

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

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

1. FEDERAL ALLOCATION		\$	<u>11,257,008</u>
	(Item 15a of the Application Face Sheet [SF 424])		
	Of the Federal Allocation (1 above), the amount earmarked for:		
	A. Preventive and primary care for children:		
	\$ <u>3,393,782</u> (<u>30.15</u> %)		
	B. Children with special health care needs:		
	\$ <u>4,059,431</u> (<u>36.06</u> %)		
	(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:		
	\$ <u>1,108,528</u> (<u>9.85</u> %)		
	(The above figure cannot be more than 10%)[Sec. 504(d)]		
2. UNOBLIGATED BALANCE	(Item 15b of SF 424)	\$	<u>502,992</u>
3. STATE MCH FUNDS	(Item 15c of the SF 424)	\$	<u>41,993,077</u>
4. LOCAL MCH FUNDS	(Item 15d of SF 424)	\$	<u>0</u>
5. OTHER FUNDS	(Item 15e of SF 424)	\$	<u>0</u>
6. PROGRAM INCOME	(Item 15f of SF 424)	\$	<u>0</u>
7. TOTAL STATE MATCH	(Lines 3 through 6)	\$	<u>41,993,077</u>
	(Below is your State's FY 1989 Maintenance of Effort Amount)		
	\$ <u>23,499,343</u>		
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)		\$	<u>53,753,077</u>
	(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>334,664</u>		
b. SSDI:	\$ <u>100,000</u>		
c. CISS:	\$ <u>150,000</u>		
d. Abstinence Education:	\$ <u>0</u>		
e. Healthy Start:	\$ <u>0</u>		
f. EMSC:	\$ <u>87,000</u>		
g. WIC:	\$ <u>126,687,696</u>		
h. AIDS:	\$ <u>500,000</u>		
i. CDC:	\$ <u>3,874,435</u>		
j. Education:	\$ <u>9,573,727</u>		
k. Home Visiting:	\$ <u>10,508,007</u>		
l. Other:			
<u>ACF</u>	\$ <u>1,312,825</u>		
<u>DOJ</u>	\$ <u>337,000</u>		
<u>HHS/OAH</u>	\$ <u>2,159,082</u>		
<u>SAMHSA</u>	\$ <u>1,380,000</u>		
10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)		\$	<u>157,004,436</u>
11. STATE MCH BUDGET TOTAL		\$	<u>210,757,513</u>
	(Partnership subtotal + Other Federal MCH Funds subtotal)		

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES**1. Section Number:** Form2_Main**Field Name:** FedAlloc**Row Name:** Federal Allocation**Column Name:****Year:** 2013**Field Note:**

Assuming continued funding at estimated final FY12 award level. This is an optimistic estimate given indications of possible serious reductions to the MCH Block Grant in FY13.

2. Section Number: Form2_Main**Field Name:** FedAlloc_Admin**Row Name:** Federal Allocation - Title V Administrative costs**Column Name:****Year:** 2013**Field Note:**

The Department of Public Health uses the same definitions and procedures for determining "administrative costs" for the MCH Block Grant as it originally applied to the Alcohol and Drug Abuse and Mental Health Services (ADAMHA) Block Grant. Using this definition, no more than 10% of the Commonwealth's federal MCH funds (including both the FY13 estimated allotment and estimated carry-over FY12 federal funds) are budgeted for administrative costs for FY13. This definition has not changed from previous years. This definition of administrative costs includes funds expended for personnel working within the Department's Central Administration (for such functions as contracting and payments for purchase of service, payroll, travel reimbursement; support of legal services, administrative support, and personnel functions) and personnel within BFHN or BCHAP working entirely on fiscal management and operations.

The amount shown here represents the percentage of the FY13 award budgeted for administrative costs. The amount shown on Form 4, Line I.f., for FY13 Budgeted includes both FY13 funds and FY12 carry-over funds.

3. Section Number: Form2_Main**Field Name:** StateMCHFunds**Row Name:** State MCH Funds**Column Name:****Year:** 2013**Field Note:**

The following state accounts make up the "Total State Funds" amount of \$41,993,077 based on the state FY13 budget; final account amounts are subject to change during the FY. Total FY13 state funds are less than final funding for FY12 because as increasing amounts from our MCH Partnership state accounts are being used for claiming or match for other federal programs in the Commonwealth, including TANF, DSHP, and CHIP. Because our total state match remains so much higher than \$3 for every \$4 federal, it is more valuable to the Commonwealth to use the funds to generate additional federal funds for Medicaid and TANF. The differences between total MCH-related state funding and the amounts shown on Form 3 are over \$12.1M for FY13; the specific claiming amounts are listed below by account.

Family Health Services (\$3,890,238; down from \$7.M in FY09). This now funds family planning services, with some funds for the MA Birth Defects Monitoring System. The total of \$4,666,697 has been reduced by \$476,459 now being used for CMS CHIP claiming match and by \$300,000 being used as match for another federal discretionary grant.

Early Intervention Services (\$27,023,610). This amount is down significantly from the FY12 total of over \$31M, due to the successful transfer of more costs to the state Medicaid program, MassHealth, where they receive federal match. The program itself is not constricting.

Universal Newborn Hearing Screening (\$68,938).

Teen Pregnancy Prevention Challenge Fund (\$82,851) (\$2,201,272 of the account total of \$2,284,123 is used as federal TANF match.

School Health (including school health services & school-based health centers) (\$5,846,872). The account total of \$11,132,301 has been reduced by \$5,188,669 now being used for CMS CHIP claiming match, and by \$96,760 being used as match for another federal discretionary grant.

Dental Health (portion) (\$251,650, estimated)

Catastrophic Illness in Children Relief Fund (\$2,369,051, estimated).

Pediatric Palliative Care (\$45,843). \$748,823 of the FY13 total of \$794,666 is not shown here, as it is being used for Medicaid DSHP match.

Domestic Violence & Sexual Assault Prev. & Treatment (portion) (\$1,841,284, estimated)

Suicide Prevention (portion) (\$120,000) – for Regional Poison Control Center

Youth Violence Prevention (\$328,572). \$677,681 of the FY13 total of \$1,006,253 is not shown here, as it is being used for Medicaid DSHP match.

Portions of state information technology account (\$124,168, estimated) for MCH-related costs

Based on a total FY13 federal MCH budget of \$11,760,000, this breaks out as a budgeted FY13 State Match (\$3 state for every \$4 federal) of \$8,820,000 and Over Match of \$33,173,077.

Based on a total new FY13 federal MCH award of \$11,257,008 (current estimate), this breaks out as a budgeted FY13 State Match (\$3 state for every \$4 new federal) of \$8,442,756, and Over Match of \$33,550,321.

4. Section Number: Form2_Main**Field Name:** SPRANS**Row Name:** Other Federal Funds - SPRANS**Column Name:****Year:** 2013**Field Note:**

The total SPRANS category includes the following:

Universal Newborn Hearing Enhancement (\$300,000)

Oral Health Workforce Development (34,664)

5. Section Number: Form2_Main**Field Name:** SSDI**Row Name:** Other Federal Funds - SSDI**Column Name:****Year:** 2013**Field Note:**

MCHB Primary Care Systems Development grant (\$100,000).

Amount of our pending renewal application

6. Section Number: Form2_Main**Field Name:** CISS**Row Name:** Other Federal Funds - CISS**Column Name:****Year:** 2013**Field Note:**

The CISS category includes the following:

Massachusetts Early Childhood Comprehensive Systems (\$150,000)

7. Section Number: Form2_Main**Field Name:** AbsEducation

Row Name: Other Federal Funds - Abstinence Education

Column Name:

Year: 2013

Field Note:

Massachusetts no longer applies for Abstinence Education funds.

8. Section Number: Form2_Main

Field Name: EMSC

Row Name: Other Federal Funds - EMSC

Column Name:

Year: 2013

Field Note:

The total EMSC category includes the following:

EMSC Partnership (\$87,000)

9. Section Number: Form2_Main

Field Name: WVC

Row Name: Other Federal Funds - WVC

Column Name:

Year: 2013

Field Note:

The amount shown includes both federal and state WVC funding as following:

Federal WVC Funds (\$94,299,410), estimated.

State Nutrition Funds (for WVC and Office of Nutrition) (\$6,033,286); \$5,609,761 in state funding has been removed as it is now used as Medicaid CHIP-related match; another \$723,570 in non-WVC funds in the account have also not been included.

State WVC Infant Formula Rebate Retained Revenue - (\$26,355,000)

State WVC/Nutrition funds have been included because they and the federal funds are fully blended at the state level. The state WVC funds, while not appropriate to include as part of our MCH Partnership funding, are administered by the Bureau and represent a major component of the Commonwealth's overall MCH commitment.

10. Section Number: Form2_Main

Field Name: AIDS

Row Name: Other Federal Funds - AIDS

Column Name:

Year: 2013

Field Note:

Ryan White Title IV Pediatric AIDS Demonstration (MassCARE) (\$879,806)

Amount of our pending application for the grant cycle starting 8/1/2012

11. Section Number: Form2_Main

Field Name: CDC

Row Name: Other Federal Funds - CDC

Column Name:

Year: 2013

Field Note:

Total estimated CDC funding related to maternal and child health includes the following:

Birth Defects Research and Prevention (\$997,000).

PRAMS (\$160,950)

Childhood Hearing Data System (\$156,470)

Residential Fire Injury Prevention (\$30,000)

Core Violence and Injury Prevention (\$582,440)

Addressing Asthma from a Public Health Perspective (\$558,544)

MA Childhood Obesity (\$1,743,442)

12. Section Number: Form2_Main

Field Name: Education

Row Name: Other Federal Funds - Education

Column Name:

Year: 2013

Field Note:

Federal education funding includes the following:

Federal P.L. 102-119 Part C of IDEA funds (\$8,500,000)

Federal Education funds for EI Focus Monitoring Training, through ISA from state DOE (\$60,000)

Federal Education funds for Race To The Top Early Learning Challenge grant, through ISA from state Dept of Early Education and Care (\$1,013,727)

13. Section Number: Form2_Main

Field Name: HomeVisiting

Row Name: Other Federal Funds - Home Visiting

Column Name:

Year: 2013

Field Note:

The Home Visiting funding includes the following:

HRS/ACF – ACA Maternal, Infant and Early Childhood Home Visiting Formula Grant (\$1,563,681, estimated)

HRS/ACF – ACA Maternal, Infant and Early Childhood Home Visiting Expansion Grant (\$8,944,326, estimated)

14. Section Number: Form2_Main

Field Name: OtherFedFundsOtherFund

Row Name: Other Federal Funds - Other Funds

Column Name:

Year: 2013

Field Note:

The Other Federal lines includes the following:

ACF – FRESH Start – Federal Abandoned Infants Act grant (\$475,000)

ACF – Personal Responsibility Education Program (PREP) (\$837,825)

SAMHSA – Mass LAUNCH (\$900,000)

HHS/OAH – Support for Pregnant and Parenting Teens and Women (\$2,159,082)

Department of Justice - Rural Domestic Violence and Child Victimization grant (\$337,000)

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

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form2)</i>	\$ 11,566,209	\$ 10,886,177	\$ 11,423,430	\$ 10,434,045	\$ 11,452,801	\$ 9,504,214
2. Unobligated Balance <i>(Line2, Form2)</i>	\$ 30,472	\$ 821,280	\$ 320,386	\$ 565,706	\$ 153,661	\$ 1,007,988
3. State Funds <i>(Line3, Form2)</i>	\$ 76,447,594	\$ 77,722,883	\$ 76,266,360	\$ 71,429,119	\$ 51,448,647	\$ 46,860,645
4. Local MCH Funds <i>(Line4, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal	\$ 88,044,275	\$ 89,430,340	\$ 88,010,176	\$ 82,428,870	\$ 63,055,109	\$ 57,372,847
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form2)</i>	\$ 120,617,569	\$ 134,257,012	\$ 132,462,710	\$ 136,821,214	\$ 147,646,533	\$ 134,464,285
9. Total <i>(Line11, Form2)</i>	\$ 208,661,844	\$ 223,687,352	\$ 220,472,886	\$ 219,250,084	\$ 210,701,642	\$ 191,837,132
(STATE MCH BUDGET TOTAL)						

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

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form2)</i>	\$ 11,606,516	\$ 8,777,006	\$ 11,338,388	\$	\$ 11,257,008	\$
2. Unobligated Balance <i>(Line2, Form2)</i>	\$ 643,484	\$ 1,934,265	\$ 611,612	\$	\$ 502,992	\$
3. State Funds <i>(Line3, Form2)</i>	\$ 49,430,150	\$ 45,319,956	\$ 45,116,366	\$	\$ 41,993,077	\$
4. Local MCH Funds <i>(Line4, Form2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
5. Other Funds <i>(Line5, Form2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
6. Program Income <i>(Line6, Form2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
7. Subtotal	\$ 61,680,150	\$ 56,031,227	\$ 57,066,366	\$ 0	\$ 53,753,077	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form2)</i>	\$ 145,789,844	\$ 125,770,551	\$ 137,658,526	\$	\$ 157,004,436	\$
9. Total <i>(Line11, Form2)</i>	\$ 207,469,994	\$ 181,801,778	\$ 194,724,892	\$ 0	\$ 210,757,513	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

State v. Federal Fiscal Year

Due to the state budget cycle, which structures all of our purchase of service expenditures and readily accessible budget and expenditure accounting information, all amounts shown are for the relevant State Fiscal Year, which runs from July 1 to June 30. (FY11 = July 1, 2010 - June 30, 2011 and FY13 = July 1, 2012 - June 30, 2013). Final expenditures matched to budgeted encumbrances can be obtained only at the end of the accounts payable period for a state fiscal year. This reporting is consistent with budgets presented in previous applications and annual reports.

Contracted Service Amounts

Dollar amounts for purchased services, by program type and vendor, are available upon request.

FIELD LEVEL NOTES**1. Section Number:** Form3_Main

Field Name: FedAllocExpended

Row Name: Federal Allocation

Column Name: Expended

Year: 2011

Field Note:

The allocation amount shown in the Expended Column of \$8,777,006 represents the difference between the total federal funds expended (\$10,711,271) and the amount of carry-forward funds (exclusive of the final FY10 quarterly allotment) available; "older" federal funds are expended before new allocations

2. Section Number: Form3_Main

Field Name: FedAllocExpended

Row Name: Federal Allocation

Column Name: Expended

Year: 2010

Field Note:

The allocation amount shown in the Expended Column of \$9,504,214 represents the difference between the total federal funds expended (\$10,512,202) and the amount of carry-forward funds (exclusive of the final FY09 quarterly allotment) available; "older" federal funds are expended before new allocations

3. Section Number: Form3_Main

Field Name: UnobligatedBalanceExpended

Row Name: Unobligated Balance

Column Name: Expended

Year: 2011

Field Note:

The FY11 Unobligated Balance expended is higher than the amount originally budgeted. We generally do not fully budget the sum of the new allocations and the carryover from the previous year; therefore the sum of lines 1 and 2 in any Budgeted Column is not the same as "Total Funds Available." The precise amount of carryover cannot be calculated at the time the new budget is prepared, as accounts payable extends for 2 months after the close of the state fiscal year.

Another systematic difference between the Federal Budgeted and Expended Columns is that when showing the budget, the new federal award is shown in full (per instructions) and only the amount of unobligated carry-forward funds necessary to meet our expected program needs is budgeted. However, expenditures are always paid first with the "oldest" federal funds, not the new award. Therefore for expenditures, only the amount of the new grant needed to make all budgeted payments is actually expended. The final federal balance forward for FY11 was \$1,934,265, whereas only \$643,484 had been budgeted originally.

4. Section Number: Form3_Main

Field Name: UnobligatedBalanceExpended

Row Name: Unobligated Balance

Column Name: Expended

Year: 2010

Field Note:

The FY10 Unobligated Balance expended is higher than the amount originally budgeted. We generally do not fully budget the sum of the new allocations and the carryover from the previous year; therefore the sum of lines 1 and 2 in any Budgeted Column is not the same as "Total Funds Available." The precise amount of carryover cannot be calculated at the time the new budget is prepared, as accounts payable extends for 2 months after the close of the state fiscal year.

Another systematic difference between the Federal Budgeted and Expended Columns is that when showing the budget, the new federal award is shown in full (per instructions) and only the amount of unobligated carry-forward funds necessary to meet our expected program needs is budgeted. However, expenditures are always paid first with the "oldest" federal funds, not the new award. Therefore for expenditures, only the amount of the new grant needed to make all budgeted payments is actually expended. The final federal balance forward for FY10 was \$1,007,988, whereas only \$153,661 had been budgeted originally.

5. Section Number: Form3_Main

Field Name: StateMCHFundsExpended

Row Name: State Funds

Column Name: Expended

Year: 2011

Field Note:

The following state accounts or portions of state accounts make up the total "State Funds Expended" amount of \$45,319,956 (expended amounts are shown in parentheses): Family Health Services account (\$3,875,757); an additional \$736,459 in expenditures are excluded as they were used for CHIP H.S.I. claims and match for another federal grant.

Medicaid ISA for MCH Home Visiting Programs (\$62,500)

Early Intervention account (\$29,409,890); an additional \$25,000 of expenditures are excluded as they were used as match for another federal grant.

School-Based Health Centers (\$2,985,000)

School Health Services (\$3,604,963); an additional \$5,304,036 in expenditures are excluded as they were used for CHIP H.S.I. claims and for match for other federal grants.

Dental Health account (partial) (\$73,098)

Newborn Hearing Screening (\$51,600)

Catastrophic Illness in Children Relief Fund (\$2,425,395)

Pediatric Palliative Care (\$124,655); an additional \$661,570 in expenditures are excluded as they were used for CMS DSHP match instead.

Teen Pregnancy Prevention (\$151,160); an additional \$2,233,798 in expenditures are excluded as they were used for TANF match instead.

Sexual Assault Prevention and Survivor Support (\$775,441); an additional \$2,265,061 in expenditures are excluded as they were used for DSHP match instead.

Suicide Prevention account (partial - for Poison Control Center) (\$120,000)

Youth Violence Prevention account (\$1,331,054); an additional \$163,281 in expenditures are excluded as they were claimed for TANF match instead.

Portions of other state shared administrative accounts (for all state payroll expenses and for office operations) (\$329,443).

Based on FY11 total federal MCH expenditures of \$10,711,271, this breaks out as FY11 State Match (\$3 state for every \$4 federal) expenditures of \$8,033,453 and State Over Match expenditures of \$37,286,503.

6. Section Number: Form3_Main

Field Name: StateMCHFundsExpended

Row Name: State Funds

Column Name: Expended

Year: 2010

Field Note:

The following state accounts or portions of state accounts make up the total "State Funds Expended" amount of \$46,860,645 (expended amounts are shown in parentheses):

Family Health Services account (\$3,994,469); an additional \$612,058 in expenditures are excluded as they were used for CHIP H.S.I. match.

Medicaid ISA for MCH Home Visiting Programs (\$250,000)
Early Intervention account (\$27,552,944)
School-Based Health Centers (\$3,295,232)
School Health Services (\$3,359,407); an additional \$5,082,372 in expenditures are excluded as they were used for CHIP H.S.I. match.
Dental Health account (partial) (\$185,408)
Newborn Hearing Screening (\$63,814)
Shaken Baby Syndrome account (\$174,572)
Catastrophic Illness in Children Relief Fund (\$3,051,570)
Pediatric Palliative Care (\$368,090); an additional \$416,448 in expenditures are excluded as they were used for CMS DSHP match instead.
Sexual Assault Prevention and Survivor Support (\$2,685,798)
Suicide Prevention account (partial – for Poison Control Center) (\$134,922)
Youth Violence Prevention account (\$1,138,691); an additional \$698,444 in expenditures are excluded as they were claimed for TANF match instead
Community Health Center Support account (\$25,000)
Portions of other state shared administrative accounts (for all state payroll expenses and for office operations) (\$580,728).
Based on FY10 total federal MCH expenditures of \$10,512,202, this breaks out as FY10 State Match (\$3 state for every \$4 federal) expenditures of \$7,884,151 and State Over Match expenditures of \$38,976,494.

7. **Section Number:** Form3_Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2011

Field Note:
The lower amount of Other Federal Funds expended than budgeted is due to three significant differences within the WIC category. The initial amount included for Federal WIC funds (\$94,944,088) was entered incorrectly; the actual total was (\$85,299,531). Actual expenditures from the WIC Infant Formula Rebate (\$20,889,531) were almost \$3M less than the allowable ceiling of \$23.6M. And finally the state WIC funding of \$11,705,314 had been fully adjusted for new CHIP and DSHP claiming, which totaled \$5,609,761 for FY11.

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

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 3,210,197	\$ 3,036,082	\$ 3,288,887	\$ 3,019,957	\$ 2,043,716	\$ 1,964,735
b. Infants < 1 year old	\$ 1,346,665	\$ 1,270,361	\$ 1,348,124	\$ 1,100,412	\$ 1,048,845	\$ 1,059,174
c. Children 1 to 22 years old	\$ 23,012,476	\$ 22,690,912	\$ 21,909,330	\$ 19,747,457	\$ 19,651,609	\$ 11,851,835
d. Children with Special Healthcare Needs	\$ 52,019,549	\$ 53,960,899	\$ 52,455,583	\$ 49,846,994	\$ 33,050,485	\$ 35,884,132
e. Others	\$ 7,153,129	\$ 7,083,961	\$ 7,838,791	\$ 7,316,008	\$ 6,092,422	\$ 5,579,609
f. Administration	\$ 1,302,259	\$ 1,388,125	\$ 1,189,461	\$ 1,398,042	\$ 1,168,032	\$ 1,033,362
g. SUBTOTAL	\$ 88,044,275	\$ 89,430,340	\$ 88,010,176	\$ 82,428,870	\$ 63,055,109	\$ 57,372,847
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 911,904		\$ 509,331		\$ 866,429	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 140,000		\$ 140,000		\$ 105,000	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 115,000		\$ 115,000		\$ 115,000	
g. WIC	\$ 106,835,196		\$ 120,518,456		\$ 130,152,583	
h. AIDS	\$ 888,693		\$ 879,806		\$ 1,040,251	
i. CDC	\$ 3,143,237		\$ 2,062,999		\$ 1,866,242	
j. Education	\$ 7,773,230		\$ 7,431,249		\$ 12,206,249	
k. Home Visiting	\$ 0		\$ 0		\$ 0	
l. Other						
ACF	\$ 0		\$ 250,000		\$ 725,000	
DOJ	\$ 0		\$ 0		\$ 449,779	
Dept of Justice	\$ 460,309		\$ 455,969		\$ 0	
ACF / CAPTA	\$ 250,000		\$ 0		\$ 0	
III. SUBTOTAL	\$ 120,617,569		\$ 132,462,710		\$ 147,646,533	

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

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 2,068,883	\$ 1,752,527	\$ 2,012,743	\$	\$ 1,760,340	\$
b. Infants < 1 year old	\$ 897,567	\$ 868,361	\$ 934,165	\$	\$ 881,540	\$
c. Children 1 to 22 years old	\$ 17,958,433	\$ 11,292,118	\$ 9,686,821	\$	\$ 11,957,672	\$
d. Children with Special Healthcare Needs	\$ 32,691,414	\$ 37,661,178	\$ 38,384,271	\$	\$ 33,961,846	\$
e. Others	\$ 6,882,889	\$ 3,464,967	\$ 4,988,726	\$	\$ 4,025,094	\$
f. Administration	\$ 1,180,964	\$ 992,066	\$ 1,059,640	\$	\$ 1,166,585	\$
g. SUBTOTAL	\$ 61,680,150	\$ 56,031,227	\$ 57,066,366	\$ 0	\$ 53,753,077	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 951,481		\$ 871,411		\$ 334,664	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 140,000		\$ 140,000		\$ 150,000	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 130,000		\$ 130,000		\$ 87,000	
g. WIC	\$ 130,249,402		\$ 118,019,456		\$ 126,687,696	
h. AIDS	\$ 964,806		\$ 879,806		\$ 500,000	
i. CDC	\$ 3,798,353		\$ 3,949,682		\$ 3,874,435	
j. Education	\$ 7,666,943		\$ 8,079,076		\$ 9,573,727	
k. Home Visiting	\$ 0		\$ 0		\$ 10,508,007	
l. Other						
ACF	\$ 540,859		\$ 1,050,610		\$ 1,312,825	
DOJ	\$ 400,000		\$ 164,047		\$ 337,000	
HHS/OAH	\$ 0		\$ 0		\$ 2,159,082	
SAMHSA	\$ 850,000		\$ 850,000		\$ 1,380,000	
HRSA/ACF_ACA MIECHV	\$ 0		\$ 1,776,000		\$ 0	
OAH	\$ 0		\$ 1,648,438		\$ 0	
III. SUBTOTAL	\$ 145,769,844		\$ 137,658,526		\$ 157,004,436	

FORM NOTES FOR FORM 4

It may appear from Form 4 that historically Massachusetts distributes our funding among MCH Population groups in a variable manner from year to year and that certain groups differ from their shares in previous years. This picture is misleading because Form 4 presents the entire MCH Federal-State Partnership budget, which in our case was 83% in FY10, 80% for FY11, 82% for FY12, and 78% for FY13. A more detailed picture of our commitment to the MCH Populations may be seen in the tables attached to Part 5, Section B of the Narrative portion of our Application, which present data separately for federal and state funds over several years. In FY10 and again in FY11, a number of our state funding streams were substantially lower due to a continuing state budget crisis. State funding has stabilized since then (at the lower levels), but each year funds from more accounts and in larger amounts are being used as match for other federal funds (such as TANF, DSHP, and H.S.I. CHIP) to maximize the Commonwealth's access to federal funding. These changes in assignment of match do not affect services for the MCH populations, but they disproportionately affect total state Partnership funding for some groups. Thus for a number of reasons, changes in state funding from year to year may not be felt equally across all of MCH population groups and we are not able to shift funds easily to different MCH population groups or levels of the pyramid from these very categorical accounts.

