

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

---

- [FORM 2 - MCH BUDGET DETAILS](#)
- [FORM 3 - STATE MCH FUNDING PROFILE](#)
- [FORM 4 - BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED AND SOURCES OF FEDERAL FUNDS](#)
- [FORM 5 - STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES](#)
- [FORM 6 - NUMBER AND PERCENTAGE OF NEWBORN AND OTHERS SCREENED, CASE CONFIRMED, AND TREATED](#)
- [FORM 7 - NUMBER OF INDIVIDUALS SERVED \(UNDUPLICATED\) UNDER TITLE V](#)
- [FORM 8 - DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE XIX](#)
- [FORM 9 - STATE MCH TOLL-FREE TELEPHONE LINE DATA](#)
- [FORM 10 - TITLE V MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT STATE PROFILE FOR FY 2013](#)
- [FORM 11 - NATIONAL AND STATE PERFORMANCE MEASURES](#)
- [FORM 12 - NATIONAL AND STATE OUTCOME MEASURES](#)
- [FORM 13 - CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CHILDREN WITH SPECIAL HEALTH CARE NEEDS](#)
- [FORM 14 - LIST OF MCH PRIORITY NEEDS](#)
- [FORM 15 - TECHNICAL ASSISTANCE \(TA\) REQUEST AND TRACKING](#)
- [FORM 16 - STATE PERFORMANCE/OUTCOME MEASURE DETAIL SHEETS](#)
- [FORM 17 - HEALTH SYSTEM CAPACITY INDICATORS \(01 THROUGH 04,07,08\) - MULTI-YEAR DATA](#)
- FORM 18
  - [MEDICAID AND NON-MEDICAID COMPARISON](#)
  - [MEDICAID ELIGIBILITY LEVEL \(HSCI 06\)](#)
  - [SCHIP ELIGIBILITY LEVEL \(HSCI 06\)](#)
- FORM 19
  - [GENERAL MCH DATA CAPACITY \(HSCI 09A\)](#)
  - [ADOLESCENT TOBACCO USE DATA CAPACITY \(HSCI 09B\)](#)
- [FORM 20 - HEALTH STATUS INDICATORS 01-05 - MULTI-YEAR DATA](#)
- FORM 21
  - [POPULATION DEMOGRAPHICS DATA \(HSI 06\)](#)
  - [LIVE BIRTH DEMOGRAPHICS DATA \(HSI 07\)](#)
  - [INFANT AND CHILDREN MORTALITY DATA \(HSI 08\)](#)
  - [MISCELLANEOUS DEMOGRAPHICS DATA \(HSI 09\)](#)
  - [GEOGRAPHIC LIVING AREA DEMOGRAPHIC DATA \(HSI 10\)](#)
  - [POVERTY LEVEL DEMOGRAPHIC DATA \(HSI 11\)](#)
  - [POVERTY LEVEL FOR CHILDREN DEMOGRAPHICS DATA \(HSI 12\)](#)

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

<b>1. FEDERAL ALLOCATION</b>		\$	<u>1,976,838</u>
	(Item 15a of the Application Face Sheet [SF 424])		
	Of the Federal Allocation (1 above), the amount earmarked for:		
	A. Preventive and primary care for children:		
	\$ <u>791,309</u> ( <u>40.03</u> %)		
	B. Children with special health care needs:		
	\$ <u>830,034</u> ( <u>41.99</u> %)		
	(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]		
	C. Title V administrative costs:		
	\$ <u>91,725</u> ( <u>4.64</u> %)		
	(The above figure cannot be more than 10%)[Sec. 504(d)]		
<b>2. UNOBLIGATED BALANCE</b>	(Item 15b of SF 424)	\$	<u>0</u>
<b>3. STATE MCH FUNDS</b>	(Item 15c of the SF 424)	\$	<u>5,668,150</u>
<b>4. LOCAL MCH FUNDS</b>	(Item 15d of SF 424)	\$	<u>0</u>
<b>5. OTHER FUNDS</b>	(Item 15e of SF 424)	\$	<u>929,675</u>
<b>6. PROGRAM INCOME</b>	(Item 15f of SF 424)	\$	<u>0</u>
<b>7. TOTAL STATE MATCH</b>	(Lines 3 through 6)	\$	<u>6,587,825</u>
	(Below is your State's FY 1989 Maintenance of Effort Amount)		
	\$ <u>2,872,287</u>		
<b>8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)</b>		\$	<u>8,564,663</u>
	(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:	\$ <u>0</u>		
b. SSDI:	\$ <u>100,000</u>		
c. CISS:	\$ <u>150,000</u>		
d. Abstinence Education:	\$ <u>100,149</u>		
e. Healthy Start:	\$ <u>0</u>		
f. EMSC:	\$ <u>0</u>		
g. WIC:	\$ <u>0</u>		
h. AIDS:	\$ <u>0</u>		
i. CDC:	\$ <u>681,340</u>		
j. Education:	\$ <u>0</u>		
k. Home Visiting:	\$ <u>2,461,379</u>		
l. Other:			
	\$ <u>166,500</u>		
	\$ <u>250,000</u>		
<b>10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)</b>		\$	<u>3,909,368</u>
<b>11. STATE MCH BUDGET TOTAL</b>		\$	<u>12,474,031</u>
	(Partnership subtotal + Other Federal MCH Funds subtotal)		

**FORM NOTES FOR FORM 2**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form2\_Main

**Field Name:** CDC

**Row Name:** Other Federal Funds - CDC

**Column Name:**

**Year:** 2013

**Field Note:**

Sexual Violence Prevention & Education \$148,392

Early Hearing Detection and Intervention \$132,001

NH Sudden Unexpected Infant Death

Case Registry Bldg Capacity \$15,000

Pregnancy Risk Access Monitoring System \$164,584

CORE Violence & Injury Prevention \$221,363

TOTAL \$ 681,340

2. **Section Number:** Form2\_Main

**Field Name:** HomeVisiting

**Row Name:** Other Federal Funds - Home Visiting

**Column Name:**

**Year:** 2013

**Field Note:**

2 Home Visiting grants

ACA Maternal, Infant & Early Childhood Home Visiting Program \$1,000,000

ACA Maternal, Infant & Early Childhood Home Visiting Program \$1,461,379

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

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form2)</i>	\$ 2,017,856	\$ 1,997,739	\$ 1,997,739	\$ 2,002,759	\$ 2,002,939	\$ 1,901,381
<b>2. Unobligated Balance</b> <i>(Line2, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form2)</i>	\$ 6,804,855	\$ 6,536,359	\$ 7,170,215	\$ 6,381,079	\$ 6,733,801	\$ 6,422,404
<b>4. Local MCH Funds</b> <i>(Line4, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form2)</i>	\$ 870,000	\$ 729,101	\$ 870,000	\$ 684,495	\$ 870,000	\$ 672,454
<b>6. Program Income</b> <i>(Line6, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>7. Subtotal</b>	\$ 9,692,711	\$ 9,263,199	\$ 10,037,954	\$ 9,068,333	\$ 9,606,740	\$ 8,996,239
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form2)</i>	\$ 777,899	\$ 762,133	\$ 755,805	\$ 757,653	\$ 790,387	\$ 638,730
<b>9. Total</b> <i>(Line11, Form2)</i>	\$ 10,470,610	\$ 10,025,332	\$ 10,793,759	\$ 9,825,986	\$ 10,397,127	\$ 9,634,969
(STATE MCH BUDGET TOTAL)						

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

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form2)</i>	\$ 2,002,759	\$ 1,989,112	\$ 1,987,694	\$	\$ 1,976,838	\$
<b>2. Unobligated Balance</b> <i>(Line2, Form2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
<b>3. State Funds</b> <i>(Line3, Form2)</i>	\$ 7,122,044	\$ 5,727,359	\$ 5,710,745	\$	\$ 5,658,150	\$
<b>4. Local MCH Funds</b> <i>(Line4, Form2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
<b>5. Other Funds</b> <i>(Line5, Form2)</i>	\$ 870,000	\$ 730,445	\$ 888,860	\$	\$ 929,675	\$
<b>6. Program Income</b> <i>(Line6, Form2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
<b>7. Subtotal</b>	\$ 9,994,803	\$ 8,446,916	\$ 8,587,299	\$ 0	\$ 8,564,663	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form2)</i>	\$ 687,964	\$ 729,233	\$ 1,854,258	\$	\$ 3,909,368	\$
<b>9. Total</b> <i>(Line11, Form2)</i>	\$ 10,682,767	\$ 9,176,149	\$ 10,441,557	\$ 0	\$ 12,474,031	\$ 0
(STATE MCH BUDGET TOTAL)						

**FORM NOTES FOR FORM 3**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form3\_Main  
**Field Name:** StateMCHFundsExpended  
**Row Name:** State Funds  
**Column Name:** Expended  
**Year:** 2011  
**Field Note:**  
State of NH imposed significant budget reductions.  
MCH also continued it's effort to seek additional cost saving measures.
2. **Section Number:** Form3\_Main  
**Field Name:** OtherFundsExpended  
**Row Name:** Other Funds  
**Column Name:** Expended  
**Year:** 2011  
**Field Note:**  
Newborn Screening Program  
  
Actual contracted expenditures were less than anticipated.  
The NSP is also developing it's budget to support all related costs in addition to contractual.
3. **Section Number:** Form3\_Main  
**Field Name:** OtherFundsExpended  
**Row Name:** Other Funds  
**Column Name:** Expended  
**Year:** 2010  
**Field Note:**  
Other Funds: Newborn Screening Program - Revenue  
Anticipated revenue was received, but the actual expenses of a contract to Univ Mass for laboratory testing was less than expected, in part, because the contract is based on a per baby basis and the raw number of births has continued to trend downward.
4. **Section Number:** Form3\_Main  
**Field Name:** OtherFedFundsExpended  
**Row Name:** Other Federal Funds  
**Column Name:** Expended  
**Year:** 2011  
**Field Note:**  
Abstinence Education Program  
Grant was not expected when completeing the FY11 MCHBG application, ultimately it was awarded and expenditures occurred.
5. **Section Number:** Form3\_Main  
**Field Name:** OtherFedFundsExpended  
**Row Name:** Other Federal Funds  
**Column Name:** Expended  
**Year:** 2010  
**Field Note:**  
Difference primarily due to two grants:  
1.) Abstinence Educ grant was antcipated, but not funded.  
2.) CISS/SECCS total federal funds authorized was less than anticipated.

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

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 713,863	\$ 756,213	\$ 728,624	\$ 718,602	\$ 712,920	\$ 713,435
b. Infants < 1 year old	\$ 1,212,814	\$ 1,256,990	\$ 1,246,191	\$ 1,199,801	\$ 1,214,601	\$ 1,199,072
c. Children 1 to 22 years old	\$ 3,732,204	\$ 3,642,558	\$ 3,902,334	\$ 3,521,064	\$ 3,765,239	\$ 3,584,202
d. Children with Special Healthcare Needs	\$ 2,490,888	\$ 2,240,801	\$ 2,534,100	\$ 2,352,891	\$ 2,909,998	\$ 2,617,586
e. Others	\$ 1,048,232	\$ 1,022,825	\$ 1,086,790	\$ 935,487	\$ 551,070	\$ 520,006
f. Administration	\$ 494,710	\$ 343,812	\$ 539,915	\$ 340,488	\$ 452,912	\$ 361,938
<b>g. SUBTOTAL</b>	\$ 9,692,711	\$ 9,263,199	\$ 10,037,954	\$ 9,068,333	\$ 9,606,740	\$ 8,996,239
<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	\$ 100,000		\$ 94,644		\$ 94,644	
c. CISS	\$ 140,000		\$ 140,000		\$ 140,000	
d. Abstinence Education	\$ 94,901		\$ 94,901		\$ 94,948	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 322,998		\$ 306,260		\$ 310,795	
j. Education	\$ 0		\$ 0		\$ 0	
k. Home Visiting	\$ 0		\$ 0		\$ 0	
l. Other						
NH Univ Newborn Hear	\$ 120,000		\$ 120,000		\$ 150,000	
<b>III. SUBTOTAL</b>	\$ 777,899		\$ 755,805		\$ 790,387	

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

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 763,762	\$ 655,612	\$ 633,146	\$	\$ 615,233	\$
b. Infants < 1 year old	\$ 1,285,982	\$ 1,105,981	\$ 1,035,351	\$	\$ 1,011,046	\$
c. Children 1 to 22 years old	\$ 3,863,084	\$ 3,339,538	\$ 2,858,518	\$	\$ 2,833,493	\$
d. Children with Special Healthcare Needs	\$ 3,041,788	\$ 2,547,866	\$ 3,348,904	\$	\$ 3,372,123	\$
e. Others	\$ 561,147	\$ 485,707	\$ 406,298	\$	\$ 404,365	\$
f. Administration	\$ 479,040	\$ 312,212	\$ 305,082	\$	\$ 328,403	\$
<b>g. SUBTOTAL</b>	\$ 9,994,803	\$ 8,446,916	\$ 8,587,299	\$ 0	\$ 8,564,663	\$ 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	\$ 100,000		\$ 97,260		\$ 100,000	
c. CISS	\$ 140,000		\$ 140,000		\$ 150,000	
d. Abstinence Education	\$ 0		\$ 93,342		\$ 100,149	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 297,964		\$ 304,200		\$ 681,340	
j. Education	\$ 0		\$ 0		\$ 0	
k. Home Visiting	\$ 0		\$ 0		\$ 2,461,379	
l. Other						
NH Univ Newborn Hear	\$ 150,000		\$ 0		\$ 166,500	
Personal Responsibil	\$ 0		\$ 250,000		\$ 250,000	
ACA Home Visiting	\$ 0		\$ 607,315		\$ 0	
Awareness and Access	\$ 0		\$ 164,033		\$ 0	
NH Univ Newborn He	\$ 0		\$ 198,048		\$ 0	
<b>III. SUBTOTAL</b>	\$ 687,964		\$ 1,854,258		\$ 3,909,368	

**FORM NOTES FOR FORM 4**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** PregWmenExpended  
**Row Name:** Pregnant Women  
**Column Name:** Expended  
**Year:** 2011  
**Field Note:**  
FY2011 Pregnant Wm budget vs expenditures - differ by more than 10%

There were significant budget reductions by the State of NH.

2. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_0\_1Expended  
**Row Name:** Infants <1 year old  
**Column Name:** Expended  
**Year:** 2011  
**Field Note:**  
Budget vs expenditures - differ by more than 10%

There were significant budget reductions by the State of NH

3. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_1\_22Expended  
**Row Name:** Children 1 to 22 years old  
**Column Name:** Expended  
**Year:** 2011  
**Field Note:**  
Budget vs expenditures - differ by more than 10%

There were significant budget reductions by the State of NH

4. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** CSHCNExpended  
**Row Name:** CSHCN  
**Column Name:** Expended  
**Year:** 2011  
**Field Note:**  
Budget vs expenditures - differ by more than 10%

There were significant budget reductions by the State of NH

5. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** CSHCNExpended  
**Row Name:** CSHCN  
**Column Name:** Expended  
**Year:** 2010

**Field Note:**  
"This funding line included both encumbered (contracted) and unencumbered funds. Due to department and state budgetary constraints all unencumbered spending was critically evaluated and limited. This resulted in the discrepancy noted between anticipated spending and actual spending" - per Special Medical Services

6. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** AllOthersBudgeted  
**Row Name:** All Others  
**Column Name:** Budgeted  
**Year:** 2010  
**Field Note:**  
For future reference:

There is difference >10% in the budgeting of "Others" in FY 10 as this has for many years included the Catastrophic Illness Program (CIP) of Special Medical Services. In FY10 budgeting the CIP was moved to the Bureau of Elderly and Adult Services

- DWLC

7. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** AllOthersExpended  
**Row Name:** All Others  
**Column Name:** Expended  
**Year:** 2011  
**Field Note:**  
Budget vs expenditures - differ by more than 10%

There were significant budget reductions by the State of NH

8. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** AdminExpended  
**Row Name:** Administration  
**Column Name:** Expended  
**Year:** 2011  
**Field Note:**  
Budget vs expenditures - differ by more than 10%

Overall program expenditures are considered when calculating Admin costs. Since overall contract expenditures were less than budgeted due to significant reductions by the State of NH, the Admin costs were proportionally less as well.

9. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** AdminExpended

**Row Name:** Administration

**Column Name:** Expended

**Year:** 2010

**Field Note:**

The FFY10 budget as projected was in error. The Title V amount of \$105,555 was duplicated in the total. The total projected was \$452,911, however, the correct amount for admin should have read \$347,356.

**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: NH**

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.)	\$ 3,808,785	\$ 3,599,303	\$ 4,131,934	\$ 3,516,045	\$ 3,660,298	\$ 3,222,818
<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.)	\$ 2,275,996	\$ 2,069,721	\$ 2,340,590	\$ 2,044,145	\$ 2,288,433	\$ 2,128,565
<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.)	\$ 897,243	\$ 935,910	\$ 890,576	\$ 883,804	\$ 851,889	\$ 870,225
<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.)	\$ 2,710,687	\$ 2,658,265	\$ 2,674,854	\$ 2,624,339	\$ 2,806,120	\$ 2,774,631
<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.)	\$ 9,692,711	\$ 9,263,199	\$ 10,037,954	\$ 9,068,333	\$ 9,606,740	\$ 8,996,239

**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: NH**

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.)	\$ 3,533,845	\$ 3,085,437	\$ 2,803,465	\$	\$ 3,039,565	\$
<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.)	\$ 2,298,251	\$ 2,016,029	\$ 1,745,951	\$	\$ 1,761,744	\$
<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.)	\$ 911,878	\$ 805,803	\$ 844,110	\$	\$ 838,849	\$
<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.)	\$ 3,250,829	\$ 2,539,647	\$ 3,193,773	\$	\$ 2,924,505	\$
<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.)	\$ 9,994,803	\$ 8,446,916	\$ 8,587,299	\$ 0	\$ 8,564,663	\$ 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:** 2011  
**Field Note:**  
Budget vs expenditures - differ more than 10%  
  
There were significant budget reductions by the State of NH
2. **Section Number:** Form5\_Main  
**Field Name:** DirectHCExpended  
**Row Name:** Direct Health Care Services  
**Column Name:** Expended  
**Year:** 2010  
**Field Note:**  
Contributing to the overall difference between FFY 10 budgeted vs expended is \$437,480.  
  
1.) "This funding line included both encumbered (contracted) and unencumbered funds. Due to department and state budgetary constraints all unencumbered spending was critically evaluated and limited. This resulted in the discrepancy noted between anticipated spending and actual spending" - per Special Medical Services  
  
2.) The Newborn Screening Program ("other funds") budget in FFY10 / Direct Care was \$870,000. Actual Univ Mass contract expenditure was \$672,454. - contributing approx \$200,000 to the overall difference.
3. **Section Number:** Form5\_Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2011  
**Field Note:**  
Budget vs expenditures - differ by more than 10%  
  
There were significant budget reductions by the State of NH
4. **Section Number:** Form5\_Main  
**Field Name:** PopBasedExpended  
**Row Name:** Population-Based Services  
**Column Name:** Expended  
**Year:** 2011  
**Field Note:**  
Budget vs expenditures - differ by more than 10%  
  
There were significant budget reductions by the State of NH
5. **Section Number:** Form5\_Main  
**Field Name:** InfrastrBuildExpended  
**Row Name:** Infrastructure Building Services  
**Column Name:** Expended  
**Year:** 2011  
**Field Note:**  
Budget vs expenditures - differ by more than 10%  
  
There were significant budget reductions by the State of NH

FORM 6

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

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

STATE: NH

Total Births by Occurrence: 13,080

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	13,045	99.7	22	0	0	
Congenital Hypothyroidism	13,045	99.7	140	8	8	100
Galactosemia	13,045	99.7	6	0	0	
Sickle Cell Disease	13,045	99.7	2	2	2	100
<b>Other Screening (Specify)</b>						
Biotinidase Deficiency	13,045	99.7	6	0	0	
Cystic Fibrosis	13,045	99.7	47	8	8	100
Homocystinuria	13,045	99.7	81	0	0	
Maple Syrup Urine Disease	13,045	99.7	19	0	0	
beta-ketothiolase deficiency	13,045	99.7	1	0	0	
Tyrosinemia Type I	13,045	99.7	14	0	0	
Very Long-Chain Acyl-CoA Dehydrogenase Deficiency	13,045	99.7	2	0	0	
Argininosuccinic Acidemia	13,045	99.7	0	0	0	
Citrullinemia	13,045	99.7	0	0	0	
Isovaleric Acidemia	13,045	99.7	1	0	0	
Propionic Acidemia	13,045	99.7	2	0	0	
Carnitine Uptake Defect	13,045	99.7	4	0	0	
3-Methylcrotonyl-CoA Carboxylase Deficiency	13,045	99.7	2	0	0	
Methylmalonic acidemia (Cbl A,B)	13,045	99.7	2	0	0	
Multiple Carboxylase Deficiency	13,045	99.7	0	0	0	
Trifunctional Protein Deficiency	13,045	99.7	0	0	0	
Glutaric Acidemia Type I	13,045	99.7	3	0	0	
21-Hydroxylase Deficient Congenital Adrenal Hyperplasia	13,045	99.7	55	0	0	
Medium-Chain Acyl-CoA Dehydrogenase Deficiency	13,045	99.7	3	2	2	100
Long-Chain L-3-Hydroxy Acyl-CoA Dehydrogenase Deficiency	13,045	99.7	0	0	0	
3-Hydroxy 3-Methyl Glutaric Aciduria	13,045	99.7	0	0	0	
Methylmalonic Acidemia (Mutase Deficiency)	13,045	99.7	2	0	0	
Argininemia (Arg)	13,045	99.7	3	0	0	
HHH	13,045	99.7	0	0	0	

Ornithine transcarbamylase deficiency	13,045	99.7	0	0	0	
Camitine palmitoyltransferase II deficiency	13,045	99.7	1	0	0	
TOXO	13,045	99.7	1	0	0	
Multiple Acyle-CoA Dehydrogenase Deficiency	13,045	99.7	0	0	0	
<b>Screening Programs for Older Children &amp; Women (Specify Tests by name)</b>						
(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:** Congenital\_Presumptive  
**Row Name:** Congenital  
**Column Name:** Presumptive positive screens  
**Year:** 2013  
**Field Note:**  
80 that were TSH only.
2. **Section Number:** Form6\_Main  
**Field Name:** SickleCellDisease\_Confirmed  
**Row Name:** SickleCellDisease  
**Column Name:** Confirmed Cases  
**Year:** 2013  
**Field Note:**  
Number of confirmed cases is the same as number of presumptive positive screens.

**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: NH**

Number of Individuals Served - Historical Data by Annual Report Year					
Types of Individuals Served	2006	2007	2008	2009	2010
Pregnant Women	2,100	2,119	1,800	1,758	1,746
Infants < 1 year old	14,018	13,897	13,630	13,684	13,390
Children 1 to 22 years old	29,500	30,052	30,000	37,604	37,800
Children with Special Healthcare Needs	3,323	3,582	2,744	2,551	2,614
Others	54,760	55,176	55,000	71,453	72,000
<b>Total</b>	103,701	104,826	103,174	127,050	127,550

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	2,030	71.3	0.0	14.0	14.7	0.0
Infants < 1 year old	13,080	30.2	0.0	59.4	1.8	8.5
Children 1 to 22 years old	32,500	23.0	0.0	52.0	25.0	0.0
Children with Special Healthcare Needs	2,366	50.0	1.0	44.0	5.0	0.0
Others	79,666	23.0	0.0	52.0	25.0	0.0
<b>TOTAL</b>	129,642					

**FORM NOTES FOR FORM 7**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form7\_Main  
**Field Name:** PregWomen\_TS  
**Row Name:** Pregnant Women  
**Column Name:** Title V Total Served  
**Year:** 2013  
**Field Note:**  
Data from Auris PCDF system
2. **Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_TS  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Title V Total Served  
**Year:** 2013  
**Field Note:**  
Estimated from UDS data.
3. **Section Number:** Form7\_Main  
**Field Name:** AllOthers\_TS  
**Row Name:** Others  
**Column Name:** Title V Total Served  
**Year:** 2013  
**Field Note:**  
Estimated from UDS data.

**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: NH**

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	13,080	11,742	208	11	432	7	145	535
Title V Served	2,030	1,796	56	4	19	2	27	126
Eligible for Title XIX	3,890	3,417	104	5	51	2	65	246
<b>INFANTS</b>								
Total Infants in State	13,080	11,742	208	11	432	7	145	535
Title V Served	13,080	11,742	208	11	432	7	145	535
Eligible for Title XIX	3,890	3,417	104	5	51	2	65	246

**II. UNDUPLICATED COUNT BY ETHNICITY**

	<b>HISPANIC OR LATINO (Sub-categories by country or area of origin)</b>							
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(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	12,449	537	104	93	14	122	0	308
Title V Served	1,881	103	23	22	3	29	0	49
Eligible for Title XIX	3,612	234	44	34	5	79	0	116
<b>INFANTS</b>								
Total Infants in State	12,449	537	104	93	14	122	0	308
Title V Served	12,449	537	104	93	14	122	0	308
Eligible for Title XIX	3,612	234	44	34	5	79	0	116

**FORM NOTES FOR FORM 8**

None

**FIELD LEVEL NOTES**

None

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

	<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)852-3345 Ext. 4	(800)852-3345 Ext. 4488	(800)852-3345 Ext. 4488	(800)852-3345 Ext. 4488	(800)852-3345 Ext.4488
2. State MCH Toll-Free "Hotline" Name	CSHCN Toll-Free Information Line				
3. Name of Contact Person for State MCH "Hotline"	Margaret Bernard	Margaret Bernard	Margaret Bernard	Margaret Bernard	Virginia Smith
4. Contact Person's Telephone Number	(603) 271-4488	(603)271-4488	(603)271-4488	(603)271-4488	(603)271-4488
5. Contact Person's Email	mbernard@dhhs.state.nh.us	mbernard@dhhs.state.nh.us	mbernard@dhhs.state.nh.us	mbernard@dhhs.state.nh.us	
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	537	889	1286

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

	<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) 852-3345	(800) 852-3345	(800) 852-3345	(800) 852-3345	(800)852-3345
2. State MCH Toll-Free "Hotline" Name	DHHS Toll-Free Information Line				
3. Name of Contact Person for State MCH "Hotline"	Joanie Foss				
4. Contact Person's Telephone Number	603-271-4537	603-271-4537	603-271-4537	603-271-4537	603-271-4537
5. Contact Person's Email	jfoss@dhhs.state.nh.us	jfoss@dhhs.state.nh.us	jfoss@dhhs.state.nh.us		
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	6000	6000	5500

**FORM NOTES FOR FORM 9**

None

**FIELD LEVEL NOTES**

None

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

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

The Title V program is located in the NH Department of Health and Human Services. It is divided between the Maternal and Child Health Section (MCH) located within the Division of Public Health Services and the Special Medical Services Unit (SMS) located within the Division of Community Based Services. Guided by a Memorandum of Understanding, administration of the Block Grant is assigned jointly to MCH for services to women, infants and children, and to SMS for children and youth with special health care needs. Together both components of the Title V program provide direct, enabling, population based, and infrastructure building services in the following areas: maternal and child health; children with special health care needs; family planning; perinatal health; primary care; adolescent health; teen pregnancy prevention; home visiting; health and safety in child care; injury prevention; early hearing detection and intervention; and newborn screening.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ <u>1,976,838</u>
3. Unobligated balance (Line 2, Form 2)	\$ <u>0</u>
4. State Funds (Line 3, Form 2)	\$ <u>5,668,150</u>
5. Local MCH Funds (Line 4, Form 2)	\$ <u>0</u>
6. Other Funds (Line 5, Form 2)	\$ <u>929,675</u>
7. Program Income (Line 6, Form 2)	\$ <u>0</u>
<b>8. Total Federal-State Partnership (Line 8, Form 2)</b>	<b>\$ <u>8,564,663</u></b>

9. Most significant providers receiving MCH funds

	<u>University of New Hampshire</u>
	<u>Trustees of Dartmouth College</u>
	<u>NH's Community Health Centers</u>

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

a. Pregnant Women	<u>2,030</u>
b. Infants < 1 year old	<u>13,080</u>
c. Children 1 to 22 years old	<u>32,500</u>
d. CSHCN	<u>2,366</u>
e. Others	<u>79,666</u>

11. Statewide Initiatives and Partnerships:

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

Through contracts with community agencies, MCHs, Prenatal, Family Planning, Child Health and Home Visiting Programs provide direct care and enabling services to women, families and children. Home Visiting New Hampshire provides education and support to pregnant women on Medicaid throughout their pregnancy and up to the infant's first birthday. Home visits are made by nurses, social workers, and paraprofessionals. Special emphasis is placed on smoking cessation, decreasing subsequent pregnancies, and maternal depression. With the advent of the Maternal Infant Early Childhood (MIEC) Home Visiting program, the home visiting systems in NH have been strengthened and efforts have been concentrated in areas of disparate need. Special Medical Services supports statewide systems for Neuromotor Specialty Clinics and Child Development Specialty Clinics. SMS supports a network of nutrition, feeding & swallowing assessment/treatment services and psychology/psychiatry consultation. Special Medical Services collaborates with 10 area agencies serving families with children in ESS and with developmental disabilities. SMS maintains a statewide system that provides community-based care coordination, as well as administering the Partners in Health program, a project providing family support and community integration in 12 communities serving families of children with chronic conditions.

