

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

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**FORM NOTES FOR FORM 2**

None

**FIELD LEVEL NOTES**

**1. Section Number:** Main

**Field Name:** CDC

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

**Column Name:**

**Year:** 2009

**Field Note:**

PRAMS---\$134,050

Immunization--\$1,939,000

Newborn Hearing Screening --\$149,529

Breast and Cervical Cancer Early Detection--\$2,957,000

WISEWOMAN --\$888,000

Colon Cancer Program --\$582,000

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Total \$6,649,579

**2. Section Number:** Main

**Field Name:** OtherFedFundsOtherFund

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

**Column Name:**

**Year:** 2009

**Field Note:**

CSFP--\$820,898

Title X Family Planning --\$1,920,709

Title XX Social Security Block Grant --\$9,984,645

Medicaid Aged and Disabled Waiver --\$38,597,454

Early Intervention and Medicaid in Public Schools --\$3,366,000

Newborn Hearing Screen --\$148,000

Healthy Weights/Healthy Behaviors --\$146,000

Medicaid School Outreach -- \$30,450,000

State Early Childhood Comprehensive Systems --\$140,000

TANF -- Assistance to Women who are pregant(or believe they are)--\$250,000

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Total \$85,823,706

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

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

**STATE: NE**

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 4,307,268	\$ 4,359,641	\$ 4,288,566	\$ 4,552,531	\$ 4,167,938	\$ 3,723,310
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 2,502,922	\$ 2,575,331	\$ 2,615,918	\$ 2,454,895	\$ 2,370,000	\$ 2,978,954
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 939,703	\$ 930,947	\$ 940,000	\$ 1,000,778	\$ 765,921	\$ 984,922
<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>	\$ 7,749,893	\$ 7,865,919	\$ 7,844,484	\$ 8,008,204	\$ 7,303,859	\$ 7,687,186
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 76,952,145	\$ 77,966,300	\$ 76,872,498	\$ 97,764,430	\$ 77,966,300	\$ 0
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 84,702,038	\$ 85,832,219	\$ 84,716,982	\$ 105,772,634	\$ 85,270,159	\$ 7,687,186
(STATE MCH BUDGET TOTAL)						

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

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

**STATE: NE**

	FY 2007		FY 2008		FY 2009	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 4,114,265	\$ 3,442,895	\$ 4,059,128	\$ 0	\$ 4,012,760	\$ 0
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 2,632,355	\$ 3,276,104	\$ 2,753,355	\$ 0	\$ 2,761,046	\$ 0
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 1,047,604	\$ 955,764	\$ 986,075	\$ 0	\$ 345,000	\$ 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>	\$ 7,794,224	\$ 7,674,763	\$ 7,798,558	\$ 0	\$ 7,118,806	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 97,764,430	\$ 0	\$ 113,020,059	\$ 0	\$ 122,175,824	\$ 0
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 105,558,654	\$ 7,674,763	\$ 120,818,617	\$ 0	\$ 129,294,630	\$ 0
(STATE MCH BUDGET TOTAL)						

## FORM NOTES FOR FORM 3

None

### FIELD LEVEL NOTES

- 1. Section Number:** Main  
**Field Name:** FedAllocExpended  
**Row Name:** Federal Allocation  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5.
- 2. Section Number:** Main  
**Field Name:** FedAllocExpended  
**Row Name:** Federal Allocation  
**Column Name:** Expended  
**Year:** 2006  
**Field Note:**  
Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5.
- 3. Section Number:** Main  
**Field Name:** StateMCHFundsExpended  
**Row Name:** State Funds  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5.
- 4. Section Number:** Main  
**Field Name:** StateMCHFundsExpended  
**Row Name:** State Funds  
**Column Name:** Expended  
**Year:** 2006  
**Field Note:**  
Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5.
- 5. Section Number:** Main  
**Field Name:** LocalMCHFundsExpended  
**Row Name:** Local MCH Funds  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5.
- 6. Section Number:** Main  
**Field Name:** LocalMCHFundsExpended  
**Row Name:** Local MCH Funds  
**Column Name:** Expended  
**Year:** 2006  
**Field Note:**  
Expenditure exceeds budget due to systemic problems with definition and forms. Overexpenditure of the budget is explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FSR) which feeds Form 2, Form 3, Form 4 and Form 5.
- 7. Section Number:** Main  
**Field Name:** OtherFundsExpended  
**Row Name:** Other Funds  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
This is reported as because the monitoring of expenditures of "Other Federal Funds" is outside of the administration of the Title V / MCH Block Grant. These actual expenditures are the primary responsibility of many other program managers supervised by the MCH Director and CSHCN Director.
- 8. Section Number:** Main  
**Field Name:** OtherFedFundsExpended  
**Row Name:** Other Federal Funds  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
This is reported as because the monitoring of expenditures of "Other Federal Funds" is outside of the administration of the Title V/MCH Block Grant. These actual expenditures are the primary responsibility of many other program managers supervised by the MCH Director and CSHCN Director
- 9. Section Number:** Main  
**Field Name:** OtherFedFundsExpended  
**Row Name:** Other Federal Funds  
**Column Name:** Expended  
**Year:** 2006  
**Field Note:**  
This is reported as because the monitoring of expenditures of "Other Federal Funds" is outside of the administration of the Title V / MCH Block Grant. These actual expenditures are the primary responsibility of many other program managers supervised by the MCH Director and CSHCN Director.

**FORM 4**

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

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

**STATE: NE**

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 998,198	\$ 1,534,876	\$ 1,181,633	\$ 1,753,732	\$ 763,249	\$ 1,386,896
b. Infants < 1 year old	\$ 807,895	\$ 727,271	\$ 681,048	\$ 746,804	\$ 701,477	\$ 649,226
c. Children 1 to 22 years old	\$ 1,710,210	\$ 1,928,461	\$ 2,023,093	\$ 1,934,568	\$ 1,960,813	\$ 2,937,918
d. Children with Special Healthcare Needs	\$ 3,381,166	\$ 2,884,039	\$ 3,136,568	\$ 3,072,179	\$ 2,856,600	\$ 2,260,864
e. Others	\$ 652,424	\$ 651,643	\$ 622,142	\$ 351,583	\$ 821,720	\$ 302,146
f. Administration	\$ 200,000	\$ 139,629	\$ 200,000	\$ 149,338	\$ 200,000	\$ 150,136
<b>g. SUBTOTAL</b>	<b>\$ 7,749,893</b>	<b>\$ 7,865,919</b>	<b>\$ 7,844,484</b>	<b>\$ 8,008,204</b>	<b>\$ 7,303,859</b>	<b>\$ 7,687,186</b>

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

a. SPRANS	\$ 0	\$ 0	\$ 0
b. SSDI	\$ 186,000	\$ 115,000	\$ 0
c. CISS	\$ 50,000	\$ 50,000	\$ 0
d. Abstinence Education	\$ 223,418	\$ 223,418	\$ 218,740
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 22,346,747	\$ 22,929,748	\$ 24,315,391
h. AIDS	\$ 0	\$ 0	\$ 0
i. CDC	\$ 3,195,821	\$ 1,774,973	\$ 2,067,000
j. Education	\$ 0	\$ 51,779,359	\$ 0
k. Other			
see field note	\$ 0	\$ 0	\$ 51,365,169
see note	\$ 50,950,159	\$ 0	\$ 0
<b>III. SUBTOTAL</b>	<b>\$ 76,952,145</b>	<b>\$ 76,872,498</b>	<b>\$ 77,966,300</b>

**FORM 4**

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

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

**STATE: NE**

	FY 2007		FY 2008		FY 2009	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 1,370,026	\$ 1,171,745	\$ 1,435,191	\$ 0	\$ 313,019	\$ 0
b. Infants < 1 year old	\$ 903,358	\$ 655,830	\$ 801,476	\$ 0	\$ 668,929	\$ 0
c. Children 1 to 22 years old	\$ 1,865,887	\$ 2,558,116	\$ 1,924,718	\$ 0	\$ 2,030,365	\$ 0
d. Children with Special Healthcare Needs	\$ 3,046,701	\$ 2,725,616	\$ 3,062,436	\$ 0	\$ 3,081,143	\$ 0
e. Others	\$ 462,920	\$ 424,422	\$ 418,170	\$ 0	\$ 861,894	\$ 0
f. Administration	\$ 145,332	\$ 139,034	\$ 156,567	\$ 0	\$ 163,456	\$ 0
g. SUBTOTAL	\$ 7,794,224	\$ 7,674,763	\$ 7,798,558	\$ 0	\$ 7,118,806	\$ 0

