

TITLE V BLOCK GRANT APPLICATION

FORMS (2-21)

STATE: **NJ**

APPLICATION YEAR: **2013**

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

1. FEDERAL ALLOCATION

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

\$ 11,883,893

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

A. Preventive and primary care for children:

\$ 6,722,518 (56.57 %)

B. Children with special health care needs:

\$ 4,182,435 (35.19 %)

(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:

\$ 978,940 (8.24 %)

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

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

\$ 0

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

\$ 102,687,908

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

\$ 0

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

\$ 0

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

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

\$ 102,687,908

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

\$ 9,419,570

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

\$ 114,571,801

(Total lines 1 through 6. Same as line 15g of SF 424)

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS:	\$ <u>0</u>
b. SSDI:	\$ <u>97,260</u>
c. CISS:	\$ <u>0</u>
d. Abstinence Education:	\$ <u>913,938</u>
e. Healthy Start:	\$ <u>500,000</u>
f. EMSC:	\$ <u>0</u>
g. WIC:	\$ <u>34,535,963</u>
h. AIDS:	\$ <u>2,318,550</u>
i. CDC:	\$ <u>2,622,765</u>
j. Education:	\$ <u>10,828,899</u>
k. Home Visiting:	\$ <u>11,930,000</u>
l. Other:	
<u>Family Planning</u>	\$ <u>3,143,662</u>
<u>HRSA</u>	\$ <u>2,870,472</u>
<u>PREP</u>	\$ <u>1,412,929</u>
<u>School Program</u>	\$ <u>75,598</u>
<u>Social Service Block</u>	\$ <u>1,743,675</u>

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

\$ 72,993,711

11. STATE MCH BUDGET TOTAL

\$ 187,565,512

(Partnership subtotal + Other Federal MCH Funds subtotal)

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

None

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

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form2)</i>	\$ 11,876,774	\$ 11,633,788	\$ 11,401,000	\$ 11,438,007	\$ 11,685,330	\$ 10,024,111
2. Unobligated Balance <i>(Line2, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form2)</i>	\$ 124,066,801	\$ 129,944,080	\$ 138,405,877	\$ 130,964,984	\$ 130,260,877	\$ 111,691,532
4. Local MCH Funds <i>(Line4, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal	\$ 135,943,575	\$ 141,577,868	\$ 149,806,877	\$ 142,402,991	\$ 141,946,207	\$ 121,715,643
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form2)</i>	\$ 46,984,124	\$ 45,574,600	\$ 45,445,924	\$ 44,621,750	\$ 55,818,677	\$ 55,818,677
9. Total <i>(Line11, Form2)</i>	\$ 182,927,699	\$ 187,152,468	\$ 195,252,801	\$ 187,024,741	\$ 197,764,884	\$ 177,534,320
(STATE MCH BUDGET TOTAL)						

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

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form2)</i>	\$ 11,683,598	\$ 10,024,111	\$ 11,683,598	\$	\$ 11,883,893	\$
2. Unobligated Balance <i>(Line2, Form2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
3. State Funds <i>(Line3, Form2)</i>	\$ 114,269,877	\$ 111,691,532	\$ 122,664,877	\$	\$ 102,687,908	\$
4. Local MCH Funds <i>(Line4, Form2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
5. Other Funds <i>(Line5, Form2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
6. Program Income <i>(Line6, Form2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
7. Subtotal	\$ 125,953,475	\$ 121,715,643	\$ 134,348,475	\$ 0	\$ 114,571,801	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form2)</i>	\$ 66,614,954	\$ 66,614,954	\$ 61,063,711	\$	\$ 72,993,711	\$
9. Total <i>(Line11, Form2)</i>	\$ 192,568,429	\$ 188,330,597	\$ 195,412,186	\$ 0	\$ 187,565,512	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Form3_Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2011
Field Note:
FY2011 Federal Allocation, Expended differs from budgeted amount by more than 10% due to unfilled vacancies, hiring freeze, and expenditures based on State fiscal year (not federal). All federal funds will be expended by 9/31/2012.
2. **Section Number:** Form3_Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2010
Field Note:
Expended differs from budgeted amount by more than 10% due to unfilled vacancies, hiring freeze, and expenditures based on State fiscal year (not federal). All federal funds will be expended by 9/31/2011.
3. **Section Number:** Form3_Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2010
Field Note:
Expended differs from budgeted amount by more than 10% due state reductions in several programs including Family Planning, Post Partum Depression, and Early Intervention.

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

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 8,665,530	\$ 7,196,338	\$ 8,973,485	\$ 8,177,845	\$ 9,424,423	\$ 6,326,280
b. Infants < 1 year old	\$ 5,198,707	\$ 5,338,866	\$ 5,321,214	\$ 5,585,540	\$ 5,222,087	\$ 5,483,825
c. Children 1 to 22 years old	\$ 10,363,643	\$ 14,342,993	\$ 14,279,510	\$ 12,200,890	\$ 15,018,843	\$ 13,025,854
d. Children with Special Healthcare Needs	\$ 110,566,581	\$ 113,201,928	\$ 120,100,089	\$ 115,340,328	\$ 111,128,061	\$ 95,885,756
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 1,149,114	\$ 1,497,743	\$ 1,132,579	\$ 1,098,388	\$ 1,152,793	\$ 993,928
g. SUBTOTAL	\$ 135,943,575	\$ 141,577,868	\$ 149,806,877	\$ 142,402,991	\$ 141,946,207	\$ 121,715,643
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 132,836		\$ 94,644	
c. CISS	\$ 140,000		\$ 140,000		\$ 105,000	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 500,000		\$ 500,000		\$ 500,000	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 23,885,700		\$ 23,885,700		\$ 33,275,457	
h. AIDS	\$ 2,260,049		\$ 2,283,000		\$ 2,260,049	
i. CDC	\$ 2,585,643		\$ 1,295,357		\$ 3,224,471	
j. Education	\$ 11,066,631		\$ 11,066,631		\$ 10,865,873	
k. Home Visiting	\$ 0		\$ 0		\$ 0	
l. Other						
Family Planning	\$ 0		\$ 0		\$ 3,413,730	
Others	\$ 0		\$ 0		\$ 2,079,453	
CDC Lead	\$ 0		\$ 1,105,400		\$ 0	
Hearing	\$ 0		\$ 220,000		\$ 0	
OPA	\$ 0		\$ 2,895,000		\$ 0	
SSBG	\$ 0		\$ 1,922,000		\$ 0	
Lead CDC	\$ 962,918		\$ 0		\$ 0	
SSBG	\$ 5,483,183		\$ 0		\$ 0	
III. SUBTOTAL	\$ 46,984,124		\$ 45,445,924		\$ 55,818,677	

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

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 7,499,733	\$ 9,326,280	\$ 7,189,574	\$	\$ 6,433,878	\$
b. Infants < 1 year old	\$ 5,126,372	\$ 5,483,825	\$ 5,266,214	\$	\$ 5,463,612	\$
c. Children 1 to 22 years old	\$ 6,609,841	\$ 10,025,854	\$ 6,673,794	\$	\$ 7,018,560	\$
d. Children with Special Healthcare Needs	\$ 105,600,037	\$ 95,885,756	\$ 114,226,155	\$	\$ 94,676,811	\$
e. Others	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
f. Administration	\$ 1,117,492	\$ 993,928	\$ 992,738	\$	\$ 978,940	\$
g. SUBTOTAL	\$ 125,953,475	\$ 121,715,643	\$ 134,348,475	\$ 0	\$ 114,571,801	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 93,713		\$ 97,260		\$ 97,260	
c. CISS	\$ 132,000		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 913,938		\$ 913,938	
e. Healthy Start	\$ 500,000		\$ 500,000		\$ 500,000	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 42,885,265		\$ 34,535,963		\$ 34,535,963	
h. AIDS	\$ 2,260,049		\$ 2,318,550		\$ 2,318,550	
i. CDC	\$ 3,822,731		\$ 2,622,765		\$ 2,622,765	
j. Education	\$ 10,865,873		\$ 10,828,899		\$ 10,828,899	
k. Home Visiting	\$ 0		\$ 0		\$ 11,930,000	
l. Other						
Family Planning	\$ 3,534,841		\$ 0		\$ 3,143,662	
HRSA	\$ 0		\$ 2,870,472		\$ 2,870,472	
PREP	\$ 0		\$ 0		\$ 1,412,929	
School Program	\$ 0		\$ 0		\$ 75,598	
Social Service Block	\$ 0		\$ 1,743,675		\$ 1,743,675	
Coordinated School H	\$ 0		\$ 75,598		\$ 0	
Family Planning	\$ 0		\$ 3,143,662		\$ 0	
PREP	\$ 0		\$ 1,412,929		\$ 0	
Others	\$ 2,520,482		\$ 0		\$ 0	
III. SUBTOTAL	\$ 66,614,954		\$ 61,063,711		\$ 72,993,711	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenBudgeted
Row Name: Pregnant Women
Column Name: Budgeted
Year: 2011
Field Note:
Elimination of family planning state funding in SFY 2011 budget reduced funding for pregnant women and adolescents.
2. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2011
Field Note:
FY2011 Pregnant Women, Expended differs from budgeted amount by more than 10% (greater by 10%) due to an underestimation of budgeted amount.
3. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2010
Field Note:
Expended differs from budgeted amount by more than 10% due to reduction in Post Partum Depression services.
4. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2011
Field Note:
FY2011 Children 1 to 22 years old, Expended differs from budgeted amount by more than 10% underestimation of budgeted amount.
5. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Budgeted
Row Name: Children 1 to 22 years old
Column Name: Budgeted
Year: 2011
Field Note:
Elimination of family planning state funding in SFY 2011 budget reduced funding for pregnant women and adolescents.
6. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2011
Field Note:
FY2011 Children 1 to 22 years old, Expended differs from budgeted amount by more than 10% due to underestimate of budgeted amount.
7. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2010
Field Note:
Expended differs from budgeted amount by more than 10% due to cuts in State funding for the Family Planning Program.
8. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNBudgeted
Row Name: CSHCN
Column Name: Budgeted
Year: 2011
Field Note:
Reduction of state funding for early intervention reduced overall budget for CSHCN.
9. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2010
Field Note:
Expended differs from budgeted amount by more than 10% due to cuts in the Early Intervention Program.
10. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2011
Field Note:
FY2011 Administration, Expended differs from budgeted amount by more than 10% due to retirements and unfilled vacancies.
11. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2010
Field Note:
Expended differs from budgeted amount by more than 10% due to reduction in salary costs from retirements.



