_____ 18	_____ 18	_____ 18	_____ 18
Data Source				FIMR Program	FIMR Program
Is the Data Provisional or Final?					Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 18	_____ 18	_____ 18	_____ 18	_____ 18
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 #6

Field Name: SM6

Row Name:

Column Name:

Year: 2011

Field Note:

Data Issues:

All scores pertain to calendar years.

The scored checklist for 2011 is attached to Section IV.D, State Performance Measure (SPM) 6, "Last Year's Accomplishments."

Components of the Total Score:

The following criteria must be met in order to achieve the maximum score of 18: 1) the presence of at least 1 infant death Case Review Team in each of the State's 5 perinatal regions, 2) the development of a statewide database framework, 3) the presence of at least 1 Community Action Team in each of the State's perinatal regions, 4) reporting by each Case Review Team to its local Community Action Team about identified community- or systems-level issues, 5) when appropriate, the addressing of identified issues through community- or systems-level actions, and 6) annual submission of data by Case Review Teams.

Trends

In 2010 and 2011 all criteria were met. This measure received the highest score attainable, which was 18 out of 18. Therefore, the degree to which the statewide FIMR program is being implemented is currently at 100%.

Objectives

All objectives for 2011 forward have been set at the highest possible score attainable.

2. Section Number: Form11_State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2010

Field Note:

Components of the Total Score:

See this indicator's year 2011 Form 11 note.

Trends

This is a new SPM, which presents baseline data. Trends will be assessed when additional years of data become available.

Objectives

All objectives for 2011 forward have been set at the highest possible score attainable.

STATE PERFORMANCE MEASURE # 7 - REPORTING YEAR

The degree to which the Bureau of Family Health Services promotes a positive youth development model.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____ 12
Annual Indicator	_____	_____	_____	_____ 12	_____ 13
Numerator	_____	_____	_____	_____ 12	_____ 13
Denominator	_____ 15	_____ 15	_____ 15	_____ 15	_____ 15
Data Source				FHS Program	FHS Program
Is the Data Provisional or Final?					Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 12	_____ 13	_____ 15	_____ 15	_____ 15
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 #7

Field Name: SM7

Row Name:

Column Name:

Year: 2011

Field Note:

All scores pertain to calendar years.

The scored checklist for 2011 is attached to Section IV.D, State Performance Measure (SPM) 7, "Last Year's Accomplishments."

Components of the Total Score:

The 5 components document a system that promotes a positive youth development model to reduce high risk behaviors in adolescence.

The following criteria must be met in order to achieve the maximum score of 15: 1) the Bureau will seek grants, cooperative agreements, and other funding opportunities to implement evidence-based models of positive youth development that have demonstrated a reduction in youth risk behaviors; 2) the Bureau will promote public awareness of positive youth development principles with its state and community partners through its newsletters, web pages, brochures, educational materials, presentations, and training sessions; 3) the Bureau will sponsor a statewide conference on adolescent health at least biannually that offers continuing education to professionals that serve youth and highlights evidence-based positive youth development models that have demonstrated a reduction in youth risk behaviors; 4) the Bureau will develop, publish, and maintain web and social media pages for adolescents and their families that promote positive youth development; and 5) the Department's Youth Advisory Council will work cooperatively to integrate positive youth development into the Department's initiatives related to tobacco usage, alcohol consumption, suicide prevention, injury prevention, and teenage pregnancy prevention.

Trends

This measure was rated at 12 in 2010 and 13 in 2011. The year 2011 score slightly surpasses the objective for that year.

Objectives

Objectives through 2015 have been retained from previous years. The year 2016 objective was set at 15, which is based on anticipated progress concerning the 5 criteria for this measure.

2. Section Number: Form11_State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2010

Field Note:

Components of the Total Score:

See this indicator's year 2011 Form 11 note.

Trends

This is a new SPM, which presents baseline data for 2010.

Objectives

Objectives were set based on anticipated progress concerning the 5 criteria for this measure.

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

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	8.8	8.8	9.2	9.2	9
Annual Indicator	10.0	9.5	8.2	8.7	
Numerator	641	612	513	522	
Denominator	64,180	64,345	62,476	59,979	
Data Source		Vital statistics files	Vital statistics files	Vital statistics files	

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

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	8.9	8.8	8.7	8.6	8.5
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2011

Field Note:

Data Issues:

Due to the time required to receive records and edit data, final vital statistics files for 2011 are not yet available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications (MCH Reports/Applications) are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. Therefore, the year 2011 estimate is not provided. Instead, it will be provided in July 2013.

Due to small numbers in the statistical sense, single-year infant mortality rates often fluctuate from year to year. To minimize such fluctuation, we often use 3-year rates when analyzing trends.

2. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2010

Field Note:

Data Issues:

The data sources are Alabama residential live birth files (denominator files, created from the statistical live birth files) for the stated years and Alabama residential infant death cohort files (numerator files) for the stated years. For the denominator files, residence is reported according to that of the mother. For the numerator files, residence is reported according to that of the decedent.

The infant mortality rate is reported as the number of infant (under 1 year of age) deaths per 1,000 live births. All estimates are for calendar years.

Trends

In 2010 in Alabama, the infant mortality rate was 8.7 deaths per 1,000 live births. From 2005-2010, 3-year infant mortality rates declined from 9.5 deaths per 1,000 (1,771/187,357) in 2005-07 to 8.8 deaths per 1,000 (1,647/186,800) in 2008-10: for an overall decline of 6.7% and an average annual decline of 2.3%. Rates for individual years during the surveillance period (2005-2010) ranged from 8.2 deaths per 1,000 in 2009 to 10.0 deaths per 1,000 in 2007, with a median of 9.2 deaths per 1,000.

Although the rate for 2009 was the lowest rate on record, in no case did the infant mortality rate decline 3 years in a row during 2005-2010.

Objectives

Objectives through 2015 have been retained from previous years. The year 2016 objective has been set to require a 1.0% decrease per year, considering the unrounded rate for 2007-09 combined to be the year 2008 baseline.

3. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2009

Field Note:

Data Issues:

See this indicator's year 2010 field note.

Trends

For overlapping 3-year periods from 2004-06 through 2007-09, the 3-year infant mortality rate ranged from 9.0 deaths per 1,000 births (1,646/182,347) in 2004-06 to 9.5 deaths per 1,000 in 2005-07 and 2006-08, with a median of 9.35 deaths per 1,000. The infant mortality rate for 2007-09 was 9.2 deaths per 1,000 births, which was 2.4% higher than in 2004-06.

In 2008, the infant mortality rate declined to 9.5 deaths per 1,000 live births, down from 10.0 deaths per 1,000 in 2007. As a backdrop for this decline, notes concerning trends from 2000-2007, drawn from the MCH 2009 Report/2011 Application, are included below. As well, discussion of the Alabama Department of Public Health's (ADPH's) response to the year 2007 increase in infant mortality follows.

The infant mortality rate increased notably to 9.3 deaths per 1,000 births in 2005 (up from 8.7 deaths per 1,000), declined in 2006, and then increased sharply, to 10.0 deaths per 1,000 births in 2007. Comparing 3-year periods over a longer term, the infant mortality rate increased from 9.3 deaths per 1,000 births (1,699/182,328) in 2000-02 to 9.5 deaths per 1,000 (1,771/187,357) in 2005-07: for an overall increase of 1.4%. The lowest 3-year infant mortality rate during the surveillance period was 8.9 deaths per 1,000 births in 2002-04 and 2003-05.

Objectives

Objectives through 2010 are retained from previous years. Objectives from 2011-2014 have been revised downward, making them slightly more challenging relative to previous objectives for those years. Objectives from 2011 forward require an annual decline (improvement) of 1.0%, considering the unrounded 3-year rate for 2007-09 (9.2460 when carried to 4 decimals) to be the year 2008 baseline. All the newly set objectives equal the sum of corresponding unrounded neonatal and postneonatal mortality objectives.

We are aware that all objectives shown are notably above (worse than) the observed rate for 2009. However, as previously stated, single-year estimates for the infant mortality rate often fluctuate, the rate reached 10.0 deaths per 1,000 in 2007, and the rate for 2009 was the lowest on record. Therefore, objectives of 8.2 deaths per 1,000 or below are not considered realistic at this time. If the infant mortality rate declines again in 2010, objectives for 2012 onward may be revised downward (made more challenging) in FY 2012.

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	1.9	1.9	1.9	1.9	1.9
Annual Indicator	1.8	1.9	2.1	2.1	
Numerator	14.6	14.1	13.3	13.7	
Denominator	8	7.6	6.2	6.6	
Data Source		Vital statistics files	Vital statistics files	Vital statistics files	

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

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	1.9	1.9	1.9	1.9	1.9
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 Issues

Due to the time required to receive records and edit data, final vital statistics files for 2011 are not yet available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications (MCH Reports/Applications) are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. Therefore, the year 2011 estimate is not provided. Instead, it will be provided in July 2013.

The status of this indicator depends on the infant mortality rate in the White population, as well as that in the Black population. Therefore, trends in the indicator may not parallel trends in mortality among Black infants. Similarly, geographic differences in the infant mortality gap may not reflect geographic differences in mortality among Black infants.

2. Section Number: Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2010

Field Note:

Data Issues

The data sources are Alabama residential live birth files (prepared from the statistical birth file) for the stated years and Alabama residential infant death cohort files for the stated years. For the birth files, residence and race are reported according to the mother's characteristics. For the death files, residence and race are reported according to the decedent's characteristics.

All estimates are for calendar years.

Trends

In 2010 in Alabama, the ratio of the black infant mortality rate to the white infant mortality rate was 2.1. This indicates that, in Alabama, infants of Black mothers were 2.1 times more likely to die than infants of White mothers, which was also the case in 2009. See the year 2009 notes to this form for previous trends.

Objectives

Objectives have been retained through 2015. The year 2016 objective has been set at 1.9 (the same as previous years) since there were no notable changes in the context of trends. Objectives may be revised accordingly based on observation of the rate ratio in future years.

3. Section Number: Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2009

Field Note:

Data Issues

See this indicator's year 2011 field note.

Trends

From 2004-2009, this rate ratio ranged from 1.8 in 2007 to 2.1 in 2006 and 2009, with a median of 2.0 in 2004 and 2005. That is, in Alabama, infants born to Black mothers have been from 1.8 to 2.1 times more likely to die before reaching their first birthday than their White counterparts.

The racial disparity in infant mortality is discussed in the full report of Alabama's FYs 2009-10 MCH needs assessment, based on concurrent analysis of race and ethnicity. As stated there, in 2006-08 in Alabama, Black, non-Latino infants were 1.9 times more likely than White, non-Latino infants to die before their first birthday. During that 3-year period, the gap was widest for very early neonatal deaths: Black, non-Latino infants were 2.5 times more likely than White, non-Latino infants to die at less than 24 hours of age.

The racial infant mortality gap exists in the U.S. as a whole, as well as in Alabama. In 2005 in the U.S., the infant mortality rate for babies of Black, non-Latino women was 2.4 times that for White, non-Latino women (MacDorman MF, Mathews TJ. Recent Trends in Infant Mortality in the United States. NCHS data brief, no 9. Hyattsville, ME: National Center for Health Statistics. 2008).

Objectives

As discussed in previous MCH Reports/Applications, objectives from 2006-2014 were set at 1.9, since that seemed like a reasonably challenging objective in the context of trends in this indicator. The year 2015 objective is set at 1.9 as well. If the observed rate ratio remains notably above or notably below the corresponding objective 3 years in a row, subsequent objectives will be revised accordingly.

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	5.4	5.4	5.8	5.8	5.6
Annual Indicator	6.3	5.9	5.0	5.4	
Numerator	407	378	313	325	
Denominator	64,180	64,345	62,476	59,979	
Data Source		Vital statistics files	Vital statistics files	Vital statistics files	

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

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	5.5	5.5	5.4	5.4	5.3
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. Section Number: Form12_Outcome Measure 3

Field Name: OM03

Row Name:

Column Name:

Year: 2011

Field Note:

Data Issues

Due to the time required to receive records and edit data, final vital statistics files for 2011 are not yet available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications (MCH Reports/Applications) are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. Therefore, the year 2011 estimate is not provided. Instead, it will be provided in July 2013.

Due to small numbers in the statistical sense, single-year neonatal mortality rates often fluctuate from year to year. To minimize such fluctuation, we often use 3-year rates when analyzing trends.

2. Section Number: Form12_Outcome Measure 3

Field Name: OM03

Row Name:

Column Name:

Year: 2010

Field Note:

Data Issues

The data sources are Alabama residential live birth files (denominator files, created from the statistical live birth files) for the stated years and Alabama residential infant death cohort files (numerator files) for the stated years. For the denominator files, residence is reported according to that of the mother. For the numerator files, residence is reported according to that of the decedent. The neonatal mortality rate is reported as the number of neonatal (under 28 days of age) deaths per 1,000 live births.

All estimates are for calendar years.

Trends

The neonatal mortality rate increased in 2010 to 5.4 deaths per 1,000 live births (325/59,979). When compared to the year 2009 estimate (5.0 deaths per 1,000), this represents an increase of 8.2%. From 2005-2010, when observing single year values, in no case did the neonatal mortality rate show a consistent trend 3 years in a row.

See the year 2009 notes to this form for previous trends.

Objectives

Objectives through 2015 have been retained from previous years. Targets are set to require an annual decline of 1.0% per year. To set the year 2016 objective, the rate for 2007-09 (5.7 deaths per 1,000) was considered to be the year 2008 baseline.

3. Section Number: Form12_Outcome Measure 3

Field Name: OM03

Row Name:

Column Name:

Year: 2009

Field Note:

Data Issues

See this indicator's year 2010 field note.

Trends

From 2004-2009, single-year neonatal mortality rates ranged from 5.0 deaths per 1,000 births in 2009 to 6.3 deaths per 1,000 in 2007, with a median of 5.8 deaths per 1,000. Although the rate for 2009 was the lowest rate on record, in no case did the neonatal mortality rate decline 3 years in a row during 2004-2009.

For overlapping 3-year periods from 2004-06 through 2007-09, the 3-year neonatal mortality rate ranged from 5.6 deaths per 1,000 births (1,013/182,347) in 2004-06 to 6.0 deaths per 1,000 in 2005-07 (1,115/187,357) and 2006-08 (1,151/191,440). The neonatal mortality rate for 2007-09 was 3.5% higher than in 2004-06.

The following is a discussion of trends for an earlier surveillance period (2000-2007). Comparing 3-year rates (for 2000-02 and 2005-07) over a longer term, the neonatal mortality rate increased from 5.9 deaths per 1,000 births (1,069/182,328) in 2000-02 to 6.0 deaths per 1,000 (1,115/187,357) in 2005-07: for an overall increase of 1.5%. The lowest 3-year neonatal

mortality rate during the surveillance period was 5.4 deaths per 1,000 births in 2002-04 and 2003-05.

Objectives

Objectives through 2010 are retained from previous years. (That for 2010 requires a 1.0% annual decline, from the year 2006-08 rate of 6.0 deaths per 1,000, which was considered to represent the year 2007 baseline.) Objectives from 2011-2014 have been revised downward, making them slightly more challenging relative to previous objectives for those years. Objectives from 2011 forward require an annual decline (improvement) of 1.0%, considering the unrounded 3-year rate for 2007-09 (5.7487 when carried to 4 decimals) to be the year 2008 baseline.

We are aware that all objectives shown are notably above (worse than) the observed rate for 2009. However, as previously stated, single-year estimates for the neonatal mortality rate often fluctuate, the rate reached 6.3 deaths per 1,000 in 2007, and the rate for 2009 was the lowest on record. Therefore, objectives of 5.0 deaths per 1,000 or below are not considered realistic at this time. If the neonatal mortality rate declines again in 2010, objectives for 2012 onward may be revised downward (made more challenging) in FY 2012.

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	3.4	3.4	3.4	3.4	3.4
Annual Indicator	3.6	3.6	3.2	3.3	
Numerator	234	234	200	197	
Denominator	64,180	64,345	62,476	59,979	
Data Source		Vital statistics files	Vital statistics files	Vital statistics files	

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

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	3.4	3.3	3.3	3.3	3.2
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. Section Number: Form12_Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2011

Field Note:

Data Issues

Due to the time required to receive records and edit data, final vital statistics files for 2011 are not yet available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications (MCH Reports/Applications) are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. Therefore, the year 2011 estimate is not provided. Instead, it will be provided in July 2013.

Due to small numbers in the statistical sense, single-year postneonatal mortality rates often fluctuate from year to year. To minimize such fluctuation, we often use 3-year rates when analyzing trends.

2. Section Number: Form12_Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2010

Field Note:

Data Issues

The data sources are Alabama residential live birth files (denominator files, created from the statistical live birth files) for the stated years and Alabama residential infant death cohort files (numerator files) for the stated years. For the denominator files, residence is reported according to that of the mother. For the numerator files, residence is reported according to that of the decedent.