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

a. SPRANS	\$ 0	\$ 0	\$ 0
b. SSDI	\$ 100,000	\$ 99,954	\$ 99,954
c. CISS	\$ 218,740	\$ 0	\$ 0
d. Abstinence Education	\$ 0	\$ 0	\$ 0
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 25,359,978	\$ 26,046,916	\$ 29,602,585
h. AIDS	\$ 0	\$ 0	\$ 0
i. CDC	\$ 2,218,900	\$ 2,218,900	\$ 6,649,579
j. Education	\$ 0	\$ 0	\$ 0
k. Other			
see notes	\$ 0	\$ 0	\$ 85,823,706
see field note	\$ 0	\$ 84,654,289	\$ 0
see field note	\$ 69,866,812	\$ 0	\$ 0
<b>III. SUBTOTAL</b>	\$ 97,764,430	\$ 113,020,059	\$ 122,175,824

## FORM NOTES FOR FORM 4

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

### FIELD LEVEL NOTES

1. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** PregWomenBudgeted  
**Row Name:** Pregnant Women  
**Column Name:** Budgeted  
**Year:** 2006  
**Field Note:**  
a
2. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** PregWomenExpended  
**Row Name:** Pregnant Women  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5.
3. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** PregWomenExpended  
**Row Name:** Pregnant Women  
**Column Name:** Expended  
**Year:** 2006  
**Field Note:**  
Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5.
4. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_0\_1Budgeted  
**Row Name:** Infants <1 year old  
**Column Name:** Budgeted  
**Year:** 2006  
**Field Note:**  
a
5. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_0\_1Expended  
**Row Name:** Infants <1 year old  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5.
6. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_1\_22Budgeted  
**Row Name:** Children 1 to 22 years old  
**Column Name:** Budgeted  
**Year:** 2006  
**Field Note:**  
a
7. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_1\_22Expended  
**Row Name:** Children 1 to 22 years old  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5.
8. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_1\_22Expended  
**Row Name:** Children 1 to 22 years old  
**Column Name:** Expended  
**Year:** 2006  
**Field Note:**  
Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5.
9. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** CSHCNBudgeted  
**Row Name:** CSHCN  
**Column Name:** Budgeted  
**Year:** 2006  
**Field Note:**  
a
10. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** CSHCNExpended  
**Row Name:** CSHCN  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5.
11. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** CSHCNExpended  
**Row Name:** CSHCN

**Column Name:** Expended

**Year:** 2006

**Field Note:**

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

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

**Field Name:** AllOthersBudgeted

**Row Name:** All Others

**Column Name:** Budgeted

**Year:** 2006

**Field Note:**

a

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

**Field Name:** AllOthersExpended

**Row Name:** All Others

**Column Name:** Expended

**Year:** 2006

**Field Note:**

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

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

**Field Name:** AdminBudgeted

**Row Name:** Administration

**Column Name:** Budgeted

**Year:** 2008

**Field Note:**

a

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

**Field Name:** AdminBudgeted

**Row Name:** Administration

**Column Name:** Budgeted

**Year:** 2006

**Field Note:**

a

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

**Field Name:** AdminExpended

**Row Name:** Administration

**Column Name:** Expended

**Year:** 2006

**Field Note:**

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

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

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

**STATE: NE**

TYPE OF SERVICE	FY 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.)	\$ 2,140,665	\$ 2,311,689	\$ 2,113,963	\$ 2,601,652	\$ 2,133,984	\$ 2,976,560
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 1,291,170	\$ 1,298,884	\$ 1,298,260	\$ 1,707,608	\$ 1,350,412	\$ 1,351,648
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,783,617	\$ 2,184,979	\$ 1,779,757	\$ 1,873,385	\$ 2,146,489	\$ 1,358,251
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 2,534,441	\$ 2,070,367	\$ 2,652,504	\$ 1,825,559	\$ 1,672,974	\$ 2,000,727
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 7,749,893	\$ 7,865,919	\$ 7,844,484	\$ 8,008,204	\$ 7,303,859	\$ 7,687,186

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

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

**STATE: NE**

TYPE OF SERVICE	FY 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.)	\$ 2,325,969	\$ 2,944,380	\$ 2,935,014	\$ 0	\$ 2,465,526	\$ 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.)	\$ 1,590,184	\$ 1,550,484	\$ 1,358,725	\$ 0	\$ 1,732,862	\$ 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.)	\$ 2,005,743	\$ 1,795,629	\$ 1,566,706	\$ 0	\$ 1,337,721	\$ 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.)	\$ 1,872,328	\$ 1,384,270	\$ 1,938,113	\$ 0	\$ 1,582,697	\$ 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.)	\$ 7,794,224	\$ 7,674,763	\$ 7,798,558	\$ 0	\$ 7,118,806	\$ 0

## FORM NOTES FOR FORM 5

None

### FIELD LEVEL NOTES

1. **Section Number:** Main  
**Field Name:** DirectHCBudgeted  
**Row Name:** Direct Health Care Services  
**Column Name:** Budgeted  
**Year:** 2006  
**Field Note:**  
a
2. **Section Number:** Main  
**Field Name:** DirectHCExpended  
**Row Name:** Direct Health Care Services  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5.
3. **Section Number:** Main  
**Field Name:** DirectHCExpended  
**Row Name:** Direct Health Care Services  
**Column Name:** Expended  
**Year:** 2006  
**Field Note:**  
Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5.
4. **Section Number:** Main  
**Field Name:** EnablingBudgeted  
**Row Name:** Enabling Services  
**Column Name:** Budgeted  
**Year:** 2006  
**Field Note:**  
a
5. **Section Number:** Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5.
6. **Section Number:** Main  
**Field Name:** PopBasedBudgeted  
**Row Name:** Population-Based Services  
**Column Name:** Budgeted  
**Year:** 2009  
**Field Note:**  
Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5.
7. **Section Number:** Main  
**Field Name:** PopBasedBudgeted  
**Row Name:** Population-Based Services  
**Column Name:** Budgeted  
**Year:** 2006  
**Field Note:**  
a
8. **Section Number:** Main  
**Field Name:** PopBasedExpended  
**Row Name:** Population-Based Services  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5.
9. **Section Number:** Main  
**Field Name:** PopBasedExpended  
**Row Name:** Population-Based Services  
**Column Name:** Expended  
**Year:** 2006  
**Field Note:**  
Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5.
10. **Section Number:** Main  
**Field Name:** InfrastrBuildBudgeted  
**Row Name:** Infrastructure Building Services  
**Column Name:** Budgeted  
**Year:** 2006  
**Field Note:**  
a
11. **Section Number:** Main  
**Field Name:** InfrastrBuildExpended  
**Row Name:** Infrastructure Building Services  
**Column Name:** Expended

**Year:** 2007

**Field Note:**

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

**12. Section Number:** Main

**Field Name:** InfrastrBuildExpended

**Row Name:** Infrastructure Building Services

**Column Name:** Expended

**Year:** 2006

**Field Note:**

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

**FORM 6**

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

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

**STATE: NE**

Total Births by Occurrence: 27,107

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	27,013	99.7	1	0	0	
Congenital Hypothyroidism	27,013	99.7	62	16	16	100
Galactosemia	27,013	99.7	0	0	0	
Sickle Cell Disease	27,013	99.7	0	0	0	
<b>Other Screening (Specify)</b>						
Biotinidase Deficiency	27,013	99.7	15	4	4	100
Cystic Fibrosis	27,013	99.7	65	12	12	100
MMA	26,406	97.4	1	1	1	100
SC-Disease	27,013	99.7	1	1	1	100
Tyrosinemia	26,406	97.4	2	2	1	50
Congenital Adrenal Hyperplasia (CAH)	27,013	99.7	24	1	1	100
Medium Chain AcylCo-A Dehydrogenase (MCAD)	27,013	99.7	9	1	1	100
Sickle Beta Thalassemia	27,103	100	1	1	1	100
Glutaric Acidemia Type I	26,406	97.4	1	1	1	100
Hb-C Disease	27,103	100	1	1	1	100
Galactosemia (duarte variant)	27,103	100	9	1	1	100

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

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

**FORM NOTES FOR FORM 6**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Main  
**Field Name:** Galactosemia\_Presumptive  
**Row Name:** Galactosemia  
**Column Name:** Presumptive positive screens  
**Year:** 2009  
**Field Note:**  
a
2. **Section Number:** Main  
**Field Name:** SickleCellDisease\_Presumptive  
**Row Name:** SickleCellDisease  
**Column Name:** Presumptive positive screens  
**Year:** 2009  
**Field Note:**  
a
3. **Section Number:** Main  
**Field Name:** Galactosemia\_Confirmed  
**Row Name:** Galactosemia  
**Column Name:** Confirmed Cases  
**Year:** 2009  
**Field Note:**  
a
4. **Section Number:** Main  
**Field Name:** SickleCellDisease\_Confirmed  
**Row Name:** SickleCellDisease  
**Column Name:** Confirmed Cases  
**Year:** 2009  
**Field Note:**  
a

