

**TITLE V BLOCK GRANT APPLICATION**  
**FORMS (2-21)**  
**STATE: MA**  
**APPLICATION YEAR: 2009**

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**FORM 2**  
**MCH BUDGET DETAILS FOR FY 2009**

*[Secs. 504 (d) and 505(a)(3)(4)]*

**STATE: MA**

**1. FEDERAL ALLOCATION**

(Item 15a of the Application Face Sheet [SF 424])  
 Of the Federal Allocation (1 above), the amount earmarked for:

\$ 11,423,430

A.Preventive and primary care for children:

\$ 3,432,549 ( 30.05%)

B.Children with special health care needs:

\$ 3,638,615 ( 31.85%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 1,120,019 ( 9.8%)

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

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

\$ 320,386

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

\$ 76,266,360

**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)

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

\$ 23,499,343

\$ 76,266,360

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

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

\$ 88,010,176

**9. OTHER FEDERAL FUNDS**

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

a. SPRANS: \$ 509,331

b. SSDI: \$ 100,000

c. CISS: \$ 140,000

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 115,000

g. WIC: \$ 120,518,456

h. AIDS: \$ 879,806

i. CDC: \$ 2,062,999

j. Education: \$ 7,431,249

k. Other: \$                     

ACF \$ 250,000

Dept of Justice \$ 455,869

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

\$ 132,462,710

**11. STATE MCH BUDGET TOTAL**

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 220,472,886

**FORM NOTES FOR FORM 2**

None

**FIELD LEVEL NOTES****1. Section Number:** Main**Field Name:** FedAlloc\_Admin**Row Name:** Federal Allocation - Title V Administrative costs**Column Name:****Year:** 2009**Field Note:**

The Department of Public Health uses the same definitions and procedures for determining "administrative costs" for the MCH Block Grant as it originally applied to the Alcohol and Drug Abuse and Mental Health Services (ADAMHA) Block Grant. Using this definition, no more than 10% of the Commonwealth's federal MCH funds (including both the FY09 estimated allotment and estimated carry-over FY08 federal funds) are budgeted for administrative costs for FY09. This definition has not changed from previous years. This definition of administrative costs includes funds expended for personnel working within the Department's Central Administration (for such functions as contracting and payments for purchase of service, payroll, travel reimbursement; support of legal services, administrative support, and personnel functions) and personnel within BFHN or BCHAP working entirely on fiscal management and operations.

The amount shown here represents the percentage of the FY09 award budgeted for administrative costs. The amount shown on Form 4, Line I.f., for FY09 Budgeted includes both FY09 funds and FY08 carry-over funds.

**2. Section Number:** Main**Field Name:** StateMCHFunds**Row Name:** State MCH Funds**Column Name:****Year:** 2009**Field Note:**

The following state accounts or portions of them make up the "Total State Funds" amount of \$76,266,360 based on the final state FY09 budget as of Sept. 2008.

Family Health Services account (\$7,001,056). This includes approximately \$5.754M for family planning services, \$432K for the MA Birth Defects Monitoring System, \$96K for the statewide SIDS Center, and \$336K for the Regional Poison Control Center. It also includes \$383K for earmarked programs for high-risk youth and child safety. Funds have been reduced by 4.1% by the administration due to expected state revenue shortfalls; the new amounts are in line with the Governor's original proposal.

Early Intervention account (\$42,936,049; an increase of \$2.7M over final FY08 funding)

Universal Newborn Hearing Screening (\$84,076)

Teen Pregnancy Prevention Challenge Fund, portion (\$500,000) (NOTE: The remaining \$3,555,586 of FY09 funding in this account is considered part of the Title V federal-state partnership program but is used as match for federal TANF funding of the FOR Families ISA.)

School Health (including core school health support, Essential School Health grants, and school-based health centers) (\$17,157,134, up slightly from FY08 funding).

Medicaid ISA for EI Partnership home visiting programs (\$250,000)

Portion of state Dental Health account (\$149,832)

Portion of state Community Health Center Support account (\$267,207; funds to partially support the Women of Reproductive Age and Adolescents contracts)

Shaken Baby Syndrome (\$350,000)

Catastrophic Illness in Children Relief Fund (\$2,309,293; a trust account)

Portions of Domestic Violence and Sexual Assault Prevention & Treatment account (\$3,591,466, an increase over FY08)

Portion of Suicide Prevention account (\$190,000) – funding dedicated to the Regional Poison Control Center

Portions of other state shared administrative accounts (\$1,480,247) – for personnel costs previously transferred from other MCH partnership state accounts.

Three accounts that are considered part of the Title V federal-state partnership are not included here, as their funding is being used as FFP match for Medicaid: Early Intervention Retained Revenue (\$6.5M; an increase of \$1M from FY08); Pediatric Palliative Care program (\$1M, an increase of \$200,000 from FY08), and Youth Violence Prevention program (\$3.5M, an increase of \$1.5M from FY08). Removal of these funds for FY09 artificially reduces apparent state funding for the Partnership, which has in fact risen in FY09.

Based on a total FY09 federal MCH budget of \$11,743,816, this breaks out as a budgeted FY09 State Match (\$3 state for every \$4 federal) of \$8,807,862 and State Over Match of \$67,458,498.

Based on a total new FY08 federal MCH award of \$11,423,430 (currently estimated as same amount as FY08), this breaks out as a budgeted FY08 State Match (\$3 state for every \$4 new federal) of \$8,567,573, and State Over Match of \$67,698,787.

**3. Section Number:** Main**Field Name:** SPRANS**Row Name:** Other Federal Funds - SPRANS**Column Name:****Year:** 2009**Field Note:**

The total SPRANS category includes the following:

Universal Newborn Hearing Enhancement (\$175,000)

Mass. Targeted Oral Health Services (\$160,000)

Maternal – Infant Mental Health (\$30,000); grant ends 8/31/08 with some no-cost extension

Oral Health Workforce Development (\$144,331)

These amounts are estimates of FY09 budgets and projects.

**4. Section Number:** Main**Field Name:** SSDI**Row Name:** Other Federal Funds - SSDI**Column Name:****Year:** 2009**Field Note:**

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

Amount of our pending renewal application

**5. Section Number:** Main**Field Name:** CISS**Row Name:** Other Federal Funds - CISS**Column Name:****Year:** 2009**Field Note:**

The total CISS category includes the following:

Massachusetts Early Childhood Comprehensive Systems (\$140,000)

**6. Section Number:** Main**Field Name:** AbsEducation**Row Name:** Other Federal Funds - Abstinence Education**Column Name:****Year:** 2009**Field Note:**

Massachusetts no longer applies for Abstinence Education funds.

**7. Section Number:** Main

**Field Name:** EMSC  
**Row Name:** Other Federal Funds - EMSC  
**Column Name:**

**Year:** 2009

**Field Note:**  
The total EMSC category includes the following:  
EMSC Partnership (\$115,000)

**8. Section Number:** Main

**Field Name:** WIC

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

**Column Name:**

**Year:** 2009

**Field Note:**  
The amount shown includes both federal and state WIC funding as following:  
Federal WIC Funds (\$83,076,934)

State Nutrition Funds (for WIC and Office of Nutrition) (\$12,841,522); \$723,570 in state funding for Growth and Nutrition has been removed as it is now used as Medicaid-related match.

State WIC Infant Formula Rebate Retained Revenue - (\$24,600,000)

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

**9. Section Number:** Main

**Field Name:** AIDS

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

**Column Name:**

**Year:** 2009

**Field Note:**  
Ryan White Title IV Pediatric AIDS Demonstration (MassCARE) (\$879,806)

**10. Section Number:** Main

**Field Name:** CDC

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

**Column Name:**

**Year:** 2009

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

Birth Defects Research and Prevention (\$1,000,000).

Residential Fire Injury Prevention (\$146,798)

Childhood Hearing Data System (\$198,150)

Mass. Youth Suicide Prevention (\$399,787)

PH Injury Surveillance and Prevention (\$142,400)

PRAMS (\$175,864)

**11. Section Number:** Main

**Field Name:** Education

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

**Column Name:**

**Year:** 2009

**Field Note:**  
Federal education funding includes the following:

Federal P.L. 102-119 Part C of IDEA funds (\$7,346,249)

Federal Education funds for EI Focus Monitoring Training, through ISA from state DOE (\$85,000)

**12. Section Number:** Main

**Field Name:** OtherFedFundsOtherFund

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

**Column Name:**

**Year:** 2009

**Field Note:**  
The Other Federal lines includes the following:

Federal Substance Abuse grant for Substance-Exposed Infants (CAPTA) (\$250,000)

Department of Justice Rural Domestic Violence and Child Victimization grant (\$455,869)

**FORM 3**  
**STATE MCH FUNDING PROFILE**

[Secs. 505(a) and 506(a)(1-3)]

**STATE: MA**

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 12,046,095	\$ 10,290,952	\$ 12,140,389	\$ 10,907,378	\$ 12,085,938	\$ 11,444,696
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 1,804,957	\$ 2,119,713	\$ 931,676	\$ 1,697,284	\$ 1,198,001	\$ 1,024,155
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 69,075,127	\$ 69,129,507	\$ 55,377,970	\$ 54,399,519	\$ 56,278,528	\$ 60,036,507
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 82,926,179	\$ 81,540,172	\$ 68,450,035	\$ 67,004,181	\$ 69,562,467	\$ 72,505,358
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 113,979,842	\$ 115,133,412	\$ 116,104,568	\$ 113,770,438	\$ 121,370,315	\$ 119,717,778
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 196,906,021	\$ 196,673,584	\$ 184,554,603	\$ 180,774,619	\$ 190,932,782	\$ 192,223,136
(STATE MCH BUDGET TOTAL)						

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: MA**

	FY 2007		FY 2008		FY 2009	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 11,523,943	\$ 10,744,565	\$ 11,566,209	\$ 0	\$ 11,423,430	\$ 0
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 271,599	\$ 208,538	\$ 30,472	\$ 0	\$ 320,386	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 64,735,399	\$ 66,283,296	\$ 76,447,594	\$ 0	\$ 76,266,360	\$ 0
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 76,530,941	\$ 77,236,399	\$ 88,044,275	\$ 0	\$ 88,010,176	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 123,953,829	\$ 123,900,000	\$ 120,617,569	\$ 0	\$ 132,462,710	\$ 0
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 200,484,770	\$ 201,136,399	\$ 208,661,844	\$ 0	\$ 220,472,886	\$ 0
(STATE MCH BUDGET TOTAL)						

## FORM NOTES FOR FORM 3

### State v. Federal Fiscal Year

Due to the state budget cycle, which structures all of our purchase of service expenditures and readily accessible budget and expenditure accounting information, all amounts shown are for the relevant State Fiscal Year, which runs from July 1 to June 30. (FY07 = July 1, 2006 - June 30, 2007 and FY09 = July 1, 2008 - June 30, 2009). Final expenditures matched to budgeted encumbrances can be obtained only at the end of the accounts payable period for a state fiscal year. This reporting is consistent with budgets presented in previous applications and annual reports.

### Contracted Service Amounts

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

## FIELD LEVEL NOTES

### 1. Section Number: Main

**Field Name:** FedAllocExpended

**Row Name:** Federal Allocation

**Column Name:** Expended

**Year:** 2007

#### Field Note:

The allocation amount shown in the Expended Column of \$10,744,565 represents the difference between the total federal funds expended (\$10,953,103) and the amount of carry-forward funds (exclusive of the final FY06 quarterly allotment) available; "older" federal funds are expended before new allocations.

In FY07 federal expenditures (from new and unobligated balance funds combined) were 93% of the FY07 projected budget (a total of \$10,953,103 expended compared with \$11,795,542 budgeted). The differences were due to normal staff turnover, vendors not completely billing out annual contracts, additional cost-sharing with other accounts, and continued transfers of some general support costs to other funding sources (state and federal).

### 2. Section Number: Main

**Field Name:** FedAllocExpended

**Row Name:** Federal Allocation

**Column Name:** Expended

**Year:** 2006

#### Field Note:

The allocation amount shown in the Expended Column of \$11,444,696 represents the difference between the total federal funds expended (\$12,468,851) and the amount of carry-forward funds (exclusive of the final FY05 quarterly allotment) available; "older" federal funds are expended before new allocations.

In FY06 federal expenditures (from new and unobligated balance funds combined) were over 94% of the FY06 projected budget (a total of \$12,468,851 expended compared with \$13,283,939 budgeted). The differences were due primarily to normal staff turnover, vendors not completely billing out annual contracts, and continued transfers of some general support costs to other funding sources (state and federal).

### 3. Section Number: Main

**Field Name:** UnobligatedBalanceExpended

**Row Name:** Unobligated Balance

**Column Name:** Expended

**Year:** 2007

#### Field Note:

The final Unobligated Balance Expended for FY07 is less than the original budget estimate by more than 10%. The reason for this apparent discrepancy is that the original unobligated balance estimate was too high, as it did not fully account for a portion of the MCH Block Grant which is transferred to CDC for direct assistance in the form of an MCH Epidemiologist assigned to Massachusetts. In fact, the two amounts are virtually identical.

### 4. Section Number: Main

**Field Name:** UnobligatedBalanceExpended

**Row Name:** Unobligated Balance

**Column Name:** Expended

**Year:** 2006

#### Field Note:

The final Unobligated Balance Expended for FY06 is less than the original budget estimate by more than 10%. The reason for this apparent discrepancy is that the original unobligated balance estimate was too high, as it did not account for a portion of the MCH Block Grant which is transferred to CDC for direct assistance in the form of an MCH Epidemiologist assigned to Massachusetts. In fact, the two amounts are virtually identical.

### 5. Section Number: Main

**Field Name:** StateMCHFundsExpended

**Row Name:** State Funds

**Column Name:** Expended

**Year:** 2007

#### Field Note:

The following state accounts or portions of state accounts make up the total "State Funds Expended" amount of \$66,283,296 (expended amounts are shown in parentheses):

Family Health Services account (\$5,324,994). [Note: This is not the total expenditure for the account, as portions earmarked for non-MCH services are not counted as state MCH match.]

Medicaid ISA for MCH Home Visiting Programs (\$250,000)

Teen Pregnancy Prevention Challenge Fund (\$399,998)

Early Intervention account (\$32,939,216)

Early Intervention retained revenue account (\$4,400,000)

School-Based Health Centers (\$4,162,241)

School Health Services (\$12,071,328)

Dental Health account (partial) (\$196,597)

Newborn Hearing Screening (\$71,953)

Pediatric Palliative Care (\$527,631) [NEW account in FY07]

Catastrophic Illness in Children Relief Fund (\$1,292,183) [Added after FY07 application was submitted; this trust account had not been documented as part of our state match/over match previously although it has existed for some time. It is now included in our Budget and Expenditure reports.]

Sexual Assault Prevention and Survivor Support (\$2,747,431) [ Note: These funds had previously been part of the Family Health Services account; they were moved to a consolidated Domestic Violence/Sexual Assault account in FY07.]

Department of Social Services ISA for Shaken Baby Syndrome (\$24,056) [NEW in FY07]

Portions of other state shared administrative accounts (for all state payroll expenses and for office operations) (\$1,875,668).

Based on FY07 total federal MCH expenditures of \$10,953,103, this breaks out as FY07 State Match (\$3 state for every \$4 federal) expenditures of \$8,214,827 and State Over Match expenditures of \$58,068,469.

### 6. Section Number: Main

**Field Name:** StateMCHFundsExpended

**Row Name:** State Funds

**Column Name:** Expended

**Year:** 2006

#### Field Note:

The following state accounts or portions of state accounts make up the total "State Funds Expended" amount of \$60,036,507 (expended amounts are shown in parentheses):

Family Health Services account (\$8,193,886). [Note: This is not the total expenditure for the account, as portions earmarked for non-MCH services are not counted as state MCH match.]  
Medicaid ISA for MCH Home Visiting Programs (\$424,456)  
Teen Pregnancy Prevention Challenge Fund (\$244,380)  
Early Intervention account (\$30,783,991)  
Early Intervention retained revenue account (\$4,300,000)  
School-Based Health Centers (\$3,365,183)  
School Health Services (\$10,944,168)  
Dental Health account (partial) (\$34,866)  
Newborn Hearing Screening (\$71,077)  
Portions of other state shared administrative accounts (for all state payroll expenses and for office operations) (\$1,674,500).  
Based on FY06 total federal MCH expenditures of \$12,468,851, this breaks out as FY06 State Match (\$3 state for every \$4 federal) expenditures of \$9,351,638 and State Over Match expenditures of \$50,684,869.

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: MA**

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 9,219,553	\$ 8,866,539	\$ 3,483,251	\$ 3,329,973	\$ 3,571,556	\$ 3,326,252
b. Infants < 1 year old	\$ 2,561,192	\$ 1,981,014	\$ 1,384,958	\$ 1,001,384	\$ 1,303,616	\$ 1,199,170
c. Children 1 to 22 years old	\$ 28,045,862	\$ 27,875,421	\$ 18,110,315	\$ 17,917,791	\$ 18,172,827	\$ 18,805,172
d. Children with Special Healthcare Needs	\$ 39,635,951	\$ 37,840,944	\$ 41,572,050	\$ 38,382,102	\$ 39,304,490	\$ 41,759,960
e. Others	\$ 1,380,334	\$ 3,762,757	\$ 2,532,963	\$ 5,242,057	\$ 5,839,136	\$ 6,211,229
f. Administration	\$ 2,083,287	\$ 1,213,497	\$ 1,366,498	\$ 1,130,874	\$ 1,370,842	\$ 1,203,575
g. SUBTOTAL	\$ 82,926,179	\$ 81,540,172	\$ 68,450,035	\$ 67,004,181	\$ 69,562,467	\$ 72,505,358

**II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).**

a. SPRANS	\$ 920,106	\$ 1,148,385	\$ 915,000
b. SSDI	\$ 100,000	\$ 100,000	\$ 100,000
c. CISS	\$ 150,000	\$ 157,832	\$ 170,447
d. Abstinence Education	\$ 799,378	\$ 885,814	\$ 727,472
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 202,240	\$ 125,000	\$ 100,000
g. WIC	\$ 98,459,010	\$ 99,732,710	\$ 104,983,370
h. AIDS	\$ 888,348	\$ 888,348	\$ 888,693
i. CDC	\$ 3,016,755	\$ 3,286,012	\$ 3,257,510
j. Education	\$ 8,979,155	\$ 9,301,049	\$ 9,078,513
k. Other			
Dept of Justice	\$ 0	\$ 464,418	\$ 899,948
HRSA - Bioterrorism	\$ 0	\$ 0	\$ 234,362
Substance Abuse	\$ 0	\$ 0	\$ 15,000
SAMHSA Block Grant	\$ 0	\$ 15,000	\$ 0
Department of Justic	\$ 449,850	\$ 0	\$ 0
Other federal	\$ 15,000	\$ 0	\$ 0
<b>III. SUBTOTAL</b>	\$ 113,979,842	\$ 116,104,568	\$ 121,370,315

**FORM 4**  
**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: MA**

	FY 2007		FY 2008		FY 2009	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 3,032,875	\$ 2,737,152	\$ 3,210,197	\$ 0	\$ 3,268,887	\$ 0
b. Infants < 1 year old	\$ 800,861	\$ 813,626	\$ 1,346,665	\$ 0	\$ 1,348,124	\$ 0
c. Children 1 to 22 years old	\$ 20,373,481	\$ 20,229,188	\$ 23,012,476	\$ 0	\$ 21,909,330	\$ 0
d. Children with Special Healthcare Needs	\$ 44,785,977	\$ 46,022,746	\$ 52,019,549	\$ 0	\$ 52,455,583	\$ 0
e. Others	\$ 6,332,592	\$ 6,165,178	\$ 7,153,129	\$ 0	\$ 7,838,791	\$ 0
f. Administration	\$ 1,205,155	\$ 1,268,509	\$ 1,302,259	\$ 0	\$ 1,189,461	\$ 0
g. SUBTOTAL	\$ 76,530,941	\$ 77,236,399	\$ 88,044,275	\$ 0	\$ 88,010,176	\$ 0

**II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).**

a. SPRANS	\$ 515,000	\$ 911,904	\$ 509,331
b. SSDI	\$ 100,000	\$ 100,000	\$ 100,000
c. CISS	\$ 140,000	\$ 140,000	\$ 140,000
d. Abstinence Education	\$ 712,241	\$ 0	\$ 0
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 115,000	\$ 115,000	\$ 115,000
g. WIC	\$ 108,643,627	\$ 106,835,196	\$ 120,518,456
h. AIDS	\$ 888,348	\$ 888,693	\$ 879,806
i. CDC	\$ 2,991,517	\$ 3,143,237	\$ 2,062,999
j. Education	\$ 8,933,122	\$ 7,773,230	\$ 7,431,249
k. Other			
ACF	\$ 0	\$ 0	\$ 250,000
Dept of Justice	\$ 0	\$ 460,309	\$ 455,869
ACF / CAPTA	\$ 0	\$ 250,000	\$ 0
CAPTA	\$ 250,000	\$ 0	\$ 0
DOJ	\$ 449,974	\$ 0	\$ 0
Emerg Preparedness	\$ 200,000	\$ 0	\$ 0
SAMHSA Block Grant	\$ 15,000	\$ 0	\$ 0
<b>III. SUBTOTAL</b>	\$ 123,953,829	\$ 120,617,569	\$ 132,462,710

**FORM NOTES FOR FORM 4**

It may appear from Form 4 that historically Massachusetts distributes our funding among MCH Population groups in a variable manner from year to year and that certain groups differ from their shares in previous years. This picture is misleading because Form 4 presents the entire MCH Federal-State Partnership budget, which in our case is 88% state funds in FY09. A more detailed picture of our commitment to the MCH Populations may be seen in the tables attached to Part 5, Section B of the Narrative portion of our Application, which present data separately for federal and state funds over several years. After several years of substantial year-to-year changes in state funds, particularly in several accounts targeted to particular MCH population groups, state funding streams have stabilized and increased substantially from FY07 through FY09, with the percentage distribution remaining quite consistent. However, based on the categorical nature of our state funding stream (and the disproportionate cuts or increases in some accounts), the impact of state funding from year to year may not be felt equally across all of MCH population groups and we are not able to shift funds easily to different MCH population groups or levels of the pyramid from these very categorical accounts.

**FIELD LEVEL NOTES**

1. **Section Number:** I. Federal-State MCH Block Grant Partnership

**Field Name:** AdminExpended

**Row Name:** Administration

**Column Name:** Expended

**Year:** 2006

**Field Note:**

Final FY06 Expended totals are more than 10% less than the FY06 Budgeted totals. The Bureau continued to be successful in both reducing overall administration costs and in shifting a number of them to other state and federal accounts that are not part of the Partnership budget.

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: MA**

TYPE OF SERVICE	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 18,982,228	\$ 20,993,149	\$ 19,230,392	\$ 23,151,824	\$ 23,760,764	\$ 24,780,416
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 39,487,961	\$ 35,700,996	\$ 23,847,802	\$ 17,489,287	\$ 19,193,037	\$ 18,897,307
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 9,091,330	\$ 9,800,436	\$ 10,683,506	\$ 10,441,993	\$ 11,075,412	\$ 11,724,996
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 15,364,660	\$ 15,045,591	\$ 14,688,335	\$ 15,921,077	\$ 15,533,254	\$ 17,102,639
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 82,926,179	\$ 81,540,172	\$ 68,450,035	\$ 67,004,181	\$ 69,562,467	\$ 72,505,358

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: MA**

TYPE OF SERVICE	FY 2007		FY 2008		FY 2009	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 26,573,580	\$ 27,412,175	\$ 29,516,322	\$ 0	\$ 30,162,582	\$ 0
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 20,773,544	\$ 20,365,187	\$ 21,382,700	\$ 0	\$ 24,812,843	\$ 0
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 12,527,168	\$ 12,236,433	\$ 16,704,176	\$ 0	\$ 15,001,462	\$ 0
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 16,656,649	\$ 17,222,604	\$ 20,441,077	\$ 0	\$ 18,033,289	\$ 0
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 76,530,941	\$ 77,236,399	\$ 88,044,275	\$ 0	\$ 88,010,176	\$ 0

## FORM NOTES FOR FORM 5

It may appear from Form 5 that Massachusetts continues to devote a large proportion of our funding on Direct Health Care Services, rather than shifting toward the Infrastructure Building Services at the "base" of the MCH Pyramid as recommended by MCHB. This picture is misleading, however, because Form 5 presents the entire MCH Federal-State Partnership budget, which in our case is 88% state funds in FY09. The state funds are generally targeted toward direct and enabling services (for example early intervention services for children birth to three). In fact the generous level of state funding over the years has allowed us to increasingly focus our federal MCH dollars on infrastructure building and reduce the level of federal funding for direct and enabling services without reducing services for women, children and families. A more detailed picture of our commitment to the MCH Pyramid may be seen in the tables attached to Part 5, Section B of the Narrative portion of our Application, which present data for federal and state funds separately over several years. A comparison of Form 5 and these tables illustrates that the historic year to year variation in the relative distribution of funds across the pyramid is due to variations in state funding, which we are not able to control or direct to the same degree as federal funds. For example, between 55% and 65% of federal funds have been allocated to Infrastructure each year and only approximately 9 to 11% to Direct Services, while 23-40% of state funds have been allocated to Direct Services and only 11 to 19% to Infrastructure. Based on the categorical nature of our state funding stream (and the variable cuts or increases in various accounts from year to year), the impact of state funding is not felt equally across the entire federal MCH pyramid. In particular, the loss of two major state insurance programs – Healthy Start and Children's Medical Security Program – after FY04 affected the overall budget for Enabling Services, of which they were a major component. At the same time substantial restoration of funding levels for Family Planning and School-Based Health Centers, continually increased state funding for early intervention services, and the addition of the state trust account for the Catastrophic Illness in Children Relief Fund have increased the percentage of state funds going for Direct Services and Enabling Services.

## FIELD LEVEL NOTES

- Section Number:** Main  
**Field Name:** PopBasedExpended  
**Row Name:** Population-Based Services  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Massachusetts appears to spend relatively less on Population-Based Services than the general shape of the "MCH Pyramid" might suggest. This is due to the fact that most of the Commonwealth's extensive population-based services for the MCH populations are located elsewhere in the Department of Public Health, are not funded with federal Title V funds, and/or are otherwise not under the direction of the state Title V Director. They are thus not included in Form 5. These services and programs include the Massachusetts Immunization Program, the New England Newborn Screening Program, and the Childhood Lead Poisoning Prevention Program. In addition, many population-based programs by their nature tend to be less costly than enabling or direct health care programs serving fewer persons.
- Section Number:** Main  
**Field Name:** PopBasedExpended  
**Row Name:** Population-Based Services  
**Column Name:** Expended  
**Year:** 2006  
**Field Note:**  
Massachusetts appears to spend relatively less on Population-Based Services than the general shape of the "MCH Pyramid" might suggest. This is due to the fact that most of the Commonwealth's extensive population-based services for the MCH populations are located elsewhere in the Department of Public Health or otherwise not under the direction of the state Title V Director. They are thus not included in Form 5. These services and programs include the Massachusetts Immunization Program, the New England Newborn Screening Program, and the Childhood Lead Poisoning Prevention Program. In addition, many population-based programs by their nature tend to be less costly than enabling or direct health care programs serving fewer persons.
- Section Number:** Main  
**Field Name:** InfrastrBuildExpended  
**Row Name:** Infrastructure Building Services  
**Column Name:** Expended  
**Year:** 2006  
**Field Note:**  
The total amount expended in FY06 for Infrastructure Building was more than 10% higher than what had been originally budgeted. In fact, Total Expenditures were higher than budgeted and were higher for each level of the pyramid except Enabling Services. Only the Infrastructure Building difference hit the 10% threshold. The reason is substantial additional state funds awarded after our FY06 Application was submitted for both Family Planning and Early Intervention Services.