The postneonatal mortality rate is reported as the number of postneonatal (28-364 days of age, inclusive) deaths per 1,000 live births.

All estimates are for calendar years.

Trends

In 2010 in Alabama, the postneonatal mortality rate was 3.3 deaths per 1,000 live births. From 2005-2010, 3-year-year infant mortality rates declined from 3.5 deaths per 1,000 (656/187,357) in 2005-07 to 3.4 deaths per 1,000 (631/186,800) in 2008-10: for an overall decline of 3.5% and an average annual decline of 1.2%.

See the year 2009 note for previous trends.

Objectives

Objectives through 2015 have been retained from previous years, and the year 2016 objective was set by subtracting the year 2016 neonatal mortality target from the corresponding infant mortality target.

3. Section Number: Form12_Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2009

Field Note:

Data Issues

See this indicator's year 2010 field note.

Trends

From 2004-2009, single-year postneonatal mortality rates ranged from 3.2 deaths per 1,000 births in 2006 and 2009 to 3.6 deaths per 1,000 in each of the remaining 4 years. The rate of 3.2 per 1,000 was the lowest on record and occurred only in 2006 and 2009.

For each of the overlapping 3-year periods from 2004-06 through 2007-09, the 3-year postneonatal mortality rate was 3.5 deaths per 1,000 births.

Objectives

Objectives through 2010 are retained from previous years. Objectives from 2011-2014 have been revised downward, making them slightly more challenging relative to previous objectives for those years. Objectives from 2011 forward require an annual decline (improvement) of 1.0%, considering the unrounded 3-year rate for 2007-09 (3.4974 when carried to 4 decimals) to be the year 2008 baseline.

We are aware that all objectives shown are above (worse than) the observed rate for 2009. However, as previously stated, single-year estimates for the postneonatal mortality rate often fluctuate. Further, the rate was 3.6 deaths per 1,000 in 4 of the 6 surveillance years (2004-2009), and the rate for 2009 was the lowest on record.

Therefore, objectives of 3.2 deaths per 1,000 or below are not considered realistic at this time. If the postneonatal mortality rate declines 3 years in a row, objectives for some subsequent years will be made more challenging

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	8.2	8.1	8.3	8.4	8.1
Annual Indicator	8.6	9.0	7.5	8.4	
Numerator	566	584	471	506	
Denominator	64,765	64,932	63,024	60,541	
Data Source		Vital statistics files	Vital statistics files	Vital statistics files	

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

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	8	7.9	7.8	7.8	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 5

Field Name: OM05

Row Name:

Column Name:

Year: 2011

Field Note:

Data Issues:

Due to the time required to receive records and edit data, final vital statistics files for 2011 are not yet available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications (MCH Reports/Applications) are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. Therefore, the year 2011 estimate is not provided. Instead, it will be provided in July 2013.

2. Section Number: Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2010

Field Note:

Data Issues:

The data sources are Alabama residential live birth files (per mother's residence), residential death files (per decedent's residence), and residential fetal death files (per mother's residence). The numerator is the number of infant deaths occurring at less than 7 days of age plus the number of fetal deaths delivered at 28 weeks gestation or later, per calculated weeks gestation. The denominator is the number of live births plus the total number of reported fetal deaths. Nearly all of the denominator fetal deaths (96.5% from 2000-2008) were delivered at 20 weeks calculated gestation or later, because Alabama does not require reporting of fetal deaths occurring prior to 20 weeks gestation.

Trends:

In 2010 in Alabama, the perinatal mortality rate increased to 8.4 deaths per 1,000 live births plus fetal deaths. Year-to-year trends were not consistent during the surveillance period (2005-2010). From 2005-2010, 3-year perinatal mortality rates declined from 8.6 deaths per 1,000 (1,625/189,056) in 2005-07 to 8.3 deaths per 1,000 (1,561/188,497) in 2008-10: for an overall decline of 3.7% and an average annual decline of 1.23%.

Comparing 2009 to 2010, the perinatal mortality rate per 1,000 live births plus fetal deaths increased by 11.8%: from 7.5 deaths per 1,000 in 2009 (471/63,024) to 8.4 deaths per 1,000 (506/60,541) in 2010.

Objectives:

Objectives through 2015 have been retained from previous years. Targets are set to require an annual decline of 1.0% per year. The year 2016 objective requires a 1.0% annual decline from the 2008 baseline, where the 3-year rate for 2007-09 (8.4 deaths per 1,000) is considered to be the year 2008 baseline.

3. Section Number: Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2009

Field Note:

Data Issues:

See this indicator's year 2010 field note.

Trends:

From 2005-2009, as defined here, the perinatal mortality rate ranged from 7.5 perinatal deaths per 1,000 live births plus fetal deaths in 2009 to 9.0 such deaths per 1,000 in 2008, with a median of 8.6 deaths per 1,000 in 2007.

Objectives:

Objectives through 2010 are retained from previous years. Objectives from 2011-2014 have been revised downward, making them slightly more challenging relative to previous objectives for those years. Objectives from 2011 forward require an annual decline (improvement) of 1.0%, considering the unrounded 3-year rate for 2007-09 (8.3592 when carried to 4 decimals) to be the year 2008 baseline.

We are aware that all objectives shown are notably above (worse than) the observed rate for 2009. However, single-year estimates for the perinatal mortality rate may fluctuate, the rate reached 9.0 deaths per 1,000 in 2008, and the rate for 2009 was the lowest of the surveillance period (2005-2009). Therefore, objectives of 7.5 deaths per 1,000 or below are not

considered realistic at this time. If the perinatal mortality rate declines 3 years in a row, objectives will be reconsidered.

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	23.8	23.5	24.1	24.6	24.5
Annual Indicator	22.9	24.6	24.9	25.1	
Numerator	197	214	217	219	
Denominator	860,036	869,304	872,428	872,785	
Data Source		Vital statistics and Census files	Vital statistics and Census files	Vital statistics and Census files	

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

	Annual Objective and Performance Data				
	2012	2013	2014	2015	2016
Annual Performance Objective	24.3	24.2	24.1	24.1	24.1
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 6

Field Name: OM06

Row Name:

Column Name:

Year: 2011

Field Note:

Due to the time required to receive records and edit data, final vital statistics files for 2011 are not yet available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications (MCH Reports/Applications) are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. Therefore, the year 2011 estimate is not provided. Instead, it will be provided in July 2013.

2. Section Number: Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2010

Field Note:

Data Issues:

This paragraph pertains to measures that have population-based denominators: specifically, this outcome measure and several NPMs. For these measures, normally the U.S. Census Bureau's population estimates are used as denominators. The Census Bureau's annual state population estimates according to race, age, sex, and origin had not been released as of March 21, 2012. At the time of this writing, only decennial census 2010 counts were available. We are using American Fact Finder's (AFF) 2010 Census Summary File 1, which are actual counts and basic cross tabulations of information collected from all people and housing units during the 2010 Census.

The 2010 U.S. Census count was derived from an American Fact Finder query of Alabama's total population according to sex by age. The query resulted in 16 tables (PCT 1 & PCT12A-PCT12O), each table representing a particular race or origin.

For years past, population estimates were downloaded from a detailed, state-level spreadsheet referred to as "SCEST2009-alldata6: Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or more Races) by Age, Sex, and Hispanic Origin: April 1, 2000 to July 1, 2009." All other population estimates from 2007 through 2009 are retained from last year's spreadsheet.

Status and Trends

Population estimates several years after a census may be less reliable than those that are within a few years of the previous census. As a corollary, the population estimates for the years preceding 2010 may not be comparable to the year 2010 U.S. Census count. For this reason, we are not describing trends in rates during recent years, but are instead focusing on trends in numbers of deaths in recent years.

In Alabama in 2010, the child death rate increased to 25.1 deaths per 100,000 children aged 1 through 14. Compared to 2009, this is a slight increase of 0.88%. See the year 2009 notes to this form for previous trends.

Objectives

Objectives through 2014 have been retained from previous years. We have set the years 2015 and 2016 objectives to match the year 2014 objective, rather than to require a continued decline.

3. Section Number: Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2009

Field Note:

Data Issues:

See the year 2010 notes to this form.

Trends

During the surveillance period, 2005-2009, this indicator did not show a consistent trend: ranging from 22.8 deaths per 100,000 in 2007 to 25.8 deaths per 100,000 in 2006, with a median of 24.8 deaths per 100,000 in 2005. Comparing 2008-09 combined to 2005-06 combined, the rate declined by 2.2%: from 25.3 (25.3136) deaths per 100,000 to 24.7 (24.7455) deaths per 100,000.

Additionally, for 2009-10 Needs Assessment purposes, rather than analyzing trends in deaths of 1-14 year-old Alabama residents combined, we analyzed trends in mortality rates among 1-4 year-old children and 5-14 year-old children and youth. These trends are discussed, according to race, in the full report of that needs assessment. The discussion of these indicators seeks to account for the out-of-state reporting issues. Apparently, deaths of Alabama residents that occur outside of the State do not account for underreporting, in some recent years.

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

Form Level Notes for Form 12

None

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

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.

_____ 2

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

_____ 3

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

_____ 2

Total Score: _____ 16

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: AL 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. Increase access to culturally competent care coordination services for children and youth with special health care needs (CYSHCN), including transition planning as appropriate.
2. Promote access to a medical home and to basic health care for children, youth, and women of childbearing age.
3. Promote positive youth development to reduce high risk behaviors in adolescents.
4. Reduce the prevalence of obesity among children, youth, and women of childbearing age.
5. Reduce the prevalence of violent behavior, including homicide and suicide, committed by or against children, youth, and women.
6. Reduce infant mortality, especially among African Americans.
7. Increase family and youth participation in CYSHCN policy-making through support services and education/training.
8. Promote access to community-based services for CYSHCN and families (including respite care, recreational opportunities, transportation, child care, and school-based services) through education, awareness, advocacy, and linking families with local resources.
9. Promote access to a dental home and to preventive and restorative dental care for children, youth, and women of childbearing age.
10. Promote access to mental health services for children, youth, and women of childbearing age.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: AL

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.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>2</u>	Guidance during the implementation of Alabama Health Insurance Exchange so that staff can effectively guide families of CYSHCN in choosing the best option.	Health reform implementation will occur in phases and will have significant impact on CYSHCN and their families in Alabama.	Alabama Department of Insurance
2.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>4</u>	Assistance to develop information/strategies related to specific financing and health insurance options available in the State, especially for youth and young adults in transition an CYSHCN that have difficulty in obtaining coverage.	Coverage and consistency of health coverage can be difficult for some CSHCN, especially youth and young adults in transition.	Catalyst Center
3.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>4</u>	Guidance during implementation of health care reform so that staff can effectively guide families of CYSHCN in maximizing coverage opportunities and benefits.	Health care reform implementation will occur in phases and will have significant impact on CYSHCN and their families.	Catalyst Center
4.	Other If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	Guidance in carrying out the goals and objectives of the State Implementation Grant for Systems of Services for CYSHCN.	Sharing and learning from other State Implementation Grant grantees through posted information, webinars, etc., will impact the activities of the grant.	John Snow, Inc.
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
11.	If you selected State or National			

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

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

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

SP() # _____ 1

PERFORMANCE MEASURE:

The degree to which the State CSHCN Program increases access to culturally competent care coordination services for CYSHCN, including transition planning as appropriate.

STATUS:

Active

GOAL:

To increase access to culturally competent care coordination services for CYSHCN, including transition planning as appropriate.

DEFINITION:

A checklist measures 5 characteristics that document a system to assure that the State Children with Special Health Care Needs (CSHCN) Program promotes increased access to care coordination services. Boxes are checked to indicate the most accurate description of the degree to which the system has been developed and implemented. Each year, a scored checklist will be attached to Section IV. D. "Last Year's Accomplishments" for this measure.

Numerator:

Annual score from measurement checklist; based on CSHCN Program data

Denominator:

Annual goal

Units: 15 **Text:** Scale

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The State CSHCN Program

SIGNIFICANCE

Current needs assessment findings from the county-level provider and family surveys as well as focus groups indicate that families of CYSHCN often don't know where to go or who to see for services or have difficulty navigating the system of care and may need assistance in connecting with resources at the local level. Youth and family surveys also highlight the importance of culturally competent care coordination and its impact on transition planning. Support for the selection of this need also includes data from the National Survey of Children with Special Health Care Needs, which indicated that almost 40 percent of Alabama CYSHCN did not receive all elements of needed care coordination. Planning for this need will require special consideration to cultural-language barriers/cultural competence and geographic differences.

SP() # 2

PERFORMANCE MEASURE:

The degree to which the State CSHCN Program promotes increased family and youth participation in policy-making.

STATUS:

Active

GOAL

To increase family and youth participation in CYSHCN policy-making through support services and education/training.

DEFINITION

A checklist measures 5 characteristics that document a system to assure that the State Children with Special Health Care Needs (CSHCN) Program promotes increased family and youth participation in CYSHCN policy-making through support services and education/training. Boxes are checked to indicate the most accurate description of the degree to which the system has been developed and implemented. Each year, a scored checklist will be attached to Section IV. D. "Last Year's Accomplishments" for this measure.

Numerator:

Annual score from measurement checklist; based on CSHCN Program data

Denominator:

Annual goal

Units: 15 **Text:** Scale

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The State CSHCN Program

SIGNIFICANCE

This need encompasses direct family and youth supports as well as enabling supports for participation in program decisions and policy development. It calls for planning and implementation of activities across all aspects of the service system for CYSHCN in the state and relies heavily on both direct supports and on education and training via existing family and youth networks and through new partnerships. Through the surveys and focus groups, families of CYSHCN and youth with SHCN reported a variety of needs for support services, informational materials, and training. According to the county-level provider surveys, family supports are less available, especially in the Rural South. Key informant interviews show that they are harder than would be expected to obtain statewide, and especially in rural areas and Black Belt counties. Planning for this need will require special consideration for cultural-language barriers and geographic differences.

SP() # _____ 3

PERFORMANCE MEASURE:

The degree to which the State CSHCN Program promotes access to community-based services for CYSHCN and families.

STATUS:

Active

GOAL:

To promote access to community-based services for CYSHCN and families (including respite care, recreational opportunities, transportation, child care, and school-based services) through education, awareness, advocacy, and linking families with local resources.

DEFINITION:

A checklist measures 5 characteristics that document a system to assure that the State Children with Special Health Care Needs (CSHCN) Program promotes access to community-based services for CYSHCN and families (including respite care, recreational opportunities, transportation, child care, and school-based services) through education, awareness, advocacy, and linking families with local resources. Boxes are checked to indicate the most accurate description of the degree to which the system has been developed and implemented. Each year, a scored checklist will be attached to Section IV. D. "Last Year's Accomplishments" for this measure.

Numerator:

Annual score from measurement checklist; based on CSHCN Program data

Denominator:

Annual goal

Units: 15 **Text:** Scale

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The State CSHCN Program

SIGNIFICANCE

Current needs assessment findings from county-level provider and family surveys as well as family and key State stakeholder focus groups indicate that families of CYSHCN have great difficulty accessing community-based services. All 23 listed were ranked by key informants as "harder than you would expect" for families to obtain, statewide and by geographic or Black Belt designations, and were ranked as some of the greatest needs for local areas. They were also less available according to the county-level provider surveys. Family survey data also supports the selection of this need. Of all 23 services listed, only seven were reported as needed but not obtained by greater than 20 percent of respondents. All seven of these services were community-based services, including those targeted by this measure. Activities toward meeting this need will rely heavily on education and awareness for youth, families, and providers related to what services are available and what are needed at the local levels. It will require data dissemination from the needs assessment, support for and stimulation of grassroots efforts to develop local delivery systems, and advocacy and leadership training for families and youth – empowering them as agents of change in their local communities. Planning for this need will require special consideration for cultural-language barriers and geographic differences.

SP() # _____ 4

PERFORMANCE MEASURE:

Of children and youth enrolled in Alabama Medicaid's Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, the percentage who received any dental service in the reporting year.

STATUS:

Active

GOAL

To increase the proportion of Alabama EPSDT-eligible children and youth who receive any dental service in a 1-year period.

DEFINITION

See respective descriptions of performance measure, numerator, and denominator.

Numerator:

Number of EPSDT-enrolled individuals aged 0-20 years who received any dental service in the fiscal year, per the pertinent Alabama Title XIX report.

Denominator:

Total number of EPSDT-enrolled individuals aged 0-20 years in the fiscal year, per the pertinent Alabama Title XIX report.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

OH-7:

Increase the proportion of children, adolescents, and adults who used the oral health care system in the past 12 months.

DATA SOURCES AND DATA ISSUES

Data source is the "Alabama Title XIX Annual EPSDT Participation Report."