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: NJ

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 109,433,180	\$ 109,370,811	\$ 111,414,100	\$ 106,651,905	\$ 107,316,193	\$ 91,393,397
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 10,965,314	\$ 17,442,867	\$ 20,584,077	\$ 18,871,286	\$ 18,174,577	\$ 15,848,433
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 10,036,692	\$ 7,993,907	\$ 10,320,500	\$ 8,862,202	\$ 9,561,400	\$ 7,033,286
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 5,508,389	\$ 6,770,283	\$ 7,488,200	\$ 8,017,598	\$ 6,894,037	\$ 7,440,527
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 135,943,575	\$ 141,577,868	\$ 149,806,877	\$ 142,402,991	\$ 141,946,207	\$ 121,715,643

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: NJ

TYPE OF SERVICE	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 88,460,440	\$ 91,393,396	\$ 101,314,434	\$	\$ 81,287,527	\$
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 18,329,977	\$ 15,848,433	\$ 18,329,977	\$	\$ 18,544,278	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 12,459,391	\$ 7,533,286	\$ 7,009,391	\$	\$ 7,209,323	\$
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 6,703,667	\$ 6,940,528	\$ 7,694,673	\$	\$ 7,530,673	\$
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 125,953,475	\$ 121,715,643	\$ 134,348,475	\$ 0	\$ 114,571,801	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Form5_Main
Field Name: DirectHCBudgeted
Row Name: Direct Health Care Services
Column Name: Budgeted
Year: 2011
Field Note:
State reduction/elimination of early intervention and family planning funding reduced amount allocated to direct services.
2. **Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2010
Field Note:
Expended funds for Direct Health Care Services based on State Fiscal Year not Federal Fiscal Year. All federal funds will be expended by 9/31/2011. Early Intervention services were reduced.
3. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2011
Field Note:
FY2011 Enabling Services, Expended differs from budgeted amount by more than 10% due to unfilled vacancies.
4. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2010
Field Note:
Expended funds for Direct Health Care Services based on State Fiscal Year not Federal Fiscal Year. All federal funds will be expended by 9/31/2011.
5. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2011
Field Note:
FY2011 Population-Based Services, Expended differs from budgeted amount by more than 10% due to unfilled vacancies.
6. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2010
Field Note:
Hiring freeze reduced expended amount by more than 10%.

FORM 6

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

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

STATE: NJ

Total Births by Occurrence: 101,692

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	101,692	100	20	1	1	100
Congenital Hypothyroidism	101,692	100	1,582	85	85	100
Galactosemia	101,692	100	76	17	17	100
Sickle Cell Disease	101,692	100	93	80	80	100

Other Screening (Specify)						
Biotinidase Deficiency	101,692	100	172	2	2	100
Cystic Fibrosis	101,692	100	123	13	13	100
Homocystinuria	101,692	100	9	0	0	
Maple Syrup Urine Disease	101,692	100	0	0	0	
Very Long-Chain Acyl-CoA Dehydrogenase Deficiency	101,692	100	6	3	3	100
Argininosuccinic Acidemia	101,692	100	1	1	1	100
Citrullinemia	101,692	100	5	0	0	
Isovaleric Acidemia	101,692	100	10	1	1	100
Propionic Acidemia	101,692	100	10	0	0	
3-Methylcrotonyl-CoA Carboxylase Deficiency	101,692	100	38	2	2	100
Methylmalonic acidemia (Cbl A,B)	101,692	100	10	0	0	
Glutaric Acidemia Type I	101,692	100	18	0	0	
Medium-Chain Acyl-CoA Dehydrogenase Deficiency	101,692	100	12	4	4	100
Long-Chain L-3-Hydroxy Acyl-CoA Dehydrogenase Deficiency	101,692	100	0	0	0	

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

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

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

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

Field Name: Other

Row Name: All Rows

Column Name: All Columns

Year: 2013

Field Note:

Column B: includes all out-of-range results. Same analyte is measured for PA and MMA as these 2 disorders cannot be differentiated at the screening level.

Column C: includes classic cases only, except for Sickle Cell Disease (which also includes Sickle/Beta Thalassemia and Hemoglobin Variants) and Galactosemia (which also includes variant D/G form of Galactosemia).

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: NJ

Number of Individuals Served - Historical Data by Annual Report Year					
Types of Individuals Served	2006	2007	2008	2009	2010
Pregnant Women	109,185	110,168	107,021	104,481	101,239
Infants < 1 year old	111,727	112,715	109,539	106,944	103,409
Children 1 to 22 years old	209,763	209,763	218,345	210,192	216,918
Children with Special Healthcare Needs	40,000	40,000	46,017	48,456	52,842
Others	30,000	30,000	30,000	30,000	30,000
Total	500,675	502,646	510,922	500,073	504,408

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	98,489	28.0		65.0	5.0	2.0
Infants < 1 year old	100,899	32.0		63.0	3.0	2.0
Children 1 to 22 years old	217,110					100.0
Children with Special Healthcare Needs	52,900	49.0		48.0	1.0	2.0
Others	30,000					100.0
TOTAL	499,398					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Form7_Main
Field Name: PregWbmen_TS
Row Name: Pregnant Women
Column Name: Title V Total Served
Year: 2013
Field Note:
Provisional EBC data for 2011. Number of women delivering liveborn infants. Primary Source of Insurance Coverage for prenatal care from the PRAMS Survey (2002-2008 data).
2. **Section Number:** Form7_Main
Field Name: Children_0_1_TS
Row Name: Infants <1 year of age
Column Name: Title V Total Served
Year: 2013
Field Note:
Provisional EBC data for 2011. Number of liveborn infants. Source of Insurance Coverage for delivery care from the PRAMS Survey (2002 - 2008 data).
3. **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 number of Children 1 to 22 years old is based on the estimated total of children served in CY 2011 in the Fluoride Mouthrinse Program (21,000), Oral Health Education (75,000), Adolescent Family Planning (28,679), and Coordinated School Health Program (30,000). Primary source of health insurance coverage is not available. An exact unduplicated count of children served is not available from the programmatic data. During calendar year 2011, 217,110 children were screened for Lead Poisoning.
4. **Section Number:** Form7_Main
Field Name: CSHCN_TS
Row Name: Children with Special Health Care Needs
Column Name: Title V Total Served
Year: 2013
Field Note:
Source: SCHEIS programmatic 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: NJ

Reporting Year: 2010

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	103,295	69,277	18,376		10,721			4,921
Title V Served	103,295	69,277	18,376		10,721			4,921
Eligible for Title XIX	28,417	16,480	8,745		863			2,329
INFANTS								
Total Infants in State	103,295	69,277	18,376		10,721			4,921
Title V Served	103,295	69,277	18,376		10,721			4,921
Eligible for Title XIX	28,417	16,480	8,745		863			2,329

II. UNDUPLICATED COUNT BY ETHNICITY

	HISPANIC OR LATINO (Sub-categories by country or area of origin)							
	(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
DELIVERIES								
Total Deliveries in State	75,742	27,553						27,553
Title V Served	75,742	27,553						27,553
Eligible for Title XIX	15,343	13,074						13,074
INFANTS								
Total Infants in State	75,742	27,553						27,553
Title V Served	75,742	27,553						27,553
Eligible for Title XIX	15,343	13,074						13,074

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: NJ

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

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

	FY 2013	FY 2012	FY 2011	FY 2010	FY 2009
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 328-3838	(800) 328-3838	(800) 328-3838	(800) 328-3838	(800) 328-3838
2. State MCH Toll-Free "Hotline" Name	Family Health Line	Family Health Line	Family Health Line	Family Health Line	Family Health Line
3. Name of Contact Person for State MCH "Hotline"	Elizabeth Dahms	Elizabeth Dahms	Elizabeth Dahms	Elizabeth Dahms	Reza Behbehani
4. Contact Person's Telephone Number	(609) 292-5616	(609) 292-5616	(609) 292-5616	(609) 292-5616	(609) 292-5616
5. Contact Person's Email	Elizabeth.Dahms@doh.state.nj.us	Elizabeth.Dahms@doh.state.nj.us	Elizabeth.Dahms@doh.state.nj.us	Elizabeth.Dahms@doh.state.nj.us	
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	13418	17335	17850

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: NJ

1. State MCH Administration:
(max 2500 characters)

In New Jersey the administration of the MCH Block Grant, including the program for children and youth with special health care needs, is organizationally located within the Department of Health and Senior Services, Division of Family Health Services (FHS). The division's organization is based on function, rather than categorical programs. Maternal and Child Health Services (MCHS) has oversight of the Maternal and Child Health Consortia (MCHC), FAS risk reduction perinatal addiction services, Healthy Start, the Black Infant Mortality Reduction Awareness Campaign, comprehensive maternity services and outreach and education, the Access to Prenatal Care Initiative, preventive and primary care services including child and adolescent health services, oral health, childhood lead poisoning prevention services, post partum depression, mortality review, child care, early childhood systems development, the Home Visiting Program, teen pregnancy prevention programs, Coordinated School Health, and Title X-family planning. The second service unit in FHS, Special Child Health and Early Intervention Services (SCHEIS) administers programs and services to assure that all children and youth with special health needs have access to comprehensive, community based, culturally competent and family centered care. The Birth Defects registry provides for early identification and surveillance. Newborn screening follow-up is within SCHEIS. Specialized pediatric evaluation and treatment services are managed by SCHEIS along with community based case management services for children with special health care needs. Services for adults include hereditary disorders, diabetes control, and chronic renal disease.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 11,883,883
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 102,687,908
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 114,571,801

9. Most significant providers receiving MCH funds:

	<u>Maternal Child Health Consortia</u>
_____	_____
_____	_____
_____	_____

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

a. Pregnant Women	<u>98,489</u>
b. Infants < 1 year old	<u>100,899</u>
c. Children 1 to 22 years old	<u>217,110</u>
d. CSHCN	<u>52,900</u>
e. Others	<u>30,000</u>

11. Statewide Initiatives and Partnerships:

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

The prevention oriented system for child health is an outreach case management model designed to assist primary health care providers deliver more effective health supervision and medical care to high risk families through supportive nurse home visiting services. Confidential family planning services are available throughout the state to adolescents. Through home visiting projects, pregnant/parenting adolescents and their infants receive parenting skills training, and linkage with preventive and primary health care. Outreach and education to promote healthy birth outcomes are provided through a network of Access to Prenatal Care Initiative providers and the MCH Consortia. Safety net pediatric tertiary medical and developmental services are available to children with special health care needs. The County Case Management Units provide individualized case management/care coordination services for families with children with special health care need.

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

Newborn screening follow up assures infants identified as having an inborn error of metabolism receive timely and appropriate treatment. Through the Cavity Free Kids program and the school fluoride mouth rinse program preschool and school age children participate in oral health education activities. The SIDS Center of New Jersey provides the following services: 1) a 24-hour hotline for the acceptance of SIDS case referrals and the provision of information about SIDS, 2) grief counseling services for parents affected by SIDS, 3) a system of continuing public an professional education, and 4) the development of local support groups.

c. Infrastructure Building Services:
(max 2500 characters)

Regional Maternal and Child Health Consortia serve as the local planning, quality assurance, and professional and consumer education agents focused on MCH issues. Using the electronic birth certificate information along with other relevant data, the MCH Epidemiology Program collects and analyzes data on maternal and child health indicators to assist in needs assessment, program planning and improving health outcomes. The birth defects monitoring program maintains the SCHS registry which includes the confidential registration of infants/children with birth defects and special health care needs. This registry serves as an entry point into the SCHEIS case management system. The Coordinated School Health Program provides a focal point for coordinating health promotion activities for Adolescents in schools.

