



Health Resources and Services Administration
Maternal and Child Health

DataSpeak

The Title V Information System Webinar

July 27, 2016

Today's Presenters

- **Michele Lawler, MS, RD**, Director of the MCHB's Division of State and Community Health (DSCH) and **Nora Carswell**, IT Project Manager in DSCH, who will present on the TVIS Web Reports, a web-based interface that allows public users to view data and generate reports from the Title V data that are submitted by the 59 State and jurisdictional MCH Block Grant Programs.
- **Ashley Hirai, PhD**, Senior Scientist in the Office of Epidemiology and Research at MCHB, who will highlight how to access and use the Federally Available Data (FAD) Resource Document with a document tutorial and several examples of possible uses and data analyses.
- **Michael Kenny, MS**, Public Health Analyst with the Division of Health Surveillance in the Vermont Department of Health, who will demonstrate how the Vermont Department of Health uses the Title V FAD to inform internal program decisions and communicate with interested members of the public.

Previous Events

[Click here to access archives:](#)

2016 Series:

- Disparities in the Health and Well-Being of Children and Youth in Rural Areas of the United States 

2015 Series:

- Vitally Important: Improving the Timeliness of Vital Statistics to Advance MCH
- Clusters, Maps, and Hotspots: Small Area Analysis in Maternal and Child Health
- Progress on the Redesign of the NSCH and the Data Resource Center
- Orientation to the State Systems Development Initiative Minimum/Core Dataset Implementation Guide

How To Ask A Question

- **To ask a question on the Web:**
 - Enter your question in the field at the bottom of the “QUESTIONS” box at the bottom of your screen and hit enter. Your question will be sent directly to the moderator.

TVIS

Title V Information System

MCH Block Grant State Data

#MCH
#data



Maternal and Child Health Bureau July 27, 2016

Michele Lawler, Director
Nora Carswell, Program and Management Analyst
Division of State and Community Health





About the Title V Information System (TVIS) (slide 1)

- **What Is It?**

- Web-based system administered by HRSA's MCHB
 - Title V MCH Block Grant Data Entry System – used by State/jurisdictional Title V Block grantees to submit their annual financial, program, and performance data as part of their yearly Application/Annual Report
 - TVIS Web Reports System – a Web-based interface that allows public users to generate reports from the Title V data that are submitted by the 59 State and jurisdictional MCH Block Grant Programs





About the Title V Information System (TVIS) (slide 2)

- **How Can You Access It?**

- Web Page: <https://mchb.tvisdata.hrsa.gov>
- MCHB Home Page: www.mchb.hrsa.gov

- **How Can You Use It?**

- Search national and state level data on key measures and indicators of maternal and child health (MCH) in the United States
- View national and State Title V MCH Block Grant financial and program data
- Acquire information on an individual State Title V MCH Block Grant Program





About the Title V Information System (TVIS) (slide 3)

- **Why was TVIS Re-designed?**

- Since its development in 2002, the TVIS has contributed to numerous efficiencies in the Application/Annual Report submission process for State and jurisdictional MCH Block Grant programs.
- Transformational changes made to the State MCH Block Grant program in 2015 brought new reporting requirements and a revised narrative format to the MCH Block Grant Application/Annual Report.
- The transformational changes mandated the development and deployment of a new electronic data collection and web reports system.



Re-Design of TVIS

- **How Does TVIS Support the MCH Block Grant Transformation?**
 - Operationalizes the triple aims of the State MCH Block Grant Program transformation:
 - **Reduce Burden to States;**
 - **Maintain State Flexibility; and**
 - **Improve Accountability.**
 - Enables State Title V MCH Programs to better tell their Title V story and to document the impact of their Title V investments in improving MCH outcomes nationally and within a State or jurisdiction.



TVIS Data Entry

- **How is TVIS Helping MCHB to Achieve the Triple Aims?**
 - Data Entry – Streamlined data entry (rich text editor fields), built-in checks and validations to ensure data quality, fewer data reporting forms, pre-populated national outcome and performance measure data (as available from national data sources) and intuitive Five-year State Action Plan Table for entering SMART objectives and evidence-based or –informed strategies/measures for each National Performance Measure.



TVIS Web Reports

- **How is TVIS Helping MCHB to Achieve the Triple Aims?**
 - Web Reports – data dashboard presentation of the new performance measure framework (national and state-level data), interactive charts and maps, data downloads (images and Excel), updated narrative search feature and new State Snapshot (pulls data from various data reporting forms).