SIGNIFICANCE

This performance measure pertains to the priority maternal and child health need to "assure appropriate primary care, including prenatal care, for all Title V populations—including low income, immigrant, and minority groups." Oral health care is an important, but often neglected, component of total health care. Regular dental visits provide an opportunity for early diagnosis, prevention, and treatment of oral disease and conditions. Experts recommend that children as young as age 1 year be examined for evidence of early childhood caries. Further, parents should be advised to avoid feeding practices that may lead to early development of caries, and should be counseled about appropriate use of fluoride and other preventive measures. Necessary tooth restorative care must be provided to avoid pain, abscesses, and the need for tooth extractions. Sealants should be placed shortly after the permanent molars erupt. The percentage of Alabama Medicaid-enrolled children who received dental care in the reporting year increased from 25.6% in fiscal year 2000 to 34.9% in fiscal year 2003. Nevertheless, in light of the Healthy People 2010 objective of 56%, continued efforts are warranted to increase the number of dental providers who serve Medicaid-enrolled children and the proportion of Medicaid-enrolled children who receive dental care at least annually.

SP() # 5

PERFORMANCE MEASURE:

The percentage of 0-17 year-old children and youth who do not have a medical home.

STATUS:

Active

GOAL

To reduce the percentage of children and youth who do not have a medical home.

DEFINITION

See respective descriptions of performance measure, numerator, and denominator.

Numerator:

Per the National Survey of Children's Health (NSCH), the weighted number of 0-17 year-old Alabama residents who do not have a usual place for sick and well care.

Denominator:

Per the NSCH, the weighted number of 0-17 year-old Alabama children and youth.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

AHS-3:

Increase the proportion of persons with a usual primary care provider.

DATA SOURCES AND DATA ISSUES

The data source is the NSCH, which is mainly funded by the Maternal and Child Health Bureau, U.S. Department of Health and Human Services. The sampling and data collection for the NSCH, 2003 and 2007 were conducted using the State and Local Area Integrated Telephone Survey (SLAITS) Program. Telephone numbers were called at random to identify households with 1 or more children under 18 years of age. In each household, 1 child was randomly selected to be the subject of the interview. Survey results were weighted to represent the population of non-institutionalized children aged 0-17 years nationally and in each state. For years between the surveys, the most recent estimate would be used.

SIGNIFICANCE

The term "medical home" pertains to medical care for infants, children, and adolescents that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. The medical home concept was first proposed by the American Academy of Pediatrics (AAP) in a 1992 policy statement, which was updated in 2002. The AAP emphasizes that a medical home is "not a building, house, or hospital, but rather an approach to providing continuous and comprehensive primary pediatric care from infancy through young adulthood, with availability 24 hours a day, 7 days a week, from a pediatrician or physician whom families trust." Reference: "Frequently Asked Questions" section of the NSCH web site (<http://nschdata.org/>), accessed on 5/25/2010.

SP() # _____ 6

PERFORMANCE MEASURE:

The degree to which statewide fetal and infant mortality review (FIMR) is implemented.

STATUS:

Active

GOAL

1) To describe significant social, economic, cultural, safety, health, and systems factors that contribute to infant mortality. 2) To design and implement community-based action plans founded upon information obtained from the reviews.

DEFINITION

This measure is scored on a scale of 0-18, using a checklist that, effective July 2011, will be attached to discussion of "Last Year's Accomplishments" concerning this measure. The checklist will be developed in FY 2010, in consultation with the Director of the State Perinatal Program, which is administratively located in the Alabama Department of Public Health's Bureau of Family Health Services. The checklist will include criteria concerning: 1) the presence of at least 1 infant death case review team in each of the State's 5 perinatal regions; 2) development of a statewide database framework; 3) the presence of at least 1 community action team in each perinatal region; 4) reporting by each case review team to its local community action team, about identified community-level or systems-level issues; 5) when appropriate, community-level or systems-level actions to address the identified issues; and 6) annual, state-level analysis of data submitted by the case review teams.

Numerator:

Not applicable.

Denominator:

Not applicable.

Units: 18 **Text:** Scale

HEALTHY PEOPLE 2020 OBJECTIVE

MICH-1:

Reduce the rate of fetal and infant deaths.

DATA SOURCES AND DATA ISSUES

Checklist developed by the Bureau of Family Health Services, which details the 6 criteria summarized under "Definition." Each criterion is scored as to whether it was not met (0), was partly met (1), was mostly met (2), or was completely met (3) in the reporting year. The total score for this indicator is the sum of the scores for the 5 items.

SIGNIFICANCE

One of the MCH priority needs selected by ADPH was to "Reduce infant mortality, especially among African Americans." Infant mortality and racial disparities in infant mortality have long been a concern in Alabama, as well as the nation as a whole. ADPH's FIMR Program is modified after the American Congress of Obstetricians and Gynecologists (ACOG's) model. For several years, the U.S. Health Resources and Services Administration's Maternal and Child Health Bureau and ACOG have partnered to refine and promote the FIMR process. ACOG envisions that more communities across the nation will adopt the action-oriented FIMR process. According to ACOG, communities that adopt this process are generating better service systems and resources and community-wide confidence in a better future. (References: "About NFIMR" and "FIMR: A Decade of Lesson's Learned." Both accessed from ACOG's web site, <http://www.acog.org/>, on 5/26/2010.)

SP() # 7

PERFORMANCE MEASURE:

The degree to which the Bureau of Family Health Services promotes a positive youth development model.

STATUS:

Active

GOAL

To reduce the occurrence of high-risk behaviors during adolescence through the promotion of positive youth development.

DEFINITION

This measure is scored on a scale of 0-15, using a checklist attached to the discussion of "Last Year's Accomplishments" for this measure. The checklist includes items pertaining to: 1) increased funding for implementation of positive youth development models, 2) public awareness of positive youth development principles, 3) targeted continuing education for professionals serving youth, 4) use of social media to reach youth, and 5) integration of positive youth development into all Alabama Department of Public Health initiatives targeted to adolescents.

Numerator:

Not applicable.

Denominator:

Not applicable.

Units: 15 **Text:** Scale

HEALTHY PEOPLE 2020 OBJECTIVE

No precisely corresponding objective.

DATA SOURCES AND DATA ISSUES

Checklist developed by the Bureau, which includes each criterion mentioned in the definition. Each criterion is scored as to whether it was not met (0), was partly met (1), was mostly met (2), or was completely met (3) in the reporting year. The total score for this indicator is the sum of the scores for the 5 items.

SIGNIFICANCE

This performance measure pertains to the State's priority MCH need to "promote positive youth development to reduce high-risk behaviors in adolescence." Alabama has a long history of high indicators related to many youth risk behaviors, such as smoking, underage drinking, and initiation of sexual activity (as evidenced by the teen birth rate). A positive youth development approach seeks to engage young people in a variety of developmentally appropriate activities within the community to promote the development of a positive self image, social skills, values, and a commitment to learning. Youth who envision a positive future for themselves are more likely to view participation in risky behaviors as obstacles to the achievement of their educational, vocational, and personal goals.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: AL

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY #01

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

	Annual Indicator Data				
	2007	2008	2009	2010	2011
Annual Indicator	62.2	53.0	47.6	43.8	39.5
Numerator	1,906	1,661	1,499	1,335	1,205
Denominator	306,432	313,585	315,210	304,957	304,957

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 Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2011

Field Note:

Data Issues:

All estimates are for calendar years and pertain to 0-4 year-old Alabama residents. Alabama does not have a statewide hospital discharge database, so numerators are obtained by summing numbers provided by the Alabama Medicaid Agency and by Blue Cross and Blue Shield of Alabama (BCBS). Numerators therefore represent the number of hospital discharges of 0-4 year-old children, where the child was insured by either Medicaid or BCBS and was hospitalized for asthma.

For this measure, we normally use the U.S. Census Bureau's population estimates, which are typically updated each year, as denominators. As of March 21, 2012, recently updated population estimates were not available, but decennial census 2010 counts were available. We are, therefore, using American Fact Finder's (AFF's) 2010 Census Summary File 1, which provides actual counts and basic cross tabulations of information collected from all people and housing units during the 2010 Census. The 2010 U.S. Census count for this age group was derived from an AFF query of Alabama's total population according to sex by age.

The count for 2010 is also used as the best estimate for 2011, since the estimated 0-4 year-old population in 2011 is not yet available to the Bureau of Family Health Services (FHS). The U.S. Census count for 2010 may not be comparable to population estimates for the several preceding years. Therefore, the estimated rate for 2010 may not be comparable to estimated rates for earlier years. Other data issues are discussed in this indicator's year 2010 form note. As well, the estimated numbers of hospitalizations over the entire 5-year period shown may not be comparable, due to database changes and staffing changes in the organizations providing the component counts. However, the same methods were apparently used to count hospitalizations for 2008-2011.

For years prior to 2010, population estimates were downloaded from a detailed, state-level spreadsheet referred to as "SCEST2009-alldata6: Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or more Races) by Age, Sex, and Hispanic Origin: April 1, 2000 to July 1, 2009."

See this indicator's year 2010 Form 17 field note for other data issues.

Trends:

In 2011, the estimated asthma hospitalizations rate for 0-4 year-old Alabama residents was 39.5 hospitalizations per 10,000.

From 2006-2011, single-year estimates for this indicator ranged from 39.5 asthma hospitalizations per 10,000 in 2011 to 62.4 asthma hospitalizations per 10,000 in 2006, with a median of 50.3 asthma hospitalizations per 10,000 during the surveillance period.

The indicator declined (improved) in each of the last 4 years for which data are available. Comparing absolute counts between 2010 (1,335) and 2011 (1,205), a 9.7% decline in the number of 0-4 year-old asthma hospitalizations reported by Medicaid and BCBS was observed.

2. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2010

Field Note:

Data Issues:

Failure to capture children who are uninsured or are insured by entities other than Medicaid or BCBS in the numerator leads to undercounting the number of asthma-related hospital discharges in this age group. Along with the use of population-based denominators, this undercounting leads to underestimating the asthma hospitalization rate.

Several years ago, review of numbers for 2002-2004 revealed that the total reported number of Medicaid and BCBS enrollees in this age group exceeded the projected population for this age group. For this reason, the denominators shown on Form 11 are population estimates or counts for 0-4 year-olds, rather than the total number of Medicaid and BCBS enrollees. However, review of enrollment numbers versus population estimates for 2008 and 2009 shows that Medicaid and BCBS enrollment numbers for this age group sum to less than the estimated population. That is, in 2008-09 combined, the ratio of the total number of Medicaid and BCBS enrollees to the estimated population for the 0-4 year-old age group was 0.884 (555,813/628,795). In other words, assuming that the population estimates and enrollment numbers are correct, in 2008-09, roughly 88% of Alabama 0-4 year-olds were insured by either Medicaid or BCBS for at least part of that period. Nevertheless, with the potential for over counting Medicaid-enrolled and/or BCBS-enrolled children, we continue to use population-based denominators for this indicator, rather than Medicaid or BCBS enrollment numbers.

See this indicator's year 2010 Form 17 field note for other data issues.

Trends (using numbers available in May 2011):

Using 2008 as the baseline and using population estimates as denominators, the estimated asthma hospitalization rate for 0-4 year-old Alabama residents declined in 2 successive years:

from 53.0 hospitalizations per 10,000 in 2008 to 47.6 per 10,000 in 2009, and then to 42.4 hospitalizations per 10,000 in 2010. This is a decline of 20.0% in 2010 relative to 2008. (Alternatively, using enrollment numbers as denominators, among 0-4 year-old Medicaid and BCBS enrollees combined, the estimated number of hospitalizations per 10,000 enrollees was 60.2 per 10,000 in 2008, 53.6 per 10,000 in 2009, and 46.1 per 10,000 in 2010: for a decline of 23.4% in 2010 versus 2008.)

3. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2009

Field Note:

Data Issues:

See this indicator's Form 17 field notes for 2010 and 2011.

At the time the spreadsheet referenced in the year 2011 note was downloaded (in 2010), the Title V Information System would not allow us to update the year 2007 denominator. Therefore, the actual rate for 2007 is 61.7 (1,906/309,070) hospitalizations per 10,000, rather than the rate shown on Form 17.

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.

	Annual Indicator Data				
	2007	2008	2009	2010	2011
Annual Indicator	96.1	61.2	62.4	96.3	96.1
Numerator	148,966	100,006	101,456	95,408	94,958
Denominator	155,006	163,421	162,501	99,101	98,838

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

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 Issues:

See this indicator's Form 17 note for 2010.

Estimates are for fiscal years (FYs). For all years, the source document is Medicaid's EPSDT participation report for Alabama, now entitled "Form CMS-416: Annual EPSDT Participation Report" (416 Report). The numerator for the estimate is the "Total Screens Received" (item 6 of the report), and the denominator is "Expected Number of Screenings" (item 5 of the report). When divided by 100, the estimate roughly corresponds to the "Screening Ratio," item 7 of the 416 Report.

Status

In FY 2011 in Alabama, the percent of Medicaid enrollees whose age was less than one year during the reporting year who received at least one initial periodic screen was 96.1% (94,958/98,838). Compared to FY 2010 (96.3% or 95,408/99,101), this is a relatively slight decrease.

Trends

Since we are using the same source document and methodology to report on this indicator for both FY 2010 and FY 2011, trends will be updated when we have at least 3 years of data that are consistent with the current CMS-416 report. We do, however, observe FYs 2010 and 2011 estimates to be comparable. Due to data-related issues discussed below, trends in this indicator cannot be well described at this time.

2. Section Number: Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2010

Field Note:

Data Issues and Trends:

Estimates for 2008-2010 are not comparable to estimates for 2006-2007 because, beginning with the report for 2008, at the national level, Medicaid changed their interpretations of the provisions of the CMS-416 specifications. Specifically, prior to the report for 2008, Medicaid had counted screenings based on the age of the recipient on the date of service. However, when implementing a new data system in February 2008, Medicaid changed the methodology for counting screenings to the age that the recipient would be on September 30 (the last day) of the reporting year—regardless of the age on the date of service. Due to this change, in the 416 Reports for FY 2008 and presumably later years as well, many infants who were screened before their first birthday are shifted upward, into the 1-2 year-old category. For example, a baby born on September 30, 2007 and screened on November 30, 2007 (at 2 months of age) is counted as being from 1-2 years of age, because he or she would have become 1 year of age on September 30, 2008. When the new data system was implemented, a concurrent shift did not occur in the denominator (item 5 of the 416 report). Consequently, the estimates shown for 2008 and 2009 probably markedly underestimate the percentage of Medicaid infants who received at least 1 screen before their first birthday.

However, as shown on Form 17, the denominator for this estimate markedly dropped in 2010 relative to earlier years. As previously stated, this denominator represents the expected number of screenings, per the CMS-416 report. Due to the drop in the denominator, the estimate itself increased markedly in 2010 relative to 2008 and 2009: even though the numerator (total screens received) declined in 2010. We do not have the information necessary to ascertain whether the methods for estimating the denominator (expected number of screenings) changed for the CMS-416 year 2010 report relative to reports for earlier years. Therefore, we are not confident that the estimate for 2010, 96.3%, is comparable to estimates for earlier years.

Trends

Due to data-related issues discussed above, trends in this indicator cannot be well described.

3. Section Number: Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2009

Field Note:

Data Issues and Trends:

See this indicator's Form 17 note for 2010.

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.

	<u>Annual Indicator Data</u>				
	2007	2008	2009	2010	2011
Annual Indicator	94.7	95.2	95.8	95.3	98.2
Numerator	213	256	298	303	373
Denominator	225	269	311	318	380

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2011

Field Note:

Data Issues:

The source document for the 2011 estimate is: Alabama's submission of the "Framework for the Annual Report of the State Children's Health Insurance Plans under Title XXI of the Social Security Act. FY 2011."

Due to incremental, federally mandated Medicaid coverage of persons from 6-18 years of age with household incomes below 100% of the federal poverty level, ALL Kids became the sole component of Alabama's State Children's Health Insurance Program in FY 2004. (For this reason, in this document "Alabama's CHIP" and "ALL Kids" are used interchangeably to refer to Alabama's State Children's Health Insurance Program.)

For all years shown, the surrogate used for this measure (from the report cited above and corresponding reports for preceding years) is entitled "Well Child Visits in the First 15 Months of Life." The numerator is the number of members who had received 1 or more well child visits with a primary care provider during their first 15 months of life. The denominator is the number of ALL Kids enrollees in the appropriate age group.

Status and Trends:

For discussions of trends in this indicator, all years are fiscal years. From 2007-2011, this indicator ranged from 94.7% in 2007 to 98.2% in 2011, with a median of 95.8% in 2009.

Further, the number of ALL Kids enrollees who received 1 or more well child visits with a primary care provider during their first 15 months of life increased notably, from 303 in 2010 to 373 in 2011. Over a longer term, comparing 2011 to 2006, when 208 ALL Kids enrollees had a well child visit in the first 15 months of life (not shown on Form 17), this number increased by 79%, or by 165 children.

2. Section Number: Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2010

Field Note:

Data Issues:

The source document for the 2010 estimate is: Alabama's submission of the "Framework for the Annual Report of the State Children's Health Insurance Plans under Title XXI of the Social Security Act. FY 2010."