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

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

**STATE: NE**

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	1,944	90.0	0.0	6.0	4.0	0.0
Infants < 1 year old	27,107	36.0	0.0	57.0	3.0	4.0
Children 1 to 22 years old	23,532	10.0	1.0	14.0	75.0	0.0
Children with Special Healthcare Needs	2,190	48.0	11.0	31.0	10.0	0.0
Others	17,368	7.0	0.0	15.0	78.0	0.0
<b>TOTAL</b>	<b>72,141</b>					

**FORM NOTES FOR FORM 7**

None

**FIELD LEVEL NOTES**

None

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

Reporting Year: 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	27,078	21,122	1,569	259	575	0	0	3,553
Title V Served	2,085	1,101	425	408	32	0	10	109
Eligible for Title XIX	11,547	6,304	1,234	328	121	0	0	3,560
<b>INFANTS</b>								
Total Infants in State	26,712	23,398	1,607	350	570	21	766	0
Title V Served	27,013	21,074	1,565	255	574	0	0	3,545
Eligible for Title XIX	20,284	11,214	2,127	546	228	21	4,958	1,190

**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	23,274	3,502	299	0	0	0	0	3,502
Title V Served	1,537	451	97	15	0	0	0	436
Eligible for Title XIX	8,807	2,740	0	0	0	0	0	2,740
<b>INFANTS</b>								
Total Infants in State	22,835	3,877	0	0	0	0	0	3,877
Title V Served	21,489	5,524	0	0	0	0	0	5,524
Eligible for Title XIX	14,367	4,743	1,176	0	0	0	0	4,743

**FORM NOTES FOR FORM 8**

a

**FIELD LEVEL NOTES**

1. **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:**  
The total number of infants in the state is derived from Census data, which is an estimate.
2. **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:**  
a
3. **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:**  
a
4. **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:**  
a
5. **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:**  
a



**FORM NOTES FOR FORM 9**

None

**FIELD LEVEL NOTES**

None

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

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

Title V / MCH Services Block Grant to Nebraska Department of Health and Human Services (DHHS) is administered within Lifespan Health Services by a unit entitled Planning & Support. Nebraska describes Title V as a funding source that supports programs, not a program itself. The Block Grant supports many of the programs within Lifespan Health Services, as well as other DHHS programs/units Title V/MCH also supports community-based organizations, e.g. local health departments, community action programs, and programs administered within Native American Tribes, academic institutions, and hospitals. The term administration is vaguely defined by the federal Maternal and Child Health Bureau (MCHB). The limited definition is problematic since one of the statutory requirements of Title V is that the cost of administration of the block grant cannot exceed 10% of the federal allotment. Given our interpretation and subsequent activities, only 4% is expended for administration. The Planning & Support unit manages the various grant processes, e.g. evaluating the best methods to distribute the block grant funds within its parameters, and monitoring the activities and finances of its grant-funded work. In addition, the unit assists with assessment, planning, implementation, and evaluation of the block grant funds and activities. An ancillary responsibility to the administration of the block grant considers the variety of other resources that impact the maternal and child health population in Nebraska. A holistic view aids in planning for the most efficient and effective use of public health resources relative to the Block Grant. Therefore, using a broad interpretation, the administration of Title V/MCH Block Grant is the sole function of this unit. Two FTEs accomplish the activities of this unit, classified as: 1) Federal Aid Administrator III and 2) Administrative Assistant I. Both positions are allocable to the Block Grant via the internal allocation to Planning & Support. The unit collaborates with Grants & Cost Management and Accounting units to: 1) reconcile expenditures in the Nebraska Information System to that of the reports from internals and externals, and subsequently to complete the annual application and report for the block grant; 2) respond with information for the audit; and 3) project funds available for FY 2009.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ <u>4,012,760</u>
3. Unobligated balance (Line 2, Form 2)	\$ <u>0</u>
4. State Funds (Line 3, Form 2)	\$ <u>2,761,046</u>
5. Local MCH Funds (Line 4, Form 2)	\$ <u>345,000</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>7,118,806</u></b>

9. Most significant providers receiving MCH funds:

<u>state level programs / units</u>
<u>community level service providers</u>
<u>local health departments</u>
<u>Federally-recognized American Indian Tribes</u>

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

a. Pregnant Women	<u>1,944</u>
b. Infants < 1 year old	<u>27,107</u>
c. Children 1 to 22 years old	<u>23,532</u>
d. CSHCN	<u>2,190</u>
e. Others	<u>17,368</u>

11. Statewide Initiatives and Partnerships:

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

Nebraska groups population-based, direct care and enabling services into "services" generally, defining services as activities directed at the needs of a population. Direct, enabling, and population-based services are the primary focus of the MCH funds to community-based organizations. Nebraska commits approximately 28% of the MCH/Title V Block Grant to community-based organizations to address Nebraska priority needs in local communities. This support encourages a local community to assess its resources and capacity to address the health needs of Nebraska mothers and children. The state agency provides technical assistance and financial resources to communities to implement work plans and evaluate if outcomes are reached. A portion of the subgranted funds is set aside for the four federally-recognized Native American Tribes headquartered in Nebraska (Omaha, Ponca, Santee Sioux and Winnebago). The three categories comprising services are also addressed at the state agency level, as is infrastructure building.

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

See subsections 11.a. and 11.c.

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

Nebraska delineates infrastructure building from other services (described in subsection 11.a.) by those activities that focus on overall capacity-building to address the MCH priority needs. Infrastructure is largely supported at the state-level.

12. The primary Title V Program contact person:

Name Paula Eurek  
 Title Title V / MCH Director

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

Name Ginger Goomis  
 Title Title V / CSHCN Director

Address 3rd Floor, PO Box 95026  
City Lincoln  
State NE  
Zip 68509-5026  
Phone (402) 471-0196  
Fax \*402) 471-7049  
Email paula.eurek@dhhs.ne.gov  
Web http://www.dhhs.ne.gov/LifespanHealth/

Address 5th Floor, PO Box 95026  
City Lincoln  
State NE  
Zip 68509-5026  
Phone (402) 471-9185  
Fax (402) 471-9092  
Email ginger.goomis@dhhs.ne.gov  
Web http://www.dhhs.ne.gov/hcs/programs/MHCP.htm

**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: NE**

**Form Level Notes for Form 11**

None

**PERFORMANCE MEASURE # 01**

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

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	100	100	100	100	100
Annual Indicator	99.8	100.0	98.7	98.8	100.0
Numerator	26,008	30	153	167	185
Denominator	26,067	30	155	169	185

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:** 2005

**Field Note:**

the two infants that who tested poitive at birth and did not recieve services expired. Of the 153 that did get follw-up services only 26 required further treatment.

**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	0	70	70	67.7	69.1
Annual Indicator	66.4	66.4	66.4	66.4	65.7
Numerator	326	326	326	326	
Denominator	491	491	491	491	

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	67	68.4	69.7	71.1	72.5
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 #2  
**Field Name:** PM02  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.
- Section Number:** Performance Measure #2  
**Field Name:** PM02  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.
- Section Number:** Performance Measure #2  
**Field Name:** PM02  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
 The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

**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	0	55	55	55	56.1
Annual Indicator	53.8	53.8	53.8	53.8	54.2
Numerator	706	706	706	706	
Denominator	1,313	1,313	1,313	1,313	

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	55.2	56.4	57.5	58.6	59.8
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:** Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

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

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

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

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

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

**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	66.3
Annual Indicator	63.5	63.5	63.5	63.5	65.9
Numerator	719	719	719	719	
Denominator	1,133	1,133	1,133	1,133	

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	67.2	68.6	69.9	71.3	72.8
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**

- Section Number:** Performance Measure #4  
**Field Name:** PM04  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.
- Section Number:** Performance Measure #4  
**Field Name:** PM04  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.
- Section Number:** Performance Measure #4  
**Field Name:** PM04  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
 The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

**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		80	80	81.4	83
Annual Indicator	79.8	79.8	79.8	79.8	91.9
Numerator	327	327	327	327	
Denominator	410	410	410	410	

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	93.7	95.6	97.5	99.4	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 #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

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

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

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

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

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

**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		10	10	5.2	5.3
Annual Indicator	5.1	5.1	5.1	5.1	54.4
Numerator	118	118	118	118	
Denominator	2,314	2,314	2,314	2,314	

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	55.4	56.6	57.7	58.8	60
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:**

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

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

**Field Name:** PM06

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

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

**Field Name:** PM06

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

**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
Annual Performance Objective	90	90	83.9	85.4	86.9
Annual Indicator	77.9	82.3	89.1	81	81.9
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	83.5	85.2	86.9	88.6	90.4
Annual Indicator					
Numerator					
Denominator					

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

**Field Level Notes**

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

**Field Name:** PM07

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data is Q3/2006-Q2/200. The entire 2007 data has not been released by CDC.

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

**Field Name:** PM07

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Nebraska relies on NCHS National Immunization Survey (NIS) for current vaccination estimates. Num and Denom are not provided because they are unknown.

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

**Field Name:** PM07

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

2005 data has not been released by CDC.