**FORM 6**

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

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

**STATE: MA**

Total Births by Occurrence: 78,382

Reporting Year: **2007**

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	78,497	100.1	169	2	2	100
Congenital Hypothyroidism	78,497	100.1	1,198	52	52	100
Galactosemia	78,497	100.1	40	1	1	100
Sickle Cell Disease	78,497	100.1	48	48	48	100

**Other Screening (Specify)**

Biotinidase Deficiency	78,497	100.1	15	3	3	100
Homocystinuria	78,497	100.1	172	0	0	
Toxoplasmosis	78,497	100.1	21	2	2	100
Congenital Adrenal Hyperplasia (CAH)	78,497	100.1	786	6	6	100
Maple Syrup Urine Disease (MSUD)	78,497	100.1	205	0	0	
Medium Chain AcylCo-A Dehydrogenase (MCAD)	78,497	100.1	31	1	1	100
Optional Cystic Fibrosis	78,123	99.7	316	17	17	100
Optional "Expanded Metabolics"	78,131	99.7	267	20	20	100

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

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

## FORM NOTES FOR FORM 6

Data are from the New England Newborn Screening Program (NENSP) at the University of Massachusetts Medical School. Data are for the calendar year 2007. Every newborn is screened for ten disorders. Every newborn with abnormal results is tracked to a normal result or appropriate clinical care. For this year, the numbers reported were babies from whom at least one specimen card was received by the NENSP indicating (in the birth facility field on the card) that the baby was born in Massachusetts. If the birth facility was not given, then the baby was counted only if the specimen card was a Massachusetts card. For example, if the only specimens received on a baby born in MA were RI cards, and the correct MA birth hospital was not indicated on the card, then the baby would not be counted in these numbers.

In addition to the 10 mandatory tests, optional screening is offered for Cystic Fibrosis and for an Extended Panel of 19 disorders: Tyrosinemia I, Tyrosinemia II, HMG Lyase Deficiency, Argininosuccinic Aciduria, Isovaleric Acidemia, HHH Syndrome, Glutaric Acidemia I, Glutaric Acidemia II, Citrullinemia, Argininemia, CPT Deficiency, Propionic Acidemia, Methylmalonic Aciduria (MMA),  $\beta$ -Methyl Crotonyl Carboxylase (MCC), LCHAD [long-chain hydroxyacyl-CoA dehydrogenase deficiency], VLCAD [very-long-chain acyl-CoA dehydrogenase deficiency], SCAD [short-chain acyl-CoA dehydrogenase deficiency], LCAD [long-chain acyl-CoA dehydrogenase deficiency], and  $\beta$ -Ketothiolase Deficiency [2-methylacetoacetyl-CoA thiolase deficiency]. In 2007, more than 99% of parents participated in the voluntary testing.

Only confirmed cases from resident births are reported here.

This year, the Massachusetts Newborn Blood Screening Advisory Committee re-evaluated the conditions screened for and recommended significant changes to the Commissioner. These changes require that regulations be amended, a process expected in FY2009 that includes public hearings and a decision by the Public Health Council.

### FIELD LEVEL NOTES

- 1. Section Number:** Main  
**Field Name:** BirthOccurrence  
**Row Name:** Total Births By Occurrence  
**Column Name:** Total Births By Occurrence  
**Year:** 2009  
**Field Note:**  
Preliminary estimate. Final Vital Records data on 2007 births are not yet available. There are slight differences between the total number of screens that were recorded as being for "Occurrence Births" and other preliminary estimates on such births in 2007. Since the number of screens exceeds the estimated total number of occurrence births, this does not seem to present a problem – all such births receive an initial screening.
- 2. Section Number:** Main  
**Field Name:** Phenylketonuria\_OneScreenNo  
**Row Name:** Phenylketonuria  
**Column Name:** Receiving at least one screen  
**Year:** 2009  
**Field Note:**  
There are slight differences between the total number of screens that were recorded as being for "Occurrence Births" and other preliminary estimates on such births in 2007. Since the number of screens exceeds the estimated total number of occurrence births, this does not seem to present a problem – all such births receive an initial screening.
- 3. Section Number:** Main  
**Field Name:** Congenital\_OneScreenNo  
**Row Name:** Congenital  
**Column Name:** Receiving at least one screen  
**Year:** 2009  
**Field Note:**  
There are slight differences between the total number of screens that were recorded as being for "Occurrence Births" and other preliminary estimates on such births in 2007. Since the number of screens exceeds the estimated total number of occurrence births, this does not seem to present a problem – all such births receive an initial screening.
- 4. Section Number:** Main  
**Field Name:** Galactosemia\_OneScreenNo  
**Row Name:** Galactosemia  
**Column Name:** Receiving at least one screen  
**Year:** 2009  
**Field Note:**  
There are slight differences between the total number of screens that were recorded as being for "Occurrence Births" and other preliminary estimates on such births in 2007. Since the number of screens exceeds the estimated total number of occurrence births, this does not seem to present a problem – all such births receive an initial screening.
- 5. Section Number:** Main  
**Field Name:** SickleCellDisease\_OneScreenNo  
**Row Name:** SickleCellDisease  
**Column Name:** Receiving at least one screen  
**Year:** 2009  
**Field Note:**  
Screening is reported here for all sickling diseases. Non-sickling hemoglobinopathies are also reported to the medical home, but are not included in this report because the report format does not call for these disorders.
- 6. Section Number:** Main  
**Field Name:** Congenital\_Presumptive  
**Row Name:** Congenital  
**Column Name:** Presumptive positive screens  
**Year:** 2009  
**Field Note:**  
The number of presumptive positives for congenital hypothyroidism may appear quite high in comparison with data from other states. The following explanation should help clarify why.  
  
The NENSP uses a two-tiered testing algorithm for the hypothyroid screen, using both a T4 and a TSH test. The 1,306 presumptive positive screens in Column B represent cases where T4 OR TSH values were out of range for at least one sample. Many of these are in low birth weight NICU babies, a population known to yield elevated results on these tests, and most of whom are not really presumed to have hypothyroidism. Some programs ignore babies who only have "T4 only" out-of-range, and for the purpose of these reports only count babies with elevated TSH as "presumptive" positive. (We have done this in the past ourselves.) In fact some programs do not even follow up on babies who have an out-of-range T4 if there is not also an out-of-range TSH. This practice does run a risk of missing certain babies with hypothyroidism. NENSP follows up by getting additional specimens from any baby who yields an out of range test for "T4 plus TSH", T4 alone, or TSH alone. If it were not for the hypothyroid screen, these babies would not have follow-up samples required; thus to this extent, they are "presumptive" positive until further testing shows otherwise.
- 7. Section Number:** Main  
**Field Name:** SickleCellDisease\_Presumptive  
**Row Name:** SickleCellDisease  
**Column Name:** Presumptive positive screens  
**Year:** 2009  
**Field Note:**  
The number of presumptive positive screens is the same as the number of confirmed positives for sickling disorders. This may appear to be an error, but the numbers are correct. Unlike most other tests, a presumptive positive sickle cell test generally confirms.
- 8. Section Number:** Main

**Field Name:** SickleCellDisease\_Confirmed

**Row Name:** SickleCellDisease

**Column Name:** Confirmed Cases

**Year:** 2009

**Field Note:**

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

**9. Section Number:** Other Screening Types

**Field Name:** Other

**Row Name:** All Rows

**Column Name:** All Columns

**Year:** 2009

**Field Note:**

In addition to the 10 mandatory tests, optional screening is offered for Cystic Fibrosis and for an Extended Panel of 19 disorders. (See Form-Level note for a listing.) In 2007, >99% of parents participated in the optional testing.

The results for 2007 for the optional metabolic panel disorders testing are shown in the last line of the Form. The "# Presumed Positive" is reported combined for these disorders, because some blood analytes may be associated with more than one of these disorders, making the usual statistics misleading. The confirmed and treated disorders in 2007 were as follows:

- 1 BKT ( $\beta$  Ketothiolase deficiency )
- 1 GAI (Glutaric Acidemia I)
- 2 HMG (3-Hydroxy-3-Methyl glutaric aciduria, AKA 3-hydroxy-3-methylglutaryl-CoA lyase deficiency)
- 1 LCHAD (Long-chain L-3-OH acyl-CoA dehydrogenase deficiency)
- 2 3MCC (3-Methylcrotonyl-CoA carboxylase Deficiency)
- 7 SCAD (Short-chain acyl-CoA dehydrogenase deficiency)
- 3 VLCAD (Very long-chain acyl-CoA dehydrogenase deficiency)

Note: the following disorders are not specifically listed by the Massachusetts regulations, but were detected as by-products of the screening targeted for such specifically listed disorders and are included in the 20 confirmed and treated cases:

- 1 Cbl A (Methylmalonic acidemia: cobalamin A)
- 1 Cbl C (Methylmalonic acidemia: cobalamin C)
- 1 CUD (Carnitine uptake defect)

**FORM 7**  
**NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V**  
**(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)**

*[Sec. 506(a)(2)(A)(i-ii)]*

**STATE: MA**

Reporting Year: 2007

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	15,047	45.2	0.0	39.9	14.9	0.0
Infants < 1 year old	16,528	55.4	0.0	19.7	6.7	18.2
Children 1 to 22 years old	249,773	36.0	0.0	29.0	14.7	20.4
Children with Special Healthcare Needs	44,988	36.1	0.0	47.8	4.1	12.0
Others	47,283	0.9	0.0	0.6	68.2	30.3
<b>TOTAL</b>	<b>373,619</b>					

## FORM NOTES FOR FORM 7

Please see the Attachment file for Part IV, Section F of the Narrative ("Other Program Activities"). The second part of that attachment is a Table entitled "Massachusetts Program Service Numbers by MCH Categories, FY07." This table summarizes the numbers of persons served, by MCH population groups, for each of our MCH-related programs. It contains more detail by program and also includes a wide array of infrastructure-building and indirect services activities (e.g. training, technical assistance, outreach) that are not included in Form 7. Where the services are included in Form 7, the totals of persons served are identical.

### FIELD LEVEL NOTES

- 1. Section Number:** Main  
**Field Name:** PregWomen\_TS  
**Row Name:** Pregnant Women  
**Column Name:** Title V Total Served  
**Year:** 2009  
**Field Note:**  
This category include pregnant women served by the following two programs: Perinatal Primary Care (11,378), and EI Partnership Programs (669).
- 2. Section Number:** Main  
**Field Name:** PregWomen\_XXI  
**Row Name:** Pregnant Women  
**Column Name:** Title XXI %  
**Year:** 2009  
**Field Note:**  
The Massachusetts SCHIP program has been implemented in large part through expanded MassHealth (Medicaid) eligibility. At the service delivery end (where our data come from on insurance sources for clients served), the distinction between Title XIX and Title XXI cannot be made. All of these clients are included in the Title XIX column.
- 3. Section Number:** Main  
**Field Name:** PregWomen\_Private  
**Row Name:** Pregnant Women  
**Column Name:** Private/Other %  
**Year:** 2009  
**Field Note:**  
This category includes substantial numbers of persons with state-funded insurance benefits through the Healthy Start program (for pregnant women). For example, the total of 39.9% of pregnant women with Private/Other coverage includes the 21.3% who have Healthy Start coverage, while only 15.4% of all pregnant women served had private insurance.
- 4. Section Number:** Main  
**Field Name:** Children\_0\_1\_TS  
**Row Name:** Infants <1 year of age  
**Column Name:** Title V Total Served  
**Year:** 2009  
**Field Note:**  
This category includes Infants (not including infants receiving special health needs services) served by the following programs: Pediatric Primary Care (11,987); EIPP (377); Newborn Hearing diagnostic testing where no hearing loss was found (1,245), and Poison Control Center calls (2,919).

The number of infants served is substantially different from the number of occurrence births shown in Form 6 because Title V Partnership funds in Massachusetts do not pay for universal newborn screening (either blood or hearing screening), the typical services that would be considered to reach every newborn. Although the Bureau now reviews all newborn hearing screening results from the Electronic Birth Certificates, we do not consider this to be a "service paid for by Title V" and thus do not report all newborns here. We do report diagnostic follow-up testing – with negative findings reported here and positive findings included in the "Children with Special Health Care Needs" category.

The total number of infants served shown here is less than the total shown on Form 8 for the following reason. In Form 7, all children with special health care needs, regardless of age, are put into the CSHCN population group, and only other infants served ("not otherwise counted") are included in the "Infants" population group. However, a minimum (unduplicated count) of 12,913 infants with special health needs were served in such programs as Early Intervention, Care Coordination, Newborn Hearing Positive Findings Follow-up, and Growth and Nutrition. On Form 8, these infants have been added to the totals for infants served.
- 5. Section Number:** Main  
**Field Name:** Children\_0\_1\_XXI  
**Row Name:** Infants <1 year of age  
**Column Name:** Title XXI %  
**Year:** 2009  
**Field Note:**  
The Massachusetts SCHIP program has been implemented in large part through expanded MassHealth (Medicaid) eligibility. At the service delivery end (where our data come from on insurance sources for clients served), the distinction between Title XIX and Title XXI cannot be made. All of these clients are included in the Title XIX column.
- 6. Section Number:** Main  
**Field Name:** Children\_0\_1\_Unknown  
**Row Name:** Infants <1 year of age  
**Column Name:** Unknown %  
**Year:** 2009  
**Field Note:**  
The percentage of clients with "unknown coverage" among infants is somewhat misleading. It is made up almost entirely of infants served by the statewide Poison Control Center, a population-based program that does not collect insurance data because the services being provided are not covered by insurance. Many of these infants and their families probably have some form of insurance, but we do not have that information.
- 7. Section Number:** Main  
**Field Name:** Children\_1\_22\_TS  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Title V Total Served  
**Year:** 2009  
**Field Note:**  
This category includes children (not counted elsewhere) served by the following programs: Pediatric and Adolescent Primary Care (151,656); Diagnostic Hearing exams (no SHN found) (328), School-Based Health Centers (SBHC) (5,635, estimated), Family Planning (under age 20) (14,153); Teen Pregnancy Prevention projects (on-going services) (7,616; up from 4,972 in FY06 due to further funding increases); Poison Control Center calls (41,916; up from 27,657 in FY06); CLPPP (estimated at 20% of total children screened) (46,132). Total adjusted for estimated doublecount from multiple sources of 17,663.
- 8. Section Number:** Main  
**Field Name:** Children\_1\_22\_XXI  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Title XXI %  
**Year:** 2009  
**Field Note:**  
The Massachusetts SCHIP program has been implemented in large part through expanded MassHealth (Medicaid) eligibility. At the service delivery end (where our data come from on insurance sources for clients served), the distinction between Title XIX and Title XXI cannot be made. All of these clients are included in the Title XIX column.

9. **Section Number:** Main  
**Field Name:** Children\_1\_22\_Private  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Private/Other %  
**Year:** 2009  
**Field Note:**  
The % of those served through Pediatric and Adolescent Primary Care estimated to have Private/Other coverage (which includes Other State coverage under Healthy Start and CMSP) is considered to be a low estimate and those estimated to have no coverage to be a high estimate for a number of data collection system reasons (e.g. some health centers may record insurance status upon intake and do not update the reporting database as they work to enroll patients in insurance programs for which they are eligible).
10. **Section Number:** Main  
**Field Name:** Children\_1\_22\_Unknown  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Unknown %  
**Year:** 2009  
**Field Note:**  
The percentage of clients with "unknown coverage" among children and youth is somewhat misleading. It is made up almost entirely of children and youth served by the statewide Poison Control Center, a population-based program, or youth participating in teen pregnancy prevention community-based programs; neither program collects insurance data because the services being provided are not covered by insurance. Many of these children, youth and their families have some form of insurance, but we do not have that information.
11. **Section Number:** Main  
**Field Name:** CSHCN\_TS  
**Row Name:** Children with Special Health Care Needs  
**Column Name:** Title V Total Served  
**Year:** 2009  
**Field Note:**  
This category includes children with special health care needs served by the following programs: Early Intervention (including EI specialty and respite services) (31,174); Care Coordination (with and without Family Support; not in EI) (1,062); SBHC (with long-term health problems) (7,206, estimated), Growth and Nutrition Clinics; not also in EI (666); Newborn Hearing Positive Findings Follow-up, not also in EI (603), CLPPP (medical case management) (3,888); and other SHCN services: MASSTART (91), Catastrophic Illness in Children Relief Fund (139), PKU Special Foods (92) and the new Pediatric Palliative Care program (80; partial year). [EI total includes at least 1,092 children also receiving Growth and Nutrition, Newborn Hearing Follow-up, or Care Coordination services.]
12. **Section Number:** Main  
**Field Name:** CSHCN\_XXI  
**Row Name:** Children with Special Health Care Needs  
**Column Name:** Title XXI %  
**Year:** 2009  
**Field Note:**  
The Massachusetts SCHIP program has been implemented in large part through expanded MassHealth (Medicaid) eligibility. At the service delivery end (where our data come from on insurance sources for clients served), the distinction between Title XIX and Title XXI cannot be made. All of these clients are included in the Title XIX column.
13. **Section Number:** Main  
**Field Name:** AllOthers\_TS  
**Row Name:** Others  
**Column Name:** Title V Total Served  
**Year:** 2009  
**Field Note:**  
This category includes persons served by the following programs: Family Planning (age 20 or over) (28,646); EIPP (postpartum women (167); SBHCs (clients over age 22 or unknown age) (1,177, estimated); Teen Pregnancy Prevention projects (on-going, over age 21) (397); Poison Control Center calls (adults and unknown age) (13,688); SIDS counseling (356 individuals), and Rape Crisis Center clients (all ages) (2,852).
14. **Section Number:** Main  
**Field Name:** AllOthers\_None  
**Row Name:** Others  
**Column Name:** None %  
**Year:** 2009  
**Field Note:**  
The high percent of clients with "no coverage" for the population group "Others" is explained by who is served. Most of those served are adult women who have received family planning services paid for with state Partnership funds. These funds may only be used for persons who are not on Medicaid and do not have other insurance. [The women covered by Medicaid or private insurance that are served by these programs are not included in these numbers.] The category also includes those receiving SIDS counseling or rape crisis center support; neither of these services is covered by insurance.

**FORM 8**  
**DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE**  
**XIX**  
**(BY RACE AND ETHNICITY)**  
[SEC. 506(A)(2)(C-D)]  
**STATE: MA**

Reporting Year: 2007

**I. UNDUPLICATED COUNT BY RACE**

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	77,670	54,165	6,545	159	5,484	0	0	11,317
Title V Served	15,047	2,716	2,260	13	996	0	526	8,536
Eligible for Title XIX	18,990	14,334	3,398	64	1,117	0	0	77
<b>INFANTS</b>								
Total Infants in State	79,138	56,723	6,229	165	5,369	0	0	10,652
Title V Served	29,441	11,551	3,048	46	1,549	0	501	12,746
Eligible for Title XIX	20,535	15,617	3,583	55	1,202	0	0	78

**II. UNDUPLICATED COUNT BY ETHNICITY**

	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	HISPANIC OR LATINO (Sub-categories by country or area of origin)				
				(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	65,597	10,696	1,377	490	66	4,591	3,341	2,208
Title V Served	6,511	3,535	5,001	9	2	82	184	3,258
Eligible for Title XIX	13,956	5,014	20	175	18	2,331	1,226	1,264
<b>INFANTS</b>								
Total Infants in State	67,679	10,147	1,312	535	65	4,452	3,050	2,045
Title V Served	16,695	4,807	7,939	10	0	912	161	3,724
Eligible for Title XIX	14,704	5,816	15	280	22	2,268	1,893	1,353

## FORM NOTES FOR FORM 8

Sources: MDPH 2006 and 2005 Birth Files for deliveries, estimated number of infants, and deliveries eligible for Medicaid (from Birth File source of prenatal care data). Bureau of Family and Community Health, FY07 Program databases for Title V Served estimates (see Form 7).

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

### FIELD LEVEL NOTES

- 1. Section Number:** I. Unduplicated Count By Race  
**Field Name:** DeliveriesTotal\_All  
**Row Name:** Total Deliveries in State  
**Column Name:** Total All Races  
**Year:** 2009  
**Field Note:**  
Defined as all births in 2006, the most recent data available.
- 2. Section Number:** I. Unduplicated Count By Race  
**Field Name:** DeliveriesTotal\_RaceOther  
**Row Name:** Total Deliveries in State  
**Column Name:** Other and Unknown  
**Year:** 2009  
**Field Note:**  
Other & Unknown Race" includes all Hispanics who did not report a race; totals may differ from some published state data which assign them to "White" group.
- 3. Section Number:** I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleV\_All  
**Row Name:** Title V Served  
**Column Name:** Total All Races  
**Year:** 2009  
**Field Note:**  
Estimates of deliveries and infants served by Title V can only be reported by combined race/ethnicity categories, as this is how most programs report data to BFCH. Although our categories of American Indian and Asian can reasonably be assumed to be accurate under either categorization, the columns labeled "White" and "Black/African American" generally include only "White, non-Hispanic" and "Black, non-Hispanic" persons respectively. In this section, Hispanic persons are included in Column F with "Other" and "Unknown." Service program data include any Pacific Islander / Native Hawaiian persons in the "Asian" category. Service program data are currently reported with the category of "more than one race" only for MCH primary care services and for EIPP.
- 4. Section Number:** I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleXIX\_All  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total All Races  
**Year:** 2009  
**Field Note:**  
Defined as having Medicaid coverage, as measured by data from Birth Certificate on payment source for prenatal care. Excludes births for which source of payment data was missing. Data are for 2006, the most recent available.
- 5. Section Number:** I. Unduplicated Count By Race  
**Field Name:** InfantsTotal\_All  
**Row Name:** Total Infants in State  
**Column Name:** Total All Races  
**Year:** 2009  
**Field Note:**  
Number of infants is estimated based on 2005 resident births.

The total number of infants in the state reported here is substantially larger than the total of infants served by Title V shown on Form 7 for the following reason. No Title V Partnership funds are used in Massachusetts for newborn bloodspot screening or for newborn hearing screening, the typical services that would be considered to reach every newborn. Although the Bureau now reviews all newborn hearing screening results from the Electronic Birth Certificates, we do not feel comfortable reporting all newborns receiving either newborn screening as having been served with Title V Partnership funds. Infants receiving Newborn Hearing Follow-up based on positive findings are included in Form 7.
- 6. Section Number:** I. Unduplicated Count By Race  
**Field Name:** InfantsTotal\_RaceOther  
**Row Name:** Total Infants in State  
**Column Name:** Other and Unknown  
**Year:** 2009  
**Field Note:**  
"Other & Unknown Race" includes all Hispanics who did not report a race; totals may differ from some published state data which assign them to "White" group.
- 7. Section Number:** I. Unduplicated Count By Race  
**Field Name:** InfantsTitleV\_All  
**Row Name:** Title V Served  
**Column Name:** Total All Races  
**Year:** 2009  
**Field Note:**  
The total number of infants served shown here differs from the total shown on Form 7 for the following reason. In Form 7, all children with special health care needs, regardless of age, are put into the CSHCN population group, and only other infants served ("not otherwise counted") are included in the "Infants" population group. However, an unduplicated count of 12,913 infants with special health needs were served in Early Intervention, Care Coordination/Family Support, EIPP, Newborn Hearing Positives Follow-up, and Growth and Nutrition. On Form 8, these infants have been added to the totals for infants served.  
Estimates of deliveries and infants served by Title V can only be reported by combined race/ethnicity categories, as this is how most programs report data to BFCH. Although our categories of American Indian and Asian can reasonably be assumed to be accurate under either categorization, the columns labeled "White" and "Black/African American" generally include only "White, non-Hispanic" and "Black, non-Hispanic" persons respectively. In this section, Hispanic persons are included in Column F with "Other" and "Unknown." Service program data include any Pacific Islander / Native Hawaiian persons in the "Asian" category. Service program data are currently reported with the category of "more than one race" only for MCH primary care services.
- 8. Section Number:** I. Unduplicated Count By Race  
**Field Name:** InfantsTitleXIX\_All  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total All Races  
**Year:** 2009  
**Field Note:**  
Estimated based on source of payment for deliveries in 2005, including Healthy Start, as most of these infants are then eligible for Medicaid. Using this data source enables us to report race/ethnicity detail that is comparable to that used for estimating the total number of infants in the state, although it may underestimate the number of infants eligible for Medicaid to some degree.
- 9. Section Number:** II. Unduplicated Count by Ethnicity

**Field Name:** DeliveriesTitleV\_TotalHispanic

**Row Name:** Title V Served

**Column Name:** Total Hispanic or Latino

**Year:** 2009

**Field Note:**

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

**10. Section Number:** II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTitleV\_TotalHispanic

**Row Name:** Title V Served

**Column Name:** Total Hispanic or Latino

**Year:** 2009

**Field Note:**

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

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

	<b>FY 2009</b>	<b>FY 2008</b>	<b>FY 2007</b>	<b>FY 2006</b>	<b>FY 2005</b>
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(800) 882-1435</u>	<u>(800) 311-2229</u>	<u>(800) 311-2229</u>	<u>(800) 311-2229</u>	<u>(800) 311-2229</u>
2. State MCH Toll-Free "Hotline" Name	Family/Community Support Line	MCH Resource Line	MCH Resource Line	MCH Resource Line	Family Resource Line
3. Name of Contact Person for State MCH "Hotline"	<u>Ana Sanchez</u>	<u>Eileen Carranza</u>	<u>Eileen Carranza</u>	<u>Eileen Carranza</u>	<u>Karin Downs</u>
4. Contact Person's Telephone Number	<u>(617) 624-5955</u>	<u>(617) 624-5591</u>	<u>(617) 624-5971</u>	<u>(617) 624-5971</u>	<u>(617) 624-5967</u>
5. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>1,473</u>	<u>100</u>	<u>0</u>

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

	<b>FY 2009</b>	<b>FY 2008</b>	<b>FY 2007</b>	<b>FY 2006</b>	<b>FY 2005</b>
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(800) 905-8437</u>				
2. State MCH Toll-Free "Hotline" Name	Family TIES (Together in Enhancing Support)				
3. Name of Contact Person for State MCH "Hotline"	<u>Sara Miranda</u>				
4. Contact Person's Telephone Number	<u>(617) 236-7210</u>				
5. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>3,527</u>	<u>3,200</u>	<u>2,300</u>

## FORM NOTES FOR FORM 9

None

### FIELD LEVEL NOTES

**1. Section Number:** Main

**Field Name:** hnumber\_2

**Row Name:** State MCH toll-free hotline telephone number

**Column Name:** FY

**Year:** 2009

**Field Note:**

Massachusetts has changed the toll-free line being reported here, due to clarified instructions from MCHB. The Family/Community Resource Line, although in existence for a number of years, had previously been reported only in the notes to the Form. The Line is staffed by Community Resource Specialists (including bilingual staff) during regular business hours and was initially established for families with CSHCN and providers to improve access to information, referral, family supports, and technical assistance. In FY07, a total of 1,473 calls were recorded, from both parents and providers.

