

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

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

<b>1. FEDERAL ALLOCATION</b>		\$	4,036,191
	(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:		
	\$ 1,278,671 ( 31.68 %)		
	B. Children with special health care needs:		
	\$ 1,228,700 ( 30.44 %)		
	(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:		
	\$ 127,184 ( 3.15 %)		
	(The above figure cannot be more than 10%)[Sec. 504(d)]		
<b>2. UNOBLIGATED BALANCE</b>	(Item 15b of SF 424)	\$	0
<b>3. STATE MCH FUNDS</b>	(Item 15c of the SF 424)	\$	3,742,315
<b>4. LOCAL MCH FUNDS</b>	(Item 15d of SF 424)	\$	236,525
<b>5. OTHER FUNDS</b>	(Item 15e of SF 424)	\$	0
<b>6. PROGRAM INCOME</b>	(Item 15f of SF 424)	\$	0
<b>7. TOTAL STATE MATCH</b>	(Lines 3 through 6)	\$	3,978,840
	(Below is your State's FY 1989 Maintenance of Effort Amount)		
	\$ 2,628,380		
<b>8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)</b>		\$	8,015,031
	(Total lines 1 through 6. Same as line 15g of SF 424)		
<b>9. OTHER FEDERAL FUNDS</b>			
	(Funds under the control of the person responsible for the administration of the Title V program)		
a. SPRANS:	\$	0	
b. SSDI:	\$	100,000	
c. CISS:	\$	0	
d. Abstinence Education:	\$	250,930	
e. Healthy Start:	\$	0	
f. EMSC:	\$	0	
g. WIC:	\$	33,535,039	
h. AIDS:	\$	0	
i. CDC:	\$	7,848,707	
j. Education:	\$	0	
k. Home Visiting:	\$	1,000,000	
l. Other:	\$	0	
	\$	87,559,227	
	\$	0	
<b>10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)</b>		\$	130,293,903
<b>11. STATE MCH BUDGET TOTAL</b>		\$	138,308,934
	(Partnership subtotal + Other Federal MCH Funds subtotal)		

**FORM NOTES FOR FORM 2**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form2\_Main  
**Field Name:** UnobligatedBalance  
**Row Name:** Unobligated Balance  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
The unobligated balance is \$0. Nebraska will exercise carryover authority of unliquidated obligations although that amount is unknown at the time of application.
  
2. **Section Number:** Form2\_Main  
**Field Name:** WMC  
**Row Name:** Other Federal Funds - WMC  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
WMC - nutrition services, administration (NSA) - \$10,182,952  
WMC - food - \$22,077,746  
WMC - Breastfeeding Peer Counseling - \$ 274,341  
TOTAL - \$33,535,039
  
3. **Section Number:** Form2\_Main  
**Field Name:** CDC  
**Row Name:** Other Federal Funds - CDC  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Immunization - regular \$2,171,086  
Immunization - interoperability & data exchange \$ 215,000  
Pregnancy Risk Assessment Monitoring (PRAMS) \$ 145,319  
Newborn Hearing Screening \$ 152,938  
iEHDI Contract (1st year of 2-year contract) \$ 11,495  
Breast and Cervical Cancer Early Detection \$2,793,001  
Wsewoman \$1,359,868  
Colon Cancer Program \$1,000,000  

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\$7,848,707
  
4. **Section Number:** Form2\_Main  
**Field Name:** OtherFedFundsOtherFund  
**Row Name:** Other Federal Funds - Other Funds  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
TANF - Asst to Women Who Are Pregnant - \$249,958  
HRSA Newborn Hearing Screening - \$269,847  
Title X Family Planning - \$2,160,700  
HRSA State Early Childhood Systems - \$150,000  
Commodity Supplement Food Program (CSFP) - \$856,484  
Early Intervention Medicaid in Schools - \$3,165,000  
Medicaid Schools Outreach - \$27,250,000  
Medicaid Aged & Disabled Waiver - \$43,149,537  
Social Services Block Grant (SSBG) - \$9,999,928  
ACF PREP - \$307,773  
TOTAL: \$87,559,227

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

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form2)</i>	\$ 4,059,128	\$ 4,158,744	\$ 4,012,760	\$ 3,661,476	\$ 4,024,746	\$ 4,142,055
<b>2. Unobligated Balance</b> <i>(Line2, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form2)</i>	\$ 2,753,355	\$ 2,735,262	\$ 2,761,046	\$ 3,407,775	\$ 2,863,000	\$ 3,012,086
<b>4. Local MCH Funds</b> <i>(Line4, Form2)</i>	\$ 96,075	\$ 96,833	\$ 345,000	\$ 539,827	\$ 389,515	\$ 444,421
<b>5. Other Funds</b> <i>(Line5, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>7. Subtotal</b>	\$ 7,798,558	\$ 7,840,839	\$ 7,118,806	\$ 7,609,078	\$ 7,277,261	\$ 7,598,562
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form2)</i>	\$ 113,020,059	\$ 0	\$ 122,175,824	\$ 0	\$ 169,056,259	\$ 0
<b>9. Total</b> <i>(Line11, Form2)</i>	\$ 120,818,617	\$ 7,840,839	\$ 129,294,630	\$ 7,609,078	\$ 176,333,520	\$ 7,598,562
(STATE MCH BUDGET TOTAL)						

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

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form2)</i>	\$ 4,024,332	\$ 4,145,181	\$ 3,989,608	\$ _____	\$ 4,036,191	\$ _____
<b>2. Unobligated Balance</b> <i>(Line2, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ _____	\$ 0	\$ _____
<b>3. State Funds</b> <i>(Line3, Form2)</i>	\$ 2,933,000	\$ 3,134,582	\$ 3,141,759	\$ _____	\$ 3,742,315	\$ _____
<b>4. Local MCH Funds</b> <i>(Line4, Form2)</i>	\$ 482,266	\$ 470,883	\$ 409,300	\$ _____	\$ 236,525	\$ _____
<b>5. Other Funds</b> <i>(Line5, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ _____	\$ 0	\$ _____
<b>6. Program Income</b> <i>(Line6, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ _____	\$ 0	\$ _____
<b>7. Subtotal</b>	\$ 7,439,598	\$ 7,750,646	\$ 7,540,667	\$ 0	\$ 8,015,031	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form2)</i>	\$ 136,673,763	\$ 0	\$ 134,805,668	\$ _____	\$ 130,293,903	\$ _____
<b>9. Total</b> <i>(Line11, Form2)</i>	\$ 144,113,361	\$ 7,750,646	\$ 142,346,325	\$ 0	\$ 138,308,934	\$ 0
(STATE MCH BUDGET TOTAL)						

**FORM NOTES FOR FORM 3**

This is not reported because the monitoring of expenditures of "Other Federal Funds" is outside of the administration of the Title V/MCH Block Grant. These actual expenditures are the primary responsibility of many other program managers supervised by the MCH Director and CSHCN.

**FIELD LEVEL NOTES**

1. **Section Number:** Form3\_Main

**Field Name:** LocalMCHFundsExpended

**Row Name:** Local MCH Funds

**Column Name:** Expended

**Year:** 2010

**Field Note:**

Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5.

2. **Section Number:** Form3\_Main

**Field Name:** OtherFedFundsExpended

**Row Name:** Other Federal Funds

**Column Name:** Expended

**Year:** 2011

**Field Note:**

This is not reported because the monitoring of expenditures of "Other Federal Funds" is outside of the administration of the Title V/MCH Block Grant. These actual expenditures are the primary responsibility of many other program managers supervised by the MCH Director and CSHCN Director.

3. **Section Number:** Form3\_Main

**Field Name:** OtherFedFundsExpended

**Row Name:** Other Federal Funds

**Column Name:** Expended

**Year:** 2010

**Field Note:**

This is not reported because the monitoring of expenditures of "Other Federal Funds" is outside of the administration of the Title V/MCH Block Grant. These actual expenditures are the primary responsibility of many other program managers supervised by the MCH Director and CSHCN.

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

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 1,435,191	\$ 1,251,343	\$ 313,019	\$ 856,974	\$ 577,197	\$ 774,789
b. Infants < 1 year old	\$ 801,476	\$ 831,881	\$ 668,929	\$ 690,498	\$ 663,817	\$ 911,821
c. Children 1 to 22 years old	\$ 1,924,718	\$ 2,313,383	\$ 2,030,365	\$ 1,477,034	\$ 1,970,630	\$ 1,252,655
d. Children with Special Healthcare Needs	\$ 3,062,436	\$ 2,759,463	\$ 3,081,143	\$ 3,475,299	\$ 3,014,817	\$ 3,191,176
e. Others	\$ 418,170	\$ 520,228	\$ 861,894	\$ 945,920	\$ 890,998	\$ 1,296,622
f. Administration	\$ 156,567	\$ 164,541	\$ 163,456	\$ 163,353	\$ 159,802	\$ 171,499
<b>g. SUBTOTAL</b>	<b>\$ 7,798,558</b>	<b>\$ 7,840,839</b>	<b>\$ 7,118,806</b>	<b>\$ 7,609,078</b>	<b>\$ 7,277,261</b>	<b>\$ 7,598,562</b>
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 99,954		\$ 99,954		\$ 99,954	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 26,046,916		\$ 29,602,595		\$ 32,904,895	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 2,218,900		\$ 6,649,579		\$ 9,356,733	
j. Education	\$ 0		\$ 0		\$ 0	
k. Home Visiting	\$ 0		\$ 0		\$ 0	
l. Other						
see note	\$ 0		\$ 0		\$ 126,694,677	
see notes	\$ 0		\$ 85,823,706		\$ 0	
see field note	\$ 84,654,289		\$ 0		\$ 0	
<b>III. SUBTOTAL</b>	<b>\$ 113,020,059</b>		<b>\$ 122,175,824</b>		<b>\$ 169,056,259</b>	