**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	18.5	18	17.5	17.7	15.9
Annual Indicator	18.5	17.8	18.1	16.3	17.0
Numerator	696	670	690	616	644
Denominator	37,675	37,702	38,097	37,844	37,863

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

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	16.6	16.3	16	15.6	15.3
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:** Performance Measure #8

**Field Name:** PM08

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Out of state resident births are not yet in the data file (1000+ births).

- Section Number:** Performance Measure #8

**Field Name:** PM08

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Provisional data due to birth certificate conversion in 2005. Denominator is a census projection. Targets are based on 2% yearly improvement.

**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	17	17	45.7	46.8	47.8
Annual Indicator	0.0	44.6	44.6	44.6	44.6
Numerator	0	10,489	10,489	10,489	10,489
Denominator	1	23,518	23,518	23,518	23,518

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	48.9	50	50	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**

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

**Field Name:** PM09

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Based on Nebraska Open Mouth Survey of third grades 2004-2005 school year.

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

**Field Name:** PM09

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Based on Nebraska Open Mouth Survey of third grades 2004-2005 school year.

**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	4.4	4.4	4.4	3.8	3.4
Annual Indicator	6.6	3.3	5.3	3.8	3.8
Numerator	24	12	18	13	13
Denominator	364,714	359,029	338,806	339,983	341,855

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	3.4	3.3	3.2	3.1	3
Annual Indicator					
Numerator					
Denominator					

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

**Field Level Notes**

1. **Section Number:** Performance Measure #10

**Field Name:** PM10

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 Death file is incomplete, missing out of state deaths and few thousand causes of death.

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

**Field Name:** PM10

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Provisional data due to birth certificate conversion in 2005. Denominator is 2004 census estimate and will be updated to 2005 when data is finalized. Targets are based on 2% yearly improvement.

**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				35.8	48.8
Annual Indicator			35.1	47.9	55.1
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

Final

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	56	57.3	58.5	59.6	60.8
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**

- Section Number:** Performance Measure #11

**Field Name:** PM11

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data source is CDC's National Immunization Survey, 2006 (weighted data).

- Section Number:** Performance Measure #11

**Field Name:** PM11

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data source is CDC's NIS, 2005.

Verified with 2006 PRAMS indicated that 80% have attempted to breastfeed (ever) and 44.5 still breastfeeding at the time of survey.

- Section Number:** Performance Measure #11

**Field Name:** PM11

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Data is CDC's NIS, 2004. Variables are State=Nebraska and Breastfeeding duration in days>=180 days. Targets are set at 2% improvement per year.

**PERFORMANCE MEASURE # 12**

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

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	95	95	99	99.7	99
Annual Indicator	97.6	98.2	99.6	98.9	99.0
Numerator	25,275	25,966	26,179	26,615	26,669
Denominator	25,900	26,443	26,293	26,898	26,948

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	99.9	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**

None

**PERFORMANCE MEASURE # 13**

Percent of children without health insurance.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	6	5.5	12.2	11.3	12.3
Annual Indicator	11.6	12.4	11.5	12.6	13.9
Numerator	17,000	18,000	18,000	19,000	22,000
Denominator	146,000	145,000	156,000	151,000	158,000

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	13.6	13.3	13.1	12.8	12.5
Annual Indicator					
Numerator					
Denominator					

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

**Field Level Notes**

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

**Field Name:** PM13

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

2005 data is uninsured children 0-18 year old<200%FPL . Census Bureau.

Targets =2% yearly improvement.

**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				32	31.4
Annual Indicator			32.9	33.5	34.4
Numerator			4,848	5,036	5,263
Denominator			14,724	15,028	15,311

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	33.7	33	32.4	31.7	31
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:** 2005

**Field Note:**

Targets are set at 1% yearly improvement and are determined by Nebraska WIC.

**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				11.9	11.7
Annual Indicator			12.2	11.8	11.5
Numerator			3,186	3,148	2,986
Denominator			26,143	26,629	25,884

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	11.3	11	10.8	10.6	10.4
Annual Indicator					
Numerator					
Denominator					

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

**Field Level Notes**

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

**Field Name:** PM15

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Out of state resident births are not yet in the data file (1000+ births).

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

**Field Name:** PM15

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Provisional data due to birth certificate conversion in 2005. Targets are based on 2% yearly improvement.

**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	8.5	8	7.5	13.4	13.1
Annual Indicator	9.9	11.6	13.7	16.1	12.3
Numerator	13	15	18	21	16
Denominator	130,871	129,578	131,107	130,338	130,506

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	12.8	12.6	12.3	12.1	11.8
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:** Performance Measure #16

**Field Name:** PM16

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 Death file is incomplete, missing out of state deaths and few thousand causes of death.

I have switched to a three year rolling average based on reviewer recommendation.

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

**Field Name:** PM16

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Provisional data due to birth certificate conversion in 2005. Denominator is 2004 census estimate and will be updated to 2005 when data is finalized. Targets are based on 2% yearly improvement.

**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	90	90	74.3	78.2	73.7
Annual Indicator	65.4	75.2	74.6	71.9	68.1
Numerator	206	279	217	218	220
Denominator	315	371	291	303	323

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	69.2	70.6	72	73.5	74.9
Annual Indicator					
Numerator					
Denominator					

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

**Field Level Notes**

- Section Number:** Performance Measure #17  
**Field Name:** PM17  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Out of state resident births are not yet in the data file (1000+ births).
- Section Number:** Performance Measure #17  
**Field Name:** PM17  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 Targets have been reset

**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	90	90	84.6	79.3	80.9
Annual Indicator	83.3	82.7	77.8	71.5	73.4
Numerator	21,574	21,773	20,332	19,096	19,003
Denominator	25,900	26,323	26,144	26,723	25,897

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	74.8	76.4	77.9	79.5	81
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 #18

**Field Name:** PM18

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Out of state resident births are not yet in the data file (1000+ births). Over 2% of the data for this PM is missing/unknown.

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

**Field Name:** PM18

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Over 5% of the data for this PM is missing/unknown.

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

**Field Name:** PM18

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Provisional data due to birth certificate conversion in 2005. Targets are based on 2% yearly improvement.

NCHS confirms that conversion has consistently shown drop in access to 1st trimester care. The change is due to source of data. The new source is however, thought to be more accurate.

Therefore, 2005 will not be comparable to 1999-2004.

**STATE PERFORMANCE MEASURE # 1**

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

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
Annual Performance Objective	_____	_____	_____	52.6	53.6
Annual Indicator	_____	_____	51.6	49.9	54
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	54.2	55.8	57	58.1	59.8
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**

- Section Number:** State Performance Measure #1  
**Field Name:** SM1  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 2007 NE BRFSS, weighted data.
- Section Number:** State Performance Measure #1  
**Field Name:** SM1  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 2006 NE BRFSS, weighted data.
- Section Number:** State Performance Measure #1  
**Field Name:** SM1  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
 2005 NE BRFSS, weighted data.

**STATE PERFORMANCE MEASURE # 2**

Percent of women of child-bearing age who report smoking in the last 30 days

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
Annual Performance Objective	22	19	19.3	17.5	21.4
Annual Indicator	25.2	21.1	25.4	21.9	19.5
Numerator	79,968	68,369			
Denominator	317,204	324,598			
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	19.1	18.7	17.4	17.9	17.6
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:** State Performance Measure #2  
**Field Name:** SM2  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 20067 NE BRFSS, weighted data.

2. **Section Number:** State Performance Measure #2  
**Field Name:** SM2  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 2006 NE BRFSS, weighted data.  
 Targets have been reset to 2% improvement rather than HP2010.

3. **Section Number:** State Performance Measure #2  
**Field Name:** SM2  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
 2005 NE BRFSS, weighted data.

**STATE PERFORMANCE MEASURE # 3**

Percent of women age (18-44) who report mental health not good 10+ days of past 30

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
Annual Performance Objective	_____	_____	_____	10.1	13.2
Annual Indicator	_____	_____	10.3	13.5	13.1
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	12.9	12.7	12.4	12.2	11.6
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**

- Section Number:** State Performance Measure #3  
**Field Name:** SM3  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 2007 NE BRFSS, weighted data.
- Section Number:** State Performance Measure #3  
**Field Name:** SM3  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 2005 NE BRFSS, weighted data.
- Section Number:** State Performance Measure #3  
**Field Name:** SM3  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
 2005 NE BRFSS, weighted data.

**STATE PERFORMANCE MEASURE # 4**

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

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
Annual Performance Objective	52	58	45.6	42	41.2
Annual Indicator	46.5	46.5	42.9	42.9	41.1
Numerator	60,855	60,855			
Denominator	130,871	130,871			
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	40.1	39.6	38.8	38	36.2
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:** State Performance Measure #4  
**Field Name:** SM4  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 2007 YRBS did not achieve an adequate response rate.

2. **Section Number:** State Performance Measure #4  
**Field Name:** SM4  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 2005 YRBS is a weighted survey. YRBS is conducted bi-annually.