Because we can only change the information shown on Form 9 about the line's name, number, or contact person for FY09, the Form is confusing this year (and may be next year as well). The volume numbers reported for FY07 are the newly designated Family/Community Resource Line, not the MCH Resource Line.

The Family/Community Resource Line is now being promoted as a more general resource for families for MCH needs and programs. Pending new federal funding from an MCHB social marketing grant for which we have applied, it will be further developed and more aggressively expanded as a perinatal/family resource.

We are no longer reporting in the MCH Resource Line as a major toll-free line. That line (800-311-2229) still exists and is the official transfer number for calls transferred from the national MCHB line; as such, it has received no transferred calls for several years. It had also served as a contact number for a recent Perinatal Depression grant. However, we have negotiated with the Parental Stress Line to include their number on the brochure we have produced for the Maternal and Infant Mental Health Project, and have been able to train all their volunteer staff in how to answer calls related to perinatal depression. The number is now also being used primarily to field calls for the PRAMS (Pregnancy Risk Assessment Monitoring System). Women who have received surveys and have questions, or have received a phone call are able to call into this number to receive additional information about PRAMS, or ask clarifying questions once they receive a survey form. It will continue in this capacity.

**2. Section Number:** Main

**Field Name:** hnumber\_2

**Row Name:** State MCH toll-free hotline telephone number

**Column Name:** FY

**Year:** 2007

**Field Note:**

Massachusetts changed our toll-free number during FY04 to the national number, because of the loss of the Health Access staff and Massachusetts-specific 1-800 line that had been used previously. The loss was due to the transfer of the Healthy Start and CMSP funding to the state Medicaid agency and the discontinuing of the programs' information and referral activities that were supported through the 1-800 line.

Other BFCH staff have been trained in providing MCH resource information and cover the new 1-800 line, which now is located within the Division of Perinatal, Early Childhood and Special Health Needs in our main offices. Calls to the new line are not currently recorded systematically and we thus have no data to report. The number so far is modest, but a noticeable percentage concern assistance with perinatal depression – as a result of our recent Perinatal Depression grant. An improved reporting data system is being developed.

Massachusetts did not receive any calls transferred through the national MCH line.

**3. Section Number:** Main

**Field Name:** calls\_2

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

**Column Name:** FY

**Year:** 2007

**Field Note:**

The number of calls reported relate to the Family/Community Resource Line, not the MCH Resource Line. See above note for more information on the change.

**4. Section Number:** Optional

**Field Name:** hnumber\_1

**Row Name:** State MCH toll-free hotline telephone number

**Column Name:** FY

**Year:** 2009

**Field Note:**

This number represents the number of calls from parents and providers to the Family TIES and EI Parent Leadership Project toll-free lines. They are managed through the same vendor (Federation for Children with Special Needs) and support staff. Of the 3,527 calls received in FY07 (an increase of 327 from FY06), 6459 were specific to Early Intervention, as 1-800-905-8437 also serves as the Central Directory for Early Intervention services and information.

**FORM 10**  
**TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT**  
**STATE PROFILE FOR FY 2009**  
*[Sec. 506(A)(1)]*  
**STATE: MA**

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

The Massachusetts Title V Maternal and Child Health Services Block Grant Program is primarily located within the Bureau of Family Health and Nutrition (BFHN), Massachusetts Department of Public Health. The Bureau Director, Sally Fogerty is the Title V Director for the Commonwealth. This Bureau includes Perinatal, Early Childhood, Children with Special Health Needs, WIC and Early Intervention (Part H., IDEA). After a reorganization within the Department, a number of Title V supported programs are located in our sister Bureau, Community Health Access and Promotion (BCHAP), including primary care services for women of reproductive age and adolescents, family planning services, teen pregnancy prevention programs, school health programs, oral health, injury control and violence prevention programs. BCHAP also includes a number of primary care/health access and chronic disease prevention and health promotion programs with which we work closely on cross-cutting health issues. The BFHN actively works to improve and to protect the health and well-being of women, children and families to achieve their optimal development and health outcomes. It does this by: providing and expanding family-centered services and accessible systems of care; identifying and responding to the diverse cultural and changing needs of MA communities; partnering within the bureau, with families, communities, and other public and private organizations and groups, advocating for resources to address unmet needs and to assure quality services; developing and implementing policy and innovative programs; monitoring health status and program effectiveness; and motivating and educating the public. The Bureau has established the following priorities: standardize systems to monitor and track progress, with outcomes, targets and milestones specified for all programs, enhance and integrate data systems and use data to inform practice outcomes, identify healthy disparities and shape programs; target services to reduce health disparities and serve those most in need; monitor, evaluate and manage increase in external demand; focus and align efforts to support systems of care well before, during and after pregnancies; define and set direction for CYSHCH program, and support and enhance collaborations within the bureau and with other bureaus and agencies.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ <u>11,423,430</u>
3. Unobligated balance (Line 2, Form 2)	\$ <u>320,386</u>
4. State Funds (Line 3, Form 2)	\$ <u>76,266,360</u>
5. Local MCH Funds (Line 4, Form 2)	\$ <u>0</u>
6. Other Funds (Line 5, Form 2)	\$ <u>0</u>
7. Program Income (Line 6, Form 2)	\$ <u>0</u>
<b>8. Total Federal-State Partnership (Line 8, Form 2)</b>	<b>\$ <u>88,010,176</u></b>

9. Most significant providers receiving MCH funds:

<u>community health centers</u>
<u>early intervention service providers</u>
<u>local school districts and public health agencies</u>
<u>regional poison control center</u>

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

a. Pregnant Women	<u>15,047</u>
b. Infants < 1 year old	<u>16,528</u>
c. Children 1 to 22 years old	<u>249,773</u>
d. CSHCN	<u>44,988</u>
e. Others	<u>47,283</u>

11. Statewide Initiatives and Partnerships:

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

Primary and Preventive Care: With expansion of health insurance coverage, all adults and all children have access to some level of coverage either through expanded Medicaid, SCHIP, Children's Medical Security Plan, or employer, individual or family insurance coverage. Title V in Massachusetts continues to provide wrap-around services and services not covered by private or public insurance. This includes family planning services, MCH (nutrition, social service, and care coordination) home visiting services, school-based health centers, and oral health services through community-based providers and agencies. A special focus has been on the delivery of services for women of childbearing age within community health centers and how to promote the implementation of pre and intra conceptional services especially for women with gestational diabetes. Services for women and adolescents with substance use problems have been redesigned and are in place. Programs for homeless families in shelters include comprehensive health assessments and care coordination. Performance measures are in place for all service programs. CSHCN: Title V continues to provide care coordination, family support, newborn hearing screening, early intervention services (to 28,000 children ages birth to three), and other specialized services for families and children with special needs. Strong, multifaceted outreach and assistance programs have been developed and are offered to families in obtaining benefits and services for which they are eligible. A focus has been on promoting and establishing the medical home model through the placement of care coordinators within primary care pediatric practices. Regionally-based services also provide care coordination, advocacy, referral and insurance enrollment for children with special needs who were not within medical home practices. The Title V program is actively involved with the state Medicaid program and Department of Mental Health in the implementation of universal behavioral screening for all children on Medicaid at each EPSDT visit. Providers must use one of nine tools identified by the state for this screen. The assessment for children will utilize the CANS and will be in place by December, 2008. The Title V program through the Early Childhood program has been involved in the implementation for children under 5 and will be directly involved in the development, training and implementation of the CANS tool for the under 5 population.

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

Universal Newborn Screening: The development of integrated data systems and services linking universal newborn hearing, blood spot, birth defects, and risk identification screening is under active development and implementation. School Health: Medication administration guidelines have been developed and implemented, along with policies for the management of allergic reactions. Efforts to address healthy weight (through both BMI measurement and policies) are expanding, as is attention to emergency preparedness. Enhanced School Health Services grants have been competitively re-procured for FY09. Teen Pregnancy: Evidenced-based models for teen pregnancy prevention in high-risk communities are now well established in 18 communities. Statewide CHSCN Consultation Programs offer assistance to EI, school systems, and birth-to-

three child serving agencies in providing care to children with complex medical and technology needs. Revisions to Perinatal Hospital Licensure regulations have created a statewide referral network assuring mothers and infants receive services at appropriate levels of care. Other Population-Based Services: The Title V Partnership supports a Regional Poison Control Center, lead poisoning screening, SIDS and bereavement counseling, rape crisis centers, oral health screenings, basic school health services; injury prevention, suicide prevention, and child passenger safety; promotion of childhood immunization; and a statewide system of Pediatric SANE (Sexual Assault Nurse Examiner) services through Child Advocacy Centers. A variety of tobacco control efforts are in place, targeted to youth (including enforcement of laws against sales to minors) and to increasing smoke-free environments (including efforts to reduce smoking during pregnancy). Emphasis is placed on screening and early identification of violence, depression, substance use, and risk factors for chronic diseases, along with the integration of programs across multiple federal categorical grants, other state agencies, and private payers and providers. Working with a legislative commission on racial disparities, programs are being charged with increasing efforts to address racial disparities. Shaken Baby Syndrome: Comprehensive joint initiative has been developed with the Department of Social Services and Children's Trust Fund to provide a training and education program that targets new parents (in hospitals), DSS staff, and selected community-based providers.

c. Infrastructure Building Services:  
(max 2500 characters)

Monitoring and Data Collection: Title V maintains and continuously improves data systems to monitor maternal and child health, analyze and report on trends, evaluate program effectiveness, and provide information to the public and private sectors. Priorities are to continue efforts to integrate and link key data systems, program information and billing systems, with linkages to the Executive Office of Human Services Virtual Gateway which will enhance efforts to link with other health and human service programs. A data sharing agreement has been established between all Executive Office of Health and Human Services agencies and the capacity to link key data for the first time across agencies will be developed over the next year. When this occurs, it will be possible to link MDPH data with Medicaid data for the first time. PRAMS: Massachusetts is now fully implementing its first PRAMS grant from CDC; PRAMS data are now being integrated into Title V reporting. Youth Surveys: Massachusetts currently carries out both a Youth Risk Behavior Survey (YRBS) and a Massachusetts Youth Health Survey. The surveys are now coordinated to be administered together in alternate year to maintain good participation and to improve the data consistency and timeliness. Active use of the state's BRFSS for MCH-related questions and tracking continues. Mortality and Morbidity Reviews: Title V has a Maternal Morbidity and Mortality Committee, Fetal-Infant Mortality Review process in selected communities, and actively participates in the state's Child Death Review Team system. Health Promotion for MCH: Multiple campaigns underway include suicide prevention, folic acid awareness, tobacco control, healthy weight and physical activity, substance abuse, and violence and injury prevention (including new funds for shaken baby syndrome prevention and youth violence prevention in FY08). Provider Training and Development: Multiple technical assistance and training programs for providers, programs, and agencies are provided, including Early Intervention and School Health Institutes, and a number related to early childhood and to domestic violence. Women's Health: A number of initiatives continue designed to increase awareness and enhance coordination of services for women across the lifespan.

12. The primary Title V Program contact person:

Name Ron Benham (interim)  
 Title Dir., Div for Perinatal, Early Childhood & Special Health  
 Address Mass Dept of Public Health, 250 Washington St.  
 City Boston  
 State MA  
 Zip 02108  
 Phone (617) 624-5901  
 Fax (617) 624-6062  
 Email ron.benham@state.ma.us  
 Web \_\_\_\_\_

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

Name Ron Benham  
 Title Dir., Div for Perinatal, Early Childhood & Special Health  
 Address Mass Dept of Public Health, 250 Washington St.  
 City Boston  
 State MA  
 Zip 02108  
 Phone (617) 624-5901  
 Fax (617) 624-6062  
 Email ron.benham@state.ma.us  
 Web \_\_\_\_\_

**FORM NOTES FOR FORM 10**

None

**FIELD LEVEL NOTES**

None

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

**Form Level Notes for Form 11**

None

**PERFORMANCE MEASURE # 01**

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

	Annual Objective and Performance Data				
	2003	2004	2005	2006	2007
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	124	100	131	102	115
Denominator	124	100	131	102	115

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

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

Is the Data Provisional or Final?

Final

Final

	Annual Objective and Performance Data				
	2008	2009	2010	2011	2012
Annual Performance Objective	100	100	100	100	100
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:** Performance Measure #1

**Field Name:** PM01

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data on Newborn Screening from the New England Newborn Screening Program (NENSP) at the University of Massachusetts Medical School. The data are for Calendar Year 2007. The NENSP provides all these newborn screening services and furnishes these data. See Form 06 and its Notes also. Massachusetts screens every newborn for ten disorders: Phenylketonuria (PKU), Congenital Hypothyroidism (primary), Galactosemia, Hemoglobin Disorders (including sickle cell anemia), "Maple Syrup" Urine Disease (MSUD), Homocystinuria, Congenital Toxoplasmosis, Congenital Adrenal Hyperplasia, Biotinidase Deficiency, and Medium-chain acyl Co-A dehydrogenase deficiency (MCAD).

Every newborn with abnormal results is tracked to a normal result or appropriate clinical care. In 2007, the total of 115 confirmed cases from mandated screening receiving treatment included 2 with PKU, 52 with Congenital Hypothyroidism, 1 with Galactosemia, 48 with Sickling Disorders, 2 with Congenital Toxoplasmosis, 3 with Biotinidase Deficiency, 6 with Congenital Adrenal Hyperplasia, and 1 with MCAD.

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

**Field Name:** PM01

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data on Newborn Screening from the New England Newborn Screening Program (NENSP) at the University of Massachusetts Medical School. The data are for Calendar Year 2006. The NENSP provides all these newborn screening services and furnishes these data. See Form 06 and its Notes also. Massachusetts screens every newborn for ten disorders: Phenylketonuria (PKU), Congenital Hypothyroidism (primary), Galactosemia, Hemoglobin Disorders (including sickle cell anemia), "Maple Syrup" Urine Disease (MSUD), Homocystinuria, Congenital Toxoplasmosis, Congenital Adrenal Hyperplasia, Biotinidase Deficiency, and Medium-chain acyl Co-A dehydrogenase deficiency (MCAD).

Every newborn with abnormal results is tracked to a normal result or appropriate clinical care. In 2006, the total of 102 confirmed cases from mandated screening receiving treatment included 10 with PKU, 36 with Congenital Hypothyroidism, 2 Galactosemia, 35 with Hemoglobin Disorders, 1 with Congenital Toxoplasmosis, 6 with Biotinidase Deficiency, 8 with Congenital Adrenal Hyperplasia, and 4 with MCAD.

**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)

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	64.4	65	70	70	72
Annual Indicator	64.4	64.4	57.1	57.1	57.1
Numerator					
Denominator					
<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.</p> <p>(Explain data in a year note. See Guidance, Appendix IX.)</p>					
Is the Data Provisional or Final?				Provisional	Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	59	60	61	63	65
Annual Indicator					
Numerator					
Denominator					

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

**Field Level Notes**

- Section Number:** Performance Measure #2  
**Field Name:** PM02  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 There are no updated state-level data for 2007. Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. See note for 2006.
- Section Number:** Performance Measure #2  
**Field Name:** PM02  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. The 95% Confidence Intervals (CI) for the 2005-2006 and 2001 survey, from which the earlier data come, overlap (2005-2006 CI: 52.8-61.3; 2001 CI: 56.4-72.5). The overlap suggests that the figures do not differ statistically (change may be due to random survey variation). Massachusetts is also comparable to the nation. The national figure is 57.4 (CI: 56.5-58.2) for 2005-2006, and the comparable national figure for earlier years is 57.5 (CI: 56.0-59.0).
- Section Number:** Performance Measure #2  
**Field Name:** PM02  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
 UPDATED.  
 Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. The 95% Confidence Intervals (CI) for the 2005-2006 and 2001 survey, from which the earlier data come, overlap (2005-2006 CI: 52.8-61.3; 2001 CI: 56.4-72.5). The overlap suggests that the figures do not differ statistically (change may be due to random survey variation). Massachusetts is also comparable to the nation. The national figure is 57.4 (CI: 56.5-58.2) for 2005-2006, and the comparable national figure for earlier years is 57.5 (CI: 56.0-59.0).

**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)

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	61	65	65	65	67
Annual Indicator	61	61	45.7	45.7	45.7
Numerator					
Denominator					

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

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

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	47	49	51	53	53
Annual Indicator					
Numerator					
Denominator					

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

**Field Level Notes**

- Section Number:** Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

There are no updated state-level data for 2007. Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. See note for 2006 re non-comparability to pre-2005 data.

- Section Number:** Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. Questions used for the 2005-2006 survey changed substantially and results cannot be compared to 2004 or earlier. The comparable national figure is 47.1% (CI: 46.3-48.0) for 2005-2006. The CI for Massachusetts for 2005-06 is 41.4-50.0, suggesting no statistical difference between Massachusetts and the nation.

- Section Number:** Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

UPDATED.

Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. Questions used for the 2005-2006 survey changed substantially and results cannot be compared to 2004 or earlier. The comparable national figure is 47.1% (CI: 46.3-48.0) for 2005-2006. The CI for Massachusetts for 2005-06 is 41.4-50.0, suggesting no statistical difference between Massachusetts and the nation.

**PERFORMANCE MEASURE # 04**

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

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	65	65	65	70	70
Annual Indicator	65.1	65.1	63.1	63.1	63.1
Numerator					
Denominator					

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

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

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	64	65	66	68	70
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:** Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

There are no updated state-level data for 2007. Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. See note for 2006 for additional information.

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

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

UPDATED.

Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. The 95% Confidence Intervals (CI) for the 2005-2006 and 2001 survey, from which the earlier data come, overlap (2005-2006 CI: 59.0-67.2; 2001 CI: 60.1-70.1). The overlap suggests that the figures do not differ statistically (change may be due to random survey variation). Massachusetts is also comparable to the nation. The national figure is 62.0 (CI: 61.2-62.8) for 2005-2006, and the comparable national figure for earlier years is 59.6 (CI: 58.7-60.5).

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

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

UPDATED.

Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. The 95% Confidence Intervals (CI) for the 2005-2006 and 2001 survey, from which the earlier data come, overlap (2005-2006 CI: 59.0-67.2; 2001 CI: 60.1-70.1). The overlap suggests that the figures do not differ statistically (change may be due to random survey variation). Massachusetts is also comparable to the nation. The national figure is 62.0 (CI: 61.2-62.8) for 2005-2006, and the comparable national figure for earlier years is 59.6 (CI: 58.7-60.5).

**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)

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	79	80	80	81	81
Annual Indicator	79	79	87.6	87.6	87.6
Numerator					
Denominator					

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

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

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	87.6	89.2	89.2	90	90
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:** Performance Measure #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

There are no updated state-level data for 2007. Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. See note for 2006 re noncomparability of data to 2004 and earlier.

**2. Section Number:** Performance Measure #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

UPDATED.

Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. Data for 2004 and earlier are from the NS-CSHCN conducted in 2001. The wording, placement, and ordering of questions changed substantially in the 2005-2006 administration of the survey, and the results are not comparable across survey years. The 95% Confidence Intervals (CI) for the 2005-2006 for Massachusetts is 84.7-90.5; for the nation, it is 88.6-89.6 (point estimate 89.1). The CI's overlap; there is no statistical difference between Massachusetts and the nation (differences may be due to random survey variation).

**3. Section Number:** Performance Measure #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

UPDATED.

Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. Data for 2004 and earlier are from the NS-CSHCN conducted in 2001. The wording, placement, and ordering of questions changed substantially in the 2005-2006 administration of the survey, and the results are not comparable across survey years. The 95% Confidence Intervals (CI) for the 2005-2006 for Massachusetts is 84.7-90.5; for the nation, it is 88.6-89.6 (point estimate 89.1). The CI's overlap; there is no statistical difference between Massachusetts and the nation (differences may be due to random survey variation).

**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.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	5.8	10	10	10	15
Annual Indicator	5.8	5.8	46.6	46.6	46.6
Numerator					
Denominator					

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

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

Is the Data Provisional or Final?

Final Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	46.6	47	48	49	50
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:** Performance Measure #6

**Field Name:** PM06

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

There are no updated state-level data for 2007. Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. See note for 2005-2006. See note for 2006 re noncomparability of data to 2004 and earlier.

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

**Field Name:** PM06

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

UPDATED.

Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. Data for 2004 and earlier are from the NS-CSHCN conducted in 2001. The wording, placement, and ordering of questions changed substantially in the 2005-2006 administration of the survey, and the results are not comparable across survey years. The 95% Confidence Intervals (CI) for the 2005-2006 for Massachusetts is 39.8-53.4; for the nation, it is 40.0-42.5 (point estimate 41.2). The CI's overlap, indicating no statistical difference between Massachusetts and the nation (differences may be due to random survey variation).

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

**Field Name:** PM06

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

UPDATED.

Data are from the National Survey of Children with Special Health Care Needs (NS-CSHCN), 2005-2006 conducted as part of NCHS/SLAITS. Data for 2004 and earlier are from the NS-CSHCN conducted in 2001. The wording, placement, and ordering of questions changed substantially in the 2005-2006 administration of the survey, and the results are not comparable across survey years. The 95% Confidence Intervals (CI) for the 2005-2006 for Massachusetts is 39.8-53.4; for the nation, it is 40.0-42.5 (point estimate 41.2). The CI's overlap, indicating no statistical difference between Massachusetts and the nation (differences may be due to random survey variation).

**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.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
<b>Annual Performance Objective</b>	80	83	88.1	91.3	90
<b>Annual Indicator</b>	88	86.5	91.3	89.2	88.3
<b>Numerator</b>					
<b>Denominator</b>					

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

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

Is the Data Provisional or Final?

Final Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
<b>Annual Performance Objective</b>	89	90	91	91	91
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

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

**Field Level Notes**

**1. Section Number:** Performance Measure #7

**Field Name:** PM07

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Fully immunized corresponds to the CDC definition of 4:3:1:3:3 (4 or more doses of DTP, 3 or more of poliovirus, 1 or more of any MMR, 3 or more of Hib, and 3 or more of HepB) by age 19-35 months (age 3). [Note that definition of measure in Detail Sheet differs from the label on the measure which suggests immunization status among children 19-35 months of age. That age range is what we report here.] Data are from the National Immunization Survey, as reported by the CDC at <http://www.cdc.gov/nip/coverage/default.htm>; Table 09. Because the percentage rates are generated by the NIP from surveys, no numerators and denominators are presented in Form 11.

Although our fully immunized rate dropped slightly in 2007, Massachusetts continues to have a very high rate (second best in the country after New Hampshire) and well above the national average. However, increased parental resistance to some immunizations has led us to adjust our future year Objectives slightly downward to more realistic levels.

**2. Section Number:** Performance Measure #7

**Field Name:** PM07

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Fully immunized corresponds to the CDC definition of 4:3:1:3:3 (4 or more doses of DTP, 3 or more of poliovirus, 1 or more of any MMR, 3 or more of Hib, and 3 or more of HepB) by age 19-35 months (age 3). [Note that definition of measure in Detail Sheet differs from the label on the measure which suggests immunization status among children 19-35 months of age. That age range is what we report here.] Data are from the National Immunization Survey, as reported by the CDC at <http://www.cdc.gov/nip/coverage/default.htm>; Table 09. Because the percentage rates are generated by the NIP from surveys, no numerators and denominators are presented in Form 11.

Although our fully immunized rate dropped slightly in 2006, Massachusetts continues to have the highest rate in the country.

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

**Field Name:** PM07

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Fully immunized corresponds to the CDC definition of 4:3:1:3:3 (4 or more doses of DTP, 3 or more of poliovirus, 1 or more of any MMR 3 or more of Hib, and 3 or more of HepB) by age 2 (24 months). [Note that definition of measure in Detail Sheet differs from the label on the measure which suggests immunization status among children 19-35 months of age. Data are from the National Immunization Survey, as reported by the CDC at <http://www.cdc.gov/nip/coverage/default.htm>; Table 09. All historic annual data have been revised to reflect NIP rates. Because the percentage rates are generated by the NIP from surveys, no numerators and denominators are presented in Form 11. Data are reported on a calendar year basis.

The 2005 survey results were posted in September, 2006, and this table has been updated to reflect them. Massachusetts has the highest rate in the country for 2005.

**PERFORMANCE MEASURE # 08**

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	15	14	12	11.5	11
Annual Indicator	12.2	11.8	11.5	10.4	10.5
Numerator	1,473	1,454	1,440	1,379	
Denominator	120,889	122,847	125,294	132,803	

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**

	2008	2009	2010	2011	2012
Annual Performance Objective	10.5	10.5	10.5	10	9.5
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**

- Section Number:** Performance Measure #8

**Field Name:** PM08

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 birth data are not available. We have estimated the same rate to that for 2006. See 2006 for the most recent actual data and see the Note for 2006 for data sources and other comments.

- Section Number:** Performance Measure #8

**Field Name:** PM08

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Birth data are from MDPH, Vital Records for calendar year 2006. This is the most recent year of data available.

The 2006 denominator is from the most recent population estimates for Massachusetts, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The number of female teens ages 15-17 is roughly estimated at 60% of the standard 5-year age group 15-19.

- Section Number:** Performance Measure #8

**Field Name:** PM08

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Birth data are from MDPH, Vital Records for calendar year 2005. This is the most recent year of data available.

The denominator is from the most recent 2005 population estimates for Massachusetts, as provided in MassCHIP. The number of female teens ages 15-17 is roughly estimated at 60% of the standard 5-year age group 15-19.

**PERFORMANCE MEASURE # 09**

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

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	60	60	62.2	61	63
Annual Indicator	58	62.2	59.4	64.6	66.2
Numerator					
Denominator					

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

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

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	66.5	67	69	70	71
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:** Performance Measure #9

**Field Name:** PM09

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

The data for 2007 are taken from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS). A children's dental health module, containing this and other questions, was introduced in the 2001 Survey and is now being carried out every year. The data are not specific for the narrow age range specified in the measure, but capture data for children ages 6 - 18. The survey rates within various socioeconomic categories (preliminary data) continue to show consistently higher rates of sealants as family income rises: 49.8 % (C.I. 36.2% – 63.3%) at under \$25,000 compared with 75.1 % (C.I. 69.0% – 81.2%) at over \$75,000).