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

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 728,964	\$ 877,331	\$ 560,350	\$	\$ 661,489	\$
b. Infants < 1 year old	\$ 622,881	\$ 716,607	\$ 983,225	\$	\$ 936,093	\$
c. Children 1 to 22 years old	\$ 1,965,238	\$ 1,950,064	\$ 1,643,228	\$	\$ 2,501,984	\$
d. Children with Special Healthcare Needs	\$ 3,067,215	\$ 3,028,856	\$ 3,274,671	\$	\$ 3,136,132	\$
e. Others	\$ 891,014	\$ 1,052,631	\$ 964,435	\$	\$ 652,149	\$
f. Administration	\$ 164,286	\$ 125,157	\$ 114,758	\$	\$ 127,184	\$
<b>g. SUBTOTAL</b>	\$ 7,439,598	\$ 7,750,646	\$ 7,540,657	\$ 0	\$ 8,015,031	\$ 0
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 99,954		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 218,740		\$ 217,136		\$ 250,930	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 34,195,833		\$ 33,541,652		\$ 33,535,039	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 8,143,638		\$ 7,910,810		\$ 7,848,707	
j. Education	\$ 0		\$ 0		\$ 0	
k. Home Visiting	\$ 0		\$ 0		\$ 1,000,000	
l. Other						
See note	\$ 0		\$ 0		\$ 87,559,227	
See Note	\$ 0		\$ 93,036,060		\$ 0	
see note	\$ 94,015,598		\$ 0		\$ 0	
<b>III. SUBTOTAL</b>	\$ 136,673,763		\$ 134,805,658		\$ 130,233,903	

**FORM NOTES FOR FORM 4**

None

**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:**  
Expenditure differs from budget by more than 10% due to budget Form 2, Line 2 which seeks only the carryover from unobligated balance. Unobligated balance is always \$0 for Nebraska. We exercise carryover authority of the unliquidated obligations, however that amount is unknown at the time of application. Reported expenditures in FY 2011 include the reobligation of unliquidated obligations from the FY 2010 grant, which subsequently creates the wide variance between budget and expenditure.
2. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** PregWomenExpended  
**Row Name:** Pregnant Women  
**Column Name:** Expended  
**Year:** 2010  
**Field Note:**  
Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5.
3. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_0\_1Expended  
**Row Name:** Infants <1 year old  
**Column Name:** Expended  
**Year:** 2011  
**Field Note:**  
Expenditure differs from budget by more than 10% due to budget Form 2, Line 2 which seeks only the carryover from unobligated balance. Unobligated balance is always \$0 for Nebraska. We exercise carryover authority of the unliquidated obligations, however that amount is unknown at the time of application. Reported expenditures in FY 2011 include the reobligation of unliquidated obligations from the FY 2010 grant, which subsequently creates the wide variance between budget and expenditure.
4. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_0\_1Expended  
**Row Name:** Infants <1 year old  
**Column Name:** Expended  
**Year:** 2010  
**Field Note:**  
Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5.
5. **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:**  
Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5.
6. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** AllOthersExpended  
**Row Name:** All Others  
**Column Name:** Expended  
**Year:** 2011  
**Field Note:**  
Expenditure differs from budget by more than 10% due to budget Form 2, Line 2 which seeks only the carryover from unobligated balance. Unobligated balance is always \$0 for Nebraska. We exercise carryover authority of the unliquidated obligations, however that amount is unknown at the time of application. Reported expenditures in FY 2011 include the reobligation of unliquidated obligations from the FY 2010 grant, which subsequently creates the wide variance between budget and expenditure.
7. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** AllOthersExpended  
**Row Name:** All Others  
**Column Name:** Expended  
**Year:** 2010  
**Field Note:**  
Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5.
8. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** AdminExpended  
**Row Name:** Administration  
**Column Name:** Expended  
**Year:** 2011  
**Field Note:**  
Due to a staffing change in 2011, we re-evaluated critical roles and essential duties associated with the administration of the Title V/MCH Block Grant and determined less staff time was needed for administration.

**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: NE**

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 2,935,014	\$ 2,258,985	\$ 2,465,526	\$ 2,003,571	\$ 2,032,153	\$ 1,405,555
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 1,358,725	\$ 2,104,196	\$ 1,732,862	\$ 2,099,692	\$ 1,954,417	\$ 2,615,999
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,566,706	\$ 1,915,763	\$ 1,337,721	\$ 1,897,798	\$ 2,024,329	\$ 1,699,980
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 1,938,113	\$ 1,561,885	\$ 1,582,697	\$ 1,608,017	\$ 1,266,362	\$ 1,877,028
<b>V. Federal-State Title V Block Grant Partnership Total</b> (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.)	\$ 7,798,558	\$ 7,840,839	\$ 7,118,806	\$ 7,609,078	\$ 7,277,261	\$ 7,598,562

**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: NE**

TYPE OF SERVICE	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 1,931,935	\$ 1,769,526	\$ 1,402,440	\$ _____	\$ 1,780,526	\$ _____
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 2,019,842	\$ 2,379,334	\$ 2,576,483	\$ _____	\$ 2,623,080	\$ _____
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,828,530	\$ 1,648,387	\$ 1,687,469	\$ _____	\$ 1,837,744	\$ _____
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 1,659,291	\$ 1,953,399	\$ 1,874,275	\$ _____	\$ 1,773,681	\$ _____
<b>V. Federal-State Title V Block Grant Partnership Total</b> (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.)	\$ 7,439,598	\$ 7,750,646	\$ 7,540,667	\$ 0	\$ 8,015,031	\$ 0

**FORM NOTES FOR FORM 5**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form5\_Main  
**Field Name:** DirectHCExpended  
**Row Name:** Direct Health Care Services  
**Column Name:** Expended  
**Year:** 2010  
**Field Note:**  
Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the mininterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5.
2. **Section Number:** Form5\_Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2011  
**Field Note:**  
Expenditure differs from budget by more than 10% due to budget Form 2, Line 2 which seeks only the carryover from unobligated balance. Unobligated balance is always \$0 for Nebraska. We exercise carryover authority of the unliquidated obligations, however that amount is unknown at the time of application. Reported expenditures in FY 2011 include the reobligation of unliquidated obligations from the FY 2010 grant, which subsequently creates the wide variance between budget and expenditure.
3. **Section Number:** Form5\_Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2010  
**Field Note:**  
Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the mininterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5.
4. **Section Number:** Form5\_Main  
**Field Name:** PopBasedExpended  
**Row Name:** Population-Based Services  
**Column Name:** Expended  
**Year:** 2010  
**Field Note:**  
Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the mininterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5.
5. **Section Number:** Form5\_Main  
**Field Name:** InfrastrBuildExpended  
**Row Name:** Infrastructure Building Services  
**Column Name:** Expended  
**Year:** 2011  
**Field Note:**  
Expenditure differs from budget by more than 10% due to budget Form 2, Line 2 which seeks only the carryover from unobligated balance. Unobligated balance is always \$0 for Nebraska. We exercise carryover authority of the unliquidated obligations, however that amount is unknown at the time of application. Reported expenditures in FY 2011 include the reobligation of unliquidated obligations from the FY 2010 grant, which subsequently creates the wide variance between budget and expenditure.
6. **Section Number:** Form5\_Main  
**Field Name:** InfrastrBuildExpended  
**Row Name:** Infrastructure Building Services  
**Column Name:** Expended  
**Year:** 2010  
**Field Note:**  
Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the mininterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5.

**FORM 6**

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

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

**STATE: NE**

Total Births by Occurrence: 26,035

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	26,030	99.8	9	3	3	100
Congenital Hypothyroidism	26,030	99.8	70	7	7	100
Galactosemia	26,030	99.8	4	1	1	100
Sickle Cell Disease	26,030	99.8	2	2	2	100

Other Screening (Specify)						
Congenital Adrenal Hyperplasia	26,030	99.8	7	1	1	100
Cystic Fibrosis	26,030	99.8	35	6	6	100
SC-Disease	26,030	99.8	3	3	3	100
Duarte Galactosemia	26,030	99.8	4	2	2	100
Isovaleric Acidemia	26,030	99.8	1	1	1	100
Partial Biotinidase Deficiency	26,030	99.8	8	4	4	100
Hemoglobin C-Disease	26,030	99.8	1	1	1	100
Hemoglobin E-Disease	26,030	99.8	1	1	1	100

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

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

**FORM NOTES FOR FORM 6**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form6\_Main  
**Field Name:** SickleCellDisease\_OneScreenNo  
**Row Name:** SickleCellDisease  
**Column Name:** Receiving at least one screen  
**Year:** 2013  
**Field Note:**  
Number is correct. Laboratory testing includes DNA.
2. **Section Number:** Form6\_Main  
**Field Name:** SickleCellDisease\_Confirmed  
**Row Name:** SickleCellDisease  
**Column Name:** Confirmed Cases  
**Year:** 2013  
**Field Note:**  
Number is correct. Laboratory testing includes DNA.