TVIS – Title V Program Data Access, Analysis and Accountability

- **How is TVIS Helping MCHB to Achieve the Triple Aims?**
 - Reduces burden for State/jurisdictional MCH Block Grant Applicants (TVIS Data Entry)
 - Communicates to the public how Title V programs are impacting health outcomes – transparency and accountability (TVIS Web Reports)
 - Serves as monitoring and assessment tools for MCHB program staff (TVIS Web Reports)
 - Facilitates narrative and data searches that reflect the goals of the MCH transformation and tell each State’s Title V story (TVIS Web Reports)
 - Design reflects the goals of the transformation rather than the organization of the Application/Annual Report Guidance (TVIS Web Reports)





TVIS Demonstration


 Search TVIS

[Advanced Search](#)



- Home
- Population Domains
- Priorities and Measures
- Financial
- State

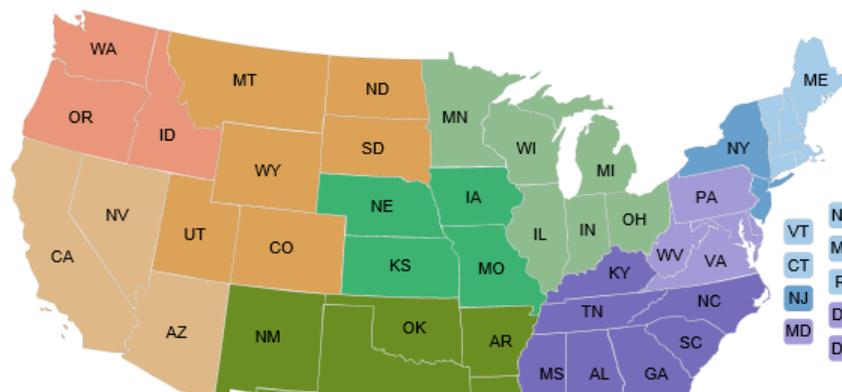
Explore the Title V Federal-State Partnership

As one of the largest Federal block grant programs, Title V is a key source of support for promoting and improving the health of the Nation's mothers and children. The purpose of the Title V Maternal and Child Health Services Block Grant Program is to create Federal/State partnerships that enable each state/jurisdiction (**hereafter referred to as state**) to address the health services needs of its mothers, infants and children, which includes children with special health care needs, and their families.

National ▾

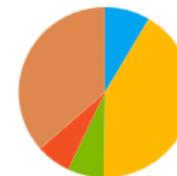
National Data

FY 2014 Expenditures: \$6,016,722,886 | FY 2014 Populations Served: 50,402,214



FY 2014 Expenditures

National: \$6,016,722,886



FY 2014 Population Reach

National: 50,402,214





Using the TVIS Web Reports

- **TVIS Web Reports – a wealth of maternal and child health data and information**
- **Home Page and Quick links can provide access to commonly needed data**
- **Performance Measure Data**





Using the TVIS Web Reports (slide 2)

- **Quicklinks**
 - State Applications/Annual Reports
 - State Action Plan Tables
 - State Contacts
 - State Snapshots



Using the TVIS Web Reports (slide 3)

Michele Lawler, Director

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Federally Available Data (FAD) Resource Document

July 27, 2016

Ashley Hirai, PhD
Senior Scientist, Office of Epidemiology and Research
Maternal and Child Health Bureau (MCHB)
Health Resources and Services Administration (HRSA)



Outline

- **Title V Transformed Performance Measurement Framework**
 - National Performance and Outcome Measures
 - Pre-populated data
- **FAD Resource Document**
 - What is it?
 - How do you access it?
 - How do you use it?



Transformed Title V Performance Measurement Framework



Evaluation Logic Model



National Performance Measures

#	Short Title	Data Source	MCH Population Domain
1	Well-woman visit	BRFSS	Women's/Maternal
2	Low-risk cesarean delivery	NVSS	
3	Risk-appropriate perinatal care	NVSS + AAP	Perinatal/Infant
4A,B	Breastfeeding – initiation and exclusive through 6 months	NIS	
5	Safe sleep position	PRAMS	
6	Developmental screening	NSCH	Child
7	Injury hospitalization – 0-9 years and 10-19 years	HCUP-SID	Child and/or Adolescent
8	Physical activity – 6-11 years and 12-17 years	NSCH, YRBSS	
9	Bullying – perpetration and victimization	NSCH, YRBSS	Adolescent
10	Adolescent well-visit	NSCH	
11	Medical home	NSCH	CSHCN
12	Transition	NSCH	
13A,B	Preventive dental visit – during pregnancy, childhood	PRAMS, NSCH	Cross-cutting/Life course
14A,B	Smoking – during pregnancy	NVSS, NSCH	
15	Adequate insurance	NSCH	