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

**Field Name:** PM09

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The data for 2006 are taken from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS). A children's dental health module, containing this and other questions, was introduced in the 2001 Survey and is now being carried out every year. The data are not specific for the narrow age range specified in the measure, but capture data for children ages 6 - 18.

Other surveys, on large samples of schools, are being developed and may provide additional data in future years. Information from the field suggests that the use of sealants in the targeted age range is higher than what is being reported in BRFSS, where the data can be considered as showing an essentially flat rate.

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

**Field Name:** PM09

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

The data for 2005 are taken from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS). A children's dental health module, containing this and other questions, was introduced in the 2001 Survey and is now being carried out every year. Prior to 2001, our only data on the use of sealants have been based on school-based surveys in only a few communities. Such surveys, on larger samples of schools, will also be continued as possible in order to help validate the BRFSS findings.

Despite the slight fluctuations in the survey reported rates between 58 and 62%, the data can be considered as showing an essentially flat rate. The survey rates within various socioeconomic categories show consistently higher rates of sealants as parental education levels rise: 51.7% (C.I. 36.8% – 66.5%) with less than high school education compared with 65.3 % (C.I. 59.8% – 70.9%) with 4+ years of college. The rates are also consistently higher as family income rises: 43.4 % (C.I. 33.5% – 53.3%) at under \$25,000 compared with 64.5 % (C.I. 59.4% – 69.6%) at over \$50,000). However, the gaps between income levels and education levels continue to decrease.

**PERFORMANCE MEASURE # 10**

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

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	1.2	1.2	1.2	1.2	1.2
Annual Indicator	1.2	1.2	1.3	1.2	1.2
Numerator	15	15	16	14	
Denominator	1,229,471	1,222,774	1,214,584	1,202,482	

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

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

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	1.2	1.2	1.2	1.2	1.2
Annual Indicator					
Numerator					
Denominator					

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

**Field Level Notes**

- Section Number:** Performance Measure #10  
**Field Name:** PM10  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 2007 death data are not available. We have estimated the same rate to that for 2006. See 2006 for the most recent actual data and see the Note for 2006 for data sources and other comments.
- Section Number:** Performance Measure #10  
**Field Name:** PM10  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 Data on deaths are taken from MDPH Vital Records for calendar years 2004 - 2006. This is the most recent year of data available. Rates are calculated as rolling 3-year averages. (I.e. the 2006 numerator is the sum of the 2004, 2005, and 2006 numbers of deaths (19, 10, and 12 respectively and the denominator is the sum of the most recent Massachusetts population estimates for the age group for the same years. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.  
 The denominator is from the most recent population estimates for Massachusetts, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation.
- Section Number:** Performance Measure #10  
**Field Name:** PM10  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
 Data on deaths are taken from MDPH Vital Records for calendar years 2003 - 2005. This is the most recent year of data available. Rates are calculated as rolling 3-year averages. (I.e. the 2005 numerator is the sum of the 2003, 2004, and 2005 numbers of deaths (19, 19, and 10 respectively and the denominator is the sum of the most recent Massachusetts population estimates for the age group for the same years. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.  
 The 2005 denominator estimate is from the most recent 2005 population estimates for Massachusetts, as provided in MassCHIP.

**PERFORMANCE MEASURE # 11**

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

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective				40	45
Annual Indicator			38.8	42.1	42.1
Numerator					
Denominator					

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 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**

	2008	2009	2010	2011	2012
Annual Performance Objective	42	43	44	45	46
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:** Performance Measure #11

**Field Name:** PM11

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data Source: CDC National Immunization Survey data are not yet available for 2007 (for the 2005 birth cohort). We have estimated a similar rate to that for 2006. See the 2006 note for more information about the data source and changes to the survey questions that have affected trend analysis.

Based on the survey methodology changes and the resultant lowering of estimated rates, we have adjusted our projected annual rates significantly lower also, as we seem to be in line with the national averages.

The newly initiated Massachusetts PRAMS survey preliminary data indicates 81.7% of women initiating breastfeeding in 2007, and 61.7% still breastfeeding at 8 weeks. These data are based on internal MDPH weighting and will be weighted and finalized by CDC during FY08.

We remain uncertain as to which year's CDC/NIS survey data to report in the annual NPM boxes.

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

**Field Name:** PM11

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data Source: CDC's 2006 National Immunization Survey. ([http://www.cdc.gov/breastfeeding/data/NIS\\_data/2004/state.htm](http://www.cdc.gov/breastfeeding/data/NIS_data/2004/state.htm)), from interviews conducted through December 2006. Because they are survey data, there are no numerator or denominator values. These data, the most recent available indicate, report breastfeeding rates for children born in 2004 (Hence the date on the reference source). The data indicate a rate of breastfeeding at 6 months of 42.1% (plus or minus 6.6%) and a rate of ever breastfeeding of 72.4% (plus or minus 6.6%). These compare with national average rates of 41.5% and 73.8%. The state rates for exclusive breastfeeding at 3 months and 6 months were 32.7% (+ or - 6.4) and 11.9% (+ or - 4.2) respectively; the comparable national rates were 30.5% and 11.3%. This pattern suggests that while Massachusetts may have slightly lower rates of ever breastfeeding, those that do breastfeed may continue breastfeeding, including exclusive breastfeeding, at slightly higher rates than national trends. However, differences between any of the Massachusetts rates and the national ones are statistically insignificant, with overlapping confidence intervals.

The NIS survey data suggest a lower rate of initiating breastfeeding than the data from our 2004 birth certificate data on breastfeeding at hospital discharge of 77.3%. With this most recent survey, CDC has changed both the survey questions and the way it presents the data (by birth cohort). The result of the new questions (as discussed at length on the CDC website) is an overall drop in the estimated rates. Therefore, no trend analysis should be drawn between these rates and those cited for previous years. In addition, the CDC was continuing to interview this cohort through November, 2007 and the data for 2004 births will be updated and reported in August of 2008; thus the reported rate may change.

2006 Massachusetts PedNSS data about breastfeeding among WIC participants is available. The breastfeeding rate at 6 months was 26.2% in 2006, slightly up from 26.1% in 2005.

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

**Field Name:** PM11

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Our Data Source for this new NPM is from CDC's 2004 National Immunization. ([http://www.cdc.gov/breastfeeding/data/NIS\\_data/2004/state.htm](http://www.cdc.gov/breastfeeding/data/NIS_data/2004/state.htm)) These data indicate a rate of breastfeeding at 6 months of 38.8% plus or minus 5.3%. The same survey reports a Massachusetts rate of ever breastfeeding of 74.0% (plus or minus 5.1%), which is consistent with our 2004 birth certificate data on breastfeeding at hospital discharge of 77.3% (the previous NPM).

Data from CY2003 and 2004 from the NIS show breastfeeding rates at 6 months of 38.6% and 38.8% respectively. Based on this, we have projected a modest continuing improvement in the rate. When PRAMS data become fully available in 2008, we will be in a better position to both project rates and identify strategies to improve them.

**PERFORMANCE MEASURE # 12**

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

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
<b>Annual Performance Objective</b>	99	99	99.9	99	99.8
<b>Annual Indicator</b>	99.9	100.0	98.9	98.9	98.7
<b>Numerator</b>	81,444	79,399	76,991	77,656	77,573
<b>Denominator</b>	81,545	79,438	77,841	78,511	78,592

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

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

Is the Data Provisional or Final?

Final

Provisional

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
<b>Annual Performance Objective</b>	98.8	99	99.2	99.4	99.6
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

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

**Field Level Notes**

**1. Section Number:** Performance Measure #12

**Field Name:** PM12

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Pre-discharge screening rates continue to be tracked by the Childhood Hearing Data System (CHDS). See the 2005 note for further information on data sources.

Using birth data before their final de-duplication, cleaning and release ("closed" 2007 birth data will not be available until winter 2009) makes the reported data preliminary or provisional. The UNHSP preliminary numerator and estimated denominator are reported here and will be updated at a later date.

Screening rates are slightly less than 100% and will remain so due to a small number of parents who refuse the screening, infants who died prior to discharge, and unknown/missed screens. See notes for 2006 and 2005 for examples of these numbers. The majority of those not screened are unknown or missed screens, including those missed due to transfers. Our goal – which is reflected in our revised performance objectives through 2012 is to reduce the unknown/missed number to close to zero, leaving only refusals and deaths prior to discharge as unscreened.

**2. Section Number:** Performance Measure #12

**Field Name:** PM12

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Updated data and note for 2006:

See the note for 2005 for a description of our current data sources and other data issues.

The 2006 screening rates shown are expected to be final, as 2006 birth data have been released.

Screening rates are slightly less than 100% and will remain so due to a small number of parents who refuse the screening (e.g. 31 in 2006), infants who died prior to discharge (258 in 2006) and unknown/missed screens (587 in 2006).

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

**Field Name:** PM12

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Updated data and Note for 2005:

Pre-discharge screening rates are now tracked by the Childhood Hearing Data System (CHDS). CHDS uses a daily download of "live" electronic birth certificate (EBC) data for the denominator and the numerator. The denominator is occurrence births and the numerator also includes rescreens and out-patient screens as systems are in place to ensure they are entered into the EBC. Screening (and follow-up) data have been available from the EBC beginning with 2004. Prior to 2005, screening data from an annual survey of hospitals appeared to be of better quality than EBC data and was used for reporting on this measure, but EBC data are now reliable and the annual survey has been suspended.

The 2005 data shown are now final, as the final 2005 birth file (after de-duplication and cleaning) has been released.

Screening rates are slightly less than 100% and will remain so due to a small number of parents who refuse the screening (e.g. 29 in 2005), infants who died prior to discharge (303 in 2005) and unknown/missed screens (529 in 2006).

**PERFORMANCE MEASURE # 13**

Percent of children without health insurance.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
<b>Annual Performance Objective</b>	3.5	3.5	3	2.5	2
<b>Annual Indicator</b>	2.3	3.2	3.2	2.5	2.3
<b>Numerator</b>					
<b>Denominator</b>					

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

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

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
<b>Annual Performance Objective</b>	2	2	1.5	1.5	1
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

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

**Field Level Notes**

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

**Field Name:** PM13

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data source: 2007 household survey of Massachusetts residents conducted by the Massachusetts Division of Health Care Finance and Policy (HCFP). "Massachusetts Household Survey on Health Insurance Status, 2007;" Powerpoint summary presentation released, July, 2008. ([www.mass.gov/dhcfp](http://www.mass.gov/dhcfp))

Another comparative data source is the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS), which includes questions on insurance coverage for household members under the age of 18. These questions are also asked every year. The 2007 BRFSS survey reported a rate of 1.1% (confidence interval of .4% - 1.9%), unchanged from the previous year. The BRFSS rates have historically been consistently lower than those found in the HCFP surveys, but both surveys have demonstrated similar trends.

As a result of the major health care reform currently getting underway in the Commonwealth – which is designed to achieve universal health care coverage - we have set Performance Objectives reflecting a further drop in the rate, although with a higher residual uninsured percentage than previously projected. We will continue to monitor and adjust these projections as needed, as the economic downturn affects more families and federal decisions on Medicaid policy (e.g. the maximum FPL that can be covered) and the Massachusetts Medicaid waiver may affect the insurance situation for children.

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

**Field Name:** PM13

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The primary data source for this indicator is a 2006 household survey of Massachusetts residents conducted by the Massachusetts Division of Health Care Finance and Policy (HCFP). ("Health Insurance Status of Massachusetts Residents: Fifth Edition"; issued in December, in 2006. ([www.mass.gov/dhcfp](http://www.mass.gov/dhcfp)))

As part of the recent Health Care Reform legislation, the HCFP survey is now done annually and should provide even more information about who is uninsured and how various aspects of health care reform affect children in particular.

Another comparative data source is the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS), which includes questions on insurance coverage for household members under the age of 18. These questions are asked every year. The 2006 BRFSS survey reported a rate of 1.01% (confidence interval of .39% - 1.62%), down dramatically from 2.4% the previous year. The BRFSS rates have historically been consistently lower than those found in the HCFP surveys, but both surveys have demonstrated similar trends.

As a result of the major health care reform currently getting underway in the Commonwealth – which is designed to achieve universal health care coverage - we are setting Performance Objectives reflecting a sharp and steady drop in the rate to essentially no children without insurance by 2009. The impact of the initial expansion of SCHIP to 300% of the FPL for children can already be seen in the 2006 data.

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

**Field Name:** PM13

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

The primary data source for this indicator is health insurance status surveys of Massachusetts residents conducted by the Massachusetts Division of Health Care Finance and Policy (HCFP) biannually. Because the survey was not done in 2005 (and the 2006 survey is currently being completed), we have no new data to report. Therefore, the rate of 3.2% is the rate reported by the 2004 HCFP survey.

As part of the recent Health Care Reform legislation, the HCFP survey will become an annual one and should provide even more information about who is uninsured and how various aspects of health care reform affect children in particular.

Another comparative data source is the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS), which now includes questions on insurance coverage for household members under the age of 18. These questions are asked every year. The 2005 BRFSS survey reported a rate of 2.4%. The BRFSS rates have historically been consistently lower than those found in the HCFP surveys, but the trend in the BRFSS rates has been useful. After rising for two years to 2.6% in 2004, the BRFSS rate has

improved again.

As a result of the major health care reform currently getting underway in the Commonwealth – which is designed to achieve universal health care coverage - we are setting Performance Objectives reflecting a sharp and steady drop in the rate to essentially no children without insurance by 2009.

**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.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective				34	34
Annual Indicator			34.1	34	34
Numerator					
Denominator					

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

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

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	34	33.5	33	33	32
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:** Performance Measure #14  
**Field Name:** PM14  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Data Source: Massachusetts WIC Program data, as reported through PedNSS. 2007 PedNSS data are not yet available. We have estimated the same rate as 2006.

2. **Section Number:** Performance Measure #14  
**Field Name:** PM14  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 The 34% recorded for 2006 represents final calendar year 2005 Massachusetts PedNSS data from the CDC report; the rate has dropped .1% from the previous year.

These data indicate that Massachusetts rates for overweight in children are no longer increasing but have remained stable. We project only modest improvements for the years through 2012.

3. **Section Number:** Performance Measure #14  
**Field Name:** PM14  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
 The 34.1% recorded for 2005 on a preliminary basis represents FY04 data from WIC and PedNSS.

We are projected only modest improvements for the years through 2010.

**PERFORMANCE MEASURE # 15**

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

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective				6	6
Annual Indicator			6	6	9.2
Numerator					
Denominator					

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**

	2008	2009	2010	2011	2012
Annual Performance Objective	9	8	7	6	6
Annual Indicator					
Numerator					
Denominator					

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

**Field Level Notes**

**1. Section Number:** Performance Measure #15

**Field Name:** PM15

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data Source: Massachusetts PRAMS. This is the first PRAMS data available in the state. MA PRAMS sampled women who were Massachusetts residents and delivered a live-born infant within the state, including infants who died after delivery and multiples up to triplets. In 2007, 9.2% of women smoked cigarettes during the last 3 months of pregnancy (95% CI: 6.8 – 11.5) according to PRAMS. Among the same population of women, 6.6% reported on the birth certificate that they had smoked cigarettes at any time during pregnancy (95% CI: 4.5 – 8.7). Among all PRAMS states, MA has the third lowest prevalence of cigarette smoking during the last 3 months of pregnancy (most recent national PRAMS data available is 2003).

Differences between these initial PRAMS survey data and the smoking during pregnancy data from the birth certificate (see State Performance Measure #02) are being analyzed. The PRAMS data suggested higher rates of smoking during pregnancy than reported from the birth files (although the wide confidence intervals for both overlap). This external validation source (PRAMS) may result in further efforts to improve the quality and reliability of the birth certificate data in future years.

In the interim, we have adjusted our future performance objectives to be more in line with PRAMS data and realistic expectations of rates of reducing smoking. The result is that there are some discrepancies between the future performance objectives shown here for NPM #15 and for SPM #02. One result of the analyses mentioned above and described in our FY09 Planned Activities for these measures, will be a more formally coordinated set of projections.

**2. Section Number:** Performance Measure #15

**Field Name:** PM15

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

We have no new data to report for 2006, so are reporting the same rate as 2005 (which was estimated from data from the PRAMS pilot test. Based on our progress in increasing the % of women who report not smoking during their pregnancy (see SPM # 2), we are projecting a further slight decrease in this rate through FY11. More solid statewide estimates will be available from PRAMS beginning in 2008.

**3. Section Number:** Performance Measure #15

**Field Name:** PM15

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

The estimated, provisional rate for 2005 is based on data from our recent PRAMS pilot test (which found a rate of 4%, with a confidence interval of 2% - 5.8%). Based on our progress in increasing the % of women who report not smoking during their pregnancy (see SPM # 2), we are projecting a further decrease in this rate over the next 5 years. More solid statewide estimates will be available from PRAMS beginning in 2008.

**PERFORMANCE MEASURE # 16**

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

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	5	5	5	4.3	4.3
Annual Indicator	4.4	4.3	4.5	3.7	4.3
Numerator	18	18	19	16	
Denominator	410,255	414,020	420,641	431,669	

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

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

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	4.3	4.2	4.2	4.1	4.1
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**

- Section Number:** Performance Measure #16

**Field Name:** PM16

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 death data are not available. We have estimated a 2007 rate higher than for 2006 that is more in line with the secular trend. See 2006 for the most recent data and see the Note for 2006 for data sources and other comments.

- Section Number:** Performance Measure #16

**Field Name:** PM16

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data on deaths are taken from MDPH Vital Records for calendar years 2004 - 2006. Rates are now calculated as rolling 3-year averages. (I.e. the 2006 numerator is the sum of the 2004, 2005, and 2006 numbers of deaths (19, 18, and 11 respectively) and the denominator is the sum of the most recent Massachusetts population estimates for the age group for the same years. The denominator is from the most recent population estimates for Massachusetts, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

- Section Number:** Performance Measure #16

**Field Name:** PM16

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Data on deaths are taken from MDPH Vital Records for calendar years 2003 - 2005. Rates are now calculated as rolling 3-year averages. (I.e. the 2005 numerator is the sum of the 2003, 2004, and 2005 numbers of deaths (21, 19, and 18 respectively) and the denominator is the sum of the most recent Massachusetts population estimates for the age group for the same years. The denominator is from the most recent population estimates for Massachusetts, as provided in MassCHIP. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

**PERFORMANCE MEASURE # 17**

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

	Annual Objective and Performance Data				
	2003	2004	2005	2006	2007
Annual Performance Objective	85	85	86	88	86
Annual Indicator	86.1	88.2	85.6	85.5	86
Numerator	907	946	887	826	
Denominator	1,054	1,072	1,036	966	

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

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

Is the Data Provisional or Final?

Final

Provisional

	Annual Objective and Performance Data				
	2008	2009	2010	2011	2012
Annual Performance Objective	86	86	86	86	86
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:** Performance Measure #17

**Field Name:** PM17

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 birth data are not available. We have estimated the same rate as that for 2006. See 2006 for the most recent actual data and see the Note for 2006 for data sources and other comments.

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

**Field Name:** PM17

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data on VLBW, birth hospitals, and resident births are from MDPH Vital Records for calendar year 2006. The nine Level III units are at Baystate Medical Center, Beth Israel Deaconess, Boston Medical Center, Brigham and Women's, Massachusetts General Hospital, Medical Center of Central Massachusetts, New England Medical Center, South Shore Hospital, and St. Elizabeth's Medical Center. Data include only those resident births that occurred in-state at Massachusetts hospitals, as the birth file used for analysis does not contain the necessary information (specific hospital of birth) for births to residents at out-of-state facilities to be categorized by Level III facility. In one region of the state enough births occur out-of-state (in Rhode Island) to distort the statistic otherwise.

Revised Hospital Licensure Regulations for Maternal-Newborn Services did not change the hospitals that we consider to have Level III units. Therefore the data reported are from the same nine hospitals as in previous years. The percentage of VLBW infants delivered in these 9 sites continues to fluctuate slightly but remain essentially unchanged. The impact of the new regulations on the perinatal regional system and the facilities considered to be appropriate for high-risk deliveries and neonates is still to be seen. It is likely that new baselines will be established for 2007 births. The impact of the regulatory changes on the system and on the resulting data is described in the narrative and will be monitored in future years.

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

**Field Name:** PM17

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Data on VLBW, birth hospitals, and resident births are from MDPH Vital Records for calendar year 2005. The nine Level III units are at Baystate Medical Center, Beth Israel Deaconess, Boston Medical Center, Brigham and Women's, Massachusetts General Hospital, Medical Center of Central Massachusetts, New England Medical Center, South Shore Hospital, and St. Elizabeth's Medical Center. Data include only those resident births that occurred in-state at Massachusetts hospitals, as the birth file used for analysis does not contain the necessary information (specific hospital of birth) for births to residents at out-of-state facilities to be categorized by Level III facility. In one region of the state enough births occur out-of-state (in Rhode Island) to distort the statistic otherwise.

The Revised Hospital Licensure Regulations for Maternal-Newborn Services did not change the hospitals that we consider to have Level III units. Therefore the data reported are from the same nine hospitals as in previous years. The percentage of VLBW infants delivered in these 9 sites continues to fluctuate slightly but remain essentially unchanged. The impact of the new regulations on the perinatal regional system and the facilities considered to be appropriate for high-risk deliveries and neonates is still to be seen. It is likely that new baselines will be established for 2007 births when the initial impact of the new level regulations and designations will be seen. The impact of the regulatory changes on the system and on the resulting data is described in the narrative and will be monitored in future years.

**PERFORMANCE MEASURE # 18**

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

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	84	85	85	83	83
Annual Indicator	83.3	82.8	82.5	81.5	82
Numerator	66,789	64,958	63,410	63,326	
Denominator	80,167	78,460	76,824	77,670	

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

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

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	82	82	83	83	83
Annual Indicator					
Numerator					
Denominator					

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

**Field Level Notes**

- Section Number:** Performance Measure #18  
**Field Name:** PM18  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 2007 birth data are not available. We have estimated a similar rate to that for 2006. See 2006 for the most recent actual data and see the Note for 2006 for data sources and other comments.
- Section Number:** Performance Measure #18  
**Field Name:** PM18  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 Data are from MDPH Vital Records for calendar year 2006. This is the most recent year of data available.  
 The percentages shown differ from those published elsewhere, due to how missing data are handled. The MCHB definition of the denominator is specified as all resident births during the referenced year. In MassCHIP and most Massachusetts publications (such as Massachusetts Births), percentages are reported only for cases where information is known (i.e. the denominator excludes births for which data on the variable are missing). Using the MCHB definition reduces the calculated percentage slightly.  
 The percentage of women receiving prenatal care in the first trimester in Massachusetts continues to decline, from 84.3% in 2001 to 82.5% in 2006.  
 The continued lack of significant improvement in this measure continues to be of concern and is part of the perinatal disparities work that is reflected in our SPM #9. However, another major factor is that women are increasingly receiving appointments for their first prenatal visit after twelve weeks of pregnancy, often because they no longer need a health care visit to confirm a pregnancy due to the availability of accurate over-the-counter tests. This factor is not readily susceptible to change and we have adjusted our future performance objective goals to reflect a lower baseline of first trimester visits even among healthy and well-insured women.
- Section Number:** Performance Measure #18  
**Field Name:** PM18  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
 Data are from MDPH Vital Records for calendar year 2005. This is the most recent year of data available.  
 The percentages shown differ from those published elsewhere, due to how missing data are handled. The MCHB definition of the denominator is specified as all resident births during the referenced year. In MassCHIP and most Massachusetts publications (such as Massachusetts Births), percentages are reported only for cases where information is known (i.e. the denominator excludes births for which data on the variable are missing). Using the MCHB definition reduces the calculated percentage slightly.  
 The percentage of women receiving prenatal care in the first trimester in Massachusetts has slightly declined from 84.3% in 2001 to 83.2% in 2005. To better understand this decline, we used the Join Point Regression technique to conduct trends analyses between 1989 and 2005. Our analyses show that the percentage of women receiving prenatal in the first trimester declined from 1997-2005. However, this decline was not statistically significant, the Annual Percent Change (APC) was -0.04%. Further quantitative analyses describing differences including by race/ethnicity, education, type of insurance, and geography are being conducted and will be reported in FY08. Additional information to inform work in this area, for example, about OB/GYN availability, effects of insurance changes, and cultural beliefs affecting women's choices, will be sought as part of Title V needs assessment.  
 The continued lack of significant improvement in this measure continues to be of concern and is part of the perinatal disparities work that is reflected in SPM #9.

**STATE PERFORMANCE MEASURE # 1**

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

	Annual Objective and Performance Data				
	2003	2004	2005	2006	2007
Annual Performance Objective	72	75	76	76	76
Annual Indicator	75	75.6	75.6	78.4	78.4
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Provisional

	Annual Objective and Performance Data				
	2008	2009	2010	2011	2012
Annual Performance Objective	79	79	80	80	82
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:** State Performance Measure #1

**Field Name:** SM1

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

There are no updated data for 2007. The data for this measure are available every other year from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS). The most current survey data are for 2006. They will be updated from the survey in the field during 2008. See the Detail Sheet (in Form 16) for this measure for definitions, data source and issues, and a discussion of its significance.

Our projected target rates have been raised, based on the 2006 improvements.

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

**Field Name:** SM1

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The data for the measure are available every other year from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS); the current survey data are for 2006. See the Detail Sheet (in Form 16) for this measure for definitions, data source and issues, and a discussion of its significance.

The weighted percentage has been revised - to 78.35% of pregnancies being intended -- to correct a typographical error in last year's application.

**3. Section Number:** State Performance Measure #1

**Field Name:** SM1

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

The data for the measure are available every other year from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS); the current survey data are for 2004. See the Detail Sheet (in Form 16) for this measure for definitions, data source and issues, and a discussion of its significance. The 2000, 2002, and 2004 BRFSS survey results exceeded our expectations (only slightly in FY04), and our annual Performance Objectives for 2006 and beyond have been raised.

**STATE PERFORMANCE MEASURE # 2**

The percent of births to women who report not smoking during their current pregnancy.

	Annual Objective and Performance Data				
	2003	2004	2005	2006	2007
Annual Performance Objective	91	91	91	92.5	92.5
Annual Indicator	85.5	92.4	92.5	92.5	92.5
Numerator	68,551	72,518	71,098	71,813	
Denominator	80,167	78,460	76,824	77,670	
Is the Data Provisional or Final?				Provisional	Provisional

	Annual Objective and Performance Data				
	2008	2009	2010	2011	2012
Annual Performance Objective	93	93	94	94	94
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:** State Performance Measure #2

**Field Name:** SM2

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 birth data are not available. We have estimated the same rate as that for 2006. See 2006 for the most recent actual data and see the Note for 2006 for data sources and other comments.

See also NPM # 15 and its 2007 note for other data issues that are being reviewed. Due to differences between reported smoking rates from the birth certificate and PRAMS (which do not contain data items for precise comparison), there are some discrepancies between the future performance objectives shown for SPM #02 and NPM #15 at this time. One result of the analyses mentioned above and described in our FY09 Planned Activities for these measures, will be a more formally coordinated set of projections.