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

MCH prenatal outreach is ongoing. MCH and the WVC Program continues to promote TEXT4Baby, an innovative mobile phone based health promotion program for pregnant and parenting women. Although the NH SIDS continues to actively engage in professional education, especially of child care workers, the program now is focused on SIDS/SUID Fatality Review and Data Collection. Child health personnel promote breastfeeding in SIDS risk reduction outreach efforts. MCH and SMS have jointly worked on workgroups of the new Autism Council and are coordinating efforts as part of a statewide Autism Plan. The Injury Prevention Program (IPP) provides information to the public and media on prevention of motor vehicle crash injuries and child passenger safety. MCH staff are active participants in promoting and utilizing the State Suicide Prevention Plan; participating on the NH Youth Suicide Prevention Advisory Assembly; and supporting community-based interventions after a visible suicide in a community. The IPP supports domestic and sexual violence centers to facilitate programs on sexual and intimate partner violence. With the support of a new CORE VIPP initiative from CDC, MCH has additional resources for population based messaging and surveillance. The Newborn Screening Program continues to provide education and technical assistance for hospitals and healthcare providers throughout the state to assure that every newborn is screened and receives appropriate follow-up, when indicated. The EHDI program assists hospitals to establish screening programs, through the provision of hospital guidelines, education, and technical assistance. Special Medical Services provides nutrition outreach education activities for children with diabetes and cystic fibrosis. Special Medical Services has received MCHB funding through a State Implementation Grant to improve the system of care for children/youth with Epilepsy/Seizure disorders.

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

One of the most significant efforts of NH's Title V program is the support of a network of 13 community health centers and three healthcare for the homeless programs throughout the state. Title V funds enable the community health centers to develop innovative plans and new relationships for integrating oral health and primary care as well as mental health care and primary care. Title V funds are often the "glue" that enable health centers to do outreach, build systems, and meet the unique needs of vulnerable populations that are not covered by fees for service for direct care. The NH SSDI project is leading efforts to provide increased data capacity for MCH. Projects include data linkages in the EHDI program, Newborn Screening Program, the new MIEC Home Visiting Program and a web based prenatal data collection and linkage process. The Early Childhood Comprehensive Systems (ECCS) project has developed with partners throughout the state the ECCS Implementation Plan that focuses on infrastructure building across domains in coordination with the NH Early Childhood Advisory Council, called SPARK NH. As part of ECCS, Healthy Child Care NH trains and supports health consultants to work with child care programs to improve health and safety in childcare. MCH collaborates with SCHIP program to improve outreach and enrollment of children in Healthy Kids. AS NH transitions to Medicaid Managed care, those relationships with community health centers and in the field health workers, like home visitors, will be invaluable. MCH and SMS financially supports continued planning of communities in response to infant mental health concerns. SMS participates as a state advisory representative on the Bureau of Behavioral Health's Mental Health Planning Advisory Council. SMS provides support for the activities of the Center for Medical Home Improvement (Crotched Mountain). Through the activities of the Health Care Transition Project, consultation is offered to pediatric practices needing assistance with planning for youth and young adults. SMS works with the New Hampshire Pediatric Society and other collaborators to provide education and develop health transition services and this year has

provided Open Forums on Universal Developmental Screening. SMS has received AOA funding and has been working collaboratively with a variety of DHHS agencies on statewide competency based training and the creation of a statewide coalition for respite care across the lifespan.

12. The primary Title V Program contact person:

Name Patricia McCrory/Tilley  
Title MCH Administrator/ Title V Director  
Address 29 Hazen Drive  
City Concord  
State NH  
Zip 03301  
Phone 603-271-4526  
Fax 603-271-4519  
Email ptilley@dhhs.state.nh.us  
Web www.dhhs.nh.gov/dphs/bchs/mch/

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

Name Elizabeth Collins  
Title SMS Administrator/ Title V CSHCN Director  
Address 129 Pleasant St  
City Concord  
State NH  
Zip 03301  
Phone 603-271-8181  
Fax 603-271-4902  
Email ecollins@dhhs.state.nh.us  
Web www.dhhs.nh.gov/dobcs/bds/sms/

**FORM NOTES FOR FORM 10**

None

**FIELD LEVEL NOTES**

None

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

Form Level Notes for Form 11

This indicator represents the actual number of individuals completing the Lifespan respite web based training curriculum.

**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	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Annual Indicator	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Numerator	<u>23</u>	<u>23</u>	<u>27</u>	<u>14</u>	<u>20</u>
Denominator	<u>23</u>	<u>23</u>	<u>27</u>	<u>14</u>	<u>20</u>
Data Source		screening records	screening records	screening records	screening records
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5					
and therefore a 3-year moving average cannot be applied.					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Final

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

Field Level Notes

None

**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	55.9	61	60	60	60
Annual Indicator	60	60	60	60	74.9
Numerator					
Denominator					
Data Source		National Survey of CSHCN 2005-2006	National Survey of CSHCN 2005-2006	National Survey of CSHCN 2005-2006	2009/2010 National Survey of CSHCN
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.  <i>(Explain data in a year note. See Guidance, Appendix IX.)</i></p>					
Is the Data Provisional or Final?				Final	Final

<b>Annual Objective and Performance Data</b>					
	2012	2013	2014	2015	2016
Annual Performance Objective	75	75	75	75	79
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.



**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)

	<b>Annual Objective and Performance Data</b>				
	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	62.9	68	67	67	68
<b>Annual Indicator</b>	67.3	67.3	67.3	67.3	66.2
<b>Numerator</b>					
<b>Denominator</b>					
<b>Data Source</b>		National Survey of CSHCN 2005-2006	National Survey of CSHCN 2005-2006	National Survey of CSHCN 2005-2006	2009/2010 National Survey of CSHCN
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)</p>					
<b>Is the Data Provisional or Final?</b>				Final	Final

	<b>Annual Objective and Performance Data</b>				
	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	66.5	66.5	66.5	66.5	70
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

**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.

**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	<u>79.4</u>	<u>86</u>	<u>86</u>	<u>86</u>	<u>86</u>
Annual Indicator	<u>85.8</u>	<u>85.8</u>	<u>85.8</u>	<u>85.8</u>	<u>67</u>
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source		National Survey of CSHCN 2005-2006	National Survey of CSHCN 2005-2006	National Survey of CSHCN 2005-2006	2009/2010 National Survey of CSHCN
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>67</u>	<u>67</u>	<u>67</u>	<u>67</u>	<u>70</u>
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.

**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	5.9	52	52	52	52
Annual Indicator	51.6	51.6	51.6	51.6	49
Numerator					
Denominator					
Data Source		National Survey of CSHCN 2005-2006	National Survey of CSHCN 2005-2006	National Survey of CSHCN 2005-2006	2009/2010 National Survey of CSHCN

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	50	50	50	50	55
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.

**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>87</u>	<u>82</u>	<u>85</u>	<u>85</u>	<u>86</u>
Annual Indicator	<u>76.3</u>	<u>84.6</u>	<u>81.0</u>	<u>75.8</u>	<u>86.8</u>
Numerator	<u>10,860</u>	<u>12,041</u>	<u>11,528</u>	<u>10,788</u>	
Denominator	<u>14,233</u>	<u>14,233</u>	<u>14,233</u>	<u>14,233</u>	
Data Source		CDC Survey	CDC Survey	CDC Survey	HRSA Email sent 5/16/12

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>87</u>	<u>88</u>	<u>89</u>	<u>90</u>	<u>91</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:**

Rate is for vaccination coverage for the 4:3:1:3:3 series among children 19 to 35 months, US National Immunization Survey 2010, per recommendation of Vanessa Lee (HRSA) in email sent May 16, 2012. Unlike previous years, MCH did not adjust CDC rate according to its most recent two-year old Census Population figure. Rate of 86.8 is + or - 5.9.

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

**Field Name:** PM07

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Data is from Colleen Haggerty of the NH Immunization Program. 75.8% represents the mid-year National Immunization Survey rate for Qtr3/2009-Qtr2/2010. The rate is for 4:3:1:3:3:1:4 (DTaP4; JPV3; MMRI; Hib3; HepB3; Var1; PCV4). This puts NH at #1 in the country. If Hib is removed from the survey due to an issue with how the Hib series is assessed on an up-to-date status, the NH rate for 4:3:1:0:3:1:4 stays at 75.8%. In this case, the NH ranking drops to 7 or 8, however.

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

**Field Name:** PM07

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

The numerator was obtained by using the most recent CDC National Immunization Survey rate for NH (Qtr 1/2009-Qtr 4/2009) - available from the NH Immunization Program for 4:3:1:3:3:1 - and applying it to the denominator. The denominator is two year olds in NH in 2007, from the US Bureau of the Census Estimates Branch.

**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	6.9	7.3	7.2	7.5	6.7
Annual Indicator	7.4	7.7	6.8	6.0	6.0
Numerator	203	212	187	164	164
Denominator	27,473	27,473	27,473	27,155	27,155
Data Source		Birth data	Birth data	Birth data	Birth 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 Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	5.9	5.8	5.7	5.6	5.5
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

1. Section Number: Form11\_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2011

Field Note:

Out of state data is unavailable. 2010 data is used as an estimate.

2. Section Number: Form11\_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2010

Field Note:

Updated with 2010 birth data. Last year, 2009 was used as an estimate. Denominator is from latest ACS 2008-2010 survey.

**PERFORMANCE MEASURE # 09**

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

	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	42.4	42.4	44	54.5	54.5
<b>Annual Indicator</b>	42.4	42.4	54.5	54.5	54.5
<b>Numerator</b>	249	249	1,644	1,644	1,644
<b>Denominator</b>	587	587	3,015	3,015	3,015
<b>Data Source</b>		2006 3rd grade survey	2009 3rd grade survey	2009 3rd grade survey	2009 3rd grade 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.)					
<b>Is the Data Provisional or Final?</b>				Final	Final

	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	54.5	54.5	60	60	60
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

**1. Section Number:** Form11\_Performance Measure #9

**Field Name:** PM09

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Statewide oral health data for NPM #9 is generally collected every five years through the Oral Health Survey of Third Grade Children. The data for 2011 is the same as for 2009 and 2010. Future objectives reflect the fact that new data will not be available until 2014.

Please note: statewide prevalence estimates are weighted to represent NH third grade students, and to account for selection probability and non-response. Using the weighting, the result for this measure is 60.4%, not 54.5.

**2. Section Number:** Form11\_Performance Measure #9

**Field Name:** PM09

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Statewide oral health data for NPM #9 and SPM #4 is generally collected every five years through the Oral Health Survey of Third Grade Children. The data for 2010 is the same as for 2009.

Please note: statewide prevalence estimates are weighted to represent NH third grade students, and to account for selection probability and non-response. Using the weighting, the result for this measure is 60.4%, not 54.5.

**3. Section Number:** Form11\_Performance Measure #9

**Field Name:** PM09

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Statewide oral health data for NPM #9 and SPM #4 is generally collected every five years through the Oral Health Survey of Third Grade Children. The data for 2009 is the same as for 2008.

Please note: statewide prevalence estimates are weighted to represent NH third grade students, and to account for selection probability and non-response. Using the weighting, the result for this measure is 60.4%, not 54.5.

**PERFORMANCE MEASURE # 10**

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	60	80	0	0	0
Annual Indicator	1.2	1	1	1	1
Numerator	3				
Denominator	241,716				
Data Source		Vital Records	Vital Records	Vital Records	Vital Records

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

Is the Data Provisional or Final?

Yes Yes Yes  
 Provisional Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	0.8	0.6	0.4	0.2	0
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

**1. Section Number:** Fom11\_Performance Measure #10

**Field Name:** PM10

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Calendar year 2011 out of state data is unavailable. 2008 is the most recent final data.

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Samiento K. State Injury Indicators: Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

At the annual federal review in August of 2009, it was decided that it would be more appropriate for NH to use the small numbers box than to use the Standard Ratio Methodology as outlined in the Block Grant guidance. The small numbers box is used when "there are fewer than 5 events and when the average number of events over the last 3 years is fewer than 5, and therefore a 3-year moving average cannot be applied".

**2. Section Number:** Fom11\_Performance Measure #10

**Field Name:** PM10

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Calendar year 2010 out of state data is unavailable.

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Samiento K. State Injury Indicators: Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

At the annual federal review in August of 2009, it was decided that it would be more appropriate for NH to use the small numbers box than to use the Standard Ratio Methodology as outlined in the Block Grant guidance. The small numbers box is used when "there are fewer than 5 events and when the average number of events over the last 3 years is fewer than 5, and therefore a 3-year moving average cannot be applied".

**3. Section Number:** Fom11\_Performance Measure #10

**Field Name:** PM10

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Samiento K. State Injury Indicators: Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

Calendar year 2009 is unavailable. At the annual federal review in August of 2009, it was decided that it would be more appropriate for NH to use the small numbers box than to use the Standard Ratio Methodology as outlined in the Block Grant guidance. The small numbers box is used when "there are fewer than 5 events and when the average number of events over the last 3 years is fewer than 5, and therefore a 3-year moving average cannot be applied".