3. **Section Number:** State Performance Measure #4  
**Field Name:** SM4  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
 2005 YRBS is a weighted survey.

**STATE PERFORMANCE MEASURE # 5**

Percent premature births (births<37 weeks)

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
Annual Performance Objective				8.7	9.8
Annual Indicator			9.8	10.0	9.6
Numerator			2,566	2,676	2,475
Denominator			26,144	26,723	25,897
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	9.6	9.4	9.2	9	8.8
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:** State Performance Measure #5

**Field Name:** SM5

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Out of state resident births are not yet in the data file (1000+ births).

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

**Field Name:** SM5

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Provisional data due to birth certificate conversion in 2005.

**STATE PERFORMANCE MEASURE # 6**

Rate of infant death to adolescents (age 15-17)

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
Annual Performance Objective				7.7	7.5
Annual Indicator	7.6	14.9	8.7	8.1	
Numerator	5	10	6	5	
Denominator	656	670	690	616	
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	7.4	7.3	7.1	6.9	6.7
Annual Indicator					
Numerator					
Denominator					

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

**Field Level Notes**

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

**Field Name:** SM6

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data not yet available.

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

**Field Name:** SM6

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data not yet available.

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

**Field Name:** SM6

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Provisional data due to birth certificate conversion in 2005.

**STATE PERFORMANCE MEASURE # 7**

Incidence of confirmed SIDS cases (per 1,000 live births) among African American and Native American infants

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
<b>Annual Performance Objective</b>	<u>2.5</u>	<u>2.2</u>	<u>2.5</u>	<u>2.7</u>	<u>2.6</u>
<b>Annual Indicator</b>	<u>2.8</u>	<u>2.8</u>	<u>3.0</u>	<u>2.7</u>	<u>2.3</u>
<b>Numerator</b>	<u>25</u>	<u>26</u>	<u>29</u>	<u>27</u>	<u>23</u>
<b>Denominator</b>	<u>9,073</u>	<u>9,325</u>	<u>9,579</u>	<u>9,960</u>	<u>9,901</u>
<b>Is the Data Provisional or Final?</b>				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
<b>Annual Performance Objective</b>	<u>2.3</u>	<u>2.3</u>	<u>2.3</u>	<u>2.3</u>	<u>2.3</u>
<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:** State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 Death file is incomplete, missing out of state deaths and few thousand causes of death. Because numbers are so small this is (and has been) a 5 year average.

**2. Section Number:** State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2006**Field Note:**

Because numbers are so small this is (and has been) a 5 year average

**3. Section Number:** State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2005**Field Note:**

Because numbers are so small this is (and has been) a 5 year average

**STATE PERFORMANCE MEASURE # 8**

The percent of African American women beginning prenatal care during the first trimester.

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
<b>Annual Performance Objective</b>	90	90	79.5	69.9	71.3
<b>Annual Indicator</b>	72.1	72.2	68.6	58.8	58.4
<b>Numerator</b>	1,044	1,114	1,033	1,030	1,054
<b>Denominator</b>	1,447	1,543	1,505	1,752	1,804
<b>Is the Data Provisional or Final?</b>				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
<b>Annual Performance Objective</b>	60.4	61.6	62.8	64	65.4
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

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

**Field Level Notes**

- Section Number:** State Performance Measure #8

**Field Name:** SM8

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Out of state resident births are not yet in the data file (1000+ births). Nearly 7% of the data for this PM is missing/unknown.

- Section Number:** State Performance Measure #8

**Field Name:** SM8

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Nearly 10% of the data for this PM is missing/unknown.

- Section Number:** State Performance Measure #8

**Field Name:** SM8

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Provisional data due to birth certificate conversion in 2005.

NCHS confirms that conversion has consistently shown a drop in access to 1st trimester care. The change is due to source of data. The new source is however, thought to be more accurate.

Therefore, 2005 will not be comparable to 1999-2004.

**STATE PERFORMANCE MEASURE # 9**

Hospitalization for unintentional injuries (per 1,000) for children and adolescents

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
<b>Annual Performance Objective</b>				110.4	110.2
<b>Annual Indicator</b>	122.2	111.7	117.5	118.6	
<b>Numerator</b>	57,709	51,706	55,225	55,890	
<b>Denominator</b>	472,093	462,820	469,913	471,382	
<b>Is the Data Provisional or Final?</b>				Final	

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
<b>Annual Performance Objective</b>	109.8	109.6	109.3	109	108.7
<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:** State Performance Measure #9  
**Field Name:** SM9  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
HDD will be available in October 2008.

2. **Section Number:** State Performance Measure #9  
**Field Name:** SM9  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
HDD will be available in October 2007.

3. **Section Number:** State Performance Measure #9  
**Field Name:** SM9  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Hospital Discharge Data for 2005 is significantly under reported due to drop in hospitals reporting (82%).

**STATE PERFORMANCE MEASURE # 10**

Hospitalization for intentional injuries (per 1,000) for children and adolescents (age 1-19)

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
<b>Annual Performance Objective</b>				5	4.9
<b>Annual Indicator</b>	4.4	4.1	3.9	4.1	
<b>Numerator</b>	2,093	1,908	1,835	1,917	
<b>Denominator</b>	472,093	462,820	469,913	471,382	
<b>Is the Data Provisional or Final?</b>				Final	

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
<b>Annual Performance Objective</b>	4.8	4.7	4.6	4.5	4.4
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

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

**Field Level Notes**

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

**Field Name:** SM10

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

HDD will be available in October, 2008.

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

**Field Name:** SM10

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

HDD will be available in October, 2007.

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

**Field Name:** SM10

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Hospital Discharge Data for 2005 is significantly under reported due to drop in hospitals reporting (82%).

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

**Form Level Notes for Form 12**

None

**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	6.7	6.4	6.5	6.5	6.5
Annual Indicator	5.4	6.6	5.6	5.5	6.6
Numerator	141	173	147	148	170
Denominator	25,900	26,291	26,144	26,723	25,897

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	6.4	6.4	6.4	6.3	6.3
Annual Indicator					
Numerator					
Denominator					

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

**Field Level Notes**

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

**Field Name:** OM01

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Out of state resident births are not yet in the data file (1000+ births).

2007 Death file is incomplete, missing out of state deaths and few thousand causes of death.

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

**Field Name:** OM01

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Provisional data due to birth certificate conversion in 2005.

**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	3	2.7	2.7	2.7	2.7
Annual Indicator	3.3	2.8	2.2	2.0	2.4
Numerator	15.9	16.8	11.9	11.8	14.8
Denominator	4.8	5.9	5.3	5.8	6.2

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	2.7	2.7	2.7	2.7	2.7
Annual Indicator					
Numerator					
Denominator					

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

**Field Level Notes**

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

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Out of state resident births are not yet in the data file (1000+ births).

2007 Death file is incomplete, missing out of state deaths and few thousand causes of death.

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

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Provisional data due to birth certificate conversion in 2005.

**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	4.6	4.3	4.1	4	4
Annual Indicator	3.7	4.2	3.3	3.5	4.7
Numerator	96	110	86	93	121
Denominator	25,900	26,291	26,144	26,723	25,897

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	4	4	4	4
Annual Indicator					
Numerator					
Denominator					

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

**Field Level Notes**

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

**Field Name:** OM03

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Out of state resident births are not yet in the data file (1000+ births).

2007 Death file is incomplete, missing out of state deaths and few thousand causes of death.

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

**Field Name:** OM03

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Provisional data due to birth certificate conversion in 2005.

**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	2.1	2	2.4	2.3	2.3
Annual Indicator	1.7	2.4	2.3	2.1	1.9
Numerator	45	63	60	55	49
Denominator	25,900	26,291	26,144	26,571	25,897

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	2.3	2.3	2.3	2.3	
Annual Indicator					
Numerator					
Denominator					

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

**Field Level Notes**

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

**Field Name:** OM04

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Provisional data due to birth certificate conversion in 2005.

**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	9.6	8.9	8.1	8.1	5
Annual Indicator	9.5	6.3	5.6	5.6	
Numerator	247	165	147	149	
Denominator	26,051	26,291	26,144	26,723	

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

Yes

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	4.9	4.8	4.7	4.6	4.6
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:** Outcome Measure 5
- Field Name:** OM05
- Row Name:**
- Column Name:**
- Year:** 2007
- Field Note:**  
Data is not available at this time.

**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	22.4	21.6	22.6	21.1	20.1
Annual Indicator	24.6	24.6	21.3	19.4	19.9
Numerator	84	82	72	66	68
Denominator	341,222	333,242	338,806	339,983	341,855

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	20	19.9	19.5	19.1	18.5
Annual Indicator					
Numerator					
Denominator					

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

**Field Level Notes**

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

**Field Name:** OM06

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 Death file is incomplete, missing out of state deaths and few thousand causes of death.