12. The primary Title V Program contact person:

Name Gloria Rodriguez
 Title Assistant Commissioner
 Address P.O. Box 364
 City Trenton
 State NJ
 Zip 08625-0364

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

Name Dr. Marilyn Gorney-Daley
 Title Service Director SCHEIS
 Address P.O. Box 364
 City Trenton
 State NJ
 Zip 08625-0364

14. State Family or Youth Leader Contact person:

Name Diana MTK Aulin
 Title Executive Co-Director, Statewide Parent Advocacy Network
 Address 35 Halsey Street
 City Newark
 State NJ
 Zip 07102

Phone	<u>609-292-4043</u>	Phone	<u>609-292-4043</u>	Phone	<u>973-642-8100</u>
Fax	<u>609-292-9599</u>	Fax	<u>609-292-9599</u>	Fax	<u></u>
Email	<u>gloria.rodiguez@doh.state.nj.us</u>	Email	<u>marilyn.gorney-daley@doh.state.nj.us</u>	Email	<u>diana.autin@spannj.org</u>
Web	<u></u>	Web	<u></u>	Web	<u>www.spannj.org</u>

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: NJ

Form Level Notes for Form 11

None

PERFORMANCE MEASURE # 01

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

		<u>Annual Objective and Performance Data</u>				
		2007	2008	2009	2010	2011
Annual Performance Objective	_____	100	100	100	100	100
Annual Indicator	_____	100.0	100.0	100.0	100.0	100.0
Numerator	_____	112,406	6,061	5,825	5,655	5,421
Denominator	_____	112,406	6,061	5,825	5,655	5,421
Data Source			Newborn Screening Program	Newborn Screening Program	Newborn Screening Program	Newborn Screening Program
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i></p>		_____	_____	_____	_____	_____
Is the Data Provisional or Final?					Final	Final

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

Field Level Notes

1. Section Number: Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2011

Field Note:

Source: Newborn Biochemical Screening Program as reported by the state's Inborn Errors of Metabolism Laboratory.

Number of unique screen-positive newborns per calendar year who received timely follow-up.

See attached Table - Newborn Screening Disorders FY 2011 Data

2. Section Number: Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2010

Field Note:

Source: Newborn Biochemical Screening Program as reported by the state's Inborn Errors of Metabolism Laboratory.

Number of unique screen-positive newborns per calendar year who received timely follow-up.

See attached Table - Newborn Screening Disorders FY 2010 Data

3. Section Number: Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2009

Field Note:

Source: Newborn Biochemical Screening Program as reported by the state's Inborn Errors of Metabolism Laboratory.

Number of unique screen-positive newborns per calendar year who received timely follow-up.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>62</u>	<u>56</u>	<u>57</u>	<u>58</u>	<u>59</u>
Annual Indicator	<u>55.4</u>	<u>55.4</u>	<u>55.4</u>	<u>55.4</u>	<u>69.2</u>
Numerator					
Denominator					
Data Source		CSHCN Survey	CSHCN Survey	CSHCN Survey	CSHCN Survey

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>70</u>	<u>70</u>	<u>70</u>	<u>72</u>	<u>72</u>
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, a numerator and denominator is not available.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	57	42	43	44	45
Annual Indicator	40.8	40.8	40.8	40.8	38.3
Numerator					
Denominator					
Data Source		CSHCN Survey	CSHCN Survey	CSHCN Survey	CSHCN Survey

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	39	39	39	41	41
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

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

Field Name: PM03

Row Name:

Column Name:

Year: 2011

Field Note:

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

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

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

Field Name: PM03

Row Name:

Column Name:

Year: 2010

Field Note:

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

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

Field Name: PM03

Row Name:

Column Name:

Year: 2009

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. A numerator and denominator are not available.

PERFORMANCE MEASURE # 04

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	64	61	62	63	64
Annual Indicator	59.9	59.9	59.9	59.9	54.9
Numerator					
Denominator					
Data Source		CSHCN Survey	CSHCN Survey	CSHCN Survey	CSHCN Survey

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	55	55	55	57	57
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2011

Field Note:

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

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

2. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2010

Field Note:

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

3. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2009

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. A numerator and denominator are not available.

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	80	88	90	90	91
Annual Indicator	88	88	88	88	62.3
Numerator					
Denominator					
Data Source		CSHCN Survey	CSHCN Survey	CSHCN Survey	CSHCN Survey

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	63	63	63	70	70
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2011

Field Note:

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

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

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. A numerator and denominator are not available.

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	<u>12</u>	<u>40</u>	<u>41</u>	<u>40</u>	<u>42</u>
Annual Indicator	<u>37.9</u>	<u>37.9</u>	<u>37.9</u>	<u>37.9</u>	<u>41.8</u>
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source		CSHCN Survey	CSHCN Survey	CSHCN Survey	CSHCN Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>42</u>	<u>42</u>	<u>42</u>	<u>45</u>	<u>45</u>
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. A numerator and denominator are not available.

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	83	83	84	74	74
Annual Indicator	82.3	72.8	70.2	66.2	67
Numerator					
Denominator					
Data Source		NIS, CDC	NIS, CDC	NIS, CDC	NIS, CDC

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	68	69	70	71	72
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2011

Field Note:

Data is from the National Immunization Survey Q1/2010-Q4/2010 at the CDC. The data is reported as 67.0% ± 6.7% for 4:3:1 plus full series of Hib vaccine, 3 or more doses of HepB vaccine, and 1 or more doses of varicella vaccine. http://www.cdc.gov/vaccines/stats-surv/nis/data/tables_2010.htm
 No numerators or denominators are available.

2. Section Number: Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2010

Field Note:

Data from the National Immunization Survey, Q3/2009-Q2/2010. 4:3:1:3:3:PS rate = 66.2 % (+- 6.8%).
http://www.cdc.gov/vaccines/stats-surv/nis/tables/Q3/2009-Q2/2010/tab29_43133_race_iap.xls
 US rate = 75.5 % (+- 1.2%)

3. Section Number: Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2009

Field Note:

Data from the National Immunization Survey, Q1/2009-Q4/2009. 4:3:1:3:3 rate = 70.2 % (+- 6.4%).
http://www.cdc.gov/vaccines/stats-surv/nis/tables/Q1/2009-Q4/2009/tab29_43133_race_iap.xls
 US rate = 75.7 % (+- 1.2%) for 4:3:1:3:3:1:S

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	12.3	12.2	12	9.8	9.8
Annual Indicator	12.4	11.9	10.7	9.6	9.6
Numerator	2,233	2,131	1,916	1,721	1,721
Denominator	180,103	179,548	179,548	179,548	179,548
Data Source		BC	BC	BC	BC

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	9.5	9.5	9.4	9.4	9.3
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2011

Field Note:

Source: Provisional Electronic Birth Certificate 2010 file as of 6/23/2012, use as provisional estimate for 2011 data.

Denominator from <http://wd.dol.state.nj.us/labor/lpa/dmograph/est/NJ09single.xls>

Final 2011 data will be available in Fall 2014.

2. Section Number: Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2010

Field Note:

Source: Provisional Electronic Birth Certificate 2010 file as of 6/23/2012, use as provisional 2010 data.

Denominator from <http://wd.dol.state.nj.us/labor/lpa/dmograph/est/NJ09single.xls>

Final 2010 data will be available in Fall 2013.

PERFORMANCE MEASURE # 09

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

	2007	2008	2009	2010	2011
Annual Performance Objective	45	45	46	46	47
Annual Indicator	42	46	46.5	46.4	46.4
Numerator			1,197	1,664	1,664
Denominator			2,575	3,588	3,588
Data Source		Dental Sealant Survey	Dental Sealant Survey	Dental Sealant Survey	Dental Sealant Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	2012	2013	2014	2015	2016
Annual Performance Objective	48	48	49	49	50
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2011

Field Note:

The 2010-2011 oral health survey of third grade children in a sample of elementary schools found that 46.4% of students had a dental sealant on a permanent molar back tooth.

2. Section Number: Form11_Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2010

Field Note:

The 2010-2011 oral health survey of third grade children in a sample of elementary schools found that 46.4% of students had a dental sealant on a permanent molar back tooth.

3. Section Number: Form11_Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2009

Field Note:

The 2008-2009 oral health survey of third grade children in a sample of elementary schools found that 46.5% of students had a dental sealant on a permanent molar back tooth.

PERFORMANCE MEASURE # 10

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	1.5	1.3	1.2	1.6	1.4
Annual Indicator	1.7	1.7	0.8	0.8	0.8
Numerator	29	29	14	14	14
Denominator	1,693,095	1,701,841	1,689,425	1,689,425	1,689,425
Data Source		CDC	CDC	CDC	CDC

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	0.8	0.8	0.8	0.7	0.7
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2011**Field Note:**

Data source - CDC National Center for Injury Prevention and Control <http://www.cdc.gov/ncipc/wisqars/>
 2009 data is the most recent data available as of 6/23/2012 and has been entered as provisional 2011 data.
 2011 Final data may be available in 10/2014.
 Rates based on 20 or fewer deaths may be unstable.

2. Section Number: Form11_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2010**Field Note:**

Data source - CDC National Center for Injury Prevention and Control <http://www.cdc.gov/ncipc/wisqars/>
 2009 data is the most recent data available as of 6/23/2012 and has been entered as provisional 2010 data.
 2010 Final data may be available in 10/2013.
 Rates based on 20 or fewer deaths may be unstable.

3. Section Number: Form11_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data source - CDC National Center for Injury Prevention and Control <http://www.cdc.gov/ncipc/wisqars/>
 2009 Final data.
 Rates based on 20 or fewer deaths may be unstable.

PERFORMANCE MEASURE # 11

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	42	46	38	53	45
Annual Indicator	37.3	42	42	42	42
Numerator					
Denominator					
Data Source		NIS, CDC.	NIS, CDC.	NIS, CDC.	NIS, CDC.

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	42	43	43	44	44
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:

2007 data (42.3% +/- 6.2%) entered for provisional 2011 data. US comparison 43.0% (+/- 1.3%)

Source: National Immunization Survey, CDC. http://www.cdc.gov/breastfeeding/data/NIS_data/2007/state_any.htm

Final 2011 data may be available from the CDC in Fall 2014.

2. Section Number: Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2010

Field Note:

2007 data (42.3% +/- 6.2%) entered for provisional 2010 data. US comparison 43.0% (+/- 1.3%)

Source: National Immunization Survey, CDC. http://www.cdc.gov/breastfeeding/data/NIS_data/2007/state_any.htm

Final 2010 data may be available from the CDC in Fall 2013.

3. Section Number: Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2009

Field Note:

2007 data (42.3% +/- 6.2%) entered for provisional 2009 data. US comparison 43.0% (+/- 1.3%)

Source: National Immunization Survey, CDC. http://www.cdc.gov/breastfeeding/data/NIS_data/2007/state_any.htm

Final 2009 data may be available from the CDC in Fall 2012.