FIELD LEVEL NOTES

1. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2011
Field Note:
FY2011 expenditures for Pregnant Women were more than 10% lower than budgeted. This difference does not represent a decrease in total spending for this age group. The discrepancy is due to lower personnel costs (due to cost shifting to other accounts and changes in positions) and additional cost shifting to other federal grants. In addition, an overall reduction in Shared Expenditures (allocated proportionately across the MCH population groups) that was also created by position vacancies and cost-shifting affected the Pregnant Women total.
2. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2011
Field Note:
FY2011 expenditures for Children were more than 10% lower than budgeted. This difference does not represent a decrease in total spending for this age group, but reflects the new use of substantial portions of some state accounts for CMS CHIP and other federal match. These claiming arrangements were finalized after our initial FY11 budget had been submitted. For FY11, the increased claiming of over \$5M came primarily from School Health Services.
3. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2010
Field Note:
A note will be added here explaining the lower spending.
4. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2011
Field Note:
FY2011 expenditures for Children with Special Health Care Needs were more than 10% higher than budgeted. This difference reflects an increase in final state funds for Early Intervention Services of over \$4M.
5. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2011
Field Note:
FY2011 expenditures for the Others population group were more than 10% lower than budgeted. This difference does not represent a decrease in total spending for this age group, but reflects the new use of substantial portions of a state account (Domestic Violence/Sexual Assault) for Disproportionate Share Hospital (DSHP) federal match. The total claiming amounts were not finalized after at the end of the SFY11 budget year.
6. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2011
Field Note:
FY2011 Expenditures for Administrative Costs were more than 10% lower than budgeted. This represents savings to the MCH Block Grant that occurred from some administrative staff retirements and unfilled vacancies, as well as some transferring administrative costs originally budgeted on the MCH Block Grant to other accounts. We are always looking for ways to decrease costs in this category.
7. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2010
Field Note:
FY2010 Expenditures for Administrative Costs were about 12% lower than budgeted. This represents savings to the MCH Block Grant that occurred from some administrative staff retirements and unfilled vacancies, as well as some transferring administrative costs for the regional offices to other accounts. We are always looking for ways to decrease costs in this category.

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: MA

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.)	\$ 29,516,322	\$ 32,076,682	\$ 30,162,582	\$ 28,623,540	\$ 19,132,713	\$ 19,893,053
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.)	\$ 21,382,700	\$ 22,260,512	\$ 24,812,843	\$ 24,050,140	\$ 19,532,363	\$ 18,438,499
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 16,704,176	\$ 14,676,102	\$ 15,001,462	\$ 14,076,936	\$ 9,346,854	\$ 8,248,328
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.)	\$ 20,441,077	\$ 20,417,044	\$ 18,033,289	\$ 15,678,254	\$ 15,043,179	\$ 10,792,967
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.)	\$ 88,044,275	\$ 89,430,340	\$ 88,010,176	\$ 82,428,870	\$ 63,055,109	\$ 57,372,847

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: MA

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.)	\$ 18,682,857	\$ 18,088,373	\$ 21,946,928	\$	\$ 20,092,579	\$
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.)	\$ 19,243,538	\$ 18,738,232	\$ 13,447,177	\$	\$ 16,769,771	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 9,639,643	\$ 8,768,321	\$ 11,388,045	\$	\$ 6,029,643	\$
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.)	\$ 14,114,112	\$ 10,436,301	\$ 10,284,216	\$	\$ 10,861,084	\$
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 61,680,150	\$ 56,031,227	\$ 57,066,366	\$ 0	\$ 53,753,077	\$ 0

FORM NOTES FOR FORM 5

It may appear from Form 5 that Massachusetts continues to devote a large proportion of our funding on Direct Health Care Services, rather than shifting toward the Infrastructure Building Services at the "base" of the MCH Pyramid as recommended by MCHB. This picture is misleading, however, because Form 5 presents the entire MCH Federal-State Partnership budget, which in our case was 83% in FY10, 80% for FY11, 82% for FY12, and 78% for FY13. The state funds are generally targeted toward direct and enabling services (for example early intervention services for children birth to three, school-based health centers, and family planning services). In fact the generous level of state funding over the years has allowed us to increasingly focus our federal MCH dollars on infrastructure building and reduce the level of federal funding for direct and enabling services without reducing services for women, children and families. A more detailed picture of our commitment to the MCH Pyramid may be seen in the tables attached to Part 5, Section B of the Narrative portion of our Application, which present data for federal and state funds separately over several years. A comparison of Form 5 and these tables illustrates that much of the year to year variation in the relative distribution of funds across the pyramid is due to variations in state funding, which we are not able to control or direct to the same degree as federal funds. For example, between 58% and 68% of federal funds have been allocated to Infrastructure each year and only approximately 11 to 6% to Direct Services (with the trend being less in Direct Services and more in Infrastructure), while 36-46% of state funds have been allocated to Direct Services and only 16 to 7% to Infrastructure. Based on the categorical nature of our state funding stream (and the variable cuts, increases, and federal claiming in various accounts from year to year), the impact of state funding is not felt equally across the entire federal MCH pyramid.

FIELD LEVEL NOTES

1. **Section Number:** Form5_Main

Field Name: PopBasedExpended

Row Name: Population-Based Services

Column Name: Expended

Year: 2010

Field Note:

FY2010 expenditures for Population-Based Services appear to be more than 10% lower than budgeted. This difference does not represent a decrease in total spending for this category, but reflects the new use of substantial portions of some state accounts for other CMS CHIP match. These claiming arrangements were finalized after our initial FY10 budget had been submitted. The reduction of slightly over \$1M is due entirely to state funds for School Health Services being claimed for the first time as match; since a large portion of that account falls into the Population-Based category, the change was sufficient to affect the overall total. Beginning with our FY12 budget, we are able to adjust our initial budgets for all anticipated Medicaid and TANF match and there should be fewer if any substantial differences when final expenditures are reported.

2. **Section Number:** Form5_Main

Field Name: InfrastrBuildExpended

Row Name: Infrastructure Building Services

Column Name: Expended

Year: 2011

Field Note:

FY2011 expenditures for Infrastructure Building appear to be more than 10% lower than budgeted. This difference in part reflects some personnel cost savings from vacancies, a lower final fringe benefit rate than used in the original budget, and some cost-sharing with other federal grants. It also reflects the continued and expanded use of substantial portions of some state accounts for other CMS CHIP match. These claiming arrangements were finalized after our initial FY11 budget had been submitted. For FY11, over \$2.7M in additional claiming was removed from the state School Health Services and Family Planning Services accounts Infrastructure subtotals. Beginning with our FY12 budget, we are able to adjust our initial budgets for all anticipated Medicaid and TANF match and there should be smaller differences when final expenditures are reported.

3. **Section Number:** Form5_Main

Field Name: InfrastrBuildExpended

Row Name: Infrastructure Building Services

Column Name: Expended

Year: 2010

Field Note:

FY2010 expenditures for Infrastructure Building appear to be more than 10% lower than budgeted. This difference does not represent a decrease in total spending for this category, but reflects the new use of substantial portions of some state accounts for other CMS CHIP match. These claiming arrangements were finalized after our initial FY10 budget had been submitted. For FY10, the accounts newly used included School Health Services and Family Planning Services, both of which had amounts budgeted in the Infrastructure Building category sufficient to affect the overall total. Beginning with our FY12 budget, we are able to adjust our initial budgets for all anticipated Medicaid and TANF match and there should be fewer if any substantial differences when final expenditures are reported.

FORM 6

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

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

STATE: MA

Total Births by Occurrence: 73,508

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	73,182	99.6	142	1	1	100
Congenital Hypothyroidism	73,182	99.6	1,007	73	73	100
Galactosemia	73,182	99.6	30	0	0	
Sickle Cell Disease	73,182	99.6	23	23	23	100
Other Screening (Specify)						
Biotinidase Deficiency	73,182	99.6	30	9	9	100
Cystic Fibrosis	73,182	99.6	242	16	16	100
Homocystinuria	73,182	99.6	218	0	0	
Maple Syrup Urine Disease	73,182	99.6	131	1	1	100
beta-ketothiolase deficiency	73,182	99.6	2	0	0	
Tyrosinemia Type I	73,182	99.6	0	0	0	
Very Long-Chain Acyl-CoA Dehydrogenase Deficiency	73,182	99.6	23	1	1	100
Argininosuccinic Acidemia	73,182	99.6	3	2	2	100
Citullinemia	73,182	99.6	0	0	0	
Isovaleric Acidemia	73,182	99.6	13	1	1	100
Propionic Acidemia	73,182	99.6	27	0	0	
Camitine Uptake Defect	73,182	99.6	11	3	3	100
Ornithine Transcarbamylase Deficiency (OTC)	73,182	99.6	4	0	0	
Methylmalonic acidemia (Cbl A,B)	73,182	99.6	27	0	0	
Glutaric Acidemia Type I	73,182	99.6	6	1	1	100
21-Hydroxylase Deficient Congenital Adrenal Hyperplasia	73,182	99.6	308	9	9	100
Medium-Chain Acyl-CoA Dehydrogenase Deficiency	73,182	99.6	26	2	2	100
Long-Chain L-3-Hydroxy Acyl-CoA Dehydrogenase Deficiency	73,182	99.6	0	0	0	
3-Hydroxy 3-Methyl Glutaric Aciduria	73,182	99.6	0	0	0	
Methylmalonic Acidemia (Mutase Deficiency)	73,182	99.6	27	0	0	
S-Beta Thalassemia	73,182	99.6	2	2	2	100
Argininemia (Arg)	73,182	99.6	67	0	0	
Optional Pilot Study screens (MET and SCID)	72,748	99	137	3	3	100
Carbamoylphosphate synthetase deficiency (CPS)	73,182	99.6	4	0	0	
Congenital						

toxoplasmosis (TOXO)	73,182	99.6	6	0	0	
Hb S/C disease (Hb SC)	73,182	99.6	11	11	11	100
Methylmalonic acidemia: cobalamin C, D (Cbl C,D)	73,182	99.6	27	0	0	
Screening Programs for Older Children & Women (Specify Tests by name)						
PKU Monitoring	157		0	0	0	
(1) Use occurrent births as denominator.						
(2) Report only those from resident births.						
(3) Use number of confirmed cases as denominator.						

FORM NOTES FOR FORM 6

Data are from the New England Newborn Screening Program (NENSP) at the University of Massachusetts Medical School. Data are for the calendar year 2011. Effective February 2009, Massachusetts screened every newborn for 30 disorders (listed in the form); these screens may show information about 23 additional disorders/conditions (by-products of mandatory screening).

In addition to the 30 mandatory tests, two optional Pilot Studies are currently active: MET (Fatty Acid Oxidation Disorders) and SCID (Severe Combined Immunodeficiency). In 2011, more than 99% of parents participated in the voluntary testing.

Every newborn with abnormal results is tracked to a normal result or appropriate clinical care. For this year, the numbers reported were babies from whom at least one specimen card was received by the NENSP indicating (in the birth facility field on the card) that the baby was born in Massachusetts. If the birth facility was not given, then the baby was counted only if the specimen card was a Massachusetts card. For example, if the only specimens received on a baby born in MA were RI cards, and the correct MA birth hospital was not indicated on the card, then the baby would not be counted in these numbers. Only confirmed cases from resident births are reported here.

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:

Preliminary estimate. Final Vital Records data on 2011 births are not yet available. The number of occurrence births is an estimate from the Bureau of Health Statistics, Information, Research and Evaluation.

2. **Section Number:** Form6_Main

Field Name: SickleCellDisease_OneScreenNo

Row Name: SickleCellDisease

Column Name: Receiving at least one screen

Year: 2013

Field Note:

Screening is reported here for Sickle cell anemia (Hb SS). Screening for other sickling diseases – Hb S/C disease (Hb SC) and Hb S/ β -thalassemia (Hb S/ β Th) is reported separately below. Non-sickling hemoglobinopathies are also reported to the medical home, but are not included in this report because the report format does not call for these disorders.

3. **Section Number:** Form6_Main

Field Name: Congenital_Presumptive

Row Name: Congenital

Column Name: Presumptive positive screens

Year: 2013

Field Note:

The number of presumptive positives for congenital hypothyroidism may appear quite high in comparison with data from other states. The following explanation should help clarify why.

The NENSP uses a two-tiered testing algorithm for the hypothyroid screen, using both a T4 and a TSH test. The 1,007 presumptive positive screens in Column B represent cases where T4 OR TSH values were out of range for at least one sample. Many of these are in low birth weight NICU babies, a population known to yield elevated results on these tests, and most of whom are not really presumed to have hypothyroidism. Some programs ignore babies who only have "T4 only" out-of-range, and for the purpose of these reports only count babies with elevated TSH as "presumptive" positive. (We have done this in the past ourselves.) Some programs do not follow up on babies who have an out-of-range T4 if there is not also an out-of-range TSH. This practice does run a risk of missing certain babies with hypothyroidism. NENSP follows up by getting additional specimens from any baby who yields an out of range test for "T4 plus TSH", T4 alone, or TSH alone. If it were not for the hypothyroid screen, these babies would not have follow-up samples required; thus to this extent, they are "presumptive" positive until further testing shows otherwise.

4. **Section Number:** Form6_Main

Field Name: SickleCellDisease_Presumptive

Row Name: SickleCellDisease

Column Name: Presumptive positive screens

Year: 2013

Field Note:

The number of presumptive positive screens is the same as the number of confirmed positives for sickling disorders. This may appear to be an error, but the numbers are correct. Unlike most other tests, a presumptive positive sickle cell test generally confirms.

5. **Section Number:** Form6_Main

Field Name: SickleCellDisease_Confirmed

Row Name: SickleCellDisease

Column Name: Confirmed Cases

Year: 2013

Field Note:

The number of presumptive positive screens is the same as the number of confirmed positives for sickling disorders. This may appear to be an error, but the numbers are correct. Unlike most other tests, a presumptive positive sickle cell test generally confirms.

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

Field Name: Other

Row Name: All Rows

Column Name: All Columns

Year: 2013

Field Note:

Note: the following disorders and conditions are not specifically listed by the Massachusetts regulations, but were detected as by-products of the mandatory screening:

Twenty-six (26) non-sickling forms of hemoglobinopathies

Eleven (11) Short-chain acyl-CoA dehydrogenase deficiency (SCAD)

Two (2) 3-Methylcrotonyl-CoA carboxylase deficiency (3MCC)

In addition to the 30 mandatory tests, optional screening is offered for two Pilot Studies: MET (Fatty Acid Oxidation Disorders) and SCID (Severe Combined Immunodeficiency). In 2011, >99% of parents participated in the optional testing.

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: MA

Number of Individuals Served - Historical Data by Annual Report Year					
Types of Individuals Served	2006	2007	2008	2009	2010
Pregnant Women	11,779	15,047	15,769	39,759	38,883
Infants < 1 year old	15,211	16,528	15,814	61,056	58,305
Children 1 to 22 years old	251,400	249,773	251,892	526,170	499,455
Children with Special Healthcare Needs	41,026	44,988	37,048	39,205	70,574
Others	49,459	47,283	60,461	69,408	65,918
Total	368,875	373,619	380,984	735,598	733,135

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	17,525	69.0	0.0	23.2	7.6	0.1
Infants < 1 year old	59,420	41.8	0.0	58.1	0.1	0.0
Children 1 to 22 years old	423,272	39.5	0.0	34.8	9.6	16.2
Children with Special Healthcare Needs	125,023	32.2	0.0	44.2	1.1	22.3
Others	88,904	45.4	0.0	10.0	44.5	0.2
TOTAL	714,144					

FORM NOTES FOR FORM 7

Please see the Attachment file for Part IV, Section F of the Narrative ("Other Program Activities"). The second part of that attachment is a Table entitled "Massachusetts Program Service Numbers by MCH Categories, FY11" This table summarizes the numbers of persons served, by MCH population groups, for each of our MCH-related programs. It contains more detail by program and also includes a wide array of infrastructure-building and indirect services activities (e.g. training, technical assistance, outreach) that are not included in Form 7. Where the services are included in Form 7, the totals of persons served are identical.

FIELD LEVEL NOTES

- 1. Section Number:** Form7_Main
Field Name: PregWomen_TS
Row Name: Pregnant Women
Column Name: Title V Total Served
Year: 2013
Field Note:
This category includes pregnant women served by the Massachusetts WIC Program (17,525) and the EI Partnership Programs (361). Because close to 99% of EIPP clients also receive WIC services, the total has been adjusted to eliminate duplication.
The total in this category is notably lower than previous years. This is because the new WIC data system from which we could get this insurance information is capturing more women as post-partum (note the increase in the Other category for WIC) rather than pregnant.
- 2. Section Number:** Form7_Main
Field Name: Children_0_1_TS
Row Name: Infants <1 year of age
Column Name: Title V Total Served
Year: 2013
Field Note:
This category includes Infants (not including infants receiving special health needs services) served by the following programs: Newborn Hearing Screening where no hearing loss was found (72,507), School-Based Health Centers (12), WIC (40,479), and Poison Control Center calls (3,085). The total shown is adjusted for estimated substantial duplication of infants both screened and served by WIC and the other two programs. The total has also been reduced to eliminate the estimated number of infants screened as normal but with other special health care needs (and thus counted in that category for this Form).

The number of infants served is lower than the number of occurrence births shown in Forms 6 and 8. In Form 7, all children with special health care needs, regardless of age, are put into the CSHCN population group, and only other infants served ("not otherwise counted") are included in the "Infants" population group. However, a minimum (unduplicated count) of 13,298 infants with special health needs were served in such programs as Early Intervention, Care Coordination, Care Coordination, Newborn Hearing Positive Findings Follow-up, and Growth and Nutrition. On Form 6, all infants (occurrence births) are included in the single denominator and on Form 8, the infants with special health care needs have been added to the totals for infants served.
- 3. Section Number:** Form7_Main
Field Name: Children_0_1_XXI
Row Name: Infants <1 year of age
Column Name: Title XXI %
Year: 2013
Field Note:
The Massachusetts SCHIP program has been implemented in large part through expanded MassHealth (Medicaid) eligibility. At the service delivery end (where our data come from on insurance sources for clients served), the distinction between Title XIX and Title XXI cannot be made. All of these clients are included in the Title XIX column.
- 4. 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:
This category includes children (not counted elsewhere) served by the following programs: Diagnostic Hearing exams (no SHN found) (476), WIC (121,961); School-Based Health Centers (SBHC) (9,568), Essential School Health Services (311,420); Family Planning (under age 20) (14,581); Teen Pregnancy Prevention projects (on-going services) (11,872); Poison Control Center calls (22,085); CLPPP (estimated at 20% of total children screened) (44,416). The total has been reduced to account for duplication between the Essential School Health Services (ESHS) and School-Based Health Center subtotals. Additional duplication also exists between Essential School Health Services and the other programs that serve children over 6; an additional estimated adjustment has been made to account for that duplication. Finally, the ESHS total has been reduced by the estimated number of children identified in the next category as having special health care needs.
- 5. Section Number:** Form7_Main
Field Name: Children_1_22_XXI
Row Name: Children 1 to 22 years of age
Column Name: Title XXI %
Year: 2013
Field Note:
The Massachusetts SCHIP program has been implemented in large part through expanded MassHealth (Medicaid) eligibility. At the service delivery end (where our data come from on insurance sources for clients served), the distinction between Title XIX and Title XXI cannot be made. All of these clients are included in the Title XIX column.
- 6. 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 % of those children estimated to have no coverage is a high estimate because the No Coverage category includes all children and youth served by the statewide Poison Control Center (a population-based program) and youth participating in teen pregnancy prevention community-based programs. Both programs provide services that are not covered by insurance (and do not collect information about insurance status). Most of these children, youth and their families have some form of insurance, but we do not have that information.
- 7. Section Number:** Form7_Main
Field Name: Children_1_22_Unknown
Row Name: Children 1 to 22 years of age
Column Name: Unknown %
Year: 2013
Field Note:
The % of those children estimated to have unknown coverage is a high estimate because the No Coverage category includes a high proportion of students in the large Enhanced School Health Services database (31%) with missing insurance information. Most of these children and youth have some form of insurance, but we do not have that information.
- 8. 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:

This category includes children with special health care needs served by the following programs: Early Intervention (including EI specialty services, and EI Partnership Programs) (33,688); Care Coordination (with and without Family Support; not in EI) (401); Growth and Nutrition Clinics; not also in EI (668); Newborn Hearing Positive Findings Follow-up, not also in EI (101), CLPPP (medical case management) (1,070); SBHCs (w long-term health problem) (1,166); children with SHCNs in Enhanced School Health Services schools (estimated at 29% of the total); and other SHCN programs: MASSTART (88), Catastrophic Illness Trust Fund (248), PKU Special Foods (68), Pediatric Palliative Care program (229), and Hearing Aids (23). [EI total includes at least 1,486 children also receiving EIPP, Growth and Nutrition, Newborn Hearing Follow-up, or Care Coordination services; these duplicates have been removed from the total shown.]

9. **Section Number:** Form7_Main

Field Name: CSHCN_XXI

Row Name: Children with Special Health Care Needs

Column Name: Title XXI %

Year: 2013

Field Note:

The Massachusetts SCHIP program has been implemented in large part through expanded MassHealth (Medicaid) eligibility. At the service delivery end (where our data come from on insurance sources for clients served), the distinction between Title XIX and Title XXI cannot be made. All of these clients are included in the Title XIX column.

10. **Section Number:** Form7_Main

Field Name: CSHCN_Unknown

Row Name: Children with Special Health Care Needs

Column Name: Unknown %

Year: 2013

Field Note:

The % of those children estimated to have unknown coverage is a high estimate because the No Coverage category includes some of the children receiving case management services (6%) and a high proportion of special needs students in the large Enhanced School Health Services database (31%) with missing insurance information. Most of these children, youth and their families have some form of insurance, but we do not have that information.

11. **Section Number:** Form7_Main

Field Name: AllOthers_TS

Row Name: Others

Column Name: Title V Total Served

Year: 2013

Field Note:

This category includes persons served by the following programs: Family Planning (age 20 or over) (15,657); WIC (postpartum and breastfeeding women) (49,926) EIPP (postpartum women) (691); Teen Pregnancy Prevention projects (on-going, age 20 and over) (433); SBHC (clients over age 22) (140); Poison Control Center calls (adults and unknown age) (10,723); SIDS counseling (264 individuals), and Rape Crisis Center clients (all ages) (11,761). The total has been adjusted to eliminate substantial duplication between WIC and EIPP clients

12. **Section Number:** Form7_Main

Field Name: AllOthers_None

Row Name: Others

Column Name: None %

Year: 2013

Field Note:

The high percent of clients with "no coverage" for the population group "Others" is explained by who is served. Many of those served are adult women who have received family planning services paid for with state Partnership funds. These funds may only be used for persons who are not on Medicaid and do not have other insurance. [The women covered by Medicaid or private insurance that are served by these programs are not included in these numbers.] In addition, most of the other clients are adults (or persons of unknown age) served by the statewide Poison Control Center (a population-based program), young adults participating in teen pregnancy prevention community-based programs, or callers to the Rape Crisis Center hotlines. All of these programs provide services that are not covered by insurance and do not collect information about insurance status. Most of their clients have some form of insurance, but we do not have that information

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: MA

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	74,485	51,336	6,953	138	5,897	0	0	10,161
Title V Served	17,545	7,208	2,721	57	869	129	146	6,415
Eligible for Title XIX	19,579	10,209	3,242	61	1,236	0	0	4,831
INFANTS								
Total Infants in State	75,443	51,505	7,070	164	6,012	0	0	10,692
Title V Served	72,835	48,368	6,709	128	5,473	710	0	11,447
Eligible for Title XIX	22,440	17,101	3,848	61	1,365	0	0	65

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	62,739	10,655	1,091	479	64	4,512	3,289	2,311
Title V Served	11,130	6,092	323	0	0	0	0	6,092
Eligible for Title XIX	14,301	5,263	15	156	17	2,403	1,205	1,482
INFANTS								
Total Infants in State	64,366	11,001	76	489	61	4,833	3,317	2,301
Title V Served	61,388	10,509	938	468	63	4,452	3,380	2,146
Eligible for Title XIX	15,942	6,477	21	257	18	2,508	2,231	1,463

FORM NOTES FOR FORM 8

Sources: MDPH 2010 and 2009 Birth Files for deliveries, estimated number of infants, and deliveries eligible for Medicaid (from Birth File source of prenatal care data). Bureau of Family and Community Health, FY11 Program databases for Title V Served estimates (see Form 7). Because the birth files and the program service delivery data systems differ in how they collect and code race/ethnicity data, there are discrepancies in the rows.