National Outcome Measures

#	Short Title	Data Source
1	Early prenatal care	NVSS
2	Severe maternal morbidity	HCUP-SID
3	Maternal mortality	NVSS
4.1-4.3	Low birth weight, very low birth weight, moderately low birth weight	NVSS
5.1-5.3	Preterm birth, early preterm birth, late preterm birth	NVSS
6	Early term birth	NVSS
7	Early elective delivery	Hospital Compare
8	Perinatal mortality	NVSS
9.1-9.5	Infant mortality – infant, neonatal, postneonatal, preterm-related, SUID	NVSS
10	Drinking during pregnancy	PRAMS
11	Neonatal abstinence syndrome	HCUP-SID
12	Newborn screening timely follow-up	APHL
13	School readiness	NSCH
14	Tooth decay/cavities	NSCH
15	Child mortality	NVSS
16.1-16.3	Adolescent mortality, adolescent motor vehicle, adolescent suicide	NVSS
17	CSCHN, CSHCN systems of care, autism, ADD/ADHD	NSCH
18	Mental health treatment	NSCH
19	Overall health status	NSCH
20	Overweight/obesity – 2-4 years, 10-17 years, grade 9-12	WIC, NSCH, YRBSS
21	Uninsured	ACS
22.1-22.5	Vaccination – infant, flu, HPV, Tdap, meningitis	NIS



Pre-populated NPM/NOM data

Federally Available Data

National Performance Measures (NPMs)

State: Texas

Trend data to help set objectives

Export to Excel

NPM 1 - Percent of women with a past year preventive medical visit

Data Source: Behavioral Risk Factor Surveillance System (BRFSS) [\(Data Information\)](#)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2013	61.7 %	1.6 %	2,969,788	4,815,319
2012	61.5 %	1.6 %	2,942,393	4,781,443
2011	55.1 %	1.6 %		5,585
2010	57.7 %	1.6 %		7,763
2009	58.1 %	1.6 %		16,814

Stratifier data to identify program targets

Stratifier (Most Recent Data)

Stratifier	Stratifier Subgroup	Year	Annual Indicator	Standard Error	Numerator	Denominator
Disability	Activity Limitations	2013	58.1 %	4.5 %	281,101	484,277
Disability	No Activity Limitations	2013	61.9 %	1.7 %	2,631,723	4,251,956
Educational Attainment	Less than high school	2013	46.6 %	4.4 %	440,717	945,925
Educational Attainment	High school graduate	2013	56.8 %	3.0 %	688,128	1,211,888
Educational Attainment	Some college	2013	67.3 %	2.7 %	1,060,435	1,576,229
Educational Attainment	College graduate	2013	71.8 %	2.3 %	748,211	1,041,979
Health Insurance	Insured	2013	73.9 %	1.7 %	2,212,929	2,995,001
Health Insurance	Uninsured	2013	40.7 %	2.7 %	720,732	1,770,405
Household Income/Poverty	<\$15,000	2013	46.2 %	4.2 %	362,727	785,289
Household Income/Poverty	\$15,000-\$24,999	2013	54.0 %	3.5 %	514,006	952,477

Contents of FAD Resource Document

One-stop Resource to Learn More about Title V Performance and Outcome Measures

- Detailed data notes and clarifications
- FAD availability over time
- Stratifier information and definitions
- SAS code
- US data for comparison
- New this Year: Embedded excel file with all data (NPMs and NOMs) to facilitate comparisons to US and other states + building historical data on stratifiers



How to access the FAD resource document?

- Link on main Title V page
<http://mchb.hrsa.gov/maternal-child-health-initiatives/title-v-maternal-and-child-health-services-block-grant-program>
- Quick link to Resources on TVIS
<https://mchb.tvisdata.hrsa.gov/>
- Direct URL
<http://www.hrsa.gov/about/organization/bureaus/mchb/fad-resource-document.pdf>
- Any updates will be announced on the Title V listserv



FAD Resource Document Demonstration

FEDERALLY AVAILABLE DATA (FAD) RESOURCE DOCUMENT

*Release Version
June 30, 2016*

This document provides detailed data notes, FAD availability, stratifier information, the complete FAD excel file, and SAS code as available for each National Outcome Measure and National Performance Measure. It is designed to support a deeper understanding of the new measures and FAD, issue any clarifications, enable states to make comparisons to U.S. and other state data, and to provide statistical code for states to examine their own indicator data on a timelier or more granular basis than available federally. It is a living document that will be updated as new data notes or clarifications become available.