**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: **NE**

Number of Individuals Served - Historical Data by Annual Report Year					
Types of Individuals Served	2006	2007	2008	2009	2010
Pregnant Women	1,377	1,944	2,395	1,575	1,541
Infants < 1 year old	26,889	27,107	27,021	27,131	26,176
Children 1 to 22 years old	23,787	23,532	17,202	12,309	16,728
Children with Special Healthcare Needs	2,274	2,190	2,168	2,147	2,442
Others	17,340	17,368	11,831	11,925	15,673
<b>Total</b>	<b>71,647</b>	<b>72,141</b>	<b>60,617</b>	<b>55,087</b>	<b>62,560</b>

Reporting Year: 2011

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	1,288	78.2	0.0	2.4	19.3	0.0
Infants < 1 year old	26,030	30.2	0.0	60.5	6.6	2.5
Children 1 to 22 years old	16,911	14.7	3.7	26.7	54.7	0.0
Children with Special Healthcare Needs	2,322	56.9	14.3	10.5	18.3	0.0
Others	19,554	6.2	0.0	29.7	64.1	0.0
<b>TOTAL</b>	<b>66,105</b>					

**FORM NOTES FOR FORM 7**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form7\_Main  
**Field Name:** AllOthers\_TS  
**Row Name:** Others  
**Column Name:** Title V Total Served  
**Year:** 2013  
**Field Note:**  
The "other" category is women of reproductive age.

**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: NE**

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
<b>DELIVERIES</b>								
Total Deliveries in State	26,094	21,204	1,706	301	689			2,194
Title V Served	1,254	646	285	243	14	0	3	63
Eligible for Title XIX	9,646	5,308	1,062	250	156			2,870
<b>INFANTS</b>								
Total Infants in State	25,907	21,891	1,497	536	567	59	1,357	0
Title V Served	26,030	21,152	1,702	300	687			2,189
Eligible for Title XIX	12,728	7,004	1,406	304	225	30	2,255	1,504

**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
<b>DELIVERIES</b>								
Total Deliveries in State	22,557	3,518	19					3,518
Title V Served	1,027	227		18			4	205
Eligible for Title XIX	7,886	1,760	0	0	0	0	0	1,760
<b>INFANTS</b>								
Total Infants in State	21,410	4,497	0	0	0	0	0	4,497
Title V Served	21,970	4,060	0	0	0	0	0	4,060
Eligible for Title XIX	9,147	2,077	1,504	0	0	0	0	2,077

**FORM NOTES FOR FORM 8**

Place holder for the moment.

**FIELD LEVEL NOTES**

1. **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 number of infants served is derived by newborns screened for 28 diseases; these are occurred births. The total infants in the state is derived by the 2011 Nebraska Census Data.

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

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

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

	<b>FY 2013</b>	<b>FY 2012</b>	<b>FY 2011</b>	<b>FY 2010</b>	<b>FY 2009</b>
1. State MCH Toll-Free "Hotline" Telephone Number	800-862-1889	800-862-1889	800-862-1889	(800) 862-1889	(800) 862-7889
2. State MCH Toll-Free "Hotline" Name	Nebraska Healthy Mothers, Healthy Babies Hotline	Nebraska Healthy Mothers, Healthy Babies Hotline	Nebraska Healthy Mothers, Healthy Babies Hotline	Nebraska Healthy Mothers, Health Babies Hotline	Nebraska Healthy Mothers, Healthy Babies Helpline
3. Name of Contact Person for State MCH "Hotline"	Tina Goodwin	Tina Goodwin	Sue Spanhake	Sue Huffman	Jan Heusinkvelt
4. Contact Person's Telephone Number	402-471-0165	402-471-0165	402-471-1938	(402) 471-1938	(402) 471-0165
5. Contact Person's Email	tina.goodwin@nebraska.gov	tina.goodwin@nebraska.gov	sue.spanhake@nebraska.gov	sue.huffman@nebraska.gov	
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	206	353	338

**FORM NOTES FOR FORM 9**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form9\_Main

**Field Name:** calls\_2

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

**Column Name:** FY

**Year:** 2011

**Field Note:**

The calls for the FY 2010 reporting period total 306, although 100 calls occurred in the three-month period of the 2010 calendar year and inadvertently were included in the total reported FY 2010. to prevent duplicate numbers, the reported number of 206 calls for FY 2011 represents a nine-month period.

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

1. State MCH Administration:  
*(max 2500 characters)*

The Title V / MCH Services Block Grant is awarded to Nebraska Department of Health and Human Services (DHHS), and administered by a unit entitled Planning & Support within the Division of Public Health, Lifespan Health Services. Nebraska describes Title V as a funding source that supports programs, not a program itself. The block grant supports many of the programs within Lifespan Health Services, as well as other DHHS programs/units. Title V / MCH also supports community-based organizations across Nebraska, e.g. local health departments, community action programs, and programs administered within Native American Tribes and academic institutions. DHHS interprets administration as the costs associated with the day-to-day oversight of the block grant, which is the function of the Planning & Support unit. Given our interpretation and subsequent activities, 3.1% of the 2011 award was expended for administration. The Planning & Support unit does not manage programmatic activities supported by the block grant, although was actively engaged with program managers to provide technical assistance in grants management of the block grant and other resources supporting MCH activities at state and local levels. 1.2 FTEs accomplish the activities of the Planning & Support unit, which positions are classified as 1) Federal Aid Administrator III (1.0 FTE) and 2) Administrative Assistant I (.2 FTE allocable to administration). The unit collaborates with Grants & Cost Management and Accounting units to: 1) reconcile expenditures in the Nebraska Information System (NIS) to that of the reports from internals and externals to complete the annual application and report; 2) respond with information for the OMB A-133 audit; and 3) project funds available for FY 2013.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 4,036,191
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 3,742,315
5. Local MCH Funds (Line 4, Form 2)	\$ 236,525
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
<b>8. Total Federal-State Partnership (Line 8, Form 2)</b>	<b>\$ 8,015,031</b>

9. Most significant providers receiving MCH funds:

_____	state-level programs and units
_____	Nebraska-based private nonprofits, public entities
_____	
_____	

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

a. Pregnant Women	1,288
b. Infants < 1 year old	26,030
c. Children 1 to 22 years old	16,911
d. CSHCN	2,322
e. Others	19,554

11. Statewide Initiatives and Partnerships:

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

Nebraska groups the three categories of population-based, direct care and enabling services into services generally, defining services as activities directed at the needs of a population. Direct, enabling, and population-based services are the primary focus of the MCH funds subgranted to community-based organizations. The state agency encourages community organizations to assess their resources and capacity to address Nebraska priority needs at the local level, and provides technical assistance and financial resources to communities to implement work plans and evaluate if outcomes are reached. Nebraska is obligating less to subgranting in FY 2013 than in prior years to address Nebraska priority needs in local communities, due to the anticipated reductions in the federal appropriation. The three categories comprising services are also addressed at the state agency level, as is infrastructure building. An increased level of state funds is budgeted for match in FY 2013. The level of local funds for match is projected to remain relatively static.

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

See subsections 11.a. and 11.c.

c. Infrastructure Building Services:  
*(max 2500 characters)*

Nebraska delineates infrastructure building from other services (described in subsection 11.a.) by those activities that focus on overall capacity-building to address the MCH priority needs. Infrastructure is largely supported at the state-level. Contingent on the final appropriation of the FY 2013 block grant, it is the intention to minimize financial reductions at the state-level to prevent eroding the capacity, or the base of the MCH pyramid, to support the three categories comprising services.

12. The primary Title V Program contact person:

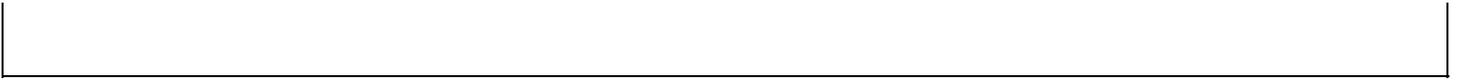
Name Paula Eurek  
 Title Administrator, Lifespan Health Services  
 Address 3rd Floor, PO Box 95026  
 City Lincoln  
 State Nebraska  
 Zip 68509-5026  
 Phone 402-471-0196  
 Fax 402-471-7049  
 Email paula.eurek@nebraska.gov  
 Web http://www.dhhs.ne.gov/lifespan-health

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

Name Susan Buettner  
 Title Administrator, Longterm Care Program  
 Address 5th Floor, PO Box 95026  
 City Lincoln  
 State Nebraska  
 Zip 68509-5026  
 Phone 402-471-9185  
 Fax 402-471-9092  
 Email susan.buettner@nebraska.gov  
 Web http://dhhs.ne.gov/Pages/hcs\_programs.aspx

14. State Family or Youth Leader Contact person:

Name Nina Baker  
 Title Health Information Coordinator, Family Voices, PTI Nebraska  
 Address 6805 Grover Street  
 City Omaha  
 State Nebraska  
 Zip 68106  
 Phone 402-346-9233  
 Fax \_\_\_\_\_  
 Email nbaker@pti-nebraska.org  
 Web http://pti-nebraska.org/family-voices



**FORM NOTES FOR FORM 10**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form10\_Most significant providers receiving MCH funds

**Field Name:** ProviderFund1

**Row Name:**

**Column Name:**

**Year:** 2013

**Field Note:**

Within the Nebraska Department of Health and Human Services, 15 internal programs/ units are supported in part by an internal allocation of Title V/MCH Block Grant.

2. **Section Number:** Form10\_Most significant providers receiving MCH funds

**Field Name:** ProviderFund2

**Row Name:**

**Column Name:**

**Year:** 2013

**Field Note:**

Private non-profits or public entities are eligible to apply for the subgranted Title V/MCH Block Grant funds. This includes, but is not limited to: local governments; Tribal governments; institutions of higher education; community-based agencies; and religious organizations.