PERFORMANCE MEASURE # 12

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

		<u>Annual Objective and Performance Data</u>				
		2007	2008	2009	2010	2011
Annual Performance Objective	99	99.2	99.6	99.6	99.7	99.8
Annual Indicator	99.2	99.6	99.7	99.7	99.8	99.8
Numerator	111,027	108,119	105,847	102,712	99,037	99,037
Denominator	111,876	108,514	106,185	102,930	99,228	99,228
Data Source		Newborn Hearing Screening Program	Newborn Hearing Screening Program	Newborn Hearing Screening Program	Newborn Hearing Screening Program	Newborn Hearing Screening Program
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i></p>						
Is the Data Provisional or Final?					Provisional	Provisional

		<u>Annual Objective and Performance Data</u>				
		2012	2013	2014	2015	2016
Annual Performance Objective	99.9	99.9	99.9	99.9	99.9	99.9
Annual Indicator						
Numerator						
Denominator						

Field Level Notes

- Section Number:** Form11_Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2011
Field Note:
 Provisional 2011 data from the Newborn Hearing Screening Program based on the provisional 2011 EBC which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ.
 Final 2011 data will be available in Fall 2013.
- Section Number:** Form11_Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2010
Field Note:
 Provisional 2010 data from the Newborn Hearing Screening Program based on the provisional 2010 EBC which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ.
 Final 2010 data will be available in Fall 2012.
- Section Number:** Form11_Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2009
Field Note:
 Source: Newborn Hearing Screening Program based on the EBC which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	10	12	11	11	12
Annual Indicator	13.0	14.1	9.1	9.1	9.1
Numerator	288,300	288,300	199,300	199,300	199,300
Denominator	2,217,692	2,044,000	2,191,600	2,191,600	2,191,600
Data Source		CPS	CPS	CPS	CPS

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	9	9	9	8.8	8.6
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2011

Field Note:

2009-2010 data entered as provisional estimate of 2011 data.

Source: two-year (2009-2010) health coverage estimate based on the Annual Social and Economic Supplement (ASEC) to the US Census Bureau's Current Population Survey (CPS). From <http://www.statehealthfacts.org/>

Final 2011 data may be available in Fall 2013.

2. **Section Number:** Form11_Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2010

Field Note:

Source: two-year (2009-2010) health coverage estimate based on the Annual Social and Economic Supplement (ASEC) to the US Census Bureau's Current Population Survey (CPS). From <http://www.statehealthfacts.org/>

3. **Section Number:** Form11_Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2009

Field Note:

Source: two-year (2009-2010) health coverage estimate based on the Annual Social and Economic Supplement (ASEC) to the US Census Bureau's Current Population Survey (CPS). From <http://www.statehealthfacts.org/>

PERFORMANCE MEASURE # 14

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	40	39	35	34	34
Annual Indicator	35.6	35.4	35.9	34.3	32.3
Numerator					
Denominator					
Data Source		WIC PedNSS	WIC PedNSS	WIC PedNSS	WIC PedNSS

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	32	32	31.5	31.5	31
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2011
Field Note:
 Source: 2011 Pediatric Nutrition Surveillance report for New Jersey, Table 12C. Provided by the NJ WIC Program as compiled by the CDC (see http://www.cdc.gov/pednss/what_is/pednss/index.htm)
2. **Section Number:** Form11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2010
Field Note:
 Source: 2010 Pediatric Nutrition Surveillance report for New Jersey, Table 12C. Provided by the NJ WIC Program as compiled by the CDC (see http://www.cdc.gov/pednss/what_is/pednss/index.htm)
3. **Section Number:** Form11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2009
Field Note:
 Source: 2009 Pediatric Nutrition Surveillance report for New Jersey, Table 12C. Provided by the NJ WIC Program as compiled by the CDC (see http://www.cdc.gov/pednss/what_is/pednss/index.htm)

PERFORMANCE MEASURE # 15

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	8	7.8	6	5.8	6.5
Annual Indicator	6.2	6.8	6.8	6.8	6.8
Numerator					
Denominator					
Data Source		NJ PRAMS	NJ PRAMS	NJ PRAMS	NJ PRAMS

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	6.4	6.3	6.3	6.2	6.2
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:
 2008 NJ PRAMS data entered as provisional estimate for 2011. Final 2011 data will be available in 2014.

2. **Section Number:** Form11_Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2010
Field Note:
 2008 NJ PRAMS data entered as provisional estimate for 2010. Final 2010 data will be available in 2013.

3. **Section Number:** Form11_Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2009
Field Note:
 2008 NJ PRAMS data entered as provisional estimate for 2009. Final 2009 data will be available in 2012.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

	Annual Objective and Performance Data				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>2.8</u>	<u>4.2</u>	<u>3.7</u>	<u>3.9</u>	<u>3.8</u>
Annual Indicator	<u>4.1</u>	<u>4.1</u>	<u>4.7</u>	<u>4.7</u>	<u>4.7</u>
Numerator	<u>24</u>	<u>24</u>	<u>27</u>	<u>27</u>	<u>27</u>
Denominator	<u>589,614</u>	<u>583,506</u>	<u>579,856</u>	<u>579,856</u>	<u>579,856</u>
Data Source		WISQARS, CDC	WISQARS, CDC	WISQARS, CDC	WISQARS, CDC

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

	Annual Objective and Performance Data				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>4.5</u>	<u>4.5</u>	<u>4.4</u>	<u>4.3</u>	<u>4.2</u>
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2011

Field Note:

2009 data entered as provisional estimate for 2011 data. Final 2011 data will be available from the CDC in Fall 2014.

2. **Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2010

Field Note:

2009 data entered as provisional estimate for 2010 data. Final 2010 data will be available from the CDC in Fall 2013.

3. **Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2009

Field Note:

Source: WISQAR, CDC - <http://www.cdc.gov/injury/wisqars/index.html>

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	80	80	83	86	85
Annual Indicator	76.7	82.6	85.6	84.3	84.3
Numerator	1,315	1,446	1,368	1,369	1,359
Denominator	1,714	1,751	1,587	1,613	1,613
Data Source		EBC	EBC	EBC	EBC

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	85	86	86	86	87
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #17

Field Name: PM17**Row Name:****Column Name:****Year:** 2011**Field Note:**

Provisional 2010 data from the Electronic Birth Certificate file entered as estimate for 2011 data. Final 2011 data may be available in Fall 2014.

2. **Section Number:** Form11_Performance Measure #17

Field Name: PM17**Row Name:****Column Name:****Year:** 2010**Field Note:**

Provisional 2010 data from the Electronic Birth Certificate file as of 6/23/2012. Final 2010 data may be available in Fall 2013.

3. **Section Number:** Form11_Performance Measure #17

Field Name: PM17**Row Name:****Column Name:****Year:** 2009**Field Note:**

Provisional 2009 data from the Electronic Birth Certificate file as of 6/23/2012. Final 2009 Birth Certificate data may be available in Fall 2012.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

	Annual Objective and Performance Data				
	2007	2008	2009	2010	2011
Annual Performance Objective	79.2	79.2	79.4	79.6	81.4
Annual Indicator	76.6	78.4	79.5	81.3	81.3
Numerator	86,363	85,891	85,018	84,198	84,198
Denominator	112,715	109,539	106,944	103,586	103,586
Data Source		EBC	EBC	EBC	EBC

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

	Annual Objective and Performance Data				
	2012	2013	2014	2015	2016
Annual Performance Objective	81.4	81.5	81.5	81.6	81.7
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2011
Field Note:
 Source: 2010 provisional data from the Electronic Birth Certificate file entered as estimate of 2011 data. Final 2011 data will be available in 2014.
- Section Number:** Form11_Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2010
Field Note:
 Source: 2010 provisional data from the Electronic Birth Certificate file as of 6/23/2012. Final data will be available in 2013.
- Section Number:** Form11_Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2009
Field Note:
 Source: 2009 provisional data from the Electronic Birth Certificate file as of 6/23/2011. Final data will be available in 2012.

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

Form Level Notes for Form 11

None

STATE PERFORMANCE MEASURE # 1 - REPORTING YEAR

The percentage of Black non-Hispanic preterm infants in New Jersey

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	13	13	13	13	9.9
Annual Indicator	11.3	11.0	10.6	10.0	10.0
Numerator	1,945	1,861	1,744	1,573	1,573
Denominator	17,256	16,858	16,507	15,725	15,725
Data Source		EBC	EBC	EBC	EBC
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	9.8	9.7	9.6	9.5	9.4
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 #1

Field Name: SM1

Row Name:

Column Name:

Year: 2009

Field Note:

Provisional 2009 data from the Electronic Birth Certificate file as of 6/23/2010. Final 2009 data will be available in 2012.

STATE PERFORMANCE MEASURE # 2 - REPORTING YEAR

The percentage of children with elevated blood lead levels (≥ 20 ug/dL).

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>0.2</u>	<u>0.2</u>	<u>0.2</u>	<u>0.1</u>	<u>0.1</u>
Annual Indicator	<u>0.2</u>	<u>0.1</u>	<u>0.1</u>	<u>0.1</u>	<u>0.1</u>
Numerator	<u>360</u>	<u>261</u>	<u>231</u>	<u>252</u>	<u>229</u>
Denominator	<u>161,776</u>	<u>175,053</u>	<u>175,732</u>	<u>185,055</u>	<u>180,681</u>
Data Source		Childhood Lead Prevention Program Database			
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>0.1</u>	<u>0.1</u>	<u>0.1</u>	<u>0.1</u>	<u>0.1</u>
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

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

Field Name: SM2

Row Name:

Column Name:

Year: 2010

Field Note:

Source: Childhood Lead Prevention Program Database, MCCH, FHS.

2009 data entered as provisional 2010 data.

Final 2010 data will be available in Fall 2011.

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

Field Name: SM2

Row Name:

Column Name:

Year: 2009

Field Note:

Source: Childhood Lead Prevention Program Database, MCCH, FHS.

Final 2009 data will be available in Fall 2011.

STATE PERFORMANCE MEASURE # 3 - REPORTING YEAR

The number of Regional MCH Consortia conducting community-based Fetal and Infant Mortality Review (FIMR) Teams and implementing recommendations through a Community Action Team.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____ 100
Annual Indicator	_____	_____ 100.0	_____ 100.0	_____ 100.0	_____ 100.0
Numerator	_____	_____ 6	_____ 6	_____ 6	_____ 5
Denominator	_____	_____ 6	_____ 6	_____ 6	_____ 5
Data Source		MCHS	MCHS	MCHS	MCHS
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 100	_____ 100	_____ 100	_____ 100	_____ 100
Annual Indicator	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 #3

Field Name: SM3

Row Name:

Column Name:

Year: 2010

Field Note:

Source: Reproductive and Perinatal Health Services in MCHS in FHS.

2. Section Number: Form11_State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2009

Field Note:

Source: Reproductive and Perinatal Health Services in MCHS in FHS.

STATE PERFORMANCE MEASURE # 4 - REPORTING YEAR

Reduce the proportion of children and adolescents who are overweight or obese.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	24.5
Annual Indicator	_____	26.6	24.5	24.5	24.5
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source		NJ Student Health Survey			
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	24	23.5	23	23	23
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
Numerator	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
Denominator	those measures on Form 11 for the new needs assessment period.				

Field Level Notes

- Section Number:** Form11_State Performance Measure #4
Field Name: SM4
Row Name:
Column Name:
Year: 2011
Field Note:
 Source: NJ Student Health Survey, numerator and denominator are not available.
- Section Number:** Form11_State Performance Measure #4
Field Name: SM4
Row Name:
Column Name:
Year: 2010
Field Note:
 Source: NJ Student Health Survey, numerator and denominator are not available.
- Section Number:** Form11_State Performance Measure #4
Field Name: SM4
Row Name:
Column Name:
Year: 2009
Field Note:
 Source: NJ Student Health Survey, numerator and denominator are not available.