**PERFORMANCE MEASURE # 11**

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

**Annual Objective and Performance Data**

	2007	2008	2009	2010	2011
Annual Performance Objective	45	50	49	56	52
Annual Indicator	48.7	46.8	55.1	50	58.2
Numerator					
Denominator					
Data Source		CDC report card	CDC report card	CDC report card	CDC report card

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	60	62	64	66	68
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #11  
**Field Name:** PM11  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Data is from the CDC Breast Feeding Report Card, 2011: Outcome Indicators (www.cdc.gov). A numerator and denominator are not available.
  
2. **Section Number:** Form11\_Performance Measure #11  
**Field Name:** PM11  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Data is from the CDC Breast Feeding Report Card, 2010: Outcome Indicators (www.cdc.gov). A numerator and denominator are not available.
  
3. **Section Number:** Form11\_Performance Measure #11  
**Field Name:** PM11  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Data is from the CDC Breast Feeding Report Card, 2009: Outcome Indicators (www.cdc.gov). A numerator and denominator are not available.

**PERFORMANCE MEASURE # 12**

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

	<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>	<u>98</u>	<u>99</u>	<u>98</u>	<u>98</u>	<u>98</u>
<b>Annual Indicator</b>	<u>98.2</u>	<u>97.4</u>	<u>97.3</u>	<u>97.5</u>	<u>97.4</u>
<b>Numerator</b>	<u>13,683</u>	<u>13,279</u>	<u>12,968</u>	<u>12,702</u>	<u>12,549</u>
<b>Denominator</b>	<u>13,937</u>	<u>13,629</u>	<u>13,327</u>	<u>13,027</u>	<u>12,880</u>
<b>Data Source</b>		screening records	screening records	screening records	screening records
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.  <i>(Explain data in a year note. See Guidance, Appendix IX.)</i></p>					
<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>	<u>98</u>	<u>98</u>	<u>98.5</u>	<u>98.5</u>	<u>99</u>
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

- Section Number:** Form11\_Performance Measure #12  
**Field Name:** PM12  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Numerator is actual number of infants screened. Denominator is number of occurent births.
- Section Number:** Form11\_Performance Measure #12  
**Field Name:** PM12  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Numerator is actual number of infants screened. Denominator is number of occurent births.
- Section Number:** Form11\_Performance Measure #12  
**Field Name:** PM12  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Numerator is actual number of infants screened. Denominator is number of occurent births.

**PERFORMANCE MEASURE # 13**

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	5.5	5.5	4	4	4
Annual Indicator	6.0	4.3	4.3	4.0	5.0
Numerator	19,402	12,921	12,921	11,900	14,000
Denominator	323,309	298,439	298,439	297,500	280,000
Data Source		2007 Nat'l Survey of Children's Health	2007 Nat'l Survey	Kaiser Foundation State Health Facts	Kaiser Foundation State Health Facts
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	4	4	4	4	4
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

- Section Number: Form11\_Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2011

Field Note:

Data is from the Kaiser Family Foundation State Health Facts: "New Hampshire: Health Insurance Coverage of Children 0-18, States (2009-2010), US (2010)

<http://www.statehealthfacts.org>

- Section Number: Form11\_Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2010

Field Note:

Data is from the Kaiser Family Foundation State Health Facts: "New Hampshire: Health Insurance Coverage of Children 0-18, States (2008-2009), US (2009)

<http://www.statehealthfacts.org>

- Section Number: Form11\_Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2009

Field Note:

Data is from the 2007 National Survey of Children's Health, a project of the Child and Adolescent Health Measurement Initiative.

There are multiple sources for the uninsured population - with discrepant results. For example, the Kaiser Family Foundation Website ([statehealthfacts.org](http://statehealthfacts.org)) shows 5.1% uninsured children in NH. Their uninsured estimates are based on the Census Bureau's March 2007 and 2008 Current Population Survey (CPS: Annual Social and Economic Supplements).

We have chosen to use the number from a national survey instead of census estimates.

**PERFORMANCE MEASURE # 14**

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

	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	35	33	32	31	30
<b>Annual Indicator</b>	33.6	32.5	32.2	31.3	31.5
<b>Numerator</b>	2,437	2,691	2,886	2,668	2,598
<b>Denominator</b>	7,254	8,286	8,963	8,621	8,249
<b>Data Source</b>		NH WIC program	NH WIC Program	NH WIC Program	NH WIC Program

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Final

	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	29	28	27	27	26
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #14  
**Field Name:** PM14  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Data is from Lisa Richards, NH WIC program, from CDC Pediatric Nutrition Surveillance System.
  
2. **Section Number:** Form11\_Performance Measure #14  
**Field Name:** PM14  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Data is from Lisa Richards, NH WIC program, from CDC Pediatric Nutrition Surveillance System.
  
3. **Section Number:** Form11\_Performance Measure #14  
**Field Name:** PM14  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Data is from Lisa Richards, NH WIC program, from CDC Pediatric Nutrition Surveillance System.

**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	12	13	12	11.5	11
Annual Indicator	13.3	12.0	11.6	11.9	11.9
Numerator	1,681	1,627	1,542	1,529	1,529
Denominator	12,621	13,606	13,319	12,797	12,797
Data Source		Birth Certificate	Birth Certificate	Birth Certificate	Birth Certificate

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	11.5	11	10.5	10	9.5
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

1. Section Number: Form11\_Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2011

Field Note:

Out of state data is unavailable. 2010 data is used as an estimate.

2. Section Number: Form11\_Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2010

Field Note:

Updated with 2010 data. In last year's application, this was estimated from 2009 data.

**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	<u>102</u>	<u>30</u>	<u>0</u>	<u>2</u>	<u>7</u>
Annual Indicator	<u>5.1</u>	<u>3</u>	<u>8.9</u>	<u>8.9</u>	<u>8.9</u>
Numerator	<u>5</u>		<u>9</u>	<u>9</u>	<u>9</u>
Denominator	<u>98,207</u>		<u>100,630</u>	<u>100,630</u>	<u>100,630</u>
Data Source		Vital Records	Vital Records	Vital Records	Vital Records

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>7</u>	<u>6</u>	<u>5</u>	<u>4</u>	<u>3</u>
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

- Section Number:** Form11\_Performance Measure #16  
**Field Name:** PM16  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Out of state data is unavailable. 2009 data is used as an estimate.
- Section Number:** Form11\_Performance Measure #16  
**Field Name:** PM16  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Out of state data is unavailable. 2009 data is used as an estimate.
- Section Number:** Form11\_Performance Measure #16  
**Field Name:** PM16  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Starting with the year 2005, NH is using the following document as guidance for injury data:  
 Johnson RL, Thomas KE, Samiento K. State Injury Indicators: Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

**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	<u>86</u>	<u>79</u>	<u>89</u>	<u>90</u>	<u>83</u>
Annual Indicator	<u>78.0</u>	<u>87.5</u>	<u>81.3</u>	<u>78.2</u>	<u>78.2</u>
Numerator	<u>92</u>	<u>91</u>	<u>87</u>	<u>86</u>	<u>86</u>
Denominator	<u>118</u>	<u>104</u>	<u>107</u>	<u>110</u>	<u>110</u>
Data Source		Birth Certificate	Birth Certificate	Birth Certificate	Birth Certificate

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>87</u>	<u>88</u>	<u>89</u>	<u>90</u>	<u>91</u>
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

- Section Number:** Form11\_Performance Measure #17  
**Field Name:** PM17  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Out of state data is unavailable. Data from 2010 is used as an estimate
- Section Number:** Form11\_Performance Measure #17  
**Field Name:** PM17  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Updated with 2010 data. In last year's application, data was estimated using 2009 data.

**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	<u>82</u>	<u>83</u>	<u>84</u>	<u>84</u>	<u>85</u>
Annual Indicator	<u>82.0</u>	<u>82.7</u>	<u>83.6</u>	<u>83.5</u>	<u>83.5</u>
Numerator	<u>9,233</u>	<u>8,960</u>	<u>8,986</u>	<u>8,504</u>	<u>8,504</u>
Denominator	<u>11,263</u>	<u>10,837</u>	<u>10,753</u>	<u>10,183</u>	<u>10,183</u>
Data Source		Birth Certificate	Birth Certificate	Birth Certificate	Birth Certificate

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>84</u>	<u>85</u>	<u>86</u>	<u>87</u>	<u>89</u>
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:

Out of state data is unavailable. Data from 2010 is used as an estimate.

2. Section Number: Form11\_Performance Measure #18

Field Name: PM18

Row Name:

Column Name:

Year: 2010

Field Note:

Updated for FY13 application. In the FY12 application, 2009 data was used as an estimate.

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

**Form Level Notes for Form 11**

This indicator represents the actual number of individuals completing the Lifespan respite web based training curriculum.

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

The rate of psychotherapy visits for adolescents ages 12-18 years, with a diagnosed mental health disorder

<u>Annual Objective and Performance Data</u>					
	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	_____	_____	_____	_____	48
<b>Annual Indicator</b>	_____	_____	_____	45.7	45.7
<b>Numerator</b>	_____	_____	_____	4,086	4,086
<b>Denominator</b>	_____	_____	_____	8,939	8,939
<b>Data Source</b>				NH Medicaid Claims Data	NH Medicaid Claims Data
<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>	50	52	54	56	58
<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 #1
- Field Name:** SM1
- Row Name:**
- Column Name:**
- Year:** 2011
- Field Note:**  
2011 data is unavailable, so 2010 data is used.

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

Percent of 3rd grade children who are overweight or obese

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	_____	_____	_____	_____	33.6
<b>Annual Indicator</b>	_____	_____	33.6	33.6	33.6
<b>Numerator</b>	_____	_____	1,037	1,037	1,037
<b>Denominator</b>	_____	_____	3,082	3,082	3,082
<b>Data Source</b>			NH 3rd Grade Healthy Smiles Healthy Growth Survey	NH 3rd Grade Healthy Smiles Healthy Growth Survey	NH 3rd Grade Healthy Smiles Healthy Growth 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>	33.6	33.6	30	30	30
<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 #2

**Field Name:** SM2

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

No new data for 2011. Survey will not be repeated until 2014, as long term changes are not statistically significant in a short time frame.

Objectives are based on the NH Comprehensive Cancer Collaboration's Cancer Control Plan (2010-2011) that says "Reduce the average biennial increase in prevalence of overweight and obese youth to 0 %".

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

**Field Name:** SM2

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

No new data for 2010. Survey will not be repeated until 2014, as long term changes are not statistically significant in a short time frame.

Objectives are based on the NH Comprehensive Cancer Collaboration's Cancer Control Plan (2010-2011) that says "Reduce the average biennial increase in prevalence of overweight and obese youth to 0 %".

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

**Field Name:** SM2

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data is from the New Hampshire "Third Grade Healthy Smiles-Healthy Growth Survey" conducted between September, 2008 and June, 2009. ([www.dhhs.state.nh.us/DHHS/NHP/obesity.htm](http://www.dhhs.state.nh.us/DHHS/NHP/obesity.htm))

Numerator is number of children considered obese and number considered overweight using CDC's BMI-for-age growth chart percentiles and classifications. Denominator is number of consenting NH third graders participating in the survey.

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

Percent of 18-25 year olds reporting binge alcohol use in the past month

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	_____	_____	_____	_____	51
<b>Annual Indicator</b>	_____	53.7	53.7	53.7	53.6
<b>Numerator</b>	_____	72,000	72,000	72,000	72,000
<b>Denominator</b>	_____	134,153	134,153	134,153	134,453
<b>Data Source</b>		National Survey on Drug Use and Health			
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

  

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	49	47	45	43	42
<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 #3

**Field Name:** SM3

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Data is the most recent from the National Survey on Drug Use and Health. This data is 2007. Indicator for 2006 was 51%.

2. **Section Number:** Form11\_State Performance Measure #3

**Field Name:** SM3

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Data is the most recent from the National Survey on Drug Use and Health. This data is 2007. Indicator for 2006 was 51%.

3. **Section Number:** Form11\_State Performance Measure #3

**Field Name:** SM3

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data is the most recent from the National Survey on Drug Use and Health. This data is 2007. Indicator for 2006 was 51%.

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

Percent of Community Health Centers providing on-site behavioral health services

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	_____	_____	_____	_____	100
<b>Annual Indicator</b>	_____	_____	_____	100.0	100.0
<b>Numerator</b>	_____	_____	_____	15	14
<b>Denominator</b>	_____	_____	_____	15	14
<b>Data Source</b>				Email survey of contracted CHCs	Email survey of contracted CHCs
<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>	100	100	100	100	100
<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 #4

**Field Name:** SM4

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Data obtained from May, 2011 email survey to the 13 state-funded Community Health Centers, plus 1 pediatric primary care agency, assessing level of on-site behavioral health services. Options were:

- Tier 1: Formal process (i.e., MOU/A) for referring health center patient population to services
- Tier 2: On site services based on health center sliding fee scale available to some, but not all, populations of patients
- Tier 3: Fully integrated services based on health center sliding fee scale available to all patients.

One (Pediatric Primary Care) agency falls into both Tier 1 and Tier 2. One falls into Tier 2 for 2 of its 3 sites, and Tier 3 for its third site. The other 12 are in Tier 3.

**2. Section Number:** Form11\_State Performance Measure #4

**Field Name:** SM4

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Data obtained from May, 2011 email survey to the 15 state-funded Community Health Centers, assessing level of on-site behavioral health services. Options were:

- Tier 1: Formal process (i.e., MOU/A) for referring health center patient population to services
- Tier 2: On site services based on health center sliding fee scale available to some, but not all, populations of patients
- Tier 3: Fully integrated services based on health center sliding fee scale available to all patients.

Five agencies indicated Tier 2. Ten agencies indicated Tier 3. All fifteen indicated on-site services.