Measure Detail

The screenshot shows a web browser window with the URL <http://www.hrsa.gov/about/organization/bureaus/mchb/fad-resource-d>. The page title is "Maternal & Child Health Bureau... hrsa.gov". The browser interface includes a search bar, navigation icons, and a "Sign In" button. On the left side, there is a "Bookmarks" sidebar with a search icon and a list of items: "Federally Available Data (FAD) Resource Document", "Table of Contents" (highlighted), "Document Version History", "Figure 1: National Outcome Measures (NOMs) linked to National Performance Measures (NPMs)", "Figure 2: National Outcome Measures (NOMs)", and "NOM 1 - Percent of pregnant women who receive prenatal care".

NPM 1 - Percent of women with a past year preventive medical visit

GOAL
To increase the number of women who have a preventive medical visit.

DEFINITION
Numerator: Number of women, ages 18 through 44, who had a preventive medical visit in the past year
Denominator: Number of women, ages 18 through 44
Units: 100
Text: Percent

HEALTHY PEOPLE 2020 OBJECTIVE
Related to Maternal, Infant, and Child Health (MICH) Developmental Objective 16.1: Increase the percentage of women delivering a live birth who discussed preconception health with a health care worker prior to pregnancy
Related to Access to Health Services (AHS) Developmental Objective 7.0: Increase the proportion of persons who receive appropriate clinical preventive services

DATA SOURCES and DATA ISSUES
Behavioral Risk Factor Surveillance System (BRFSS)

MCH POPULATION DOMAIN
Women/Maternal Health



FAD Availability

http://www.hrsa.gov/about/organization/bureaus/mchb/fad-resource-d

Maternal & Child Health Bureau... hrsa.gov

119 / 171

82.4%

Sign In

MCH POPULATION DOMAIN

Women/Maternal Health

SIGNIFICANCE

A well-woman or preconception visit provides a critical opportunity to receive recommended clinical preventive services, including screening, counseling, and immunizations, which can lead to appropriate identification, treatment, and prevention of disease to optimize the health of women before, between, and beyond potential pregnancies. For example, screening and management of chronic conditions such as diabetes, and counseling to achieve a healthy weight and smoking cessation, can be advanced within a well woman visit to promote women's health prior to and between pregnancies and improve subsequent maternal and perinatal outcomes. The annual well-woman visit has been endorsed by the American College of Obstetrics and Gynecologists (ACOG) and was also identified among the women's preventive services required by the Affordable Care Act (ACA) to be covered by private insurance plans without cost-sharing.

FAD Availability by Year

Year	Data Not Available
2014	AS, FM, MH, MP, PW, VI
2013	AS, FM, MH, MP, PW, VI
2012	AS, FM, MH, MP, PW, VI
2011	AS, FM, MH, MP, PW, VI
2010	AS, FM, MH, MP, PW, VI
2009	AS, FM, MH, MP, PW, VI

119

- Federally Available Data (FAD) Resource Document
- Table of Contents
- Document Version History
- Figure 1: National Outcome Measures (NOMs) linked to National Performance Measures (NPMs)
- Figure 2: National Outcome Measures (NOMs)
- NOM 1 - Percent of pregnant women who receive prenatal care



Data Notes

Data Notes

In 2011, the survey changed from a landline-only sample to a dual-frame sample including landlines and cell phones. The weighting methodology also changed in 2011. Therefore, estimates from 2009 and 2010 may not be comparable to subsequent estimates. The estimates, numerators, and denominators presented are weighted to account for non-response and to reflect state population totals by various demographic characteristics. Standard errors account for the complex survey design. Urban-rural residence is not available for territories. For more information on the BRFSS methodology, visit <http://www.cdc.gov/brfss/>

Available Stratifiers and Notes

Stratifier	Subcategory	Special Notes
Age	18-24 Years 25-34 Years 35-44 Years	Includes imputed age. This is labeled as "Maternal Age" in TVIS but more accurately reflects a woman's age regardless of childbearing status.
Disability	Activity Limitations No Activity Limitations	Refers to being limited in any way in any activities because of physical, mental, or emotional problems
Educational Attainment	Less than high school High school graduate Some college College graduate	
Health Insurance	Insured Uninsured	Refers to current health insurance status
Household Income/Poverty	<\$15,000 \$15,000-\$24,999 \$25,000-\$49,999 >\$50,000	Missing data exceeded 10%; interpret with caution.