Title V serves a substantially greater proportion of all minority pregnant women and infants than it does of the total population.

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:
Defined as all occurrence deliveries in 2010, the most recent data available.
- 2. Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTotal_RaceOther
Row Name: Total Deliveries in State
Column Name: Other and Unknown
Year: 2013
Field Note:
"Other & Unknown Race" includes all Hispanics who did not report a race; totals may differ from some published state data which assign them to "White" group.
- 3. 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:
Estimates of deliveries and infants served by Title V can only be reported by combined race/ethnicity categories, as this is how most programs report data to BFCH. Although our categories of American Indian and Asian can reasonably be assumed to be accurate under either categorization, the columns labeled "White" and "Black/African American" generally include only "White, non-Hispanic" and "Black, non-Hispanic" persons respectively. In this section, Hispanic persons are included in Column H with "Other" and "Unknown." Some service program data include any Pacific Islander / Native Hawaiian persons in the "Asian" category.
- 4. 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:
Defined as having Medicaid coverage, as measured by data from Birth Certificate on payment source for prenatal care. Excludes births for which source of payment data was missing. Data are for 2010, the most recent available.
- 5. 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:
Number of infants is estimated based on 2009 resident births.
- 6. Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTotal_RaceOther
Row Name: Total Infants in State
Column Name: Other and Unknown
Year: 2013
Field Note:
"Other & Unknown Race" includes all Hispanics who did not report a race; totals may differ from some published state data which assign them to "White" group.
- 7. 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:
The total number of infants served shown here differs from the total shown on Form 7 for the following reason. In Form 7, all children with special health care needs, regardless of age, are put into the CSHCN population group, and only other infants served ("not otherwise counted") are included in the "Infants" population group. However, an unduplicated count of at least 13,298 infants with special health needs were served in Early Intervention, Care Coordination/Family Support, EIPP, Newborn Hearing Positives Follow-up, School-Based Health Centers, and Growth and Nutrition. On Form 8, these infants have been added to the totals for infants served.

Estimates of deliveries and infants served by Title V can only be reported by combined race/ethnicity categories, as this is how most programs report data to BFCH. Although our categories of American Indian and Asian can reasonably be assumed to be accurate under either categorization, the columns labeled "White" and "Black/African American" generally include only "White, non-Hispanic" and "Black, non-Hispanic" persons respectively. In this section, Hispanic persons are included in Column F with "Other" and "Unknown." Service program data include any Pacific Islander / Native Hawaiian persons in the "Asian" category. Service program data are currently reported with the category of "more than one race" only for MCH primary care services.
- 8. 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:
Estimated based on source of payment for deliveries in 2009, including Healthy Start, as most of these infants are then eligible for Medicaid. Using this data source enables us to report race/ethnicity detail that is comparable to that used for estimating the total number of infants in the state, although it may underestimate the number of infants eligible for Medicaid to some degree.
- 9. 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:

All "Hispanic or Latino" persons were included in Column H ("Other and Unknown") of Section I, as data from programs report on race by Hispanic ethnicity combined. Because of the small numbers of persons of Mexican or Cuban origin in the state, these subcategories are usually part of other categories in program databases and are not broken out separately in a consistent manner. In addition, differences among service programs in categorizing areas of origin mean that some of the persons in the "Other and Unknown" column are in fact of Central or South American origin.

10. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleV_TotalHispanic

Row Name: Title V Served
Column Name: Total Hispanic or Latino
Year: 2013
Field Note:

All "Hispanic or Latino" persons were included in Column H ("Other and Unknown") of Section I, as data from programs report on race by Hispanic ethnicity combined. Because of the small numbers of persons of Mexican or Cuban origin in the state, these subcategories are usually part of other categories in program databases and are not broken out separately in a consistent manner. In addition, differences among service programs in categorizing areas of origin mean that some of the persons in the "Other and Unknown" column are in fact of Central or South American origin.

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

	FY 2013	FY 2012	FY 2011	FY 2010	FY 2009
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 905-8437	(800) 905-8437	(800) 905-8437	(800) 905-8437	(800) 905-8437
2. State MCH Toll-Free "Hotline" Name	Family TIES (Together in Enhancing Support)				
3. Name of Contact Person for State MCH "Hotline"	Sara Miranda				
4. Contact Person's Telephone Number	(617) 236-7210	(617) 236-7210	(617) 236-7210	(617) 236-7210	(617) 236-7210
5. Contact Person's Email	smiranda@fcsn.org	smiranda@fcsn.org	smiranda@fcsn.org		
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	5613	5320	5129

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

	FY 2013	FY 2012	FY 2011	FY 2010	FY 2009
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 882-1435	(800) 882-1435	(800) 882-1435	(800) 882-1435	(800) 882-1435
2. State MCH Toll-Free "Hotline" Name	Community Support Line	Community Support Line	Community Support Line	Family/Community Support Line	Family/Community Support Line
3. Name of Contact Person for State MCH "Hotline"	Ana Sanchez	Ana Sanchez	Ana Sanchez	Ana Sanchez	Ana Sanchez
4. Contact Person's Telephone Number	(617) 624-5955	(617) 624-5955	617) 624-5955	(617) 624-5955	(617) 624-5955
5. Contact Person's Email	ana.sanchez@state.ma.us	ana.sanchez@state.ma.us	ana.sanchez@state.ma.us	ana.sanchez@state.ma.us	
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	1459	1502	1666

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

1. Section Number: Form9_Main

Field Name: hnumber_2

Row Name: State MCH toll-free hotline telephone number

Column Name: FY

Year: 2013

Field Note:

The Community Support Line (800-882-1435) is staffed by Community Resource Specialists (including bilingual staff) during regular business hours and was initially established for families with CSHCN and providers to improve access to information, referral, family supports, and technical assistance. In FY11, a total of 1,459 calls were recorded, from parents (725), providers (560), and others (174).

The Community Support Line is currently promoted as the entry point and general resource for families for MCH needs and programs, especially for CYSHCN. All staff working on the Community Support Line receive additional training to better respond to calls specific to MCH concerns.

The MCH Resource Line (800-311-2229) still exists and is the official transfer number for calls transferred from the national MCHB line; as such, it has received no transferred calls for several years. The number is being used primarily to field calls for the PRAMS (Pregnancy Risk Assessment Monitoring System). Women who have received surveys and have questions, or have received a phone call are able to call into this number to receive additional information about PRAMS, or ask clarifying questions once they receive a survey form.

It also serves as a contact number for FOR Families clients—families who have applied for Emergency Assistance (EA) because they have lost housing for a variety of reasons. These families are placed in temporary shelter, often in motels in communities that are new to them. The MCH line is a way that they can contact the program for assistance. Calls are forwarded to program staff who respond to the families' questions. It received 73 PRAMS or FOR Families calls in FY11 and will continue in this capacity.

2. Section Number: Form9_Main

Field Name: hnumber_2

Row Name: State MCH toll-free hotline telephone number

Column Name: FY

Year: 2011

Field Note:

The Community Support Line (800-882-1435) is staffed by Community Resource Specialists (including bilingual staff) during regular business hours and was initially established for families with CSHCN and providers to improve access to information, referral, family supports, and technical assistance. In FY09, a total of 1,666 calls were recorded, from parents (849), providers (599), and others (218).

Because we can only change the information shown on Form 9 about the line's name, number, or contact person for FY11, the Form is confusing this year (as it was last year as well). The volume numbers reported for FY07 and FY08 are the newly designated Community Support Line, not the MCH Resource Line.

The Community Support Line is currently promoted as the entry point and general resource for families for MCH needs and programs, especially for CYSHCN. All staff working on the Community Support Line receive additional training to better respond to calls specific to MCH concerns.

The MCH Resource Line (800-311-2229) still exists and is the official transfer number for calls transferred from the national MCHB line; as such, it has received no transferred calls for several years. The number is being used primarily to field calls for the PRAMS (Pregnancy Risk Assessment Monitoring System). Women who have received surveys and have questions, or have received a phone call are able to call into this number to receive additional information about PRAMS, or ask clarifying questions once they receive a survey form. It will continue in this capacity.

It also serves as a contact number for FOR Families clients—families who have applied for Emergency Assistance (EA) because they have lost housing for a variety of reasons. These families are placed in temporary shelter, often in motels in communities that are new to them. The MCH line is a way that they can contact the program for assistance. Calls are forwarded to program staff who respond to the families' questions.

3. Section Number: Form9_Optional

Field Name: hnumber_1

Row Name: State MCH toll-free hotline telephone number

Column Name: FY

Year: 2013

Field Note:

This number represents the number of calls from parents and providers to the Family TIES and EI Parent Leadership Project toll-free lines. They are managed through the same vendor (Federation for Children with Special Needs) and support staff. The line continues to also serve as the Central Directory for Early Intervention services and information.

4. Section Number: Form9_Optional

Field Name: hnumber_1

Row Name: State MCH toll-free hotline telephone number

Column Name: FY

Year: 2011

Field Note:

This number represents the number of calls from parents and providers to the Family TIES and EI Parent Leadership Project toll-free lines. They are managed through the same vendor (Federation for Children with Special Needs) and support staff. The 5,129 calls in FY09 represent another increase of 21% from FY08. The line continues to also serve as the Central Directory for Early Intervention services and information.

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

1. State MCH Administration:
(max 2500 characters)

The Massachusetts Title V MCH Services Block Grant Program is primarily located within the Bureau of Family Health and Nutrition (BFHN), Massachusetts Department of Public Health. The Bureau Director, Ron Benham, is the Title V Director for the Commonwealth. BFHN includes perinatal and early childhood programs/initiatives, the Children and Youth with Special Health Needs (CYSYCN) Program, VIC, Early Intervention (Part C, IDEA) and, most recently, the ACA MIECHV. A number of Title V supported programs are located in our sister Bureau, Community Health Access and Prevention (BCHAP); these include family planning services, teen pregnancy prevention programs, school health programs, oral health, injury control and violence prevention programs. BCHAP also includes a number of primary care/health access, wellness, and chronic disease prevention and health promotion programs with which we work closely on cross-cutting health issues. The BFHN solely and collaboratively works actively to improve and to protect the health and well-being of women, children and families to achieve their optimal development and health outcomes. It does this by: providing and expanding family-centered services and accessible systems of care; identifying and responding to the diverse cultural and changing needs of MA communities; partnering within the Bureau and with families, communities, and other public and private organizations and groups; advocating for resources to address unmet needs and to assure quality services; developing and implementing policy and innovative programs; monitoring health status and program effectiveness; and motivating and educating the public. In addition to reviewing how well programs are aligned with the state priorities identified in our 2010 Needs Assessment, the Bureau reviews how we: standardize systems to monitor and track progress, with outcomes, targets and milestones specified for all programs; enhance and integrate data systems and use data to inform practice outcomes; identify health disparities and target services to reduce health disparities and serve those most in need; monitor, evaluate and manage increase in external demand; and focus and align efforts to support systems of care well before, during and after pregnancies. A particular focus is to expand the capacity of the CYSYCN Program and its resources, building an informed, engaged constituency and supporting and enhancing collaborations within the Bureau and with other bureaus and agencies.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 11,257,008
3. Unobligated balance (Line 2, Form 2)	\$ 502,992
4. State Funds (Line 3, Form 2)	\$ 41,993,077
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 53,753,077

9. Most significant providers receiving MCH funds

_____	<u>Early intervention service providers</u>
_____	<u>local school districts and public health agencies</u>
_____	<u>evidence-based home visiting programs</u>
_____	<u>regional poison center</u>

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

a. Pregnant Women	_____ 17,525
b. Infants < 1 year old	_____ 59,420
c. Children 1 to 22 years old	_____ 423,272
d. CSHCN	_____ 125,023
e. Others	_____ 88,904

11. Statewide Initiatives and Partnerships

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

2,076) Primary and Preventive Care: With expansion of health insurance coverage, all adults and all children have access to some level of coverage either through expanded Medicaid, SCHIP, Children's Medical Security Plan, or employer, individual or family insurance coverage. Title V in Massachusetts continues to provide wrap-around services and services not covered by private or public insurance. This includes family planning services, MCH home visiting services (including the ACA MIECHV which provides evidence-based home visiting services to pregnant and parenting families in 17 high need communities, school-based health centers, and oral health services through community-based providers and agencies. Services for women and adolescents with unhealthy substance use have been redesigned and are in place. Programs for homeless families in shelters include comprehensive health assessments, referrals, and care coordination. Performance measures are in place for all service programs. CYSYCN: Title V continues to provide, either directly or indirectly, care coordination, family support, newborn hearing screening, early intervention services (to over 33,000 children ages birth to three), pediatric palliative care, and other specialized services for families and children with special needs. Strong, multifaceted outreach and assistance programs have been developed and are offered to families in obtaining benefits and services for which they are eligible. The medical home model through the placement of care coordinators within primary care pediatric practices has been strongly promoted. Regionally-based services also provide care coordination, advocacy, referral and insurance enrollment for children with special needs who are not within practices with a DPH care coordinator. The Title V program is actively involved with the state Medicaid program and Department of Mental Health in the implementation of universal behavioral screening for all children on Medicaid at each EPSDT visit. The assessment for children, using the CANS, is in place for older children.

b. Population-Based Services:
(max 2500 characters)

Universal Newborn Screening: Integrated data systems and services linking universal newborn hearing, blood spot (30 conditions), birth defects, and risk identification screening continue under active development and implementation. School Health: Medication administration guidelines have been implemented, along with policies for the management of allergic reactions. Efforts to address healthy weight (through both BMI measurement and policies) have expanded, as has attention to emergency preparedness. Teen Pregnancy: Evidenced-based models for teen pregnancy prevention in high-risk communities are well established in 15 communities. Statewide Regional Consultation Programs (RCPs) offer assistance to EI, school systems, and birth-to-three child serving agencies in providing care to children with complex medical and technology needs. The Pediatric Palliative Care Program uses the RCPs to increase outreach and referrals. Through collaborations with Birth Hospitals and the Massachusetts Breastfeeding Coalition, Massachusetts will become the second state to prohibit direct marketing of formula to parents giving birth banning formula-company sponsored bags. Other Population-Based Services: The Title V Partnership supports a Regional Poison Control Center; lead poisoning screening; SIDS and bereavement counseling; rape crisis centers; oral health screenings; basic school health services; injury prevention and child passenger safety; suicide prevention; promotion of childhood immunization; and a statewide system of Pediatric SANE (Sexual Assault Nurse Examiner) services. Emphasis is placed on screening and early identification of violence, depression, substance use, and risk factors for chronic diseases, along with integrating programs across federal categorical grants, other state agencies, and private payers and providers. The Safe Sleep Initiative has developed a policy recommendation for safe infant sleep practices that includes a clear and consistent message on safe infant sleep. An Act Relative to Post Partum Depression authorized DPH to develop a culture of awareness, de-stigmatization and screening for perinatal depression and established a special legislative commission. Title V staff have established an advisory committee that finalized standards for measuring effective screening and reporting data; drafted regulations, policies and resources to support

implementation; and participated on the commission.

c. Infrastructure Building Services
(max 2500 characters)

Monitoring and Data Collection: Title V maintains and continuously improves data systems to monitor maternal and child health, analyze and report on trends, evaluate program effectiveness, and provide information to the public and private sectors. Priorities are to continue efforts to integrate and link key data systems, program information and billing systems. A data sharing agreement to link key data for the first time across EOHHS agencies continues to be developed. When this occurs, it will be possible to link MDPH data with Medicaid data for the first time. A new shared HIV data system across DPH bureaus and with the city of Boston has been created with HRSA funds. The Pregnancy to Early Life Longitudinal (PELL) data system, a cooperative project with DPH, BU School of Public Health, and the CDC, follows mothers and infants longitudinally beginning at birth through early childhood. Files linked to date include birth certificate, hospital discharge data, Early Intervention, birth defects, newborn screening programs, and WIC. PRAMS: Massachusetts is now fully implementing its PRAMS grant from CDC and PRAMS data are integrated into Title V reporting. Youth Surveys: Massachusetts currently carries out both a Youth Risk Behavior Survey (YRBS) and a Massachusetts Youth Health Survey. The surveys are coordinated and administered together in alternate years to maintain good participation and to improve the data consistency and timeliness. Active use of the state's BRFSS for MCH-related questions and tracking continues. Mortality and Morbidity Reviews: Title V has a Maternal Morbidity and Mortality Committee, Fetal-Infant Mortality Review process in selected communities, and actively participates in the state's Child Death Review Team system. A Review of Infant Mortality (RIM) has been established. Health Promotion for MCH: Multiple campaigns underway include suicide prevention, folic acid awareness, healthy weight and physical activity, substance abuse, and violence and injury prevention. The New Parent Initiative has produced a number of innovative new tools to foster early nurturing and attachment. Provider Training and Development: Multiple technical assistance and training programs for providers, programs, and agencies are provided, including Early Intervention and School Health Institutes, and a number related to early childhood and to domestic violence. Women's Health: A number of initiatives continue designed to address women's health across the lifespan.

12. The primary Title V Program contact person:

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

14. State Family or Youth Leader Contact person:

Name Ron Benham
Title Director, Bureau of Family Health and Nutrition
Address Mass. Dept. of Public Health, 250 Washington St.
City Boston
State MA
Zip 02108
Phone (617) 624-5901
Fax (617) 624-5990
Email ron.benham@state.ma.us
Web

Name Ron Benham
Title Director, Bureau of Family Health and Nutrition
Address Mass. Dept. of Public Health, 250 Washington St.
City Boston
State MA
Zip 02108
Phone (617) 624-5901
Fax (617) 624-5990
Email ron.benham@state.ma.us
Web

Name Suzanne Gottlieb
Title Director of Family Initiatives, BFHN
Address Mass. Dept. of Public Health, 250 Washington St.
City Boston
State MA
Zip 02108
Phone (617) 624-5979
Fax (617) 624-5990
Email suzanne.gottlieb@state.ma.us
Web

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

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

Form Level Notes for Form 11

None

PERFORMANCE MEASURE # 01

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

		<u>Annual Objective and Performance Data</u>				
		2007	2008	2009	2010	2011
Annual Performance Objective	_____	100	100	100	100	100
Annual Indicator	_____	100.0	99.2	100.0	100.0	100.0
Numerator	_____	115	119	149	128	155
Denominator	_____	115	120	149	128	155
Data Source			New Eng Regional Newborn Screening Program			
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i></p>						
Is the Data Provisional or Final?					Final	Final

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

Field Level Notes

1. Section Number: Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2011

Field Note:

Data on Newborn Screening from the New England Newborn Screening Program (NENSP) at the University of Massachusetts Medical School. The data are for Calendar Year 2011. The NENSP provides all these newborn screening services and furnishes these data. See Form 06 and its Notes also. Effective February 2009, Massachusetts screened every newborn for 30 disorders (listed below); these screens may show information about 23 additional disorders/conditions (by-products of mandatory screening).

- (1) Argininemia (ARG)
- (2) Argininosuccinic acidemia (ASA)
- (3) β -Ketothiolase deficiency (BKT)
- (4) Biotinidase deficiency (BIOT)
- (5) Carbamoylphosphate synthetase deficiency (CPS)
- (6) Carnitine uptake defect (CUD)
- (7) Citrullinemia (CIT)
- (8) Congenital adrenal hyperplasia (CAH)
- (9) Congenital hypothyroidism (CH)
- (10) Congenital toxoplasmosis (TOXO)
- (11) Cystic fibrosis (CF)
- (12) Galactosemia (GALT)
- (13) Glutaric acidemia type I (GAI)
- (14) Homocystinuria (HCY)
- (15) 3-hydroxy-3-methyl glutaric aciduria (HMG)
- (16) Isovaleric acidemia (IVA)
- (17) Long-chain L-3-OH acyl-CoA dehydrogenase deficiency (LCHAD)
- (18) Maple syrup disease (MSUD)
- (19) Ornithine transcarbamylase deficiency (OTC)
- (20) Phenylketonuria (PKU)
- (21) Sickle cell anemia (Hb SS)
- (22) Hb S/C disease (Hb SC)
- (23) Hb S/ β -thalassemia (Hb S/ β Th)
- (24) Medium-chain acyl-CoA dehydrogenase deficiency (MCAD)
- (25) Methylmalonic acidemia: mutase deficiency (MUT)
- (26) Methylmalonic acidemia: cobalamin A, B (Cbl A,B)
- (27) Methylmalonic acidemia: cobalamin C, D (Cbl C,D)
- (28) Propionic acidemia (PROP)
- (29) Tyrosinemia type I (TYR I)
- (30) Very long-chain acyl-CoA dehydrogenase deficiency (VLCAD)

Every newborn with abnormal results is tracked to a normal result or appropriate clinical care. In 2011, the total of 155 confirmed cases from mandated screening receiving treatment included 1 with PKU (plus 4 additional with "Atypical PKU), 73 with Congenital Hypothyroidism, 23 with Sickle cell disease (Hb SS), 11 with Hemoglobin S/C disease (Hb SC), 2 Hb S/ β -thalassemia (Hb S/ β Th), 16 with Cystic Fibrosis, 9 with Congenital Adrenal Hyperplasia, 2 with Argininosuccinic acidemia (ASA), 9 with Biotinidase deficiency (BIOT), 1 with Maple syrup

disease (MSUD), 2 with MCAD, 1 with VLCAD, 3 with Camitine uptake defect (CUD), 1 with glutaric acidemia type I (GAI1), and 1 with isovaleric acidemia (IVA). Of these newborns with abnormal results, 39 were also identified with by-products of the mandatory screens and received appropriate treatment (2 3MCC, 11 SCAD, and 26 non-sickling forms of hemoglobinopathies).

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

Field Name: PM01

Row Name:

Column Name:

Year: 2010

Field Note:

Data on Newborn Screening from the New England Newborn Screening Program (NENSP) at the University of Massachusetts Medical School. The data are for Calendar Year 2010. The NENSP provides all these newborn screening services and furnishes these data. See Form 06 and its Notes also. Effective February 2009, Massachusetts screened every newborn for 30 disorders; these screens may show information about 23 additional disorders/conditions (by-products of mandatory screening). Every newborn with abnormal results is tracked to a normal result or appropriate clinical care.

In 2010, the total of 128 confirmed cases from mandated screening receiving treatment included 3 with PKU, 55 with Congenital Hypothyroidism, 24 with Sickle cell disease (Hb SS), 12 with Hemoglobin S/C disease (Hb SC), 1 Hb S/ β -thalassemia (Hb S/ β Th), 19 with Cystic Fibrosis, 4 with Congenital Toxoplasmosis, 2 with Congenital Adrenal Hyperplasia, 1 with Argininosuccinic acidemia (ASA), 1 with Biotinidase deficiency (BIOT), 1 with Maple syrup disease (MSUD), 3 with MCAD, 1 with VLCAD, and 1 with Camitine uptake deficiency (CUD). Of these newborns with abnormal results, 25 were also identified with metabolic by-products of the mandatory screens and received appropriate treatment (16 SCAD, 7 3MCC, and 2 Hypemethioninemia).

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

Field Name: PM01

Row Name:

Column Name:

Year: 2009

Field Note:

Data on Newborn Screening from the New England Newborn Screening Program (NENSP) at the University of Massachusetts Medical School. The data are for Calendar Year 2009. The NENSP provides all these newborn screening services and furnishes these data. See Form 06 and its Notes also. Effective February 2009, Massachusetts screened every newborn for 30 disorders (an expansion under new state regulations from 10); these screens may show information about 23 additional disorders/conditions (by-products of mandatory screening). Every newborn with abnormal results is tracked to a normal result or appropriate clinical care.

In 2009, the total of 149 confirmed cases from mandated screening receiving treatment included 7 with PKU, 65 with Congenital Hypothyroidism, 1 with Galactosemia, 26 with Sickle cell disease (Hb SS), 8 with Hemoglobin S/C disease (Hb SC), 22 with Cystic Fibrosis, 1 with Congenital Toxoplasmosis, 3 with Congenital Adrenal Hyperplasia, 6 with MCAD, 5 with VLCAD, 1 with Camitine uptake deficiency (CUD), 1 with Homocystinuria, 1 with Ornithine transcarbamylase deficiency, 1 with Methylmalonic acidemia: mutase deficiency, and 1 with Methylmalonic acidemia: cobalamin C,D (Cbl C,D). Of these newborns with abnormal results, 17 were also identified with metabolic by-products of the mandatory screens and received appropriate treatment (11 SCAD, 5 3MCC, and 1 Hypemethioninemia).