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

The percent of parents who self-report that they completed a standardized, validated screening tool used to identify children at risk for developmental, behavioral or social delays

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	_____	_____	_____	_____	28
<b>Annual Indicator</b>	_____	26.5	26.5	26.5	26.5
<b>Numerator</b>	_____	18,921	18,921	18,921	18,921
<b>Denominator</b>	_____	71,450	71,450	71,450	71,450
<b>Data Source</b>		National Survey of Children's Health			
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	30	32	34	36	38
<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 #5  
**Field Name:** SM5  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 The most recent data available is for 2007. Data is currently being collected for 2011-2012. Expected release date of 2011 data is January, 2013.
- Section Number:** Form11\_State Performance Measure #5  
**Field Name:** SM5  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Data is from 2007, the most recent available.
- Section Number:** Form11\_State Performance Measure #5  
**Field Name:** SM5  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Data is from 2007, the most recent available.

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

The rate (per 100,000) of emergency department visits among youths aged 15-19 resulting from being an occupant in a motor vehicle crash

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	<u>2,300</u>	<u>2,200</u>	<u>2,100</u>	<u>2,000</u>	<u>1,775</u>
<b>Annual Indicator</b>	<u>1,807.3</u>	<u>1,794.2</u>	<u>1,794.2</u>	<u>1,402.1</u>	<u>1,402.1</u>
<b>Numerator</b>	<u>1,753</u>	<u>1,762</u>	<u>1,762</u>	<u>1,394</u>	<u>1,394</u>
<b>Denominator</b>	<u>96,995</u>	<u>98,207</u>	<u>98,207</u>	<u>99,421</u>	<u>99,421</u>
<b>Data Source</b>		Vital Records	Vital Record	Vital Record	Vital Record
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	<u>1,400</u>	<u>1,350</u>	<u>1,300</u>	<u>1,250</u>	<u>1,200</u>
<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 #6

**Field Name:** SM6

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Most recent \*updated\* data is 2008. This is used as an estimate for 2011.

2. **Section Number:** Form11\_State Performance Measure #6

**Field Name:** SM6

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Most recent \*updated\* data is 2008. This is used as an estimate for 2010.

3. **Section Number:** Form11\_State Performance Measure #6

**Field Name:** SM6

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Out of state data is unavailable. Final 2008 data is used as an estimate.

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

Percent of households identified with environmental risks that receive healthy homes assessments.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	_____	_____	_____	_____	100
<b>Annual Indicator</b>	_____	_____	_____	74.5	62.7
<b>Numerator</b>	_____	_____	_____	38	37
<b>Denominator</b>	_____	_____	_____	51	59
<b>Data Source</b>				Staff assessments	Healthy Homes & Lead Poisoning Prevention Progra
<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>	100	100	100	100	100
<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 #7

**Field Name:** SM7

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Re future objectives: any number would be invalid, thus 100 has been used as a "placeholder". Not entering a number was not possible to complete this measure.

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

**Field Name:** SM7

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Since the New Hampshire Healthy Homes and Lead Poisoning Prevention Program (HHLPPP) started conducting healthy homes assessments on September 1, 2010, the HHLPPP has conducted 51 assessments to date. Of those 51 assessments, which are initially conducted on the home of a child with an elevated blood lead level, 38 homes or 75% were found to have an additional environmental health hazard.

The healthy homes assessment questionnaire was developed in cooperation with the CDC and additional state stakeholders. The data currently being collected includes education performed with the residents, and referrals made to other agencies to mitigate additional environmental hazards found within the home during the initial healthy homes assessment. Data is based on HHLPPP staff assessments only.

The HHLPPP is currently working with the CDC to get the Healthy Homes and Lead Poisoning Surveillance System (HHLPPSS) installed and operational for the second year of data collection. The HHLPPP estimates that the initial testing and deployment will be finished by December 31, 2011. This estimate is based on the time it has taken other states to test and deploy the HHLPPSS. Once the installation of the HHLPPSS is complete, the HHLPPP will begin pursuing additional assessments from contracted agencies. At this time, however, there is no mechanism to collect, store and analyze healthy homes assessment data from other stakeholders.

PLEASE NOTE re future objectives: any number would be invalid, thus 100 has been used as a "placeholder". Not entering a number was not possible to complete this measure.

**STATE PERFORMANCE MEASURE # 8 - REPORTING YEAR**

The percent of public water systems that optimally fluoridate the water system on a monthly basis.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	_____	_____	_____	_____	_____ 4
<b>Annual Indicator</b>	_____	_____	20.0	30.0	10.0
<b>Numerator</b>	_____	_____	2	3	1
<b>Denominator</b>	_____	_____	10	10	10
<b>Data Source</b>			NH Dept of Environmental Svcs	NH Dept. of Environmental Svcs	NH Dept. of Environmental Svcs
<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>	_____ 3	_____ 4	_____ 5	_____ 6	_____ 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**

- Section Number:** Form11\_State Performance Measure #8

**Field Name:** SM8

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

For reporting year 2011, the numerator (number of systems that optimally fluoridate 80% of the days measured and reported each month) has dropped to one. The DPHS Oral Health Program believes the decline in optimal fluoridation is because the US Department of Health and Human Services has not yet released it's final recommended level of added fluoride required to reach a new optimal range for community water fluoridation. The Oral Health Program has worked closely this year with the NH Department of Environmental Services, Drinking Water and Ground Water Bureau, to standardize community reporting and data entry in order to ease management of the Water Fluoride Reporting System (WFRS.)

With improved reporting and data entry, the Oral Health Program plans to rewrite the State Performance Measure next year to identify fluoridated communities within the range of optimal fluoride levels ten months each year.

- Section Number:** Form11\_State Performance Measure #8

**Field Name:** SM8

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

To achieve optimal community water fluoridation a water system must test the water for fluoride 80% of the days in each month. Fluoride levels must be within the optimal fluoride range 80% of the days when the water is tested. Denominator is number of community water systems that fluoridate.

- Section Number:** Form11\_State Performance Measure #8

**Field Name:** SM8

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

To achieve optimal community water fluoridation a water system must test the water for fluoride 80% of the days in each month. Fluoride levels must be within the optimal fluoride range 80% of the days when the water is tested. Denominator is number of community water systems that fluoridate.

**STATE PERFORMANCE MEASURE # 9 - REPORTING YEAR**

REVISED: The number of individuals who have completed a competency based training for respite providers.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective				36	15
Annual Indicator				9	14
Numerator					
Denominator					
Data Source				SMS Training Record & CDS	SMS Training Records
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	20	20	20	20	25
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
Numerator	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
Denominator	those measures on Form 11 for the new needs assessment period.				

**Field Level Notes**

1. **Section Number:** Form11\_State Performance Measure #9

**Field Name:** SM9

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

This is a manual indicator, therefore the numerator and denominator fields are blank

2. **Section Number:** Form11\_State Performance Measure #9

**Field Name:** SM9

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

The activities of this performance measure were linked to a federal funding opportunity from the Administration on Aging. This funding was awarded in September 2009. However, completion of the competency based training did not take place until June 2010 and the first completed training was in September 2010 (not within this reporting timeframe)

**STATE PERFORMANCE MEASURE # 10 - REPORTING YEAR**

Of women who had a preterm birth: Percent who reported smoking before pregnancy

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	18
Annual Indicator	_____	_____	19.4	18.8	18.8
Numerator	_____	_____	223	199	199
Denominator	_____	_____	1,148	1,059	1,059
Data Source			Vital Records	Vital Records	Vital Records
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	17	16	15	14	13

**Annual Indicator** Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.

**Numerator**

**Denominator**

**Field Level Notes**

- Section Number:** Form11\_State Performance Measure #10  
**Field Name:** SM10  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 2011 data is unavailable. 2010 data is used as an estimate.
- Section Number:** Form11\_State Performance Measure #10  
**Field Name:** SM10  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Final for resident occurent births.



**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	1.1	1.1	1.1	1	1
Annual Indicator	1.0	1.0	1.0		
Numerator	1	1	1		
Denominator	1	1	1		
Data Source		Estimate	Estimate		

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?

**Annual Objective and Performance Data**

	2012	2013	2014	2015	2016
Annual Performance Objective	1	1	1		
Annual Indicator					
Numerator					
Denominator					

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

**Field Level Notes**

1. Section Number: Form12\_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2009

Field Note:

The black infant mortality numbers are too small to report or use for this calculation. In fact, many times there are no black infant deaths.

**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	4.5	4.5	4.5	3	2.8
Annual Indicator	3.3	3.3	3.3		
Numerator	46	46	46		
Denominator	14,136	14,136	14,136		
Data Source		Vital Records	Vital Records		

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	2.6	2.4	2.2		
Annual Indicator					
Numerator					
Denominator					

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

**Field Level Notes**

- 1. **Section Number:** Form12\_Outcome Measure 3
- Field Name:** OM03
- Row Name:**
- Column Name:**
- Year:** 2009
- Field Note:**  
2007 is the most recent year for which data is available.

**OUTCOME MEASURE # 04**

The postneonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	1	1	1	2	1.9
Annual Indicator	2.2	2.2	2.2		
Numerator	31	31	31		
Denominator	14,136	14,136	14,136		
Data Source		Vital Records	Vital Records		

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	1.8	1.7	1.6		
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**

- 1. **Section Number:** Form12\_Outcome Measure 4
- Field Name:** OM04
- Row Name:**
- Column Name:**
- Year:** 2009
- Field Note:**  
2007 is the most recent year for which data is available.

**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	6.5	6.5	6.5	4	3.8
Annual Indicator	4.3	4.3	4.3		
Numerator	61	61	61		
Denominator	14,194	14,194	14,194		
Data Source		Vital Records	Vital Records		

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

**Annual Objective and Performance Data**

	2012	2013	2014	2015	2016
Annual Performance Objective	3.6	3.4	3.2		
Annual Indicator					
Numerator					
Denominator					

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

**Field Level Notes**

- 1. Section Number: Form12\_Outcome Measure 5
- Field Name: OM05
- Row Name:
- Column Name:
- Year: 2009
- Field Note: 2007 is the most recent year for which data is available.

**OUTCOME MEASURE # 06**

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	16	31	30	14	13.5
Annual Indicator	12.2	14.5	14.5		
Numerator	28	33	33		
Denominator	229,447	227,546	227,546		
Data Source		Vital Records	Vital Records		

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

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

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

**Field Level Notes**

1. Section Number: Form12\_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2009

Field Note:

2007 is the most recent period for which out-of-state death data is available.

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

Form Level Notes for Form 12

None

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

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

\_\_\_\_\_ 3

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

\_\_\_\_\_ 3

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

\_\_\_\_\_ 3

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

\_\_\_\_\_ 2

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

\_\_\_\_\_ 3

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

\_\_\_\_\_ 1

**Total Score:** \_\_\_\_\_ 15

**Rating Key**

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

**FORM NOTES FOR FORM 13**

Form 13 continues to be a reflection of family perception of their involvement in CSHCN program. NHFV, the NH family to family health information agency used form 13 to provide the rating submitted in this years application.

**FIELD LEVEL NOTES**

1. **Section Number:** Form13\_Main  
**Field Name:** Question1  
**Row Name:** #1. Family members participate on advisory committee or task forces..  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Health care transition /YEAH are supported in this manner.
2. **Section Number:** Form13\_Main  
**Field Name:** Question2  
**Row Name:** #2. Financial support (...) is offered for parent activities or parent groups.  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Health care transition/parent advisors/youth advisors/FACETS are supported
3. **Section Number:** Form13\_Main  
**Field Name:** Question3  
**Row Name:** #3. Family members are involved in the Children with Special Health Care Needs..  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Family members are involved in reviewing.
4. **Section Number:** Form13\_Main  
**Field Name:** Question6  
**Row Name:** #6. Family members of diverse cultures are involved in all of the above activities  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Through recent activities with FACETS families of more diverse cultures have had opportunities to provide feedback

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

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

**STATE NH 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. To improve access to children's mental health services
2. To decrease pediatric overweight and obesity
3. To decrease the use and abuse of alcohol, tobacco and other substances among youth, pregnant women and families
4. To improve the availability of adequate insurance and access to health care and maintain the infrastructure of safety net providers/services
5. To improve access to standardized developmental screening for young children
6. To decrease unintentional injury, particularly those resulting from falls and motor vehicle crashes, among children and adolescents
7. To reduce exposure to lead hazards, asthma triggers and other environmental hazards to assure safe and healthy home environments
8. To improve oral health and access to dental care
9. To increase family support and access to trained respite and childcare providers
10. To decrease the incidence of preterm birth

**FORM NOTES FOR FORM 14**

None

**FIELD LEVEL NOTES**

None

**FORM 15**  
**TECHNICAL ASSISTANCE(TA) REQUEST**

STATE: NH

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>General Systems Capacity Issues</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: <u>    N/A    </u>	NH will request series of related trainings to enhance the capacity of MCH program managers and staff in evaluation theory and design.	Understanding the core concepts of evaluation will increase the competency of developing and implementing effective MCH programs; participants learn how to draft objectives, build the program and evaluation, and analyze results.	University of New Hampshire
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: NH

SP() # 1

**PERFORMANCE MEASURE:**

The rate of psychotherapy visits for adolescents ages 12-18 years, with a diagnosed mental health disorder

**STATUS:**

Active

**GOAL:**

Improve access to mental health services for children

**DEFINITION:**

see numerator and denominator below

**Numerator:**

Number of Medicaid enrolled adolescents, aged 12-18, with a diagnosed mental health disorder that received at least one psychotherapy visit, as per Medicaid claims data

**Denominator:**

Total number of Medicaid enrolled adolescents, aged 12-18, with a diagnosed mental health disorder

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

**HEALTHY PEOPLE 2020 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

NH Office of Medicaid Business and Policy, Medicaid Claims Data

**SIGNIFICANCE**

Mental health disorders have far reaching implications for the children affected with them. They can impact a child's emotional, intellectual, and behavioral development and can hinder proper family and social relationships. If left untreated, mental disorders can persist through development and into adulthood. Access to mental health services continues to be an identified need in New Hampshire, and the need for these services is great. In New Hampshire, the Medicaid population presents with twice the service use prevalence for mental health services compared to privately insured children. In rural areas, the prevalence of children with mental disorders is similar to that in urban areas, but there are increased barriers to care, resulting in delayed treatment.

SP() # 2

**PERFORMANCE MEASURE:**

Percent of 3rd grade children who are overweight or obese

**STATUS:**

Active

**GOAL**

To reduce the proportion of children who are overweight or obese

**DEFINITION**

For children of the same age and sex, according to the Centers for Disease Control: Overweight is defined as a BMI > 85<sup>th</sup>ile and < 95<sup>th</sup>ile. Obesity is defined as a BMI > 95<sup>th</sup>ile.