SAS Code

The screenshot shows a web browser window with the URL <http://www.hrsa.gov/about/organization/bureaus/mchb/fad-resource-d>. The page title is "Maternal & Child Health Bureau...". The browser's address bar shows the page number "121 / 171" and a zoom level of "82.4%". A "Sign In" button is visible in the top right corner. On the left side, there is a "Bookmarks" sidebar with a search icon and a list of items: "Federally Available Data (FAD) Resource Document", "Table of Contents" (highlighted), "Document Version History", "Figure 1: National Outcome Measures (NOMs) linked to National Performance Measures (NPMs)", "Figure 2: National Outcome Measures (NOMs)", and "NOM 1 - Percent of pregnant women who receive prenatal care". The main content area displays the following SAS code:

```
SAS Code
/* ROUTINE1 -- Preventive care recode for women ages 18 to 44 */
/* 1 .Had a routine preventive visit in the past year */
/* 2 .No routine preventive visit in the past year */

120

ROUTINE1 = ;
if CHECKUP1 in (1,2,3,4,8) and (1<=_AGE_G <=3) and SEX = 2 then do;
  if CHECKUP1 = 1 then ROUTINE1 = 1;
  if CHECKUP1 in (2,3,4,8) then ROUTINE1 = 2;
end;
```

Accessing Excel Data File

The screenshot shows a web browser window with the address bar displaying <http://www.hrsa.gov/about/organization/bureaus/mchb/fad-resource-d>. The browser tabs include "Maternal & Child Health Burea..." and "hrsa.gov". The page content is mostly obscured by a large blue overlay with the text "FEDERALLY AVAILABLE DATA (FAD) RESOURCE". On the left side, there is an "Attachments" panel with a search icon and a list of files. The file "All FAD Data 06302016.xlsx" is listed. A red arrow points from the top-left corner of the browser window to the search icon in the Attachments panel.

Worksheet #1: FAD

Table Tools All FAD Data 06302016.xlsx - Microsoft Excel

File Home Insert Page Layout Formulas Data Review View Acrobat SecureZIP Design

Clipboard Paste Cut Copy Format Painter Clipboard Font Alignment Number Styles Cells Editing

Calibri 11 A A Wrap Text General Normal 2 Normal Bad Good Neutral Calculation

AutoSum Fill Clear Sort & Find & Filter

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
	Measure	Datasource	State	Year	Stratifier	Stratifier Subgroup	Estimate	StandardError	LowerCI	UpperCI	Numerator	Denominator	IntepretWithCauti	DataNotReportal