Status and Trends:

From 2006-2010, this indicator ranged from 94.7% in 2007 to 96.7% in 2006, with a median of 95.3% in 2010. Specifically, in 2010, 95.3% of ALL Kids enrollees in the appropriate age group made a well child visit to a primary provider in the first 15 months of life.

Though this indicator, which is reported as a percentage, has not changed much in recent years, the number of well child visits in the first 15 months of life for ALL Kids enrollees increased notably during the years shown: from 208 and 213 in 2006 and 2007 respectively, to 256 in 2008, to 298 in 2009. This number then remained relatively stable, at 303, in 2010. Comparing 2010 to 2006, the number of well child visits in the first 15 months of life for ALL Kids enrollees increased by 95 children, or by 45.7%.

3. Section Number: Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2009

Field Note:

Data Issues:

The source document for the 2009 estimate is: Alabama's submission of the "Framework for the Annual Report of the State Children's Health Insurance Plans under Title XXI of the Social Security Act. FY 2009."

Status and Trends:

From 2005-2009, this indicator ranged from 94.3% in 2005 to 96.7% in 2006, with a median of 95.2% in 2008. In 2009, 95.8% of ALL Kids enrollees in the appropriate age group made a well child visit to a primary provider in the first 15 months of life.

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.

	<u>Annual Indicator Data</u>				
	2007	2008	2009	2010	2011
Annual Indicator	74.0	74.0	72.6	72.6	
Numerator	46,478	46,085	43,709	41,969	
Denominator	62,824	62,266	60,191	57,765	

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: Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2011

Field Note:

Data Issues:

All estimates pertain to calendar years and to live births.

Due to the time required to receive records and edit data, final vital statistics files for 2011 are not yet available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications (MCH Reports/Applications) are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. Therefore, the year 2011 estimate is not provided. Instead, it will be provided in July 2013.

This paragraph pertains to HSCs 4 and 5: for which both the numerators and denominators come from statistical live birth files. Births to Alabama residents that occur outside of the State were apparently underreported to the Alabama Department of Public Health (ADPH) in some years. Further, key information was missing for many of the year 2008 births reported to ADPH by a neighboring state. Though the numbers of affected births may be small, failure to account for the out-of-state reporting issues may appreciably distort analyses of trends. In an effort to account for these issues, for 2007-2010, the numbers shown on Form 17 are based on occurrent events only. That is, we counted only births that occurred in Alabama to Alabama residents.

2. Section Number: Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2010

Field Note:

Data Issues:

See this indicator's year 2011 Form 17 field note.

Status and Trends

In 2010, for Alabama occurrent, residential live births to 15-44 year-old mothers, 72.6% of infants were born to mothers who had received adequate or adequate plus prenatal care per the Kotelchuck Index. The status of this indicator has remained steady for the last two years in which data were available. As noted last year, the percentage of 72.6 is the lowest value on record since 2000. During the surveillance period, 2005-2010, this indicator consistently declined from 78.1% in 2005 to its current status of 72.6%, which represents an overall decline of 7.0%.

3. Section Number: Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2009

Field Note:

Data Issues:

See this indicator's year 2011 Form 17 field note.

Trends

In 2009, for Alabama occurrent, residential live births to 15-44 year-old mothers, 72.6% of infants were born to mothers who had received adequate or adequate plus prenatal care per the Kotelchuck Index. This is the lowest value for this indicator during the surveillance period, 2000-2009. Combining 3-year periods, the status of this indicator was 73.5% (136,272/185,281) in 2007-09 versus 77.7% (136,852/176,113) in 2004-06, for a decline of 5.4%.

When looking at occurrent, residential births only, from 2000-2008, this indicator ranged from 74.0% in 2007 and 2008 to 78.9% in 2003, with a median of 77.4% in 2001.

This indicator declined at least slightly each year from 2004-2007, and then remained at the 2007 level in 2008. In 2008, for occurrent deliveries to 15-44 year-old Alabama residents, 74.0% of the mothers had received adequate or more than adequate prenatal care.

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>89.6</u>	<u>91.1</u>	<u>93.0</u>	<u>93.1</u>	<u>91.8</u>
Numerator	<u>413,797</u>	<u>419,912</u>	<u>456,378</u>	<u>496,640</u>	<u>515,637</u>
Denominator	<u>462,044</u>	<u>460,708</u>	<u>490,575</u>	<u>533,215</u>	<u>561,637</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer than 5

and therefore a 3-year moving average cannot be applied.

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

Is the Data Provisional or Final?

Final

Final

Field Level Notes**1. Section Number:** Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2011**Field Note:**

Data Issues:

All estimates are for fiscal years.

The numerator and denominator were provided by the Alabama Medicaid Agency (Medicaid), based on that agency's query of their data system on February 15, 2012.

Both Family Health Services staff and Medicaid staff seek to use comparable methodology for the numerators and denominators over time. However, because the numbers are based on an external database, Family Health Services staff cannot absolutely assure that reporting methods were comparable over time.

Status and Trends

In 2011, 91.8% of 1-20 year-old Medicaid-enrolled persons received a Medicaid-paid service. Comparing 3-year periods, the indicator increased by 3.3% overall: from 89.7% (1,276,004/1,422,548) in 2006-08 to 92.6% (1,468,655/1,585,427) in 2009-11. Comparing 2011 to 2010, the number of Medicaid eligible children who received a service paid by the Medicaid Program declined by 1.4% in 2011. However, at 515,637 in 2011, the number of enrolled was the highest enrollment number during the surveillance period of 2006-2011.

2. Section Number: Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2010**Field Note:**

Data Issues:

The numerator and denominator were provided by Medicaid on February 25, 2011, based on that agency's query of their data system.

Status and Trends

In 2010, 93.1% of 1-20 year-old Medicaid-enrolled persons received a Medicaid-paid service, which is virtually the same as the corresponding percentage for 2009. For a description of recent trends through 2009, see this indicator's Form 17 field notes for 2009.

At 533,215, the number enrolled in 2010 was notably higher than any corresponding enrollment number from 2003-2010. Comparing 2010 to 2009, 42,640 more children were enrolled in Medicaid, which is an increase of 8.7% over the 2009 enrollment.

From 2003-2010, the annual number of Medicaid-eligible children who received a Medicaid-paid service ranged from 386,624 in 2003 to 496,640 in 2010, with a median of 418,809. Comparing 2010 to 2009, 40,262 more children received a Medicaid-paid service, which is an increase of 8.8% over the corresponding number in 2009.

3. Section Number: Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data Issues:

The numerator and denominator were provided by Medicaid on April 12, 2010, based on that agency's query of their data system.

Trends

The indicator increased in 2009, bringing it to its highest single-year level (93.0%) during the total surveillance period (2003-2009).

At 490,575, the number enrolled in 2009 was the second-highest enrollment number during the surveillance period, when this number ranged from 449,906 in 2003 to 499,796 in 2006.

At 456,378, the number of Medicaid-eligible children who received a Medicaid-paid service in 2009 was the highest during the total surveillance period. (The lowest number of such children during the surveillance period was 386,624, in 2003.)

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	65.3	58.8	61.9	62.3	62.9
Numerator	64,652	57,679	64,634	69,703	74,275
Denominator	99,022	98,055	104,465	111,885	118,027

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
- (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2011

Field Note:

Data Issues:

All estimates are for fiscal years. For each year, the source document is the Form CMS-416 Annual EPSDT Participation Report, or its predecessor, for the year. The document is provided by the Alabama Medicaid Agency. For each year, the numerator is a count of the 6-9 year-old "eligibles" who received any dental services (item 12a of recent reports), and the denominator is a count of the 6-9 year-old children who were "eligible for" EPSDT (item 1 of the report). In the context of the source document, the terms "eligibles" and "eligible for" pertain to children enrolled in Alabama's EPSDT Program. Therefore, all of the numbers discussed in this indicator's form notes pertain to 6-9 year-old children enrolled in Alabama's EPSDT Program.

Status and Trends:

In 2011, 74,275 (or 62.9%) EPSDT-eligible children ages 6-9 years received a paid dental service. From a baseline of 65.3% in 2007, this indicator declined to 58.8% in 2008 and increased each year thereafter through 2011. The 2011 estimate is the second-highest percentage for the surveillance period (2006-2011). Comparing 3-year periods, the percentage of EPSDT-eligible children in this age group who received any dental service increased by 5.7%: from 59.0% (175,307/297,072) in 2006-08 to 62.4% (208,612/334,377) in 2009-11.

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

Field Name: HSC07B

Row Name:

Column Name:

Year: 2010

Field Note:

Data Issues:

See this indicator's year 2011 Form 17 note.

Status and Trends:

In 2010, 62.3% of 6-9 year-old enrollees received a Medicaid-paid dental service. This was the second-highest single-year level during the expanded surveillance period (2003-2010). The highest level was 65.3%, in 2007.

For this age group, the number of enrollees was 111,885 in 2010, the highest number during the expanded surveillance period. (From 2003-2010, the lowest number of such enrollees was 91,927 in 2003, and the median was 98,539.)

In 2010, 69,703 6-9 year-old EPSDT enrollees received a Medicaid-paid dental service. This was the highest such number during any year in the expanded surveillance period. (From 2003-2010, the lowest number of 6-9 year-old enrollees who received a dental service was 42,774 in 2003, and the median was 55,328.)

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

Field Name: HSC07B

Row Name:

Column Name:

Year: 2009

Field Note:

Data Issues:

See this indicator's year 2011 Form 17 note.

Trends:

The indicator increased in 2009, bringing it to its second-highest single-year level (61.9%) during the surveillance period (2003-2009).

At 104,465, the number of 6-9 year-old enrollees in 2009 was the highest number of such enrollees during the surveillance period.

At 64,634, the number of EPSDT-enrolled children in this age group who received a Medicaid-paid dental service in 2009 was the second-highest during the surveillance period.

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	14.5	14.7	14.4	14.1	12.0
Numerator	3,533	3,651	3,675	3,618	3,085
Denominator	24,442	24,772	25,539	25,648	25,761

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

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

Field Name: HSC08

Row Name:

Column Name:

Year: 2010

Field Note:

Data Issues:

The denominator was provided to each state by the Social Security Administration (SSA) for fiscal year (FY) 2010. It represents the number of children in Alabama who were under age 16 years and were receiving federally administered Supplemental Security Income (SSI) payments as of December 2010. The file is in Characteristic Extract Record format and is 100% data. The numerator is programmatic data based on a database match between Children's Rehabilitation Service (CRS) and the Alabama Medicaid Agency (Alabama Medicaid).

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

Field Name: HSC08

Row Name:

Column Name:

Year: 2009

Field Note:

Data Issues:

The sources correspond to those described in this indicator's year 2010 field note, but pertain to FY 2009.

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

INDICATOR #05 Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) Percent of low birth weight (< 2,500 grams)	2010	Payment source from birth certificate	11.5	9.1	10.3
b) Infant deaths per 1,000 live births	2010	Payment source from birth certificate	9.3	8.1	8.7
c) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2010	Payment source from birth certificate	70.6	88	79.1
d) Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2010	Payment source from birth certificate	65.1	81.1	72.6

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

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	133
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 <u> </u> to <u> </u>)	2011	133 100
c) <i>Pregnant Women</i>	2011	133

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

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	_____300
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	_____300 _____300 _____
c) <i>Pregnant Women</i>	2011	_____300

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:
 Medicaid covers infants whose household income is at or below 133% of the federal poverty level (FPL).
2. **Section Number:** Form18_Indicator 06 - Medicaid
Field Name: Med_Children
Row Name: Medicaid Children
Column Name:
Year: 2013
Field Note:
 Medicaid has 2 age-specific income criteria for children and youth: 0-5 years inclusive and 6-18 years inclusive. For 0-5 year-olds, the upper parameter for Medicaid is 133% of FPL. For 6-18 year-olds, the upper parameter for Medicaid is 100% of FPL.
3. **Section Number:** Form18_Indicator 06 - Medicaid
Field Name: Med_Women
Row Name: Pregnant Women
Column Name:
Year: 2013
Field Note:
 For pregnant women, the upper parameter for Medicaid eligibility is 133% of the FPL.
4. **Section Number:** Form18_Indicator 06 - SCHIP
Field Name: SCHIP_Infant
Row Name: Infants
Column Name:
Year: 2013
Field Note:
 In FY 2011, Alabama's Children's Health Insurance Program (CHIP) covered infants whose household income was greater than 133% of the federal poverty level (FPL), but did not exceed 300% of FPL.
5. **Section Number:** Form18_Indicator 06 - SCHIP
Field Name: SCHIP_Children
Row Name: SCHIP Children
Column Name:
Year: 2013
Field Note:
 Alabama's CHIP has 2 age-specific income criteria for children and youth: 0-5 years inclusive and 6-18 years inclusive. In FY 2011, for 0-5 year-olds, Alabama's CHIP eligibility specified a household income greater than 133% of FPL, but not to exceed 300% of FPL. For 6-18 year-olds, Alabama's CHIP eligibility specified a household income greater than 100% of FPL, but not to exceed 300% of FPL.
6. **Section Number:** Form18_Indicator 06 - SCHIP
Field Name: SCHIP_Women
Row Name: Pregnant Women
Column Name:
Year: 2013
Field Note:
 In FY 2011, Alabama's CHIP covered pregnant females only if they were less than 19 years of age and already eligible for ALL Kids (Alabama's CHIP), with household incomes exceeding the Medicaid criterion but not exceeding 300% of the FPL.
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 Issues:
 Estimates are for calendar year (CY) 2010 and pertain to Alabama residential live births. Here, "Medicaid infants" pertains to those whose delivery was paid for by Medicaid, and "non-Medicaid infants" to remaining infants. The "non-Medicaid" group includes a typically high-risk sub-group: infants of "self paying" mothers. Therefore, the low birth weight gap between babies whose deliveries were paid for by Medicaid and babies whose deliveries were privately insured is probably wider than the gap reported for Health Systems Capacity Indicator (HSCI) 5A.

 Rather than updating previous analyses of trends in this indicator, we have focused on analyzing trends in very low birth weight, according to source of payment and other issues. Findings from these analyses are detailed in the 2009-10 Needs Assessment Report.
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 Issues:
 The denominator is from the CY 2010 Alabama residential live birth file, which is selected according to the residence of the mother. The numerator is from the CY 2010 Alabama residential infant death cohort file, which is selected according to the residence of the decedent.

 See note to HSCI 5A for composition of the Medicaid and non-Medicaid groups. Because the non-Medicaid group includes a typically high-risk sub-group, the infant mortality gap between the Medicaid group and the privately insured group is probably wider than the gap reported for HSCI 5B.
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 Issues:

Estimates are for CY 2010 and pertain to Alabama residential live births

See note to HSCI 5A for composition of the Medicaid and non-Medicaid groups. Because the non-Medicaid group includes a typically high-risk sub-group, the prenatal-care gap between the Medicaid group and the privately insured group is probably wider than the gap reported for HSCI 5C.

Rather than updating previous analyses of trends in this indicator, we have focused on analyzing trends in one indicator of prenatal care: the percentage of infants whose mother had received inadequate prenatal care as measured by the Kotelchuck Index. Findings from these analyses are detailed in the 2009-10 Needs Assessment Report.

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 Issues:

Estimates are for CY 2010 and pertain to Alabama occurrent, residential live births to 15-44 year-old females. This age group was chosen because, several years ago, Title V Information System staff stated that the percentage reported for "All" in HSCI 5D should match that for the corresponding year for HSCI 4, which pertains to babies born to 15-44 year-old females

See note to HSCI 5A for composition of the Medicaid and non-Medicaid groups. Because the non-Medicaid group includes a typically high-risk sub-group, the prenatal-care gap between the Medicaid group and the privately insured group is probably wider than the gap reported for HSCI 5D.

For reasons explained in the year 2010 Form 17 note to HSCI 4, the estimates shown for HSCI 5D are for occurrent events only. That is, we counted only births that occurred in Alabama to Alabama residents.

Rather than updating previous analyses of trends in this indicator, we have focused on analyzing trends in one indicator of prenatal care: the percentage of infants whose mother had received inadequate prenatal care as measured by the Kotelchuck Index. Findings from these analyses are detailed in the 2009-10 Needs Assessment Report.

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

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	2	Yes
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	1	No
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	3	No

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

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

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

None

FIELD LEVEL NOTES

1. **Section Number:** Form19_Indicator 09A
Field Name: RecentMother
Row Name: Survey of recent mothers at least every two years (like PRAMS)
Column Name:
Year: 2013
Field Note:
The Bureau of Family Health Services expects to gain direct access to a PRAMS dataset by early FY 2013.

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

Form Level Notes for Form 20

None

HEALTH STATUS INDICATOR #01A

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

	<u>Annual Indicator Data</u>				
	2007	2008	2009	2010	2011
Annual Indicator	10.4	10.6	10.4	10.2	_____
Numerator	6,578	6,631	6,252	5,916	_____
Denominator	63,005	62,466	60,396	57,915	_____

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 #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2011

Field Note:

Data Issues:

Due to the time required to receive records and edit data, final vital statistics files for 2011 are not yet available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications (MCH Reports/Applications) are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. Therefore, the year 2011 estimate is not provided. Instead, it will be provided in July 2013.