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

Form Level Notes for Form 11

None

**PERFORMANCE MEASURE # 01**

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	185	545	600	644	838
Denominator	185	545	600	644	838
Data Source		Program Data	Program Data	Program Data	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	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:**

134 babies had a presumptive positive and 704 had inconclusive screening result for a disease requiring confirmatory or repeat testing(follow up) .This number does not include the 428 hemoglobinopathy patterns that were indicative of trait/carrier status. Total infants that were tracked with presumptive positive, abnormal or inconclusive results is 1,266 for 2011 .

2. **Section Number:** Form11\_Performance Measure #1

**Field Name:** PM01

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

126 babies had a presumptive positive and 518 had inconclusive screening result for a disease requiring confirmatory or repeat testing(follow up) .(this number does not include hemoglobinopathy patterns that were indicative of trait/carrier status)

21 out of the 518 expired and required no follow up.

3. **Section Number:** Form11\_Performance Measure #1

**Field Name:** PM01

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

123 babies had a presumptive positive and 477 had inconclusive screening result for a disease requiring confirmatory or repeat testing(follow up) .(this number does not include hemoglobinopathy patterns that were indicative of trait/carrier status)

4 out of the 477 expired and required no follow up.

**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)

<b>Annual Objective and Performance Data</b>					
	2007	2008	2009	2010	2011
Annual Performance Objective	69.1	67	68.4	69.7	71.1
Annual Indicator	65.7	65.7	65.7	65.7	75.6
Numerator					
Denominator					
Data Source		National Survey of CSHCN			
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

<b>Annual Objective and Performance Data</b>					
	2012	2013	2014	2015	2016
Annual Performance Objective	77.1	78.6	80.2	81.8	83.5
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

**1. Section Number:** Form11\_Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

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

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

**2. Section Number:** Form11\_Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

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

**3. Section Number:** Form11\_Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

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

**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)

	<b>Annual Objective and Performance Data</b>				
	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
<b>Annual Performance Objective</b>	56.1	55.2	56.4	57.5	58.6
<b>Annual Indicator</b>	54.2	54.2	54.2	54.2	48.2
<b>Numerator</b>					
<b>Denominator</b>					
<b>Data Source</b>		National Survey of CSHCN			
<b>Check this box if you cannot report the numerator because</b>					
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>					
<b>Is the Data Provisional or Final?</b>				Final	Final

	<b>Annual Objective and Performance Data</b>				
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>Annual Performance Objective</b>	49.2	50.2	51.2	52.2	53.2
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

**1. Section Number:** Form11\_Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

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

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

**2. Section Number:** Form11\_Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

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

**3. Section Number:** Form11\_Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

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

**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	66.3	67.2	68.6	69.9	71.3
Annual Indicator	65.9	65.9	65.9	65.9	59.7
Numerator					
Denominator					
Data Source		National Survey of CSHCN			
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	60.9	62.1	63.4	64.6	65.9
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

**1. Section Number:** Form11\_Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

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

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

**2. Section Number:** Form11\_Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

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

**3. Section Number:** Form11\_Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

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

**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	83	93.7	95.6	97.5	99.4
Annual Indicator	91.9	91.9	91.9	91.9	70.7
Numerator					
Denominator					
Data Source		National Survey of CSHCN			
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	72.1	73.5	75	76.5	78.1
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

**1. Section Number:** Form11\_Performance Measure #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

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

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

**2. Section Number:** Form11\_Performance Measure #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

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

**3. Section Number:** Form11\_Performance Measure #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

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

**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	5.3	55.4	56.6	57.7	58.8
Annual Indicator	54.4	54.4	54.4	54.4	47.6
Numerator					
Denominator					
Data Source		National Survey of CSHCN			
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	48.5	49.5	50.5	51.5	52.5
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

**1. Section Number:** Form11\_Performance Measure #6

**Field Name:** PM06

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

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

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

**2. Section Number:** Form11\_Performance Measure #6

**Field Name:** PM06

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

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

**3. Section Number:** Form11\_Performance Measure #6

**Field Name:** PM06

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

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

**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>86.9</u>	<u>83.5</u>	<u>83.6</u>	<u>76.2</u>	<u>73.2</u>
Annual Indicator	<u>85.2</u>	<u>74.8</u>	<u>59.9</u>	<u>78.9</u>	<u>76.7</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 Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>78.2</u>	<u>79.8</u>	<u>81.4</u>	<u>83</u>	<u>84.7</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:**

Provisional rate represents the first 6 months of 2011. The full year will be released late August/early September. This rate is 76.7% +/-6.5.

**2. Section Number:** Form11\_Performance Measure #7

**Field Name:** PM07

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

78.9+/-5.9

**3. Section Number:** Form11\_Performance Measure #7

**Field Name:** PM07

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

59.9 +/- 7.2%

**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	15.9	16.6	17.4	17.1	15.2
Annual Indicator	18.1	18.2	17.4	15.3	12.1
Numerator	687	671	633	562	456
Denominator	37,863	36,878	36,349	36,734	37,584
Data Source		Birth File, Census Est.	Birth File, Census Est.	Birth File, Census	Birth File, Census
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5					
and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	11.8	11.6	11.4	11.2	10.9
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

None

**PERFORMANCE MEASURE # 09**

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

**Annual Objective and Performance Data**

	2007	2008	2009	2010	2011
Annual Performance Objective	47.8	48.9	50	50	50
Annual Indicator	44.6	44.6	44.6	44.6	44.6
Numerator	10,489	10,489	10,489	10,489	10,486
Denominator	23,518	23,518	23,518	23,518	23,518

**Data Source**

NE Open Mouth Survey 2004      NE Open Mouth Survey      NE Open Mouth Survey      NE Open Mouth Survey

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final      Final

**Annual Objective and Performance Data**

	2012	2013	2014	2015	2016
Annual Performance Objective	50	50	50	50	50
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

None

**PERFORMANCE MEASURE # 10**

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

	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	3.4	3.4	3.3	3.2	2.7
<b>Annual Indicator</b>	4.1	1.7	3.4	3.6	1.1
<b>Numerator</b>	14	6	12	13	4
<b>Denominator</b>	341,855	343,908	349,420	357,420	359,412
<b>Data Source</b>		Death file, Census Est.	Death file, Census Est.	Death file, Census	Death file, Census
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	2.7	2.6	2.6	2.5	2.4
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #10  
**Field Name:** PM10  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 The denominator changed from a census estimate in 2009 to the decennial census 2010.

2. **Section Number:** Form11\_Performance Measure #10  
**Field Name:** PM10  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 2009 death file in not complete.

**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	48.8	56	66.5	47	67.8
Annual Indicator	55.1	65.2	46	66.5	49.5
Numerator					
Denominator					
Data Source		National Immunization Survey	National Immunization Survey	National Immunization Survey	National Immunization Survey
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	51	52	53	54	55
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

- Section Number:** Fom11\_Performance Measure #11  
**Field Name:** PM11  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 80.63% of woman reported initiating breastfeeding of those 49.5% reported breastfeeding longer than 180 days. However, only 19.5% reported exclusive breasting over 180 days.
- Section Number:** Fom11\_Performance Measure #11  
**Field Name:** PM11  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 72.6% of woman reported initiating breastfeeding of those 66.5% reported breastfeeding longer than 180 days. However, only 38.1% reported exclusive breasting over 180 days.
- Section Number:** Fom11\_Performance Measure #11  
**Field Name:** PM11  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 80.01% of woman reported initiating breastfeeding of those 46% reported breastfeeding longer than 180 days. However, only 32.5% reported exclusive breasting over 180 days.

**PERFORMANCE MEASURE # 12**

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

**Annual Objective and Performance Data**

	2007	2008	2009	2010	2011
Annual Performance Objective	99	99.9	100	100	100
Annual Indicator	99.0	99.3	98.9	99.4	99.4
Numerator	26,669	26,791	26,804	25,908	25,761
Denominator	26,948	26,972	27,103	26,059	25,915
Data Source		Program Data	Program Data	Program Data	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

**Annual Objective and Performance Data**

	2012	2013	2014	2015	2016
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

None

**PERFORMANCE MEASURE # 13**

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	12.3	13.6	15.9	18.6	16.2
Annual Indicator	13.9	16.2	19.0	16.6	18.0
Numerator	22,000	24,000	30,000	27,000	30,000
Denominator	158,000	148,000	158,000	163,000	167,000
Data Source		Census	Census	Census, Current Population Survey	Census, Current Population Survey
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5					
and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	17.6	17.3	16.6	16.6	16.3
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

None

**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	31.4	33.7	35.7	37.1	29.5
Annual Indicator	34.4	36.4	38.1	30.1	31.4
Numerator	5,263	6,204	4,928	2,965	2,969
Denominator	15,311	17,034	12,918	9,841	9,409
Data Source		NE WIC	NE WIC	NE WIC	NE WIC

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	30.8	30.2	29.6	28.9	28.4
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

None

**PERFORMANCE MEASURE # 15**

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

**Annual Objective and Performance Data**

	2007	2008	2009	2010	2011
Annual Performance Objective	11.7	11.3	11.5	10.3	9.8
Annual Indicator	11.6	11.8	10.6	10.0	9.2
Numerator	3,122	3,184	2,882	2,560	2,368
Denominator	26,935	26,992	26,931	25,898	25,677
Data Source		Birth file	Birth file	Birth file	Birth file

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final Provisional

**Annual Objective and Performance Data**

	2012	2013	2014	2015	2016
Annual Performance Objective	9	8.8	8.6	8.5	8.3
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

- 1. Section Number: Form11\_Performance Measure #15
- Field Name: PM15
- Row Name:
- Column Name:
- Year: 2011
- Field Note:  
2011 Birth file is not finalized, projected date is July 31.