2	OM-1	NVSS	US	2014	Total	Total	76.66	0.02	76.62	76.70	2824607	3684647	NO	NO
3	OM-1	NVSS	AL	2014	Total	Total	72.72	0.18	72.36	73.08	42851	58929	NO	NO
4	OM-1	NVSS	AK	2014	Total	Total	72.64	0.43	71.80	73.48	7829	10778	NO	NO
5	OM-1	NVSS	AZ	2014	Total	Total	74.05	0.15	73.76	74.35	63137	85260	NO	NO
6	OM-1	NVSS	AR	2014	Total	Total	65.69	0.26	65.18	66.20	21663	32978	YES	NO
7	OM-1	NVSS	CA	2014	Total	Total	84.54	0.05	84.44	84.64	418279	494754	NO	NO
8	OM-1	NVSS	CO	2014	Total	Total	75.79	0.17	75.46	76.12	48959	64602	NO	NO
9	OM-1	NVSS	DE	2014	Total	Total	78.69	0.39	77.92	79.47	8510	10814	NO	NO
10	OM-1	NVSS	DC	2014	Total	Total	70.11	0.50	69.13	71.09	5866	8367	YES	NO
11	OM-1	NVSS	FL	2014	Total	Total	75.65	0.09	75.46	75.83	159417	210735	NO	NO
12	OM-1	NVSS	GA	2014	Total	Total	74.57	0.13	74.31	74.83	80348	107749	YES	NO
13	OM-1	NVSS	HI	2014	Total	Total	77.92	0.31	77.30	78.53	13696	17578	NO	NO
14	OM-1	NVSS	ID	2014	Total	Total	75.55	0.28	74.99	76.11	17239	22818	NO	NO
15	OM-1	NVSS	IL	2014	Total	Total	79.93	0.10	79.73	80.13	123288	154241	NO	NO
16	OM-1	NVSS	IN	2014	Total	Total	71.76	0.16	71.46	72.06	60181	83864	NO	NO
17	OM-1	NVSS	IA	2014	Total	Total	80.17	0.20	79.78	80.56	31680	39516	NO	NO
18	OM-1	NVSS	KS	2014	Total	Total	82.49	0.19	82.12	82.87	32285	39137	NO	NO
19	OM-1	NVSS	KY	2014	Total	Total	78.65	0.18	78.30	78.99	42872	54513	NO	NO
20	OM-1	NVSS	LA	2014	Total	Total	72.25	0.18	71.90	72.60	45263	62646	NO	NO
21	OM-1	NVSS	ME	2014	Total	Total	85.70	0.31	85.09	86.31	10857	12668	NO	NO
22	OM-1	NVSS	MD	2014	Total	Total	70.64	0.17	70.30	70.98	48351	68446	NO	NO
23	OM-1	NVSS	MA	2014	Total	Total	84.63	0.14	84.36	84.89	58124	68684	NO	NO
24	OM-1	NVSS	MI	2014	Total	Total	78.95	0.12	78.71	79.19	88386	111951	NO	NO
25	OM-1	NVSS	MN	2014	Total	Total	82.14	0.15	81.85	82.43	56876	69243	NO	NO
26	OM-1	NVSS	MS	2014	Total	Total	77.47	0.21	77.06	77.89	29681	38311	NO	NO
27	OM-1	NVSS	MO	2014	Total	Total	76.73	0.16	76.42	77.04	55543	72390	NO	NO
28	OM-1	NVSS	MT	2014	Total	Total	75.16	0.39	74.40	75.93	9258	12317	NO	NO
29	OM-1	NVSS	NE	2014	Total	Total	75.42	0.27	74.90	75.95	19761	26200	NO	NO
30	OM-1	NVSS	NV	2014	Total	Total	70.74	0.24	70.27	71.22	24770	35014	NO	NO
31	OM-1	NVSS	NH	2014	Total	Total	84.75	0.33	84.11	85.39	10293	12145	NO	NO
32	OM-1	NVSS	NM	2014	Total	Total	71.46	0.29	70.90	72.03	17633	24674	NO	NO