2. **Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2010

Field Note:

Data Issues:

All estimates are for calendar years. For reasons discussed below, numbers shown on Form 20 for HSI 1A for the years 2007-2010 pertain to Alabama occurrent, residential live births.

This paragraph pertains to HSIs 1A, 1B, 2A, and 2B: for which both the numerators and denominators come from statistical live birth files. Births to Alabama residents that occur outside of the State were apparently underreported to the Alabama Department of Public Health (ADPH) in certain years. Further, key information was missing for many of the year 2008 births reported to ADPH by a neighboring state. Though the numbers of affected births may be small, failure to account for the out-of-state reporting issues may appreciably distort analyses of trends. In an effort to account for these issues, the numbers shown on Form 20 are based on occurrent events only. That is, we counted only births that occurred in Alabama to Alabama residents.

Trends:

From 2006-2010, for Alabama occurrent, residential live births, this indicator ranged from 10.2% in 2010 to 10.6% in 2008, with a median of 10.4% in 2007.

3. **Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2009

Field Note:

Data Issues and Trends:

See this indicator's year 2010 field note.

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	8.6	8.7	8.5	8.2	
Numerator	5,206	5,247	4,967	4,596	
Denominator	60,859	60,327	58,303	55,821	

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:** Fom20_Health Status Indicator #01B

Field Name: HSI01B**Row Name:****Column Name:****Year:** 2011**Field Note:**

Data Issues:

Due to the time required to receive records and edit data, final vital statistics files for 2011 are not yet available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications (MCH Reports/Applications) are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. Therefore, the year 2011 estimate is not provided. Instead, it will be provided in July 2013.

2. **Section Number:** Fom20_Health Status Indicator #01B

Field Name: HSI01B**Row Name:****Column Name:****Year:** 2010**Field Note:**

Data Issues:

All estimates are for calendar years. For reasons discussed in the Form 20 year 2010 note to HSI 1A, numbers shown on Form 20 for HSI 1B pertain to Alabama occurrent, residential singleton live births.

Trends:

From 2006-2010, for Alabama occurrent, residential singleton live births, this indicator ranged from 8.2% in 2010 to 8.7% in 2008, with a median of 8.5% in 2009.

3. **Section Number:** Fom20_Health Status Indicator #01B

Field Name: HSI01B**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data Issues and Trends:

See this indicator's year 2010 field note.

HEALTH STATUS INDICATOR #02A

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

	Annual Indicator Data				
	2007	2008	2009	2010	2011
Annual Indicator	2.1	2.1	1.9	2.0	
Numerator	1,324	1,309	1,161	1,138	
Denominator	63,005	62,466	60,396	57,915	

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?

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #02A

Field Name: HSI02A**Row Name:****Column Name:****Year:** 2011**Field Note:****Data Issues:**

Due to the time required to receive records and edit data, final vital statistics files for 2011 are not yet available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications (MCH Reports/Applications) are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. Therefore, the year 2011 estimate is not provided. Instead, it will be provided in July 2013.

2. **Section Number:** Form20_Health Status Indicator #02A

Field Name: HSI02A**Row Name:****Column Name:****Year:** 2010**Field Note:****Data Issues:**

All estimates are for calendar years.

For reasons discussed in the Form 20 year 2010 note to HSI 1A, numbers shown on Form 20 for HSI 2A pertain to Alabama occurrent, residential live births.

Trends:

From 2006-2010, for Alabama occurrent, residential live births, this indicator ranged from 1.92% in 2009 to 2.10% in 2007 and 2008, with a median of 1.99% in 2006.

3. **Section Number:** Form20_Health Status Indicator #02A

Field Name: HSI02A**Row Name:****Column Name:****Year:** 2009**Field Note:****Data Issues and Trends:**

See this indicator's year 2010 field note.

HEALTH STATUS INDICATOR #02B

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

	Annual Indicator Data				
	2007	2008	2009	2010	2011
Annual Indicator	1.6	1.7	1.5	1.5	
Numerator	1,001	1,000	891	857	
Denominator	60,859	60,327	58,303	55,821	

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?

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #02B

Field Name: HSI02B**Row Name:****Column Name:****Year:** 2011**Field Note:****Data Issues:**

Due to the time required to receive records and edit data, final vital statistics files for 2011 are not yet available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications (MCH Reports/Applications) are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. Therefore, the year 2011 estimate is not provided. Instead, it will be provided in July 2013.

2. **Section Number:** Form20_Health Status Indicator #02B

Field Name: HSI02B**Row Name:****Column Name:****Year:** 2010**Field Note:****Data Issues:**

All estimates are for calendar years. For reasons discussed in the Form 20 year 2010 note to HSI 1A, numbers shown on Form 20 for HSI 2B pertain to Alabama occurrent, residential live births.

Trends:

From 2006-2010, this indicator ranged from 1.53% in 2009 to 1.66% in 2008, with a median of 1.60% in 2006.

This indicator's year 2009 field note describes a more detailed analysis of trends for the years 2000-2008.

3. **Section Number:** Form20_Health Status Indicator #02B

Field Name: HSI02B**Row Name:****Column Name:****Year:** 2009**Field Note:****Data Issues:**

See this indicator's year 2010 field note.

Trends:

The study population for this analysis of trends is singleton live births that occurred in Alabama to Alabama residents, during the years 2000-2008. Among this population, the proportion of infants who were very low birth weight (VLBW, or less than 1,500 grams) in consecutive 3-year periods was as follows: 1.55% (2,660/171,374) in 2000-02, 1.60% (2,676/167,161) in 2003-05, and 1.63% (2,940/180,033) in 2006-08.

For single years during the surveillance period, the proportion of singleton infants who were VLBW ranged from 1.47% (837/56,778) in 2001 to 1.67% (942/56,273) in 2005, with a median of 1.60% in 2000 and 2006.

Statistical significance of trends in single-year percentages (over 9 years) and in 3-year percentages (over the entire 9 years and, as well, comparing 2006-08 to 2000-02 and 2006-08 to 2003-05) was assessed via Cochran-Mantel-Haenszel statistics, using SAS(TM). At the 0.05 level of significance, the trend in single-year percentages was significant ($p = 0.033$). However, trends in 3-year percentages were not significant: whether including all three 3-year percentages over the 9-year period ($p = 0.056$), comparing 2006-08 to 2000-02 ($p = 0.056$), or comparing 2006-08 to 2003-05 ($p = 0.453$).

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	11.7	11.0	11.3	11.9	
Numerator	108	103	106	111	
Denominator	922,825	932,438	934,556	932,841	

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 #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2011

Field Note:

Data Issues:

Due to time required to receive and edit vital events data, final year 2011 death files are not yet available for Alabama. Provisional files available at this time sometimes provide misleading results. Therefore, the year 2011 estimate is not provided. Instead, it will be provided in July 2013.

This paragraph concerns numerators for HSIs 3A, 3B, and 3C. Vital events that involve Alabama residents but occur outside of the State have apparently been underreported to the Alabama Department of Public Health for certain years. This out-of-state reporting issue may cause slight underestimation of mortality rates for the years 2006-2008. Though slight, such underestimation could lead to appreciable distortion of trends in mortality rates. Therefore, for HSIs 3A, 3B, and 3C, we have adjusted the number of deaths for 2006, 2007, and 2008 by: 1) computing the mean annual number of applicable deaths that occurred out of state for 2 time periods (2000-2005 and 2006-08); 2) subtracting the mean for the later period from that for the earlier period; and 3) for 2006, 2007, and 2008, adding the difference to the number of deaths shown in Alabama's statistical death files. In the case of HSI 3A, the difference in means was 2.67 deaths per year. Since the difference was a fraction, we added 2 deaths for 2006, 3 deaths for 2007, and 3 deaths for 2008. The adjusted numerators shown for 2007 and 2008 for HSIs 3A, 3B, and 3C do not match corresponding numbers that may have been published in annual publications of Alabama vital statistics.

This paragraph concerns denominators for HSIs 3A, 3B, 3C, 4A, 4B, 4C, 5A, and 5B. When analyzing trends in these measures, we use the U.S. Census Bureau's detailed population estimates for denominators. For the aforesaid HSIs, denominators shown on forms for the years 2008-2009 were derived from the U.S. Census Bureau spreadsheet, "SC-EST2009-alldata6-AL-ID," which provides estimates for the total population and 6 race groups. The spreadsheet was downloaded from the U.S. Census Bureau web site in September 2010. In their annual releases, the Census Bureau often revises previous estimates. However, in any given submission year, the Title V Information System permits us to directly revise Form 20 notes only for the reporting year and the 2 years preceding it. Therefore, for 2007, the single-year denominator used for our analyses of trends in population-based estimates sometimes differs from that shown on Form 20.

As discussed in this indicator's year 2010 form note, the population count for 2010 may not be comparable to population estimates for preceding years.

2. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2010

Field Note:

Data Issues:

All estimates shown are for calendar years.

For this measure, we normally use the U.S. Census Bureau's population estimates, which are typically updated each year, as denominators. As of March 21, 2012, recently updated population estimates were not available, but decennial census 2010 counts were available. We are, therefore, using American Fact Finder's (AFF's) 2010 Census Summary File 1, which provides actual counts and basic cross tabulations of information collected from all people and housing units during the 2010 Census. The 2010 U.S. Census count for this age group was derived from an AFF query of Alabama's total population according to sex by age.

For years prior to 2010, population estimates were derived from a detailed, state-level spreadsheet referred to as "SCEST2009-alldata6: Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or more Races) by Age, Sex, and Hispanic Origin: April 1, 2000 to July 1, 2009."

The U.S. Census count for 2010 may not be comparable to population estimates for the several preceding years. Therefore, the estimated rate for 2010 may not be comparable to estimated rates for earlier years. Other data issues are discussed in this indicator's year 2011 form note.

Trends:

From 2006-2010, single-year estimates for this indicator ranged from 11.0 deaths per 100,000 in 2008 to 13.8 deaths per 100,000 in 2006, with a median of 11.6 deaths per 100,000 in 2007.

3. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2009

Field Note:

Data Issues:

See this indicator's year 2010 and 2011 form notes.

Trends:

From 2005-2009, single-year estimates for this indicator ranged from 11.0 deaths per 100,000 in 2008 to 14.3 deaths per 100,000 in 2005, with a median of 11.6 deaths per 100,000 in 2007.

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	3.7	4.6	4.6	4.7	
Numerator	34	43	43	44	
Denominator	922,825	932,438	934,556	932,841	

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:****Data Issues:**

Due to time required to receive and edit vital events data, final year 2011 death files are not yet available for Alabama. Provisional files available at this time sometimes provide misleading results. Therefore, the year 2011 estimate is not provided. Instead, it will be provided in July 2013.

See the year 2011 Form 20 notes for HSI 3A. One of these notes concerns adjustment of numerators for the years 2006-2008, to account for apparent underreporting of out-of-state vital events in those years that involved Alabama residents. Another note explains why, for 2007, the single-year denominator used for our analyses of trends in population-based estimates sometimes differs from that shown on Form 20.

As discussed in this indicator's year 2010 form note, the population count for 2010 may not be comparable to population estimates for preceding years.

2. Section Number: Form20_Health Status Indicator #03B**Field Name:** HSI03B**Row Name:****Column Name:****Year:** 2010**Field Note:****Data Issues:**

All estimates shown are for calendar years.

For this measure, we normally use the U.S. Census Bureau's population estimates, which are typically updated each year, as denominators. As of March 21, 2012, recently updated population estimates were not available, but decennial census 2010 counts were available. We are, therefore, using American Fact Finder's (AFF's) 2010 Census Summary File 1, which provides actual counts and basic cross tabulations of information collected from all people and housing units during the 2010 Census. The 2010 U.S. Census count for this age group was derived from an AFF query of Alabama's total population according to sex by age.

For years prior to 2010, population estimates were derived from a detailed, state-level spreadsheet referred to as "SCEST2009-alldata6: Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or more Races) by Age, Sex, and Hispanic Origin: April 1, 2000 to July 1, 2009."

The U.S. Census count for 2010 may not be comparable to population estimates for the several preceding years. Therefore, the estimated rate for 2010 may not be comparable to estimated rates for earlier years. Other data issues are discussed in this indicator's year 2011 form note.

Trends

From 2006-2010, single-year estimates for this indicator ranged from 3.7 deaths per 100,000 in 2007 to 6.6 deaths per 100,000 in 2006, with a mode of 4.6 deaths per 100,000 in 2008 and 2009.

This indicator has remained fairly steady in the last 3 years for which data are available. A detailed discussion of trends from 2000-2008 is in this indicator's year 2009 field note.

3. Section Number: Form20_Health Status Indicator #03B**Field Name:** HSI03B**Row Name:****Column Name:****Year:** 2009**Field Note:****Data Issues:**

Data issues concerning numerators and denominators for this indicator are discussed in the year 2010 Form 20 field note for HSI 3A.

Trends

The surveillance period is 2000-2008. Denominators are derived from the detailed U.S. Census Bureau population estimate spreadsheets released in May 2009: "SCEST2008-alldata6: Annual State Resident Population Estimates for 6 Race Groups by Age, Sex, and Hispanic Origin: April 1, 2000 to July 1, 2008."

For this analysis of trends, numerators for years 2006, 2007, and 2008 have been adjusted as described in HSI 3A's year 2010 Form 20 field note. In the case of this indicator, HSI 3B, the adjustment involved adding 2 deaths to the number of motor vehicle crash deaths reported in Alabama residential statistical death files (for 0-14 year-old persons) for each of the following years: 2006, 2007, and 2008. The surveillance period is 2000-2008. Among 0-14 year-old Alabama residents, the single-year death rate due to motor vehicle crash deaths showed no consistent trend early in the surveillance period, but then declined in 3 successive years (2005, 2006, and 2007) before increasing in 2008. Consecutive 3-year motor vehicle crash death rates in this population were: 6.0 deaths per 100,000 (167/2,778,601) in 2000-02, 6.3 deaths per 100,000 (173/2,748,918) in 2003-05, and 5.0 deaths per 100,000 (138/2,767,839) in 2006-08.

Rates for individual years in the surveillance period ranged from 3.7 deaths per 100,000 in 2007 to 6.8 deaths per 100,000 in 2004. Rates for overlapping 3-year periods ranged from 5.0 deaths per 100,000 in 2006-08 to 6.7 deaths per 100,000 in 2004-06.

Comparing 2006-08 to 2000-02 and assuming a constant annual percent change, this indicator declined (improved) by 3.1% per year. Comparing 2006-08 to 2003-05, the indicator declined by 7.5% per year.

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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>46.5</u>	<u>39.0</u>	<u>29.0</u>	<u>27.3</u>	
Numerator	<u>300</u>	<u>257</u>	<u>191</u>	<u>185</u>	
Denominator	<u>644,621</u>	<u>659,165</u>	<u>659,557</u>	<u>678,793</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?

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #03C**Field Name:** HSI03C**Row Name:****Column Name:****Year:** 2011**Field Note:****Data Issues:**

Due to time required to receive and edit vital events data, final year 2011 death files are not yet available for Alabama. Provisional files available at this time sometimes provide misleading results. Therefore, the year 2011 estimate is not provided. Instead, it will be provided in July 2013.

See the year 2011 Form 20 notes for HSI 3A. One of these notes concerns adjustment of numerators for the years 2006-2008, to account for apparent underreporting of out-of-state vital events in those years that involved Alabama residents. Another note explains why, for 2007, the single-year denominator used for our analyses of trends in population-based estimates sometimes differs from that shown on Form 20.

As discussed in this indicator's year 2010 form note, the population count for 2010 may not be comparable to population estimates for preceding years.

2. Section Number: Form20_Health Status Indicator #03C**Field Name:** HSI03C**Row Name:****Column Name:****Year:** 2010**Field Note:****Data Issues:**

All estimates shown are for calendar years.

For this measure, we normally use the U.S. Census Bureau's population estimates, which are typically updated each year, as denominators. As of March 21, 2012, recently updated population estimates were not available, but decennial census 2010 counts were available. We are, therefore, using American Fact Finder's (AFF's) 2010 Census Summary File 1, which provides actual counts and basic cross tabulations of information collected from all people and housing units during the 2010 Census. The 2010 U.S. Census count for this age group was derived from an AFF query of Alabama's total population according to sex by age.

For years prior to 2010, population estimates were derived from a detailed, state-level spreadsheet referred to as "SCEST2009-alldata6: Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or more Races) by Age, Sex, and Hispanic Origin: April 1, 2000 to July 1, 2009."

The U.S. Census count for 2010 may not be comparable to population estimates for the several preceding years. Therefore, the estimated rate for 2010 may not be comparable to estimated rates for earlier years. Other data issues are discussed in this indicator's year 2011 form note.