**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	13.1	12.8	12.9	12.6	5.3
Annual Indicator	11.5	13.2	4.6	6.2	6.9
Numerator	15	17	6	8	9
Denominator	130,506	128,885	130,498	128,930	130,443
Data Source		Death file, Census Est.	Death file, Census Est.	Death file, Census	Death file, Census
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	6.7	6.6	6.5	6.4	6.2
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

1. Section Number: Form11\_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2010

Field Note:

The denominator changed from a census estimate in 2009 to the decennial census 2010.

2. Section Number: Form11\_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2009

Field Note:

Three year rolling average.

**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	73.7	69.2	69.8	59	83.6
Annual Indicator	68.1	63.5	57.9	82.0	80.8
Numerator	220	207	184	259	202
Denominator	323	326	318	316	250
Data Source		Birth file	Birth file	Birth file	Birth file

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	82.4	84	85.7	87.5	89.2
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

1. Section Number: Form11\_Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2010

Field Note:

Methodist Women's Hospital opened in 2010 with a Level III NICU. In addition, Alegant Health's Bergan Mercy upgraded their "self designation" to a Level III. Both Hospitals are located in Omaha, NE.

**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	80.9	74.8	73.6	75.1	74.7
Annual Indicator	73.2	72.1	72.0	73.2	75.2
Numerator	19,721	19,464	19,382	18,979	18,857
Denominator	26,935	26,992	26,931	25,916	25,077
Data Source		Birth file	Birth file	Birth file	Birth file

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

Is the Data Provisional or Final?

Final Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	76.2	77.7	79.2	80	81.6
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 file is not finalized, projected date is July 31.

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

**Form Level Notes for Form 11**

None

**STATE PERFORMANCE MEASURE # 1 - REPORTING YEAR**

Percent women (18-44) with healthy weight (BMI)

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	_____	_____	_____	_____	48.5
<b>Annual Indicator</b>	_____	53.5	49.4	47.6	50
<b>Numerator</b>	_____	_____	_____	_____	_____
<b>Denominator</b>	_____	_____	_____	_____	_____
<b>Data Source</b>		NE BRFSS	NE BRFSS	NE BRFSS	NE BRFSS
<b>Is the Data Provisional or Final?</b>				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	47.8	48.8	49.8	50.8	51.8
<b>Annual Indicator</b>	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
<b>Numerator</b>	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
<b>Denominator</b>	those measures on Form 11 for the new needs assessment period.				

**Field Level Notes**

- Section Number:** Form11\_State Performance Measure #1

**Field Name:** SM1

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Comparisons of 2011 to prior data should not be made. The weighting methodology for BRFSS changed from post-stratification to raking in 2011. Raking creates the weights in different manner by iterations and it also allows for inclusion of more control variables in the weighting scheme as opposed to just age, gender, race/ethnicity and region. In addition the 2011 BRFSS has 20% of the sample from cell phone interviews. Cell phone interviews were not included in the sample prior to 2011.

- Section Number:** Form11\_State Performance Measure #1

**Field Name:** SM1

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

NE BRFSS is a weighted survey. So, only weighted estimates are provided.

**STATE PERFORMANCE MEASURE # 2 - REPORTING YEAR**

The percentage of live births that were intended at the time of conception.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	61.3
Annual Indicator	_____	60.2	59.1	60.1	64.2
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source		NE PRAMS	NE PRAMS	NE PRAMS	NE PRAMS
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	65.5	66.8	68.1	69.5	70.1
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 #2

**Field Name:** SM2

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

NE PRAMS is a weighted survey. So, only weighted estimates are provided. There is a year lag on PRAMS data. So, 2010 will be provided in 2011, and 2011 data will be provided in 2012 etc.

2. **Section Number:** Form11\_State Performance Measure #2

**Field Name:** SM2

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

NE PRAMS is a weighted survey. So, only weighted estimates are provided. There is a year lag on PRAMS data. So, 2009 will be provided in 2010, and 2010 data will be provided in 2011 etc.

**STATE PERFORMANCE MEASURE # 3 - REPORTING YEAR**

The percent of children living in poverty who have health insurance.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	_____	_____	_____	_____	94
<b>Annual Indicator</b>	_____	72.3	77.8	93.7	89.4
<b>Numerator</b>	_____	24,838	43,136	39,297	37,908
<b>Denominator</b>	_____	34,372	55,433	41,918	42,387
<b>Data Source</b>		Population Survey	Current Population Survey	Current Population Survey	Current Population Survey
<b>Is the Data Provisional or Final?</b>				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	91.2	93	94.8	96.7	98.7
<b>Annual Indicator</b>	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
<b>Numerator</b>	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
<b>Denominator</b>	those measures on Form 11 for the new needs assessment period.				

**Field Level Notes**

None

**STATE PERFORMANCE MEASURE # 4 - REPORTING YEAR**

The preterm birth disparity (ratio) between African American and Caucasian infants

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	1.4
Annual Indicator	_____	_____	_____	1.4	1.4
Numerator	_____	_____	_____	13.5	12.1
Denominator	_____	_____	_____	9.8	8.9
Data Source				Birth file	Birth file
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	1.3	1.3	1.3	1.3	1.3
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

**Field Level Notes**

- 1. **Section Number:** Form11\_State Performance Measure #4
- Field Name:** SM4
- Row Name:**
- Column Name:**
- Year:** 2011
- Field Note:**  
2011 Birth file is not finalized, projected date is July 31.

**STATE PERFORMANCE MEASURE # 5 - REPORTING YEAR**

The percent of young children (1-5) who have excellent/very good dental health.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	_____	_____	_____	_____	82.6
<b>Annual Indicator</b>	_____	81	81	81	81
<b>Numerator</b>	_____	_____	_____	_____	_____
<b>Denominator</b>	_____	_____	_____	_____	_____
<b>Data Source</b>		National Survey of Children's Health, 2007			
<b>Is the Data Provisional or Final?</b>				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	84.3	85.9	87.7	89.4	91.1
<b>Annual Indicator</b>	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.				
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

1. **Section Number:** Form11\_State Performance Measure #5

**Field Name:** SM5

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

National Survey of Children's Health, 2007

2. **Section Number:** Form11\_State Performance Measure #5

**Field Name:** SM5

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

National Survey of Children's Health, 2007

**STATE PERFORMANCE MEASURE # 6 - REPORTING YEAR**

The rate per 1,000 infants of substantiated reports of child abuse and neglect.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	_____	_____	_____	_____	21.8
<b>Annual Indicator</b>	_____	_____	20.2	22.2	21.3
<b>Numerator</b>	_____	_____	583	579	551
<b>Denominator</b>	_____	_____	28,791	26,082	25,907
<b>Data Source</b>			Child Protective Services, Census	Child Protective Services, Census	Child Protective Services, Census
<b>Is the Data Provisional or Final?</b>				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	21.4	20.9	20.6	20.2	20
<b>Annual Indicator</b>	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
<b>Numerator</b>	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
<b>Denominator</b>	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:**

**STATE PERFORMANCE MEASURE # 7 - REPORTING YEAR**

Percent of teens who report use of alcohol in last 30 days

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	30.6
Annual Indicator	_____	_____	_____	31.3	27
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source				NE YRBS	NE YRBS
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	26.5	25.9	25.4	24.9	24.4

**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 #7

**Field Name:** SM7

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

NE YRBS is a weighted survey. So, only weighted estimates are provided.

2. **Section Number:** Form11\_State Performance Measure #7

**Field Name:** SM7

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

NE YRBS is a weighted survey. So, only weighted estimates are provided.



**OUTCOME MEASURE # 02**

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

**Annual Objective and Performance Data**

	2007	2008	2009	2010	2011
Annual Performance Objective	2.7	2.7	3.4	3	2.9
Annual Indicator	2.3	3.1	2.0	2.9	2.1
Numerator	15.3	16.3	11.2	14.8	11.5
Denominator	6.8	5.2	5.7	5.1	5.4
Data Source		Death file, Birth file			

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final Provisional

**Annual Objective and Performance Data**

	2012	2013	2014	2015	2016
Annual Performance Objective	2.1	2.1	2	2	1.9
Annual Indicator					
Numerator					
Denominator					

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

**Field Level Notes**

1. Section Number: Form12\_Outcome Measure 2  
Field Name: OM02  
Row Name:  
Column Name:  
Year: 2011  
Field Note:  
2011 Birth and Death file are not finalized, projected date is July 31.
2. Section Number: Form12\_Outcome Measure 2  
Field Name: OM02  
Row Name:  
Column Name:  
Year: 2009  
Field Note:  
2009 death file is not complete

**OUTCOME MEASURE # 03**

The neonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	4	4	3	3	2.9
Annual Indicator	4.9	3.3	3.3	3.7	3.7
Numerator	132	90	89	96	95
Denominator	26,935	26,992	26,931	25,916	25,700
Data Source		Death file, Birth file	Death file, Birth file	Death file, Birth file	

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	3.6	3.6	3.5	3.4	2.3
Annual Indicator					
Numerator					
Denominator					

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

**Field Level Notes**

- Section Number:** Form12\_Outcome Measure 3  
**Field Name:** OM03  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 2011 Birth and Death file are not finalized, projected date is July 31.
- Section Number:** Form12\_Outcome Measure 3  
**Field Name:** OM03  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 2009 Death file is not finalized.