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

**Field Name:** OM06

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Provisional data due to birth certificate conversion in 2005. Denominator is 2004 census estimate and will be updated to 2005 when data is finalized. Targets are based on 2% yearly improvement.

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

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

    3    

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

    1    

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

    3    

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

    3    

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

    2    

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

    1    

**Total Score:**     13    

**Rating Key**

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

**FORM NOTES FOR FORM 13**

None

**FIELD LEVEL NOTES**

None

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

[Sec. 505(a)(5)]

**STATE: NE FY: 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. Reduce the rates of overweight women, youth, and children by increasing participation in sufficient physical activity and improving nutrition.
2. Reduce the percent of women of child-bearing age, particularly pregnant and post-partum women, and adolescents who use tobacco and reduce the percent of infants, children and youth exposed to second hand smoke
3. Reduce rates of premature and low birth weight births for all women, with attention to adolescent pregnancy.
4. Reduce the rates of hospitalizations and deaths due to unintentional injuries for children and youth.
5. Reduce the number and rates of child abuse, neglect, and intentional injuries of children.
6. Reduce the rates of infant mortality, especially racial/ethnic disparities.
7. Reduce alcohol use among youth.
8. Increase capacity of community-based medical home providers to detect and refer for treatment women, children, and youth with emotional and behavioral health conditions.
9. Increase capacity of Title V Programs for Children with Special Health Care Needs to serve increased numbers of children meeting medical and financial eligibility criteria and who are uninsured or underinsured.
10. Build capacity of Title V programs for Children with Special Health Care Needs to provide transition medical and dental clinics for youth with special health care needs 14-21 years.

**FORM NOTES FOR FORM 14**

None

**FIELD LEVEL NOTES**

None

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

STATE: NE

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>    06    </u>	Provide assistance with the development of a program for youth with special health care needs to transition into adulthood in areas such as employment, medical services, home and community support to enable them to live independently.	Build program capacity.	To be determined.
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: NE**

SP #     1    

**PERFORMANCE MEASURE:**

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

**STATUS:**

Active

**GOAL**

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

**DEFINITION**

=

**Numerator:**

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

**Denominator:**

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

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

Objective 19-01 Healthy Weight in Adults; 60%

**DATA SOURCES AND DATA ISSUES**

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

**SIGNIFICANCE**

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

SP # 2

**PERFORMANCE MEASURE:**

Percent of women of child-bearing age who report smoking in the last 30 days

**STATUS:**

Active

**GOAL**

To promote healthy lifestyles in women of child-bearing age

**DEFINITION**

=

**Numerator:**

The estimated percent(weighted data set) of women 18-44 in the state who reported smoking on the Nebraska BRFSS

**Denominator:**

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

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

Objective 27-01 Cigarette Smoking Adults; 12%

**DATA SOURCES AND DATA ISSUES**

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

**SIGNIFICANCE**

Healthy living among women of child-bearing age increases the chances of healthy birth outcomes, as well as the quality of life in women and their children. Abstinence from smoking and alcohol use, as well as healthy eating and exercise, all contribute to a healthy lifestyle.

SP #        3

**PERFORMANCE MEASURE:**

Percent of women age (18-44) who report mental health not good 10+ days of past 30

**STATUS:**

Active

**GOAL**

To begin monitoring the mental health of women in Nebraska.

**DEFINITION**

**Numerator:**

The estimated percent (weighted data set) of women 18-44 in the state who reported 10+ days during the past 30 where mental health was not good. (depression, stress, and problems with emotions)

**Denominator:**

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

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

Focus Area 18 Mental Health and Mental Disorders

The objectives that come the closest are 18-06 Mental Health Screening /Assessment with no target set and 18-09a Treatment for recognized depression; adults with a target of 50%.

**DATA SOURCES AND DATA ISSUES**

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

**SIGNIFICANCE**

Mental Health affects all of the MCH populations causing unknown loss of potential. Nebraska is attempting to conduct better assessment and monitoring of mental health including perinatal depression and CSHCN.

SP # 4

**PERFORMANCE MEASURE:**

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

**STATUS:**

Active

**GOAL**

To promote healthy lifestyles among youth

**DEFINITION**

a

**Numerator:**

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

**Denominator:**

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

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

Objective 26-10a

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

**DATA SOURCES AND DATA ISSUES**

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

**SIGNIFICANCE**

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

SP # 5

**PERFORMANCE MEASURE:**

Percent premature births (births<37 weeks)

**STATUS:**

Active

**GOAL**

To reduce prematurity

**DEFINITION**

**Numerator:**

The number of births that occur before 37 weeks gestation in the state in the reporting period.

**Denominator:**

The total number of births in the state during the reporting year.

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

Objective 16-11a Total preterm births; 7.6%

**DATA SOURCES AND DATA ISSUES**

Birth certificate data in the NHHSS Vital Records provides information on live births.

**SIGNIFICANCE**

Prematurity is a serious, common and costly problem that is increasing in the state. Nebraska would like to reduce prematurity in conjunction with reducing low birth weight and infant death.

SP #          6

**PERFORMANCE MEASURE:**

Rate of infant death to adolescents (age 15-17)

**STATUS:**

Active

**GOAL**

To reduce poor birth outcomes to adolescents

**DEFINITION**

=

**Numerator:**

The number of infant deaths to adolescent women (age 15-17) in the state during the reporting period.

**Denominator:**

The number of births to adolescent women (age 15-17) in the state during the reporting period.

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

Objective 16-01c All Infant deaths (within 1 year, per 1,000); 4.5

**DATA SOURCES AND DATA ISSUES**

Birth certificate data linked with death certificates data is provided by NHHSS Vital Records.

**SIGNIFICANCE**

Infants born to teenage mothers are at higher risk of being born low birth weight and have a higher mortality rate. Reducing infant mortality remains a high priority.

SP #        7

**PERFORMANCE MEASURE:**

Incidence of confirmed SIDS cases (per 1,000 live births) among African American and Native American infants

**STATUS:**

Active

**GOAL**

To further reduce infant deaths in Nebraska due to SIDS

**DEFINITION**

=

**Numerator:**

Number of investigated and confirmed cases of SIDS deaths among African American and Native American infants (combined)

**Denominator:**

Number of live births among African American and Native American infants (combined)

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

Objective 16-01h SIDS Deaths; 0.25/1,000

**DATA SOURCES AND DATA ISSUES**

Birth certificate data in NDHHS vital records provide information on live births among infants by racial/ethnic background. Because numbers are very small for this measure, a 5-year average is used to provide indicator data. Data collected by Nebraska Child Death Review Team is used to determine the number of investigated and confirmed cases of SIDS deaths among all infants, and is available by racial/ethnic background. It is important to note that child death investigations in rural and small urban counties in the state may be inconsistent with investigations in large urban counties. Individual law enforcement investigators in Lincoln and Omaha have participated in numerous child death scene investigations, whereas their colleagues in smaller communities may not have encountered one in many years.

**SIGNIFICANCE**

While the incidence of SIDS in Nebraska has decreased by over 50% since the inception of the "Back To Sleep" campaign in 1994, the rate of SIDS deaths among African American and Native American infants in the state still remains over three times that of white infants .

SP # 8

**PERFORMANCE MEASURE:** The percent of African American women beginning prenatal care during the first trimester.

**STATUS:** Active

**GOAL** To improve the birth outcomes of African American women.

**DEFINITION**

**Numerator:**

Number of African American beginning prenatal care during the first trimester

**Denominator:**

Number of African American women giving birth

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

**HEALTHY PEOPLE 2010 OBJECTIVE** Objective 16-06a Prenatal care beginning in the first trimester; 90%

**DATA SOURCES AND DATA ISSUES** Nebraska Vital Statistics

**SIGNIFICANCE** Early entry into prenatal care results in improved birth outcomes.

SP #      9

**PERFORMANCE MEASURE:**

Hospitalization for unintentional injuries (per 1,000) for children and adolescents

**STATUS:**

Active

**GOAL**

Reduce unintentional injuries in the state

**DEFINITION**

=

**Numerator:**

Number of hospital discharges for unintentional injuries (non fatal inpatient and outpatient) for the ages 1-19 during the reporting year

**Denominator:**

Number of children and adolescents age 1-19 in the state during the reporting year.

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Hospital Discharge data is generally provided in the fall after the annual report is due.

**SIGNIFICANCE**

Unintentional Injuries are a leading cause of hospitalization and death for these age groups. Therefore, greatly affecting quality of life for children, youth and their families.

SP # 10

**PERFORMANCE MEASURE:**

Hospitalization for intentional injuries (per 1,000) for children and adolescents (age 1-19)

**STATUS:**

Active

**GOAL**

Reduce rates of child abuse, neglect, and intentional injuries of children

**DEFINITION**

=

**Numerator:**

Number of hospital discharges for unintentional injuries (non fatal inpatient and outpatient) for the ages 1-19 during the reporting year

**Denominator:**

Number of children age 1-19 in the state during the reporting year.

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Hospital Discharge data is generally provided in the fall after the annual report is due.