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

**Field Name:** SM2

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Maternal smoking during pregnancy and resident birth data are from MDPH, Vital Records for calendar year 2006. This is the most recent year of data available. See the Detail Sheet for this measure for definitions of the numerator and denominator and a discussion of the limitations of the data. Early success slowed or reversed in 2002 and 2003, as funding for tobacco control activities was significantly reduced. Funding has become stabilized again and is growing, but at a lower level, and we believe that our target levels are achievable.

The rates on Form 11 may differ from those published elsewhere, due to how missing data are handled. For comparability with other MCH Core Performance Measures related to pregnancy outcomes and birth statistics, we have defined the denominator for this Negotiated Measure as all resident births during the referenced year. In other Massachusetts publications (such as Massachusetts Births), percentages are usually reported based on denominators from which birth records with information missing about the variable have been removed. The result is a lower apparent rate.

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

**Field Name:** SM2

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Maternal smoking during pregnancy and resident birth data are from MDPH, Vital Records for calendar year 2005. This is the most recent year of data available.

See the Detail Sheet for this measure for definitions of the numerator and denominator and a discussion of the limitations of the data. Early success slowed or reversed in 2002 and 2003, as funding for tobacco control activities was significantly reduced. Funding has become stabilized again and is growing, but at a lower level, and we believe that our target levels are achievable.

The rates on Form 11 may differ from those published elsewhere, due to how missing data are handled. For comparability with other MCH Core Performance Measures related to pregnancy outcomes and birth statistics, we have defined the denominator for this Negotiated Measure as all resident births during the referenced year. In other Massachusetts publications (such as Massachusetts Births), percentages are usually reported based on denominators from which birth records with information missing about the variable have been removed. The result is a lower apparent rate.

**STATE PERFORMANCE MEASURE # 3**

The percentage of women with an interpregnancy interval (IPI) less than 12 months.

	Annual Objective and Performance Data				
	2003	2004	2005	2006	2007
Annual Performance Objective				17	13.5
Annual Indicator		13.8	13.8	13.5	13.5
Numerator					
Denominator					
Is the Data Provisional or Final?				Provisional	Provisional

	Annual Objective and Performance Data				
	2008	2009	2010	2011	2012
Annual Performance Objective	13.5	13.4	13.4	13.3	13.3
Annual Indicator					
Numerator					
Denominator					

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

**Field Level Notes**

- Section Number:** State Performance Measure #3  
**Field Name:** SM3  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 2007 birth data are not yet available for linkage. Therefore, no PELL analysis can be done to calculate I.P.I. for 2007. We have estimated a slightly lower rate than that projected for 2006.
- Section Number:** State Performance Measure #3  
**Field Name:** SM3  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 Data Source: PELL (Pregnancy and Early Life Longitudinal) linked hospital discharge, birth and fetal death data. We have estimated a slightly lower rate than that projected for 2006. The latest data available are for 2005. We have projected a similar rate for 2006.  
  
 Data for 2006 have not been linked to PELL due to the loss of the PELL lead programmer. A new programmer has been identified and interviewed and will be hired by mid-July. The 2006 birth data are expected to be linked to PELL by the end of August 2008.
- Section Number:** State Performance Measure #3  
**Field Name:** SM3  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
 Interpregnancy interval (IPI) was calculated using PELL. Starting with all deliveries from 2005, women were linked to previous deliveries between 2005 and 2000. For those who had delivered twice in 2005, the latest delivery was included. Then for all women with deliveries in 2005 we linked back to the most recent delivery if available or to the last reported live birth if we were unable to link to any earlier pregnancies. IPI is calculated as the time passed between the delivery date of the first pregnancy and the start of the second pregnancy, as defined by the delivery date minus gestational age.  
  
 We calculated IPI two different ways. First we calculated it based on the delivery date of the most recent pregnancy linked. We also calculated it based on the reported date of last live birth. When we were able to calculate IPI using the most recent linked pregnancy, we used that as the final IPI. When we were unable to link any earlier pregnancies, we used the IPI as calculated based on reported date of last live birth, if available, as the final IPI. For those women for whom we could not identify an earlier delivery and who did not report an earlier live birth, IPI was not calculated.  
  
 Of the 77,638 women with deliveries in 2005, we identified 30,973 earlier deliveries. Of the 77,638 women, 75,368 were MA residents, for whom we identified 29,998 earlier deliveries. Although we were able to link back to only 29,998 earlier deliveries for MA residents, we were still able to calculate IPI for many of the women for whom we could not find deliveries because we were able to use their reported date of last live birth. Consequently, the total number of MA residents for whom IPI was calculated was 41,713 out of the 75,368.  
  
 Of the 41,713 MA residents for whom IPI was calculated, 13.6% had a short IPI defined an IPI less than twelve months. This is the final estimate for 2005.

**STATE PERFORMANCE MEASURE # 4**

Percent of children and youth (ages 3 - 18) enrolled in Medicaid who receive preventive dental services annually.

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
<b>Annual Performance Objective</b>				41	45
<b>Annual Indicator</b>	37.4	39.6	40.8	42.5	45.9
<b>Numerator</b>	139,759	143,959	151,089	165,682	180,416
<b>Denominator</b>	373,525	363,162	369,993	389,674	392,765
<b>Is the Data Provisional or Final?</b>				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
<b>Annual Performance Objective</b>	50	55	60	60	60
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

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

**Field Level Notes**

- Section Number:** State Performance Measure #4  
**Field Name:** SM4  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 See the Detail Sheet for this measure for definitions of the numerator and denominator and a discussion of data limitations. The data correspond to those reported by DMA to HCFA on Form HCFA 416, Annual EPSDT Participation Report; the most recent data are from the period October 1, 2006 - September 30, 2007.
- Section Number:** State Performance Measure #4  
**Field Name:** SM4  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 See the Detail Sheet for this measure for definitions of the numerator and denominator and a discussion of data limitations. The data correspond to those reported by DMA to HCFA on Form HCFA 416, Annual EPSDT Participation Report; the most recent data are from the period October 1, 2005 - September 30, 2006.
- Section Number:** State Performance Measure #4  
**Field Name:** SM4  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
 See the Detail Sheet for this measure for definitions of the numerator and denominator and a discussion of data limitations. The data correspond to those reported by DMA to HCFA on Form HCFA 416, Annual EPSDT Participation Report; the most recent data are from the period October 1, 2004 - September 30, 2005. The 416 report now reports data in detail by children's age.

This measure is a modified version of one that Massachusetts had prior to the latest 5-Year Needs Assessment. The previous measure attempted to capture both Medicaid and Children's Medical Security Program (CMSP) data on preventive dental services. CMSP is no longer included in the measure, both because it is no longer in the Department of Public Health and because the data quality had proven to be poor and not an accurate picture of children's oral health care. We have reposted annual results for 2003 and 2004 using only the Medicaid data, so that some trend information can be seen.

**STATE PERFORMANCE MEASURE # 6**

The extent to which the Commonwealth is making progress in developing a system to promote healthy weight, including nutrition and physical activity, as measured on a unique scale from 0 - 87.

Annual Objective and Performance Data					
	2003	2004	2005	2006	2007
Annual Performance Objective				24	1
Annual Indicator				24	56
Numerator				24	56
Denominator	87	87	87	87	87
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2008	2009	2010	2011	2012
Annual Performance Objective	64	73	80	84	85
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:** State Performance Measure #6

**Field Name:** SM6

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

This measure is scored from a Checklist that includes five components (some with several subcomponents), each scored on a separate scale; the maximum total score is 87. See previous year's note and Notes to Form 16 (Detail Sheet) for details on components and scoring. See the Detail Sheet (in Form 16) for this measure for definitions and discussions of its significance and development. The Checklist itself, with the FY07 scoring by component shown, is provided as an Attachment to the "Last Year's Accomplishments" sub-section of the narrative for this Measure.

The details on the specifications and scoring system for this measure were modified after it was proposed in our FY06 Application; it has not been modified this year.

Due to a glitch in the previous version of the EHB/TVIS software, we were not able to directly enter our Annual Performance Objectives for future years. This bug has been corrected and Annual Performance Measures are now shown for Years 2008 - 2012. However, we could not correct the FY07 Objective – which was 53. Our actual FY07 annual score was 56, above this target.

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

**Field Name:** SM6

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

This measure is scored from a Checklist that includes five components (some with several subcomponents), each scored on a separate scale; the maximum total score is 87. The components are: 1) establishment of active internal task force to assure implementation of healthy weight systems as developed; 2) establishment of consistent nutrition and physical activity messages across core DPH programs and others as appropriate; 3) promotion of these consistent messages across all core DPH programs and others, including active engagement with external partners; 4) improved policies and systems for nutrition and healthy weight in schools; and 5) capacity to measure weight status and change in key programs: Essential School Health schools, school-based health centers, and WIC programs (through PNSS). See Notes to Form 16 (Detail Sheet) for details on components and scoring. See the Detail Sheet (in Form 16) for this measure for definitions and discussions of its significance and development. It has not been modified for FY07.

The Checklist itself, with the FY06 scoring by component shown, is provided as an Attachment to the "Last Year's Accomplishments" sub-section of the narrative for this Measure.

The details on the specifications and scoring system for this measure were modified after it was proposed in our FY06 Application. Further modifications – both in its content and scoring – are possible for future years. If it is modified, any objectives and previous scoring will be adjusted if possible for accurate trend analysis.

How checklist is scored: A lead person with knowledge of the topic being measured works with a team to score the checklist and to propose target scores for future years. Team members may be responsible for different elements on the checklist, depending on the nature of the element and their expertise; some elements may be jointly scored. Checklists include multiple types of elements. Some come from survey results or other instruments, which directly translate into rating scheme on the checklist. Checklist elements have been designed to be as objective as possible, e.g., specifying a number of sites in which a program should be implemented to attain a given score. For example, the person with knowledge of the number of sites implementing the program scores that element and communicates the score to the lead person. When an element has some degree of subjectivity to it (e.g. if a question is raised about what constitutes program implementation), the team members negotiate a joint score. The proposed current and projected scores are reviewed and approved by the Title V director before being finalized.

Because of a glitch in the EHB software, if we directly enter our current annual indicator, all of our objectives can be no greater than 1. Our FY06 annual score was 24, in line with our target. Our projected annual performance objectives for 2007 - 2011 are 53, 63, 72, 80, and 84 respectively.

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

**Field Name:** SM6

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

As this measure was only adopted for FY06 and beyond, there is no scoring for the measure for FY2005.

The details on the specifications and scoring system for this measure have been modified since it was proposed in our FY06 Application. Further modifications – both in its content and scoring – are possible for FY07 or future years. If it is modified, any objectives and previous scoring will be adjusted if possible for accurate trend analysis.

Our projected annual performance objectives for 2006 - 2010 are as follows (out of the total possible score of 87):

2006 - 24  
2007 - 42  
2008 - 61  
2009 - 70  
2010 - 81

**STATE PERFORMANCE MEASURE # 7**

The degree to which Pediatric Sexual Assault Nurse Examiner (Pedi-SANE) services have been implemented statewide, as measured on a unique scale from 0 - 20.

	Annual Objective and Performance Data				
	2003	2004	2005	2006	2007
Annual Performance Objective				7.5	13
Annual Indicator				8	15
Numerator				8	15
Denominator	20	20	20	20	20
Is the Data Provisional or Final?				Final	Final

	Annual Objective and Performance Data				
	2008	2009	2010	2011	2012
Annual Performance Objective	18	18	18	19	19
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:** State Performance Measure #7

**Field Name:** SM7

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

This measure is scored from a Checklist that includes a sequence of five implementation steps, each of which is scored on a separate scale; the maximum total score is 20. See previous year's note and Notes to Form 16 (Detail Sheet) for details on components and scoring. See the Detail Sheet (in Form 16) for this measure for definitions and discussions of its significance and development. The Checklist itself, with the FY07 scoring by component shown, is provided as an Attachment to the "Last Year's Accomplishments" sub-section of the narrative for this Measure.

The implementation steps outlined in this measure will have been essentially met by the end of the current FY (FY08) and it is being dropped as one of our Negotiated Performance Measures. It is being replaced by a new state Performance Measure #11 that addresses another violence prevention issue, shaken baby syndrome.

**2. Section Number:** State Performance Measure #7

**Field Name:** SM7

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

This measure is scored from a Checklist that includes a sequence of five implementation steps, each of which is scored on a separate scale; the maximum total score is 20. The components are: 1) completion of clinical training and preceptorships of current pediatric sexual assault nurse examiner (Pedi-SANE) candidates; 2) pilot of Pedi-SANE kit and protocol and dissemination/implementation in all hospital emergency rooms [note criteria expanded for FY06 and beyond from just piloting in three clinical settings]; 3) implementation of Pedi-SANE services with 5 child advocacy centers (CACs); 4) implementation of Pedi-SANE services in other venues in remaining 6 jurisdictions; and 5) delivery of Pedi-SANE services with 90% quality assurance based on standards and protocols. See Notes to Form 16 (Detail Sheet) for details on components and scoring. See the Detail Sheet (in Form 16) for this measure for definitions and discussions of its significance and development.

The Checklist itself, with the FY06 scoring by component shown, is provided as an Attachment to the "Last Year's Accomplishments" sub-section of the narrative for this Measure.

How checklist is scored: A lead person with knowledge of the topic being measured works with a team to score the checklist and to propose target scores for future years. Team members may be responsible for different elements on the checklist, depending on the nature of the element and their expertise; some elements may be jointly scored. Checklists include multiple types of elements. Some come from survey results or other instruments, which directly translate into rating scheme on the checklist. Checklist elements have been designed to be as objective as possible, e.g., specifying a number of sites in which a program should be implemented to attain a given score. For example, the person with knowledge of the number of sites implementing the program scores that element and communicates the score to the lead person. When an element has some degree of subjectivity to it (e.g. if a question is raised about what constitutes program implementation), the team members negotiate a joint score. The proposed current and projected scores are reviewed and approved by the Title V director before being finalized.

**3. Section Number:** State Performance Measure #7

**Field Name:** SM7

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

As this measure was only adopted for FY06 and beyond, there is no scoring for the measure for FY2005. Related information on the measure is also not available for earlier periods because the Pedi-SANE program itself was funded for the first time in FY06.

This measure is scored from a Checklist that includes a sequence of five implementation steps, each of which is scored on a separate scale; the maximum total score is 20. The components are: 1) completion of clinical training and preceptorships of current pediatric sexual assault nurse examiner (Pedi-SANE) candidates; 2) pilot of Pedi-SANE kit and protocol in three clinical settings; 3) implementation of Pedi-SANE services with 5 child advocacy centers (CACs); 4) implementation of Pedi-SANE services in other venues in remaining 6 jurisdictions; and 5) delivery of Pedi-SANE services with 90% quality assurance based on standards and protocols. See Notes to Form 16 (Detail Sheet) for details on components and scoring. See the Detail Sheet (in Form 16) for this measure for definitions and discussions of its significance and development. The Checklist itself is provided as part of an Attachment to Part IV, Section B. of our Narrative Application. In future years, the Checklist will also be provided as an Attachment to the "Last Year's Accomplishments" sub-section of State Performance Measure 5 (in Part IV, Section D. of our Narrative Application), with the relevant annual fiscal year scoring by component shown.

Although the details on the specifications and scoring system for this measure have not been modified since it was proposed in our FY06 Application, such modifications – both in its content and scoring – are possible for FY07 or future years. As the Pediatric SANE system becomes operational, it has become clear that some changes to our model of where services will be offered and other changes to the original implementation plan may improve program effectiveness. If the measure is modified, any objectives and previous scoring will be adjusted if possible for accurate trend analysis.

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**STATE PERFORMANCE MEASURE # 8**

The percent of licensed child care centers serving children age birth to five who have on-site health consultation

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
Annual Performance Objective				20	22.5
Annual Indicator			20	20	22.5
Numerator					
Denominator					
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	25	30	40	50	50
Annual Indicator					
Numerator					
Denominator					

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

**Field Level Notes**

- Section Number:** State Performance Measure #8

**Field Name:** SM8

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

The annual indicator percent is an estimate based on the previous year's numbers. Much of our work in capturing this data has been put on hold as EEC is currently in the process of developing an electronic record system for all licensing information, which should yield a clearer picture of ECE program CCHC utilization.

- Section Number:** State Performance Measure #8

**Field Name:** SM8

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The annual indicator percent is an estimate by program staff based on information about past and current utilization of child care health consultants and surveys of child care consultants being initiated by MDPH. For 2006, responses to a preliminary survey were obtained from consultants serving approximately 50% of all child care sites.

- Section Number:** State Performance Measure #8

**Field Name:** SM8

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

As this measure was only adopted for FY06 and beyond, there is no objective for the measure for FY2005. The annual indicator percent is an estimate by program staff based on information about past and current utilization of child care health consultants.

**STATE PERFORMANCE MEASURE # 9**

The extent to which perinatal health disparities are addressed at the state and local levels, collaboratively with stakeholders and community partners, as measured by a unique scale from 0 - 33.

Annual Objective and Performance Data					
	2003	2004	2005	2006	2007
Annual Performance Objective				8	1
Annual Indicator				8	11
Numerator				8	11
Denominator	33	33	33	33	33
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2008	2009	2010	2011	2012
Annual Performance Objective	14	16	17	19	19
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:** State Performance Measure #9

**Field Name:** SM9

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

This measure is scored from a Checklist that includes a sequence of six components (some with subcomponents or steps), each scored on a separate scale; the maximum total score is 33. See previous year's note and Notes to Form 16 (Detail Sheet) for details on components and scoring. See the Detail Sheet (in Form 16) for this measure for definitions and discussions of its significance and development.

The Checklist itself, with the FY07 scoring by component shown, is provided as an Attachment to the "Last Year's Accomplishments" sub-section of the narrative for this Measure.

Details on the specifications and scoring system for this measure were modified after it was proposed in our FY06 Application. Further modifications will be made to this measure during FY09, based on our first several years experience.

Due to a glitch in the previous version of the EHB/TVIS software, we were not able to directly enter our Annual Performance Objectives for future years. This bug has been corrected and Annual Performance Measures are now shown for Years 2008 - 2012. However, we could not correct the FY07 Objective – which was 11 (not 1).

**2. Section Number:** State Performance Measure #9

**Field Name:** SM9

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

This measure is scored from a Checklist that includes a sequence of six components (some with subcomponents or steps), each scored on a separate scale; the maximum total score is 33. The components are: 1) development & implementation of a state plan & other support for programs that address perinatal disparities [Sub-components include: 1a) establishment of statewide advisory group to develop a state plan; 1b) revision & promulgation of state perinatal regulations; 1c) development of protocols to address racism in all state-supported perinatal programs; & 1d) development of statewide strategic plan with community input;]; 2) establishment of functioning community-based advisory groups in at least 5 communities with high perinatal disparities; 3) increased use of state & local data to develop community-based strategic plans; 4) MDPH engagement with communities with high perinatal disparities in development of their strategic plans; 5) completion & approval of strategic plans to address perinatal disparities in high disparity communities; and 6) the implementation of these plans. See Notes to Form 16 (Detail Sheet) for details on components and scoring.

The Checklist itself, with the FY06 scoring by component shown, is provided as an Attachment to the "Last Year's Accomplishments" sub-section of the narrative.

Details on the specifications and scoring system for this measure were modified after it was proposed in our FY06 Application. Further modifications are possible for future years. If it is modified, any objectives and previous scoring will be adjusted if possible for accurate trend analysis.

How checklist is scored: A lead person with knowledge of the topic being measured works with a team to score the checklist and to propose target scores for future years. Team members may be responsible for different elements on the checklist, depending on the nature of the element and their expertise; some elements may be jointly scored. Checklists include multiple types of elements. Some come from survey results or other instruments, which directly translate into rating scheme on the checklist. Checklist elements have been designed to be as objective as possible, e.g., specifying a number of sites in which a program should be implemented to attain a given score. For example, the person with knowledge of the number of sites implementing the program scores that element and communicates the score to the lead person. When an element has some degree of subjectivity to it (e.g. if a question is raised about what constitutes program implementation), the team members negotiate a joint score. The proposed current and projected scores are reviewed and approved by the Title V director before being finalized.

Due to a glitch in the EHB/TVIS software, we cannot directly enter our Annual Performance Objectives for future years. For Years 2007 - 2011, they are 11, 12, 15, 18, and 20 respectively.

**3. Section Number:** State Performance Measure #9

**Field Name:** SM9

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

As this measure was only adopted for FY06 and beyond, there is no scoring for the measure for FY2005.

Our projected annual performance objectives for 2006 - 2010 are as follows (out of the total possible score of 33):

2006 - 8

2007 - 14



**STATE PERFORMANCE MEASURE # 10**

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

	Annual Objective and Performance Data				
	2003	2004	2005	2006	2007
Annual Performance Objective				59	59
Annual Indicator			59	59	66
Numerator					
Denominator					
Is the Data Provisional or Final?				Provisional	Provisional

	Annual Objective and Performance Data				
	2008	2009	2010	2011	2012
Annual Performance Objective	66	67	67	68	68
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:** State Performance Measure #10

**Field Name:** SM10

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

This measure is based on information from the Massachusetts Youth Health Survey (MYHS). Because the MYHS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without numerators and denominators. The survey is conducted every other year and the data have been refreshed from the FY07 survey.

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

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

**2. Section Number:** State Performance Measure #10

**Field Name:** SM10

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

This measure is based on information from the Massachusetts Youth Health Survey (MYHS). Because the MYHS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without numerators and denominators. Because the survey is conducted every other year, there are no new data to report for FY06. However, the FY07 survey has just been completed and initial analyses made available. Based on that preliminary information, we have modified future year objectives upward.

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

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

**3. Section Number:** State Performance Measure #10

**Field Name:** SM10

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

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

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

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

**STATE PERFORMANCE MEASURE # 11**

The percentage of Massachusetts births that occur in a hospital that has an active Shaken Baby Syndrome Prevention Program.

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	0.0
Numerator	_____	_____	_____	_____	0
Denominator	_____	_____	_____	_____	78,000
Is the Data Provisional or Final?					Provisional

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	70	75	80	85	90
Annual Indicator					
Numerator					
Denominator					

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

**Field Level Notes**

None

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

**Form Level Notes for Form 12**

None

**OUTCOME MEASURE # 01**

The infant mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	5	5	4.8	4.8	4.8
Annual Indicator	4.8	4.8	5.1	4.8	4.8
Numerator	384	376	391	369	
Denominator	80,167	78,460	76,824	77,670	

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**

	2008	2009	2010	2011	2012
Annual Performance Objective	4.8	4.8	4.8	4.8	4.8
Annual Indicator					
Numerator					
Denominator					

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

**Field Level Notes**

1. **Section Number:** Outcome Measure 1

**Field Name:** OM01

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 birth and infant mortality data are not available. We have estimated a similar rate to that for 2006.

2. **Section Number:** Outcome Measure 1

**Field Name:** OM01

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data are from MDPH Vital Records for the calendar year 2006, the most recent data available.

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

**Field Name:** OM01

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Data are from MDPH Vital Records for the calendar year 2005, the most recent data available.

**OUTCOME MEASURE # 02**

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

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	2	2	2	2	2
Annual Indicator	2.7	2.6	1.9	2.4	2
Numerator	11.8	11	9.3	10.5	
Denominator	4.3	4.3	4.8	4.4	

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

	2008	2009	2010	2011	2012
Annual Performance Objective	2	2	2	2	2
Annual Indicator					
Numerator					
Denominator					

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

**Field Level Notes**

1. **Section Number:** Outcome Measure 2

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 birth and infant mortality data are not available. We have estimated a similar rate to that for 2006.

Despite a lack of progress in reducing this critical measure of health disparities, we will continue to set our target at meeting the 2010 H.P. objective of a ratio of 2:1.

2. **Section Number:** Outcome Measure 2

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data are from MDPH Vital Records for the calendar year 2006, the most recent data available.

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

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Data are from MDPH Vital Records for the calendar year 2005, the most recent data available.

**OUTCOME MEASURE # 03**

The neonatal mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	3.7	3.6	3.6	3.6	3.6
Annual Indicator	3.6	3.7	3.7	3.6	3.6
Numerator	285	288	282	279	
Denominator	80,167	78,460	76,824	77,670	

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**

	2008	2009	2010	2011	2012
Annual Performance Objective	3.6	3.6	3.6	3.5	3.5
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**

- Section Number:** Outcome Measure 3

**Field Name:** OM03

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 birth and infant mortality data are not available. We have estimated a similar rate to that for 2006.

Over 86% of neonatal deaths are in the very early neonatal period (under 7 days) and most of these are within 24 hours. We have modified our future outcome objectives with the goal of seeing a slow but steady reduction in these deaths from CY2009 to CY2012 (from the current 3.6/1,000 to 3.5/1,000). [Although TVIS displays rates at only one decimal place, our targets for CY09 and CY10 are 3.55, and for CY11 and CY12 they are 3.50.] Because these deaths are the driving factor behind the perinatal death rate (see Outcome Measure #05), we have modified those rates as well to reflect the reduction in the neonatal death rate.

- Section Number:** Outcome Measure 3

**Field Name:** OM03

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data are from MDPH Vital Records for the calendar year 2006, the most recent data available.

- Section Number:** Outcome Measure 3

**Field Name:** OM03

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Data are from MDPH Vital Records for the calendar year 2005, the most recent data available.

**OUTCOME MEASURE # 04**

The postneonatal mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	1.2	1.2	1.2	1.2	1.2
Annual Indicator	1.2	1.1	1.4	1.2	1.2
Numerator	98	84	109	90	
Denominator	80,167	78,460	76,824	77,670	

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

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

Is the Data Provisional or Final?

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	1.2	1.2	1.2	1.2	1.2
Annual Indicator					
Numerator					
Denominator					

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

**Field Level Notes**

1. **Section Number:** Outcome Measure 4

**Field Name:** OM04

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 birth and infant mortality data are not available. We have estimated a similar rate to that for 2006.

2. **Section Number:** Outcome Measure 4

**Field Name:** OM04

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data are from MDPH Vital Records for the calendar year 2006, the most recent data available.

3. **Section Number:** Outcome Measure 4

**Field Name:** OM04

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Data are from MDPH Vital Records for the calendar year 2005, the most recent data available.

**OUTCOME MEASURE # 05**

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

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	6	6	5.6	5.8	5.5
Annual Indicator	5.6	5.8	5.3	5.5	5.5
Numerator	453	456	409	431	
Denominator	80,378	78,460	77,010	77,858	

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**

	2008	2009	2010	2011	2012
Annual Performance Objective	5.5	5.5	5.5	5.4	5.4
Annual Indicator					
Numerator					
Denominator					

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

**Field Level Notes**

- Section Number:** Outcome Measure 5

**Field Name:** OM05

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 birth, infant mortality, and fetal deaths data are not available. We have estimated a similar rate to that for 2006.