**Numerator:**

Number of NH third grade students with Body Mass Index percentile at or over 85

**Denominator:**

Number of NH third grade students screened to determine a Body Mass Index

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

**HEALTHY PEOPLE 2020 OBJECTIVE**

Objective # 19 –3a, Reduce the proportion of children aged 6 to 11 years who are overweight or obese

**DATA SOURCES AND DATA ISSUES**

Third Grade Healthy Smiles – Healthy Growth Survey, NH Dept. of Health and Human Services, Div. Of Public Health Services, Bureau of Prevention Services. This survey is done every five years.

**SIGNIFICANCE**

Children who are overweight or obese are at higher risk for having a myriad of physical and emotional health problems during their childhood years and as they age. Rates for overweight and obese children are rising nationally and locally. Action needs to be taken on a national, state, community, and family level. Health care professionals can use the BMI as a tool with families to monitor weight and educate about strategies that promote a healthy lifestyle.

SP() # \_\_\_\_\_ 3

**PERFORMANCE MEASURE:**

Percent of 18-25 year olds reporting binge alcohol use in the past month

**STATUS:**

Active

**GOAL**

To decrease the use and abuse of alcohol among young adults

**DEFINITION**

Binge alcohol use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days.

**Numerator:**

Weighted total number 18-25 year olds reporting binge drinking, consuming five or more drinks on the same occasion on at least 1 day in the past 30 days

**Denominator:**

Weighted total number of respondents

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

**HEALTHY PEOPLE 2020 OBJECTIVE**

NA

**DATA SOURCES AND DATA ISSUES**

The 2008 National Survey on Drug Use and Health (NSDUH) is part of a coordinated 5-year sample design providing estimates for all 50 States plus the District of Columbia for the years 2005 through 2009. The respondent universe is the civilian, noninstitutionalized population aged 12 years old or older residing within the United States. The data collection method used in NSDUH involves in-person interviews with sample persons, incorporating procedures that would be likely to increase respondents' cooperation and willingness to report honestly about their illicit drug use behavior. Confidentiality is stressed in all written and oral communications with potential respondents.

**SIGNIFICANCE**

Young adults use alcohol differently than other groups. New Hampshire is among the top 10 states for the percent of teens abusing alcohol. Fifty percent of New Hampshire high school students report current alcohol use and 28 percent report binge drinking. New Hampshire 18-25 year olds experienced higher rates of substance abuse (27.1 percent vs. 20.0 percent) and more unmet need for treatment than the US. SAMHSA. 2005-2006 National Survey of Drug Use and Health (NSDUH) Fifty-one percent of these youth report binge drinking. SAMSHA. 2005-2006 National Survey of Drug Use and Health (NSDUH).

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

**PERFORMANCE MEASURE:**

Percent of Community Health Centers providing on-site behavioral health services

**STATUS:**

Active

**GOAL**

To improve access to behavioral health services in NH

**DEFINITION**

See numerator and denominator below

**Numerator:**

Number of Title V-supported Community Health Centers with documented, on-site behavioral health services

**Denominator:**

Total number of Title V-supported Community Health Centers

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

**HEALTHY PEOPLE 2020 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Data source is current NH Title V program data. As a requirement of funding, all Title V-supported community health centers provide documentation that describes the level to which behavioral health services are (or are not) provided on-site at their clinics.

**SIGNIFICANCE**

Because New Hampshire's Title V program is charged with a contractual oversight of the state's community health centers, it has the unique opportunity to help shape the infrastructure of this system of care for all MCH populations. Using a funding methodology that rewards agencies for increasing their level of integration, Title V will measure progress in this priority by monitoring the number of agencies that choose to provide on-site behavioral health care, thereby increasing access to care for more populations.

SP() # 5

**PERFORMANCE MEASURE:**

The percent of parents who self-report that they completed a standardized, validated screening tool used to identify children at risk for developmental, behavioral or social delays

**STATUS:**

Active

**GOAL**

To improve access to, and use of, standardized developmental screening for young children

**DEFINITION**

See numerator and denominator below

**Numerator:**

Number of parents surveyed that reported that they completed a standardized, validated screening tool used to identify children at risk for developmental, behavioral or social delays.

**Denominator:**

Number of parents surveyed

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

**HEALTHY PEOPLE 2020 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

CDC National Survey of Children's Health This survey, sponsored by the Maternal and Child Health Bureau, examines the physical and emotional health of children ages 0-17 years of age.

**SIGNIFICANCE**

The impact of early identification and intervention for children with Autism Spectrum Disorders and other developmental delays has been well documented to have positive effects on school performance. New Hampshire is expanding its capacity to provide developmental screening for young children through a broader spectrum of providers including pediatricians and innovative family support programs. But, there is a significant amount of work to be done. However, there is no easy way to determine how often developmental screens are completed with young families. Billing codes are not useful because screening is often part of a bundled code within a preventative health visit. The National Survey of Children's Health allows us, then, to monitor the percent of parents who self-report that they completed a validated developmental screening tool for their child. Although this may not capture all of the screening, it will help us develop a baseline for future evaluation and analysis.

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

**PERFORMANCE MEASURE:**

The rate (per 100,000) of emergency department visits among youths aged 15-19 resulting from being an occupant in a motor vehicle crash

**STATUS:**

Active

**GOAL**

To reduce injuries among adolescents, aged 15-19, associated with being an occupant in a motor vehicle crash.

**DEFINITION**

see numerator and denominator below

**Numerator:**

Number of adolescents age 15-19 seen in an emergency department as a result of injuries associated with being an occupant in a motor vehicle crash.

**Denominator:**

Number of adolescents ages 15-19

**Units:** 100000 **Text:** Rate

**HEALTHY PEOPLE 2020 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

NH Bureau of Health Statistics and Data Management

**SIGNIFICANCE**

Motor vehicle crashes are a leading cause of death and injuries among adolescents. Previously we had a state measure (#3, now inactive) which addressed fatalities only. However, due to the small number of fatalities annually in NH among this population (usually less than 10/year), it was not appropriate to use fatalities in setting annual performance measures. This new objective has two benefits: first, it will capture a more significant aspect of the adverse health outcomes among adolescents resulting from motor vehicles crashes; and it will allow us to analyze and report annual population-based incidence rates.

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

**PERFORMANCE MEASURE:**

Percent of households identified with environmental risks that receive healthy homes assessments.

**STATUS:**

Active

**GOAL**

To reduce exposure to lead hazards, asthma triggers and other environmental hazards to assure safe and healthy home environments.

**DEFINITION**

See numerator and denominator below. Households with environmental risks are defined as those having at least one child with an elevated blood lead level and those households that are subsidiary rental dwelling units of the property where that child resides. In future years, the denominator may also include households identified through referrals from housing authorities, home visiting programs, health care providers and others.

**Numerator:**

Number of households (from the denominator) that received Healthy Homes assessments (to include education and a remedial plan to reduce the risks)

**Denominator:**

Number of households identified with environmental risks

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

**HEALTHY PEOPLE 2020 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

CDC's Healthy Homes & Lead Poisoning Surveillance System (HLPSS). Unfortunately, no survey follows children from screening to intervention leaving little data on the outcomes of developmental screening.

**SIGNIFICANCE**

A growing body of evidence links housing conditions to health outcomes such as asthma, lead poisoning, lung cancer, and unintentional injuries. This shift to a holistic, coordinated approach will assess multiple potential risks or hazards within a home, provide safety and health promotion information during home visits, and work toward coordination of referrals and follow-up. This move toward "healthy homes" is in concert with federal initiatives to approach housing-related hazards and deficiencies in a coordinated and comprehensive way to prevent disease and injury. This approach also reflects a more efficient and effective use of existing resources.

SP() # \_\_\_\_\_ 8

**PERFORMANCE MEASURE:**

The percent of public water systems that optimally fluoridate the water system on a monthly basis.

**STATUS:**

Active

**GOAL**

To improve oral health

**DEFINITION**

Fluoridating optimally means within the CDC recommended range 12 months out of the year

**Numerator:**

Number of public water systems that fluoridate optimally

**Denominator:**

Number of public water systems that add fluoride

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

**HEALTHY PEOPLE 2020 OBJECTIVE**

Increase to 75% the proportion of the U.S. population served by community water systems with optimal

**DATA SOURCES AND DATA ISSUES**

Monthly reports sent to the NH Department of Environmental Services from fluoridated public water systems.

**SIGNIFICANCE**

Community water fluoridation is the procedure of adjusting the natural fluoride concentration of a community's water supply to a level that is best for the prevention of dental decay. In the United States, community water fluoridation has been the basis for the primary prevention of dental decay for nearly 65 years and has been recognized as 1 of 10 great achievements in public health of the 20th century. It is an ideal public health method because it is effective, eminently safe, inexpensive, requires no cooperative effort or direct action, and does not depend on access or availability of professional services. Water fluoridation reduces or eliminates disparities in preventing dental caries among different socioeconomic, racial, and ethnic groups. Fluoridation helps to lower the cost of dental care and dental insurance and helps residents retain their teeth throughout life.

SP() # \_\_\_\_\_ 9

**PERFORMANCE MEASURE:**

REVISED: The number of individuals who have completed a competency based training for respite providers

**STATUS:**

Active

**GOAL**

To develop/implement a respite care training curriculum and competencies that identify core information basic to the broad needs of medically and behaviorally complex children. Facilitated by an updated list of respite providers who have completed the competency based training with families reporting satisfaction with respite resources.

**DEFINITION**

The number of respite/childcare providers who have participated in competence-based training, who serve medically and behaviorally complex children.

**Numerator:**

Number of individuals who have completed the training each year.

**Denominator:**

NA

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

**HEALTHY PEOPLE 2020 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Lifespan Respite coalition data from pilot program, Data from the Lifespan Respite Locator data system, and program registration/attendance records.

**SIGNIFICANCE**

There is an identified lack of respite and child care available, by a trained workforce, for medically and behaviorally complex children with special health care needs. The National Survey of CSHCN results for NH indicate that 45% (n=1,237) of the children that needed respite services, did not receive such services. The group reporting the need for respite constituted approximately 6% of New Hampshire CSHCN. In particular, the availability of respite is critical for CSHCN who have been removed from their homes and are either being reunified with their natural families or moving into other permanent placement.

SP() # \_\_\_\_\_ 10

**PERFORMANCE MEASURE:**

Of women who had a preterm birth: Percent who reported smoking before pregnancy

**STATUS:**

Active

**GOAL**

To decrease the incidence of preterm births, particularly the impact of smoking on preterm births. In other words, we hope to reduce the proportion of preterm births where smoking occurred.

**DEFINITION**

See numerator and denominator below

**Numerator:**

Number of women having a preterm birth who smoked before pregnancy

**Denominator:**

Number of women who had a preterm birth

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

**HEALTHY PEOPLE 2020 OBJECTIVE**

27 - Reduce tobacco use; 16 - Maternal and Child Health

16-17 Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women 16-11 Reduce preterm births

**DATA SOURCES AND DATA ISSUES**

Birth certificate - Vital Records

**SIGNIFICANCE**

Smoking nearly doubles a woman's risk of having a low-birthweight baby. In 2004, 11.9 percent of babies born to smokers in the United States were of low birthweight (less than 5½ pounds), compared to 7.2 percent of babies of nonsmokers (1). Low birthweight can result from poor growth before birth, preterm delivery or a combination of both. Smoking has long been known to slow fetal growth. Smoking also increases the risk of preterm delivery (before 37 weeks of gestation) (5). Premature and low-birthweight babies face an increased risk of serious health problems during the newborn period, chronic lifelong disabilities (such as cerebral palsy, mental retardation and learning problems), and even death. The more a pregnant woman smokes, the greater her risk of having a low-birthweight baby. However, if a woman stops smoking even by the end of her second trimester of pregnancy, she is no more likely to have a low-birthweight baby than a woman who never smoked (6). A recent study suggests that women who smoke anytime during the month before pregnancy to the end of the first trimester are more likely to have a baby with birth defects, particularly congenital heart defects (7). The risk of heart defects appears to increase with the number of cigarettes a woman smokes. - From the March of Dimes website

**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: NH**

**Form Level Notes for Form 17**

Denominator is from DPHS Health Statistics population table. Created based on US Census and OEP estimates. Population Data is based on US Census data apportioned to towns using New Hampshire Office of Economic Planning (OEP) estimates and projections, and further apportioned to age groups and gender using Claritas Corporation estimates and projections to the town, age group, and gender levels. Data adds to US Census data at the county level between 2008 and 2009 but does not add to OEP or Claritas data smaller geographic levels. Data are cleaned and include NH residents seen in hospitals in New Hampshire, Maine, Massachusetts and Vermont.

**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.

	<b>Annual Indicator Data</b>				
	2007	2008	2009	2010	2011
<b>Annual Indicator</b>	17.1	15.5	19.1	19.1	15.0
<b>Numerator</b>	126	114	141	141	111
<b>Denominator</b>	73,500	73,548	73,650	73,650	73,800

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final                      Final

**Field Level Notes**

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

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Data is from the NH Asthma Control Program and is from New Hampshire Inpatient Hospital Discharge Data for 2007. It is the same data reported last year as there is no new data available. The number does include the number of NH residents hospitalized in border states (ME, MA & VT). For the Denominator Health Statistics created a population table based on US Census and OEP estimates. Here is the citation for this table: Health Statistics and Data Management Section (HSDM), Bureau of Disease Control and Health Statistics (BDCHS), Division of Public Health Services (DPHS), New Hampshire Department of Health and Human Services (DHHS). Population data is based on US Census data apportioned to towns using New Hampshire Office of Economic Planning (OEP) estimates and projections, and further apportioned to age groups and gender using Claritas Corporation estimates and projections to the town, age group, and gender levels. Data adds to US Census data at the county level between 1990 and 2005 but does not add to OEP or Claritas data smaller geographic levels.