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	72	59	60	61	63
Annual Indicator	57.1	57.1	57.1	74.1	74.1
Numerator					
Denominator					
Data Source		NS-CSHCN, 2005-2006 (part of NCHS/SLAITS)	NS-CSHCN, 2005-2006 (part of NCHS/SLAITS)	NS-CSHCN, 2009-2010 (part of NCHS/SLAITS)	NS-CSHCN, 2009-2010 (part of NCHS/SLAITS)
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	74.1	76	77	78	78
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2011

Field Note:

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

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

Massachusetts has adjusted our projections using the latest survey data as a baseline. The Massachusetts rate is higher than the U.S. rate of 70.3% but not significantly so.

2. Section Number: Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2010

Field Note:

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

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

3. Section Number: Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2009

Field Note:

There are no updated state-level data for 2009. Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. For the 2005-2006 survey, Massachusetts was comparable to the nation; the national figure was 57.4 (CI: 56.5-58.2).

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		67	47	49	51	53
Annual Indicator		45.7	45.7	45.7	47.1	47.1
Numerator						
Denominator						
Data Source			NS-CSHCN, 2005-2006 (part of NCHS/SLAITS)	NS-CSHCN, 2005-2006 (part of NCHS/SLAITS)	NS-CSHCN, 2009-2010 (part of NCHS/SLAITS)	NS-CSHCN, 2009-2010 (part of NCHS/SLAITS)
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		47.1	50	50	54	54
Annual Indicator						
Numerator						
Denominator						

Field Level Notes

1. Section Number: Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2011

Field Note:

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

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

Massachusetts has not improved as much as we had hoped since 2006. We have adjusted our projections using the latest survey data as a new baseline. The Massachusetts rate is higher than the U.S. rate of 43.0% but not significantly so.

2. Section Number: Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2010

Field Note:

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

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

3. Section Number: Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2009

Field Note:

There are no updated state-level data for 2009. Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. The comparable national figure was 47.1% (CI: 46.3-48.0) for 2005-2006. The CI for Massachusetts for 2005-06 was 41.4-50.0, suggesting no statistical difference between Massachusetts and the nation.

PERFORMANCE MEASURE # 04

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	70	64	65	75	75
Annual Indicator	63.1	63.1	63.1	62.2	62.2
Numerator					
Denominator					
Data Source		NS-CSHCN, 2005-2006 (part of NCHS/SLAITS)	NS-CSHCN, 2005-2006 (part of NCHS/SLAITS)	NS-CSHCN, 2009-2010 (part of NCHS/SLAITS)	NS-CSHCN, 2009-2010 (part of NCHS/SLAITS)

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	62.2	63	63	64	64
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2011

Field Note:

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

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

Massachusetts has not improved as much as we had hoped since 2006, despite the implementation of universal health care reform in Massachusetts. This measure captures a number of items beyond health insurance coverage (which is over 98% for children), including the adequacy of insurance coverage and costs that are not met by insurance. The survey definition of "adequate" coverage sets more stringent criteria than what is measured in NPM # 13. Given this weighting, we have adjusted our projections using the latest survey data as a new baseline. The Massachusetts rate is higher than the U.S. rate of 60.2% but not significantly so. Like the rest of the country, there has been no improvement in this measure in the last decade.

2. Section Number: Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2010

Field Note:

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

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

3. Section Number: Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2009

Field Note:

There are no updated state-level data for 2009. Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. Massachusetts was comparable to the nation at the time of the survey. The national figure was 62.0 (CI: 61.2-62.8) for 2005-2006.

PERFORMANCE MEASURE # 05

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	81	87.6	89.2	89.2	90
Annual Indicator	87.6	87.6	87.6	68.2	68.2
Numerator					
Denominator					
Data Source		NS-CSHCN, 2005-2006 (part of NCHS/SLAITS)	NS-CSHCN, 2005-2006 (part of NCHS/SLAITS)	NS-CSHCN, 2009-2010 (part of NCHS/SLAITS)	NS-CSHCN, 2009-2010 (part of NCHS/SLAITS)

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	68.2	69	69	70	70
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2011

Field Note:

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

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

Massachusetts has adjusted our projections using the latest survey data as a baseline. The Massachusetts rate is higher than the U.S. rate of 65.1% but not significantly so.

2. Section Number: Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2010

Field Note:

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

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

3. Section Number: Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2009

Field Note:

There are no updated state-level data for 2009. Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. The 95% Confidence Interval (CI) for the 2005-2006 for Massachusetts was 84.7-90.5; for the nation, it was 88.6-89.6 (point estimate 89.1). The CI's overlap; there was no statistical difference between Massachusetts and the nation.

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	15	46.6	47	48	49
Annual Indicator	46.6	46.6	46.6	46.6	46.6
Numerator					
Denominator					
Data Source		NS-CSHCN, 2005-2006 (part of NCHS/SLAITS)	NS-CSHCN, 2005-2006 (part of NCHS/SLAITS)	NS-CSHCN, 2009-2010 (part of NCHS/SLAITS)	NS-CSHCN, 2009-2010 (part of NCHS/SLAITS)
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	46.6	47	47	48	48
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Fom11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2011

Field Note:

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

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

Massachusetts has not improved as we had hoped since 2006. We have adjusted our projections using the latest survey data as a new baseline. The Massachusetts rate is higher than the U.S. rate of 40.0% but not significantly so. Like the rest of the country, there has been no improvement in this measure in the five years. Improving transitions to adulthood - and the adult health care system - especially for CYSHCN remains both a challenge and a priority for MDPH.

2. Section Number: Fom11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2010

Field Note:

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

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

3. Section Number: Fom11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2009

Field Note:

There are no updated state-level data for 2009. Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. The 95% Confidence Interval (CI) for the 2005-2006 for Massachusetts was 39.8-53.4; for the nation, it was 40.0-42.5 (point estimate 41.2). The CI's overlap, indicating no statistical difference between Massachusetts and the nation.

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	<u>90</u>	<u>89</u>	<u>84.1</u>	<u>88</u>	<u>80</u>
Annual Indicator	<u>88.3</u>	<u>82.3</u>	<u>81.1</u>	<u>79.9</u>	<u>83.3</u>
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source		CDC, NIS	CDC, NIS	CDC, NIS	CDC, NIS

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	<u>85.4</u>	<u>86</u>	<u>86</u>	<u>88</u>	<u>88</u>
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:

Fully immunized now corresponds to the CDC definition of 4:3:1:3:3:1 (4 or more doses of DTaP, 3 or more of poliovirus, 1 or more of any MMR, 3 or more of any type Hib, 3 or more of HepB, and 1 or more of varicella) by age 19-35 months (age 3). [Note that definition of measure in Detail Sheet differs from the label on the measure which suggests immunization status among children 19-35 months of age. That age range is what we report here.] Our fully immunized rate improved in 2010-11, and Massachusetts now ranks fourth nationally for this sequence.

Special data reports from the NIS on the previous combination of 4:3:1:3:3 without the varicella were also provided the states this year, although CDC no longer reports in their regular published reports on that combination. For the 4:3:1:3:3 sequence, the 2010 Massachusetts rate was 85.4%, which was a rank of third nationally.

Data are from the National Immunization Survey, as reported by the CDC at http://www.cdc.gov/vaccines/stats-sur/nis/data/tables_2011 for the period FY2010-11. Because the percentage rates are generated by the NIP from surveys, no numerators and denominators are presented in Form 11.

2. Section Number: Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2010

Field Note:

Fully immunized now corresponds to the CDC definition of 4:3:1:3:3:1 (4 or more doses of DTP, 3 or more of poliovirus, 1 or more of any MMR, 3 or more of Hib, 3 or more of HepB, and 1 or more of varicella) by age 19-35 months (age 3). [Note that definition of measure in Detail Sheet differs from the label on the measure which suggests immunization status among children 19-35 months of age. That age range is what we report here.] CDC no longer reports on the previous combination of 4:3:1:3:3 without the varicella, so we are using this newer combination and have adjusted the previous two year's reported data also.

Data are from the National Immunization Survey, as reported by the CDC at http://www.cdc.gov/vaccines/stats-sur/nis/data/tables_2010 for the period CY2010. Because the percentage rates are generated by the NIP from surveys, no numerators and denominators are presented in Form 11.

Our fully immunized rate continued to fall slightly in CY2010, while other states improved theirs, so that Massachusetts now ranks seventh nationally. Antigen-specific analyses of the rate are underway. We have adjusted our targets for to coincide with the new 2020 Healthy People target of 80% for the series that includes 1 varicella and 4 PCV.

3. Section Number: Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2009

Field Note:

Fully immunized has been adjusted to correspond to the CDC definition of 4:3:1:3:3:1 (4 or more doses of DTP, 3 or more of poliovirus, 1 or more of any MMR, 3 or more of Hib, 3 or more of HepB, and 1 or more of varicella) by age 19-35 months (age 3), as CDC no longer reports the previous series of 4:3:1:3:3. [Note that definition of measure in Detail Sheet differs from the label on the measure which suggests immunization status among children 19-35 months of age. That age range is what we report here.] Data are from the National Immunization Survey, as reported for CY2009 by the CDC at <http://www.cdc.gov/vaccines/stats-sur/nis/data/tables/09/>. Because the percentage rates are generated by the NIP from surveys, no numerators and denominators are presented in Form 11.

Our fully immunized rate slipped slightly in CY2009, although Massachusetts had the highest rate in the country, well above the national average of 69.9%. However, the rate remains below what it was in FY05 and our performance targets remain adjusted.

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	11	10.5	11	10	9.5
Annual Indicator	11.5	9.9	9.6	8.3	8.3
Numerator	1,543	1,361	1,318	1,136	
Denominator	134,644	136,965	137,435	136,726	
Data Source		Mass. Vital Records	Mass. Vital Records	Mass. Vital Records	Mass. Vital Records

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	8.3	8.2	8.2	8.2	8.1
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:

2011 birth data are not available. We have estimated the same rate to that for 2010. See 2010 for the most recent actual data and see the Note for 2010 for data sources and other comments

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

Field Name: PM08

Row Name:

Column Name:

Year: 2010

Field Note:

Birth data are from MDPH, Vital Records for calendar year 2010. This is the most recent year of data available.

The 2010 denominator is from the most recent population estimates for Massachusetts, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The number of female teens ages 15-17 is roughly estimated at 60% of the standard 5-year age group 15-19. Because the denominator is an estimate from an estimate, we consider the rate to still be "provisional."

Outyear Performance Objectives have been adjusted again, to reflect a leveling off at the rate, particularly in light of the effect of continued budget cuts to teen pregnancy prevention and family planning services.

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

Field Name: PM08

Row Name:

Column Name:

Year: 2009

Field Note:

Birth data are from MDPH, Vital Records for calendar year 2009.

The 2009 denominator is from population estimates for Massachusetts, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The number of female teens ages 15-17 is roughly estimated at 60% of the standard 5-year age group 15-19.

Outyear Performance Objectives have been adjusted to reflect a leveling off of the rate, particularly in light of the effect of continued budget cuts to teen pregnancy prevention and family planning services.

PERFORMANCE MEASURE # 09

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	63	66.5	68	65	63
Annual Indicator	66.2	67.4	63	62.5	66.6
Numerator					
Denominator					
Data Source		Mass. BRFSS	Mass. BRFSS	Mass. BRFSS	Mass. BRFSS

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	67	68	68	69	69
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:

The data for 2011 are taken from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS). A children's dental health module, containing this and other questions, is carried out every year. The data are not specific for the narrow age range specified in the measure, but capture data for children ages 6 - 17. The estimated percentage improved in the 2011 survey, with a 95% Confidence Interval of 60.4% to 72.8%, indicating that the rate may not be statistically different from 2010. However, projections through 2016 have been adjusted.

2. **Section Number:** Form11_Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2010

Field Note:

The data for 2010 are taken from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS). A children's dental health module, containing this and other questions, is carried out every year. The data are not specific for the narrow age range specified in the measure, but capture data for children ages 6 - 17. The estimated percentage remained virtually unchanged in the 2009 survey, and the 95% Confidence Interval of 57.4% to 67.5% indicates that the rate remains not statistically different from 2009.

3. **Section Number:** Form11_Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2009

Field Note:

The data for 2009 are taken from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS). A children's dental health module, containing this and other questions, is carried out every year. The data are not specific for the narrow age range specified in the measure, but capture data for children ages 6 - 18. The estimated percentage fell in the 2009 survey, but the 95% Confidence Interval of 57.9% to 68.1% indicates that the rate remains not statistically different from the previous year.

PERFORMANCE MEASURE # 10

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	1.2	1.2	1.2	0.7	0.7
Annual Indicator	0.8	0.7	0.5	0.5	0.5
Numerator	9	8	6	6	
Denominator	1,188,128	1,148,340	1,145,024	1,141,903	
Data Source		Mass. Vital Records	Mass. Vital Records	Mass. Vital Records	Mass. Vital Records

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	0.5	0.5	0.5	0.5	0.5
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2011
Field Note:
 2011 death data are not available. See 2010 for the most recent preliminary data and see the Note for 2010 for data sources and other comments. We have estimated a rate in line with the 2010 rate.
- Section Number:** Form11_Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2010
Field Note:
 Data on deaths are taken from MDPH Vital Records for calendar years 2008 - 2010. This includes the most recent year of data available. 2010 data are still preliminary and subject to change in the final file. Rates are calculated as rolling 3-year averages. (I.e. the 2010 numerator is the sum of the 2008, 2009 and 2010 numbers of deaths (6, 8, and 4) respectively and the denominator is the sum of the most recent Massachusetts population estimates for the age group for the same years.
 The denominator is from the most recent population estimates for Massachusetts, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.
- Section Number:** Form11_Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2009
Field Note:
 Data on deaths are taken from MDPH Vital Records for calendar years 2007 - 2009. Rates are calculated as rolling 3-year averages. (I.e. the 2009 numerator is the sum of the 2007, 2008 and 2009 numbers of deaths (5, 6, and 8) respectively and the denominator is the sum of the most recent Massachusetts population estimates for the age group for the same years.
 The denominator is from the most recent population estimates for Massachusetts, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

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	45	42	45	50.2	50.5
Annual Indicator	47	44.2	46	56.8	56.8
Numerator					
Denominator					
Data Source		CDC, NIS	CDC, NIS	CDC, NIS	CDC, NIS

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	56.8	57	58	59	60
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 Source: The CDC National Immunization Survey data for the 2010 birth cohort have not been released. We have estimated a similar rate to that of the 2009 birth cohort. We have modified our outyear projections as well.

The 2011 PedNSS report will be the last produced by the CDC, as both the PedNSS and PNSS data systems are being discontinued. In the 2011 PedNSS report, breastfeeding at 6 months for WC clients was 27.6%, a slight improvement from the 2010 PedNSS data.

Massachusetts WC data for October – December 2011 shows a statewide breastfeeding initiation rate of 76%, a 3 month duration rate of 40% and a 6 month duration rate of 30%.

2. Section Number: Form11_Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2010**Field Note:**

CDC Breastfeeding Report Card 2012 (data from the National Immunization Survey for the 2009 birth cohort. Released in August, 2012. Because they are survey data, there are no numerator or denominator values.

2010 Massachusetts PedNSS data about breastfeeding among WC participants are also available. The initiated breastfeeding rate was 73.8%, unchanged, and the rate at 6 months was 25.2%, down from the previous 3 years.

Massachusetts 2010 birth certificate data on breastfeeding (or intent to breastfeed) at hospital discharge indicated a rate of 82.9%, a slight increase from 2009.

2009 Massachusetts PRAMS data showed that 84.1% of respondents reported any breastfeeding (comparable to the birth certificate data), and above the HP 2020 Target of 75%. 71.7% reported any breastfeeding (exclusive or with complementary foods) for at least 4 weeks and 62.4% for at least 8 weeks. About 46.9% reported exclusive breastfeeding for at least 4 weeks (a decrease from the last PRAMS report) and about 38.3% for exclusive breastfeeding for at least 8 weeks.

3. Section Number: Form11_Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data Source: CDC Breastfeeding Report Card 2011 (data from the National Immunization Survey for the 2008 birth cohort.

Massachusetts 2009 birth certificate data on breastfeeding (or intent to breastfeed) at hospital discharge indicated a rate of 82.0 %, up from from the 2008 rate of 80.8%.

Massachusetts 2009 birth certificate data on breastfeeding (or intent to breastfeed) at hospital discharge indicated a rate of 82%, up again from 2008; the rate increased among all mothers and across all racial groups.

2007/2008 Massachusetts PRAMS data showed that 81.6% of respondents reported any breastfeeding (comparable to the birth certificate data). 70.6% reported any breastfeeding (exclusive or with complementary foods) for at least 4 weeks and 62.2% for at least 8 weeks. About 55% reported exclusive breastfeeding for at least 4 weeks and about 47% for exclusive breastfeeding for at least 8 weeks.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>2</u>	<u>2</u>	<u>1.2</u>	<u>1.5</u>	<u>0.5</u>
Annual Indicator	<u>2.3</u>	<u>1.2</u>	<u>1.9</u>	<u>0.2</u>	<u>0.2</u>
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source		MA Div. of Hlth Care Finance & Policy survey			
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>0.2</u>	<u>0.2</u>	<u>0.2</u>	<u>0.2</u>	<u>0.2</u>
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2011

Field Note:

Data source: Massachusetts Division of Health Care Finance and Policy (HCFP). The report on the 2011 survey has not yet been released (as of September 2012). We have estimated the same rate as for 2010.

2. Section Number: Form11_Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2010

Field Note:

Data source: Massachusetts Division of Health Care Finance and Policy (HCFP). "Health Insurance Coverage in Massachusetts: Results from the 2008-2010 Massachusetts Health Insurance Surveys;" Powerpoint summary presentation, December 2010. (www.mass.gov/dhcfp) The 2010 estimated uninsured rate for children (under age 19) of 0.2% fell from 1.9% in the 2009 survey.

The impact of the Massachusetts Health Care Reform Law is clearly demonstrated in the virtual elimination of uninsured children in the Commonwealth. Our out year Performance Objectives have been adjusted again accordingly.

3. Section Number: Form11_Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2009

Field Note:

Data source: Massachusetts Division of Health Care Finance and Policy (HCFP). "Health Insurance Coverage in Massachusetts: Estimates from the 2009 Massachusetts Health Insurance Survey;" Powerpoint summary presentation, October 2009. (www.mass.gov/dhcfp) The 2009 estimated uninsured rate for children (under age 19) of 1.9% (95% CI plus or minus 1.2 percentage points) is not significantly different from the 2008 estimate of 1.2% (same CI).

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	<u>34</u>	<u>34</u>	<u>33.5</u>	<u>33</u>	<u>32</u>
Annual Indicator	<u>33.8</u>	<u>33.5</u>	<u>33.7</u>	<u>32.4</u>	<u>33</u>
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source		Mass. WIC Program 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?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>33</u>	<u>32</u>	<u>31</u>	<u>30</u>	<u>28</u>
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2011
Field Note:
 Data Source: Calendar year 2011 Massachusetts WIC Program PedNSS data. This is the final year for PedNSS data. The rate has not improved. For WIC children, 16.6% were overweight (>= 85th percentile and < 95th percentile) and another 16.4% were obese (>= 95th percentile).
- Section Number:** Form11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2010
Field Note:
 Data Source: Calendar year 2010 Massachusetts WIC Program PedNSS data. The rate has improved slightly.
- Section Number:** Form11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2009
Field Note:
 Data Source: Final calendar year 2009 Massachusetts WIC Program PedNSS data, from the CDC report. The rate has remained essentially unchanged.

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	6	9	9	9.3	11.5
Annual Indicator	9.2	9.8	11.5	6.7	9.1
Numerator					
Denominator					
Data Source		Mass. PRAMS	Mass. PRAMS	Mass. PRAMS	Mass. PRAMS

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	9.1	9	9	9	9
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2011
Field Note:
 Data Source: Massachusetts PRAMS. 2011 PRAMS data are not yet available. We estimated a rate based on the average of 2009 and 2010 data.
- Section Number:** Form11_Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2010
Field Note:
 Data Source: Massachusetts PRAMS. 2010 data. Third trimester smoking appeared to have gone down in 2010. Since the wording of the questions in 2010 was similar to that of 2009, we believe that the 2010 drop may due to a yearly variation. Additional years of data are needed to understand the direction of the trend.
- Section Number:** Form11_Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2009
Field Note:
 Data Source: Massachusetts PRAMS. 2009 data. Third trimester smoking appears to have gone up in 2009. We believe that this may be due to the wording of the question in 2009 which was slightly different from that of 2007-2008. In 2007-2008, mothers were asked first "Have you smoked at least 100 cigarettes in the past 2 years?" and those who answered "yes" were then asked the question, "In the last 3 months of your pregnancy, how many cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)
 In 2009, mothers were asked first: "Have you smoked any cigarettes in the past 2 years?" and those who answered "yes" were then asked the question, "In the last 3 months of your pregnancy, how many cigarettes did you smoke on an average day? (A pack has 20 cigarettes).
 Trend data from 2009 forward should be more comparable.

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	4.3	4.3	4.2	4.1	4
Annual Indicator	3.6	3.5	4.1	5.0	5
Numerator	16	16	19	23	
Denominator	442,849	453,532	459,014	462,137	
Data Source		Mass. Vital Records	Mass. Vital Records	Mass. Vital Records	Mass. Vital Records
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	5	4.5	4.5	4.5	4.5
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2011

Field Note:

2011 death data are not available. See 2010 for the most recent preliminary data and see the Note for 2010 for data sources and other comments. We have estimated a rate in line with 2010 data.

2. Section Number: Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2010

Field Note:

2010 death data are taken from MDPH Vital Records for calendar years 2008 - 2010. The 2010 data are still preliminary and subject to change in the final file. Rates are calculated as rolling 3-year averages. (i.e. the 2010 numerator is the sum of the 2008, 2009, and 2010 numbers of deaths (19, 19, and 30 respectively) and the denominator is the sum of the most recent Massachusetts population estimates for the age group for the same years, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

The large increase in suicide deaths in 2010 (from 19 each of the previous years to 30) is due to suicides among white males ages 18 and 19. There are no geographic clusters. Overall, the suicide trend is also higher across all age groups as well. As these data just became available, we are just beginning further analyses to better understand the data. Although our Child Fatality Review system only goes through age 17, the data are being reviewed and discussed in those forums as well to identify possible interventions and better approaches to suicide prevention efforts.

Because of the increase, and its continuing effect on the next two years, we have modified our projections and are predicting only slight improvement from the current rate to 4.5 through 2016.

3. Section Number: Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2009

Field Note:

2009 death data are taken from MDPH Vital Records for calendar years 2007 - 2009. The 2009 data are still preliminary and subject to change in the final file. Rates are calculated as rolling 3-year averages. (i.e. the 2009 numerator is the sum of the 2007, 2008, and 2009 numbers of deaths (19, 19, and 19 respectively) and the denominator is the sum of the most recent Massachusetts population estimates for the age group for the same years, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

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	86	86	88.5	86.5	87.5
Annual Indicator	88.5	85.7	87.7	87.6	87.6
Numerator	886	798	822	793	
Denominator	1,001	931	937	905	
Data Source		Mass. Vital Records	Mass. Vital Records	Mass. Vital Records	Mass. Vital Records
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5					
and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	87.6	87.7	87.8	88	88
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:

2011 birth data are not available. We have estimated the same rate as that for 2010. See 2010 for the most recent actual data and see the Note for 2010 for data sources and other comments.

2. Section Number: Form11_Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2010

Field Note:

Data on VLBW, birth hospitals, and resident births are from MDPH Vital Records for calendar year 2010, the most recent data available. The nine Level III units are at Baystate Medical Center, Beth Israel Deaconess, Boston Medical Center, Brigham and Women's, Massachusetts General Hospital, Medical Center of Central Massachusetts, New England Medical Center, South Shore Hospital, and St. Elizabeth's Medical Center. Data include only those resident births that occurred in-state at Massachusetts hospitals, as the birth file used for analysis does not contain the necessary information (specific hospital of birth) for births to residents at out-of-state facilities to be categorized by Level III facility. In one region of the state enough births occur out-of-state (in Rhode Island) to distort the statistic otherwise.

The rate remained unchanged in 2010 and we have not yet projected further improvement for future years. Massachusetts has already surpassed the HP 2020 target of 83.7%.

3. Section Number: Form11_Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2009

Field Note:

Data on VLBW, birth hospitals, and resident births are from MDPH Vital Records for calendar year 2009. The nine Level III units are at Baystate Medical Center, Beth Israel Deaconess, Boston Medical Center, Brigham and Women's, Massachusetts General Hospital, Medical Center of Central Massachusetts, New England Medical Center, South Shore Hospital, and St. Elizabeth's Medical Center. Data include only those resident births that occurred in-state at Massachusetts hospitals, as the birth file used for analysis does not contain the necessary information (specific hospital of birth) for births to residents at out-of-state facilities to be categorized by Level III facility. In one region of the state enough births occur out-of-state (in Rhode Island) to distort the statistic otherwise.