Over 86% of neonatal deaths are in the very early neonatal period (under 7 days) and most of these are within 24 hours. We have modified our future outcome objectives for total neonatal deaths (Outcome Measure #03) to project a slow but steady reduction in these deaths from CY2009 to CY2012 (from the current 3.6/1,000 to 3.5/1,000). Because these deaths are the driving factor behind the perinatal death rate, we have modified these rates as well to reflect the reduction in the neonatal death rate. In TVIS, the reductions do not display at one decimal place until 2010, but we are aiming for improvement each year: 5.48 in CY09 and CY10 and 5.45 in CY11 and CY12.

- Section Number:** Outcome Measure 5

**Field Name:** OM05

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data are from MDPH Vital Records (births, infant mortality, and fetal deaths) for the calendar year 2006, the most recent data available.

- Section Number:** Outcome Measure 5

**Field Name:** OM05

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Data are from MDPH Vital Records (births, infant mortality, and fetal deaths) for the calendar year 2005, the most recent data available.

**OUTCOME MEASURE # 06**

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

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	15	15	14	14	12
Annual Indicator	14.2	13.3	11.8	11.2	12
Numerator	162	151	133	125	
Denominator	1,141,652	1,135,433	1,127,828	1,116,590	

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

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

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	11	11	10	10	10
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:** Outcome Measure 6

**Field Name:** OM06

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 death data are not available. We have estimated the same rate to that for 2006. See 2006 for the most recent actual data and see the Note for 2006 for data sources and other comments.

2. **Section Number:** Outcome Measure 6

**Field Name:** OM06

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data on deaths are taken from MDPH Vital Records for calendar years 2004 - 2006. This is the most recent year of data available. Rates are now calculated as rolling 3-year averages. (I.e. the 2006 numerator is the average of the 2004, 2005, and 2006 numbers of deaths (137, 113, and 124 respectively) and the denominator is the average of the most recent Massachusetts population estimates for the age group for the same years. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

3. **Section Number:** Outcome Measure 6

**Field Name:** OM06

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Data on deaths are taken from MDPH Vital Records for calendar years 2003 - 2005. This is the most recent year of data available. Rates are now calculated as rolling 3-year averages. (I.e. the 2005 numerator is the average of the 2003, 2004, and 2005 numbers of deaths (149, 137, and 113 respectively) and the denominator is the average of the most recent Massachusetts population estimates for the age group for the same years. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

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

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

    3    

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

    3    

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

    2    

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

    3    

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

    3    

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

    2    

**Total Score:**     16    

**Rating Key**

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

## FORM NOTES FOR FORM 13

None

### FIELD LEVEL NOTES

- 1. Section Number:** Main  
**Field Name:** Question1  
**Row Name:** #1. Family members participate on advisory committee or task forces...  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
Comments from family members working with the Office of Family Initiatives who scored this Form: We are well represented. Would like to feel that this commitment is "institutionalized" across the Division, Bureau, and Department.
- 2. Section Number:** Main  
**Field Name:** Question2  
**Row Name:** #2. Financial support (...) is offered for parent activities or parent groups.  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
Comments from family members working with the Office of Family Initiatives who scored this Form: We support all advisory activities financially. For skill building opportunities, there is no monetary payment but increased knowledge, mentoring/nurturing, and food (trying to find funding for gas).
- 3. Section Number:** Main  
**Field Name:** Question3  
**Row Name:** #3. Family members are involved in the Children with Special Health Care Needs...  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
Comments from family members working with the Office of Family Initiatives who scored this Form: We continue to work with families to ensure that they realize how and where information they provide to the Bureau is used.
- 4. Section Number:** Main  
**Field Name:** Question4  
**Row Name:** #4. Family members are involved in service training of CSHCN staff and providers.  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
The score for this item improved in FY07.  
Comments from family members working with the Office of Family Initiatives who scored this Form: Opportunities that exist are sometimes difficult to access due to location, time, etc. For limited enrollment opportunities, Family TIES employees only get space if no other DPH employees want it. Regional training opportunities are always open to family staff.
- 5. Section Number:** Main  
**Field Name:** Question5  
**Row Name:** #5. Family members hired as paid staff or consultants to the State CSHCN program...  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
Comments from family members working with the Office of Family Initiatives who scored this Form: Outstanding job. But don't get complacent - continue to create more opportunities.
- 6. Section Number:** Main  
**Field Name:** Question6  
**Row Name:** #6. Family members of diverse cultures are involved in all of the above activities  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
This score improved in FY07, after several years of effort.  
Comments from family members working with the Office of Family Initiatives who scored this Form: Two bi-lingual, bi-cultural staff were engaged, through partnerships with CBOs. Skill-building opportunities exist in multiple languages.

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

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

**STATE: MA FY: 2009**

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. Improve the health and well-being of women in their childbearing years.
2. Improve adolescent health through coordinated youth development and risk reduction.
3. Improve supports for the successful transition of youth with special health needs to adulthood.
4. Integrate service systems and data, and use data to inform practice.
5. Increase capacity to promote healthy weight.
6. Develop and implement initiatives that address violence against women, children, and youth.
7. Increase the integration of unintentional injury prevention into relevant MCH programs.
8. Improve oral health.
9. Develop and implement public health programs, policies and collaborations that promote positive mental health.
10. Reduce health disparities.

**FORM NOTES FOR FORM 14**

None

**FIELD LEVEL NOTES**

None

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

STATE: MA

APPLICATION YEAR: 2009

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested <i>(max 250 characters)</i>	Reason(s) Why Assistance Is Needed <i>(max 250 characters)</i>	What State, Organization or Individual Would You suggest Provide the TA (if known) <i>(max 250 characters)</i>
1.	<b>National Performance Measure Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    3    </u>	Funding for consultants to work with our CYSHCN staff to implement Roadmap Action Plan now under development, with focus on expansion of the medical home model to additional pediatric primary care sites.	External expertise will both improve the effectiveness of the plan developed and assist in keeping the project moving. This TA would be part of the NICHQ CSHCN leadership activity in which we are participating now.	NICHQ (National Initiative for Children's Healthcare Quality)
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: <u>          </u>			
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: <u>          </u>			
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: <u>          </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>          </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>          </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>          </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>          </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>          </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

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

**FORM NOTES FOR FORM 15**

None

**FIELD LEVEL NOTES**

None

**FORM 16**  
**STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET**  
**STATE: MA**

SP #     1    

**PERFORMANCE MEASURE:**

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

**STATUS:**

Active

**GOAL**

To reduce unintended pregnancies.

**DEFINITION**

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

**Numerator:**

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

**Denominator:**

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

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

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

**SIGNIFICANCE**

Unintended pregnancy is both frequent and widespread in the U.S. The most recent estimate from the National Survey of Family Growth indicates that 49% of all pregnancies are unintended, either mistimed or unwanted altogether; this % is higher than found in several other Western democracies. Unintended pregnancy affects all segments of society but the highest rates tend to be among women who are ages 18-24, unmarried, low-income, black or Hispanic. Unintended pregnancy is related to adverse health outcomes for both mothers and infants, imposing appreciable burdens on children and families.

SP # 2

**PERFORMANCE MEASURE:**

The percent of births to women who report not smoking during their current pregnancy.

**STATUS:**

Active

**GOAL**

To reduce the use of tobacco products by women of reproductive age, thus reducing a number of health risks for the mother, the fetus, and young children.

**DEFINITION**

**Numerator:**

The number of births to resident women giving birth in the calendar year who report not smoking during their pregnancy, as recorded on birth certificates.

**Denominator:**

Number of total resident live births in the calendar year.

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

16-17 Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women  
Objective 16-17c measures the percent of women having live =births reporting abstaining from cigarette smoking during pregnancy. The national baseline (1998) is 87%.

**DATA SOURCES AND DATA ISSUES**

Massachusetts Department of Public Health; Vital Records. In monitoring this measure over time, we will also examine the degree to which women who are smoking when they became pregnant either stop smoking or reduce their smoking intensity during the pregnancy. While the quality of the data on smoking have improved in recent years, it is important to note that the data are based on self-reported behavior. Implementation of PRAMS in Massachusetts soon will add to the quality and depth of the data. Program-specific data on this measure and related ones are also collected and monitored. Reduction in smoking during pregnancy is a contract performance measure for perinatal service programs funded by the Bureau.

**SIGNIFICANCE**

Tobacco smoke has a direct effect on reproductive health. Tobacco use during pregnancy is recognized as the leading preventable cause of poor birth outcomes in Massachusetts. Particularly, smoking increases by 50% the probability of having a low birth weight infant. We continue to place attention on a number of tobacco education and cessation initiatives and integrated primary health care messages for pregnant women and, to decrease the pool of women entering pregnancy as smokers, we are also focusing initiatives on women of child bearing age who smoke. The Massachusetts baseline for 2003 is 85.5%.

**PERFORMANCE MEASURE:**

The percentage of women with an interpregnancy interval (IPI) less than 12 months.

**STATUS:**

Active

**GOAL**

To decrease short interpregnancy intervals (IPIs) and improve perinatal outcomes.

**DEFINITION**

Using PELL (Pregnancy and Early Life Longitudinal) linked hospital discharge, birth and fetal death data, MDPH will calculate interpregnancy interval. If the date of beginning of the second pregnancy (date of birth in Births or PELL or date of fetal death in PELL minus the week gestation) minus the end of the first pregnancy (date of birth or date of fetal death) is less than 12 months, then the IPI is short.

**Numerator:**

The number of women who have at least one live birth or fetal death with prior live birth or fetal death where the IPI is less than 12 months.

**Denominator:**

The number of women who have at least one live birth or fetal death with prior live birth or fetal death.

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

**HEALTHY PEOPLE 2010 OBJECTIVE****DATA SOURCES AND DATA ISSUES**

Source: Massachusetts PELL (Pregnancy and Early Life Linkage) database. The methodology is two-part. Part A: Using longitudinally-linked birth certificate data, women who delivered in the most recent year with linked data available are linked back to any prior births/fetal deaths, in particular, their most recent prior birth/fetal death. If the date of beginning of the second pregnancy (DOB for infant or date of fetal death minus the week gestation) minus the end of the first pregnancy (DOB for infant or date of fetal death) is less than 12 months, then the IPI is short. Part B: The date of the end of the last pregnancy variable on the birth certificate (available from PELL) is used for women with no linked birth/fetal death who delivered in the same year as Part A. If the time between this date and the beginning of the second pregnancy (as calculated in part a) is less than one year, then the IPI is short. The result is a calculated rate, without numerator or denominator.

**SIGNIFICANCE**

Short IPIs are associated with poor pregnancy outcomes. We will also stratify short IPI incidence by geography, race/Hispanic ethnicity, payer source and age to determine disparities. PELL is well suited for this analysis because analyses can follow women retrospectively and prospectively, combine data over years to examine small area variation, and obtain better payer information using linked birth certificate records and hospital discharge data. The baseline statewide mean percent of women with short IPIs from 1998 to 2001 was 9% prospectively and 18% retrospectively. DPH had originally proposed prospective calculation of short IPI from PELL and will continue to calculate prospective IPI as a valuable measure; however, using this method for Title V reporting would unduly delay estimates. PELL longitudinal linkage (Part A) captures some prior pregnancies not reported on birth certificates and it enables more accurate calculations for some intervals than the birth variable. At the same time, the birth certificate variable (Part B) captures some prior pregnancies (in particular, out-of-state) that are not in PELL. Combining the two methods yields the closest possible retrospective estimate of short IPI. Short IPI from Births alone, used to provide estimates before longitudinal linkage is complete, will underestimate the percentage. Over time, DPH may be able to factor in the % underestimated.

SP # 4

**PERFORMANCE MEASURE:**

Percent of children and youth (ages 3 - 18) enrolled in Medicaid who receive preventive dental services annually.

**STATUS:**

Active

**GOAL**

To assure that children and youth enrolled in Medicaid (MassHealth) receive the benefits of regular dental care to promote lifelong oral health.

**DEFINITION**

**Numerator:**

Number of children (ages 3 to 18) who have received a dental assessment (see definition below) from MassHealth (Medicaid) during the fiscal year.

**Denominator:**

Total number of children (ages 3 to 18) enrolled in MassHealth (Medicaid) during the reporting period (federal fiscal year).

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

21-12 Dental services for low-income children

Objective 21-12 reads in full: Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year. It is defined as being the number of children under age 19 at or below 200% of the Federal poverty level. The national baseline (1996) was 20%.

**DATA SOURCES AND DATA ISSUES**

Massachusetts Department of Medical Assistance (DMA) - MassHealth. Medicaid Management Information System. HCFA 416 - Annual EPSDT Participation Report, October 1 - September 30.

**SIGNIFICANCE**

Access to regular dental care can be a major problem for Medicaid recipients due to the low participation rates of dentists in Medicaid, low Medicaid reimbursement rates, and the lack of other public dental health services in many areas. A legislative Oral Health Commission report issued in early 2000 made a number of recommendations to improve access to dental care across the lifespan. A number of state initiatives to address this problem have been undertaken: state support to expand community health center dental care capacity coverage; increases to Medicaid (MassHealth) rates; and rules changes to allow dentists to limit the number of Medicaid clients they accept. (Without this change, dentists choose to reject all Medicaid clients as they cannot control volume and the Medicaid rate structure presents significant financial issues for many.) Monitoring the impact of these changes on utilization of preventive oral health services among the targeted populations is critical.

**PERFORMANCE MEASURE:**

The extent to which the Commonwealth is making progress in developing a system to promote healthy weight, including nutrition and physical activity, as measured on a unique scale from 0 - 87.

**STATUS:**

Active

**GOAL**

To improve the overall health of the population, particularly among women, children, and adolescents, through promoting healthy weight, good nutrition, and regular physical activity.

**DEFINITION**

This measure is scored from a Checklist that includes five components (some with several subcomponents), each scored on a separate scale; the maximum total score is 87. The components are: 1) establishment of active internal task force to assure implementation of healthy weight systems as developed; 2) establishment of consistent nutrition and physical activity messages across core DPH programs and others as appropriate; 3) promotion of these consistent messages across all core DPH programs and others, including active engagement with external partners; 4) improved policies and systems for nutrition and healthy weight in schools; and 5) capacity to measure weight status and change in key programs: Essential School Health schools, school-based health centers, and WIC programs (through PNSS). See Notes to this Form for further details on components and scoring. A copy of the checklist is attached to Part IV, Section B.

**Numerator:**

None

**Denominator:**

None

**Units:** 87 **Text:** Scale

**HEALTHY PEOPLE 2010 OBJECTIVE**

19-3 Overweight or obesity in children and adolescents.

Text of Objective and sub-objectives: 19-3: Reduce the proportion of children and adolescents who are overweight or obese. 19-3a: Children ages 6 - 11 years 19-3b: Adolescents ages 12 to 19 years 19-3c: Children and adolescents ages 6 to 19 years. Overweight/obese is defined as having a BMI at or above the gender- and age- specific 95th percentile from CDC U.S. Growth Charts. US baseline (1988-94) was 11%.

22-6 and 22-7 Moderate [and Vigorous] physical activity in adolescents

22-6: Increase the proportion of adolescents who engage in moderate physical activity for at least 30 minutes on 5 or more of the previous 7 days. 22-7: Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardiovascular fitness 3 or more days per week for 20 or more minutes per occasion.

**DATA SOURCES AND DATA ISSUES**

Various MDPH program datasets (for measurement and reporting of BMIs and appropriate pregnancy weight gain). MDPH staff and partners assessments of progress (consistent messages, process and outcome evaluations and baselines; policies and systems implementation in schools and school-based health centers). Some components of the measure are aimed at improving the extent and quality of the data available for assessing progress.

**SIGNIFICANCE**

The importance of healthy weight as a public health objective is well documented, as is the seriousness of the problems of obesity, overweight, and reduced physical activity to the nation's health and well-being. This measure seeks to monitor our progress in several areas - surveillance and data quality improvement, adopting and implementing consistent public health messages, environmental changes in key institutions (e.g. schools), and addressing change at multiple age levels. It builds upon existing initiatives and collaborative efforts through WIC, the Massachusetts Overweight Prevention and Control Initiative, the Massachusetts Partnership for Healthy Weight, a number of school-based projects, and others. It also represents a logical set of next steps from our previous State Performance Measure related to nutrition.

SP # 7

**PERFORMANCE MEASURE:**

The degree to which Pediatric Sexual Assault Nurse Examiner (Pedi-SANE) services have been implemented statewide, as measured on a unique scale from 0 - 20.

**STATUS:**

Active

**GOAL**

To reduce the prevalence and impact of pediatric sexual assault.

**DEFINITION**

This measure is defined and tracked by scores on a checklist of five components and steps toward a fully developed statewide infrastructure supporting a comprehensive Pediatric Sexual Assault Nurse Examiner system. See Notes for details on the components and scoring. A copy of the checklist is attached to Part IV, Section B. In future years a copy with current scores will be provided as an attachment with the Measure in Part IV, Section D. The possible total score ranges from 0 to 20.

**Numerator:**

None

**Denominator:**

None

**Units:** 20 **Text:** Scale

**HEALTHY PEOPLE 2010 OBJECTIVE**

15-35 Rape or attempted rape

15-35 Reduce the annual rate of rape or attempted rape. Although this Objective focuses on persons aged 12 and older, the intent of the Pedi-SANE program is related.

**DATA SOURCES AND DATA ISSUES**

MDPH program assessments of progress; documentation of implementation of Pedi-SANE services and services sites.

**SIGNIFICANCE**

Despite implementation of a Sexual Assault Nurse Examiner Program for sexual assault victims age 12 and over in Massachusetts, children under the age of 12 continue to be "revictimized" by the system that is attempting to respond to their assault. We have seen the incorrect use of the adult evidence collection kit on prepubescent children. There have been no protocols or standards for caring for young victims. There is a lack statewide of trained pediatric providers with expertise in sexual assault and children often wait up to three months for an exam. Working with a multidisciplinary group of experts, the SANE Program has developed the first of its kind pediatric forensic evidence collection kit with the principle of "do no harm." Pediatric SANEs have received initial training and begun preceptorships and clinical certification based on the newly developed pediatric protocol. To the extent possible, these pedi-SANEs will work within child friendly settings -- children's advocacy centers and other similar venues -- that include the full array of services needed by child victims of sexual assault (medical exams, victim and family support, forensic interviews, mental health services, and multidisciplinary and coordinated legal response). The implementation plan is designed to replicate comparable success to SANE, measured by assurance of appropriate clinical care, victim services, and conviction rates.

**PERFORMANCE MEASURE:**

The percent of licensed child care centers serving children age birth to five who have on-site health consultation

**STATUS:**

Active

**GOAL**

To increase the number of licensed child care providers that receive annual visits from a child care health consultant.

**DEFINITION**

The percent of licensed child care centers serving children age birth to five who have on-site health consultation, measured as at least one visit by a child care health consultant (CCHC) annually. This measure has been adopted as part of a MCH Region 1 (New England) effort to develop at least one joint measure for use across the region, with an emphasis on choosing an asset-based measure. The measure remains a work in progress, and subject to change or modification, in collaboration with our regional colleagues.

**Numerator:**

Number of licensed center-based facilities that serve children under six years of age who have received a visit from a child care health consultant in the past year.

**Denominator:**

Licensed center-based facilities that serve any child under six years of age. (n≈2,000)

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

**HEALTHY PEOPLE 2010 OBJECTIVE****DATA SOURCES AND DATA ISSUES**

Data sources are still to be determined and we do not currently have the data necessary to report on the measure annually. However, attempts are underway to determine if a database and reporting system can be developed and maintained so that Massachusetts can use this Region 1 joint measure. We are working very closely with the state Department of Early Education and Care (EEC), which is the child care licensing agency for Massachusetts. Efforts to improve the data are being done in conjunction with the state's Early Child Care Systems (MECCS) grant, which is managed through the Title V agency. Further details on our current data issues and the activities underway to resolve them are included in the Note to this Detail Sheet.

**SIGNIFICANCE**

Child care health consultants (CCHCs) play a critical role in promoting healthy and safe child care environments and supporting education for children (including children with special needs), their families, and child care providers. CCHCs also improve access to preventive health services such as medical and dental homes, early intervention and family support. As the majority of CCHCs in Massachusetts are not paid and they are not mandated to visit programs, they have been underutilized and are widely perceived as mostly "a name on a piece of paper." DPH plans to work with EEC to determine how to best utilize CCHCs to promote health and safety in child care settings. EEC is currently revising their child care regulations and reviewing their strategies for promoting quality, comprehensive child care services, including such health issues as medication administration, health screening, and emergency preparedness. We hope to promote a plan to create an infrastructure of active CCHCs.

SP # 9

**PERFORMANCE MEASURE:**

The extent to which perinatal health disparities are addressed at the state and local levels, collaboratively with stakeholders and community partners, as measured by a unique scale from 0 - 33.

**STATUS:**

Active

**GOAL**

To reduce perinatal disparities in outcomes for both mothers and infants in Massachusetts, working collaboratively and in partnership with communities at both state and local levels.

**DEFINITION**

This measure is defined and tracked by scores on a checklist of three multi-faceted components of a systematic approach to reduce perinatal disparities: developing and implementing a state plan (including perinatal regulations revisions and protocols for addressing racism); state support for development of corresponding community plans; and promoting the use of data to inform policy and prioritize actions. See Notes for details on the components and scoring. A copy of the checklist is also attached to Part IV, Section B. In future years a copy with current scores will be provided as an attachment with the Measure in Part IV, Section D. The possible total score ranges from 0 to 33.

**Numerator:**

None

**Denominator:**

None

**Units:** 33 **Text:** Scale

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Self-assessment by state and communities; documentation of regulations, protocols, state and community plans.

**SIGNIFICANCE**

A majority of overall pregnancy outcomes in the state continue to improve and are lower than the U.S. rates in many instances. However, continuing racial and ethnic disparities in perinatal outcomes persist. Although IMRs for most racial/ethnic populations declined from 1995 to 2002, little change has been noted in the differences between racial/ethnic populations. The 1998-2002 Feto-Infant Mortality Rates (FIMRs) for the state overall and for the three largest cities were 2- to 3-fold higher for black mothers. The "excess" FIMRs were mainly due to maternal health/prematurity factors. Adequacy of prenatal care and early initiation of care also remain discrepant across racial/ethnic populations. Through the CDC/AMCHP MATRICHHS project, a 9-month on-line course, MDPH staff received training to identify a critical policy issue and use state, local and national data to inform policy direction and program priorities. Massachusetts identified perinatal disparities as the policy issue to address through the MATRICHHS process; this new state performance measure will track our progress on both policy and program improvements. Enhancing the capacity of community partners to address perinatal disparities in their communities is a critical need and is a focus of the measure.

**PERFORMANCE MEASURE:**

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

**STATUS:**

Active

**GOAL**

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

**DEFINITION**

This measure is based on information from the Massachusetts Youth Health Survey (MYHS). Because the MYHS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without numerators and denominators. Illicit drug use asked about includes those in the HP 2010 definition (with the exception that hashish is not asked), plus specific questions about "club drugs," over-the-counter drugs to get high; use without a prescription of steroids, Ritalin or Oxycontin; and drugs from prescriptions that weren't his/her own. In 2004 on MYHS, over half (59%) of Massachusetts middle and high school students reported no alcohol or drug use. This is the baseline for this new state measure.

**Numerator:**

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

**Denominator:**

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

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

26-10a - Youth using no alcohol or illicit drugs in past 30 days.

Full text of 26-10a: Increase the proportion of adolescents not using alcohol or any illicit drugs during the past 30 days. [Illicit drugs defined as marijuana, hashish, cocaine (including crack), inhalants, hallucinagens, heroin, or any non-medical use of analgesics, tranquilizers, stimulants, or sedatives.] Baseline (1998) - 79%; adolescents ages 12 to 17.

**DATA SOURCES AND DATA ISSUES**

This measure is based on information from the Massachusetts Youth Health Survey (MYHS). Because the MYHS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without numerators and denominators. MYHS is collected in public middle schools and high schools. In FY07 the MYHS will be administered in a cooperative project with the Massachusetts YRBS. This will be the first administration of the MYHS since 2004. The surveys will be administered to a stratified, random sample of 7,000 middle and high school students across the state. The survey data do not extend to youth in private schools or not in school and are self-reported. In 2005, the Massachusetts Department of Education conducted its annual YRBS. The percentage of adolescents reporting no current use of either alcohol or illicit drugs cannot be calculated from the YRBS for the middle school, as it is only administered in the public high schools.

**SIGNIFICANCE**

Alcohol and drug use remain a substantial risk behavior among middle and high school youth. Both male and female students report similar lifetime and current alcohol use rates, with Hispanic students reporting the highest use in both categories. Lifetime and current use of alcohol, marijuana, and other illicit drugs all increase by grade. Studies have found that almost twice as many youth aged 12 to 17 perceive risk from cigarette use compared with marijuana use or binge drinking. Massachusetts rates of binge drinking and marijuana use significantly exceed national rates, while cigarette smoking does not. Given the clustering of adolescent risk factors and behaviors and their resulting health impacts (from motor vehicle mortality and morbidity to data rape), much work remains to be done to work with youth, those who interact with them, and the environments in which they live to reduce these risk behaviors. The percentage of students who report current alcohol use has declined dramatically (43 percent in 2005 vs. 51 percent in 1991) since the first YRBS survey. National survey results indicate that alcohol and other drug use has remained stable or declined since 2004. It is expected that the reported 59% adolescents reporting no current use (in the past 30 days) of either alcohol or illicit drug will remain stable, with some improvement.

**PERFORMANCE MEASURE:**

The percentage of Massachusetts births that occur in a hospital that has an active Shaken Baby Syndrome Prevention Program.

**STATUS:**

Active

**GOAL**

To reduce the incidence of abuse head trauma by assuring that all parents/caregivers of newborns receive information prior to hospital discharge about infant crying, infant soothing techniques and the dangers of shaking an infant.

**DEFINITION**

This measure will calculate the percentage of all Massachusetts resident births that occur in Massachusetts hospitals that are in compliance with state law and regulations regarding shaken baby syndrome parent education.

**Numerator:**

# of live births annually in Massachusetts hospitals with documentation that mandated parent education program is being implemented

**Denominator:**

Total number of Massachusetts live births annually

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

MDPH Vital Records for births; MDPH Shaken Baby Syndrome database for hospitals to be included in numerator. Quality of the numerator (whether all parents/caregivers in the given hospital are actually given the education) will be based on fidelity to program implementation plan, which will be confirmed through random chart review and other evaluation measures for the program.

**SIGNIFICANCE**

Estimates of the incidence of infants severely damaged by being shaken range from 1 to 3 per 10,000 children under two. Shaken Baby Syndrome is the most common cause of death in abused children. There may be many other less severe cases that are never diagnosed, but cause permanent, although more subtle, damage. Infant crying is thought to be a significant trigger for shaking so education that normalizes infant crying and increases caregiver capacity to soothe infants may reduce abusive head trauma and overall child abuse in infants.