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

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data is from the NH Asthma Control Program and is from New Hampshire Inpatient Hospital Discharge Data for 2007. The number does include the number of NH residents hospitalized in border states (ME, MA & VT). For the Denominator Health Statistics created a population table based on US Census and OEP estimates. Here is the citation for this table: Health Statistics and Data Management Section (HSDM), Bureau of Disease Control and Health Statistics (BDCHS), Division of Public Health Services (DPHS), New Hampshire Department of Health and Human Services (DHHS). Population data is based on US Census data apportioned to towns using New Hampshire Office of Economic Planning (OEP) estimates and projections, and further apportioned to age groups and gender using Claritas Corporation estimates and projections to the town, age group, and gender levels. Data adds to US Census data at the county level between 1990 and 2005 but does not add to OEP or Claritas data smaller geographic levels.

**HEALTH SYSTEMS CAPACITY #02**

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

	2007	2008	Annual Indicator Data		2011
			2009	2010	
Annual Indicator	86.1	84.9	88.8	94.9	95.0
Numerator	4,929	4,983	5,305	4,454	4,010
Denominator	5,722	5,869	5,975	4,662	4,219

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

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

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Data is from the FY 2011 416 report, via Maria Pliakos (ext. 7194) and Jackie Leone (ext 8169) in the Office of Medicaid Administration. Beginning in 2010, the 416 reports those who have 90 days continuous enrollment.

Part of NH SCHIP development was Medicaid expansion for infants (0-1), from 185% to 300% of poverty. Therefore the numbers for HSCI # 2 and HSCI # 3 are the same.

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

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Data is from the 2010 416 report, via Maria Pliakos (ext. 7194) and Jackie Leone (ext 8169) in the Office of Medicaid Administration. Beginning in 2010, the 416 reports those who have 90 days continuous enrollment.

Part of NH SCHIP development was Medicaid expansion for infants (0-1), from 185% to 300% of poverty. Therefore the numbers for HSCI # 2 and HSCI # 3 are the same.

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

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data is from the 2009 416 report, via Maria Pliakos (ext. 7194) and Jackie Leone (ext 8169) in the Office of Medicaid Administration.

Part of NH SCHIP development was Medicaid expansion for infants (0-1), from 185% to 300% of poverty. Therefore the numbers for HSCI # 2 and HSCI # 3 are the same.

**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>86.1</u>	<u>84.9</u>	<u>88.8</u>	<u>94.9</u>	<u>95.0</u>
<b>Numerator</b>	<u>4,929</u>	<u>4,983</u>	<u>5,305</u>	<u>4,454</u>	<u>4,010</u>
<b>Denominator</b>	<u>5,722</u>	<u>5,869</u>	<u>5,975</u>	<u>4,662</u>	<u>4,219</u>

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Data is from the FY 2011 416 report, via Maria Pliakos (ext. 7194) and Jackie Leone (ext 8169) in the Office of Medicaid Administration. Beginning in 2010, the 416 reports those who have 90 days continuous enrollment.

Part of NH SCHIP development was Medicaid expansion for infants (0-1), from 185% to 300% of poverty. Therefore the numbers for HSCI # 2 and HSCI # 3 are the same.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Data is from the 2010 416 report, via Maria Pliakos (ext. 7194) and Jackie Leone (ext 8169) in the Office of Medicaid Administration.

Part of NH SCHIP development was Medicaid expansion for infants (0-1), from 185% to 300% of poverty. Therefore the numbers for HSCI # 2 and HSCI # 3 are the same.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Part of NH SCHIP development was Medicaid expansion for infants (0-1), from 185% to 300% of poverty. Therefore the numbers for HSCI # 2 and HSCI # 3 are the same.

**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.

	<b>Annual Indicator Data</b>				
	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
<b>Annual Indicator</b>	<u>85.8</u>	<u>85.3</u>	<u>86.3</u>	<u>87.2</u>	<u>87.2</u>
<b>Numerator</b>	<u>9,509</u>	<u>9,176</u>	<u>9,236</u>	<u>8,827</u>	<u>8,827</u>
<b>Denominator</b>	<u>11,079</u>	<u>10,757</u>	<u>10,701</u>	<u>10,118</u>	<u>10,118</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:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

2011 data is unavailable. 2010 data is used as an estimate.

Data is not comparable to years prior to 2005, due to the fact that the month prenatal care began is not collected after 2004. Instead, we collect the date of the first prenatal care visit and calculate the month of pregnancy in which prenatal care began by subtracting the date of the last menses. Moreover, this indicator is likely skewed downward for 2005-2007, for the following reason: out-of-state births to NH residents typically have an appropriately high score on the Kotelchuck Index. This is because complicated pregnancies, resulting in high prenatal care usage (i.e. many visits) tend to go to specialty centers outside of NH. In other words, it is reasonable to assume that, if the out-of-state births were included in the data, the indicator for Kotelchuck would be higher.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Data is final for 2010 resident occurrent births only.

Data is not comparable to years prior to 2005, due to the fact that the month prenatal care began is not collected after 2004. Instead, we collect the date of the first prenatal care visit and calculate the month of pregnancy in which prenatal care began by subtracting the date of the last menses. Moreover, this indicator is likely skewed downward for 2005-2007, for the following reason: out-of-state births to NH residents typically have an appropriately high score on the Kotelchuck Index. This is because complicated pregnancies, resulting in high prenatal care usage (i.e. many visits) tend to go to specialty centers outside of NH. In other words, it is reasonable to assume that, if the out-of-state births were included in the data, the indicator for Kotelchuck would be higher.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data is not comparable to years prior to 2005, due to the fact that the month prenatal care began is not collected after 2004. Instead, we collect the date of the first prenatal care visit and calculate the month of pregnancy in which prenatal care began by subtracting the date of the last menses. Moreover, this indicator is likely skewed downward for 2005-2007, for the following reason: out-of-state births to NH residents typically have an appropriately high score on the Kotelchuck Index. This is because complicated pregnancies, resulting in high prenatal care usage (i.e. many visits) tend to go to specialty centers outside of NH. In other words, it is reasonable to assume that, if the out-of-state births were included in the data, the indicator for Kotelchuck would be higher.

**HEALTH SYSTEMS CAPACITY #07A**

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

	Annual Indicator Data				
	2007	2008	2009	2010	2011
Annual Indicator	74.0	74.7	74.8	78.3	78.1
Numerator	72,906	74,917	84,384	89,328	90,270
Denominator	98,463	100,309	112,764	114,101	115,616
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:** Fom17\_Health Systems Capacity Indicator #07A  
**Field Name:** HSC07A  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 The numerator was provided by Maria Pliakos (ext 7194) and Jackie Leone. Data for the denominator is the sum of two numbers: the number of 1 to 21 year olds enrolled/eligible for Medicaid plus 15,157, obtained by Christina Purdam of the DHHS Office of Planning and Research, from the 2001 DHHS Insurance Family Survey. The latter number is uninsured 0-18 year-olds that were eligible for Healthy Kids insurance. Although the two age groups used to determine the denominator do not match exactly, this methodology results in the most accurate estimate available.
- Section Number:** Fom17\_Health Systems Capacity Indicator #07A  
**Field Name:** HSC07A  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 The numerator was provided by Maria Pliakos (ext 7194) and Jackie Leone. Data for the denominator is the sum of two numbers: the number of 1 to 21 year olds enrolled/eligible for Medicaid plus 15,157, obtained by Christina Purdam of the DHHS Office of Planning and Research, from the 2001 DHHS Insurance Family Survey. The latter number is uninsured 0-18 year-olds that were eligible for Healthy Kids insurance. Although the two age groups used to determine the denominator do not match exactly, this methodology results in the most accurate estimate available.
- Section Number:** Fom17\_Health Systems Capacity Indicator #07A  
**Field Name:** HSC07A  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 The numerator was provided by Maria Pliakos (ext 7194) and Jackie Leone. Data for the denominator is the sum of two numbers: the number of 1 to 21 year olds enrolled/eligible for Medicaid plus 15,157, obtained by Christina Purdam of the DHHS Office of Planning and Research, from the 2001 DHHS Insurance Family Survey. The latter number is uninsured 0-18 year-olds that were eligible for Healthy Kids insurance. Although the two age groups used to determine the denominator do not match exactly, this methodology results in the most accurate estimate available.

**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
<b>Annual Indicator</b>	57.6	61.7	64.7	68.0	67.1
<b>Numerator</b>	10,545	11,418	12,782	13,641	13,721
<b>Denominator</b>	18,321	18,506	19,742	20,063	20,439

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Fom17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Data is from FY2011 416 report, obtained from Maria Pliakos (ext 7194) and Jackie Leone. 2010 was the first year in which individuals had to have 90 days continuous enrollment.

2. **Section Number:** Fom17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Data is from FY2010 416 report, obtained from Maria Pliakos (ext 7194) and Jackie Leone. 2010 is the first year in which individuals have to have 90 days continuous enrollment.

3. **Section Number:** Fom17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data is from FY2009 416 report, obtained from Maria Pliakos (ext 7194) and Jackie Leone.

**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.

	<u>Annual Indicator Data</u>				
	2007	2008	2009	2010	2011
Annual Indicator	9.5	13.0	12.8	12.9	13.9
Numerator	166	243	244	264	294
Denominator	1,741	1,866	1,912	2,039	2,111
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

The Denominator is the number of recipients of SSI under age 16 in December 2010- as reported from the SSA December 2010 report - table titled "Number of children under age 16 receiving federally administered SSI payments. The Numerator utilized was determined by reviewing the total number served by SMS in FY 2010 and determining those children with SSI. There have been continued improvements in the SMS Database and the numerator is the number of unduplicated children served by SMS who had SSI and are <16 by 12/31/2010.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

The Denominator is the number of recipients of SSI under age 16 in December 2009 - as reported from the SSA December 2008 report - table titled "Number of children under age 16 receiving federally administered SSI payments. The Numerator utilized was determined by reviewing the total number served by SMS in FY 2009 and determining those children with SSI. There have been continued improvements in the SMS Database and the numerator is the number of unduplicated children served by SMS who had SSI and are <16 by 12/31/2009.

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

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	Payment source from birth certificate	7.7	5.6	6.8
b) <i>Infant deaths per 1,000 live births</i>	2010	Payment source from birth certificate	5.9	2	3.7
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2010	Payment source from birth certificate	72.2	88.8	83.5
d) <i>Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2010	Payment source from birth certificate	80.6	90.4	87.2

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

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	_____300_____
b) <i>Medicaid Children</i> (Age range _____1 to _____18 ) (Age range _____ to _____) (Age range _____ to _____)	2011	_____185_____
c) <i>Pregnant Women</i>	2011	_____185_____

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

<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	_____ 300
b) <i>Medicaid Children</i> (Age range _____ 1 to _____ 18 ) (Age range _____ to _____ ) (Age range _____ to _____ )	2011	_____ 300 _____ _____
c) <i>Pregnant Women</i>	2011	_____

**FORM NOTES FOR FORM 18**

All information is for 2011. We anticipate changes going forward.

**FIELD LEVEL NOTES**

1. **Section Number:** Form18\_Indicator 06 - Medicaid  
**Field Name:** Med\_Infant  
**Row Name:** Infants  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Information is for 2011. We anticipate changes going forward.
2. **Section Number:** Form18\_Indicator 06 - Medicaid  
**Field Name:** Med\_Children  
**Row Name:** Medicaid Children  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Information is for 2011. We anticipate changes going forward.
3. **Section Number:** Form18\_Indicator 06 - Medicaid  
**Field Name:** Med\_Women  
**Row Name:** Pregnant Women  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Information is for 2011. We anticipate changes going forward.
4. **Section Number:** Form18\_Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Infant  
**Row Name:** Infants  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Information is for 2011. We anticipate changes going forward.
5. **Section Number:** Form18\_Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Children  
**Row Name:** SCHIP Children  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Information is for 2011. We anticipate changes going forward.
6. **Section Number:** Form18\_Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Women  
**Row Name:** Pregnant Women  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Pregnant women are not covered under SCHIP.

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

**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	1	No
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	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

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

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

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other: <u>NH Youth Tobacco Survey</u>	3	Yes
<u>Behavioral Risk Factor Surveillance Survey</u>	3	Yes

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

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

**FORM NOTES FOR FORM 19**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form19\_Indicator 09A  
**Field Name:** RecentMother  
**Row Name:** Survey of recent mothers at least every two years (like PRAMS)  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
NH was funded for PRAMS in the fall of 2011. We expect to begin data collection in the fall of 2012. This will include direct access to the electronic database for analysis.
2. **Section Number:** Form19\_Indicator 09B  
**Field Name:** YRBSS\_09B  
**Row Name:** Youth Risk Behavior Survey (YRBS)  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Participation changes year to year.
3. **Section Number:** Form19\_Indicator 09B  
**Field Name:** Other1\_09B  
**Row Name:** Other  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Participation changes year to year.

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

Form Level Notes for Form 20

None

**HEALTH STATUS INDICATOR #01A**

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

	2007	2008	<u>Annual Indicator Data</u>		
			2009	2010	2011
Annual Indicator	5.8	6.5	6.9	6.9	6.9
Numerator	736	890	923	923	923
Denominator	12,688	13,665	13,371	13,371	13,371

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:

Out of state data is unavailable. Data from 2010 is used as an estimate.

2. Section Number: Form20\_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2010

Field Note:

Resident data. Out of state not yet available. Updated for FY13 application. In the FY12 application, 2009 data was used as an estimate.

**HEALTH STATUS INDICATOR #01B**

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

	2007	2008	Annual Indicator Data		2011
			2009	2010	
Annual Indicator	4.6	4.5	5.0	4.9	4.9
Numerator	588	585	634	600	600
Denominator	12,262	13,099	12,807	12,348	12,348

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. Section Number: Form20\_Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2011

Field Note:

Out of state data is unavailable. Data from 2010 is used as an estimate.

2. Section Number: Form20\_Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2010

Field Note:

2010 updated for FY13 application. 2009 data was used as an estimate in the FY12 application.

**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	0.9	1.1	1.1	1.1	1.1
Numerator	118	145	148	143	143
Denominator	12,673	13,665	13,371	12,866	12,866

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. Section Number: Form20\_Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2011

Field Note:

Out of state data is unavailable. 2010 is used as an estimate.

2. Section Number: Form20\_Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2010

Field Note:

2010 data is updated for FY13 application. For FY12 application, 2009 data was used as an estimate.

3. Section Number: Form20\_Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2009

Field Note:

Out-of-state births not included (unavailable for 2009).