STATE PERFORMANCE MEASURE # 5 - REPORTING YEAR

Percentage of newborns who are discharged from NJ hospitals, reside in New Jersey, did not pass their newborn hearing screening and who have outpatient audiologic follow-up documented.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective				77	79
Annual Indicator		74.3	79.0	86.1	78.1
Numerator		2,247	2,356	2,425	2,115
Denominator		3,023	2,961	2,818	2,707
Data Source		EHDI	EHDI	EHDI	EHDI
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	81	83	85	86	87
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

- 1. **Section Number:** Form11_State Performance Measure #5
- Field Name:** SM5
- Row Name:**
- Column Name:**
- Year:** 2011
- Field Note:**
Data for 2011 is incomplete, follow-up reports are still being received for these children.

STATE PERFORMANCE MEASURE # 6 - REPORTING YEAR

Percent of live children registered with the BDARS who have been referred to NJ's Special Child Health Services Case Management Unit who are receiving services.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	70
Annual Indicator	_____	_____	65	65	65
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source			BDARS	BDARS	BDARS
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	75	80	85	85	86
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2011

Field Note:

Actual data is not yet available. Provisional 2011 data is an estimate. Final data will be available in late 2012.

2. **Section Number:** Form11_State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2010

Field Note:

Actual data is not yet available. Provisional 2010 data is an estimate. Final data will be available in 2012.

3. **Section Number:** Form11_State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2009

Field Note:

Actual data is not yet available. Provisional 2009 data is an estimate. Final data will be available in 2012.

STATE PERFORMANCE MEASURE # 7 - REPORTING YEAR

Average age of diagnosis for children reported to the NJ Birth Defects & Autism Reporting System (BDARS) with an Autism Spectrum Disorder.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	4.5
Annual Indicator	_____	_____	4.6	4.2	4.5
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source			SCHEIS, BDARS	SCHEIS, BDARS	SCHEIS, BDARS
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	4	3.5	3	3	3
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
Numerator	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
Denominator	those measures on Form 11 for the new needs assessment period.				

Field Level Notes

- 1. **Section Number:** Form11_State Performance Measure #7
- Field Name:** SM7
- Row Name:**
- Column Name:**
- Year:** 2011
- Field Note:**
- Final 2011 data will be available Fall 2012.
- Numerators or denominators are not applicable.

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

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	5.8	5.7	5.6	5.5	5.4
Annual Indicator	5.3	5.3	5.6	5.6	5.6
Numerator	604	604	626	626	626
Denominator	114,664	114,664	112,427	112,427	112,427
Data Source		NCHS, CDC	NCHS, CDC	NCHS, CDC	NCHS, CDC

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	5.3	5.2	5.2	5.1	5.1
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 1

Field Name: OM01

Row Name:

Column Name:

Year: 2011

Field Note:

Final data for 2011 is not available as of 6/23/2012 from the NCHS. Data from 2008 is entered into 2011 as a required estimate.
 Source: National Vital Statistics Reports, Vol. 59, No. 10 Table 22
 Final 2011 data may be available in 2015.

2. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2010

Field Note:

Final data for 2010 is not available as of 6/23/2012 from the NCHS. Data from 2008 is entered into 2010 as a required estimate.
 Source: National Vital Statistics Reports, Vol. 59, No. 10 Table 22
 Final 2010 data may be available in 2014.

3. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2009

Field Note:

Final data for 2009 is not available as of 6/23/2012 from the NCHS. Data from 2008 is entered into 2009 as a required estimate.
 Source: National Vital Statistics Reports, Vol. 59, No. 10 Table 22
 Final 2009 data may be available in 2013.

OUTCOME MEASURE # 02

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>2.2</u>	<u>2.2</u>	<u>2.1</u>	<u>2.1</u>	<u>2</u>
Annual Indicator	<u>2.8</u>	<u>2.8</u>	<u>2.8</u>	<u>2.8</u>	<u>2.8</u>
Numerator	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
Denominator	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>
Data Source		NCHS, CDC	NCHS, CDC	NCHS, CDC	NCHS, CDC

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>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. Section Number: Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2011

Field Note:

Final data for 2011 is not available as of 6/23/2012. Data from 2008 is entered into 2011.

Final 2011 data may not be available until Fall 2014.

2. Section Number: Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2010

Field Note:

Final data for 2010 is not available as of 6/23/2012. Data from 2008 is entered into 2010.

Final 2010 data may not be available until Fall 2013.

3. Section Number: Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2009

Field Note:

Final data for 2009 is not available as of 6/23/2012. Data from 2008 is entered into 2009.

Source: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_10.pdf

Final 2009 data may not be available until Fall 2012.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	3.8	3.8	3.7	3.6	3.6
Annual Indicator	3.7	3.7	3.6	3.6	3.6
Numerator	428	428	401	401	401
Denominator	114,664	114,664	112,427	112,427	112,427
Data Source		NCHS	NCHS	NCHS	NCHS

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

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	3.5	3.4	3.4	3.3	3.3
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

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

Field Name: OM03

Row Name:

Column Name:

Year: 2010

Field Note:

Final data for 2010 is not available as of 6/23/2011 from the NCHS. Data from 2006 is entered as a provisional estimate for 2010. Final 2010 data may be available in Fall 2013.

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

Field Name: OM03

Row Name:

Column Name:

Year: 2009

Field Note:

Final data for 2009 is not available as of 6/23/2012 from the NCHS. Data from 2008 is entered as a provisional estimate for 2009.

Source: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_10.pdf

Final 2009 data may be available in Fall 2012.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	1.7	1.6	1.6	1.5	1.5
Annual Indicator	1.5	1.5	2.0	2.0	2.0
Numerator	170	170	225	225	225
Denominator	114,664	114,664	112,427	112,427	112,427
Data Source		NCHS, CDC	NCHS, CDC	NCHS, CDC	NCHS, CDC

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	1.5	1.4	1.4	1.3	1.3
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. Section Number: Form12_Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2011

Field Note:

Final data for 2011 is not available as of 6/23/2012 from the NCHS.

Data from 2008 is entered into 2011 as provisional estimate.

Source: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_10.pdf

Final 2011 data may be available in Fall 2014.

2. Section Number: Form12_Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2010

Field Note:

Final data for 2010 is not available as of 6/23/2012 from the NCHS.

Data from 2008 is entered into 2010 as provisional estimate.

Source: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_10.pdf

Final 2010 data may be available in Fall 2013.

3. Section Number: Form12_Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2009

Field Note:

Final data for 2009 is not available as of 6/23/2012 from the NCHS.

Data from 2008 is entered into 2009 as provisional estimate.

Source: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_10.pdf

Final 2009 data may be available in Fall 2012.

OUTCOME MEASURE # 05

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	5.8	5.7	7.9	7.8	7.7
Annual Indicator	8.0	8.0	10.1	10.1	10.1
Numerator	909	909	1,184	1,184	1,184
Denominator	113,966	113,966	117,109	117,109	117,109
Data Source		NCHS	NCHS	NCHS	NCHS

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	10	10	9.5	9.5	9.4
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

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

Field Name: OM05

Row Name:

Column Name:

Year: 2011

Field Note:

Final data for 2011 is not available as of 6/23/2012 from the NCHS. Data from 2007 is entered as a provisional estimate into 2011.

Source: NJSHAD. 796 fetal deaths. 388 Neonatal deaths.

Final 2011 data may be available in Fall 2014.

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

Field Name: OM05

Row Name:

Column Name:

Year: 2010

Field Note:

Final data for 2010 is not available as of 6/23/2012 from the NCHS. Data from 2007 is entered as a provisional estimate into 2010.

Source: NJSHAD. 796 fetal deaths. 388 Neonatal deaths.

Final 2010 data may be available in Fall 2013.

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

Field Name: OM05

Row Name:

Column Name:

Year: 2009

Field Note:

Final data for 2009 is not available as of 6/23/2012 from the NCHS. Data from 2007 is entered as a provisional estimate into 2009.

Source: NJSHAD. 796 fetal deaths. 388 Neonatal deaths.

Final 2009 data may be available in Fall 2012.

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	13	12.5	12.5	12.5	12.4
Annual Indicator	12.4	12.4	11.8	11.8	11.8
Numerator	197	197	187	187	187
Denominator	1,582,944	1,582,944	1,582,944	1,582,944	1,582,944
Data Source		NCHS	NCHS	NCHS	NCHS

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	12.4	12.3	12.3	12.2	12.1
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. Section Number: Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2011

Field Note:

Final data from 2011 is not available as of 6/23/2012.
 Data from 2008 is entered as a required estimate for 2011.
 Final data from 2011 may be available in 2015.

2. Section Number: Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2010

Field Note:

Final data from 2010 is not available as of 6/23/2012.
 Data from 2008 is entered as a required estimate for 2010.
 Final data from 2010 may be available in 2014.

3. Section Number: Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2009

Field Note:

Final data from 2009 is not available as of 6/23/2012.
 Data from 2008 is entered as a required estimate for 2009.
 Final data from 2009 may be available in 2013.
 Numerator Source: <http://www4.state.nj.us/dhss/shad/query>
 Denominator Source: Population Division, US Census Bureau, May 1, 2008.

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

Form Level Notes for Form 12

None

STATE OUTCOME MEASURE # 1 - REPORTING YEAR

The Fetal Mortality Rate per 1,000 live births plus fetal deaths

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	7	6.9	6.5	6.3	6.1
Annual Indicator	6.1	6.1	6.8	6.8	6.8
Numerator	703	703	798	798	798
Denominator	114,355	114,355	116,716	116,716	116,716
Data Source		NCHS	NCHS	NCHS	NCHS
Is the Data Provisional or Final?				Provisional	Provisional

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

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

Field Level Notes

1. Section Number: Form12_State Outcome Measure 1

Field Name: SO1

Row Name:

Column Name:

Year: 2011

Field Note:

Final data for 2011 is not available as of 6/23/2012. Data from 2007 is entered into 2011 as a required estimate.

Source: NJ SHAD at <http://www4.state.nj.us/dhss-shad/query>

Final 2011 data may be available in 2015.

2. Section Number: Form12_State Outcome Measure 1

Field Name: SO1

Row Name:

Column Name:

Year: 2010

Field Note:

Final data for 2010 is not available as of 6/23/2012. Data from 2007 is entered into 2010 as a required estimate.

Source: NJ SHAD at <http://www4.state.nj.us/dhss-shad/query>

Final 2010 data may be available in 2014.

3. Section Number: Form12_State Outcome Measure 1

Field Name: SO1

Row Name:

Column Name:

Year: 2009

Field Note:

Final data for 2009 is not available as of 6/23/2012. Data from 2007 is entered into 2009 as a required estimate.

Source: NJ SHAD at <http://www4.state.nj.us/dhss-shad/query>

Final 2009 data may be available in 2013.

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

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

2

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

2

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

2

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).