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	82	81.5	80	80
Annual Indicator	81.4	79.6	81.0	82.9	82.5
Numerator	63,408	61,292	60,758	60,346	
Denominator	77,934	76,989	74,966	72,835	
Data Source		Mass. Vital Records	Mass. Vital Records	Mass. Vital Records	Mass. Vital Records
<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	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	82.5	83	83	84	84
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #18

Field Name: PM18

Row Name:

Column Name:

Year: 2011

Field Note:

2011 birth data are not available. We have estimated a similar rate to that for 2010. See 2010 for the most recent actual data and see the Note for 2010 for data sources and other comments

We have modified outyear targets slightly to suggest a modest improvement by 2016.

2. **Section Number:** Form11_Performance Measure #18

Field Name: PM18

Row Name:

Column Name:

Year: 2010

Field Note:

Data are from MDPH Vital Records for calendar year 2010. This is the most recent year of data available.

The percentages shown differ from those published elsewhere, due to how missing data are handled. The MCHB definition of the denominator is specified as all resident births during the referenced year. In MassCHIP and most Massachusetts publications (such as Massachusetts Births), percentages are reported only for cases where information is known (i.e. the denominator excludes births for which data on the variable are missing). Using the MCHB definition reduces the calculated percentage slightly.

Massachusetts has already surpassed the HP 2020 target of 77.9%.

3. **Section Number:** Form11_Performance Measure #18

Field Name: PM18

Row Name:

Column Name:

Year: 2009

Field Note:

Data are from MDPH Vital Records for calendar year 2009.

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

Form Level Notes for Form 11

None

STATE PERFORMANCE MEASURE # 1 - REPORTING YEAR

The percentage of pregnancies among women age 18 and over that are intended.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	76	79	80.3	81	83.4
Annual Indicator	78.4	80.3	80.3	83.4	83.4
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source		Mass. BRFSS bi-annual survey			
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	83.5	83.5	84	84	85
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 #1

Field Name: SM1

Row Name:

Column Name:

Year: 2011

Field Note:

There are no updated data for 2011. The data for this measure are available every other year from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS). The 2011 estimate is from the 2010 survey data.

2. Section Number: Form11_State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2010

Field Note:

The data for this measure are available every other year from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS). The 2010 estimate is from the most recent BRFSS in 2010. See the Detail Sheet (in Form 16) for this measure for definitions, data source and issues, and a discussion of its significance.

Our projected target rates have been raised slightly based on the continued improvement shown in the 2010 survey.

3. Section Number: Form11_State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2009

Field Note:

There are no updated data for 2009. The data for this measure are available every other year from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS). The 2009 estimate is from the 2008 survey data.

STATE PERFORMANCE MEASURE # 2 - REPORTING YEAR

Development and Implementation of Social Connectedness Measures across the Lifespan for Three Population Groups

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____ 1
Annual Indicator	_____	_____	_____	_____	_____ 2
Numerator	_____	_____	_____	_____	_____ 2
Denominator	_____ 20	_____ 20	_____ 20	_____ 20	_____ 20
Data Source				Title V program assessment	Title V program assessment
Is the Data Provisional or Final?					Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 2	_____ 8	_____ 12	_____ 19	_____ 20
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:

This is a new measure – one which replaces a previous temporary one whose purpose was to develop a permanent MCH State Performance Measure. This is a new measure – one which replaces a previous temporary one whose purpose was to develop a permanent MCH State Performance Measure related to social connectedness across the lifespan. That goal was accomplished during FY11. The new measure, which is a Checklist with a maximum possible score of 45, is shown as an attachment to the "Last Year's Accomplishments" subsection of the narrative for this Measure.

The measure was scored by Title V program staff assessments of activities and the progress of a working group during FY11 and FY12. Scoring projections for FY12-FY16 were also developed. See Notes to Form 16 (Detail Sheet) for details on components and scoring. See the Detail Sheet (in Form 16) for the measure for definitions and discussions of its significance and development.

Because we cannot change the Annual Performance Objective for FY11 in TVIS, the value shown (1) refers to the initial measure scoring; it should read as "2." Because the TVIS software also cannot support a total scale score of more than 20, the display of the 2011 denominator is not accurate and should be 45; the numerator is correct. The Annual Indicators for 2012 – 2015 are shown correctly. However, the Annual Indicator for 2016 is 25, not 20.

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

Field Name: SM2

Row Name:

Column Name:

Year: 2010

Field Note:

A new, final measure was developed as planned. Because we cannot enter a non-numeric response of "YES," we have used "1" instead to indicate success.

STATE PERFORMANCE MEASURE # 4 - REPORTING YEAR

The percentage of women with a recent live birth reporting that they had their teeth cleaned recently (within 1 year before, during, or after pregnancy).

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	73.1
Annual Indicator	_____	77.7	71.4	75.1	75
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source		Mass. PRAMS	Mass. PRAMS	Mass. PRAMS	Mass. PRAMS
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	75	75.5	75.5	76	76.5
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_State Performance Measure #4
Field Name: SM4
Row Name:
Column Name:
Year: 2011
Field Note:
 Data Source: Massachusetts PRAMS. 2011 PRAMS data are not yet available. We estimated a rate based on 2009 and 2010 data.
- Section Number:** Form11_State Performance Measure #4
Field Name: SM4
Row Name:
Column Name:
Year: 2010
Field Note:
 Data Source: Massachusetts PRAMS. 2010 PRAMS data. Because PRAMS results are reported as estimates based on weighted survey data, only the percent is be reported, without numerators and denominators.
- Section Number:** Form11_State Performance Measure #4
Field Name: SM4
Row Name:
Column Name:
Year: 2009
Field Note:
 Data Source: Massachusetts PRAMS. 2009 data. Because PRAMS results are reported as estimates based on weighted survey data, only the percent is be reported, without numerators and denominators.

STATE PERFORMANCE MEASURE # 5 - REPORTING YEAR

The percentage of School Based Health Center clients for whom an assessment for intimate partner/teen dating/sexual violence was done.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	32
Annual Indicator	_____	_____	28.3	30.5	28.9
Numerator	_____	_____	3,179	3,022	2,769
Denominator	_____	_____	11,215	9,914	9,592
Data Source			MA SBHC database	MA SBHC database	MA SBHC database
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	30	50	60	70	75
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 #5

Field Name: SM5

Row Name:

Column Name:

Year: 2011

Field Note:

Data Source: Massachusetts School Based Health Center database. The data reflect only those enrolled SBHC clients age 13 and above. Beginning in FY13, one of the contract performance measures for the newly procured SBHC contracts requires that "75% of SBHC clients age 11 years or older seen by the medical provider (physician, nurse practitioner, physician's assistant) will be assessed at least once during the school year for healthy relationships and receive an intervention". These assessment data will be reported to MDPH on a bi-annual basis and will be instrumental in determining contract compliance/performance. Therefore future reporting will be against different criteria. We have set progressively higher targets, with the goal of 75% compliance by all sites by 2016.

- Section Number:** Form11_State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2010

Field Note:

Data Source: Massachusetts School Based Health Center database. The data reflect only those enrolled SBHC clients age 13 and above.

- Section Number:** Form11_State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2009

Field Note:

Data Source: Massachusetts School Based Health Center database.

New State Measure, so no projections until 2011

STATE PERFORMANCE MEASURE # 6 - REPORTING YEAR

Data-driven promotion of healthy weight, physical activity and nutrition for 3 populations: children ages 0-5, children and youth ages 6-17, and women of reproductive age.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	15
Annual Indicator	_____	_____	_____	15	25
Numerator	_____	_____	_____	15	25
Denominator	20	20	20	20	20
Data Source				Title V prog	Title V prog
Is the Data Provisional or Final?					Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	20	20	20	20	20
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:

This is a revised measure – one which replaces a previous temporary one whose purpose was to develop a permanent MCH State Performance Measure related to healthy weight. That goal was accomplished during FY11 (see the Note for 2010 for more about the temporary measure). The new measure, which is also a Checklist with a maximum possible score of 60, is shown as an attachment to the "Last Year's Accomplishments" subsection of the narrative for this Measure.

The measure was scored by Title V program staff assessments of activities and the progress of a working group during FY11 and FY12. Scoring projections for FY12-FY16 were also developed. See Notes to Form 16 (Detail Sheet) for details on components and scoring. See the Detail Sheet (in Form 16) for the measure for definitions and discussions of its significance and development.

Note that the FY11 denominator for the old measure (20) was already entered into TVIS, along with the FY11 Objective for it (15); please ignore those numbers. The denominator for FY11 should be 60 and the Annual Performance Objective should be 25. In addition, we cannot enter the new targets for FY12 – FY16, as they are higher than 20. The new targets are in fact, 27, 31, 39, 46, and 53 respectively for FY12 – FY16.

2. Section Number: Form11_State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2010

Field Note:

This new and temporary measure is scored from a Checklist that includes four components (most with several subcomponents). The components are: 1) Landscape; comprehensive review of current activities/strategies; 2) Partnership/Collaboration; 3) Public Health/MCH Strategies – Identify gaps and best practices; and 4) Develop MCH State Performance Measure related to healthy weight.

Each subcomponent is scored on the scale of 0 = Not started; 1 = In process; and 2 = Complete; the maximum total score is 26. The Checklist itself, with the FY10 scoring by component shown, is provided as an Attachment to the "Last Year's Accomplishments" sub-section of the narrative for this Measure. See the Detail Sheet (in Form 16) for this measure for definitions and discussions of its significance and development.

Note that the scoring is actually for FY10 and FY11 combined, as the goal of the temporary measure – to develop a permanent healthy weight measure – was accomplished during FY11 and this measure will be retired after this application. The new measure, which is also a Checklist, is shown as an attachment to the "Plans for the Coming Year" subsection of the narrative for this Measure.

The measure was scored by Title V program staff assessments of activities and the progress of a working group during FY11.

Scoring for FY11-FY15 is shown as unchanging as we intend to deactivate this measure with our next application. Outyear projections will be provided for the new permanent measure.

STATE PERFORMANCE MEASURE # 7 - REPORTING YEAR

The rate (per 10,000) of hospitalizations due to asthma among Black, non-Hispanic and Hispanic children aged 0-4 years.

<u>Annual Objective and Performance Data</u>					
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	71
Annual Indicator	_____	79.1	71.0	76.3	71
Numerator	_____	729	673	706	_____
Denominator	_____	92,106	94,803	92,497	_____
Data Source		MA UHDDS	MA UHDDS	MA UHDDS	MA UHDDS
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2012	2013	2014	2015	2016
Annual Performance Objective	70	70	69.5	69	69
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:

Data Source: 2011 Uniform Hospital Discharge Data System data are not available. We have estimated a similar rate to that for 2009, as the 2010 data are thought to have been elevated due to the H1N1 flu outbreak. See 2010 for the most recent actual data and see the Note for 2010 for data sources and other comments.

As the prevalence of childhood asthma continues to rise and many children in this age group may be hospitalized as a precaution even when receiving good medical care, we are projecting only a small improvement in this new measure. Revising it to address a different or wider age group is still under discussion.

2. Section Number: Form11_State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2010

Field Note:

Data Source: Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy, 2010, the most recent available. The 2010 denominator is from the most recent population estimates for Massachusetts, as provided by the Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

We believe that the spike in the rate is probably due to the fact that this was the year of H1N1.

As the prevalence of childhood asthma continues to rise and many children in this age group may be hospitalized as a precaution even when receiving good medical care, we are projecting only a small improvement in this new measure. Revising it to address a different or wider age group is under discussion.

3. Section Number: Form11_State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2009

Field Note:

Data Source: Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy, 2009. The 2009 denominator is from estimates for Massachusetts, as provided by the Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

STATE PERFORMANCE MEASURE # 8 - REPORTING YEAR

The rate (per 100,000) of unintentional motor vehicle traffic occupant deaths among youth aged 15-19 years.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	9.3
Annual Indicator	_____	9.4	5.2	4.5	4.5
Numerator	_____	87	24	21	_____
Denominator	_____	925,382	463,258	462,756	_____
Data Source		Mass. Vital Records	Mass. Vital Records	Mass. Vital Records	Mass. Vital Records
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	4.5	4.5	4.5	4.5	4.5
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 #8

Field Name: SM8

Row Name:

Column Name:

Year: 2011

Field Note:

Data Source: 2011 death data are not available. See 2010 for the most recent data and see the Note for 2010 for data sources and other comments. We have estimated a similar rate to 2010.

2. Section Number: Form11_State Performance Measure #8

Field Name: SM8

Row Name:

Column Name:

Year: 2010

Field Note:

Data Source: 2010 death data are taken from MDPH Vital Records for the calendar year 2010. The numerator is all MV-traffic deaths to occupants or unspecified persons. The denominator is the 2010 Massachusetts population estimate for the age group for the same year, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominator and age-specific rates may differ from those previously reported or published elsewhere.

Note that this State Performance Measure is not the same as Health Status Indicator #03C, and it has been modified from our original one proposed in 2008. Unlike H.S.I. #03C, it only measures OCCUPANT deaths, not all motor-vehicle related ones. And we have changed our original age range from 15-24 to 15-19, to focus on adolescent drivers and occupants. Because we cannot change our data for 2008, the trend data look very odd. The correct values for 2008 for the 15-19 age group are 32 deaths and a denominator of 460,398, resulting in a rate/100,000 of 7.0. For interpretation of any trend, the rate for 2007 was 14.2 per 100,000 persons.

We are projecting a level rate through 2016.

3. Section Number: Form11_State Performance Measure #8

Field Name: SM8

Row Name:

Column Name:

Year: 2009

Field Note:

Data Source: 2009 death data are taken from MDPH Vital Records for the calendar year 2009. The numerator is all MV-traffic deaths to occupants or unspecified persons. The denominator is the 2009 Massachusetts population estimate for the age group for the same year, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominator and age-specific rates may differ from those previously reported or published elsewhere.

Note that this new State Performance Measure is not the same as Health Status Indicator #03C, and it has been modified from our original one proposed in 2008. Unlike H.S.I. #03C, it only measures OCCUPANT deaths, not all motor-vehicle related ones. And we have changed our original age range from 15-24 to 15-19, to focus on adolescent drivers and occupants. Because we cannot change our data for 2008, the trend data look very odd. The correct values for 2008 for the 15-19 age group are 32 deaths and a denominator of 460,398, resulting in a rate/100,000 of 7.0. For interpretation of any trend, the rate for 2007 was 14.2 per 100,000 persons.

There was a marked drop in the occupant death rate in 2008 to 7.8 per 100,000 which may have been due to the implementation of a Massachusetts graduated driver law. The law addresses hours of operation for younger drivers, limits non-adult passengers, and substantially raised the penalties for violations. Our earlier projection for 2011 (which cannot be changed at this time) were erroneously based on the total motor vehicle death rate for the larger age group and is thus much higher than we intend. All projections from FY12 forward have been adjusted.

We are projecting a slight reduction and leveling off of the rate from 2012 through 2016.

STATE PERFORMANCE MEASURE # 9 - REPORTING YEAR

The percentage of high school students having missed a school day due to feeling unsafe at or on the way to school.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	3.8
Annual Indicator	_____	4.7	4	4	4.8
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source		Mass. YRBS Bi-annual Survey			
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	4.8	4.6	4.6	4.5	4.5
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 #9

Field Name: SM9

Row Name:

Column Name:

Year: 2011

Field Note:

This measure is based on information from the Massachusetts Youth Risk Behavioral Survey (MYRBS). Because the MYRBS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without numerators and denominators. The survey is conducted every other year and the 2011 survey results are reported. The percent reporting missing school due to feeling unsafe at or on the way to school increased from the previous survey and we have adjusted our projections accordingly.

- Section Number:** Form11_State Performance Measure #9

Field Name: SM9

Row Name:

Column Name:

Year: 2010

Field Note:

This measure is based on information from the Massachusetts Youth Risk Behavioral Survey (MYRBS). Because the MYRBS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without numerators and denominators. Because the survey is conducted every other year, there are no new data for FY10 and the results of the 2009 survey are reported.

- Section Number:** Form11_State Performance Measure #9

Field Name: SM9

Row Name:

Column Name:

Year: 2009

Field Note:

This measure is based on information from the Massachusetts Youth Risk Behavioral Survey (MYRBS). Because the MYRBS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without numerators and denominators. The survey is conducted every other year and the 2009 survey results are reported.

STATE PERFORMANCE MEASURE # 10 - REPORTING YEAR

The percentage of adolescents reporting no current use (in past 30 days) of either alcohol or illicit drugs.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	59	66	67	67	70
Annual Indicator	66	66	68	68	68.6
Numerator					
Denominator					
Data Source		MA bi-annual Youth Hlth Survey			
Is the Data Provisional or Final?				Provisional	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	69	71	71	72	72
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 #10

Field Name: SM10

Row Name:

Column Name:

Year: 2011

Field Note:

This measure is based on information from the Massachusetts Youth Health Survey (MYHS). Because the MYHS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without numerators and denominators. The survey is conducted every other year and the 2011 survey results are reported. There was a slight improvement from the previous survey but not enough to change our projections.

Illicit drug use asked about includes those in the HP 2010 definition (with the exception that hashish is not asked), plus specific questions about "club drugs," over-the-counter drugs to get high; use without a prescription of steroids, Ritalin or Oxycontin; and drugs from prescriptions that weren't his/her own.

In 2004 on MYHS, over half (59%) of Massachusetts middle and high school students reported no alcohol or drug use. This became the baseline for this continuing state measure.

2. Section Number: Form11_State Performance Measure #10

Field Name: SM10

Row Name:

Column Name:

Year: 2010

Field Note:

This measure is based on information from the Massachusetts Youth Health Survey (MYHS). Because the MYHS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without numerators and denominators. Because the survey is conducted every other year, there are no new data for FY10 and the results of the 2009 survey are reported.

3. Section Number: Form11_State Performance Measure #10

Field Name: SM10

Row Name:

Column Name:

Year: 2009

Field Note:

This measure is based on information from the Massachusetts Youth Health Survey (MYHS). Because the MYHS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without numerators and denominators. The survey is conducted every other year and the 2009 survey results are reported. The percentage of adolescents reporting 'no current use' of alcohol or illicit drugs increased from 66% to 68% from 2007 to 2009.

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

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	4.8	4.8	4.8	4.9	4.9
Annual Indicator	4.9	5.0	4.7	4.4	4.5
Numerator	380	382	354	319	
Denominator	77,934	76,969	74,966	72,835	
Data Source		Mass. Vital Records	Mass. Vital Records	Mass. Vital Records	Mass. Vital Records
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	4.5	4.5	4.4	4.4	4.4
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

- Section Number:** Form12_Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2011
Field Note:
 2011 birth and infant mortality data are not available. We have modified our projections.
- Section Number:** Form12_Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2010
Field Note:
 Data are from MDPH Vital Records for the calendar year 2010, the most recent available.
- Section Number:** Form12_Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2009
Field Note:
 Data are from MDPH Vital Records for the calendar year 2009.

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	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
Annual Indicator	<u>2.3</u>	<u>3.2</u>	<u>1.9</u>	<u>2.3</u>	<u>2</u>
Numerator	<u>10</u>	<u>11.7</u>	<u>7.6</u>	<u>8.8</u>	
Denominator	<u>4.4</u>	<u>3.7</u>	<u>4</u>	<u>3.8</u>	
Data Source		Mass. Vital Records	Mass. Vital Records	Mass. Vital Records	Mass. Vital Records
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i></p>					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2011
Field Note:
 2011 birth and infant mortality data are not available. We are retaining our projections.

2. **Section Number:** Form12_Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2010
Field Note:
 Data are from MDPH Vital Records for the calendar year 2010, the most recent available. The ratio got worse in 2010. We are retaining our projections as our goal is at least 2.0.

3. **Section Number:** Form12_Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2009
Field Note:
 Data are from MDPH Vital Records for the calendar year 2009.

Real improvement in this ratio was seen in 2009, narrowing the gap to 1.9 for the first time in 20 years.

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	3.6	3.6	3.4	3.6	3.6
Annual Indicator	3.4	3.8	3.7	3.3	3.3
Numerator	263	291	276	238	
Denominator	77,934	76,969	74,966	72,835	
Data Source		Mass. Vital Records	Mass. Vital Records	Mass. Vital Records	Mass. Vital Records

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final Provisional

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

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

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 3
Field Name: OM03
Row Name:
Column Name:
Year: 2011
Field Note:
 2011 birth and infant mortality data are not available. Our estimated rate is the same as for 2010.

2. **Section Number:** Form12_Outcome Measure 3
Field Name: OM03
Row Name:
Column Name:
Year: 2010
Field Note:
 Data are from MDPH Vital Records for the calendar year 2010, the most recent available. Targets through 2016 have been adjusted. Annual fluctuations in the rate since 2007 had not been statistically significant, but we believe the trend is improving.

3. **Section Number:** Form12_Outcome Measure 3
Field Name: OM03
Row Name:
Column Name:
Year: 2009
Field Note:
 Data are from MDPH Vital Records for the calendar year 2009.

Approximately 84% of neonatal deaths are in the very early neonatal period (under 7 days) and most of these are within 24 hours.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	1.2	1.2	1.2	1.2	1.2
Annual Indicator	1.5	1.2	1.2	1.1	1.2
Numerator	117	91	90	81	
Denominator	77,934	76,969	74,966	72,835	
Data Source		Mass. Vital Records	Mass. Vital Records	Mass. Vital Records	Mass. Vital Records

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final Provisional

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	1.2	1.2	1.2	1.2	1.2
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:
 2011 birth and infant mortality data are not available. Our estimated rate is slightly higher than 2010 and in line with historic data; we have left our out-year projections unchanged.

2. **Section Number:** Form12_Outcome Measure 4
Field Name: OM04
Row Name:
Column Name:
Year: 2010
Field Note:
 Data are from MDPH Vital Records for the calendar year 2010, the most recent available.

3. **Section Number:** Form12_Outcome Measure 4
Field Name: OM04
Row Name:
Column Name:
Year: 2009
Field Note:
 Data are from MDPH Vital Records for the calendar year 2009.

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	5.5	5.5	5.1	5.5	5.5
Annual Indicator	5.0	5.7	5.5	4.8	4.8
Numerator	391	439	413	348	
Denominator	78,103	77,157	75,156	72,979	
Data Source		Mass. Vital Records	Mass. Vital Records	Mass. Vital Records	Mass. Vital Records

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	4.8	4.8	4.8	4.8	4.8
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2011

Field Note:

2011 birth, infant mortality, and fetal death data are not available. Our estimated rate is the same as for 2010, and our out-year projections have been modified (see 2010 note).

2. **Section Number:** Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2010

Field Note:

Data are from MDPH Vital Records for the calendar year 2010, the most recent available.

Approximately 86% of neonatal deaths were in the very early neonatal period (under 7 days) and most of these are within 24 hours. The improvement in the rate for 2010 reflects decreases in both fetal deaths > 28 wks (144, down from 1190) and a further reduction in the number of early neonatal deaths (down to 204 from 223).

In 2008, we had modified our future outcome objectives for total neonatal deaths (Outcome Measure #03) to maintain the rate of 3.6 through 2014. Because these deaths are the driving factor behind the perinatal death rate, and based on revised projections for the neonatal death rate to 3.3, we have again modified projected perinatal death rates to reflect the lower neonatal death rate. The result is a projected maintenance rate of only 4.8 (down from 5.5) through 2016.

3. **Section Number:** Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2009

Field Note:

Data are from MDPH Vital Records (births, infant mortality, and fetal deaths) for the calendar year 2009.

Approximately 84% of neonatal deaths are in the very early neonatal period (under 7 days) and most of these are within 24 hours. The improvement in the rate for 2009 reflects a slight increase in fetal deaths > 28 wks (190, up from 188) but a substantial reduction in the number of early neonatal deaths (down to 223 from 251). We have not made further modifications to our targets through 2016 until a more consistent trend is shown.

In 2008, we had modified our future outcome objectives for total neonatal deaths (Outcome Measure #03) to maintain the rate of 3.6 through 2014. Because these deaths are the driving factor behind the perinatal death rate, we modified those rates as well to reflect the lower neonatal death rate. The result is a projected maintenance rate of 5.5 that we are maintaining through 2016 until more recent data are fully available.

OUTCOME MEASURE # 06

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	12	11	11	11	11
Annual Indicator	11.7	10.9	10.9	10.4	10.5
Numerator	128	119	120	113	
Denominator	1,092,380	1,090,816	1,099,336	1,084,970	
Data Source		Mass. Vital Records	Mass. Vital Records	Mass. Vital Records	Mass. Vital Records

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	10.5	10.5	10.5	10.5	10.5
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 6
Field Name: OM06
Row Name:
Column Name:
Year: 2011
Field Note:
 2011 death data are not available. We have estimated a similar rate to the rate for 2010.

2. **Section Number:** Form12_Outcome Measure 6
Field Name: OM06
Row Name:
Column Name:
Year: 2010
Field Note:
 Data are from MDPH Vital Records for the calendar year 2010, the most recent available. We have made adjustments to outyear projections through 2016 based on the continued improvement in the rate.