**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	2.3	2.3	1.9	1.9	1.5
Annual Indicator	1.9	2.1	2.1	1.5	1.9
Numerator	51	56	56	40	48
Denominator	26,935	26,992	26,931	25,916	25,700
Data Source		Death file, Birth file			

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final Provisional

**Annual Objective and Performance Data**

	2012	2013	2014	2015	2016
Annual Performance Objective	1.9	1.8	1.8	1.8	1.7
Annual Indicator					
Numerator					
Denominator					

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

**Field Level Notes**

- 1. Section Number: Form12\_Outcome Measure 4
- Field Name: OM04
- Row Name:
- Column Name:
- Year: 2011
- Field Note: 2011 Birth and Death file are not finalized, projected date is July 31.

**OUTCOME MEASURE # 05**

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

**Annual Objective and Performance Data**

	2007	2008	2009	2010	2011
Annual Performance Objective	5	4.9	10.3	8.2	8
Annual Indicator	10.5	9.0	8.7	8.5	
Numerator	285	245	235	222	
Denominator	27,109	27,156	27,084	26,061	
Data Source		Death file, Birth file	Death file, Birth file	Death file, Birth file	

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional

**Annual Objective and Performance Data**

	2012	2013	2014	2015	2016
Annual Performance Objective	7.9	7.8	7.7	7.6	
Annual Indicator					
Numerator					
Denominator					

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

**Field Level Notes**

None

**OUTCOME MEASURE # 06**

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

**Annual Objective and Performance Data**

	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	20.1	20	17.9	17.6	18.9
<b>Annual Indicator</b>	20.5	20.6	14.9	15.7	15.9
<b>Numerator</b>	70	71	52	56	57
<b>Denominator</b>	341,855	343,908	349,420	357,474	359,412
<b>Data Source</b>		Death file, Census Est.	Death file, Census Est.	Death file, Census	Death file, Census
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

**Annual Objective and Performance Data**

	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	15.5	15.3	14.9	14.7	14.4
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

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:** 2010
- Field Note:**  
The denominator changed from a census estimate in 2009 to the decennial census 2010.

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

Form Level Notes for Form 12

None

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

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.

\_\_\_\_\_ 1

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:** \_\_\_\_\_ 15

**Rating Key**

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

**FORM NOTES FOR FORM 13**

None

**FIELD LEVEL NOTES**

None

**FORM 14**  
**LIST OF MCH PRIORITY NEEDS**

*[Sec. 505(a)(5)]*

**STATE NE FY: 2013**

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Increase the prevalence of the MCH/CSHCN population who are physically active, eating healthy, and are at a healthy weight.
2. Improve the reproductive health of youth and women by decreasing the rates of STD's and unintended pregnancies.
3. Reduce the impact of poverty on infants/children including food insecurity.
4. Reduce the health disparities gap in infant health status and outcomes.
5. Increase access to oral health care for children and CSHCN.
6. Reduce the rates of abuse and neglect of infants and CSHCN.
7. Reduce alcohol use and binge drinking among youth.
8. Increase quality of and access to perinatal health services, including pre/interconception health care, prenatal care, labor and delivery services, and postpartum care.
9. Increase the prevalence of infants who breastfeed exclusively through six months of age.
10. Increase access to Medical Homes for CSHCN particularly for those with functional limitations.

**FORM NOTES FOR FORM 14**

None

**FIELD LEVEL NOTES**

None

FORM 15  
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: NE

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.	<b>Other</b> 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: _____ N/A	Technical assistance on effective financial planning and reporting with consideration of life course framework	Challenges using reporting framework originally based on a direct service, population specific model	To be determined in consultation with MCH Bureau
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
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 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: NE

SP() # \_\_\_\_\_ 1

**PERFORMANCE MEASURE:**

Percent women (18-44) with healthy weight (BMI)

**STATUS:**

Active

**GOAL:**

Reduce overweight and obesity for Nebraska's women, youth, and children

**DEFINITION**

=

**Numerator:**

The estimated percent (weighted data set) of women 18-44 in the state who reported a BMI less than 25 during the reporting period.

**Denominator:**

The estimated number (weighted data set) of women in the state who are age 18-44 in the reporting period.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2020 OBJECTIVE**

Objective NWS-8: Increase the number of adults who are at a healthy weight

**DATA SOURCES AND DATA ISSUES**

The Nebraska Behavior Risk Factor Surveillance System (BRFSS) will provide state level data annually. BRFSS surveys adults 18 and older. Due to data limitations women age 18-44 are a proxy for women of childbearing age

**SIGNIFICANCE**

Nebraska women, youth, and children are heavier than the nation and HP2010 objectives. Overweight and obesity lead to unhealthy quality of life. Consequences include poor birth outcomes, mental health problems, diabetes, hypertension, and cardiovascular disease.

SP() # 2

**PERFORMANCE MEASURE:**

The percentage of live births that were intended at the time of conception.

**STATUS:**

Active

**GOAL**

Reduce the rate of unintended pregnancies

**DEFINITION**

=

**Numerator:**

The estimated number of women who reported wanting to become pregnant sooner or then just before they became pregnant.

**Denominator:**

The number of live births in the calendar year.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2020 OBJECTIVE**

FP-1: Increase the proportion of pregnancies that are intended to 56%

**DATA SOURCES AND DATA ISSUES**

Nebraska Pregnancy Risk Assessment Monitoring System (NE PRAMS) will provide state level data annually. PRAMS is a self-report stratified survey of 10% of all live births. The data lags by 2 years (reporting 2008 in 2010) this is not expected to change.

**SIGNIFICANCE**

An intended pregnancy is a indicator of healthy reproductive life. An unintended pregnancy can have a negative impact on the mother's physical, emotional or economic well-being. Since an unintended pregnancy can impact a woman's choice to adopt healthy prenatal behaviors, the risk of experiencing a poor birth outcome such as prematurity may be greater. These in turn affect the baby and the family.

SP() # 3

**PERFORMANCE MEASURE:**

The percent of children living in poverty who have health insurance.

**STATUS:**

Active

**GOAL**

To reduce the impact of poverty on infant and childhood health.

**DEFINITION**

=

**Numerator:**

The number of children age 0-9 who live in households with income below 100% of the Federal Poverty Level who are uninsured.

**Denominator:**

The number of children age 0-9 who live in households with income below 100% of the Federal Poverty Level.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2020 OBJECTIVE**

AHS-1: Increase the proportion of persons with health insurance to 100%

**DATA SOURCES AND DATA ISSUES**

The Current Population Survey Annual Social and Economic Supplement, Census Bureau

**SIGNIFICANCE**

Infants and children living in poverty do not reach development milestones, have higher rates of emotional and behavior problems, increased incidence of learning disabilities, decreased ability to problem solve, higher disease rates due to less healthy lifestyles, asthma, and obesity that affect them later in life. Poverty impedes an infant's ability to learn and contribute to social, emotional, and behavioral problems.<sup>3</sup> Poverty can also contribute to poor health and mental health. Risks are greatest for children who experience poverty when they are young and/or generational poverty.

SP() # \_\_\_\_\_ 4

**PERFORMANCE MEASURE:**

The preterm birth disparity (ratio) between African American and Caucasian infants

**STATUS:**

Active

**GOAL**

To reduce the disparity in infant health status and outcomes.

**DEFINITION**

=

**Numerator:**

The preterm birth rate among African American births.

**Denominator:**

The preterm birth rate among Caucasian births.

**Units:** 1 **Text:** Ratio

**HEALTHY PEOPLE 2020 OBJECTIVE**

MICH-9 Reduce preterm births to 11.4%

**DATA SOURCES AND DATA ISSUES**

Nebraska Vital Statistics

**SIGNIFICANCE**

Unequal health status is evident at birth and is documented in nearly every indicator of infant health determinants, health status, and health outcomes. Starting life at a disadvantage compounds the challenges to achieve equal results throughout life and may result in intractable, lifelong disparity. The disparity indicated in birth outcomes and during the first year of life are compelling enough to not limit the look at disparities to just the infant population, but to prioritize it within a life course approach.

SP() # 5

**PERFORMANCE MEASURE:**

The percent of young children (1-5) who have excellent/very good dental health.

**STATUS:**

Active

**GOAL**

Increase access to preventative dental health care for children and children with special health care needs.

**DEFINITION**

=

**Numerator:**

The number of young children (1-5) whose parents report excellent/very good dental health.

**Denominator:**

The number of young children (1-5).

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2020 OBJECTIVE**

OH-2 Reduce the proportion of children with untreated dental decay

**DATA SOURCES AND DATA ISSUES**

National Survey of Children's Health.

**SIGNIFICANCE**

Poor oral health for children relates to a number of problems including chronic pain, inadequate nutrition, impaired speech development, decreased school performance, poor social relationships, and even rare, but severe infectious diseases. According to the Maternal and Child Oral Health Resource Center, an estimated 51 million school hours are lost nationwide per year because of dental-related illness.

SP() # \_\_\_\_\_ 6

**PERFORMANCE MEASURE:**

The rate per 1,000 infants of substantiated reports of child abuse and neglect.

**STATUS:**

Active

**GOAL**

Reduce the incidence of child abuse and neglect among infants and children with special health care needs.

**DEFINITION**

=

**Numerator:**

The number of substantiated reports of child abuse and neglect among infants in a calendar year.

**Denominator:**

The estimated number of infants.

**Units:** 1000 **Text:** Rate

**HEALTHY PEOPLE 2020 OBJECTIVE**

IVP-38 IVP-38 Reduce nonfatal child maltreatment Reduce nonfatal child maltreatment to 8.5/1,000

**DATA SOURCES AND DATA ISSUES**

Child Abuse and Neglect (CAN) data is information that is entered in Nebraska's Statewide Automated Child Welfare Information System (SACWIS) also known as N-FOCUS (Nebraska Family Online Client User System). The data is extracted annually and is dependent upon the accuracy of the data entered in NFOCUS at the time the data is extracted.