**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: MA**

**Form Level Notes for Form 17**

None

**HEALTH SYSTEMS CAPACITY MEASURE # 01**

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

	<b>Annual Indicator Data</b>				
	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Annual Indicator</b>	67.7	63.8	60.4	69.6	69.6
<b>Numerator</b>	2,668	2,525	2,415	2,699	
<b>Denominator</b>	393,862	395,662	400,113	387,863	

**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:** Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Hospitalization data for 2007 are not yet available from the Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy. We have estimated the same rate as that for 2006. See 2006 for the most recent actual data and see the Note for 2006 for data sources and other comments.

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

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Hospitalization data are from Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy, 2006. The 2006 denominator is from the most recent population estimates for Massachusetts, as provided by the Bureau of Health Information, Statistics, Research and Evaluation. The denominator -- and thus the rate -- have been updated. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

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

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

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Hospitalization data are from Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy, 2005. The denominator is from the most recent 2005 population estimates for Massachusetts, as provided in MassCHIP. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

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

**HEALTH SYSTEMS CAPACITY MEASURE # 02**

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

	<b>Annual Indicator Data</b>				
	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Annual Indicator</b>	100.0	100.0	100.0	100.0	100.0
<b>Numerator</b>	31,577	29,582	33,012	36,022	37,126
<b>Denominator</b>	31,577	29,582	33,012	36,022	37,126

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

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

**Is the Data Provisional or Final?**

Final

Final

**Field Level Notes**

- Section Number:** Health Systems Capacity Indicator #02  
**Field Name:** HSC02  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Data Source: Massachusetts Division of Medical Assistance (state Medicaid agency), Medicaid Management Information System. Form HCFA 416: Annual EPSDT Participation Report for period October 1, 2006 to September 30, 2007.
- Section Number:** Health Systems Capacity Indicator #02  
**Field Name:** HSC02  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 Data Source: Massachusetts Division of Medical Assistance (state Medicaid agency), Medicaid Management Information System. Form HCFA 416: Annual EPSDT Participation Report for period October 1, 2005 to September 30, 2006.

The values have been adjusted to correct a typo in last year's submission; the rate of 100% remains the same.
- Section Number:** Health Systems Capacity Indicator #02  
**Field Name:** HSC02  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
 Data Source: Massachusetts Division of Medical Assistance (state Medicaid agency), Medicaid Management Information System. Form HCFA 416: Annual EPSDT Participation Report for period October 1, 2004 to September 30, 2005.

**HEALTH SYSTEMS CAPACITY MEASURE # 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.

	<b>Annual Indicator Data</b>				
	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Annual Indicator</b>	NaN	0.0	0.0	0.0	0.0
<b>Numerator</b>	0	0	0	0	0
<b>Denominator</b>	0	1	1	1	1

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:** Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Indicator is NOT APPLICABLE

All infants under 200% FPL are eligible for Medicaid rather than SCHIP.

2. **Section Number:** Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data Source: Massachusetts Division of Medical Assistance (state Medicaid agency). All infants under 200% FPL are eligible for Medicaid rather than SCHIP.

3. **Section Number:** Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Data Source: Massachusetts Division of Medical Assistance (state Medicaid agency). All infants under 200% FPL are eligible for Medicaid rather than SCHIP.

**HEALTH SYSTEMS CAPACITY MEASURE # 04**

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	<b>Annual Indicator Data</b>				
	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Annual Indicator</b>	<u>89.8</u>	<u>83.3</u>	<u>83.0</u>	<u>82.1</u>	<u>82.1</u>
<b>Numerator</b>	<u>71,787</u>	<u>65,178</u>	<u>63,565</u>	<u>63,568</u>	
<b>Denominator</b>	<u>79,947</u>	<u>78,232</u>	<u>76,573</u>	<u>77,391</u>	

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

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

**Is the Data Provisional or Final?**

Provisional Provisional

**Field Level Notes**

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

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 birth data are not available. We have estimated the same rate as that for 2006. See 2006 for the most recent actual data and see the Note for 2006 for data sources and other comments.

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

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Birth data are from MDPH, Vital Records for calendar year 2006 (the most recent year available). The Kotelchuck Index is calculated and reported routinely by the Department and is available in MassCHIP, which is the source for the 2006 data.

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

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Birth data are from MDPH, Vital Records for calendar year 2005 (the most recent year available). The Kotelchuck Index is calculated and reported routinely by the Department and is available in MassCHIP, which is the source for the 2005 data.

**HEALTH SYSTEMS CAPACITY MEASURE # 07A**

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

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	93.7	93.3	93.6	96.7	97
Numerator	404,918	407,918	431,448	457,592	
Denominator	432,202	437,296	460,826	473,158	

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:** Health Systems Capacity Indicator #07A  
**Field Name:** HSC07A  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Updated 2007 enrollment data for Medicaid are not available. We have estimated a similar rate as for 2007, which is probably an underestimate given the aggressive outreach and enrollment activities tied to Health Care Reform that began during FY07.
- Section Number:** Health Systems Capacity Indicator #07A  
**Field Name:** HSC07A  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 Service data are provided by the Division of Medical Assistance. The numerator is the number of children aged 0 - 18 who received a service paid by MassHealth (Medicaid) during the state fiscal year. All children enrolled are assumed to have had at least one service paid for by the program. The denominator is made up of two components. The first is the total number of children aged 0 - 18 enrolled in MassHealth during the same period. The second is an estimate of children not enrolled in Medicaid who might be eligible for it, defined as the estimated number of children at or below 200% FPL (the Massachusetts cut-off for Medicaid for children) who are reported as uninsured through state surveys.  
  
 For FY06, the denominator is the sum of 457,592 children enrolled in MassHealth and an estimate of 15,566 children unenrolled eligibles under age 19. [See previous years' notes for more details on methodology.]  
  
 The percent of eligibles enrolled in MassHealth rose in FY06, as the impact of Health Care Reform and the expansion of Medicaid and SCHIP eligibility began to take effect, leaving fewer low income children potentially eligible but not enrolled.
- Section Number:** Health Systems Capacity Indicator #07A  
**Field Name:** HSC07A  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
 Service data are provided by the Division of Medical Assistance. The numerator is the number of children aged 0 - 18 who received a service paid by MassHealth (Medicaid) during the state fiscal year. All children enrolled are assumed to have had at least one service paid for by the program. The denominator is made up of two components. The first is the total number of children aged 0 - 18 enrolled in MassHealth during the same period. The second is an estimate of children not enrolled in Medicaid who might be eligible for it, defined as the estimated number of children at or below 200% FPL (the Massachusetts cut-off for Medicaid for children) who are reported as uninsured through state surveys.  
  
 For FY05, the denominator is the sum of 431,448 children enrolled in MassHealth and an estimate of 29,378 children unenrolled eligibles under age 19. [This estimate is calculated by using the same methodology and values as for 2004 as neither updated uninsurance estimates for children nor population estimates for 0-19 are available for 2005.]

**HEALTH SYSTEMS CAPACITY MEASURE # 07B**

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

	<u>Annual Indicator Data</u>				
	2003	2004	2005	2006	2007
<b>Annual Indicator</b>	46.0	48.9	50.3	51.9	56.4
<b>Numerator</b>	42,802	43,549	45,318	49,648	54,817
<b>Denominator</b>	92,976	89,055	90,075	95,723	97,160

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:** Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data Source: Massachusetts Division of Medical Assistance (state Medicaid agency), Medicaid Management Information System. Form HCFA 416: Annual EPSDT Participation Report for period October 1, 2006 to September 30, 2007.

The calculations used DMA changed in 2003, resulting in a new baseline level. Since then, there has been a modest but steady increase each year in the percentage of children receiving preventive dental services. Improvements in MassHealth dental care reimbursement rates for services to children and other systems improvements are expected to cause continued improvement in this indicator. Massachusetts has a related State Performance Measure that addresses the use of preventive Medicaid dental services for children ages 3 – 18; See SPM # 04 for more information on changes in the MassHealth system and our involvement in them.

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

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data Source: Massachusetts Division of Medical Assistance (state Medicaid agency), Medicaid Management Information System. Form HCFA 416: Annual EPSDT Participation Report for period October 1, 2005 to September 30, 2006.

The calculations used DMA changed in 2003, resulting in a new baseline level. Since then, there has been a modest increase each year in the percentage of children receiving preventive dental services. Improvements in MassHealth dental care reimbursement rates for services to children and other systems improvements are expected to cause continued improvement in this indicator. Massachusetts has a related State Performance Measure that addresses the use of preventive Medicaid dental services for children ages 3 – 18; See SPM # 04 for more information on changes in the MassHealth system and our involvement in them.

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

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Data Source: Massachusetts Division of Medical Assistance (state Medicaid agency), Medicaid Management Information System. Form HCFA 416: Annual EPSDT Participation Report for period October 1, 2004 to September 30, 2005.

The calculations used DMA changed in 2003, resulting in a new baseline level. Since then, there has been a modest increase each year in the percentage of children receiving preventive dental services.

**HEALTH SYSTEMS CAPACITY MEASURE # 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.

	<b>Annual Indicator Data</b>				
	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Annual Indicator</b>	100.0	100.0	100.0	100.0	100.0
<b>Numerator</b>	16,420	17,270	18,150	19,129	20,247
<b>Denominator</b>	16,420	17,270	18,150	19,129	20,247

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

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

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

- Section Number:** Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

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

The data are from the Social Security Administration, Supplemental Security Record (Characteristic Extract Record format) and include children under age 16 and are for children receiving benefits as of December 2007.

- Section Number:** Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

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

The data are from the Social Security Administration and include children under age 18 (not 16) and are for children receiving benefits as of December 2005.

[http://www.ssa.gov/policy/docs/statcomps/ssi\\_children/2005/table05.pdf](http://www.ssa.gov/policy/docs/statcomps/ssi_children/2005/table05.pdf)

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

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (&lt; 2,500 grams)</i>	2006	Payment source from birth certificate	<u>9.3</u>	<u>7.5</u>	<u>7.9</u>
b) <i>Infant deaths per 1,000 live births</i>	2006	Matching data files	<u>6.8</u>	<u>3.8</u>	<u>4.8</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2006	Payment source from birth certificate	<u>70.9</u>	<u>85</u>	<u>81.5</u>
d) <i>Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2006	Payment source from birth certificate	<u>73.8</u>	<u>84.8</u>	<u>82.1</u>

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

<b>INDICATOR #06</b> <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>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL MEDICAID</b> (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2007	200
b) <i>Medicaid Children</i> (Age range <u>    </u> 1 to <u>    </u> 18 ) (Age range <u>    </u> to <u>    </u> ) (Age range <u>    </u> to <u>    </u> )	2007	150
c) <i>Pregnant Women</i>	2007	200

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

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL SCHIP</b>
a) <i>Infants (0 to 1)</i>	2007	300
b) <i>Medicaid Children</i> (Age range <u>    </u> 1 to <u>    </u> 18 ) (Age range <u>    </u> to <u>    </u> ) (Age range <u>    </u> to <u>    </u> )	2007	300
c) <i>Pregnant Women</i>	2007	200

## FORM NOTES FOR FORM 18

None

### FIELD LEVEL NOTES

- 1. Section Number:** Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Infant  
**Row Name:** Infants  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
All infants under 200% FPL are eligible for Medicaid rather than SCHIP; between 200 to 300% FPL they are eligible for SCHIP.
- 2. Section Number:** Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Children  
**Row Name:** SCHIP Children  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
Under 150% FPL, children are eligible for Medicaid rather than SCHIP. Between 150% and 300% FPL, children are eligible for the non-Medicaid portion of SCHIP – assistance with the payment of insurance premiums; this includes Family Assistance/Direct Coverage and Family Assistance/Premium Assistance.
- 3. Section Number:** Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Women  
**Row Name:** Pregnant Women  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
Technically, pregnant women are not eligible for SCHIP, but remain eligible based on age or income for Medicaid; or if ineligible for Medicaid and they are at or below 225% FPL, they are eligible for Healthy Start pregnancy-related services through SCHIP as coverage for the unborn child.
- 4. Section Number:** Indicator 05  
**Field Name:** LowBirthWeight  
**Row Name:** Percent of ow birth weight (<2,500 grams)  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
Birth data are from MDPH, Vital Records for calendar year 2006 (the most recent year available). 2007 birth data are not available. The percentages shown differ from those published elsewhere, due to how missing data are handled. The MCHB definition of the denominator is specified as all resident births during the referenced year. In MassCHIP and most Massachusetts publications (such as Massachusetts Births), percentages are reported only for cases where information is known (i.e. the denominator excludes births for which data on the variable are missing). Using the MCHB definition reduces the calculated percentage slightly.
- 5. Section Number:** Indicator 05  
**Field Name:** InfantDeath  
**Row Name:** Infant deaths per 1,000 live births  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
Birth data are from MDPH, Vital Records, Births and Linked Birth / Infant Death files. Data are for 2006, the most recent year available. Note that the linked file for 2006 only includes 350 infant deaths, while there were a total of 369 infant deaths in 2006. The calculated rates shown here, therefore may differ from those published elsewhere.
- 6. Section Number:** Indicator 05  
**Field Name:** CareFirstTrimester  
**Row Name:** Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
Birth data are from MDPH, Vital Records for calendar year 2006 (the most recent year available). 2007 birth data are not available. The percentages shown differ from those published elsewhere, due to how missing data are handled. The MCHB definition of the denominator is specified as all resident births during the referenced year. In MassCHIP and most Massachusetts publications (such as Massachusetts Births), percentages are reported only for cases where information is known (i.e. the denominator excludes births for which data on the variable are missing). Using the MCHB definition reduces the calculated percentage slightly.
- 7. Section Number:** Indicator 05  
**Field Name:** AdequateCare  
**Row Name:** Percent of pregnant women with adequate prenatal care  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
Birth data are from MDPH, Vital Records for calendar year 2006 (the most recent year available). 2007 birth data are not available. The percentages shown differ from those published elsewhere, due to how missing data are handled. The MCHB definition of the denominator is specified as all resident births during the referenced year. In MassCHIP and most Massachusetts publications (such as Massachusetts Births), percentages are reported only for cases where information is known (i.e. the denominator excludes births for which data on the variable are missing). Using the MCHB definition reduces the calculated percentage slightly. The Kotelchuck Index is calculated and reported routinely by the Department and is available in MassCHIP, which is the source for the 2006 data.

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

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

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
<b>ANNUAL DATA LINKAGES</b>		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	2	No
Annual linkage of birth certificates and WIC eligibility files	2	No
Annual linkage of birth certificates and newborn screening files	3	Yes
<b>REGISTRIES AND SURVEYS</b>		
Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

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

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

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

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

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

**FORM NOTES FOR FORM 19**

None

**FIELD LEVEL NOTES**

None

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

**Form Level Notes for Form 11**

None

**HEALTH STATUS INDICATOR MEASURE # 01A**

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

	<b>Annual Indicator Data</b>				
	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Annual Indicator</b>	7.6	7.8	7.9	7.9	7.9
<b>Numerator</b>	6,115	6,125	6,073	6,150	
<b>Denominator</b>	80,167	78,460	76,824	77,670	

**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:** Health Status Indicator #01A

**Field Name:** HSI01A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 birth data are not available. We have estimated the same rate as that for 2006. See 2006 for the most recent actual data and see the Note for 2006 for data sources and other comments.

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

**Field Name:** HSI01A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data for both the numerator and denominator are taken from MDPH Vital Records for calendar year 2006. This is the most recent year of data available. The denominator is all resident births for the year.

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

**Field Name:** HSI01A

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Data for both the numerator and denominator are taken from MDPH Vital Records for calendar year 2005. This is the most recent year of data available. The denominator is all resident births for the year.

**HEALTH STATUS INDICATOR MEASURE # 01B**

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

	<b>Annual Indicator Data</b>				
	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Annual Indicator</b>	<u>5.2</u>	<u>5.4</u>	<u>5.6</u>	<u>5.8</u>	<u>5.8</u>
<b>Numerator</b>	<u>4,006</u>	<u>4,015</u>	<u>4,126</u>	<u>4,264</u>	<u></u>
<b>Denominator</b>	<u>76,367</u>	<u>74,677</u>	<u>73,258</u>	<u>74,146</u>	<u></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**

- Section Number:** Health Status Indicator #01B  
**Field Name:** HSI01B  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 2007 birth data are not available. We have estimated the same rate as that for 2006. See 2006 for the most recent actual data and see the Note for 2006 for data sources and other comments.
- Section Number:** Health Status Indicator #01B  
**Field Name:** HSI01B  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 Data for both the numerator and denominator are taken from MDPH Vital Records for calendar year 2006. This is the most recent year of data available. The denominator is all resident singleton births for the year.
- Section Number:** Health Status Indicator #01B  
**Field Name:** HSI01B  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
 Data for both the numerator and denominator are taken from MDPH Vital Records for calendar year 2005. This is the most recent year of data available. The denominator is all resident singleton births for the year.

**HEALTH STATUS INDICATOR MEASURE # 02A**

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

	<u>Annual Indicator Data</u>				
	2003	2004	2005	2006	2007
Annual Indicator	1.4	1.5	1.4	1.3	1.3
Numerator	1,115	1,148	1,098	1,041	
Denominator	80,167	78,460	76,824	77,670	

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:** Health Status Indicator #02A

**Field Name:** HSI02A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 birth data are not available. We have estimated the same rate as that for 2006. See 2006 for the most recent actual data and see the Note for 2006 for data sources and other comments.

- Section Number:** Health Status Indicator #02A

**Field Name:** HSI02A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data for both the numerator and denominator are taken from MDPH Vital Records for calendar year 2006. This is the most recent year of data available. The denominator is all resident births for the year.

- Section Number:** Health Status Indicator #02A

**Field Name:** HSI02A

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Data for both the numerator and denominator are taken from MDPH Vital Records for calendar year 2005. This is the most recent year of data available. The denominator is all resident singleton births for the year.

**HEALTH STATUS INDICATOR MEASURE # 02B**

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

	<u>Annual Indicator Data</u>				
	2003	2004	2005	2006	2007
Annual Indicator	0.9	1.0	1.0	0.9	0.9
Numerator	713	740	701	687	
Denominator	76,367	74,677	73,258	74,146	

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:** Health Status Indicator #02B

**Field Name:** HSI02B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 birth data are not available. We have estimated the same rate as that for 2006. See 2006 for the most recent actual data and see the Note for 2006 for data sources and other comments.

- Section Number:** Health Status Indicator #02B

**Field Name:** HSI02B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data for both the numerator and denominator are taken from MDPH Vital Records for calendar year 2006. This is the most recent year of data available. The denominator is all resident singleton births for the year.

- Section Number:** Health Status Indicator #02B

**Field Name:** HSI02B

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Data for both the numerator and denominator are taken from MDPH Vital Records for calendar year 2005. This is the most recent year of data available. The denominator is all resident singleton births for the year.

**HEALTH STATUS INDICATOR MEASURE # 03A**

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

	<b>Annual Indicator Data</b>				
	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Annual Indicator</b>	<u>3.2</u>	<u>3.1</u>	<u>3.2</u>	<u>3.4</u>	<u>3.4</u>
<b>Numerator</b>	<u>39</u>	<u>38</u>	<u>39</u>	<u>41</u>	<u></u>
<b>Denominator</b>	<u>1,229,471</u>	<u>1,222,774</u>	<u>1,214,584</u>	<u>1,202,482</u>	<u></u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

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

**Is the Data Provisional or Final?**

Provisional

Provisional

**Field Level Notes**

- Section Number:** Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 death data are not available. We have estimated the same rate to that for 2006. See 2006 for the most recent actual data and see the Note for 2006 for data sources and other comments.

- Section Number:** Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data on deaths are taken from MDPH Vital Records for calendar years 2004 - 2006. Rates are calculated as rolling 3-year averages. (I.e. the 2006 numerator is the sum of the 2004, 2005, and 2006 numbers of deaths (44, 37, and 41 respectively) and the denominator is the sum of the most recent Massachusetts population estimates for the age group for the same years, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

- Section Number:** Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Data on deaths are taken from MDPH Vital Records for calendar years 2003 - 2005. Rates are now calculated as rolling 3-year averages. (I.e. the 2005 numerator is the sum of the 2003, 2004, and 2005 numbers of deaths (37, 44, and 37 respectively) and the denominator is the sum of the most recent Massachusetts population estimates for the age group for the same years. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The denominator is from the most recent population estimates for Massachusetts, as provided in MassCHIP.

**HEALTH STATUS INDICATOR MEASURE # 03B**

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

	<b>Annual Indicator Data</b>				
	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Annual Indicator</b>	<u>1.2</u>	<u>1.2</u>	<u>1.3</u>	<u>1.2</u>	<u>1.2</u>
<b>Numerator</b>	<u>15</u>	<u>15</u>	<u>16</u>	<u>14</u>	<u></u>
<b>Denominator</b>	<u>1,229,471</u>	<u>1,222,774</u>	<u>1,214,584</u>	<u>1,202,482</u>	<u></u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

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

**Is the Data Provisional or Final?**

Provisional

Provisional

**Field Level Notes**

- Section Number:** Health Status Indicator #03B  
**Field Name:** HSI03B  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 2007 death data are not available. We have estimated the same rate to that for 2006. See 2006 for the most recent actual data and see the Note for 2006 for data sources and other comments.
- Section Number:** Health Status Indicator #03B  
**Field Name:** HSI03B  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 Data on deaths are taken from MDPH Vital Records for calendar years 2004 - 2006. Rates are calculated as rolling 3-year averages. (I.e. the 2006 numerator is the sum of the 2004, 2005, and 2006 numbers of deaths (19, 1, and 12 respectively) and the denominator is the sum of the most recent Massachusetts population estimates for the age group for the same years, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.
- Section Number:** Health Status Indicator #03B  
**Field Name:** HSI03B  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
 Data on deaths are taken from MDPH Vital Records for calendar years 2003 - 2005. Rates are now calculated as rolling 3-year averages. (I.e. the 2005 numerator is the sum of the 2003, 2004, and 2005 numbers of deaths (19, 19, and 10 respectively) and the denominator is the sum of the most recent Massachusetts population estimates for the age group for the same years. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The denominator is from the most recent population estimates for Massachusetts, as provided in MassCHIP.

**HEALTH STATUS INDICATOR MEASURE # 03C**

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

	<b>Annual Indicator Data</b>				
	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Annual Indicator</b>	15.1	15.0	13.0	13.3	13.3
<b>Numerator</b>	128	128	111	119	
<b>Denominator</b>	848,732	851,425	851,856	895,707	

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:** Health Status Indicator #03C  
**Field Name:** HSI03C  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 2007 death data are not available. We have estimated the same rate to that for 2006. See 2006 for the most recent actual data and see the Note for 2006 for data sources and other comments.
- Section Number:** Health Status Indicator #03C  
**Field Name:** HSI03C  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 Data on deaths are taken from MDPH Vital Records for calendar year 2006 (the most recent year available). The 2006 denominator is from the most recent population estimates for Massachusetts, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.
- Section Number:** Health Status Indicator #03C  
**Field Name:** HSI03C  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
 Data on deaths are taken from MDPH Vital Records for calendar year 2005 (the most recent year available). The 2005 denominator is from the most recent population estimates for Massachusetts, as provided in MassCHIP. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

**HEALTH STATUS INDICATOR MEASURE # 04A**

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

	<b>Annual Indicator Data</b>				
	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Annual Indicator</b>	<u>223.8</u>	<u>225.2</u>	<u>212.4</u>	<u>210.0</u>	<u>210</u>
<b>Numerator</b>	<u>2,736</u>	<u>2,727</u>	<u>2,570</u>	<u>2,491</u>	<u></u>
<b>Denominator</b>	<u>1,222,762</u>	<u>1,210,811</u>	<u>1,210,179</u>	<u>1,186,455</u>	<u></u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

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

**Is the Data Provisional or Final?**

Provisional Provisional

**Field Level Notes**

- Section Number:** Health Status Indicator #04A

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Hospitalization data for 2007 are not yet available from the Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy. We have estimated the same rate as that for 2006. See 2006 for the most recent actual data and see the Note for 2006 for data sources and other comments.

- Section Number:** Health Status Indicator #04A

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Hospitalization data are from Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy, 2006. Data are for Fiscal Years, not Calendar Years.

The 2005 denominator is from the most recent population estimates for Massachusetts, as provided in MassCHIP. The 2006 denominator is estimated to be the same as 2005. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

- Section Number:** Health Status Indicator #04A

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Hospitalization data are from Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy, 2005. Data are for Fiscal Years, not Calendar Years.

The 2005 denominator is from the most recent population estimates for Massachusetts, as provided in MassCHIP. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

All hospital discharge data are still coded using ICD - 9 codes. Those included in this indicator are E800-E869 and E880-E929; all cases with E-codes assigned to any of the multiple ICD-9 diagnosis fields are included. Conversion to ICD - 10 coding and its impact on comparability of counts and rates over time will have to be dealt with in future years.

**HEALTH STATUS INDICATOR MEASURE # 04B**

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

	<b>Annual Indicator Data</b>				
	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Annual Indicator</b>	18.2	20.2	15.5	17.0	17
<b>Numerator</b>	222	244	188	202	
<b>Denominator</b>	1,222,762	1,210,811	1,210,179	1,186,455	

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:** Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Hospitalization data for 2007 are not yet available from the Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy. We have estimated the same rate as that for 2006. See 2006 for the most recent actual data and see the Note for 2006 for data sources and other comments.

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

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Hospitalization data are from Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy, 2005. Data are for Fiscal Years, not Calendar Years.

The 2005 denominator is from the most recent population estimates for Massachusetts, as provided in MassCHIP. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

All hospital discharge data are still coded using ICD - 9 codes. Those included in this indicator are E800-E869 and E880-E929; all cases with E-codes assigned to any of the multiple ICD-9 diagnosis fields are included. Conversion to ICD - 10 coding and its impact on comparability of counts and rates over time will have to be dealt with in future years.

**HEALTH STATUS INDICATOR MEASURE # 04C**

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

	<b>Annual Indicator Data</b>				
	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Annual Indicator</b>	127.3	136.2	123.1	113.3	113
<b>Numerator</b>	1,044	1,160	1,049	1,015	
<b>Denominator</b>	820,016	851,425	851,856	895,707	

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:** Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Hospitalization data for 2007 are not yet available from the Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy. We have estimated the same rate as that for 2006. See 2006 for the most recent actual data and see the Note for 2006 for data sources and other comments.

- Section Number:** Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Hospitalization data are from Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy, 2006. Data are for Fiscal Years, not Calendar Years.

The 2005 denominator is from the most recent population estimates for Massachusetts, as provided in MassCHIP. The 2006 denominator is estimated to be the same as 2005. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

- Section Number:** Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Hospitalization data are from Massachusetts Uniform Hospital Discharge Data System (UHDDS), Division of Health Care Finance and Policy, 2005. Data are for Fiscal Years, not Calendar Years.

The 2005 denominator is from the most recent population estimates for Massachusetts, as provided in MassCHIP. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

All hospital discharge data are still coded using ICD - 9 codes. Those included in this indicator are E800-E869 and E880-E929; all cases with E-codes assigned to any of the multiple ICD-9 diagnosis fields are included. Conversion to ICD - 10 coding and its impact on comparability of counts and rates over time will have to be dealt with in future years.