3. **Section Number:** Form12_Outcome Measure 6
Field Name: OM06
Row Name:
Column Name:
Year: 2009
Field Note:
 Data on deaths are taken from MDPH Vital Records for calendar year 2009. The denominator is the Massachusetts population estimate for the age group for the same year. The denominator and age-specific rate may differ from those previously reported or published elsewhere.

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

Form Level Notes for Form 12

None

STATE OUTCOME MEASURE # 1 - REPORTING YEAR

The ratio of the Black, non-Hispanic homicide rate (per 100,000) to the White, non-Hispanic homicide rate for males ages 15 - 24.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	28
Annual Indicator	_____	28.5	28.4	28.4	28.4
Numerator	_____	57	_____	_____	_____
Denominator	_____	2	_____	_____	_____
Data Source		Mass. Vital Records	Mass. Vital Records	Mass. Vital Records	Mass. Vital Records
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	27.5	27	26	25	25
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____

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

Field Level Notes

- Section Number:** Form12_State Outcome Measure 1
Field Name: SO1
Row Name:
Column Name:
Year: 2011
Field Note:
 2011 death data are not available. Due to the delay in 2010 data, we have again estimated a similar rate to that for 2009.
- Section Number:** Form12_State Outcome Measure 1
Field Name: SO1
Row Name:
Column Name:
Year: 2010
Field Note:
 2010 death data are delayed and not yet available. We had estimated a similar rate to that for 2009 and estimated a slow but steady improvement for outyear performance objectives. We expect that these will be modified as we get more current death data.
- Section Number:** Form12_State Outcome Measure 1
Field Name: SO1
Row Name:
Column Name:
Year: 2009
Field Note:
 Data on deaths are taken from MDPH Vital Records for calendar year 2009, the most recent data available. The numerator is the age-adjusted homicide rate (per 100,000) of Black, non-Hispanic males and the denominator is the age-adjusted homicide rate (per 100,000) of White, non-Hispanic males. The age-specific rates may differ from those previously reported or published elsewhere.

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

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

3

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

3

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

3

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

3

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

3

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

2

Total Score: 17

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

1. **Section Number:** Form13_Main
Field Name: Question1
Row Name: #1. Family members participate on advisory committee or task forces..
Column Name:
Year: 2013
Field Note:
Comments from family reviewers/scorers: Doing an excellent job, many new families engaged this year in all activities including RFR review, on-line surveys, focus groups, policy and program development. Families commented on how interesting it was to participate in RFR review, gave them a different perspective on how Title V program/DPH functions.
2. **Section Number:** Form13_Main
Field Name: Question2
Row Name: #2. Financial support (...) is offered for parent activities or parent groups.
Column Name:
Year: 2013
Field Note:
Comments from family reviewers/scorers: Stipends/financial support always provided. Program staff assists families with arrangements, transportation, technical assistance about process, even providing it themselves. Funding is flexible and can cover time, travel, or child care as needed. Program works hard to offer alternative ways to participate including webinars, conference calls, etc. that are convenient for families.
3. **Section Number:** Form13_Main
Field Name: Question3
Row Name: #3. Family members are involved in the Children with Special Health Care Needs..
Column Name:
Year: 2013
Field Note:
Comments from family reviewers/scorers: Family staff (PLP & Family TIES) connect with thousands of families by phone, email, in-person to share information about a broad range of resources, including Block Grant. They identify unmet needs and family generated solutions. Staff share this information with program managers, Office of Family Initiatives and MCH programs. Priority for FY13 - ensure that families know about Title V & Block Grant process.
4. **Section Number:** Form13_Main
Field Name: Question4
Row Name: #4. Family members are involved in service training of CSHCN staff and providers.
Column Name:
Year: 2013
Field Note:
Comments from family reviewers/scorers: Family staff members regularly present to colleagues, participate in regional and state wide trainings, model & teach value of family engagement.
5. **Section Number:** Form13_Main
Field Name: Question5
Row Name: #5. Family members hired as paid staff or consultants to the State CSHCN program..
Column Name:
Year: 2013
Field Note:
This is a major strength of the Massachusetts CYSHCN program and we are committed to hiring family members across all our programs. Currently we have 15 full-time or part-time family staff (plus 2 vacant positions), as well as over 50 consultants or stipended family members.
Comments from family reviewers/scorers: Many already in place and numbers growing. Family members trained by Family Initiatives are finding positions with other agencies and organizations using skills learned through Title V programming.
6. **Section Number:** Form13_Main
Field Name: Question6
Row Name: #6. Family members of diverse cultures are involved in all of the above activities
Column Name:
Year: 2013
Field Note:
Comments from family reviewers/scorers: We continue to improve through outreach in multiple languages and culturally competent activities. Challenge - make opportunities more meaningful to families from different cultures.

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE MA 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. Promote healthy weight across the lifespan.
2. Promote emotional wellness and social connectedness across the lifespan.
3. Coordinate preventive oral health measures and promote universal access to affordable dental care.
4. Enhance screening for and prevention of violence and bullying.
5. Support reproductive and sexual health by improving access to educations and services.
6. Improve the health and well-being of women in their childbearing years.
7. Reduce unintentional injury and promote health behavior choices for adolescents.
8. Expand medical home efforts to systems building and securing access and funding for children and youth.
9. Support effective transitions from (1) early childhood to school and (2) adolescence to adulthood for Children and Youth with Special Health Care Needs (CYSHCN)
10. Improve data availability, access, and analytic capacity.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: MA

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>6</u>	identify and implement strategies to support community-based pediatricians to develop policies around youth transition and to grow practice skills in implementing these policies.	To increase capacity in the adult medicine community to provide primary care to young adults with special health care needs and identify methods for the Title V program to be more effective in promoting effective transitions.	MCHB National Center for Transition, "Got Transition"
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>	Analytic work and consultation to help prepare us for the impact of full implementation of "ObamaCare" in 2014 for children and youth with special health needs, in the context of the existing MA Health Care Reform environment.	To understand where federal requirements may supersede MA ones that are more beneficial to families and on which areas we and our family partners should focus for training, outreach, and awareness to maintain and/or expand services for CYSHCN.	The Catalyst Center, Boston University SPH
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories			

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: MA

SP() # _____ 1

PERFORMANCE MEASURE:

The percentage of pregnancies among women age 18 and over that are intended.

STATUS:

Active

GOAL:

To reduce unintended pregnancies

DEFINITION:

This measure is based on information from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS). Among women who were pregnant or had been pregnant within the past 5 years when interviewed, the pregnancy was defined as intended (or not unplanned) if she wanted to be pregnant then or sooner. Because the BRFSS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without numerators and denominators.

Numerator:

The number of pregnancies to women age 18 and over that are intended.

Denominator:

The total number of pregnancies to women age 18 and over.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Massachusetts Behavioral Risk Factor Survey System (BRFSS). The questions addressing this measure are now included every other year (beginning in 1998); no comparable data are available for previous years. The questions will be asked every other year. Thus projected Annual Performance Objectives will be measured in alternate years. Because the BRFSS is a survey of persons age 18 and over, this measure does not capture the degree to which pregnancies to younger teens are intended.

SIGNIFICANCE

Unintended pregnancy is both frequent and widespread in the U.S. The most recent estimate from the National Survey of Family Growth (2006-2010) indicates that 37% of all pregnancies are unintended, either mistimed or unwanted altogether; this % is higher than found in several other Western democracies. Unintended pregnancy affects all segments of society but the highest rates tend to be among women who are ages 18-24, unmarried, low-income, black or Hispanic. Unintended pregnancy is related to adverse health outcomes for both mothers and infants, imposing appreciable burdens on children and families.

SP() # 2

PERFORMANCE MEASURE:

Development and Implementation of Social Connectedness Measures across the Lifespan for Three Population Groups

STATUS:

Active

GOAL

To promote emotional wellness and positive behavioral health, particularly among women, children, and adolescents, through the development and implementation of qualitative and quantitative measures for each of 3 MCH population groups: Maternal and Infant, Early Childhood (0-6), and Youth and Young Adults (13-24)

DEFINITION

This measure is scored from a Checklist that includes three groups of two items each, with each scored on a separate scale; the maximum total score is 60. See Notes to this Form for further details on components and scoring. A copy of the checklist is attached to Part IV, Section B.

Numerator:

Numeric Score on Scale for reference year

Denominator:

Total possible score of 45

Units: 20 **Text:** Scale

HEALTHY PEOPLE 2020 OBJECTIVE

EMC-2 Increase the proportion of parents who use positive parenting and communicate with their doctors

AH-3 Increase the proportion of adolescents who are connected to a parent or other positive adult caregiver

Also related: MHMD-2 Reduce suicide attempts by adolescents MHMD-11 Increase depression screening by primary care providers

DATA SOURCES AND DATA ISSUES

Data for this measure will come both from the implementation status of various data gathering items (e.g. surveys in maternal and infant programs, addition of questions to other surveys such as PRAMS) and from the analysis of change in the positive responses to survey questions over time (e.g. infants in EI programs responsive to maternal interaction, as measured by the Battelle Developmental Inventory). Some data will be a more subjective assessment, by a consensus of MDPH program staff, of progress on implementing interventions. Because we are not yet measuring some of these items on an annual basis yet, data issues may arise in the timeliness of some data. Establishment of baselines for each item and agreement on the definitions of "marginal" and "significant" change from those baselines for three of the items will be critical also.

SIGNIFICANCE

Promoting emotional wellness builds upon a specific focus on wellness and an understanding, built upon the Life Course perspective, that mental health is a cumulative outcome of heredity, experiences, support, education, and environment. Emotional wellness is both a key component of physical health and healthy behavior choices, a broad need affecting the development of individuals, especially children, at key times in their lives. It is also a building block for personal productivity and community health. Indicators include depression, feeling sad and hopeless, violence, bullying, suicidality, and other behavioral health problems. Stakeholders consistently highlight the need for mental health support, lack of capacity and service gaps for all MCH populations. Solutions require collaboration among state agencies, providers, families, and other policymakers and can include universal screening and risk identification, broad-based education and communication, improved training and workforce development, improved treatment services and reimbursement, and better data. Current efforts such as the Children's Behavioral Health Initiative will also continue to support progress. The components of the measure cut across the many types of public health intervention with measurement of specific activities within each category. The components reflect the aggressive efforts to ensure the need for behavioral health is understood and programs are in place to address it.

SP() # _____ 4

PERFORMANCE MEASURE:

The percentage of women with a recent live birth reporting that they had their teeth cleaned recently (within 1 year before, during, or after pregnancy).

STATUS:

Active

GOAL

To increase the percentage of women with a recent live birth who had their teeth cleaned recently; to improve oral health in women of childbearing age and reduce related health problems.

DEFINITION

This measure is based on information from the Massachusetts PRAMS Survey. Because the PRAMS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without numerators and denominators.

Numerator:

Number of mothers with a recent live birth reporting that they had their teeth cleaned recently (within 1 year before, during, or after pregnancy).

Denominator:

Number of mothers surveyed with a recent live birth

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

OH-3.1: Reduce the proportion of adults aged 35-44 with untreated dental decay.

DATA SOURCES AND DATA ISSUES

OH-7: Increase the proportion of children, adolescents, and adults who used the oral health care sys

Massachusetts PRAMS annual survey data. Survey Question #80: When did you have your teeth cleaned by a dentist or dental hygienist? For each of the three time periods, circle Y (Yes) if you had your teeth cleaned then or circle N (No) if you did not have your teeth cleaned then. The data are based on self-report by women with a recent live birth who respond to the Massachusetts PRAMS mailed survey (and follow-up).

SIGNIFICANCE

Oral health is an important part of a woman's overall health and in Massachusetts strongly correlates with income status. The state's oral health statistics highlight poor access and affordability of oral health care, two of the leading reasons for the disparity in outcomes. A known issue is the frequency of providers discussing the importance of oral health during prenatal visits which furthers gaps between those accessing oral health care and those not. Recent studies suggest that gum disease may represent a threat to the pregnant mother and her unborn baby. Pregnant women are also particularly susceptible to periodontal disease. Oral diseases are associated with serious health problems including cardiovascular disease, stroke, diabetes mellitus, respiratory infections, osteoporosis, and adverse pregnancy outcomes. Hormonal changes during pregnancy can cause swollen gums that bleed during pregnancy. Maternal periodontal infections are associated with premature birth, low birthweight, pre-eclampsia, ulcerations of the gingival tissue, pregnancy granuloma, and tooth erosion. These risks increase in women who smoke or experience nutritional deficiencies.

SP() # _____ 5

PERFORMANCE MEASURE:

The percentage of School Based Health Center clients for whom an assessment for intimate partner/teen dating/sexual violence was done.

STATUS:

Active

GOAL

To see the following related to intimate partner/teen dating/sexual violence assessments: an increase in the percentage of assessments completed; an increase in the quality of the assessments performed; an increase in the rates of assessments combined with other health issues (e.g. child witness, suicide, bullying, weapon carrying, STI); and connections to resiliency factors in the outcomes of the assessments.

DEFINITION

Percentage of School Based Health Center clients for whom an assessment for intimate partner/teen dating/sexual violence was done during the reporting year.

Numerator:

Number of School Based Health Center clients ages 13+ (ages 11+ starting in FY13) for whom an assessment for intimate partner/teen dating/sexual violence was done during the reporting year.

Denominator:

Total number of School Based Health Center clients ages 13+ (ages 11+ starting in FY13) during the reporting year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

IVP-39.1: (Developmental) Reduce physical violence by current or former intimate partners

IVP-39.2: (Developmental) Reduce sexual violence by current or former intimate partners

Also related: IVP-39.3: (Developmental) Reduce psychological abuse by current or former intimate partners IVT-39.4: EMC-4: Increase the proportion of schools that require cumulative instruction in health education that meet the US National Health Education Standards for elementary, middle, and senior high schools

DATA SOURCES AND DATA ISSUES

Massachusetts Department of Public Health. School-Based Health Center Data System.

SIGNIFICANCE

Experience of violence is associated with significant short and long term health risks including suicidal behavior, substance use, obesity, and tobacco use. Screening for violence can provide education to students about the prevalence of violence (reducing isolation), the impacts of violence on health and about resources for support services that can increase safety and minimize long term risk. This measure initiates an expanded collaboration between the MDPH Division of Violence and Injury Prevention and the School Based Health Center program within the Division Primary Care and Health Access. Both are committed to improving the health of adolescents and the impact of healthy relationships. Health Center staff will receive expanded education and training on violence and will improve the quality of the assessments with students as well as develop closer collaborations with local resources.

SP() # _____ 6

PERFORMANCE MEASURE:

Data-driven promotion of healthy weight, physical activity and nutrition for 3 populations: children ages 0-5, children and youth ages 6-17, and women of reproductive age.

STATUS:

Active

GOAL

In conjunction with overall MDPH policy and goals, promote healthy weight, physical activity and nutrition through using data to identify baselines, conducting population-specific research and analyses, research sharing and strategic planning, and implementing data-driven strategic plans

DEFINITION

This measure is scored from a Checklist that includes sets of four components for each of three populations: children ages 0-5, children and youth ages 6-17, and women of reproductive age. The components address the following aspects of a data-driven strategy: 1) Baseline level data established for population; 2) population-specific research and analysis; 3) research sharing and strategic planning; and 4) implementation of strategic plan. Each component has a maximum score of 5, for a total possible score of 60 (5 x 4 x 3). See Notes to this Form for further details on components and scoring. A copy of the checklist is attached to Part IV, Section B.

Numerator:

Not Applicable - Unique Scale

Denominator:

Not Applicable - Unique Scale

Units: 20 **Text:** Scale

HEALTHY PEOPLE 2020 OBJECTIVE

NWS -10.4: Reduce the proportion of children and adolescents ages 2 to 19 years who are considered o

NWS-11.4 (Developmental) Prevent inappropriate weight gain Children and adolescents ages 2 to 19 yea
Overweight/obese is defined as having a BMI at or above the gender- and age- specific 95th percentile from CDC U.S. Growth Charts. US baseline (2005-2008) was 16.2% for the 2 to 19 age group. Numerous other Nutrition and Weight Status (NWS) and Physical Activity (PA) Objectives are related.

DATA SOURCES AND DATA ISSUES

This checklist measure will be scored by consensus among the key programs and staff working on the various components for each age group. The scoring will therefore be subjective, but progress on the various components will be documented and reviewed prior to finalizing annual scores.

SIGNIFICANCE

Healthy weight is arguably the single most important issue for public health over the next decade. The rationale for addressing healthy weight is clear and MDPH has the access to resources and the position in the community to be a key voice on healthy weight. The 5-Year Needs Assessment presents many statistics addressing the scope and severity of issues related to healthy weight, including health disparities. The majority of Massachusetts residents are obese or overweight and 30% of children/youth are overweight. Obesity is associated with multiple adverse short- and long-term health outcomes particularly with overweight starting early in life (diabetes, gestational diabetes, heart disease, etc.), which disproportionately affect minorities. Action on this MCH priority is feasible, has strong political will and is aligned with several MDPH initiatives (Mass in Motion Initiative, the Wellness Promotion Advisory Board). There is an opportunity to leverage programs touching many populations (MCH, EI, Home Visiting, School Health Services) and new funding opportunities.

SP() # _____ 7

PERFORMANCE MEASURE:

The rate (per 10,000) of hospitalizations due to asthma among Black, non-Hispanic and Hispanic children aged 0-4 years.

STATUS:

Active

GOAL

To decrease asthma disparities among Black, non-Hispanic and Hispanic children aged 0-4 years.

DEFINITION

The rate (per 10,000) of hospitalizations due to asthma among Black, non-Hispanic and Hispanic children aged 0-4 years, as reported in the state Uniform Hospital Discharge Data System (UHDDS)

Numerator:

Number of resident asthma (ICD-9 codes: 493.0- 493.9) hospital discharges for Black, non-Hispanic and Hispanic children less than five years old.

Denominator:

Estimated number of Black, non-Hispanic and Hispanic children less than five years old in the state in the reporting year.

Units: 10000 **Text:** Rate

HEALTHY PEOPLE 2020 OBJECTIVE

RD-2.1: Reduce hospitalizations for asthma for Children under age 5 years

Also related: RD-3.1: Reduce hospital emergency department visits for asthma for Children under age 5 years

RD-7: Increase the proportion of persons with current asthma who receive appropriate asthma care acc

DATA SOURCES AND DATA ISSUES

Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy. As analyzed by MDPH epidemiology staff. ICD Codes 493.0 – 493.9, inclusive. The UHDDS usually also has data on emergency department visits and observation holds. The UHDDS database is sometimes delayed in being released and available to data staff at MDPH.

SIGNIFICANCE

Asthma is one of the more prevalent health conditions among children. Proper management, including personalized medical care that educates the child, parents, teachers, and extended family about symptoms, the use of medications, and the avoidance of environmental triggers, can significantly reduce asthma hospitalizations and deaths and dramatically improve the child's quality of life. Asthma is a critical issue for many youth and adults with low rates of well controlled asthma and a racial disparity in those needing hospitalization. The level of asthma control among Massachusetts children with current asthma during the years of 2006-2007 suggest that improvements in asthma education and management for children and families are needed, given that 65.2% of children's asthma was not well controlled or very poorly controlled. From 2002-2005, children aged 0-4 years had the highest rates of emergency department visits, outpatient observation stays, and hospitalizations due to asthma of any group. Black, non-Hispanics and Hispanics consistently had substantially higher age-adjusted rates of hospitalization due to asthma than White, non-Hispanics.

SP() # _____ 8

PERFORMANCE MEASURE:

The rate (per 100,000) of unintentional motor vehicle traffic occupant deaths among youth aged 15-19 years

STATUS:

Active

GOAL

To decrease the rate of unintentional motor vehicle traffic occupant deaths among youth ages 15 through 19 years

DEFINITION

The rate (per 100,000) of unintentional motor vehicle traffic occupant deaths among youth aged 15-19 years

Numerator:

Numerator: Number of deaths to youth aged 15 through 19 years while occupants of motor vehicles in traffic (unintentional cases only and excluding motorcyclists) [Defined as deaths with ICD-10 codes of V30-V39 (.4-.9), V40-V49 (.4-.9), V50-V59 (.4-.9), V60-V69 (.4-.9), V70-V79 (.4-.9), V83-V86 (.0-.3), V87(.0-.8), or V89.2 in the underlying cause of death field.]

Denominator:

Number of youth in the State aged 15-19 years in the reporting year.

Units: 100000 **Text:** Rate

HEALTHY PEOPLE 2020 OBJECTIVE

IVP-13: Reduce motor vehicle crash-related deaths

SA-1: Reduce the proportion of adolescents who report that they rode, during the previous 30 days, w

Related: IVP-17: Increase the number of States and the District of Columbia with "good" graduated driver licensing (GDL) laws SA-17:

Decrease the rate of alcohol-impaired driving (.08+ blood alcohol content [BAC]) fatalities

Massachusetts Registry of Vital Records and Statistics; available through MassCHIP.

DATA SOURCES AND DATA ISSUES

SIGNIFICANCE

As unintentional injury and "accidents" are increasingly understood as preventable public health events, MDPH focuses on healthy choices and encouraging informed decisions regarding health and wellbeing. These decisions are especially crucial when adolescents start operating vehicles and are responsible for themselves and others around them. Unintentional motor vehicle traffic occupant injuries (including occupants and unspecified person (excluding motorcyclists) in traffic) were the leading cause of injury deaths among youth aged 15-19 years. Massachusetts adds Motor vehicle deaths ages 15-19 as a next step from National Performance Measure 10, which covers 10 to 14 years of age. Feedback to the stakeholders including the MCH Steering Group was that NPM10 captured the safety of children with an adult driving and issues such as seatbelt use, whereas the 15-19 year old measure covers the adolescent as the driver. Support for this measure by MA Title V also aligns the Title V agency with efforts in the state around policy changes such as the recently implemented graduated driver's license.

SP() # _____ 9

PERFORMANCE MEASURE:

The percentage of high school students having missed a school day due to feeling unsafe at or on the way to school.

STATUS:

Active

GOAL

To decrease the percentage of high school students who miss school due to feeling unsafe at or on the way to school. To improve the perceived safety of high school students from physical violence of all types.

DEFINITION

The percentage of high school students who report having missed a school day due to feeling unsafe at or on the way to school. This measure is based on information from the Massachusetts Youth Risk Behavior Survey (MYRBS). Because the MYRBS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without numerators and denominators.

Numerator:

The number of high school students who report they did not go to school on one or more of the past 30 days because they felt they would be unsafe at school or on their way to or from school.

Denominator:

The number of high school students responding to the survey.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

IVP-34: Reduce physical fighting among adolescents

ICP-35: Reduce bullying among adolescents

Related: IVP-36: Reduce weapon carrying by adolescents on school property.

DATA SOURCES AND DATA ISSUES

Massachusetts Youth Risk Behavior Survey (MYRBS). QN15: Percentage of students who did not go to school on one or more of the past 30 days because they felt they would be unsafe at school or on their way to or from school. This measure is based on information from the MYRBS, conducted in odd-numbered years by the Massachusetts Department of Elementary and Secondary Education, in public high schools. The MYRBS is administered in coordination with the Massachusetts Youth Health Survey (MYHS) of the Massachusetts Department of Public Health, which is conducted in both public middle schools and high schools. The surveys are administered to a stratified, random sample of 7,000 middle and high school students across the state. The self-reported survey data do not extend to youth in private schools or not in school. Because results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without numerators and denominators.

SIGNIFICANCE

To reduce violence, we focus on ensuring that screening for violence is built into programs to stop cycles of violence and the impact of violence on mental wellness. One area where violence can be prevented is to stop bullying and the negative impact it has on the health and wellness of MCH populations. Violence, bullying and suicide among adolescents in the state have come together in several schools in the Commonwealth culminating in at least one recent highly publicized death from suicide related to bullying. According to data from the 2011 YRBS: 9% of high school youth experienced dating violence ever in their lifetimes (females 12%, males 6%), 12% of high school youth had experienced sexual assault ever in their lifetimes (females 14%, male 5%), 5% of high school youth had missed school on one or more of the past 30 days because they felt they would be unsafe at school or on their way to or from school, 18% of high school youth had been bullied at school in the past year, and 7% of high school students reported that they had been threatened or injured with a weapon at school in the past year (females 4%, males 9%). MDPH is actively involved in reducing bullying and the effects of bullying including the development of safe places for students within schools and increased understanding and awareness by adults who work with adolescents.

SP() # 10

PERFORMANCE MEASURE:

The percentage of adolescents reporting no current use (in past 30 days) of either alcohol or illicit drugs.

STATUS:

Active

GOAL

To reduce the risk behaviors of drinking and doing drugs among adolescents, along with other resulting risks such as high-risk sexual activity, violence, etc.

DEFINITION

This measure is based on information from the Massachusetts Youth Health Survey (MYHS). Because the MYHS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without numerators and denominators. 65% of middle school and high school students reported no alcohol or any illicit drug use in the past 30 days prior to 2009 MYHS. The 2009 MYHS illicit drugs include marijuana, inhalants, heroin, cocaine, crack, amphetamines, club drugs, OTC drugs (to get high), and narcotics, steroids, Ritalin, OxyContin without prescription and prescription drugs of 'not your own'. This is the current baseline for the measure.