**SIGNIFICANCE**

Adverse childhood experiences such as child maltreatment have significant life long consequences. Impacts include disruption to growth and development, depression, higher incidence of illness and chronic diseases as well as a shortened lifespan. Infants and CSHCN are more vulnerable to child abuse and neglect.

SP() # \_\_\_\_\_ 7

**PERFORMANCE MEASURE:**

Percent of teens who report use of alcohol in last 30 days

**STATUS:**

Active

**GOAL**

To promote healthy lifestyles among youth

**DEFINITION**

a

**Numerator:**

The estimated number of high school students in the state who reported consuming alcohol in the last 30 days during the reporting period.

**Denominator:**

The estimated number (weighted data) of high school students in the state.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2020 OBJECTIVE**

SA-3 Increase the proportion of adolescents who disapprove of alcohol use

Objective 26-10a

Adolescents not using alcohol or illicit drugs in past 30 days (aged 12 to 17 years)

**DATA SOURCES AND DATA ISSUES**

The Youth Risk Behavior Survey is the source for this data and is administered bi-annually. A number of large, urban schools with students in grades 9-12 chose not to participate in the YRBS. In those large schools that did not participate, a larger than expected number of students did not complete the survey. This means that these survey results for grades 9-12 provide an important description of the priority health risk behaviors of the survey participants. The total sample, however, is not truly representative of the state's grade 9-12 students because it under-represents Nebraska's urban adolescents.

**SIGNIFICANCE**

Alcohol is the most commonly used drug in Nebraska among teens. Alcohol increases the likelihood of sexual activity, exposing youth to STDs and HIV. Alcohol is responsible for a high percentage of teen motor vehicle accidents, and has a strong influence on morbidity and mortality.

**FORM NOTES FOR FORM 16**

None

**FIELD LEVEL NOTES**

None

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

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.

	2007	2008	Annual Indicator Data		2011
	2009	2010	2009	2010	2011
Annual Indicator	17.3	12.2	10.2	9.6	
Numerator	224	164	135	127	
Denominator	129,796	134,717	131,908	131,938	131,472

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:

Hospital Discharge Data will be available in October 2012.

2. Section Number: Form17\_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2010

Field Note:

Hospital Discharge Data will be available in October 2011.

3. Section Number: Form17\_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2009

Field Note:

Hospital Discharge Data will be available in October 2010.

**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		
			2009	2010	2011
Annual Indicator	98.3	98.4	97.4	100.0	91.5
Numerator	13,277	13,402	13,284	12,077	8,537
Denominator	13,510	13,625	13,641	12,077	9,333

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Actual denominator is 11,381 with a rate of 106.12%. Reporting by NE Medicaid to CMS has changed. They have provided the following footnote:

Nebraska has changed its data-gathering process for this report. We can now more accurately count our medically needy population, and can now exclude state-funded enrollees from our data. This caused our overall enrollment figures to appear to increase our medically needy enrollment figures.

**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
<b>Annual Indicator</b>	<u>84.7</u>	<u>85.9</u>	<u>64.0</u>	<u>59.9</u>	<u>57.5</u>
<b>Numerator</b>	<u>866</u>	<u>972</u>	<u>438</u>	<u>431</u>	<u>416</u>
<b>Denominator</b>	<u>1,023</u>	<u>1,131</u>	<u>684</u>	<u>719</u>	<u>724</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**

- Section Number:** Form17\_Health Systems Capacity Indicator #03  
**Field Name:** HSC03  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 NE Medicaid has exclude LPR (Legal Permanent Residents) <5 and all state funded enrollees from their 2010 data. They have submitted a State Plan Amendment to CMS and project the data to improve next year.
- Section Number:** Form17\_Health Systems Capacity Indicator #03  
**Field Name:** HSC03  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Staff recognizes issue and looking into the significant drop.

**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
<b>Annual Indicator</b>	<u>72.5</u>	<u>72.5</u>	<u>74.5</u>	<u>73.5</u>	<u>74.6</u>
<b>Numerator</b>	<u>18,916</u>	<u>19,027</u>	<u>19,403</u>	<u>19,040</u>	<u>18,598</u>
<b>Denominator</b>	<u>26,096</u>	<u>26,244</u>	<u>26,052</u>	<u>25,917</u>	<u>24,915</u>
<b>Check this box if you cannot report the numerator because</b>					
<b>1. There are fewer than 5 events over the last year, and</b>					
<b>2. The average number of events over the last 3 years is fewer than 5</b>					
<b>and therefore a 3-year moving average cannot be applied.</b>					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

**Field Level Notes**

- 1. **Section Number:** Form17\_Health Systems Capacity Indicator #04
- Field Name:** HSC04
- Row Name:**
- Column Name:**
- Year:** 2011
- Field Note:**  
2011 Birth file is not finalized, projected date is July 31.

**HEALTH SYSTEMS CAPACITY #07A**

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

	<u>Annual Indicator Data</u>				
	2007	2008	2009	2010	2011
<b>Annual Indicator</b>	<u>96.9</u>	<u>97.0</u>	<u>97.1</u>	<u>97.2</u>	<u>97.4</u>
<b>Numerator</b>	<u>155,320</u>	<u>159,496</u>	<u>166,459</u>	<u>174,118</u>	<u>186,428</u>
<b>Denominator</b>	<u>160,320</u>	<u>164,496</u>	<u>171,459</u>	<u>179,118</u>	<u>191,428</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**

None

**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	63.6	64.2	65.6	60.5	61.1
Numerator	20,265	20,948	22,709	20,684	22,282
Denominator	31,870	32,633	34,629	34,216	36,480

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

None

**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
<b>Annual Indicator</b>	37.0	35.1	35.4	36.5	34.6
<b>Numerator</b>	1,375	1,149	1,234	1,297	1,267
<b>Denominator</b>	3,715	3,278	3,482	3,551	3,662

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**

None

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

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 (&lt; 2,500 grams)</i>	2010	Matching data files	8.3	5.8	7
b) <i>Infant deaths per 1,000 live births</i>	2010	Matching data files	6.4	4.7	5.5
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2010	Matching data files	62.4	82.8	73.2
d) <i>Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2010	Matching data files	65.2	81	73.5

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

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	150
b) <i>Medicaid Children</i> (Age range <u>  1  </u> to <u>  5  </u> ) (Age range <u>  6  </u> to <u> 18 </u> ) (Age range <u>      </u> to <u>      </u> )	2011	133 100
c) <i>Pregnant Women</i>	2011	185

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

<b>INDICATOR #06</b> <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>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL SCHIP</b>
a) <i>Infants (0 to 1)</i>	2011	<u>          200          </u>
b) <i>Medicaid Children</i> (Age range <u>      1      </u> to <u>     18     </u> ) (Age range <u>      </u> to <u>      </u> ) (Age range <u>      </u> to <u>      </u> )	2011	<u>          200          </u> <u>                          </u> <u>                          </u>
c) <i>Pregnant Women</i>	2011	<u>          185          </u>

**FORM NOTES FOR FORM 18**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form18\_Indicator 05

**Field Name:** InfantDeath

**Row Name:** Infant deaths per 1,000 live births

**Column Name:**

**Year:** 2013

**Field Note:**

The different rates reported are due to differences in data. The data reported in NOM #1 is calculated by infant deaths in calendar year over births in calendar year. The data for HSCI 5B is deaths that occurred to the birth cohort.

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

**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)
<b>ANNUAL DATA LINKAGES</b>		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	3	Yes
Annual linkage of birth certificates and WIC eligibility files	2	Yes
Annual linkage of birth certificates and newborn screening files	3	Yes
<b>REGISTRIES AND SURVEYS</b>		
Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	2	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: **NE**

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: Youth Tobacco Survey	3	Yes
Nebraska Risk and Protective Factor Survey	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: NE

Form Level Notes for Form 20

None

**HEALTH STATUS INDICATOR #01A**

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

	2007		2008		Annual Indicator Data		2010		2011	
	Annual Indicator		Annual Indicator		2009		2010		2011	
	7.0		7.1		7.1		7.0		6.5	
	<u>1,894</u>		<u>1,909</u>		<u>1,923</u>		<u>1,813</u>		<u>1,672</u>	
	<u>26,925</u>		<u>26,989</u>		<u>26,930</u>		<u>25,887</u>		<u>25,664</u>	

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20\_Health Status Indicator #01A  
**Field Name:** HSI01A  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
2011 Birth file is not finalized, projected date is July 31.

**HEALTH STATUS INDICATOR #01B**

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

**Annual Indicator Data**

	2007	2008	2009	2010	2011
<b>Annual Indicator</b>	5.2	5.3	5.4	5.4	5.0
<b>Numerator</b>	1,335	1,391	1,394	1,355	1,244
<b>Denominator</b>	25,912	26,050	25,929	25,019	24,832

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 #01B  
**Field Name:** HSI01B  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
2011 Birth file is not finalized, projected date is July 31.

**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	<u>1.3</u>	<u>1.2</u>	<u>1.2</u>	<u>1.3</u>	<u>1.0</u>
Numerator	<u>350</u>	<u>326</u>	<u>318</u>	<u>316</u>	<u>250</u>
Denominator	<u>26,925</u>	<u>26,989</u>	<u>26,930</u>	<u>24,848</u>	<u>25,664</u>

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

- 1. Section Number: Fom20\_Health Status Indicator #02A
- Field Name: HSI02A
- Row Name:
- Column Name:
- Year: 2011
- Field Note:
- 2011 Birth file is not finalized, projected date is July 31.