Trends

From 2006-2010, single-year estimates for this indicator ranged from 27.3 deaths per 100,000 in 2010 to 48.3 deaths per 100,000 in 2006, with a median of 39.0 deaths per 100,000 in 2008.

The indicator declined (improved) in each of the last 4 years for which data are available. As stated above, the U.S. Census population count for 2010 may not be comparable to population estimates for the several preceding years. Nevertheless, most of the improvement in this rate is presumably real. For example, for 2006-2010, the smallest population estimate for this age group of Alabama residents is 652,058 in 2006. If this were used as the denominator for 2010, the estimate would be 28.4 deaths per 100,000 (185/652,058)—still notably lower than estimates for 2006-2008.

3. Section Number: Form20_Health Status Indicator #03C**Field Name:** HSI03C**Row Name:****Column Name:****Year:** 2009**Field Note:****Data Issues:**

See this indicator's year 2009 and 2010 Form 20 notes.

Trends

From 2005-2009, single-year estimates for this indicator ranged from 29.0 deaths per 100,000 in 2009 to 48.3 deaths per 100,000 in 2006, with a median of 42.0 deaths per 100,000 in 2005. The reported marked decline in this rate in 2009 is not likely to be mainly due to reporting issues, but should be interpreted cautiously nevertheless.

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		2011
			2009	2010	
Annual Indicator	120.3	113.6	83.7	76.8	
Numerator	1,110	1,059	782	716	
Denominator	922,825	932,438	934,556	932,841	

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:** Fom20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2011

Field Note:

Data Issues:

Due to the time required to receive injury events data from the Alabama Trauma Registry (ATR), final 2011 data are not yet available. The estimate will be provided in July 2013.

2. **Section Number:** Fom20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2010

Field Note:

Data Issues:

All estimates are for calendar years. For all years, the U.S. Census Bureau's population estimates for 0-14 year-old Alabama residents are used as denominators. The years 2009 and 2010 numerators for this indicator are derived from the ATR, which includes both fatal and nonfatal injuries. Because the source for the numerator has changed, the year 2009 and 2010 estimates for this indicator are not comparable to any of the estimates provided for earlier years.

For this indicator, normally the U.S. Census Bureau's population estimates for persons 14 years of age and younger are used as denominators. The Census Bureau's annual state population estimates according to race, age, sex, and origin had not been released as of March 21, 2012. At the time of this writing, only decennial census 2010 counts were available. We are using American Fact Finder's (AFF) 2010 Census Summary File 1, which are actual counts and basic cross tabulations of information collected from all people and housing units during the 2010 Census. Denominators through 2009 are retained from last year's Census population estimates.

Status and Trends:

The ATR reported a total of 716 nonfatal injuries in the specified age category in 2010.

The methods used to derive this indicator's estimate for 2009 forward changed in FY 2011. Therefore, the year 2010 estimate for this indicator is not comparable to earlier estimates, and trends cannot be described well. When we have at least 3 years of data or more from the same data source, we will then assess trends.

3. **Section Number:** Fom20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2009

Field Note:

Data Issues:

See this indicator's year 2010 field note.

The ATR reported a total of 782 injuries in the specified age category in 2009. Criteria for entry into the ATR excluded injuries for which the individuals were hospitalized less than 24 hours. Moreover, hospitals that are not trauma centers are required to report only head and spinal injuries. As a corollary, many trauma injuries are excluded from the count. Further, the ATR is designed to capture only "trauma or burn" incidents. Consequently, the registry presumably does not capture other types of injuries, such as poisoning or drowning.

Notwithstanding the above limitations and the inclusion of both fatal and nonfatal injuries in the ATR, in the absence of a hospital discharge dataset, the ATR provides the best data-based estimate we have of injuries in this age group of Alabama residents. In addition, the criteria used allow us to count well defined sentinel events that merit tracking over time. We therefore plan to use the ATR to provide this estimate for 2009 forward.

Trends:

The methods used to derive this indicator's year 2009 estimate are superior to methods used to derive earlier estimates. Therefore, the year 2009 estimate for this indicator is not comparable to earlier estimates, and trends cannot be described.

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	16.0	20.1	24.4	27.1	261.7
Numerator	148	187	228	253	2,441
Denominator	922,825	932,438	934,556	932,841	932,841

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

Provisional

Field Level Notes**1. Section Number:** Fom20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2011

Field Note:

All estimates are for calendar years (CYs).

The numerator is derived from The University of Alabama's Center for Advanced Public Safety (CAPS) online database (http://caps.ua.edu/online_analysis.aspx) and represents crashes in Alabama in 2011. To obtain numbers pertaining to this indicator, we utilized the 2011 Alabama Integrated Personal Dataset and selected "Person Raw Age" as the criterion for the column totals and "Person Injury Type" as the criterion for the row totals.

Prior to CY 2011, there was no requirement to obtain an exact age, only an age range (as referenced in year 2010 form notes to this indicator). Raw age is now captured and we no longer have to manipulate the data to obtain numbers pertaining to this indicator. All injuries excluding "Fatal Injuries", "Person was not a Victim", and "Unknown Injury" are considered to be non-fatal in the crosstab analysis results.

For this indicator, normally the U.S. Census Bureau's population estimates for persons 14 years of age and younger are used as denominators. The Census Bureau's annual state population estimates according to race, age, sex, and origin had not been released as of March 21, 2012. At the time of this writing, only decennial census 2010 counts were available. We are using American Fact Finder's (AFF) 2010 Census Summary File 1, which are actual counts and basic cross tabulations of information collected from all people and housing units during the 2010 Census. Denominators through 2009 are retained from last year's Census population estimates. The population count for 2010 is used as our best estimate for 2011.

Trends

Population estimates several years after a census may be less reliable than those that are within a few years of the previous census. As a corollary, the population estimates for the years preceding 2010 may not be comparable to the year 2010 U.S. Census count.

Trend analyses will be deferred until comparable datasets are utilized to report on this indicator. CAPS changed the methodology in the way they capture and use their data during CY 2011; as a result, data are not comparable to previous years using this database. Additionally, the number of nonfatal injuries for this indicator increased in this reporting year due to methodology changes. CAPS now includes passengers who were in the motor vehicle at the time of the crash, rather than drivers only (as reported in 2009 and 2010).

2. Section Number: Fom20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2010

Field Note:

Data Issues

All estimates are for calendar years (CYs).

The numerator is derived from The University of Alabama's Center for Advanced Public Safety online database (http://caps.ua.edu/online_analysis.aspx) and represents crashes in Alabama in 2010. The aforesaid web site displays several criteria for performing a crosstab analysis. To obtain numbers pertaining to this indicator, we utilized the 2010 Alabama Integrated Crash Dataset and selected "CU Driver/Non-Motorist Age" as the criterion for the column totals and "Number Injured (Non-Fatal)" as the criterion for the row totals. The data in the 2010 Alabama Integrated Crash Dataset were last updated on June 9, 2011. Estimates for 2010 were updated in TVIS on August 23, 2011.

The report generated from performing the crosstab analysis displayed the total number of nonfatal injuries according to several age categories, including 0-3 years, 4-5 years, 6-8 years, 9-12 years, 13-15 years, 16-20 years, 21-25 years, 2 categories of older age groups, and categories where the age was either unknown or not recorded.

For this indicator, we used the first 5 age categories. The total number of non-fatal injuries for the first 4 age categories was multiplied by the number of injuries reported for each age group. The range of injuries was from 1 injury up to 99 or more injuries, as reported in the 2010 Alabama Integrated Crash Dataset. For example, for each age range with 1 injury, the multiplier for all the age categories was 1. However, for the first 4 age ranges (0-12 years) with 2 injuries, the total number of injuries was 4. This number was then multiplied by 2 to conclude 8 non-fatal injuries for those between 0-12 years where 2 or more injuries occurred. This number was also added to the manipulated number (as described below) for 13-14 year-olds to have a total of 52 injuries for those between 0-14 years where 2 injuries were reported.

The number of nonfatal injuries in 13-14 year-olds was estimated by multiplying 2/3 times the number reported for the 13-15 year-old group. The number yielded for 13-14 year-olds was then multiplied by the number of injuries per age category and then summed with the total number of injuries from the 4 preceding age groups (0-3, 4-5, 6-8, and 9-12 years) to obtain the numerator for this indicator.

The denominator is derived from American Fact Finder's (AFF) 2010 Census Summary File 1, which are actual counts and basic cross tabulations of information collected from all people and housing units during the 2010 Census. Denominators through 2009 are retained from last year's Census population estimates.

Trends

Methods used to derive the year 2009 and 2010 estimates are far superior to methods used to derive estimates for earlier years. Discussion of trends will be deferred until a complete dataset is available for a minimum of 3 years.

3. Section Number: Fom20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2009

Field Note:

Data Issues

The numerator is derived from The University of Alabama's Center for Advanced Public Safety online database (http://caps.ua.edu/online_analysis.aspx) and represents crashes in Alabama in 2009. The aforesaid web site displays several criteria for performing a crosstab analysis. To obtain numbers pertaining to this indicator, we utilized the 2009 Alabama Integrated Crash Dataset, which was last updated on July 9, 2010. Using this dataset, the numerator was obtained via the same methods used to obtain the numerator for the year 2010 estimate.

The denominator is the updated year 2009 population estimate for this age group, derived from a U.S. Census Bureau spreadsheet "SC-EST2009-alldata6-AL_ID," which provides estimates for the total population and 6 race groups. The spreadsheet was downloaded from the U.S. Census Bureau web site in September 2010.

As stated in the year 2010 note, this indicator's estimates for 2009 and 2010 are not comparable to those for earlier years.

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	200.1	167.6	1,610.3	1,667.8	1,350.9
Numerator	1,290	1,105	10,621	11,321	9,170
Denominator	644,621	659,165	659,557	678,793	678,793

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 #04C**Field Name:** HSI04C**Row Name:****Column Name:****Year:** 2011**Field Note:**

All estimates are for calendar years (CYs).

The numerator is derived from The University of Alabama's Center for Advanced Public Safety (CAPS) online database (http://caps.ua.edu/online_analysis.aspx) and represents crashes in Alabama in 2011. To obtain numbers pertaining to this indicator, we utilized the 2011 Alabama Integrated Personal Dataset and selected "Person Raw Age" as the criterion for the column totals and "Person Injury Type" as the criterion for the row totals.

Prior to CY 2011, there was no requirement to obtain an exact age, only an age range (as referenced in year 2010 form notes to this indicator). Raw age is now captured and we no longer have to manipulate the data to obtain numbers pertaining to this indicator. All injuries excluding "Fatal Injuries", "Person was not a Victim", and "Unknown Injury" are considered to be non-fatal in the crosstab analysis results.

For this indicator, normally the U.S. Census Bureau's population estimates for persons 15-24 years of age are used as denominators. The Census Bureau's annual state population estimates according to race, age, sex, and origin had not been released as of March 21, 2012. At the time of this writing, only decennial census 2010 counts were available. We are using American Fact Finder's (AFF) 2010 Census Summary File 1, which are actual counts and basic cross tabulations of information collected from all people and housing units during the 2010 Census. Denominators through 2009 are retained from last year's Census population estimates. The population count for 2010 is used as our best estimate for 2011.

Trends

Population estimates several years after a census may be less reliable than those that are within a few years of the previous census. As a corollary, the population estimates for the years preceding 2010 may not be comparable to the year 2010 U.S. Census count.

Trend analyses will be deferred until comparable datasets are utilized to report on this indicator. CAPS changed the methodology in the way they capture and use their data during CY 2011; as a result, data are not comparable to previous years using this database. Additionally, the number of nonfatal injuries for this indicator increased in this reporting year due to methodology changes. CAPS is now including passengers who were in the motor vehicle at the time of the crash, rather than drivers only (as reported in 2009 and 2010).

2. Section Number: Form20_Health Status Indicator #04C**Field Name:** HSI04C**Row Name:****Column Name:****Year:** 2010**Field Note:****Data Issues:**

All estimates are for calendar years (CYs).

The numerator is derived from The University of Alabama's Center for Advanced Public Safety online database (http://caps.ua.edu/online_analysis.aspx) and represents crashes in Alabama in 2010. The aforesaid web site displays several criteria for performing a crosstab analysis. To obtain numbers pertaining to this indicator, we utilized the 2010 Alabama Integrated Crash Dataset and selected "CU Driver/Non-Motorist Age" as the criterion for the column totals and "Number Injured (Non-Fatal)" as the criterion for the row totals. Then, by selecting "Analyze," we obtained an output of nonfatal injuries due to Alabama crashes in 2010 by age and by number of injuries reported for each age group. The data in the 2010 Alabama Integrated Crash Dataset were last updated on June 9, 2011. Estimates for 2010 were updated in TVIS on August 23, 2011.

The report generated from performing the crosstab analysis displayed the total number of nonfatal injuries according to several age categories, including 0-3 years, 4-5 years, 6-8 years, 9-12 years, 13-15 years, 16-20 years, 21-25 years, 2 categories of older age groups, and categories where the age was either unknown or not recorded.

For this indicator, we used 3 age categories. The number of nonfatal injuries among 15 year-olds was estimated by multiplying 1/3 times the number reported for the 13-15 year-old age group. Also, the number of injuries among 21-24 year-olds was estimated by multiplying 4/5 times the number reported for the 21-25 year-old age group. The total number of non-fatal injuries for the 3 age categories was multiplied by the number of injuries reported for each age group. The range of injuries was from 1 injury up to 99 or more injuries, as reported in the 2010 Alabama Integrated Crash Dataset. For example, for each age range with 1 injury, the multiplier for all the age categories was 1. The total for each age category was multiplied by the corresponding number of injuries to arrive at a total for each age category. The numbers were then summed to obtain the numerator for this indicator.

The denominator is derived from American Fact Finder's (AFF) 2010 Census Summary File 1, which are actual counts and basic cross tabulations of information collected from all people and housing units during the 2010 Census. Denominators through 2009 are retained from last year's Census population estimates.

Trends

Methods used to derive the year 2009 and 2010 estimates are far superior to methods used to derive estimates for earlier years. Discussion of trends will be deferred until a complete dataset is available for a minimum of 3 years.

3. Section Number: Form20_Health Status Indicator #04C**Field Name:** HSI04C**Row Name:****Column Name:****Year:** 2009**Field Note:****Data Issues:**The numerator is derived from The University of Alabama's Center for Advanced Public Safety online database (http://caps.ua.edu/online_analysis.aspx) and represents crashes in

Alabama in 2009. The aforesaid web site displays several criteria for performing a crosstab analysis. To obtain numbers pertaining to this indicator, we utilized the 2009 Alabama Integrated Crash Dataset, which was last updated on July 9, 2010. Using this dataset, the numerator was obtained via the same methods used to obtain the numerator for the year 2010 estimate.

The denominator is the updated year 2009 population estimate for this age group, derived from a U.S. Census Bureau spreadsheet "SC-EST2009-alldata6-AL_ID," which provides estimates for the total population and 6 race groups. The spreadsheet was downloaded from the U.S. Census Bureau web site in September 2010.

As stated in the year 2010 note, this indicator's estimates for 2009 and 2010 are not comparable to those for earlier years.

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	46.7	46.5	46.6	48.3	49.8
Numerator	7,501	7,559	7,550	8,134	8,378
Denominator	160,549	162,567	161,876	168,320	168,320

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

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2011

Field Note:

Data Issues:

All estimates are for calendar years. The numerators represent cases rather than unduplicated patient counts.

Because we do not have a population estimate for 2011 for 15-19 year-old Alabama females, the population count for 2010 is used as our best estimate for 2011.

For this measure, we normally use the U.S. Census Bureau's population estimates, which are typically updated each year, as denominators. As of March 21, 2012, recently updated population estimates were not available, but decennial census 2010 counts were available. We are, therefore, using American Fact Finder's (AFF's) 2010 Census Summary File 1, which provides actual counts and basic cross tabulations of information collected from all people and housing units during the 2010 Census. The 2010 U.S. Census count for this age group was derived from an AFF query of Alabama's total population according to sex by age.

For years prior to 2010, population estimates were derived from a detailed, state-level spreadsheet referred to as "SCEST2009-alldata6: Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or more Races) by Age, Sex, and Hispanic Origin: April 1, 2000 to July 1, 2009."

The U.S. Census count for 2010 may not be comparable to population estimates for the several preceding years. Therefore, the estimated rate for 2010 may not be comparable to estimated rates for earlier years.

2. **Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2010

Field Note:

Data Issues:

See this indicator's year 2011 field note. In June 2010, the Title V Information System would not allow us to directly revise numbers for 2007. Therefore, our current best estimate for that year is 46.6 (7,501/160,905) per 1,000, rather than what is shown on Form 20.

Trends:

From 2006 through 2010, using the year 2009 population estimate as the denominator for both 2009 and 2010, the chlamydia case rate in 15-19 year-old Alabama females ranged from 46.5 cases per 1,000 in 2008 to 51.5 cases per 1,000 in 2006, with a median of 46.6 cases per 1,000 in 2007 and 2009.