FAD NOM Data Notes NPM Data Notes



Worksheet #2: NOM Data Notes

Microsoft Excel - All FAD Data 06302016.xlsx

B17 Preterm-related mortality rate per 100,000 live births						
NOM #	National Outcome Measure	Data Source	Data Note	Data Alert	Interpret with Caution Note	Data Not Reportable Note
1	Percent of pregnant women who receive prenatal care beginning in the first trimester	NVSS	Prenatal care utilization was modified in the 2003 revision of the U.S. Standard Certificate of Live Birth and is only available for the states/jurisdictions that had implemented the 2003 revision as of January 1 of the data year. Overall U.S. estimates by year are not comparable due to the addition of states over time that have implemented the 2003 revision. Trends within a state after the 2003 revision are comparable. Urban/rural residence is not available for territories. For more information about the birth file, please see the User's Guide located at http://www.cdc.gov/nchs/data_access/VitalStatsOnline.htm		Indicator has a numerator <10 and is not reportable	Indicator has a numerator <20, a confidence interval width >20%, or >10% missing data and should be interpreted with caution
2	Rate of severe maternal morbidity per 10,000 delivery hospitalizations	HCUP-SID	<p>This measure follows the CDC-developed definition of severe maternal morbidity identified from hospital discharge procedure and diagnosis codes that indicate a potentially life-threatening condition or maternal complication (Callaghan et al, 2012). Specific ICD-9-CM diagnosis and procedure codes are available at http://www.cdc.gov/reproductivehealth/MaternalInfantHealth/SevereMaternalMorbidity.html</p> <p>In 2009, the code for acute renal failure changed from 584.8 to 277.88. In 2010, a new code was added for major puerperal sepsis (670.2). With the exception of hospitalizations with in-hospital mortality, transfer, or severe complications identified by procedure codes (e.g., hysterectomy, blood transfusion, ventilation), cases of severe maternal morbidity identified by diagnostic codes were reclassified as hospitalizations without severe maternal morbidity if they had an implausibly short length of stay (<90th percentile calculated separately for vaginal, primary, and repeat cesarean deliveries). Delivery hospitalizations were identified by diagnosis codes for an outcome of delivery, diagnosis-related group delivery codes, and procedure codes for selected delivery-related procedures (Kuklina et al, 2008).</p> <p>State-level estimates include inpatient stays for state residents treated in their home state and state residents treated in other states that provide data to the Healthcare Cost and Utilization Project (HCUP). For information on the HCUP Partner organizations, please visit https://www.hcup-us.ahrq.gov/partners.jsp. This analysis is limited to community hospitals, which are defined as short-term, non-Federal hospitals. Community hospitals include obstetrics and gynecology, otolaryngology, orthopedic, cancer, pediatric, public, and academic medical hospitals. Excluded are long-term care facilities such as rehabilitation, psychiatric, and alcoholism and chemical dependency hospitals. U.S. estimates are calculated using the available State data and are not nationally weighted; therefore, U.S. estimates may not be comparable across years due to the different states included in any given year. In addition, certain states did not provide reliable race and/or ethnicity data and are excluded from totals by race/ethnicity. For more information about the HCUP State Inpatient Databases (SID), please visit https://www.hcup-us.ahrq.gov/sidoverview.jsp</p> <p>Callaghan WM, Creanga AA, Kuklina EV. Severe maternal morbidity among delivery and postpartum hospitalizations in the United States. <i>Obstet Gynecol.</i> 2012 Nov;120(5):1029-36. Kuklina EV, Whiteman MK, Hillis SD, Jamieson DJ, Meikle SF, Posner SF, et al. An enhanced method for identifying obstetric deliveries: implications for estimating maternal morbidity. <i>Matern Child Health J</i> 2008;12:469-77.</p>		Indicator has a numerator <20 and should be interpreted with caution	Indicator has a numerator ≤10 and is not reportable
3	Maternal mortality rate per 100,000 live births	NVSS	Ascertainment of maternal deaths was modified by a pregnancy checkbox in the 2003 revision of the U.S. Standard Certificate of Death and is only reported for states/jurisdictions that had implemented the 2003 revision or had a comparable checkbox item as of January 1 of the first year of five-year maternal mortality rates. Five-year estimates are necessary for many states due to the small number of maternal deaths. Overall U.S. estimates by year are not comparable due to the addition of states over time that have implemented the 2003 revision. Trends within a state after the 2003 revision are comparable; however, changes are mitigated with five-year data where each estimate shares 80% (4/5) of the data with the next estimate. Standard statistical tests that assume independence should not be used when comparing overlapping 5-year estimates; significance will be exaggerated without accounting for dependence. For more information about the mortality file, please see the User's Guide located at http://www.cdc.gov/nchs/data_access/VitalStatsOnline.htm		Indicator has a numerator <20 and should be interpreted with caution	Indicator has a numerator <10 and is not reportable
4	4.1 Percent of low birth weight deliveries (<2,500 grams)	NVSS	Follows NCHS birth weight edits to replace as unknown if outside of 227-8165 grams or grossly incompatible with both the obstetric estimate and LMP-based estimate of gestational age. Stratifiers that were modified or newly added on the 2003 revision (i.e., maternal education, delivery payment source, prenatal WIC participation) are only reportable for the states/jurisdictions that had implemented the 2003 revision as of January 1 of the data year. Urban/rural residence is not available for territories. For more information about the birth file, please see the User's Guide located at http://www.cdc.gov/nchs/data_access/VitalStatsOnline.htm		Indicator has a numerator <20, a confidence interval width >20%, or >10% missing data and should be interpreted with caution	Indicator has a numerator <10 and is not reportable
5	4.2 Percent of very low birth weight deliveries (<1,500 grams)	NVSS	Follows NCHS birth weight edits to replace as unknown if outside of 227-8165 grams or grossly incompatible with both the obstetric estimate and LMP-based estimate of gestational age. Stratifiers that were modified or newly added on the 2003 revision (i.e., maternal education, delivery payment source,		Indicator has a numerator <20, a confidence interval width >20%, or	Indicator has a numerator <10 and is not reportable