**HEALTH STATUS INDICATOR #02B**

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

**Annual Indicator Data**

	2007	2008	2009	2010	2011
Annual Indicator	0.9	0.9	0.9	0.9	0.7
Numerator	237	236	226	227	171
Denominator	25,912	26,050	25,929	25,019	24,832

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 file is not finalized, projected date is July 31.

**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
<b>Annual Indicator</b>	6.7	7.9	5.4	7.8	3.9
<b>Numerator</b>	23	27	19	28	14
<b>Denominator</b>	341,855	343,908	349,420	357,420	359,412

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 file is not finalized, projected date is July 31.

2. **Section Number:** Form20\_Health Status Indicator #03A**Field Name:** HSI03A**Row Name:****Column Name:****Year:** 2010**Field Note:**

The denominator changed from a census estimate in 2009 to the decennial census 2010.

**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
<b>Annual Indicator</b>	4.1	1.7	3.4	3.6	1.1
<b>Numerator</b>	14	6	12	13	4
<b>Denominator</b>	341,855	343,908	349,420	357,420	359,412

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 file is not finalized, projected date is July 31.

2. **Section Number:** Form20\_Health Status Indicator #03B**Field Name:** HSI03B**Row Name:****Column Name:****Year:** 2010**Field Note:**

The denominator changed from a census estimate in 2009 to the decennial census 2010.

**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
<b>Annual Indicator</b>	29.5	24.8	23.2	14.7	10.8
<b>Numerator</b>	78	65	63	38	28
<b>Denominator</b>	264,334	262,190	271,201	258,206	259,775

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 file is not finalized, projected date is July 31.

2. **Section Number:** Form20\_Health Status Indicator #03C**Field Name:** HSI03C**Row Name:****Column Name:****Year:** 2010**Field Note:**

The denominator changed from a census estimate in 2009 to the decennial census 2010.

**HEALTH STATUS INDICATOR #04A**

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

**Annual Indicator Data**

	2007	2008	2009	2010	2011
<b>Annual Indicator</b>	267.1	270.1	273.6	260.9	
<b>Numerator</b>	913	929	956	932	
<b>Denominator</b>	341,855	343,908	349,420	357,206	359,412

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:**

Hospital Discharge Data will be available in October 2012.

2. **Section Number:** Form20\_Health Status Indicator #04A

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

HDD will be available in October 2011.

3. **Section Number:** Form20\_Health Status Indicator #04A

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

HDD will be available in October 2010.

**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
<b>Annual Indicator</b>	16.7	9.9	23.8	26.6	
<b>Numerator</b>	57	34	83	95	
<b>Denominator</b>	341,855	343,908	349,420	357,420	359,412

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:**  
 Hospital Discharge Data will be available in October 2012.
2. **Section Number:** Form20\_Health Status Indicator #04B  
**Field Name:** HSI04B  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 HDD will be available in October 2011.
3. **Section Number:** Form20\_Health Status Indicator #04B  
**Field Name:** HSI04B  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 HDD will be available in October 2010.

**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
<b>Annual Indicator</b>	68.3	69.7	98.4	99.5	
<b>Numerator</b>	179	189	272	257	
<b>Denominator</b>	262,190	271,201	276,306	258,206	259,775

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:**

Hospital Discharge Data will be available in October 2012.

2. **Section Number:** Form20\_Health Status Indicator #04C

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

HDD will be available in October 2011.

3. **Section Number:** Form20\_Health Status Indicator #04C

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

HDD will be available in October 2010.

**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	21.9	24.7	21.5	20.4	23.1
Numerator	1,386	1,548	1,374	1,281	1,469
Denominator	63,223	62,618	63,873	62,897	63,539

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: Form20\_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2010

Field Note:

The denominator changed from a census estimate in 2009 to the decennial census 2010.

**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		2011
			2009	2010	
Annual Indicator	7.9	8.6	8.5	7.6	9.9
Numerator	2,236	2,465	2,441	2,221	2,919
Denominator	290,046	285,519	288,835	293,698	293,844

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: Form20\_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2010

Field Note:

The denominator changed from a census estimate in 2009 to the decennial census 2010.

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

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

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	25,907	21,891	1,497	536	567	59	1,357	0
Children 1 through 4	105,565	88,783	6,793	2,135	2,164	218	5,472	0
Children 5 through 9	129,809	110,778	7,799	2,586	2,803	203	5,640	0
Children 10 through 14	124,038	106,975	7,363	2,446	2,494	197	4,563	0
Children 15 through 19	130,443	113,789	8,008	2,242	2,519	169	3,716	0
Children 20 through 24	129,332	113,208	7,525	2,018	3,440	300	2,841	0
Children 0 through 24	645,094	555,424	38,985	11,963	13,987	1,146	23,589	0

**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	21,180	4,727	0
Children 1 through 4	87,046	18,519	0
Children 5 through 9	108,826	20,983	0
Children 10 through 14	106,087	17,951	0
Children 15 through 19	114,310	16,133	0
Children 20 through 24	114,105	15,227	0
Children 0 through 24	551,554	93,540	0

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HEALTH STATUS INDICATORS  
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**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: 2011 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	14	8	2	1	0	0	0	3
Women 15 through 17	452	266	57	26	6	0	0	97
Women 18 through 19	1,264	825	141	45	25	0	0	228
Women 20 through 34	20,920	17,051	1,366	312	525	0	0	1,666
Women 35 or older	2,980	2,351	171	38	132	0	0	268
Women of all ages	25,630	20,501	1,737	422	688	0	0	2,282

**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	6	8	1
Women 15 through 17	301	156	1
Women 18 through 19	921	345	1
Women 20 through 34	18,245	2,700	13
Women 35 or older	2,555	432	3
Women of all ages	22,028	3,641	19

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

<b>CATEGORY TOTAL DEATHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	143	111	20	3	3	0	0	6
Children 1 through 4	25	21	0	1	0	0	0	3
Children 5 through 9	17	15	1	0	0	0	0	1
Children 10 through 14	15	14	1	0	0	0	0	0
Children 15 through 19	49	36	8	1	1	0	0	3
Children 20 through 24	60	46	9	1	1	0	0	3
Children 0 through 24	309	243	39	6	5	0	0	16

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

<b>CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	126	17	0
Children 1 through 4	21	4	0
Children 5 through 9	16	1	0
Children 10 through 14	13	2	0
Children 15 through 19	45	4	0
Children 20 through 24	54	6	0
Children 0 through 24	275	34	0

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**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? Final

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	515,762	442,216	31,460	9,945	10,547	846	20,748	0	2011
Percent in household headed by single parent	9.5	8.0	31.6	25.9	6.9	15.5	16.6	24.3	2010
Percent in TANF (Grant) families	100.0	36.5	23.7	5.2	2.6	0.2	1.9	29.9	2011
Number enrolled in Medicaid	156,676	107,316	24,126	6,279	3,282	244	2,231	13,198	2011
Number enrolled in SCHIP	40,788	31,257	4,145	960	979	43	381	3,003	2011
Number living in foster home care	4,040	2,455	844	222	7	185	327	0	2011
Number enrolled in food stamp program	70,226	48,927	16,050	3,598	1,651	0	0	0	2011
Number enrolled in WIC	57,711	35,756	6,748	9,334	1,248	322	0	4,303	2011
Rate (per 100,000) of juvenile crime arrests	0.0	2,796.9	9,258.4	3,741.1	5,402.5	0.0	0.0	0.0	2010
Percentage of high school drop-outs (grade 9 through 12)	1.3	0.9	3.2	4.7	0.9	1.2	1.1	0.0	2010

**HSI #09B - Demographics (Miscellaneous Data) Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)**

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	437,449	78,313	0	2011
Percent in household headed by single parent	0.0	0.0	0.0	2010
Percent in TANF (Grant) families	19.9	26.1	54.0	2011
Number enrolled in Medicaid	0	39,668	0	2011
Number enrolled in SCHIP	0	12,004	0	2011
Number living in foster home care	2,732	771	559	2011
Number enrolled in food stamp program	21,780	17,405	51,779	2011
Number enrolled in WIC	37,729	19,977	5	2011
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	0.0	2010
Percentage of high school drop-outs (grade 9 through 12)	0.0	2.5	1.0	2010

**FORM 21**  
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**HSI #10 - Demographics (Geographic Living Area)** *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*  
 Reporting Year: 2011    Is this data from a State Projection? No    Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	279,366
Living in urban areas	387,945
Living in rural areas	104,821
Living in frontier areas	19,677
<b>Total - all children 0 through 19</b>	<b>512,443</b>

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

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

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

POVERTY LEVELS	TOTAL
Total Population	1,786,855
Percent Below: 50% of poverty	4.8
100% of poverty	5.4
200% of poverty	17.8

**FORM 21**  
**HEALTH STATUS INDICATORS**  
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**HSI #12 - Demographics (Poverty Levels)** *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

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

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	504,432
Percent Below: 50% of poverty	7.1
100% of poverty	6.4
200% of poverty	20.9

**FORM NOTES FOR FORM 21**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIethnicity\_MedicaidNo  
**Row Name:** Number enrolled in Medicaid  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Total Not Hispanic, and ethnicity not report are not collected
2. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIethnicity\_SCHIPNo  
**Row Name:** Number enrolled in SCHIP  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Total Not Hispanic, and ethnicity not report are not collected
3. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIethnicity\_JuvenileCrimeRate  
**Row Name:** Rate (per 100,000) of juvenile crime arrests  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Ethnicity is not collected.
4. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIethnicity\_DropOutPercent  
**Row Name:** Percentage of high school drop-outs (grade 9 through 12)  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Total Not Hispanic, and ethnicity not report are not collected