**HEALTH STATUS INDICATOR MEASURE # 05A**

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

	<b>Annual Indicator Data</b>				
	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Annual Indicator</b>	15.2	17.4	18.3	17.9	18.6
<b>Numerator</b>	3,055	3,565	3,823	3,955	4,116
<b>Denominator</b>	201,481	204,745	208,824	221,338	221,338

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:** Health Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data sources:

Cases of chlamydia: Massachusetts Department of Public Health. Sexually Transmitted Diseases Program, 2007 (calendar year data).

The 2007 denominator is estimated to be the same as 2006 (see previous year's note). The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

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

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data sources:

Cases of chlamydia: Massachusetts Department of Public Health. Sexually Transmitted Diseases Program, 2006 (calendar year data).

The 2006 denominator is from the most recent population estimates for Massachusetts, as provided by the MDPH Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

The numerator has been updated in June 2008 with final data from the STD Program and the denominator has been updated as well, resulting in a revised 2006 rate.

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

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Data sources:

Cases of chlamydia: Massachusetts Department of Public Health. Sexually Transmitted Diseases Program, 2005 (calendar year data).

The 2005 denominator is from the most recent population estimates for Massachusetts, as provided in MassCHIP. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

The indicator has been updated with final data from the STD program in June, 2008.

**HEALTH STATUS INDICATOR MEASURE # 05B**

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

	<b>Annual Indicator Data</b>				
	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Annual Indicator</b>	<u>4.2</u>	<u>5.0</u>	<u>5.6</u>	<u>5.9</u>	<u>6.6</u>
<b>Numerator</b>	<u>5,008</u>	<u>5,912</u>	<u>6,539</u>	<u>6,759</u>	<u>7,524</u>
<b>Denominator</b>	<u>1,201,230</u>	<u>1,184,601</u>	<u>1,168,750</u>	<u>1,144,172</u>	<u>1,144,172</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

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

**Is the Data Provisional or Final?**

Provisional

Provisional

**Field Level Notes**

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

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Cases of chlamydia: Massachusetts Department of Public Health. Sexually Transmitted Diseases Program, 2007 (calendar year data).

The 2007 denominator is estimated to be the same as 2006 (see previous year's note). The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

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

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data sources:

Cases of chlamydia: Massachusetts Department of Public Health. Sexually Transmitted Diseases Program, 2006 (calendar year data).

The 2006 denominator is from the most recent population estimates for Massachusetts, as provided by the Bureau of Health Information, Statistics, Research and Evaluation. The resulting denominator and age-specific rate may differ from those previously reported or published elsewhere.

The numerator has been updated in June 2008 based on revised final data from the STD Program. The denominator has also been updated, resulting in a changed rate.

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

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Data sources:

Cases of chlamydia: Massachusetts Department of Public Health. Sexually Transmitted Diseases Program, 2005 (calendar year data).

The 2005 denominator is from the most recent population estimates for Massachusetts, as provided in MassCHIP. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere.

The numerator has been updated in June 2008 based on revised final data from the STD Program.

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HEALTH STATUS INDICATORS  
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**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: 2006 Is this data from a State Projection? No Is this data final or provisional? Provisional

<b>CATEGORY TOTAL POPULATION BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	77,573	55,771	7,556	172	4,814	0	0	9,260
Children 1 through 4	310,290	223,082	30,222	688	19,258	0	0	37,040
Children 5 through 9	387,612	289,823	30,675	936	20,886	0	0	45,292
Children 10 through 14	410,980	310,595	32,599	1,072	19,756	0	0	46,958
Children 15 through 19	446,811	341,423	35,421	1,294	21,517	0	0	47,156
Children 20 through 24	448,896	336,904	34,691	1,380	28,361	0	0	47,560
Children 0 through 24	2,082,162	1,557,598	171,164	5,542	114,592	0	0	233,266

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

<b>CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	68,313	9,260	0
Children 1 through 4	273,250	37,040	0
Children 5 through 9	342,320	45,292	0
Children 10 through 14	364,022	46,958	0
Children 15 through 19	399,655	47,156	0
Children 20 through 24	401,336	47,560	0
Children 0 through 24	1,848,896	233,266	0

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

For both parts A and B: Reporting Year: 2006 Is this data from a State Projection? No Is this data final or provisional? Final

<b>CATEGORY TOTAL LIVE BIRTHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Women < 15	56	14	13	0	1	0	0	28
Women 15 through 17	1,379	574	204	6	62	0	0	533
Women 18 through 19	3,343	1,719	413	13	84	0	0	1,114
Women 20 through 34	54,664	37,338	4,659	120	4,143	0	0	8,404
Women 35 or older	18,228	14,520	1,256	20	1,194	0	0	1,238
Women of all ages	77,670	54,165	6,545	159	5,484	0	0	11,317

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

<b>CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Women < 15	26	30	0
Women 15 through 17	815	558	6
Women 18 through 19	2,193	1,121	29
Women 20 through 34	45,780	7,919	965
Women 35 or older	16,783	1,068	377
Women of all ages	65,597	10,696	1,377

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

For both parts A and B: Reporting Year: 2006 Is this data from a State Projection? No Is this data final or provisional? Final

<b>CATEGORY TOTAL DEATHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	372	240	77	0	11	0	0	44
Children 1 through 4	48	31	3	1	4	0	0	9
Children 5 through 9	30	20	2	0	2	0	0	6
Children 10 through 14	46	32	9	0	2	0	0	3
Children 15 through 19	156	111	31	0	3	0	0	11
Children 20 through 24	316	231	51	0	6	0	0	28
Children 0 through 24	968	665	173	1	28	0	0	101

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

<b>CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	308	63	1
Children 1 through 4	36	12	0
Children 5 through 9	25	5	0
Children 10 through 14	42	4	0
Children 15 through 19	144	12	0
Children 20 through 24	278	37	1
Children 0 through 24	833	133	2

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

Is this data final or provisional? Provisional

<b>CATEGORY Miscellaneous Data BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>	<b>Specific Reporting Year</b>
All children 0 through 19	1,633,266	1,220,694.0	136,473.0	4,162.0	86,231.0	0.0	0.0	185,706.0	2006
Percent in household headed by single parent	26.6	0.0	0.0	0.0	0.0	0.0	0.0	26.6	2006
Percent in TANF (Grant) families	3.8	0.0	0.0	0.0	0.0	0.0	0.0	3.8	2007
Number enrolled in Medicaid	457,592	0.0	0.0	0.0	0.0	0.0	0.0	457,592.0	2006
Number enrolled in SCHIP	90,561	0.0	0.0	0.0	0.0	0.0	0.0	90,561.0	2007
Number living in foster home care	6,269	0.0	0.0	0.0	0.0	0.0	0.0	6,269.0	2006
Number enrolled in food stamp program	179,000	0.0	0.0	0.0	0.0	0.0	0.0	179,000.0	2006
Number enrolled in WIC	97,596	43,140.0	19,249.0	0.0	0.0	0.0	0.0	35,207.0	2007
Rate (per 100,000) of juvenile crime arrests	120.0	0.0	0.0	0.0	0.0	0.0	0.0	120.0	2004
Percentage of high school drop-outs (grade 9 through 12)	3.8	2.7	6.4	4.9	2.6	4.2	4.2	9.1	2007

**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)*

<b>CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>	<b>Specific Reporting Year</b>
All children 0 through 19	1,447,560.0	185,706.0	0.0	2006
Percent in household headed by single parent	0.0	0.0	26.6	2006
Percent in TANF (Grant) families	0.0	0.0	3.8	2007
Number enrolled in Medicaid	0.0	0.0	457,592.0	2006
Number enrolled in SCHIP	0.0	0.0	90,561.0	2007
Number living in foster home care	0.0	0.0	6,269.0	2006
Number enrolled in food stamp program	0.0	0.0	179,000.0	2006
Number enrolled in WIC	62,503.0	34,093.0	0.0	2007
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	120.0	2004
Percentage of high school drop-outs (grade 9 through 12)	3.1	9.1	0.0	2007

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**HSI #10 - Demographics (Geographic Living Area)** *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2006 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	1,633,266
Living in urban areas	1,492,805
Living in rural areas	140,461
Living in frontier areas	0
<b>Total - all children 0 through 19</b>	<b>1,633,266</b>

**Note:**

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

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

Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	6,437,193.0
Percent Below: 50% of poverty	5.5
100% of poverty	12.0
200% of poverty	26.0

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

Reporting Year: 2006 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	1,633,266.0
Percent Below: 50% of poverty	6.0
100% of poverty	12.0
200% of poverty	26.0

## FORM NOTES FOR FORM 21

None

### FIELD LEVEL NOTES

**1. Section Number:** Indicator 06A

**Field Name:** S06\_Race\_Infants

**Row Name:** Infants 0 to 1

**Column Name:**

**Year:** 2009

**Field Note:**

Total Population, all ages:

Data Source: National Center for Health Statistics. Estimates of the 7/1/2000-7/1/2006, population from the Vintage 2006 postcensal series by year, county, age, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. August 16, 2006. As prepared and reported by the MDPH Bureau of Health Statistics, Information, Research and Evaluation.

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

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

**2. Section Number:** Indicator 06A

**Field Name:** S06\_Race\_Children1to4

**Row Name:** children 1 through 4

**Column Name:**

**Year:** 2009

**Field Note:**

Total Population, all ages:

Data Source: National Center for Health Statistics. Estimates of the 7/1/2000-7/1/2006, population from the Vintage 2006 postcensal series by year, county, age, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. August 16, 2006. As prepared and reported by the MDPH Bureau of Health Statistics, Information, Research and Evaluation.

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

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

**3. Section Number:** Indicator 06A

**Field Name:** S06\_Race\_Children5to9

**Row Name:** children 5 through 9

**Column Name:**

**Year:** 2009

**Field Note:**

Total Population, all ages:

Data Source: National Center for Health Statistics. Estimates of the 7/1/2000-7/1/2006, population from the Vintage 2006 postcensal series by year, county, age, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. August 16, 2006. As prepared and reported by the MDPH Bureau of Health Statistics, Information, Research and Evaluation.

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

**4. Section Number:** Indicator 06A

**Field Name:** S06\_Race\_Children10to14

**Row Name:** children 10 through 14

**Column Name:**

**Year:** 2009

**Field Note:**

Total Population, all ages:

Data Source: National Center for Health Statistics. Estimates of the 7/1/2000-7/1/2006, population from the Vintage 2006 postcensal series by year, county, age, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. August 16, 2006. As prepared and reported by the MDPH Bureau of Health Statistics, Information, Research and Evaluation.

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

**5. Section Number:** Indicator 06A

**Field Name:** S06\_Race\_Children15to19

**Row Name:** children 15 through 19

**Column Name:**

**Year:** 2009

**Field Note:**

Total Population, all ages:

Data Source: National Center for Health Statistics. Estimates of the 7/1/2000-7/1/2006, population from the Vintage 2006 postcensal series by year, county, age, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. August 16, 2006. As prepared and reported by the MDPH Bureau of Health Statistics, Information, Research and Evaluation.

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

**6. Section Number:** Indicator 06A

**Field Name:** S06\_Race\_Children20to24

**Row Name:** children 20 through 24

**Column Name:**

**Year:** 2009

**Field Note:**

Total Population, all ages:

Data Source: National Center for Health Statistics. Estimates of the 7/1/2000-7/1/2006, population from the Vintage 2006 postcensal series by year, county, age, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. August 16, 2006. As prepared and reported by the MDPH Bureau of Health Statistics, Information, Research and Evaluation.

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

7. **Section Number:** Indicator 06B

**Field Name:** S06\_Ethnicity\_Infants

**Row Name:** Infants 0 to 1

**Column Name:**

**Year:** 2009

**Field Note:**

Data Source: National Center for Health Statistics. Estimates of the 7/1/2000-7/1/2006, population from the Vintage 2006 postcensal series by year, county, age, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. August 16, 2006. As prepared and reported by the MDPH Bureau of Health Statistics, Information, Research and Evaluation.

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

See Note for #06A for further information.

8. **Section Number:** Indicator 06B

**Field Name:** S06\_Ethnicity\_Children1to4

**Row Name:** children 1 through 4

**Column Name:**

**Year:** 2009

**Field Note:**

Data Source: National Center for Health Statistics. Estimates of the 7/1/2000-7/1/2006, population from the Vintage 2006 postcensal series by year, county, age, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. August 16, 2006. As prepared and reported by the MDPH Bureau of Health Statistics, Information, Research and Evaluation.

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

See Note for #06A for further information.

9. **Section Number:** Indicator 06B

**Field Name:** S06\_Ethnicity\_Children5to9

**Row Name:** children 5 through 9

**Column Name:**

**Year:** 2009

**Field Note:**

Data Source: National Center for Health Statistics. Estimates of the 7/1/2000-7/1/2006, population from the Vintage 2006 postcensal series by year, county, age, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. August 16, 2006. As prepared and reported by the MDPH Bureau of Health Statistics, Information, Research and Evaluation.

See Note for #06A for further information.

10. **Section Number:** Indicator 06B

**Field Name:** S06\_Ethnicity\_Children10to14

**Row Name:** children 10 through 14

**Column Name:**

**Year:** 2009

**Field Note:**

Data Source: National Center for Health Statistics. Estimates of the 7/1/2000-7/1/2006, population from the Vintage 2006 postcensal series by year, county, age, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. August 16, 2006. As prepared and reported by the MDPH Bureau of Health Statistics, Information, Research and Evaluation.

See Note for #06A for further information.

11. **Section Number:** Indicator 06B

**Field Name:** S06\_Ethnicity\_Children15to19

**Row Name:** children 15 through 19

**Column Name:**

**Year:** 2009

**Field Note:**

Data Source: National Center for Health Statistics. Estimates of the 7/1/2000-7/1/2006, population from the Vintage 2006 postcensal series by year, county, age, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. August 16, 2006. As prepared and reported by the MDPH Bureau of Health Statistics, Information, Research and Evaluation.

See Note for #06A for further information.

12. **Section Number:** Indicator 06B

**Field Name:** S06\_Ethnicity\_Children20to24

**Row Name:** children 20 through 24

**Column Name:**

**Year:** 2009

**Field Note:**

Data Source: National Center for Health Statistics. Estimates of the 7/1/2000-7/1/2006, population from the Vintage 2006 postcensal series by year, county, age, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. August 16, 2006. As prepared and reported by the MDPH Bureau of Health Statistics, Information, Research and Evaluation.

See Note for #06A for further information.

13. **Section Number:** Indicator 07A

**Field Name:** Race\_Women15

**Row Name:** Women < 15

**Column Name:**

**Year:** 2009

**Field Note:**

Data Source: MDPH Vital Records, Births for calendar year 2006 (the most recent year available). 2007 birth data are not yet available.

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

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

14. **Section Number:** Indicator 07A  
**Field Name:** Race\_Women15to17  
**Row Name:** Women 15 through 17  
**Column Name:**  
**Year:** 2009  
**Field Note:**

Data Source: MDPH Vital Records, Births for calendar year 2006 (the most recent year available). 2007 birth data are not yet available.

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

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

15. **Section Number:** Indicator 07A  
**Field Name:** Race\_Women18to19  
**Row Name:** Women 18 through 19  
**Column Name:**  
**Year:** 2009  
**Field Note:**

Data Source: MDPH Vital Records, Births for calendar year 2006 (the most recent year available). 2007 birth data are not yet available.

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

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

16. **Section Number:** Indicator 07A  
**Field Name:** Race\_Women20to34  
**Row Name:** Women 20 through 34  
**Column Name:**  
**Year:** 2009  
**Field Note:**

Data Source: MDPH Vital Records, Births for calendar year 2006 (the most recent year available). 2007 birth data are not yet available.

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

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

17. **Section Number:** Indicator 07A  
**Field Name:** Race\_Women35  
**Row Name:** Women 35 or older  
**Column Name:**  
**Year:** 2009  
**Field Note:**

Data Source: MDPH Vital Records, Births for calendar year 2006 (the most recent year available). 2007 birth data are not yet available.

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

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

18. **Section Number:** Indicator 07B  
**Field Name:** Ethnicity\_Women15  
**Row Name:** Women < 15  
**Column Name:**  
**Year:** 2009  
**Field Note:**

Data Source: MDPH Vital Records, Births for calendar year 2006 (the most recent year available). Birth data for 2007 are not yet available.

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

19. **Section Number:** Indicator 07B  
**Field Name:** Ethnicity\_Women15to17  
**Row Name:** Women 15 through 17  
**Column Name:**  
**Year:** 2009  
**Field Note:**

Data Source: MDPH Vital Records, Births for calendar year 2006 (the most recent year available). Birth data for 2007 are not yet available.

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

20. **Section Number:** Indicator 07B  
**Field Name:** Ethnicity\_Women18to19  
**Row Name:** Women 18 through 19  
**Column Name:**  
**Year:** 2009  
**Field Note:**

Data Source: MDPH Vital Records, Births for calendar year 2006 (the most recent year available). Birth data for 2007 are not yet available.

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

21. **Section Number:** Indicator 07B  
**Field Name:** Ethnicity\_Women20to34  
**Row Name:** Women 20 through 34  
**Column Name:**  
**Year:** 2009  
**Field Note:**

Data Source: MDPH Vital Records, Births for calendar year 2006 (the most recent year available). Birth data for 2007 are not yet available.

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

22. **Section Number:** Indicator 07B  
**Field Name:** Ethnicity\_Women35  
**Row Name:** Women 35 or older  
**Column Name:**  
**Year:** 2009  
**Field Note:**

Data Source: MDPH Vital Records, Births for calendar year 2006 (the most recent year available). Birth data for 2007 are not yet available.

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

23. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_Children  
**Row Name:** All children 0 through 19  
**Column Name:**  
**Year:** 2009  
**Field Note:**

Data Source: National Center for Health Statistics. Estimates of the 7/1/2000-7/1/2006, population from the Vintage 2006 postcensal series by year, county, age, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. August 16, 2006. As prepared and reported by the MDPH Bureau of Health Statistics, Information, Research and Evaluation.

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

24. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_SingleParentPercent  
**Row Name:** Percent in household headed by single parent  
**Column Name:**  
**Year:** 2009  
**Field Note:**

Data source: 2006 data. Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2006 American Community Survey (ACS). As reported in Kids Count 2008 Data Book, Annie E. Casey Foundation. <http://www.kidscount.org>.

Data are reported for children under 18. Break-outs are not available by race or ethnicity.

25. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_TANFPercent  
**Row Name:** Percent in TANF (Grant) families  
**Column Name:**  
**Year:** 2009  
**Field Note:**

Data Source: U.S. HHS, Agency for Children and Families, TANF. Current Caseload Report, Calendar Year 2007. Average monthly number of child recipients. Data are not available by race or ethnicity. Available at <http://www.acf.hhs.gov/programs/ofa/data-reports>.

26. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_MedicaidNo  
**Row Name:** Number enrolled in Medicaid  
**Column Name:**  
**Year:** 2009  
**Field Note:**

Data Source: Massachusetts Office of Medicaid. Defined as children under age 21. Data are for 2006 and are not available by race/ethnicity. More current data are not available.

27. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_SCHIPNo  
**Row Name:** Number enrolled in SCHIP  
**Column Name:**  
**Year:** 2009  
**Field Note:**

Data Source: Federal Centers for Medicare and Medicaid Services (CMS). Federal CMS SCHIP Statistical Enrollment Data System (SEDS). FY2007 Separate Child Program Enrollment. Children enrolled through the state's Medicaid expansion options are counted in the previous row of Form 21. Data are not available by race/ethnicity. (<http://www.cms.hhs.gov/NationalSCHIPPolicy/SCHIPER/list.asp#TopOfPage>).

28. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_FoodStampNo  
**Row Name:** Number enrolled in food stamp program  
**Column Name:**  
**Year:** 2009  
**Field Note:**

Data Source: U.S. Department of Agriculture, Food and Nutrition Service, Office of Analysis, Nutrition and Evaluation, "Characteristics of Food Stamp Households: Fiscal Year 2006, FSP-07-CHAR, 2007. Report available at <http://www.fns.usda.gov/oane>. Data are not available by race/Hispanic ethnicity.

29. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_WICNo  
**Row Name:** Number enrolled in WIC  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
Data Source: Massachusetts WIC Program, MDPH, as available in MassCHIP. Enrollment as of 6/30/07. Note that this is lower than the total number of children who are served by WIC over the course of a year.  
Data are reported by combined race/Hispanic ethnicity categories only. Therefore, the columns labeled "White," and "Black," are in fact reported as "White, non-Hispanic," and "Black, non-Hispanic." In Section 09A, Hispanics, along with all other racial groups are included in the "Other and Unknown" column; Hispanics are then reported separately in Section 09B. This limitation on the data means that the number of persons with known race is underreported.
30. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_JuvenileCrimeRate  
**Row Name:** Rate (per 100,000) of juvenile crime arrests  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
Data Source: FBI Uniform Crime Reports. As reported in Massachusetts Juvenile Justice Data and Information. Commonwealth of Massachusetts, Executive Office of Public Safety, December, 2004. The data are for 2002, the most recent available. Arrest data are for juveniles under the age of 18. Data are not available by race/ethnicity.
31. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_DropOutPercent  
**Row Name:** Percentage of high school drop-outs (grade 9 through 12)  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
Data Source: Massachusetts Department of Education. High School Dropouts Rates 2006-07: Massachusetts Public Schools; released March, 2008.  
Data are reported by combined race/Hispanic ethnicity categories only. Therefore, the columns labeled "White," "Black," etc. are in fact reported as "White, non-Hispanic," "Black, non-Hispanic," etc. In Section 09A, Hispanics are included in the "Other and Unknown" column; they are reported separately in Section 09B. This limitation on the data means that the percent of persons with known race is underreported.
- For the 2006-2007 school year, significant modifications were to the Massachusetts data collection in the Student Information Management System (SIMS). More transfer students who do not reenroll are now captured, thus leading to greater accuracy and a rise in the overall dropout rate from 3.5% to 3.8%, and a rise in the Hispanic dropout rate from 7.9% to 9.1%.
32. **Section Number:** Indicator 09B  
**Field Name:** HSIEthnicity\_Children  
**Row Name:** All children 0 through 19  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
See data source note for corresponding 09A category.
33. **Section Number:** Indicator 09B  
**Field Name:** HSIEthnicity\_SingleParentPercent  
**Row Name:** Percent in household headed by single parent  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
See data source note for corresponding 09A category.
34. **Section Number:** Indicator 09B  
**Field Name:** HSIEthnicity\_TANFPercent  
**Row Name:** Percent in TANF (Grant) families  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
See data source note for corresponding 09A category.
35. **Section Number:** Indicator 09B  
**Field Name:** HSIEthnicity\_MedicaidNo  
**Row Name:** Number enrolled in Medicaid  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
See data source note for corresponding 09A category.
36. **Section Number:** Indicator 09B  
**Field Name:** HSIEthnicity\_SCHIPNo  
**Row Name:** Number enrolled in SCHIP  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
See data source note for corresponding 09A category.
37. **Section Number:** Indicator 09B  
**Field Name:** HSIEthnicity\_FoodStampNo  
**Row Name:** Number enrolled in food stamp program  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
See data source note for corresponding 09A category.
38. **Section Number:** Indicator 09B  
**Field Name:** HSIEthnicity\_WICNo  
**Row Name:** Number enrolled in WIC  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
See data source note for corresponding 09A category.
39. **Section Number:** Indicator 09B  
**Field Name:** HSIEthnicity\_JuvenileCrimeRate  
**Row Name:** Rate (per 100,000) of juvenile crime arrests

- Column Name:**  
**Year:** 2009  
**Field Note:**  
 See data source note for corresponding 09A category.
40. **Section Number:** Indicator 09B  
**Field Name:** HSIEthnicity\_DropOutPercent  
**Row Name:** Percentage of high school drop-outs (grade 9 through 12)  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 See data source note for corresponding 09A category.
41. **Section Number:** Indicator 10  
**Field Name:** Metropolitan  
**Row Name:** Living in metropolitan areas  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Data Source: U.S. Bureau of the Census. According to the most recent alignments of Standard Metropolitan Areas, all of Massachusetts is included in an SMA. Therefore we have entered the entire child population as noted in the urban/rural categories listed below.
42. **Section Number:** Indicator 10  
**Field Name:** Urban  
**Row Name:** Living in urban areas  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Data Sources:  
 For total number of children: National Center for Health Statistics. Estimates of the 7/1/2000-7/1/2006, population from the Vintage 2006 postcensal series by year, county, age, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. August 16, 2006. As prepared and reported by the MDPH Bureau of Health Statistics, Information, Research and Evaluation.  
 For Urban/Rural/Frontier distribution: U.S. Census Bureau. Census 2000 Summary File (SF 4) for Massachusetts. Massachusetts has no "Frontier" areas. The "Urban" and "Rural" numbers of children are estimates that use the percentage distribution of the entire population as reported in the SF 4 file (Table PCT2) multiplied by the 2000 Census count of children in the state (91.4% and 8.6% respectively for urban and rural residents). We have no reason to believe that children are significantly more or less likely to live in rural areas than are adults. These remain the most recent comprehensive data available on living location.
43. **Section Number:** Indicator 10  
**Field Name:** Rural  
**Row Name:** Living in rural areas  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 See data source note above for Living in Urban Areas.
44. **Section Number:** Indicator 10  
**Field Name:** Frontier  
**Row Name:** Living in frontier areas  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 See data source note above for Living in Urban Areas.
45. **Section Number:** Indicator 12  
**Field Name:** S12\_Children  
**Row Name:** Children 0 through 19 years old  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Data Source: The most recent 2006 population estimates for Massachusetts by age, as available in MassCHIP. These updated population estimates are not available by poverty level.  
 The ages reported here are 0 – 19.
46. **Section Number:** Indicator 12  
**Field Name:** S12\_50percent  
**Row Name:** Percent Below: 50% of poverty  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Data Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2006 American Community Survey (ACS). As reported in Kids COUNT 2008 Data Book, Annie E. Casey Foundation. <http://www.kidscount.org/datacenter>.
47. **Section Number:** Indicator 12  
**Field Name:** S12\_100percent  
**Row Name:** 100% of poverty  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Data Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2006 American Community Survey (ACS). As reported in Kids COUNT 2008 Data Book, Annie E. Casey Foundation. <http://www.kidscount.org/datacenter>.
48. **Section Number:** Indicator 12  
**Field Name:** S12\_200percent  
**Row Name:** 200% of poverty  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Data Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2006 American Community Survey (ACS). As reported in Kids COUNT 2008 Data Book, Annie E. Casey Foundation. <http://www.kidscount.org/datacenter>.
49. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_FosterCare  
**Row Name:** Number living in foster home care  
**Column Name:**  
**Year:** 2009

**Field Note:**

Data Source: Massachusetts Department of Social Services, 2006, as available in MassCHIP. Data are for Calendar Year 2006. Data are not reported by race/Hispanic ethnicity.

50. **Section Number:** Indicator 09B

**Field Name:** HSIEthnicity\_FosterCare

**Row Name:** Number living in foster home care

**Column Name:**

**Year:** 2009

**Field Note:**

See data source note for corresponding 09A category.