Numerator:

The number of middle school and high school students who report not using either alcohol or any illicit drugs within the past 30 days

Denominator:

The number of middle school and high school students responding to the survey.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

SA-13: Reduce the proportion of adolescents reporting use of alcohol or any illicit drugs during the

DATA SOURCES AND DATA ISSUES

This measure is based on information from the Massachusetts Youth Health Survey (MYHS). MYHS is collected in public middle schools and high schools in odd-numbered years. The MYHS is administered cooperatively with the Massachusetts Youth Risk Behavior Survey (MYRBS), conducted by the Massachusetts Department of Elementary and Secondary Education in public high schools. The surveys are administered to a stratified, random sample of 7,000 middle and high school students across the state. The survey data do not extend to youth in private schools or not in school and are self-reported. The percentage of adolescents reporting no current use of either alcohol or illicit drugs cannot be calculated from the YRBS for the middle school, as it is only administered in the public high schools. Because the MYHS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without numerators and denominators.

SIGNIFICANCE

Alcohol and drug use remain a substantial risk behavior among middle and high school youth. Both male and female students report similar lifetime and current alcohol use rates, with Hispanic students reporting the highest use in both categories. Lifetime and current use of alcohol, marijuana, and other illicit drugs all increase by grade. Studies have found that almost twice as many youth aged 12 to 17 perceive risk from cigarette use compared to marijuana use or binge drinking. Massachusetts rates of binge drinking and marijuana use significantly exceed national rates, while cigarette smoking does not. Given the clustering of adolescent risk factors and behaviors and their resulting health impacts (from motor vehicle mortality and morbidity to date rape), much remains to be done to work with youth, those who interact with them, and the environments in which they live to reduce these risk behaviors. The percentage of students who report current alcohol use has declined (41 percent in 2009 vs. 51 percent in 1991) since the first YRBS survey. National survey results indicate that alcohol and other drug use has remained stable or declined since 2004. Recognizing the impact of substance abuse on adolescent health and decision making, the state continues with a focus on prevention efforts in substance abuse.

SO) # _____ 1

OUTCOME MEASURE:

The ratio of the Black, non-Hispanic homicide rate (per 100,000) to the White, non-Hispanic homicide rate for males ages 15 - 24.

STATUS:

Active

GOAL

To reduce the disparity in homicide rates especially among males ages 15-24 year old where the homicide rate is greatest.

DEFINITION

The ratio of the Black, non-Hispanic homicide rate (per 100,000) to the White, non-Hispanic homicide rate for males ages 15 - 24.

Numerator:

Homicide death rate (per 100,000) for Black, non-Hispanic males ages 15-24 in the reporting year.

Denominator:

Homicide death rate (per 100,000) for White, non-Hispanic males ages 15-24 in the reporting year.

Units: 1 **Text:** Ratio

HEALTHY PEOPLE 2020 OBJECTIVE

IVP-29: Reduce homicides

IVP-30: Reduce firearm-related deaths

Also related: IVP-34: Reduce physical fighting among adolescents. IVP-36: Reduce weapon carrying by adolescents on school property.

DATA SOURCES AND DATA ISSUES

Massachusetts Registry of Vital Records and Statistics

SIGNIFICANCE

For the first time, Massachusetts Title V has set an optional State Outcome measure. As part of our focus on health disparities, we have selected a violence prevention state outcome measure that evaluates the large gap between White, non-Hispanic and Black, non-Hispanic homicide deaths. Youth and young adult males, especially Black, non-Hispanic males, are disproportionately involved as victims of homicide. Homicide is the second leading cause of death (after unintentional injury) among youth aged 15-24 years (8.1 deaths per 100,000). Ninety-two percent (92%) of these deaths are among males and 78% involve a firearm. This overall rate conceals huge discrepancies: during 2005-2007 the homicide rates for Black non-Hispanics, Hispanics, and Asians of both sexes aged 15-24 years were 25, 12, and 8 times that of White non-Hispanics in this age group, respectively. In 2007 the ratio of black, non-Hispanic to white, non-Hispanic male homicide deaths in Massachusetts was roughly 36 to 1. This is an unacceptable loss of life that calls for public health as well as public safety interventions. Improved outcomes will come through targeted and broad approaches to violence, mental health, built environment, and other areas. Building on work begun in FY10, the Child and Youth Violence Prevention Unit will continue to work with partners across the state to address youth in high risk communities. Progr

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

1. Section Number: Form16_State Performance Measure 2

Field Name: SPM2

Row Name:

Column Name:

Year: 2013

Field Note:

Details on the six items in the SPM checklist and their scoring are as follows:

1. Develop, test and administering a paper survey with social support questions to all participants in selected MDPH maternal and infant programs (including home-visiting programs) during one month of each year. [Questions selected will come from the RAND Medical Outcomes (MOS) Social Support Survey Instrument.] (max. score = 6)

0 = Protocols not initiated

1 = Draft components developed and stakeholder approved

2 = Survey piloted and tested in MCH programs

3 = Partial implementation of Survey in programs

6 = Full implementation of Survey in programs

2. Add BRFSS Question: "How often do you get the social and emotional support that you need?" to the PRAMS Questionnaire. (Max: 6 points):

0 = No action initiated

1 = Submit proposal for question insertion into PRAMS Standard List

2 = Get approval from PRAMS Advisory Committee

5 = Question included in MA PRAMS

6 = Question included in future Regional or National Measure

3. Increase the % of children aged 0-6 on Medicaid who receive screening for emotional health (as measured by the Children's Behavioral Health Initiative/HEDIS data). (Max: 9 points):

4. Increase % of infants who are responsive to interactions with their mother as documented on the Ages & Stages Questionnaire, 3rd Revision (ASQ-3) within EI Program Data. (Max: 9 points):

5. Increase the % of student responding positively to the Youth Risk Behavioral Survey questions on "Do you have a trusted adult in your life?" (Q. 14, 16) (Max: 9 points):

For 3, 4, and 5, the scoring is as follows:

0 = No action

1 = Establish baseline

Then add to previous year's score:

+0 Point for No change or decline in baseline rate.

+1 Point for a marginal change in baseline rate.

+2 Points for a significant change in baseline rate.

6. Reconvening of the Youth and Young Adult Working Group to develop a toolbox of interventions that help improve adolescents' (inclusive of CSHCN) social connectedness and social capital and decrease their social isolation. (Max: 6 points):

0 = Toolbox not developed

1 = Working Group has met to discuss the toolbox

2 = Draft toolbox developed and approved by stakeholders

3 = Toolbox pilot tested in selected MDPH youth-serving programs

4 = Toolbox revised, finalized, and ready for implementation

5 = Partial implementation in MDPH youth-serving programs

6 = Toolbox adopted and implemented in all MDPH youth-serving programs

2. Section Number: Form16_State Performance Measure 6

Field Name: SPM6

Row Name:

Column Name:

Year: 2013

Field Note:

Details on the four items in the SPM checklist for each population group (children ages 0- 5; children ages 6 – 17; and women of reproductive age) and their scoring (for a total possible score of 60) are as follows:

Baseline level data established for population (Max: 5 points):

0 = No data sources identified

1 = 1 data source identified

2 = 1 data source identified and available by request or on an intermittent basis

3 = DPH has full access to identified data sources

4 = DPH performs limited analyses on weight status, physical activity, and nutrition data

5 = DPH maintains ongoing surveillance to have the most current weight status, physical activity, and nutrition data for the population

Population-specific research and analysis (Max: 5 points):

0 = No research performed on promising and practices in the fields of weight status, physical activity, and/or nutrition

1 = Aggregation of literature specific to the population in the fields of weight status, physical activity, and/or nutrition

2 = Gaps in current literature identified and aligned with MA priorities

3 = Descriptive analysis of identified data sources based research gaps and practice priorities

4 = Bivariate analysis of data sources informing weight status, physical activity, and/or nutrition

5 = Multivariate analysis of data sources informing weight status, physical activity, and/or nutrition

Research sharing and strategic planning (Max: 5 points):

0 = No literature, promising practices, and/or data analyses have been shared internally with colleagues

1 = Literature, promising practices, and/or data analyses have been shared internally with colleagues

2 = Literature, promising practices, and/or data analyses have been shared externally with colleagues

3 = Feedback on analysis of data have been discussed internally and externally

4 = Outreach strategies to target population(s) and collaborating partners have been identified

5 = Develop strategic plan for implementation

Implementation of strategic plan (Max: 5 points):

0 = No strategic plan

1 = Engagement with partners on strategic plan

2 = Develop evaluation component of strategic plan

3 = Partial implementation of strategic plan

4 = Full implementation of strategic plan

5 = Implementation of strategic plan evaluation

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

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	72.1	46.0	43.2	48.0	48
Numerator	2,718	1,764	1,667	1,762	
Denominator	376,848	383,588	385,851	367,067	

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

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

Field Name: HSC01

Row Name:

Column Name:

Year: 2011

Field Note:

Hospitalization data for 2011 are not yet available from the Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy. We have estimated the same rate as that for 2010. See 2010 for the most recent actual data and see the Note for 2010 for data sources and other comments.

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

Field Name: HSC01

Row Name:

Column Name:

Year: 2010

Field Note:

Hospitalization data are from the Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy, 2010. The 2010 denominator is from the most recent population estimates for Massachusetts, as provided by the Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

The numerator includes hospitalizations where asthma was either the primary diagnosis or a contributing cause.

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

Field Name: HSC01

Row Name:

Column Name:

Year: 2009

Field Note:

Hospitalization data are from the Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy, 2009.

HEALTH SYSTEMS CAPACITY #02

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

	2007	2008	Annual Indicator Data		2011
Annual Indicator	100.0	100.0	2009	2010	100.0
Numerator	37,126	37,458	41,444	41,915	39,234
Denominator	37,126	37,458	41,444	41,915	39,234

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 #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2011

Field Note:

Data Source: Massachusetts Division of Medical Assistance (state Medicaid agency), Medicaid Management Information System. Form CMS-416: Annual EPSDT Participation Report for period October 1, 2010 to September 30, 2011.

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

Field Name: HSC02

Row Name:

Column Name:

Year: 2010

Field Note:

Data Source: Massachusetts Division of Medical Assistance (state Medicaid agency), Medicaid Management Information System. Form CMS-416: Annual EPSDT Participation Report for period October 1, 2009 to September 30, 2010.

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

Field Name: HSC02

Row Name:

Column Name:

Year: 2009

Field Note:

Data Source: Massachusetts Division of Medical Assistance (state Medicaid agency), Medicaid Management Information System. Form HCFA 416: Annual EPSDT Participation Report for period October 1, 2008 to September 30, 2009.

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	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
Numerator	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Denominator	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</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 #03
- Field Name:** HSC03
- Row Name:**
- Column Name:**
- Year:** 2011
- Field Note:**
- Indicator is NOT APPLICABLE
- All infants under 200% FPL are eligible for Medicaid rather than SCHIP.

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	<u>81.6</u>	<u>80.3</u>	<u>82.6</u>	<u>83.5</u>	<u>83.5</u>
Numerator	<u>63,386</u>	<u>61,566</u>	<u>61,669</u>	<u>60,583</u>	<u></u>
Denominator	<u>77,646</u>	<u>76,685</u>	<u>74,698</u>	<u>72,585</u>	<u></u>
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i></p>					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

- Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2011

Field Note:

2011 birth data are not available. We have estimated the same rate as that for 2010. See 2010 for the most recent actual data and see the Note for 2010 for data sources and other comments.

- Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2010

Field Note:

Birth data are from MDPH, Vital Records for calendar year 2010 (the most recent year available). The Kotelchuck Index is calculated and reported routinely by the Department.

- Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2009

Field Note:

Birth data are from MDPH, Vital Records for calendar year 2009. The Kotelchuck Index is calculated and reported routinely by the Department and is available in MassCHIP, which is the source for the 2009 data.

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	96.7	97.3	96.2	99.5	99.4
Numerator		505,517	626,211	630,470	645,301
Denominator		519,426	637,639	633,881	649,205
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 #07A

Field Name: HSC07A

Row Name:

Column Name:

Year: 2011

Field Note:

Data Sources: The numerator is the number of children aged 0 - 18 ever enrolled in Medicaid (MassHealth) during FY 2011; all children enrolled are assumed to have had at least one service paid for by the program. The denominator is made up of two components. The first is the total number of children aged 0 - 18 enrolled in MassHealth during that period. The second is an estimate of children not enrolled in Medicaid who might be eligible for it, defined as the estimated number of children at or below 200% FPL (30.1% of 1,621,143) who are reported as uninsured through state surveys (0.8% of those under 300% uninsured; uninsured % is higher for 150 - 299% group) used as closest and conservative proxy). These calculations yield an estimate of only 3,904 children possibly eligible for Medicaid but not enrolled during FY2011, a remarkable drop from the estimated 11,428 in 2009. Medicaid enrollment data: MassHealth. Unduplicated number of children (defined as under age 19) ever enrolled in the Medicaid program in FFY 2011, CHIP Statistical Enrollment Data System (SEDS). The total includes children served under Title XIX and Medicaid Expansion (non-CHIP) (500,534), and the Separate Child Health Program (CHIP) (144,767). <http://www.insurekidsnow.gov/chipannualreport.pdf> (page 19)

% of Children Uninsured estimate: Massachusetts Division of Health Care Finance and Policy, "Health Insurance Coverage and Access to Care in Massachusetts: Detailed Tabulations Based on the 2010 Massachusetts Health Insurance Survey." November 2010. The results of the 2011 survey will not be available until August, 2012, so we have used last year's data for this estimate

Estimate of % of children below 200% of poverty: U.S. Census Bureau, Current Population Survey, 2011 Annual Social and Economic Supplement (www.census.gov/hhed/www/cpstable/03211/pov/new46_185200_03.htm).

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

Field Name: HSC07A

Row Name:

Column Name:

Year: 2010

Field Note:

Data Sources: The numerator is the number of children aged 0 - 18 ever enrolled in Medicaid (MassHealth) during FY 2010; all children enrolled are assumed to have had at least one service paid for by the program. The denominator is made up of two components. The first is the total number of children aged 0 - 18 enrolled in MassHealth during that period. The second is an estimate of children not enrolled in Medicaid who might be eligible for it, defined as the estimated number of children at or below 200% FPL (27% of 1,639,764) who are reported as uninsured through state surveys (0.8% of those under 300% uninsured; uninsured % is higher for 150 - 299% group) used as closest and conservative proxy). These calculations yield an estimate of only 3,411 children possibly eligible for Medicaid but not enrolled during FY2010, a remarkable drop from the estimated 11,428 in 2009. Medicaid enrollment data: MassHealth. Unduplicated number of children (defined as under age 19) ever enrolled in the Medicaid program in FFY 2010, CHIP Statistical Enrollment Data System (SEDS). The total includes children served under Title XIX (non-CHIP) (488,191), Medicaid Expansion (64,906), and the Separate Child Health Program (77,373). http://www.cms.gov/NationalCHIPPolicy/downloads/FY2010StateCHIPTotalTable_020111_FINAL.pdf and <http://www.cms.gov/NationalCHIPPolicy/downloads/FY2010StateXIXTotalTable020111FINAL.pdf>

% of Children Uninsured estimate: Massachusetts Division of Health Care Finance and Policy, "Health Insurance Coverage and Access to Care in Massachusetts: Detailed Tabulations Based on the 2010 Massachusetts Health Insurance Survey." November 2010.

Estimate of % of children below 200% of poverty: Annie E. Casey Foundation. KidsCount Data Center. Analysis of data from the 2009 American Community Survey.

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

Field Name: HSC07A

Row Name:

Column Name:

Year: 2009

Field Note:

Data Sources: The numerator is the number of children aged 0 - 18 ever enrolled in Medicaid (MassHealth) during FY 2009; all children enrolled are assumed to have had at least one service paid for by the program. The denominator is made up of two components. The first is the total number of children aged 0 - 18 enrolled in MassHealth during that period. The second is an estimate of children not enrolled in Medicaid who might be eligible for it, defined as the estimated number of children at or below 200% FPL (26% of 1,627,928) who are reported as uninsured through state surveys (2.7% of those under 150%, used as closest and conservative proxy). These calculations yield an estimate of only 11,428 children possibly eligible for Medicaid but not enrolled during FY2009. Medicaid enrollment data: MassHealth. Unduplicated number of children (defined as under age 19) ever enrolled in the Medicaid program in FFY 2009, as reported by the state into the CHIP Statistical Enrollment Data System (SEDS). The total includes children served under Title XIX (non-CHIP) (483,167), Medicaid Expansion (62,807), and the Separate Child Health Program (80,237).

% of Children Uninsured estimate: Massachusetts Division of Health Care Finance and Policy, "Health Insurance Coverage and Access to Care in Massachusetts: Detailed Tabulations Based on the 2009 Massachusetts Health Insurance Survey." November 2009.

Estimate of % of children below 200% of poverty: Annie E. Casey Foundation. KidsCount Data Center. Analysis of data from the 2008 American Community Survey.

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	56.4	61.0	63.6	62.8	63.6
Numerator	54,817	60,452	67,460	69,122	72,350
Denominator	97,160	99,037	106,132	110,147	113,674

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 Source: Massachusetts Division of Medical Assistance (state Medicaid agency), Medicaid Management Information System. Form CMS-416: Annual EPSDT Participation Report for period October 1, 2010 to September 30, 2011.

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

Field Name: HSC07B

Row Name:

Column Name:

Year: 2010

Field Note:

Data Source: Massachusetts Division of Medical Assistance (state Medicaid agency), Medicaid Management Information System. Form CMS-416: Annual EPSDT Participation Report for period October 1, 2009 to September 30, 2010.

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

Field Name: HSC07B

Row Name:

Column Name:

Year: 2009

Field Note:

Data Source: Massachusetts Division of Medical Assistance (state Medicaid agency), Medicaid Management Information System. Form HCFA 416: Annual EPSDT Participation Report for period October 1, 2008 to September 30, 2009.

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	100.0	100.0	100.0	100.0	100.0
Numerator	20,247	20,895	18,503	19,733	20,476
Denominator	20,247	20,895	18,503	19,733	20,476

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: Fom17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2011

Field Note:

All SSI beneficiaries in Massachusetts are automatically enrolled in Medicaid. The breadth of the Medicaid benefit package in the state leaves Title V with no residual responsibilities because "the extent medical assistance for such services is not provided by Medicaid" is zero. To indicate the degree to which such services are available to the SSI population, the numerator is the same as the number of children on SSI.

The data are from the Social Security Administration, Supplemental Security Record (Characteristic Extract Record format) and include children under age 16 and are for children receiving benefits as of December 2011.

2. Section Number: Fom17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2010

Field Note:

All SSI beneficiaries in Massachusetts are automatically enrolled in Medicaid. The breadth of the Medicaid benefit package in the state leaves Title V with no residual responsibilities because "the extent medical assistance for such services is not provided by Medicaid" is zero. To indicate the degree to which such services are available to the SSI population, the numerator is the same as the number of children on SSI.

The data are from the Social Security Administration, Supplemental Security Record (Characteristic Extract Record format) and include children under age 16 and are for children receiving benefits as of December 2010.

3. Section Number: Fom17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2009

Field Note:

All SSI beneficiaries in Massachusetts are automatically enrolled in Medicaid. The breadth of the Medicaid benefit package in the state leaves Title V with no residual responsibilities because "the extent medical assistance for such services is not provided by Medicaid" is zero. To indicate the degree to which such services are available to the SSI population, the numerator is the same as the number of children on SSI.

The data are from the Social Security Administration, Supplemental Security Record (Characteristic Extract Record format) and include children under age 16 and are for children receiving benefits as of December 2009.

We had previously been reporting the numbers of children under age 18, so there appears to be a drop in the number of beneficiaries in 2009. In fact, the comparable numbers for children under 16 in 2007 and 2008 were 17,997 and 17,702, respectively.

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

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2010	Payment source from birth certificate	8.2	7.6	7.8
b) <i>Infant deaths per 1,000 live births</i>	2010	Matching data files	5.8	3.4	4.4
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2010	Payment source from birth certificate	76	85.3	82.9
d) <i>Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2010	Payment source from birth certificate	88.5	91	90.3

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

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	_____200_____
b) <i>Medicaid Children</i> (Age range _____1 to _____18) (Age range _____ to _____) (Age range _____ to _____)	2011	_____150_____ _____ _____
c) <i>Pregnant Women</i>	2011	_____200_____

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

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 ____ 1 to ____ 18) (Age range ____ to ____) (Age range ____ to ____)	2011	_____ 300 _____ _____
c) <i>Pregnant Women</i>	2011	_____ 200

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:
 All infants under 200% FPL are eligible for Medicaid rather than SCHIP; between 200 to 300% FPL they are eligible for SCHIP.
2. **Section Number:** Form18_Indicator 06 - Medicaid
Field Name: Med_Children
Row Name: Medicaid Children
Column Name:
Year: 2013
Field Note:
 Under 150% FPL, children are eligible for Medicaid rather than SCHIP. Between 150% and 300% FPL, children are eligible for the non-Medicaid portion of SCHIP – assistance with the payment of insurance premiums; this includes Family Assistance/Direct Coverage and Family Assistance/Premium Assistance.
3. **Section Number:** Form18_Indicator 06 - Medicaid
Field Name: Med_Women
Row Name: Pregnant Women
Column Name:
Year: 2013
Field Note:
 Technically, pregnant women are not eligible for SCHIP, but remain eligible based on age or income for Medicaid. If they are ineligible for Medicaid but are at or below 225% FPL, they are eligible for Healthy Start pregnancy-related services through SCHIP as coverage for the unborn child.
4. **Section Number:** Form18_Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of ow birth weight (<2,500 grams)
Column Name:
Year: 2013
Field Note:
 Birth data are from MDPH, Vital Records for calendar year 2010 (the most recent year available). The percentages shown differ from those published elsewhere, due to how missing data are handled. The MCHB definition of the denominator is specified as all resident births during the referenced year. In MassCHIP and most Massachusetts publications (such as Massachusetts Births), percentages are reported only for cases where information is known (i.e. the denominator excludes births for which data on the variable are missing). Using the MCHB definition reduces the calculated percentage slightly.
5. **Section Number:** Form18_Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2013
Field Note:
 Data are from MDPH, Vital Records, Births and Linked Birth / Infant Death files. Data are for 2010, the most recent year available for the linked data. Note that the linked file for 2010 only includes 316 infant deaths, while there were a total of 319 infant deaths in 2010. The calculated rates shown here may therefore differ from those published elsewhere.

 The non-Medicaid and overall IMRs improved from 2009; the Medicaid IMR was unchanged.
6. **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:
 Birth data are from MDPH, Vital Records for calendar year 2010 (the most recent year available).
 The percentages shown differ from those published elsewhere, due to how missing data are handled. The MCHB definition of the denominator is specified as all resident births during the referenced year. In MassCHIP and most Massachusetts publications (such as Massachusetts Births), percentages are reported only for cases where information is known (i.e. the denominator excludes births for which data on the variable are missing). Using the MCHB definition reduces the calculated percentage slightly. The Medicaid rate continues to improve (from 73.6% to 76.0%), as does the overall rate (from 81.0% to 82.9%).
7. **Section Number:** Form18_Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2013
Field Note:
 Birth data are from MDPH, Vital Records for calendar year 2010 (the most recent year available).
 The percentages shown differ from those published elsewhere, due to how missing data are handled. The MCHB definition of the denominator is specified as all resident births during the referenced year. In MassCHIP and most Massachusetts publications (such as Massachusetts Births), percentages are reported only for cases where information is known (i.e. the denominator excludes births for which data on the variable are missing). Using the MCHB definition reduces the calculated percentage slightly. The Medicaid rate continues to improve (from 76.8% to 88.5%), as does the overall rate (from 82.3% to 90.3%).

 In accordance with the guidance for this item, these statistics are for ALL births, not just to those to women ages 15-44. This is why the overall percentage is different from the value shown for HSCI #04, which only captures that partial birth cohort.

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

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

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

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

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	Yes
Other: <u>Massachusetts Youth Health Survey</u>	3	Yes

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

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

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

None

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

Form Level Notes for Form 20

None

HEALTH STATUS INDICATOR #01A

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

Annual Indicator	Annual Indicator Data				
	2007	2008	2009	2010	2011
Annual Indicator	7.9	7.7	7.7	7.8	7.8
Numerator	6,147	5,955	5,804	5,660	
Denominator	77,934	76,969	74,966	72,835	

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 #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2011

Field Note:

2011 birth data are not available. We have estimated the same rate as that for 2010. See 2010 for the most recent actual data and see the Note for 2009 for data sources and other comments.

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

Field Name: HSI01A

Row Name:

Column Name:

Year: 2010

Field Note:

Data for both the numerator and denominator are taken from MDPH Vital Records for calendar year 2010. This is the most recent year of data available. The denominator is all resident births for the year.

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

Field Name: HSI01A

Row Name:

Column Name:

Year: 2009

Field Note:

Data for both the numerator and denominator are taken from MDPH Vital Records for calendar year 2009.