3. **Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2009

Field Note:

Trends:

The surveillance period for this discussion of trends is 2003-2008, using numbers available circa May 2009. From a baseline of 34.1 cases per 1,000 in 2003, the reported chlamydia case rate among 15-19 year-old Alabama females increased 3 years in a row, peaking at 51.7 cases per 1,000 in 2006. The rate then declined to 46.7 cases per 1,000 in 2007 and remained at about the same level in 2008. The reported increase in 2006 may be partly due to ascertainment bias.

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	14.2	13.3	13.1	14.5	15.3
Numerator	11,131	10,486	10,365	11,518	12,160
Denominator	781,772	788,537	788,439	792,300	792,300

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

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2011

Field Note:

Data Issues:

All estimates are for calendar years. The numerators represent cases rather than unduplicated patient counts.

Because we do not have a population estimate for 2011 for 20-44 year-old Alabama females, the estimate for 2010 is used as our best estimate for 2011.

For this measure, we normally use the U.S. Census Bureau's population estimates, which are typically updated each year, as denominators. As of March 21, 2012, recently updated population estimates were not available, but decennial census 2010 counts were available. We are, therefore, using American Fact Finder's (AFF's) 2010 Census Summary File 1, which provides actual counts and basic cross tabulations of information collected from all people and housing units during the 2010 Census. The 2010 U.S. Census count for this age group was derived from an AFF query of Alabama's total population according to sex by age.

For years prior to 2010, population estimates were derived from a detailed, state-level spreadsheet referred to as "SCEST2009-alldata6: Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or more Races) by Age, Sex, and Hispanic Origin: April 1, 2000 to July 1, 2009."

The U.S. Census count for 2010 may not be comparable to population estimates for the several preceding years. Therefore, the estimated rate for 2010 may not be comparable to estimated rates for earlier years.

2. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2010

Field Note:

Data Issues:

See this indicator's year 2011 field note. In June 2010, the Title V Information System would not allow us to directly revise numbers for 2007. Therefore, our current best estimate for that year is 14.1 (11,131/788,538) per 1,000, rather than what is shown on Form 20.

Trends:

From 2006 through 2010, using the year 2009 population estimate as the denominator for both 2009 and 2010, the chlamydia case rate in 20-44 year-old Alabama females ranged from 13.1 cases per 1,000 in 2009 to 16.7 cases per 1,000 in 2006, with a median of 14.1 cases per 1,000 in 2007.

3. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2009

Field Note:

Trends:

The surveillance period for this discussion of trends is 2003-2008, based on data available circa May 2009. From a baseline of 9.1 cases per 1,000 in 2003, the reported chlamydia case rate among 20-44 year-old Alabama females increased 3 years in a row, peaking at 16.9 cases per 1,000 in 2006. The rate then declined to 14.2 cases per 1,000 in 2007 and declined again, to 13.4 cases per 1,000 in 2008. The reported increase in 2006 may be partly due to ascertainment bias.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AL

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? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	60,056	35,399	18,281	335	642	65	2,580	2,754
Children 1 through 4	244,901	147,229	73,205	1,413	2,933	267	9,162	10,692
Children 5 through 9	308,229	191,672	91,025	1,945	3,894	260	9,300	10,133
Children 10 through 14	319,655	200,250	98,027	2,144	3,504	222	7,860	7,628
Children 15 through 19	343,471	212,715	110,770	2,237	3,434	214	7,577	6,524
Children 20 through 24	335,322	209,871	101,794	1,928	4,569	411	5,083	11,666
Children 0 through 24	1,611,634	997,136	493,102	10,002	18,976	1,439	41,582	49,397

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	54,860	5,196	0
Children 1 through 4	225,012	19,689	0
Children 5 through 9	268,845	19,384	0
Children 10 through 14	304,860	14,795	0
Children 15 through 19	328,976	14,495	0
Children 20 through 24	314,787	20,535	0
Children 0 through 24	1,517,340	94,294	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AL

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? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	110	37	73	0	0	0	0	0
Women 15 through 17	2,219	1,167	1,014	11	10	0	0	17
Women 18 through 19	5,117	2,987	2,052	26	16	0	0	36
Women 20 through 34	46,951	31,955	13,722	158	743	7	0	366
Women 35 or older	5,582	3,979	1,357	18	196	1	0	31
Women of all ages	59,979	40,125	18,218	213	965	8	0	450

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	99	11	0
Women 15 through 17	2,023	195	1
Women 18 through 19	4,756	359	2
Women 20 through 34	43,149	3,785	17
Women 35 or older	5,098	481	3
Women of all ages	55,125	4,831	23

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AL

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? Provisional

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	522	265	249	1	2	0	0	5
Children 1 through 4	80	48	30	1	0	0	0	1
Children 5 through 9	65	38	26	0	1	0	0	0
Children 10 through 14	74	47	26	0	1	0	0	0
Children 15 through 19	227	137	85	1	1	0	0	3
Children 20 through 24	400	232	161	0	3	0	0	4
Children 0 through 24	1,368	767	577	3	8	0	0	13

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	487	35	0
Children 1 through 4	75	5	0
Children 5 through 9	65	0	0
Children 10 through 14	72	2	0
Children 15 through 19	220	7	0
Children 20 through 24	382	18	0
Children 0 through 24	1,301	67	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AL

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	1,238,581	787,265	391,308	8,074	14,407	1,028	36,499	0	2010
Percent in household headed by single parent	28.9	19.0	49.9	25.1	12.2	27.3	35.4	21.9	2010
Percent in TANF (Grant) families	3.4	1.5	7.3	7.1	0.3	2.7	0.0	0.0	2011
Number enrolled in Medicaid	589,711	300,154	266,387	2,156	4,048	0	0	16,966	2011
Number enrolled in SCHIP	110,705	64,529	37,578	891	1,437	53	0	6,217	2011
Number living in foster home care	5,440	2,888	2,360	16	8	7	0	151	2011
Number enrolled in food stamp program	435,745	188,613	222,680	15,790	1,279	172	0	7,211	2011
Number enrolled in WIC	182,842	99,692	74,661	739	1,024	501	6,225	0	2011
Rate (per 100,000) of juvenile crime arrests	3,795.0	3,161.0	5,048.0	0.0	0.0	0.0	0.0	0.0	2010
Percentage of high school drop-outs (grade 9 through 12)	1.4	1.4	1.5	0.9	0.4	0.0	0.0	15.1	2011

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	1,164,822	73,759	0	2010
Percent in household headed by single parent	29.3	23.6	0.0	2010
Percent in TANF (Grant) families	3.4	1.1	0.0	2011
Number enrolled in Medicaid	533,235	47,851	8,625	2011
Number enrolled in SCHIP	106,666	4,049	0	2011
Number living in foster home care	0	0	5,540	2011
Number enrolled in food stamp program	424,964	10,781	0	2011
Number enrolled in WIC	158,617	24,225	0	2011
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	3,795.0	2010
Percentage of high school drop-outs (grade 9 through 12)	1.4	1.2	15.1	2011

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AL

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	917,712
Living in urban areas	707,667
Living in rural areas	568,725
Living in frontier areas	0
Total - all children 0 through 19	1,276,312

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

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AL

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

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

POVERTY LEVELS	TOTAL
Total Population	4,666,970
Percent Below: 50% of poverty	8.1
100% of poverty	19
200% of poverty	40.3

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AL

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

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	1,120,468
Percent Below: 50% of poverty	12.9
100% of poverty	27.7
200% of poverty	59.5

FORM NOTES FOR FORM 21**HSIs 6A and 6B:**

For this measure, we normally use the U.S. Census Bureau's population estimates, which are typically updated each year, as denominators. As of March 21, 2012, recently updated population estimates were not available, but decennial census 2010 counts were available. We are, therefore, using American Fact Finder's (AFF's) 2010 Census Summary File 1, which provides actual counts and basic cross tabulations of information collected from all people and housing units during the 2010 Census. The 2010 U.S. Census count for this age group was derived from an AFF query of Alabama's total population according to sex by age.

HSIs 7A and 7B:

The database used is the Alabama residential live birth statistical file for calendar year 2010. For HSIs 7A and 7B, race and ethnicity are reported as the race and ethnicity of the mother. The database does not have a multiple-race category.

HSI 10:

All numbers pertain to children between 0-19 years of age. The total number of 0-19 year olds reported for this indicator does not correspond with the number reported for HSI 9A. HSI 9A 0-19 year old total excludes those individuals whose race is considered Other or Unknown.

FIELD LEVEL NOTES**1. Section Number:** Form21_Indicator 07A**Field Name:** Race_Women15**Row Name:** Women < 15**Column Name:****Year:** 2013**Field Note:**

For each age category in this table, Non-Hawaiian "Other Asian or Pacific Islanders" are included in the count of Asians, and race pertains to that of the mother.

For all maternal age groups, the "Other and Unknown" racial category in this table includes cases where race was not reported, as well as cases where the mother's race was coded as "Other Entries" (race categories not fitting into the 5 single-race categories specified for this health status indicator) in the computerized birth records.

Alabama computerized birth files do not include a multiple-race category.

2. Section Number: Form21_Indicator 08A**Field Name:** S08_Race_Infants**Row Name:** Infants 0 to 1**Column Name:****Year:** 2013**Field Note:**

This note applies to the total population and all age groups on which this indicator reports. The data source, the year 2010 Alabama statistical death file, does not have a multiple-race category.

3. Section Number: Form21_Indicator 09A**Field Name:** HSI Race_Children**Row Name:** All children 0 through 19**Column Name:****Year:** 2013**Field Note:**

All Children 0 Through 19 by Race:

For this measure, we normally use the U.S. Census Bureau's population estimates, which are typically updated each year, as denominators. As of March 21, 2012, recently updated population estimates were not available, but decennial census 2010 counts were available. We are, therefore, using American Fact Finder's (AFF's) 2010 Census Summary File 1, which provides actual counts and basic cross tabulations of information collected from all people and housing units during the 2010 Census. The 2010 U.S. Census count for this age group was derived from an AFF query of Alabama's total population according to sex by age.

4. Section Number: Form21_Indicator 09A**Field Name:** HSI Race_SingleParentPercent**Row Name:** Percent in household headed by single parent**Column Name:****Year:** 2013**Field Note:**

Single-Parent Households by Race:

All estimates pertain to children 0-17 years of age.

Sources for deriving estimates for this item were obtained from the U.S. Census Bureau web site. The source for numerators for the percentages shown on Form 21 is derived from the 2010 Census Summary File 1, "Tables P31-311, Household Type by Relationship for the Population Under 18 Years" queried on 11/10/2011 from the following address-<http://factfinder.census.gov/>. The query resulted in 10 tables, each table representing a particular race or origin. The denominators are 2010 U.S. Census counts derived from an American Fact Finder (AFF) query of Alabama's total population according to sex by age. The query resulted in 16 tables (PCT 1 & PCT12A-PCT12O), each table representing a particular race or origin.

To estimate the percent of households headed by single parents according to race, totals were used from the following 2 rows of the aforesaid tables and summed: "In male householder, no wife present family" and "In female householder, no husband present family". The sum was then divided by 2010 Census population counts to obtain overall percentages according to race.

Corresponding procedures were followed to derive the other percentages shown on Form 21 for this item, for the total group and all racial groups.

5. Section Number: Form21_Indicator 09A**Field Name:** HSI Race_TANFPercent**Row Name:** Percent in TANF (Grant) families**Column Name:****Year:** 2013**Field Note:**

Percent in TANF by Race:

Numbers for this item were derived from numbers provided by the Alabama Department of Human Resources (DHR).

As of December 31, 2011, a total of 41,058 children and youth (0-19 years of age) lived in households that received Family Assistance (TANF) in Alabama. The total number of families receiving TANF was 23,677. The race-specific numbers of children and youth living in households receiving TANF were not provided by DHR, but the race-specific numbers of TANF households were provided. Therefore, the race-specific numbers of children and youth living in households receiving TANF were derived as follows: the total number of children and youth in TANF households (41,058) divided by the total number of households receiving TANF (23,677). The factor yielded by this method was 1.73409. For example, 6,772 White households received TANF. Multiplying 6,772 by the unrounded factor yielded 11,743, which is our estimate for the number of White children and youth living in TANF households. Using 11,743 White children and youth as the numerator and 787,265 White children and youth (from the "All children 0 through 19 row") as the denominator yields the estimate that 1.5% of White children and youth were in households receiving TANF.

The above method assumes that the ratio of the number of children and youth living in TANF households to the number of households receiving TANF is identical (1.73409) in all racial categories. We do not have the data to test the correctness of this assumption. There were 447 Hispanic households and 86 Other households whose racial composition was unknown. As there is no denominator for the racial category of "Other and Unknown," no percentage is available for this category.

6. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:

Year: 2013

Field Note:

Number Enrolled in Medicaid by Race:

Numbers for this item pertain to FY 2011 and were provided by the Alabama Medicaid Agency Statistical Support Unit on February 15, 2012.

The Medicaid report did not include the race categories of "Native Hawaiian or Other Pacific Islander" or "More than 1 Race," so we do not know how many Medicaid enrolled children and youth were in these racial categories.

The Medicaid report did not classify Hispanic individuals by race; Hispanic individuals were assumed to be White when deriving numbers by race from this report.

7. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:

Year: 2013

Field Note:

Number Enrolled in CHIP by Race:

Numbers for this item were provided by the Alabama State Children's Health Insurance Program (CHIP) and reflect enrollment in ALL Kids throughout calendar year 2011.

CHIP enrollment is limited to eligible persons aged 18 years and younger. The CHIP report did not classify Hispanic individuals by race. The CHIP Program recently changed the specifications used to run their reports. As a result, numbers are dramatically lower than reported in CY 2010 despite the fact that CHIP's actual enrollment has increased. Due to changes in methodology, numbers for CYs 2010 and 2011 are not comparable.

8. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:

Year: 2013

Field Note:

Number Enrolled in Food Stamp Program by Race:

Numbers for this item were provided by DHR. Numbers provided by DHR reported here cover only 64 of Alabama's 67 counties, because the remaining counties do not participate in DHR's data system. The numbers enrolled in the Food Stamp Program as of December 31, 2011 are reported here. All numbers pertain to food stamp recipients on this date in the 64 counties for which data were available.

The report provided by DHR shows the total number of food stamp recipients according to several age categories, including 0-11 years, 12-15 years, 16-17 years, 18-20 years, and 5 categories of older age groups. The number of 18-19 year-old recipients was estimated by multiplying 2/3 times the number reported for the 18-20 year-old group.

In the 64 counties, as of December 31, 2011, a total of 929,826 individuals (regardless of age) were receiving food stamps. Of these individuals, 435,745 were 0-19 years of age. Age of food stamp recipients was not reported according to race. To estimate the race-specific numbers of 0-19 year-old food stamp recipients, the proportion .46863 (435,745/929,826) was multiplied times each race-specific number of food stamp recipients. This method assumes an identical age distribution across racial categories of food stamp recipients, and we do not have data to test the correctness of this assumption.

9. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_WCNo
Row Name: Number enrolled in WC
Column Name:

Year: 2013

Field Note:

Number Enrolled in WC by Race:

Numbers reported here are provided by ADPH's Bureau of Information Technology and represent an unduplicated count of WC enrollees. Race and ethnicity are self reported by WC recipients. These numbers represent WC enrollment through December 31, 2011.

10. **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:

Rate of Juvenile Crime Arrests by Race:

Numerators were derived from the Alabama Criminal Justice Information Center's (CJIC's) web site and represent arrests in Alabama in 2010. The aforesaid web site reports "Part I" and "Part II" arrests for all ages combined and for multiple age groups. Part I crimes pertain to more serious criminal acts and Part II crimes to less serious offenses. Three age groups (under 18 years, 18 years, and 19 years) were summed to calculate Part I and Part II arrests for persons aged 19 years or younger. The numbers of Part I and Part II arrests in this age group were then summed to calculate the total number of arrests of persons aged 19 years or younger (23,593 arrests). Presumably, virtually all arrests in this age group involved youth whose ages were from 10 through 19 years.

CJIC's web site did not report arrests according to age and race concurrently. However, it said that: Of persons arrested for Part I offenses, 51% were White and 49% were Black; and of persons arrested for Part II offenses, 57% were White and 43% were Black. To estimate the numbers of arrests of White youth and of Black youth in the 0-19 year age group, the proportion corresponding to each of the aforesaid percentages was applied to the corresponding total number of Part I and Part II arrests of 0-19 year old persons. For example, to estimate the number of arrests of White persons aged 0-19 years in Alabama in 2010: 0.51 was multiplied by the number of Part I arrests in this age/race group, 0.57 was multiplied by the number of Part II arrests in this age/race group, and the 2 resulting products were summed. A corresponding procedure using factors of 0.49 (for Part I arrests) and 0.43 (for Part II arrests) was followed to estimate the number of arrests of Black 0-19 year-old youth.