2

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

2

Total Score: 12

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE NJ 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. Increasing Healthy Births
2. Improving Nutrition and Physical Activity
3. Reducing Black Infant Mortality
4. Reduction of Adolescent Risk Taking Behaviors
5. Improving Access to Quality Care for CYSHCN
6. Reducing Teen Pregnancy
7. Decrease Asthma Hospitalizations
8. Improving and Integrating Information Systems
- 9.
- 10.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: NJ

APPLICATION YEAR: 2013

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	Data-related Issues - Data Systems Development If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: N/A	TA to improve Needs Assessment capacity for social service related information (education, child protective services.)	Improve Needs Assessment capacity for social service related information.	Not known
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.				

	<p>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:</p> <p>_____</p>			
12.	<p>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:</p> <p>_____</p>			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

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

SP() # _____ 1

PERFORMANCE MEASURE:

The percentage of Black non-Hispanic preterm infants in New Jersey

STATUS:

Active

GOAL:

Decrease the rate of Black non-Hispanic preterm births.

DEFINITION:

A preterm birth is defined as any newborn whose birth occurs through the end of the last day of the 37th week (259th day) following the onset of the last menstrual period.

Numerator:

Number of Black non-Hispanic preterm births (less than 259 days from the onset of the last menstrual period) in New Jersey.

Denominator:

Number of Black non-Hispanic live births in New Jersey.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Vital statistics collects the date of the last menstrual period and gestational age routinely on the electronic birth certificate.

SIGNIFICANCE

Preterm births are a primary determinant of Black infant mortality. Infant who are born preterm are at the highest risk for infant mortality and morbidity.

SP() # 2

PERFORMANCE MEASURE:

The percentage of children with elevated blood lead levels (≥ 20 ug/dL).

STATUS:

Active

GOAL

Decrease the percentage of children with elevated blood lead levels.

DEFINITION

The percentage of children with elevated blood lead levels (≥ 20 ug/dL).

Numerator:

The number of children with elevated blood lead levels (≥ 20 ug/dL).

Denominator:

The number of children reported tested for blood lead in New Jersey.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

New Jersey's Childhood Lead Data Reporting and Tracking System starting in FY 1999. Prior years data based on reports from local health departments participating in NJDHSS childhood lead poisoning surveillance system.

SIGNIFICANCE

Children with elevated blood lead levels are at increased risk for behavioral, physiological and learning problems.

SP() # 3

PERFORMANCE MEASURE:

The number of Regional MCH Consortia conducting community-based Fetal and Infant Mortality Review (FIMR) Teams and implementing recommendations through a Community Action Team.

STATUS:

Active

GOAL

Reduce fetal and infant mortality.

DEFINITION

The number of Regional MCH Consortia conducting community-based Fetal and Infant Mortality Review (FIMR) Teams and implementing recommendations through a Community Action Team.

Numerator:

The number of Regional MCH Consortia conducting community-based Fetal and Infant Mortality Review (FIMR) Teams AND implementing recommendations through a Community Action Team.

Denominator:

The number of Regional MCH Consortia conducting community-based Fetal and Infant Mortality Review (FIMR) Teams

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The NJDHSS Maternal and Child Health Services Unit.

SIGNIFICANCE

Reduce fetal and infant mortality.

SP() # _____ 4

PERFORMANCE MEASURE:

Reduce the proportion of children and adolescents who are overweight or obese.

STATUS:

Active

GOAL

Obesity prevention.

DEFINITION

Reduce the proportion of children and adolescents who are overweight or obese.

Numerator:

The number of children and adolescents who are overweight or obese (BMI>85%) from the NJ Student Health Survey (YRBS).

Denominator:

The number of children and adolescents participating in the NJ Student Health Survey.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

NJ Student Health Survey (YRBS)

SIGNIFICANCE

Obesity prevention.

SP() # 5

PERFORMANCE MEASURE:

Percentage of newborns who are discharged from NJ hospitals, reside in New Jersey, did not pass their newborn hearing screening and who have outpatient audiologic follow-up documented.

STATUS:

Active

GOAL

Improve follow-up of newborns who fail their initial newborn hearing screening test.

DEFINITION

Percentage of newborns who are discharged from NJ hospitals, reside in New Jersey, did not pass their newborn hearing screening and who have outpatient audiologic follow-up documented.

Numerator:

Number of newborns who are discharged from NJ hospitals, reside in New Jersey, did not pass their newborn hearing screening AND who have outpatient audiologic follow-up documented.

Denominator:

Number of newborns who are discharged from NJ hospitals, reside in New Jersey, did not pass their newborn hearing screening test.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Newborn Hearing Screening Program

SIGNIFICANCE

Improve follow-up of newborns who fail their initial newborn hearing screening test.

SP() # _____ 6

PERFORMANCE MEASURE:

Percent of live children registered with the BDARS who have been referred to NJ's Special Child Health Services Case Management Unit who are receiving services.

STATUS:

Active

GOAL

Improving access to services for families having children with special health care needs.

DEFINITION

Percent of live children registered with the Birth Defects and Autism Reporting System (BDARS) who have been referred to New Jersey's Special Child Health Services Case Management Unit who are receiving services.

Numerator:

Number of live children registered with the Birth Defects and Autism Reporting System (BDARS) who have been referred to New Jersey's Special Child Health Services Case Management Unit AND who are receiving services.

Denominator:

Number of live children registered with the Birth Defects and Autism Reporting System (BDARS).

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Birth Defects and Autism Reporting System (BDARS)

SIGNIFICANCE

Improving access to services for families having children with special health care needs.

SP() # 7

PERFORMANCE MEASURE:

Average age of diagnosis for children reported to the NJ Birth Defects & Autism Reporting System (BDARS) with an Autism Spectrum Disorder.

STATUS:

Active

GOAL

Improve time to diagnosis for children with Autism Spectrum Disorders.

DEFINITION

Average age of diagnosis for children reported to the NJ Birth Defects & Autism Reporting System (BDARS) with an Autism Spectrum Disorder.

Numerator:

Age at diagnosis in years for children reported to the NJ Birth Defects & Autism Reporting System (BDARS) with an Autism Spectrum Disorder.

Denominator:

Number of children reported to the NJ Birth Defects & Autism Reporting System (BDARS) with an Autism Spectrum Disorder.

Units: 1 **Text:** Ratio

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

NJ Birth Defects & Autism Reporting System (BDARS)

SIGNIFICANCE

Improve time to diagnosis for children with Autism Spectrum Disorders to ensure early and intensive intervention.

SO() # _____ 1

OUTCOME MEASURE:

The Fetal Mortality Rate per 1,000 live births plus fetal deaths

STATUS:

Active

GOAL

To reduce the number of fetal deaths.

DEFINITION

fetal mortality ratio

Numerator:

Number of fetal deaths (20 or more weeks of gestation)

Denominator:

Number of live births plus fetal deaths (20 or more weeks of gestation)

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Vital records collected by the State.

SIGNIFICANCE

Fetal mortality is a reflection of the health of the fetus and the health status and treatment of the pregnant mother.

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: NJ

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY #01

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

	<u>Annual Indicator Data</u>				
	2007	2008	2009	2010	2011
Annual Indicator	49.2	43.5	46.7	46.7	46.7
Numerator	2,741	2,424	2,603	2,603	2,603
Denominator	556,673	557,421	557,421	557,421	557,421

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

- Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2011

Field Note:

2010 data entered as estimate for 2011.

Final 2011 data may be available in Fall 2013.

- Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2010

Field Note:

Source: NJ Hospital Discharge Records.

Numerator - asthma hospitalization defined as an inpatient discharge with a primary diagnosis in the ICD-9 code range 493.0-493.9, from NJDHSS Asthma Awareness and Education Program.

Denominator - Bureau of Census for population estimates.

- Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2009

Field Note:

Source: NJ Hospital Discharge Records.

Numerator - asthma hospitalization defined as an inpatient discharge with a primary diagnosis in the ICD-9 code range 493.0-493.9, from NJDHSS Asthma Awareness and Education Program.

Denominator - Bureau of Census for population estimates.

HEALTH SYSTEMS CAPACITY #02

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

	2007	2008	Annual Indicator Data		2011
Annual Indicator	90.5	92.0	2009	2010	96.9
Numerator	36,166	36,639	43,135	29,529	29,545
Denominator	39,971	39,805	43,135	30,568	30,498

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:

Source: FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT from the NJ Department of Human Services dated 4/30/2012.

2. Section Number: Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2010

Field Note:

Source: FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT from the NJ Department of Human Services.

3. Section Number: Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2009

Field Note:

Source: FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT from the NJ Department of Human Services.

HEALTH SYSTEMS CAPACITY #03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	<u>Annual Indicator Data</u>				
	2007	2008	2009	2010	2011
Annual Indicator	90.5	92.0	100.0	96.6	96.6
Numerator	36,166	36,639	43,135	29,529	29,529
Denominator	39,971	39,805	43,135	30,568	30,568
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

- Section Number:** Form17_Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2011
Field Note:
 Data for HSCI #3 is currently not available.
 An estimate of the indicator using the percentage of periodic screenings for all New Jersey FamilyCare enrollees under age 1 is available from the 2011 Annual EPSDT Participant Report.
- Section Number:** Form17_Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2010
Field Note:
 Data for HSCI #3 is currently not available.
 An estimate of the indicator using the percentage of periodic screenings for all New Jersey FamilyCare enrollees under age 1 is available from the 2010 Annual EPSDT Participant Report.
- Section Number:** Form17_Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2009
Field Note:
 Data for HSCI #3 is currently not available.
 An estimate of the indicator using the percentage of periodic screenings for all New Jersey FamilyCare enrollees under age 1 is available from the 2009 Annual EPSDT Participant Report.

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.

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	65.8	64.8	66.3	67.7	68.0
Numerator	72,506	70,714	70,635	69,820	68,300
Denominator	110,168	109,198	106,566	103,199	100,513

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2011

Field Note:

Source provisional 2011 Electronic Birth Certificate file.

HSCI #04 - 2011 provisional data is for percent of NEWBORNS

Final 2011 data will be available in Fall 2013.

2. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2010

Field Note:

Source provisional 2010 Electronic Birth Certificate file.

HSCI #04 - 2010 provisional data is for percent of NEWBORNS

Final 2010 data will be available in Fall 2012.

3. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2009

Field Note:

Source 2009 Electronic Birth Certificate file.

HSCI #04 - 2009 data is for percent of NEWBORNS

HEALTH SYSTEMS CAPACITY #07A

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

	<u>Annual Indicator Data</u>				
	2007	2008	2009	2010	2011
Annual Indicator	<u>61.8</u>	<u>56.0</u>	<u>59.0</u>	<u>62.0</u>	<u>62.6</u>
Numerator	<u>335,797</u>	<u>338,979</u>	<u>378,982</u>	<u>384,652</u>	<u>411,747</u>
Denominator	<u>542,985</u>	<u>605,041</u>	<u>642,519</u>	<u>620,109</u>	<u>658,170</u>
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i></p>					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

- Section Number:** Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A

Row Name:

Column Name:

Year: 2011

Field Note:

Source: FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT from the NJ Department of Human Services dated 4/30/2012.

Numerator reports eligibles (0-21 yrs) receiving at least one initial or periodic screen which is an under estimation of Medicaid eligibles receiving a service paid by the Medicaid Program. Denominator is Total Eligibles who should receive at least one initial or periodic screen.

- Section Number:** Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A

Row Name:

Column Name:

Year: 2010

Field Note:

Source: FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT from the NJ Department of Human Services dated 12/1/2011.