**SIGNIFICANCE**

Child abuse cases reported and substantiated are increasing in Nebraska. Violent and sexual abuse scars for life.

**FORM NOTES FOR FORM 16**

None

**FIELD LEVEL NOTES**

None

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

**Form Level Notes for Form 17**

None

**HEALTH SYSTEMS CAPACITY 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>	18.1	18.4	21.8	18.8	_____
<b>Numerator</b>	219	225	219	194	_____
<b>Denominator</b>	120,746	122,049	100,490	103,084	_____

**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

**Field Level Notes**

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

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 HDD data is released in October of 2008.

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

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

2006HDD data is released in October of 2007.

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

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Data is significantly under reported (based on 82% of Nebraska hospitals reporting).

**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.

	<u>Annual Indicator Data</u>				
	2003	2004	2005	2006	2007
Annual Indicator	97.2	81.7	98.7	98.8	98.3
Numerator	11,811	10,315	12,575	12,933	13,277
Denominator	12,153	12,618	12,743	13,094	13,510

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

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

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

None

**HEALTH SYSTEMS CAPACITY 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>	<u>48.7</u>	<u>91.9</u>	<u>86.6</u>	<u>87.7</u>	<u>84.7</u>
<b>Numerator</b>	<u>904</u>	<u>1,096</u>	<u>862</u>	<u>876</u>	<u>866</u>
<b>Denominator</b>	<u>1,856</u>	<u>1,192</u>	<u>995</u>	<u>999</u>	<u>1,023</u>

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

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

**Is the Data Provisional or Final?**

Final

Final

**Field Level Notes**

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

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Medicaid was asked to verify and interrupt the drop. Staff stated 2003-2005 should have been reported 82.9, 86.6, 86.6%.

**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>73.6</u>	<u>71.1</u>	<u>63.0</u>	<u>66.4</u>	<u>70.5</u>
<b>Numerator</b>	<u>19,074</u>	<u>18,670</u>	<u>16,429</u>	<u>17,712</u>	<u>18,231</u>
<b>Denominator</b>	<u>25,900</u>	<u>26,273</u>	<u>26,085</u>	<u>26,659</u>	<u>25,848</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 Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Out of state resident births are not yet in the data file (1000+ births). Over 2% of the data for this PM is missing/unknown.

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

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Over 6% of the data for this PM is missing/unknown.

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

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Provisional data due to birth certificate conversion in 2005.

This Indicator is impacted by the timing an dnumber of prenatal care visits.

NCHS confirms that conversion has consistently shown a drop in access to 1st trimester care. The change is due to source of data. The new source is however, thought to be more accurate.

Therefore, 2005 will not be comparable to 1999-2004.

**HEALTH SYSTEMS CAPACITY MEASURE # 07A**

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

	<u>Annual Indicator Data</u>				
	2003	2004	2005	2006	2007
Annual Indicator	96.7	96.5	96.8	96.9	96.9
Numerator	160,596	152,470	153,502	154,580	155,320
Denominator	166,000	158,000	158,500	159,580	160,320

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

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

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

None

**HEALTH SYSTEMS CAPACITY 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
Annual Indicator	64.5	57.8	61.3	61.7	63.6
Numerator	18,308	17,525	18,869	19,384	20,265
Denominator	28,398	30,301	30,763	31,427	31,870

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

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

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

None

**HEALTH SYSTEMS CAPACITY 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>	<u>36.2</u>	<u>32.8</u>	<u>32.6</u>	<u>36.5</u>	<u>37.0</u>
<b>Numerator</b>	<u>1,060</u>	<u>938</u>	<u>967</u>	<u>1,101</u>	<u>1,375</u>
<b>Denominator</b>	<u>2,927</u>	<u>2,858</u>	<u>2,964</u>	<u>3,016</u>	<u>3,715</u>

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

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

**Is the Data Provisional or Final?**

Final

Final

**Field Level Notes**

1. **Section Number:** Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Num = NE CONNECT number of children 15 and younger receiving services (MHCP and/or SSI-DCP)FY 2007.

DEN = Table 7 SS1 payments Dec, 2007 via Healthy and Ready to Work

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

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Num = NE CONNECT number of children 15 and younger receiving services (MHCP) FY 2005.

DEN = Table 7 SSA Dec, 2005 via Healthy and Ready to Work (<http://www.hrtw.org/youth/data.html.ssi05>)

Staff is unclear how to report.

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

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (&lt; 2,500 grams)</i>	2006	Matching data files	<u>84.7</u>	<u>5.8</u>	<u>7</u>
b) <i>Infant deaths per 1,000 live births</i>	2006	Matching data files	<u>4.8</u>	<u>3.4</u>	<u>4.3</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2006	Matching data files	<u>66</u>	<u>84.5</u>	<u>71.5</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	Matching data files	<u>55.6</u>	<u>70.6</u>	<u>66.4</u>

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

<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	150
b) <i>Medicaid Children</i> (Age range <u>    </u> 1 to <u>    </u> 5 ) (Age range <u>    </u> 6 to <u>    </u> 18 ) (Age range <u>    </u> to <u>    </u> )	2007	133 100
c) <i>Pregnant Women</i>	2007	150

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

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL SCHIP</b>
a) <i>Infants (0 to 1)</i>	2007	185
b) <i>Medicaid Children</i> (Age range <u>    </u> 1 to <u>    </u> 5 ) (Age range <u>    </u> 6 to <u>    </u> 18 ) (Age range <u>    </u> to <u>    </u> )	2007	185 185
c) <i>Pregnant Women</i>	2007	185

**FORM NOTES FOR FORM 18**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Women  
**Row Name:** Pregnant Women  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
Pregnant women 18 or younger

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

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

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

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	2	Yes
Other: Youth Tobacco Survey	3	Yes
Nebraska Risk and Protective Factor Student Survey	3	Yes

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

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

**FORM NOTES FOR FORM 19**

None

**FIELD LEVEL NOTES**

None

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

**Form Level Notes for Form 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>	6.9	7.1	7.0	7.1	7.0
<b>Numerator</b>	1,794	1,859	1,793	1,910	1,814
<b>Denominator</b>	25,900	26,323	25,751	26,723	25,897

**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:**

Out of state resident births are not yet in the data file (1000+ births).

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

**Field Name:** HSI01A

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Provisional data due to birth certificate conversion in 2005.

**HEALTH STATUS INDICATOR MEASURE # 01B**

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

	<u>Annual Indicator Data</u>				
	2003	2004	2005	2006	2007
Annual Indicator	<u>5.1</u>	<u>5.0</u>	<u>5.2</u>	<u>5.4</u>	<u>5.1</u>
Numerator	<u>1,282</u>	<u>1,274</u>	<u>1,302</u>	<u>1,388</u>	<u>1,268</u>
Denominator	<u>25,032</u>	<u>25,333</u>	<u>24,889</u>	<u>25,807</u>	<u>24,908</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:**  
 Out of state resident births are not yet in the data file (1000+ births).
- Section Number:** Health Status Indicator #01B  
**Field Name:** HSI01B  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
 Provisional data due to birth certificate conversion in 2005.

**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	<u>1.2</u>	<u>1.3</u>	<u>1.2</u>	<u>1.2</u>	<u>1.3</u>
Numerator	<u>315</u>	<u>330</u>	<u>311</u>	<u>333</u>	<u>328</u>
Denominator	<u>25,900</u>	<u>26,291</u>	<u>25,751</u>	<u>26,723</u>	<u>25,897</u>

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

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

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

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

**Field Name:** HSI02A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Out of state resident births are not yet in the data file (1000+ births).

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

**Field Name:** HSI02A

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Provisional data due to birth certificate conversion in 2005.

**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	<u>0.9</u>	<u>0.9</u>	<u>0.9</u>	<u>0.9</u>	<u>0.9</u>
Numerator	<u>216</u>	<u>217</u>	<u>216</u>	<u>241</u>	<u>218</u>
Denominator	<u>25,032</u>	<u>25,333</u>	<u>24,889</u>	<u>25,807</u>	<u>24,908</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 #02B  
**Field Name:** HSI02B  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
 Provisional data due to birth certificate conversion in 2005.

**HEALTH STATUS INDICATOR MEASURE # 03A**

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

	<u>Annual Indicator Data</u>				
	2003	2004	2005	2006	2007
Annual Indicator	12.1	8.6	8.6	8.5	5.3
Numerator	44	31	29	29	18
Denominator	363,707	359,029	338,806	339,983	341,855

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 #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 Death file is incomplete, missing out of state deaths and few thousand causes of death.

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

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Provisional data due to birth certificate conversion in 2005. Denominator is 2004 census estimate and will be updated to 2005 when data is finalized.