**HEALTH STATUS INDICATOR #02B**

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	<u>0.7</u>	<u>0.7</u>	<u>0.8</u>	<u>0.7</u>	<u>0.7</u>
Numerator	<u>86</u>	<u>87</u>	<u>99</u>	<u>91</u>	<u>91</u>
Denominator	<u>12,262</u>	<u>13,099</u>	<u>12,807</u>	<u>12,348</u>	<u>12,348</u>

Check this box if you cannot report the numerator because

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

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

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

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

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. Section Number: Form20\_Health Status Indicator #02B

Field Name: HSI02B

Row Name:

Column Name:

Year: 2011

Field Note:

Out of state data is unavailable. Data from 2010 is used as an estimate.

2. Section Number: Form20\_Health Status Indicator #02B

Field Name: HSI02B

Row Name:

Column Name:

Year: 2010

Field Note:

Data for 2010 is updated for FY13 application. 2009 data was used as an estimate in FY12 application.

**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>	4.1	5.4	4.2	4.2	4.2
<b>Numerator</b>	10	13	10	10	10
<b>Denominator</b>	241,716	239,613	237,507	237,507	237,507

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #03A

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

Data from 2009 is used as an estimate, as valid data beyond that year is not available.

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Samiento K. State Injury Indicators: Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

2. **Section Number:** Form20\_Health Status Indicator #03A

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

Out of state data is unavailable, so 2009 data is used.

3. **Section Number:** Form20\_Health Status Indicator #03A

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

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Samiento K. State Injury Indicators: Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

**HEALTH STATUS INDICATOR #03B**

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

	<u>Annual Indicator Data</u>				
	2007	2008	2009	2010	2011
Annual Indicator	_____ 1	_____ 1	_____ 1	_____ 1	_____ 1
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and	_____	_____	_____ Yes	_____ Yes	_____ Yes
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

**Field Level Notes**

**1. Section Number:** Fom20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Out of state data is unavailable.

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Samiento K. State Injury Indicators: Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

At the annual federal review in August, 2009, it was decided that it would be more appropriate for NH to use the small numbers box than to use the Standard Ratio Methodology as outlined in the Block Grant guidance. Note: the small numbers box is used when "there are fewer than 5 events and when the average number of events over the last 3 years is fewer than 5, and therefore a 3-year moving average cannot be applied".

**2. Section Number:** Fom20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Out of state data is unavailable.

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Samiento K. State Injury Indicators: Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

At the annual federal review in August, 2009, it was decided that it would be more appropriate for NH to use the small numbers box than to use the Standard Ratio Methodology as outlined in the Block Grant guidance. Note: the small numbers box is used when "there are fewer than 5 events and when the average number of events over the last 3 years is fewer than 5, and therefore a 3-year moving average cannot be applied".

**3. Section Number:** Fom20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Samiento K. State Injury Indicators: Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

At the annual federal review in August, 2009, it was decided that it would be more appropriate for NH to use the small numbers box than to use the Standard Ratio Methodology as outlined in the Block Grant guidance. Note: the small numbers box is used when "there are fewer than 5 events and when the average number of events over the last 3 years is fewer than 5, and therefore a 3-year moving average cannot be applied".

**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>	6.8	10.2	5.0	5.0	5.0
<b>Numerator</b>	13	20	10	10	10
<b>Denominator</b>	191,336	195,306	199,273	199,273	199,273

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

- 1.
- Section Number:**
- Fom20\_Health Status Indicator #03C

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

Out of state data is unavailable. 2009 provisional data is used as an estimate.

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Samiento K. State Injury Indicators. Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007

- 2.
- Section Number:**
- Fom20\_Health Status Indicator #03C

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

Out of state data is unavailable. 2009 provisional data is used as an estimate.

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Samiento K. State Injury Indicators. Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007

- 3.
- Section Number:**
- Fom20\_Health Status Indicator #03C

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

From Health Statistics Section: "Rates based on 20 or fewer deaths may be unstable"

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Samiento K. State Injury Indicators. Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

**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>	128.7	129.8	129.8	115.3	115.3
<b>Numerator</b>	311	311	311	275	275
<b>Denominator</b>	241,716	239,613	239,613	238,439	238,439

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

1. **Section Number:** Fom20\_Health Status Indicator #04A

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

2011 data is unavailable. Updated 2008 data is used as an estimate.

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Samiento K. State Injury Indicators. Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007

2. **Section Number:** Fom20\_Health Status Indicator #04A

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

2010 data is unavailable. Updated 2008 data is used as an estimate.

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Samiento K. State Injury Indicators. Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007

3. **Section Number:** Fom20\_Health Status Indicator #04A

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

Out of state data is unavailable. 2007, the last year with complete data, is used as an estimate.

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Samiento K. State Injury Indicators. Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

**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>	5.8	5.8	5.8	2.9	2.9
<b>Numerator</b>	14	14	14	7	7
<b>Denominator</b>	241,716	241,716	241,716	238,439	238,439

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

1. **Section Number:** Fom20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

2008 is the most recent year for which complete data is updated and available. Therefore, this has been used as an estimate for 2011 (there is no provisional data for 2011).

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Samiento K. State Injury Indicators. Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

2. **Section Number:** Fom20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

2008 is the most recent year for which complete data is updated and available. Therefore, this has been used as an estimate for 2010 (there is no provisional data for 2010).

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Samiento K. State Injury Indicators. Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

3. **Section Number:** Fom20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

2007 is the most recent year for which complete data is available. Therefore, this has been used as an estimate for 2009.

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Samiento K. State Injury Indicators. Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

**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>	73.2	73.2	73.2	53.8	53.8
<b>Numerator</b>	140	140	140	97	97
<b>Denominator</b>	191,336	191,336	191,336	180,307	180,307

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

1. **Section Number:** Fom20\_Health Status Indicator #04C

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

2008 is the most recent year for which complete data is updated and available. Therefore, this has been used as an estimate for 2011.

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Samiento K. State Injury Indicators. Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

2. **Section Number:** Fom20\_Health Status Indicator #04C

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

2008 is the most recent year for which complete data is updated and available. Therefore, this has been used as an estimate for 2010.

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Samiento K. State Injury Indicators. Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

3. **Section Number:** Fom20\_Health Status Indicator #04C

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

2009 data is incomplete. Therefore, 2007 complete data is used as an estimate.

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Samiento K. State Injury Indicators. Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

**HEALTH STATUS INDICATOR #05A**

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

	<b>Annual Indicator Data</b>				
	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
<b>Annual Indicator</b>	12.0	12.0	10.6	13.8	12.1
<b>Numerator</b>	562	563	499	650	567
<b>Denominator</b>	46,955	46,955	46,955	46,955	46,955

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:**

Numerator is from Theresa Dawson, Communicable Disease Surveillance Section.

Denominator is from the US Bureau of the Census, Estimates Branch.

2. **Section Number:** Form20\_Health Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Numerator is from Heather Barto (3932) and Dana Hull, Communicable Disease Surveillance Section.

Denominator is from the US Bureau of the Census, Estimates Branch.

**HEALTH STATUS INDICATOR #05B**

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	4.4	4.6	4.7	5.6	6.6
Numerator	953	1,008	1,025	1,164	1,379
Denominator	217,692	217,692	217,692	207,692	207,692

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:

Numerator is from Theresa Dawson, Communicable Disease Surveillance Section.

Denominator is from the US Bureau of the Census, Estimates Branch.

2. Section Number: Form20\_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2009

Field Note:

Numerator is from Heather Barto (3932) and Dana Hull, Communicable Disease Surveillance Section.

Denominator is from the US Bureau of the Census, Estimates Branch.

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

**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? Yes Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	14,000	13,000	300	50	375	6	269	0
Children 1 through 4	60,865	55,820	1,527	155	1,856	30	1,477	0
Children 5 through 9	78,400	72,477	1,913	218	2,009	28	1,755	0
Children 10 through 14	87,081	82,191	1,495	219	1,560	37	1,579	0
Children 15 through 19	93,691	89,561	1,325	290	1,343	40	1,132	0
Children 20 through 24	82,705	78,622	1,079	340	1,493	39	1,132	0
Children 0 through 24	416,742	391,671	7,639	1,272	8,636	180	7,344	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	13,468	532	0
Children 1 through 4	58,621	2,244	0
Children 5 through 9	75,433	2,967	0
Children 10 through 14	84,271	2,810	0
Children 15 through 19	91,137	2,554	0
Children 20 through 24	80,333	2,372	0
Children 0 through 24	403,263	13,479	0

FORM 21  
HEALTH STATUS INDICATORS  
DEMOGRAPHIC DATA  
STATE: NH

**HSI #07A - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

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

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	4	4	0	0	0	0	0	0
Women 15 through 17	164	141	2	0	0	0	5	16
Women 18 through 19	566	501	10	1	0	0	14	30
Women 20 through 34	9,986	8,971	158	10	333	6	106	402
Women 35 or older	2,164	1,919	38	0	99	1	20	87
Women of all ages	12,874	11,536	208	11	432	7	145	535

**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	4	0	0
Women 15 through 17	146	17	1
Women 18 through 19	522	32	2
Women 20 through 34	9,504	401	81
Women 35 or older	2,063	77	24
Women of all ages	12,239	527	108

FORM 21  
HEALTH STATUS INDICATORS  
DEMOGRAPHIC DATA  
STATE: NH

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

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

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	49	44	3	0	0	0	0	2
Children 1 through 4	14	13	0	0	0	0	0	1
Children 5 through 9	6	5	0	0	1	0	0	0
Children 10 through 14	9	9	0	0	0	0	0	0
Children 15 through 19	33	31	0	0	1	0	0	1
Children 20 through 24	51	48	0	0	0	0	0	3
Children 0 through 24	162	150	3	0	2	0	0	7

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

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	41	3	5
Children 1 through 4	13	0	1
Children 5 through 9	6	0	0
Children 10 through 14	8	1	0
Children 15 through 19	32	1	0
Children 20 through 24	49	1	1
Children 0 through 24	149	6	7

FORM 21  
HEALTH STATUS INDICATORS  
DEMOGRAPHIC DATA  
STATE: NH

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

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	319,295	298,960	6,248	888	6,837	134	6,228	0	2011
Percent in household headed by single parent	20.0	19.5	40.0	32.0	11.2	29.5	29.3	35.0	2009
Percent in TANF (Grant) families	1.9	1.8	3.6	1.5	0.6	4.5	7.5	0.0	2011
Number enrolled in Medicaid	100,459	94,485	3,822	88	1,251	72	0	741	2011
Number enrolled in SCHIP	9,474	9,127	271	0	76	0	0	0	2010
Number living in foster home care	730	686	28	1	8	1	0	6	2011
Number enrolled in food stamp program	47,723	44,848	1,828	43	491	53	0	460	2011
Number enrolled in WIC	18,202	16,216	961	117	433	20	455	0	2011
Rate (per 100,000) of juvenile crime arrests	1,028.0	1,028.0	1,028.0	1,028.0	1,028.0	1,028.0	1,028.0	1,028.0	2009
Percentage of high school drop-outs (grade 9 through 12)	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	2011

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

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	308,694	10,602	0	2011
Percent in household headed by single parent	19.6	33.0	0.0	2009
Percent in TANF (Grant) families	1.8	4.4	0.0	2011
Number enrolled in Medicaid	94,327	6,132	0	2011
Number enrolled in SCHIP	0	0	9,474	2010
Number living in foster home care	665	65	0	2011
Number enrolled in food stamp program	43,648	4,075	0	2011
Number enrolled in WIC	15,937	2,265	0	2011
Rate (per 100,000) of juvenile crime arrests	1,028.0	1,028.0	1,028.0	2009
Percentage of high school drop-outs (grade 9 through 12)	1.2	1.2	1.2	2011

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

**HSI #10 - Demographics (Geographic Living Area)** *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*  
 Reporting Year: 2008    Is this data from a State Projection? Yes    Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	0
Living in urban areas	193,006
Living in rural areas	126,290
Living in frontier areas	0
<b>Total - all children 0 through 19</b>	<b>319,296</b>

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

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

**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? Provisional

POVERTY LEVELS	TOTAL
Total Population	1,318,194
Percent Below: 50% of poverty	2
100% of poverty	5.7
200% of poverty	19.1

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

**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? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	319,296
Percent Below: 50% of poverty	2
100% of poverty	7.8
200% of poverty	19.1

**FORM NOTES FOR FORM 21**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_Children  
**Row Name:** All children 0 through 19  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Based on census estimates.
2. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_SingleParentPercent  
**Row Name:** Percent in household headed by single parent  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Based on census estimates.
3. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_SCHIPNo  
**Row Name:** Number enrolled in SCHIP  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
In previous years, Health Kids Gold (Medicaid) data was included. This has been corrected, and only SCHIP numbers are included. Race data is not available, and has been estimated based on the total population. Data is 2010, as 2011 is not available.
4. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_JuvenileCrimeRate  
**Row Name:** Rate (per 100,000) of juvenile crime arrests  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Race breakdowns are not available, thus the same rate is used for each race category. 2009 is the most recent year that accurate data is available.
5. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_DropOutPercent  
**Row Name:** Percentage of high school drop-outs (grade 9 through 12)  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Race breakdowns not available. Therefore, the same percentage is used for each category.
6. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIethnicity\_Children  
**Row Name:** All children 0 through 19  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Based on census estimates.
7. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIethnicity\_SingleParentPercent  
**Row Name:** Percent in household headed by single parent  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Based on census estimates.
8. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIethnicity\_SCHIPNo  
**Row Name:** Number enrolled in SCHIP  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
In previous years, Health Kids Gold (Medicaid) data was included. This has been corrected, and only SCHIP numbers are included. Ethnicity data is not available. Data is 2010, as 2011 is not available.
9. **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:**  
Race breakdowns are not available, thus the same rate is used for each race category. 2009 is the most recent year that accurate data is available.
10. **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:**  
Race breakdowns not available.
11. **Section Number:** Form21\_Indicator 11  
**Field Name:** S11\_total  
**Row Name:** Total Population  
**Column Name:**  
**Year:** 2013

**Field Note:**  
Census estimate.

12. **Section Number:** Form21\_Indicator 12

**Field Name:** S12\_Children

**Row Name:** Children 0 through 19 years old

**Column Name:**

**Year:** 2013

**Field Note:**  
Based on Census estimate.