HEALTH STATUS INDICATOR #01B

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

	2007	2008	Annual Indicator Data		2011
			2009	2010	
Annual Indicator	5.7	5.5	5.4	5.6	5.6
Numerator	4,258	4,039	3,886	3,882	
Denominator	74,498	73,475	71,423	69,508	

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2011

Field Note:

2011 birth data are not available. We have estimated the same rate as that for 2010. See 2010 for the most recent actual data and see the Note for 2010 for data sources and other comments

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

Field Name: HSI01B

Row Name:

Column Name:

Year: 2010

Field Note:

Data for both the numerator and denominator are taken from MDPH Vital Records for calendar year 2010. This is the most recent year of data available. The denominator is all resident births for the year.

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

Field Name: HSI01B

Row Name:

Column Name:

Year: 2009

Field Note:

Data for both the numerator and denominator are taken from MDPH Vital Records for calendar year 2009. The denominator is all resident births for the year.

HEALTH STATUS INDICATOR #02A

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

	2007	2008	Annual Indicator Data		2011
			2009	2010	
Annual Indicator	1.4	1.3	1.4	1.3	1.3
Numerator	1,053	1,006	1,014	961	
Denominator	77,934	76,969	74,966	72,835	

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

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

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

2011 birth data are not available. We have estimated the same rate as that for 2010. See 2010 for the most recent actual data and see the Note for 2010 for data sources and other comments

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

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

Data for both the numerator and denominator are taken from MDPH Vital Records for calendar year 2010. This is the most recent year of data available. The denominator is all resident births for the year.

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

Field Name: HSI02A**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data for both the numerator and denominator are taken from MDPH Vital Records for calendar year 2009. The denominator is all resident births for the year.

HEALTH STATUS INDICATOR #02B

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

	2007	2008	Annual Indicator Data		2011
			2009	2010	
Annual Indicator	0.9	0.9	0.9	0.9	0.9
Numerator	693	627	677	643	
Denominator	74,498	73,475	71,423	69,508	

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

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

Field Name: HSI02B

Row Name:

Column Name:

Year: 2011

Field Note:

2011 birth data are not available. We have estimated the same rate as that for 2010. See 2010 for the most recent actual data and see the Note for 2010 for data sources and other comments

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

Field Name: HSI02B

Row Name:

Column Name:

Year: 2010

Field Note:

Data for both the numerator and denominator are taken from MDPH Vital Records for calendar year 2010. This is the most recent year of data available. The denominator is all resident births for the year.

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

Field Name: HSI02B

Row Name:

Column Name:

Year: 2009

Field Note:

Data for both the numerator and denominator are taken from MDPH Vital Records for calendar year 2009. The denominator is all resident births for the year.

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	2.9	2.7	2.1	2.1	2.1
Numerator	34	31	24	24	
Denominator	1,188,128	1,148,340	1,145,024	1,141,903	

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

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

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

2011 death data are not available. See 2010 for the most recent actual data and see the Note for 2010 for data sources and other comments. We have estimated a similar rate to the 2010 rate.

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

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

Data on deaths are taken from MDPH Vital Records for calendar years 2008-2010. Rates are calculated as rolling 3-year averages. (I.e. the 2010 numerator is the sum of the 2008, 2009, and 2010 numbers of deaths (29, 21, and 22 respectively) and the denominator is the sum of the most recent Massachusetts population estimates for the age group for the same years, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

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

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

Data on deaths are taken from MDPH Vital Records for calendar years 2007-2009. Rates are calculated as rolling 3-year averages. (I.e. the 2009 numerator is the sum of the 2007, 2008, and 2009 numbers of deaths (23, 29, and 21 respectively) and the denominator is the sum of the most recent Massachusetts population estimates for the age group for the same years, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

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	0.8	0.7	0.5	0.5	0.5
Numerator	9	8	6	6	
Denominator	1,188,128	1,148,340	1,145,024	1,141,903	

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

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

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

2011 death data are not available. See 2010 for the most recent actual data and see the Note for 2010 for data sources and other comments. We have estimated a similar rate to the 2010 estimate.

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

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

Data on deaths are taken from MDPH Vital Records for calendar years 2008-2010. Rates are calculated as rolling 3-year averages. (I.e. the 2010 numerator is the sum of the 2008, 2009, and 2010 numbers of deaths (6, 8, and 4 respectively) and the denominator is the sum of the most recent Massachusetts population estimates for the age group for the same years, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

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

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

Data on deaths are taken from MDPH Vital Records for calendar years 2007-2009. Rates are calculated as rolling 3-year averages. (I.e. the 2009 numerator is the sum of the 2007, 2008, and 2009 numbers of deaths (5, 6, and 8 respectively) and the denominator is the sum of the most recent Massachusetts population estimates for the age group for the same years, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

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	14.2	9.4	9.4	8.8	8.8
Numerator	129	87	87	83	
Denominator	906,161	925,382	924,608	938,424	

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 #03C

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

2011 death data are not available. We have estimated a similar rate to that for 2010. See 2010 for the most recent actual data and see the Note for 2010 for data sources and other comments

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

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

Data on deaths are taken from MDPH Vital Records for calendar year 2010 (the most recent year available). The 2010 denominator is from population estimates for Massachusetts, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

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

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

Data on deaths are taken from MDPH Vital Records for calendar year 2009. The 2009 denominator is from population estimates for Massachusetts, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere. The dramatic drop in the number of deaths beginning in 2008 may be due to the implementation that year of a Massachusetts graduated driver law which addresses hours of operation for younger drivers and limits non-adult passengers. It also substantially raised the penalties for violations.

HEALTH STATUS INDICATOR #04A

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	216.1	218.8	213.5	182.6	202.6
Numerator	2,524	2,387	2,512	2,115	2,347
Denominator	1,167,750	1,090,816	1,176,506	1,158,387	1,158,387

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 #04A

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

Hospitalization data are from the Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy. Data are for Fiscal Years, not Calendar Years.

The 2011 denominator is from the 2010 population estimates for Massachusetts as prepared by the Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

The hospitalization rate rose in FY11, although Emergency Department discharges continued to fall (to 117,289).

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

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

Hospitalization data are from the Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy. Data are for Fiscal Years, not Calendar Years.

The 2010 denominator is from the 2010 population estimates for Massachusetts as prepared by the Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

The hospitalization rate has dropped. Emergency Department discharges also fell by over 10,000, from 132,654 in FY09 to 122,081 in FY10.

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

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

Hospitalization data are from the Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy. Data are for Fiscal Years, not Calendar Years.

The 2009 denominator is from the population estimates for Massachusetts, as provided in MassCHIP. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

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	16.3	15.9	14.4	13.2	12.5
Numerator	190	173	170	153	145
Denominator	1,167,750	1,090,816	1,176,506	1,158,387	1,158,387

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 #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2011

Field Note:

Hospitalization data are from the Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy. Data are for Fiscal Years, not Calendar Years.

The 2011 denominator is from the 2010 population estimates for Massachusetts as prepared by the Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

The hospitalization rate continues to drop. The number of Emergency Department discharges also continued to fall, to 3,492 in FY11.

2. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2010

Field Note:

Hospitalization data are from the Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy. Data are for Fiscal Years, not Calendar Years.

The 2010 denominator is from the 2010 population estimates for Massachusetts as prepared by the Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

The hospitalization rate has dropped. The number of Emergency Department discharges also fell, from 3,702 in FY09 to 3,546 in FY10.

3. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2009

Field Note:

Hospitalization data are from the Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy. Data are for Fiscal Years, not Calendar Years.

The 2009 denominator is from the most recent population estimates for Massachusetts, as provided in MassCHIP. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

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	109.7	85.4	83.3	85.2	71.5
Numerator	994	790	770	800	671
Denominator	906,161	925,382	924,608	938,424	938,424

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:**

Hospitalization data are from the Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy. Data are for Fiscal Years, not Calendar Years.

The 2011 denominator is from the 2010 population estimates for Massachusetts as prepared by the Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

The hospitalization rate fell to the lowest in at least 5 years. The number of Emergency Department discharges also continued to fall, to 17,096 in FY11.

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

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

Hospitalization data are from the Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy. Data are for Fiscal Years, not Calendar Years.

The 2010 denominator is from the 2010 population estimates for Massachusetts as prepared by the Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

The hospitalization rate rose slightly. The number of Emergency Department discharges fell, however, from 19,183 in FY09 to 18,427 in FY10.

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

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

Hospitalization data are from the Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy. Data are for Fiscal Years, not Calendar Years.

The 2009 denominator is from the most recent population estimates for Massachusetts, as provided in MassCHIP. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

The hospitalization rate continues to drop. The dramatic drop in the hospitalization rate may be due to the 2008 implementation of a Massachusetts graduated driver law which addresses hours of operation for younger drivers and limits non-adult passengers. It also substantially raised the penalties for violations.

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		2011
			2009	2010	
Annual Indicator	18.3	18.6	19.1	21.2	21.1
Numerator	4,116	4,249	4,386	4,840	4,806
Denominator	224,406	228,275	229,058	227,876	227,876

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Fom20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2011

Field Note:

Data sources:

Cases of chlamydia: Massachusetts Department of Public Health. Sexually Transmitted Diseases Program, 2011 (calendar year data).

The 2011 denominator is estimated to be the same as 2010 (see previous year's note). The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

2. **Section Number:** Fom20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2010

Field Note:

Cases of chlamydia: Massachusetts Department of Public Health. Sexually Transmitted Diseases Program, 2010 (calendar year data).

The 2009 denominator is from population estimates for Massachusetts, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

The denominator has been updated, resulting in a revised 2010 rate.

3. **Section Number:** Fom20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2009

Field Note:

Cases of chlamydia: Massachusetts Department of Public Health. Sexually Transmitted Diseases Program, 2009 (calendar year data).

The 2009 denominator is from population estimates for Massachusetts, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

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	6.6	7.0	7.7	8.5	9.5
Numerator	7,524	7,927	8,680	9,583	10,637
Denominator	1,133,164	1,129,589	1,126,918	1,122,700	1,122,700

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Fom20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2011

Field Note:

Data sources:

Cases of chlamydia: Massachusetts Department of Public Health. Sexually Transmitted Diseases Program, 2011 (calendar year data).

The 2011 denominator is estimated to be the same as 2010 (see previous year's note). The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

2. **Section Number:** Fom20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2010

Field Note:

Data sources:

Cases of chlamydia: Massachusetts Department of Public Health. Sexually Transmitted Diseases Program, 2010 (calendar year data).

The 2010 denominator is from population estimates for Massachusetts, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

The denominator has been updated, resulting in a revised 2010 rate.

3. **Section Number:** Fom20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2009

Field Note:

Data sources:

Cases of chlamydia: Massachusetts Department of Public Health. Sexually Transmitted Diseases Program, 2009 (calendar year data).

The 2009 denominator is from population estimates for Massachusetts, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MA

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	73,417	48,634	6,767	187	5,219	0	0	12,610
Children 1 through 4	293,670	194,539	27,068	748	20,875	0	0	50,440
Children 5 through 9	385,687	269,804	32,615	981	25,562	0	0	56,725
Children 10 through 14	405,613	292,886	33,959	1,064	22,098	0	0	55,606
Children 15 through 19	462,756	330,223	41,335	1,252	27,162	0	0	62,784
Children 20 through 24	475,668	339,440	39,371	1,230	34,904	0	0	60,723
Children 0 through 24	2,096,811	1,475,526	181,115	5,462	135,820	0	0	298,888

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	60,808	12,610	0
Children 1 through 4	243,229	50,440	0
Children 5 through 9	328,962	56,725	0
Children 10 through 14	350,007	55,606	0
Children 15 through 19	399,972	62,784	0
Children 20 through 24	414,945	60,723	0
Children 0 through 24	1,797,923	298,888	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MA

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	39	16	5	0	2	0	0	16
Women 15 through 17	1,136	449	167	2	40	0	0	478
Women 18 through 19	2,771	1,420	367	8	77	0	0	899
Women 20 through 34	52,499	35,788	4,934	99	4,231	0	0	7,447
Women 35 or older	16,390	12,192	1,433	27	1,480	0	0	1,258
Women of all ages	72,835	49,665	6,906	136	5,830	0	0	10,098

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	14	25	0
Women 15 through 17	603	527	6
Women 18 through 19	1,765	985	21
Women 20 through 34	43,932	7,789	778
Women 35 or older	14,844	1,262	284
Women of all ages	61,158	10,588	1,089

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MA

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2010 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	319	177	58	0	25	0	0	59
Children 1 through 4	50	33	7	1	4	0	0	5
Children 5 through 9	28	19	6	0	1	0	0	2
Children 10 through 14	35	21	11	0	0	0	0	3
Children 15 through 19	143	97	30	0	5	0	0	11
Children 20 through 24	310	225	42	0	10	0	0	33
Children 0 through 24	885	572	154	1	45	0	0	113

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	252	65	2
Children 1 through 4	41	9	0
Children 5 through 9	25	3	0
Children 10 through 14	32	3	0
Children 15 through 19	124	18	1
Children 20 through 24	271	39	0
Children 0 through 24	745	137	3

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MA

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	1,621,143	1,136,086	141,744	4,232	100,916	0	0	238,165	2010
Percent in household headed by single parent	31.0	22.0	64.0	0.0	20.0	0.0	0.0	62.0	2010
Percent in TANF (Grant) families	4.1	0.0	0.0	0.0	0.0	0.0	0.0	4.1	2010
Number enrolled in Medicaid	500,534	0	0	0	0	0	0	500,534	2011
Number enrolled in SCHIP	144,767	0	0	0	0	0	0	144,767	2011
Number living in foster home care	8,958	4,065	1,433	18	174	0	433	2,815	2010
Number enrolled in food stamp program	292,000	156,512	47,596	0	0	0	0	87,892	2010
Number enrolled in WIC	162,440	104,997	28,860	662	7,265	1,324	1,954	17,378	2011
Rate (per 100,000) of juvenile crime arrests	1,010.0	0.0	0.0	0.0	0.0	0.0	0.0	1,010.0	2010
Percentage of high school drop-outs (grade 9 through 12)	2.7	1.7	4.8	3.4	1.8	4.4	2.5	7.0	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	1,382,978	238,165	0	2010
Percent in household headed by single parent	0.0	62.0	0.0	2010
Percent in TANF (Grant) families	0.0	0.0	4.1	2010
Number enrolled in Medicaid	0	0	500,534	2011
Number enrolled in SCHIP	0	0	144,767	2011
Number living in foster home care	6,143	2,448	367	2010
Number enrolled in food stamp program	220,460	39,420	32,120	2010
Number enrolled in WIC	107,666	54,784	0	2011
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	1,010.0	2010
Percentage of high school drop-outs (grade 9 through 12)	2.0	7.0	0.0	2011

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MA

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*
 Reporting Year: 2010 Is this data from a State Projection? No Is this data final or provisional? Final

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	1,621,143
Living in urban areas	1,490,965
Living in rural areas	130,178
Living in frontier areas	0
Total - all children 0 through 19	1,621,143

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

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MA

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? Provisional

POVERTY LEVELS	TOTAL
Total Population	6,547,629
Percent Below: 50% of poverty	5.3
100% of poverty	10.6
200% of poverty	26

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MA

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? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	1,621,143
Percent Below: 50% of poverty	7
100% of poverty	14.1
200% of poverty	30.1

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES**1. Section Number:** Form21_Indicator 06A**Field Name:** S06_Race_Infants**Row Name:** Infants 0 to 1**Column Name:****Year:** 2013**Field Note:**

Total Population, all ages

Data Source: National Center for Health Statistics. Census 2010 Bridged Race and Hispanic Ethnicity Estimates for Massachusetts. As prepared and reported by the MDPH Bureau of Health Statistics, Information, Research and Evaluation.

These detailed estimates by age group and race/ethnicity do not breakout the standard census age group of 0 – 4 into separate groups for infants 0 - 1 and for children 1 – 4. Since these are otherwise the only reasonably current estimates available by age and race/ethnicity, we have placed 20% of the 0 – 4 estimated numbers in the 0 – 1 row and the remaining 80% in the 1 – 4 row.

Also note that these estimates are for combined race/Hispanic ethnicity and thus the more accurate column headings are White, non-Hispanic, Black non-Hispanic, Native American, non-Hispanic, Asian non-Hispanic, and Hispanic (all counted under "Other and Unknown" in Table 06A).

2. Section Number: Form21_Indicator 06B**Field Name:** S06_Ethnicity_Infants**Row Name:** Infants 0 to 1**Column Name:****Year:** 2013**Field Note:**

See Note for #06A for data source and further information.

3. Section Number: Form21_Indicator 07A**Field Name:** Race_Women15**Row Name:** Women < 15**Column Name:****Year:** 2013**Field Note:**

Data Source: MDPH Vital Records, Births for calendar year 2010 (the most recent year available). 2011 birth data are not yet available.

The race category labeled "Asian" also includes persons of Other Pacific Islander races. Birth certificate reporting of race does not include the category of "more than one race reported."

The "Other" race category has a large number of women who selected Hispanic ethnicities as their race.

4. Section Number: Form21_Indicator 07B**Field Name:** Ethnicity_Women15**Row Name:** Women < 15**Column Name:****Year:** 2013**Field Note:**

Data Source: MDPH Vital Records, Births for calendar year 2010 (the most recent year available). 2011 birth data are not yet available.

Hispanic ethnicity is derived from the "mother's ancestry" question on the Parent (mother) Worksheet. There is no "Hispanic" question. Therefore, the "Hispanic" category was populated by combining the count of all women who selected an Hispanic ancestry: Puerto Rican, Dominican, Mexican, Cuban, Colombian, Salvadoran, Other Central American, Other South American, and Other Hispanic. The "Non-Hispanic" group is made up of those who selected any ancestry other than the Hispanic choices. There are no women who did not report Hispanic ethnicity according to this method. The "Ethnicity not reported" group is those who did not select an Hispanic ancestry or any other of the 39 choices.

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

Data Source: MDPH Vital Records, Deaths for calendar year 2010, the most recent year available.

The race category labeled "Asian" also includes persons of Native Hawaiian or Other Pacific Islander races. Death certificate reporting of race does not include the category of "more than one race reported."

The category "Other and Unknown" includes persons who selected "Hispanic" as a race.

6. Section Number: Form21_Indicator 08B**Field Name:** S08_Ethnicity_Infants**Row Name:** Infants 0 to 1**Column Name:****Year:** 2013**Field Note:**

Data Source: MDPH Vital Records, Deaths for calendar year 2010, the most recent year available.

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

Data Source: National Center for Health Statistics. Census 2010 Bridged Race and Hispanic Ethnicity Estimates for Massachusetts. As prepared and reported by the MDPH Bureau of Health Statistics, Information, Research and Evaluation.

Note that these estimates are for combined race/Hispanic ethnicity and thus the more accurate column headings are White, non-Hispanic, Black non-Hispanic, Native American, non-Hispanic, Asian non-Hispanic, and Hispanic (all counted under "Other and Unknown" in Table 09A).

8. 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:

Data source for % in Household headed by single parent: Data Source: 2010 data. Population Reference Bureau, U.S. Census, 2010 American Community Survey (ACS). As reported in Kids Count Data Center, Annie E. Casey Foundation. <http://datacenter.kidscount.org/data/acrossstates/Rankings.aspx?ind=107>

Data are reported for children under 18. The source data do not allow us to calculate a composite % in single parent households for all non-Hispanic children combined. Since we cannot enter "NA", we have entered "0" instead.

9. Section Number: Form21_Indicator 09A**Field Name:** HSIRace_TANFPercent**Row Name:** Percent in TANF (Grant) families**Column Name:**

Year: 2013

Field Note:

Data Source for % in TANF families: Administration for Children and Families, Office of Family Assistance, Data Reports. Data are for Fiscal Year 2011 (Oct. 2010 - Sept. 2011); Average Monthly Number of Child Recipients, FY2011."

(http://www.acf.hhs.gov/programs/ofa/data-reports/caseload/2011/2011_children_tan.htm)

The % calculation is based on the 2011 monthly average ACF number of child recipients (66,101) divided by the estimated 2010 child population 0 – 19 of 1,621,143 (see above). Data are not available by race or Hispanic ethnicity.

10. Section Number: Form21_Indicator 09A**Field Name:** HSIRace_MedicaidNo**Row Name:** Number enrolled in Medicaid**Column Name:**

Year: 2013

Field Note:

Data Source for number enrolled in Medicaid: CHIP Statistical Enrollment Data System (SEDS) forms CMA-21E, CMA-64.21E, CMS-64.EC, February 1, 2012. Unduplicated number of children (defined as under age 19) ever enrolled in the Medicaid program in FFY 2011, as reported by Massachusetts. Data are not available by race/ethnicity.

The combined Medicaid/SCHIP participation rate for Massachusetts was 96.0%, compared with a national rate of 84.8%. (www.insurekidsnow.gov)

11. Section Number: Form21_Indicator 09A**Field Name:** HSIRace_SCHIPNo**Row Name:** Number enrolled in SCHIP**Column Name:**

Year: 2013

Field Note:

Data Source for number enrolled in SCHIP: CHIP Statistical Enrollment Data System (SEDS) forms CMA-21E, CMA-64.21E, CMS-64.EC, February 1, 2012. Unduplicated number of children (defined as under age 19) ever enrolled in the Medicaid program in FFY 2011, as reported by Massachusetts. Data are not available by race/ethnicity. The total represents children served by the Separate Child Health Program. Children enrolled through the state's Medicaid expansion options are counted in the previous row of Form 21. Data are not available by race/ethnicity.

12. Section Number: Form21_Indicator 09A**Field Name:** HSIRace_FoodStampNo**Row Name:** Number enrolled in food stamp program**Column Name:**

Year: 2013

Field Note:

Data Source for number enrolled in food stamp program (now SNAP): USDA, Food and Nutrition Service, Office of Research and Analysis, "Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2010." Table B-11. Data on child participants are not available by race or Hispanic Ethnicity. However, 2010 data for Massachusetts participants by households (Table B-10) reported that 53.6% of SNAP households were White, 16.3% were African-American, 13.5% were Hispanic, 5.6% were other race/ethnic origin, and race/ethnicity was unknown for 11.0%. We have applied those percentages to the child participants. (www.fns.usda.gov/fns/research.htm)

13. Section Number: Form21_Indicator 09A**Field Name:** HSIRace_WCNo**Row Name:** Number enrolled in WIC**Column Name:**

Year: 2013

Field Note:

Data Source for number enrolled in WIC: Massachusetts WIC Program, MDPH. Enrollment as of 12/31/11. Note that this is lower than the total number of children who are served by WIC over the course of a year.

14. Section Number: Form21_Indicator 09A**Field Name:** HSIRace_JuvenileCrimeRate**Row Name:** Rate (per 100,000) of juvenile crime arrests**Column Name:**

Year: 2013

Field Note:

Data Source for rate (per 100,000) of juvenile crime arrests: U.S. Department of Justice, FBI. "Crime in the United States 2010." Table 69. Arrest data include violent crime, property crime, drug abuse, and weapons arrests. (<http://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2010/crime-in-the-u.s-2010/tables/10tbl69.xls>)

Data source for rate calculation: National Center for Health Statistics. Census 2010 Bridged Race and Hispanic Ethnicity Estimates for Massachusetts. As prepared and reported by the MDPH Bureau of Health Statistics, Information, Research and Evaluation.

The rates are calculated as the number of arrests of persons younger than age 18 for every 100,000 persons ages 10 – 17 (estimated at 1,436,041). Data are not available by race/ethnicity.

15. Section Number: Form21_Indicator 09A**Field Name:** HSIRace_DropOutPercent**Row Name:** Percentage of high school drop-outs (grade 9 through 12)**Column Name:**

Year: 2013

Field Note:

Data Source for % of high school dropouts (grade 9 through 12): Massachusetts Department of Elementary and Secondary Education. "High School Dropouts 2010-11: Massachusetts Public Schools." (<http://www.doe.mass.edu/info/services/reports/dropout/2011/summary.doc>)

Data are reported by combined race/Hispanic ethnicity categories only. Therefore, the columns labeled "White," "Black," etc. are in fact reported as "White, non-Hispanic," "Black, non-Hispanic," etc. In Section 09A, Hispanics are included in the "Other and Unknown" column; they are reported separately in Section 09B. This limitation on the data means that the percent of persons with known race is underreported.

16. Section Number: Form21_Indicator 09B**Field Name:** HSIethnicity_Children

Row Name: All children 0 through 19

Column Name:

Year: 2013

Field Note:

See data source notes for corresponding 09A categories.

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

Field Name: HSI Race_FosterCare

Row Name: Number living in foster home care

Column Name:

Year: 2013

Field Note:

Data Source for number living in foster home care: Child Trends analysis of data from the Adoption and Foster Care Analysis and Reporting System (AFCARS), made available through the National Data Archive on Child Abuse and Neglect. The data include children and youth up to age 20. As reported in Kids Count Data Center, Annie E. Casey Foundation.
<http://datacenter.kidscount.org/data/acrossstates/Rankings.aspx?ind=6243>.