**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>6.6</u>	<u>3.3</u>	<u>5.3</u>	<u>3.8</u>	<u>3.8</u>
<b>Numerator</b>	<u>24</u>	<u>12</u>	<u>18</u>	<u>13</u>	<u>13</u>
<b>Denominator</b>	<u>363,707</u>	<u>359,029</u>	<u>338,806</u>	<u>339,983</u>	<u>341,855</u>

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

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

**Is the Data Provisional or Final?**

Final

Provisional

**Field Level Notes**

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

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 Death file is incomplete, missing out of state deaths and few thousand causes of death.

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

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Provisional data due to birth certificate conversion in 2005. Denominator is 2004 census estimate and will be updated to 2005 when data is finalized.

**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>	<u>34.4</u>	<u>31.2</u>	<u>27.0</u>	<u>30.4</u>	<u>21.6</u>
<b>Numerator</b>	<u>89</u>	<u>83</u>	<u>73</u>	<u>81</u>	<u>57</u>
<b>Denominator</b>	<u>258,381</u>	<u>266,314</u>	<u>270,686</u>	<u>266,705</u>	<u>264,334</u>

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

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

**Is the Data Provisional or Final?**

Final

Provisional

**Field Level Notes**

1. **Section Number:** Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 Death file is incomplete, missing out of state deaths and few thousand causes of death.

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

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Provisional data due to birth certificate conversion in 2005. Denominator is 2004 census estimate and will be updated to 2005 when data is finalized.

**HEALTH STATUS INDICATOR MEASURE # 04A**

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

	2003	2004	Annual Indicator Data		2007
			2005	2006	
Annual Indicator	325.5	244.5	262.7	279.7	
Numerator	1,184	878	890	951	
Denominator	363,707	359,029	338,806	339,983	

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

**Field Level Notes**

1. **Section Number:** Health Status Indicator #04A

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 HDD data is not available until October, 2008.

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

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Hospital Discharge Data is unavailable until October 2007.

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

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Hospital Discharge Data for 2005 is significantly under reported due to drop in hospitals reporting (82%).

**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>	13.2	8.6	19.5	9.7	
<b>Numerator</b>	48	31	66	33	
<b>Denominator</b>	363,707	359,029	338,806	339,983	

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

**Field Level Notes**

- Section Number:** Health Status Indicator #04B  
**Field Name:** HSI04B  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 2007 HDD data is not available until October, 2008.
- Section Number:** Health Status Indicator #04B  
**Field Name:** HSI04B  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 This is Inpatient - E code data
- Section Number:** Health Status Indicator #04B  
**Field Name:** HSI04B  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
 Hospital Discharge Data for 2005 is significantly under reported due to drop in hospitals reporting (82%).

**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>	97.9	75.5	75.0	63.0	
<b>Numerator</b>	260	201	203	168	
<b>Denominator</b>	265,524	266,314	270,686	266,705	

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

**Field Level Notes**

- Section Number:** Health Status Indicator #04C  
**Field Name:** HSI04C  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 2007 HDD data is not available until October, 2008.
- Section Number:** Health Status Indicator #04C  
**Field Name:** HSI04C  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 This is Inpatient E Code data
- Section Number:** Health Status Indicator #04C  
**Field Name:** HSI04C  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
 Hospital Discharge Data for 2005 is significantly under reported due to drop in hospitals reporting (82%).

**HEALTH STATUS INDICATOR MEASURE # 05A**

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

	<u>Annual Indicator Data</u>				
	2003	2004	2005	2006	2007
Annual Indicator	20.2	21.8	21.0	23.6	21.9
Numerator	1,288	1,376	1,340	1,494	1,386
Denominator	63,669	63,119	63,809	63,225	63,223

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 Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Den = 2004 population estimates, data will be updated with 2005 when available.

**HEALTH STATUS INDICATOR MEASURE # 05B**

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

	2003	2004	Annual Indicator Data		
			2005	2006	2007
Annual Indicator	6.7	6.8	7.1	8.1	7.9
Numerator	1,986	2,048	2,163	2,374	2,296
Denominator	298,565	299,816	302,777	292,794	290,046

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 Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Den = 2004 population estimates, data will be updated with 2005 when available.

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

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

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Final

<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	26,712	23,398	1,607	350	570	21	766	0
Children 1 through 4	103,084	89,955	6,265	1,498	2,149	56	3,161	0
Children 5 through 9	119,370	104,679	7,149	1,726	2,316	92	3,408	0
Children 10 through 14	119,401	105,333	7,162	1,655	2,078	96	3,077	0
Children 15 through 19	130,075	116,738	7,311	1,775	1,840	125	2,286	0
Children 20 through 24	134,259	121,043	6,900	1,715	2,540	139	1,922	0
Children 0 through 24	632,901	561,146	36,394	8,719	11,493	529	14,620	0

**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	22,835	3,877	0
Children 1 through 4	88,542	14,542	0
Children 5 through 9	104,230	15,140	0
Children 10 through 14	106,245	13,156	0
Children 15 through 19	119,327	10,748	0
Children 20 through 24	124,017	10,242	0
Children 0 through 24	565,196	67,705	0

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

**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: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

<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	21	6	3	4	0	0	0	8
Women 15 through 17	644	333	134	25	8	0	0	144
Women 18 through 19	1,505	977	225	48	10	0	0	245
Women 20 through 34	20,715	16,673	1,327	208	475	0	0	2,032
Women 35 or older	3,005	2,491	115	21	122	0	0	256
Women of all ages	25,890	20,480	1,804	306	615	0	0	2,685

**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	11	10	0
Women 15 through 17	442	202	0
Women 18 through 19	1,158	347	0
Women 20 through 34	17,860	2,858	1
Women 35 or older	2,674	331	1
Women of all ages	22,145	3,748	2

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

**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	148	120	20	3	3	0	0	2
Children 1 through 4	27	19	5	2	0	0	0	1
Children 5 through 9	15	13	2	0	0	0	0	0
Children 10 through 14	24	18	4	2	0	0	0	0
Children 15 through 19	108	91	10	4	2	0	0	1
Children 20 through 24	105	89	8	5	0	0	0	3
Children 0 through 24	427	350	49	16	5	0	0	7

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

<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	123	24	1
Children 1 through 4	18	8	1
Children 5 through 9	14	1	0
Children 10 through 14	22	2	0
Children 15 through 19	101	7	0
Children 20 through 24	95	8	2
Children 0 through 24	373	50	4

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

**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	441,179	386,986.0	27,754.0	6,033.0	8,635.0	298.0	11,473.0	0.0	2007
Percent in household headed by single parent	24.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2006
Percent in TANF (Grant) families	99.9	39.5	31.5	7.3	0.7	0.1	1.3	19.3	2007
Number enrolled in Medicaid	142,214	101,727.0	23,553.0	6,561.0	1,810.0	133.0	1,385.0	7,045.0	2007
Number enrolled in SCHIP	36,811	29,630.0	4,022.0	965.0	479.0	32.0	247.0	1,436.0	2007
Number living in foster home care	4,654	2,883.0	833.0	309.0	22.0	0.0	87.0	520.0	2007
Number enrolled in food stamp program	63,100	34,763.0	13,606.0	3,224.0	601.0	58.0	734.0	10,114.0	2007
Number enrolled in WIC	55,899	36,928.0	6,555.0	8,216.0	702.0	125.0	3,373.0	0.0	2007
Rate (per 100,000) of juvenile crime arrests	3,787.9	3,374.6	11,445.0	6,601.7	25,221.9	0.0	0.0	0.0	2006
Percentage of high school drop-outs (grade 9 through 12)	1.8	1.3	4.6	4.6	1.8	0.0	0.0	0.0	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	383,713.0	57,463.0	0.0	2007
Percent in household headed by single parent	0.0	0.0	0.0	2006
Percent in TANF (Grant) families	15.4	17.4	67.2	2007
Number enrolled in Medicaid	108,859.0	32,702.0	7,045.0	2007
Number enrolled in SCHIP	35,375.0	9,635.0	1,436.0	2007
Number living in foster home care	878.0	507.0	3,269.0	2007
Number enrolled in food stamp program	11,118.0	9,255.0	42,727.0	2007
Number enrolled in WIC	37,062.0	18,837.0	0.0	2007
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	3,787.9	2006
Percentage of high school drop-outs (grade 9 through 12)	0.0	3.8	0.0	2007

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

**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? No Is this data final or provisional? Final

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	261,609
Living in urban areas	369,299
Living in rural areas	80,540
Living in frontier areas	47,640
<b>Total - all children 0 through 19</b>	<b>497,479</b>

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

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

**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? Final

POVERTY LEVELS	TOTAL
Total Population	1,765,000.0
Percent Below: 50% of poverty	4.6
100% of poverty	10.1
200% of poverty	27.4

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

**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: 2007 Is this data from a State Projection? No Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	488,000.0
Percent Below: 50% of poverty	7.8
100% of poverty	14.8
200% of poverty	38.2

**FORM NOTES FOR FORM 21**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_SingleParentPercent  
**Row Name:** Percent in household headed by single parent  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
Census American Community Survey no longer provides data by race/ethnicity.