Numerator reports eligibles (0-21 yrs) receiving at least one initial or periodic screen which is an under estimation of Medicaid eligibles receiving a service paid by the Medicaid Program. Denominator is Total Eligibles who should receive at least one initial or periodic screen.

- Section Number:** Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A

Row Name:

Column Name:

Year: 2009

Field Note:

Source: FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT from the NJ Department of Human Services dated 4/2/2010.

Numerator reports eligibles (0-21 yrs) receiving at least one initial or periodic screen which is an under estimation of Medicaid eligibles receiving a service paid by the Medicaid Program.

HEALTH SYSTEMS CAPACITY #07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	43.7	44.6	51.8	59.8	62.6
Numerator	51,042	53,714	66,437	76,696	86,481
Denominator	116,822	120,383	128,294	128,162	138,234

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Final

Field Level Notes

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

Field Name: HSC07B

Row Name:

Column Name:

Year: 2011

Field Note:

Source: Form CMS-416: ANNUAL EPSDT PARTICIPATION REPORT from the NJ Department of Human Services 2009 report dated 12/1/2011.
 Numerator is Total Eligibles Receiving Any Dental Services.
 Denominator is Total Eligibles Who Should Receive at Least One Initial or Period Screen.

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

Field Name: HSC07B

Row Name:

Column Name:

Year: 2010

Field Note:

Source: Form CMS-416: ANNUAL EPSDT PARTICIPATION REPORT from the NJ Department of Human Services 2009 report dated 12/1/2011.
 Numerator is Total Eligibles Receiving Any Dental Services.
 Denominator is Total Eligibles Who Should Receive at Least One Initial or Period Screen.

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

Field Name: HSC07B

Row Name:

Column Name:

Year: 2009

Field Note:

Source: Form CMS-416: ANNUAL EPSDT PARTICIPATION REPORT from the NJ Department of Human Services 2009 report dated 4/2/2010.

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.

	2007	2008	<u>Annual Indicator Data</u>		
			2009	2010	2011
Annual Indicator	<u>58.4</u>	<u>59.7</u>	<u>53.2</u>	<u>55.7</u>	<u>51.8</u>
Numerator	<u>4,500</u>	<u>4,600</u>	<u>7,348</u>	<u>7,600</u>	<u>7,939</u>
Denominator	<u>7,700</u>	<u>7,700</u>	<u>13,810</u>	<u>13,649</u>	<u>15,324</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 #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2011

Field Note:

Source: SCHEIS - 2011 data obtained from annual monthly SSI reports

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

Field Name: HSC08

Row Name:

Column Name:

Year: 2009

Field Note:

Estimated by SCHEIS from monthly SSI reports. In 2009 computerized access to the monthly SSI reports report actual unduplicated data.

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

INDICATOR #05 Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) Percent of low birth weight (< 2,500 grams)	2010	Payment source from birth certificate	8.4	8.1	8.2
b) Infant deaths per 1,000 live births	2008	Matching data files	7.6	6.5	6.7
c) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2010	Payment source from birth certificate	65.5	87.8	81.3
d) Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2008	Payment source from birth certificate	45.9	71	62.2

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

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	185
b) <i>Medicaid Children</i> (Age range <u> 1 </u> to <u> 1 </u>) (Age range <u> 1 </u> to <u> 5 </u>) (Age range <u> 6 </u> to <u> 19 </u>)	2011	185 133 100
c) <i>Pregnant Women</i>	2011	185

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

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2011	<u>350</u>
b) <i>Medicaid Children</i> (Age range <u> 1 </u> to <u> 18 </u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2011	<u>350</u> _____ _____
c) <i>Pregnant Women</i>	2011	<u>350</u>

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

1. **Section Number:** Form18_Indicator 06 - Medicaid

Field Name: Med_Children

Row Name: Medicaid Children

Column Name:

Year: 2013

Field Note:

Income eligibility levels for NJ FamilyCare by child age and family size are available at <http://www.njfamilycare.org/pages/whatItCosts.html> .and <http://www.nj.gov/humanservices/dmahs/clients/medicaid/pregnant/index.html>

2. **Section Number:** Form18_Indicator 06 - SCHIP

Field Name: SCHIP_Children

Row Name: SCHIP Children

Column Name:

Year: 2013

Field Note:

Income eligibility levels for NJ FamilyCare (SCHIP) by child age and family size are available at <http://www.njfamilycare.org/pages/whatItCosts.html> .and <http://www.nj.gov/humanservices/dmahs/clients/medicaid/pregnant/index.html>

3. **Section Number:** Form18_Indicator 05

Field Name: AdequateCare

Row Name: Percent of pregnant women with adequate prenatal care

Column Name:

Year: 2013

Field Note:

Data entered for 2008 (HSCI 05D All) does not match 2010 data entered for HSC 04 due to comparison of different years.

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

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	2	Yes
Annual linkage of birth certificates and WIC eligibility files	2	Yes
Annual linkage of birth certificates and newborn screening files	2	Yes
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

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

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

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Other: <u>New Jersey Youth Tobacco Survey</u>	3	No

*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 09B

Field Name: Other1_09B

Row Name: Other

Column Name:

Year: 2013

Field Note:

See <http://www.state.nj.us/health/as/ctcp/research.htm>

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

Form Level Notes for Form 20

Numerator Source: http://nj.gov/health/std/county_by_age_gender.shtml#10 Denominator: <http://www.cdc.gov/injury/wisqars/index.html> for Bureau of Census for population estimates

HEALTH STATUS INDICATOR #01A

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

	<u>Annual Indicator Data</u>				
	2007	2008	2009	2010	2011
Annual Indicator	8.4	8.4	8.2	8.2	8.2
Numerator	9,494	9,233	8,726	8,515	8,515
Denominator	112,715	109,539	106,944	103,586	103,586

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 #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2011
Field Note:
 Source of 2011 data is the provisional 2010 Electronic Birth Certificate file (as of 7/1/2012) which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ. Final 2011 data will be available in Fall 2013.

2. **Section Number:** Form20_Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2010
Field Note:
 Source of provisional 2010 data is the provisional 2010 Electronic Birth Certificate file (as of 7/1/2012) which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ. Final 2010 data will be available in Fall 2012.

3. **Section Number:** Form20_Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2009
Field Note:
 Source: 2009 Electronic Birth Certificate file (as of 7/1/2011) which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ.

HEALTH STATUS INDICATOR #01B

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	6.2	6.0	5.8	5.8	5.8
Numerator	6,624	6,402	6,038	5,886	5,886
Denominator	107,700	107,021	104,481	101,239	101,239

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 #01B

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

Source of provisional 2011 data is the provisional 2010 Electronic Birth Certificate file (as of 7/1/2012) which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ. Final 2011 data will be available in Fall 2013.

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

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

Source of provisional 2010 data is the provisional 2010 Electronic Birth Certificate file (as of 7/1/2012) which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ. Final 2010 data will be available in Fall 2012.

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

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

Source: 2009 Electronic Birth Certificate file (as of 7/12/2011) which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ.

HEALTH STATUS INDICATOR #02A

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	1.5	1.6	1.5	1.6	1.6
Numerator	1,714	1,751	1,587	1,613	1,613
Denominator	112,715	109,539	106,944	103,586	103,586

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 #02A

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

Source of provisional 2011 data is the 2010 Electronic Birth Certificate file (as of 7/1/2012) which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ. Final 2011 data will be available in Fall 2013.

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

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

Source of provisional 2010 data is the 2010 Electronic Birth Certificate file (as of 7/1/2012) which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ. Final 2010 data will be available in Fall 2012.

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

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

Source of 2009 data is the 2009 Electronic Birth Certificate file (as of 7/1/2011) which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ.

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	1.1	1.1	1.0	1.1	1.1
Numerator	1,177	1,191	1,065	1,141	1,141
Denominator	107,700	107,021	104,481	101,239	101,239

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 #02B

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

Source of 2011 data is the provisional 2010 Electronic Birth Certificate file (as of 7/1/2012) which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ. Final 2011 data will be available in Fall 2013.

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

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

Source of provisional 2010 data is the 2010 Electronic Birth Certificate file (as of 7/1/2012) which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ. Final 2010 data will be available in Fall 2012.

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

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

Source of 2009 data is the 2009 Electronic Birth Certificate file (as of 7/1/2011) which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ.

HEALTH STATUS INDICATOR #03A

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	4.5	4.5	2.2	2.2	2.2
Numerator	76	76	37	37	37
Denominator	1,693,095	1,693,095	1,689,425	1,689,425	1,689,425

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 for 2011 is not yet available from the CDC as of 7/5/2012.

2009 data is provided as a required estimate for 2011. Final 2011 data may be available in Fall 2014.

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

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

Data for 2010 is not yet available from the CDC as of 7/5/2012.

2009 data is provided as a required estimate for 2010. Final 2010 data may be available in Fall 2013.

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

Field Name: HSI03A**Row Name:****Column Name:****Year:** 2009**Field Note:**Source: <http://www.cdc.gov/injury/wisqars/index.html>

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.

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	1.7	1.7	0.8	0.8	0.8
Numerator	29	29	14	14	14
Denominator	1,693,095	1,693,095	1,689,425	1,689,425	1,689,425

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 #03B**Field Name:** HSI03B**Row Name:****Column Name:****Year:** 2011**Field Note:**

Data for 2011 is not yet available from the CDC as of 7/5/2012.

2009 data is provided as a required estimate for 2011. Final 2011 data may be available in Fall 2014.

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

Data for 2010 is not yet available from the CDC as of 7/5/2012.

2009 data is provided as a required estimate for 2010. Final 2010 data may be available in Fall 2013.

3. Section Number: Form20_Health Status Indicator #03B**Field Name:** HSI03B**Row Name:****Column Name:****Year:** 2009**Field Note:**Source: WISQAR at NCHS see <http://www.cdc.gov/injury/wisqars/index.html>

Rates based on 20 or less deaths may be unstable. Use with caution.

HEALTH STATUS INDICATOR #03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	14.6	14.6	9.3	9.3	9.3
Numerator	165	165	104	104	104
Denominator	1,126,489	1,126,489	1,112,456	1,112,456	1,112,456

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 #03C

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

Data for 2011 is not yet available from the CDC as of 7/5/2012.

2009 data is provided as a required estimate for 2011.

Final 2011 data may be available in Fall 2014.

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

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

Data for 2010 is not yet available from the CDC as of 7/5/2012.

2009 data is provided as a required estimate for 2010. Final 2010 data may be available in Fall 2013.

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

Field Name: HSI03C**Row Name:****Column Name:****Year:** 2009**Field Note:**Source: WISQARS at NCHS see <http://www.cdc.gov/injury/wisqars/index.html>

HEALTH STATUS INDICATOR #04A

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	176.5	176.5	121.9	106.8	106.8
Numerator	3,031	3,031	2,060	1,804	1,804
Denominator	1,716,883	1,716,883	1,689,425	1,689,425	1,689,425

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2011

Field Note:

2011 data is not available as of 7/1/2012.

2010 data entered as provisional 2011 data.

Final 2011 data may be available in Fall 2012.

2. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2010

Field Note:

Source: NJ Hospital Discharge data (UB) from NJ DHSS MCH Epidemiology. Inpatient hospital discharges with injury E-code.

3. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2009

Field Note:

Source: NJ Hospital Discharge data (UB) from NJ DHSS MCH Epidemiology. Inpatient hospital discharges with injury E-code.

HEALTH STATUS INDICATOR #04B

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	<u>25.2</u>	<u>25.2</u>	<u>15.4</u>	<u>13.1</u>	<u>13.1</u>
Numerator	<u>433</u>	<u>433</u>	<u>260</u>	<u>221</u>	<u>221</u>
Denominator	<u>1,716,883</u>	<u>1,716,883</u>	<u>1,689,425</u>	<u>1,689,425</u>	<u>1,689,425</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 #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2011

Field Note:

2010 data entered as required provisional estimate for 2011.

Final data for 2011 may be available in Fall 2013.

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

Field Name: HSI04B

Row Name:

Column Name:

Year: 2010

Field Note:

Source: NJ Hospital Discharge data (UB) from NJ DHSS MCH Epidemiology. Inpatient hospital discharges with MVA E-code.

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

Field Name: HSI04B

Row Name:

Column Name:

Year: 2009

Field Note:

Source: NJ Hospital Discharge data (UB) from NJ DHSS MCH Epidemiology. Inpatient hospital discharges with MVA E-code.

HEALTH STATUS INDICATOR #04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	121.4	121.4	88.1	82.7	88.1
Numerator	1,325	1,325	980	920	980
Denominator	1,091,626	1,091,626	1,112,456	1,112,456	1,112,456

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 #04C

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

2010 data entered as required provisional estimate for 2011. Final data for 2011 may be available in Fall 2012.

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

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

Source: NJ Hospital Discharge data (UB) from NJ DHSS MCH Epidemiology. Inpatient hospital discharges with MVA E-code.

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

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

Source: NJ Hospital Discharge data (UB) from NJ DHSS MCH Epidemiology. Inpatient hospital discharges with MVA E-code.

HEALTH STATUS INDICATOR #05A

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	24.4	24.4	24.8	25.7	25.7
Numerator	7,031	7,031	6,977	7,232	7,232
Denominator	287,937	287,937	281,747	281,747	281,747

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 #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2011

Field Note:

2010 data entered as require provisional estimate of 2011 data.

Final 2011 data may be available in 2013.

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

Field Name: HSI05A

Row Name:

Column Name:

Year: 2010

Field Note:

2006 data entered as estimate for 2009. Final data for 2009 may be available in Fall 2011.

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

Field Name: HSI05A

Row Name:

Column Name:

Year: 2009

Field Note:

2006 data entered as estimate for 2009. Final data for 2009 may be available in Fall 2011.

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	8.2	8.2	7.8	8.6	8.6
Numerator	12,387	12,387	11,200	12,307	12,307
Denominator	1,507,367	1,507,367	1,429,418	1,429,418	1,429,418

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 #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2011

Field Note:

2010 data entered as provisional estimate of 2011 data. Final 2011 data may be available 2013.

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

Field Name: HSI05B

Row Name:

Column Name:

Year: 2010

Field Note:

Numerator Source: http://nj.gov/health/std/county_by_age_gender.shtml#10

Denominator: <http://www.cdc.gov/injury/wisqars/index.html> for Bureau of Census for population estimates

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

Field Name: HSI05B

Row Name:

Column Name:

Year: 2009

Field Note:

Numerator Source: http://nj.gov/health/std/county_by_age_gender.shtml#10

Denominator: <http://www.cdc.gov/injury/wisqars/index.html> for Bureau of Census for population estimates

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NJ

HSI #06A - Demographics (Total Population) Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)

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

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	110,569	75,725	20,377	699	9,767	161	3,840	0
Children 1 through 4	444,713	308,601	76,932	1,824	41,341	526	15,489	0
Children 5 through 9	568,522	404,535	93,124	2,231	50,323	626	17,683	0
Children 10 through 14	565,621	412,370	93,192	2,238	43,788	507	13,526	0
Children 15 through 19	579,856	425,002	101,762	2,435	38,978	531	11,148	0
Children 20 through 24	532,600	389,238	93,988	2,493	36,961	693	9,227	0
Children 0 through 24	2,801,881	2,015,471	479,375	11,920	221,158	3,044	70,913	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	79,690	30,879	0
Children 1 through 4	328,459	116,254	0
Children 5 through 9	441,703	12,681	0
Children 10 through 14	461,354	104,267	0
Children 15 through 19	472,206	107,650	0
Children 20 through 24	424,611	107,989	0
Children 0 through 24	2,208,023	479,720	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NJ

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: 2008 Is this data from a State Projection? No Is this data final or provisional? Final

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	69	26	37	0	0	0	0	6
Women 15 through 17	2,113	1,088	907	8	16	0	0	94
Women 18 through 19	4,824	2,725	1,824	9	47	0	0	219
Women 20 through 34	81,309	53,672	14,027	106	8,693	0	0	4,811
Women 35 or older	24,089	16,930	2,835	25	2,545	0	0	1,754
Women of all ages	112,404	74,441	19,630	148	11,301	0	0	6,884

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	36	33	0
Women 15 through 17	1,105	1,008	0
Women 18 through 19	2,703	2,121	0
Women 20 through 34	59,576	21,733	0
Women 35 or older	20,263	3,826	0
Women of all ages	83,683	28,721	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NJ

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: 2008 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	595	308	228	0	18	0	19	22
Children 1 through 4	85	43	31	0	3	0	0	8
Children 5 through 9	29	14	9	0	3	0	3	0
Children 10 through 14	73	47	17	0	3	0	2	4
Children 15 through 19	236	150	69	0	5	0	1	11
Children 20 through 24	402	254	107	0	13	0	2	26
Children 0 through 24	1,420	816	461	0	45	0	27	71

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	449	143	3
Children 1 through 4	62	23	0
Children 5 through 9	23	6	0
Children 10 through 14	61	12	0
Children 15 through 19	201	34	1
Children 20 through 24	336	66	0
Children 0 through 24	1,132	284	4

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NJ

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

Is this data final or provisional? Final

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	2,269,276	1,626,233	385,382	9,427	184,197	2,351	61,686	0	2009
Percent in household headed by single parent	26.0	0.0	0.0	0.0	0.0	0.0	0.0	26.0	2009
Percent in TANF (Grant) families	100.0	13.3	58.6	0.1	0.8	0.0	0.0	0.0	2010
Number enrolled in Medicaid	507,496	0	0	0	0	0	0	507,496	2010
Number enrolled in SCHIP	149,947	0	0	0	0	0	0	149,947	2010
Number living in foster home care	7,382	2,840	3,277	4	24	5	357	875	2011
Number enrolled in food stamp program	317,819	0	0	0	0	0	0	317,819	2010
Number enrolled in WIC	178,554	0	0	0	0	0	0	178,554	2011
Rate (per 100,000) of juvenile crime arrests	2,391.0	1,561.0	5,019.0	882.0	281.0	0.0	0.0	0.0	2010
Percentage of high school drop-outs (grade 9 through 12)	1.7	0.9	3.2	1.0	0.4	0.0	0.0	1.2	2010

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

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	1,783,412	485,869	0	2009
Percent in household headed by single parent	0.0	0.0	26.0	2009
Percent in TANF (Grant) families	0.0	0.0	100.0	2010
Number enrolled in Medicaid	0	0	507,496	2010
Number enrolled in SCHIP	0	0	149,947	2010
Number living in foster home care	5,416	1,374	486	2011
Number enrolled in food stamp program	0	0	317,819	2010
Number enrolled in WIC	87,106	91,448	0	2011
Rate (per 100,000) of juvenile crime arrests	2,067.0	1,710.0	0.0	2010
Percentage of high school drop-outs (grade 9 through 12)	0.0	0.0	5.0	2010

FORM 21
 HEALTH STATUS INDICATORS
 DEMOGRAPHIC DATA
 STATE: NJ

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

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	2,209,281
Living in urban areas	2,209,281
Living in rural areas	0
Living in frontier areas	0
Total - all children 0 through 19	2,209,281

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

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NJ

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

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

POVERTY LEVELS	TOTAL
Total Population	8,797,894
Percent Below: 50% of poverty	4.1
100% of poverty	9.3
200% of poverty	25.7

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NJ

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

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

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	2,209,281
Percent Below: 50% of poverty	6
100% of poverty	12.8
200% of poverty	30.8

FORM NOTES FOR FORM 21

Source for HSI #07 A & B: <http://www4.state.nj.us/dhss-shad/home>

Source for HSI #08 A & B: <http://www4.state.nj.us/dhss-shad/home>

FIELD LEVEL NOTES

1. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_WCNb
Row Name: Number enrolled in MC
Column Name:
Year: 2013
Field Note:
Source: 2011 Pediatric Nutrition Surveillance
Summary of Demographic Indicators
Children Aged < 5 Years
2. **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:
Source for Arrests http://www.state.nj.us/njsp/info/ucr2010/pdf/2010_sect_3.pdf
Source for population denominator - US Bureau of the Census, Population Division, June 10, 2010. "2010 Census NJ Age Race Sex Hispanic for MCH BG.xls"
3. **Section Number:** Form21_Indicator 11
Field Name: S11_100percent
Row Name: 100% of poverty
Column Name:
Year: 2013
Field Note:
Source: U.S. Census Bureau, Current Population Survey, 2011 Annual Social and Economic Supplement.
http://www.census.gov/hhes/www/cpstables/032011/pov/new46_100125_01.htm
POV46: Poverty Status by State: 2010
=25.7 S.E. 1.1
4. **Section Number:** Form21_Indicator 11
Field Name: S11_200percent
Row Name: 200% of poverty
Column Name:
Year: 2013
Field Note:
Source: U.S. Census Bureau, Current Population Survey, 2011 Annual Social and Economic Supplement.
http://www.census.gov/hhes/www/cpstables/032011/pov/new46_185200_01.htm
POV46: Poverty Status by State: 2010
=25.7 S.E. 1.1
5. **Section Number:** Form21_Indicator 12
Field Name: S12_100percent
Row Name: 100% of poverty
Column Name:
Year: 2013
Field Note:
Source: U.S. Census Bureau, Current Population Survey, 2011 Annual Social and Economic Supplement. http://www.census.gov/hhes/www/cpstables/032011/pov/new46_100125_03.htm
POV46: Poverty Status by State: 2010
for age group persons less than 18.
=14.1 S.E. 1.6
6. **Section Number:** Form21_Indicator 12
Field Name: S12_200percent
Row Name: 200% of poverty
Column Name:
Year: 2013
Field Note:
Source: U.S. Census Bureau, Current Population Survey, 2011 Annual Social and Economic Supplement.
http://www.census.gov/hhes/www/cpstables/032011/pov/new46_185200_03.htm
POV46: Poverty Status by State: 2010
for age group persons less than 18.
=30.8 S.E. 2.2
7. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_FosterCare
Row Name: Number living in foster home care
Column Name:
Year: 2013
Field Note:
Source: NJ DCF report titled - Race / Ethnicity of Children in DYFS Out-of-Home Placement (Total = 7,282 as of March 31, 2012, point in time).
http://www.state.nj.us/dcf/home/childdata/dyfsdemo/ChildrenInPlcmtRACEMar12_052912.pdf