While numerators were estimated as described above, denominators are 2010 U.S. Census counts derived from an American Fact Finder (AFF) query of Alabama's total population according to sex by age. The query resulted in 16 tables (PCT 1 & PCT12A-PCT12O), each table representing a particular race or origin.

As previously stated, CJIC's web site did not report arrests for juveniles according to race, which necessitated estimating race-specific numbers for White youth and for Black youth. These race-specific estimates assume that the racial distribution for arrests of youth was the same as that for arrests of all ages combined, and we do not have the data to test this assumption. Further, a few of the youths arrested may have been of a race other than White or Black. Because we have no data-based way of estimating the number of arrests of youths whose race was other than White or Black, zeroes have been entered into cells for these racial categories.

11. **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:
Percentage of High School Drop-Outs by Race:
Numbers for this item were provided by the Alabama State Department of Education (SDE).

Because the racial composition of Hispanics was unknown, the Hispanic group was added to the "Other and Unknown" category.

SDE did not report a category for "Native Hawaiian or Other Pacific Islander."

12. Section Number: Form21_Indicator 09B

Field Name: HSIethnicity_Children
Row Name: All children 0 through 19
Column Name:
Year: 2013

Field Note:
All Children 0 Through 19 by Ethnicity:
For this measure, we normally use the U.S. Census Bureau's population estimates, which are typically updated each year, as denominators. As of March 21, 2012, recently updated population estimates were not available, but decennial census 2010 counts were available. We are, therefore, using American Fact Finder's (AFF's) 2010 Census Summary File 1, which provides actual counts and basic cross tabulations of information collected from all people and housing units during the 2010 Census. The 2010 U.S. Census count for this age group was derived from an AFF query of Alabama's total population according to sex by age.

13. Section Number: Form21_Indicator 09B

Field Name: HSIethnicity_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2013

Field Note:
Single-Parent Households by Ethnicity:
As detailed in the Health Status Indicator (HSI) 9A field note for this item, numbers for this indicator were derived from two sources. The source for numerators for the percentages shown on Form 21 is derived from the 2010 Census Summary File 1, "Tables P31-311, Household Type by Relationship for the Population Under 18 Years" queried on 11/10/2011 from the following address—<http://factfinder.census.gov/>). The query resulted in 10 tables, each table representing a particular race or origin. The denominators are 2010 U.S. Census counts derived from an American Fact Finder (AFF) query of Alabama's total population according to sex by age. The query resulted in 16 tables (PCT 1 & PCT12A-PCT12O), each table representing a particular race or origin.

To estimate the percent of households headed by single parents according to race, totals were used from the following 2 rows of the aforesaid tables and summed: "In male householder, no wife present family" and "In female householder, no husband present family". The sum was then divided by 2010 Census population counts to obtain overall percentages according to ethnicity

Numbers shown are for the 0-17 year age group.

14. Section Number: Form21_Indicator 09B

Field Name: HSIethnicity_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2013

Field Note:
Percent in TANF (Grant) Families by Ethnicity:
Numbers for this item were derived from numbers provided by DHR.

As stated in the corresponding field note for HSI 9A, the race-specific numbers of children and youth living in households receiving TANF were not provided by DHR. Similarly, the number of Hispanic children and youth living in households receiving TANF was not reported by DHR, but the number of Hispanic households (447) receiving TANF was provided. Using the rationale described in the corresponding field note for HSI 9A, by multiplying 1.73409 (unrounded) times the 447 Hispanic households, we estimated that 775 Hispanic children and youth were in households receiving food stamps. Using 775 Hispanic children and youth as the numerator and 73,759 Hispanic individuals (from the "All children 0 through 19" row of HSI 9B) as the denominator yields the estimate that 1.1% of Hispanic children and youth were in households receiving TANF.

A corresponding procedure was used to estimate the percentage of non-Hispanic children and youth who were in households receiving TANF.

The above method assumes that the ratio of the number of children and youth living in TANF households to the number of households receiving TANF is identical (1.73409) in both the Hispanic and non-Hispanic categories. We do not have the data to test the correctness of this assumption.

15. Section Number: Form21_Indicator 09B

Field Name: HSIethnicity_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2013

Field Note:
Number Enrolled in Medicaid by Ethnicity:
Numbers for this item pertain to FY 2011 and were provided by the Alabama Medicaid Agency Statistical Support Unit on February 15, 2012.

16. Section Number: Form21_Indicator 09B

Field Name: HSIethnicity_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2013

Field Note:
Number Enrolled in CHIP by Ethnicity:
Numbers for this item were provided by the Alabama State Children's Health Insurance Program (CHIP) and reflect enrollment in ALL Kids throughout calendar year 2011.

CHIP enrollment is limited to eligible persons aged 18 years and younger. The CHIP report did not classify Hispanic individuals by race.

The CHIP Program recently changed the specifications used to run their reports. As a result, numbers are dramatically lower than reported in CY 2010 despite the fact that SCHIP's actual enrollment has increased. Due to changes in methodology, comparisons between CY 2010 and CY 2011 cannot be ascertained.

17. Section Number: Form21_Indicator 09B

Field Name: HSIethnicity_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2013

Field Note:

Number Enrolled in Food Stamp Program by Ethnicity:

Numbers for this item were provided by DHR. Numbers provided by DHR and reported here cover only 64 of Alabama's 67 counties, because the remaining counties do not participate in DHR's data system. The numbers enrolled in the Food Stamp Program as of December 31, 2011 are reported here. All numbers pertain to food stamp recipients on this date in the 64 counties for which data were available.

The report provided by DHR shows the total number of food stamp recipients according to several age categories, including 0-11 years, 12-15 years, 16-17 years, 18-20 years, and 5 categories of older age groups. The number of 18-19 year-old recipients was estimated by multiplying 2/3 times the number reported for the 18-20 year-old group.

In the 64 counties, as of December 31, 2011, a total of 929,826 individuals (regardless of age) were receiving food stamps. Of these individuals, 435,745 were 0-19 years of age and 10,781 were identified as being of Hispanic/Latino ethnicity. We multiplied the proportion of all food stamp recipients who were 19 years of age or younger (435,745/929,826, or .46863) times the total number of food stamp recipients of Hispanic/Latino ethnicity. This method assumes an identical age distribution across ethnic categories of food stamp recipients, and we do not have data to test the correctness of this assumption.

18. Section Number: Form21_Indicator 09B**Field Name:** HSIethnicity_WCNo**Row Name:** Number enrolled in WIC**Column Name:****Year:** 2013**Field Note:**

Number Enrolled in WIC by Ethnicity:

Numbers reported here are provided by ADPH's Bureau of Information Technology and represent an unduplicated count of WIC enrollees. Race and ethnicity are self-reported by WIC recipients. These numbers represent WIC enrollment through December 31, 2012.

19. 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:**

Rate of Juvenile Crime Arrests by Ethnicity:

As detailed in the HSI 9A field note for this indicator, numerators for the juvenile crime arrest rate were derived from the Alabama CJIC's web site. The aforesaid web site did not report crimes according to ethnicity, so we cannot report the juvenile crime arrest rate according to ethnicity. For this reason, the estimated juvenile crime rate for the total population of 0-19 year-old Alabama residents is placed in the "Ethnicity Not Reported" column. Because the Title V Information System does not allow blank cells in HSI 9A or 9B, a zero is placed in each of the 2 cells intended for reporting the juvenile crime arrest rate according to ethnicity. However, the actual juvenile crime arrest rates for the 2 groups—respectively Hispanic and non-Hispanic children and youth living in Alabama—are not known.

20. 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:**

Percentage of High School Drop-Outs by Ethnicity:

Numbers for this item were provided by SDE.

The source document provided by SDE apparently reported "Ethnicity" as a single variable, with each individual classified as being of a particular race, OR as being Hispanic, OR as being "Not Reported." For this reason, the percentage for persons whose race was not reported is shown in the "Ethnicity Not Reported" column (50/331, or 15.1%).

21. Section Number: Form21_Indicator 10**Field Name:** Metropolitan**Row Name:** Living in metropolitan areas**Column Name:****Year:** 2013**Field Note:**

According to the U.S. Office of Management and Budget, OMB Bulletin No. 10-02, in 2009, 28 Alabama counties were classified as metropolitan areas. The number shown for metropolitan areas is the total number of 0-19 year-old Alabama residents in these 28 counties in 2010, as derived from a spreadsheet provided by the University of Alabama's Center for Business and Economic Research (CBER) that shows estimated populations by age for all Alabama counties. (The spreadsheet, downloaded on May 11, 2012, can be accessed at <http://cber.cba.ua.edu/edata/census2010.html> and is entitled "counties by age group 2010.xlsx".)

22. Section Number: Form21_Indicator 10**Field Name:** Urban**Row Name:** Living in urban areas**Column Name:****Year:** 2013**Field Note:**

According to information provided by CBER in 2007, age-specific numbers on urban and rural populations were compiled only for the decennial census. Also according to CBER, the urban share of the 0-19 year-old population of Alabama residents had been about 55.44% in 2000. Therefore, to estimate the number of 0-19 year-old Alabama residents in urban areas in 2010, we multiplied .5544 times the total number of 0-19 year-old Alabama residents in that year (reference: 2010 Census Summary File 1, "Table PCT-12, Sex by Age, Total Population" accessed on 11/21/2011 from the following address—<http://factfinder.census.gov/>).

23. Section Number: Form21_Indicator 10**Field Name:** Rural**Row Name:** Living in rural areas**Column Name:****Year:** 2013**Field Note:**

The number of 0-19 year-old Alabama children and youth living in rural areas was estimated by subtracting the number living in urban areas from the total number of 0-19 year-old Alabama residents.

24. Section Number: Form21_Indicator 11**Field Name:** S11_total**Row Name:** Total Population**Column Name:****Year:** 2013**Field Note:**

The references for Health Status Indicator (HSI) 11 are online U.S. Census Bureau reports of the 2010 American Community Survey 1-Year Estimates. The estimates for this indicator were derived from an American Fact Finder query of Alabama's total population. The query resulted into two tables (S1701 & S1703) entitled "Poverty Status in the Past 12 Months" and "Selected Characteristics of People at Specified Levels of Poverty in the Past 12 Months" accessed on 11/21/2011.

The reports show the "weighted person count" in thousands. Thus, the number shown on Form 21 for the "Total Population" in HSI 11 is an approximation. This approximation is shown

there for the sake of internal consistency within the indicator. However, a more accurate estimate of the total population of Alabama residents in 2010 is 4,779,736 (reference: 2010 Census Summary File 1, "Table PCT-12, Sex by Age, Total Population" accessed on 11/21/2011 from the following address—<http://factfinder.census.gov/>). All tables used for HSI 11 were retrieved from the U.S. Census Bureau's web site, <http://www.census.gov/>. The degree of uncertainty for an estimate arising from sampling variability is represented in the previously referenced Census tables through the use of a 90% margin of error.

25. Section Number: Form21_Indicator 11

Field Name: S11_50percent

Row Name: Percent Below: 50% of poverty

Column Name:

Year: 2013

Field Note:

Per the Census Bureau table providing state-level estimates on poverty ("S1701: Poverty Status in the Past 12 Months"), in 2010 an estimated 380,317 (with a 90% confidence interval of $\pm 15,567$) Alabama residents had a household income below 50% of the FPL. We divided this estimate by the total population (380,317/4,666,970) to conclude that 8.1% of Alabama residents had a household income below 50% of the FPL. The confidence interval was derived from the standard error shown on the reference for the numerator.

26. Section Number: Form21_Indicator 11

Field Name: S11_100percent

Row Name: 100% of poverty

Column Name:

Year: 2013

Field Note:

Per the Census table providing state-level estimates on poverty ("S1703: Selected Characteristics of People at Specified Levels of Poverty in the Past 12 Months"), in 2010, 19.0% of Alabama residents had a household income less than 100% of the FPL, with a 90% confidence interval of $\pm 0.5\%$. The referenced U.S. Census Bureau's table was retrieved on 12/08/2011.

27. Section Number: Form21_Indicator 11

Field Name: S11_200percent

Row Name: 200% of poverty

Column Name:

Year: 2013

Field Note:

Per the Census Bureau table providing state-level estimates on poverty ("S1701: Poverty Status in the Past 12 Months"), in 2010 an estimated 1,882,947 (with a 90% confidence interval of $\pm 30,483$) Alabama residents had a household income below 200% of the FPL. We divided this estimate by the total population (1,882,947/4,666,970) to conclude that 40.3% Alabama residents had a household income below 200% of the FPL. (The confidence interval was derived from the standard error shown on the reference for the numerator.) The referenced U.S. Census Bureau's table was retrieved on 12/08/2011.

28. Section Number: Form21_Indicator 12

Field Name: S12_Children

Row Name: Children 0 through 19 years old

Column Name:

Year: 2013

Field Note:

The references used for Health Status Indicator (HSI) 12 pertain to persons 0-17 years of age, rather than to persons 0-19 years of age.

The references for Health Status Indicator (HSI) 12 are online U.S. Census Bureau reports of the 2010 American Community Survey 1-Year Estimates. The estimates for this indicator were derived from an American Fact Finder (AFF) query of Alabama's total population. The query resulted in two tables (S1701 & S1703) entitled "Poverty Status in the Past 12 Months" and "Selected Characteristics of People at Specified Levels of Poverty in the Past 12 Months" accessed on 11/21/2011.

All tables used for HSI 12 were retrieved from the U.S. Census Bureau's web site, <http://www.census.gov/>. The degree of uncertainty for an estimate arising from sampling variability is represented in the previously referenced Census tables through the use of a 90% margin of error.

29. Section Number: Form21_Indicator 12

Field Name: S12_50percent

Row Name: Percent Below: 50% of poverty

Column Name:

Year: 2013

Field Note:

Per the Census Bureau table providing state-level estimates on poverty ("S1703: Selected Characteristics of People at Specified Levels of Poverty in the Past 12 Months"), in 2010 an estimated 12.9% of 0-17 year-old Alabama residents had a household income below 50% of the FPL, with a confidence interval of $\pm 0.8\%$. (The confidence interval was derived from the standard error shown on the reference and the unrounded point estimate.) The referenced U.S. Census Bureau's table was retrieved on 12/08/2011.

30. Section Number: Form21_Indicator 12

Field Name: S12_100percent

Row Name: 100% of poverty

Column Name:

Year: 2013

Field Note:

In 2010, 27.7% of 0-17 year-old Alabama residents had a household income less than 100% of the FPL, with a 90% confidence interval of $\pm 1.1\%$. (The confidence interval was derived from the standard error shown on the reference and the unrounded point estimate.) The reference is the U.S. Census Bureau's table, "S1703: Selected Characteristics of People at Specified Levels of Poverty in the Past 12 Months", retrieved on 12/08/2011.

31. Section Number: Form21_Indicator 12

Field Name: S12_200percent

Row Name: 200% of poverty

Column Name:

Year: 2013

Field Note:

In 2010, 59.5% of 0-17 year-old Alabama residents had a household income less than 200% of the FPL. The references are the U.S. Census Bureau's tables, "S1701: Poverty Status in the Past 12 Months" and "S1703: Selected Characteristics of People at Specified Levels of Poverty in the Past 12 Months". They were retrieved from AFF on or before 12/08/2011.

According to Census table S1701, there were a total of 1,882,947 Alabama residents in which 200% FPL was determined. Per Census table S1703, 1,120,468 0-17 year-old Alabama residents were determined to be below 200% FPL. To conclude the estimate reported here, the number derived from Census table S1703 was divided by the number derived from Census table S1701 (1,120,468/1,882,947). No confidence intervals can be determined at this time because two data sources were used to arrive at the estimate reported for this indicator.

32. Section Number: Form21_Indicator 09A

Field Name: HSI Race_FosterCare

Row Name: Number living in foster home care

Column Name:

Year: 2013

Field Note:

Number Enrolled in Foster Care by Race:

The numbers for this item were provided by DHR through their "Characteristics of Children in Foster Care" report for September 2011. All numbers pertain to the characteristics of children in foster care during that month.

The above report shows numbers of individuals in foster care for each year of age through 21 years. This entire age range (0 through 21 years) totaled 5,554 individuals. Of these 5,554 individuals, 5,439 were 19 years of age and younger.

Age of enrollees was not reported according to race. To estimate the number of 0-19 year-old individuals in foster care according to race, we multiplied the proportion of all foster care recipients who were 19 years of age or younger (5,439/5,554 or .9791179) times the race-specific numbers of individuals receiving foster care. DHR did not report a category for "More than one race reported."

33. Section Number: Form21_Indicator 09B

Field Name: HSIEthnicity_FosterCare

Row Name: Number living in foster home care

Column Name:

Year: 2013

Field Note:

Number Enrolled in Foster Home Care by Ethnicity:

Due to the implementation of a new database required by federal regulation, the DHR was unable to provide data regarding the ethnicity of foster care recipients for this report. Their current data system captures recipients who are of Hispanic origin, but recent DHR reports have not been updated to show this number.