Worksheet #3: NPM Data Notes

All FAD Data 06302016.xlsx - Microsoft Excel

File Home Insert Page Layout Formulas Data Review View Acrobat SecureZIP

Clipboard Font Alignment Number Styles Cells

Normal 2 Normal Bad Good Neutral Calculation

A	B	C	D	E	F	G
NPM#	National Performance Measure	Data Source	Data Note	Data Alert	Interpret with Caution Note	Data Not Reportable Note
1	1 Percent of women with a past year preventive medical visit	BRFSS	In 2011, the survey changed from a landline-only sample to a dual-frame sample including landlines and cell phones. The weighting methodology also changed in 2011. Therefore, estimates from 2009 and 2010 may not be comparable to subsequent estimates. The estimates, numerators, and denominators presented are weighted to account for non-response and to reflect state population totals by various demographic characteristics. Standard errors account for the complex survey design. Urban-rural residence is not available for territories. For more information on the BRFSS		Indicator has a confidence interval width >20% and should be interpreted with caution	Indicator has an unweighted denominator <30 and is not reportable
2	2 Percent of cesarean deliveries among low-risk first births	NVSS	This measure is comparable between the 1989 and 2003 revisions of the U.S. Standard Certificate of Live Birth. However, stratifiers that were modified or newly added on the 2003 revision (i.e., educational attainment, health insurance, WIC participation) are only reportable for the states/jurisdictions that had implemented the 2003 revision as of January 1 of the data year. Urban-rural residence is not available for territories. For more information about the birth file, please see the User's Guide located at http://www.cdc.gov/nchs/data_access/VitalStatsOnline.htm		Indicator has a numerator <20, a confidence interval width >20%, or >10% missing data and should be interpreted with caution	Indicator has a numerator <10 and is not reportable
3	3 Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)	NVSS+AAP	Data not available -- See FAD Resource Document for more information			
4	4A) A) Percent of infants who are ever breastfed	NIS	Starting with 2009 births, the survey switched from a landline-only sample to a dual-frame sample including landlines and cell phones. Therefore, estimates from 2007 and 2008 may not be comparable to subsequent estimates. The estimates presented are weighted to account for the probability of selection, non-coverage, non-response, and adjusted to reflect the non-institutionalized population of U.S. children. Standard errors account for the complex survey design. Weighted numerators and denominators were only provided for 2012. To maximize the sample size for state-level estimates by stratifiers, 3 birth years are combined. State-level stratified data are only provided for 2009-2011 and will not be updated until 2012-2014 data are available. National stratified data are not provided but can be obtained for single years at http://nccd.cdc.gov/NPAQ_DTM/ For more information on NIS breastfeeding data, visit	Data provided in 2015 for the 2016 Block Grant Application used provisional 2007 data (instead of final) and inexact standard errors and confidence intervals; this was corrected in 2016 with the data provided for 2017 applications.	Indicator has a confidence interval width >20% and should be interpreted with caution	Indicator has an unweighted denominator <50 and is not reportable
5	4B) B) Percent of infants breastfed exclusively through 6 months	NIS	Starting with 2009 births, the survey switched from a landline-only sample to a dual-frame sample including landlines and cell phones. Therefore, estimates from 2007 and 2008 may not be comparable to subsequent estimates. The estimates presented are weighted to account for the probability of selection, non-coverage, non-response, and adjusted to reflect the non-institutionalized population of U.S. children. Standard errors account for the complex survey design. Weighted numerators and denominators were only provided for 2012. To maximize the sample size for state-level estimates by stratifiers, 3 birth years are combined. State-level stratified data are only provided for 2009-2011 and will not be updated until 2012-2014 data are available. National stratified data are not provided but can be obtained for single years at http://nccd.cdc.gov/NPAQ_DTM/ For more information on NIS breastfeeding data, visit	Data provided in 2015 for the 2016 Block Grant Application used provisional 2007 data (instead of final) and inexact standard errors and confidence intervals; this was corrected in 2016 with the data provided for 2017 applications.	Indicator has a confidence interval width >20% and should be interpreted with caution	Indicator has an unweighted denominator <50 and is not reportable
6	5 Percent of infants placed to sleep on their backs	PRAMS	Per CDC PRAMS policy, only states/jurisdictions that met the 60% response rate threshold are included in U.S. estimates (n=23 in 2012; n=20 in 2013). Prior year estimates include states/jurisdictions with a ≥65% response threshold. Overall U.S. estimates by year may not be comparable due to the different states/jurisdictions included in any given year. For NY, 2008 and 2013 estimates do not include NYC while 2012 estimates only include NYC. For 2013, 14 states/jurisdictions did not yet have weighted data as of 3/4/2016. The stratifiers of maternal race/ethnicity and education include states using both the 1989 and 2003 revisions of the U.S. Standard Certificate of Live Birth. The lack of detail in the 1989 revision generally results in an overestimate of single race mothers (multiple race is not ascertained) and an overestimate of maternal educational attainment. The estimates, numerators, and denominators presented are weighted to account for the probability of selection, non-response, and non-coverage. Standard errors account for the	Data provided in 2015 for the 2016 Block Grant Application used health insurance at delivery, which changed to insurance at survey response for data provided in 2016 for 2017 applications. Due to the lack of comparability, insurance data for 2011 were removed from the FAD data file.	Indicator has an unweighted denominator between 30 and 59 or a confidence interval width >20% and should be interpreted with caution	Indicator has an unweighted denominator <30 and is not reportable
7	6 Percent of children, ages 10 through 17 months, receiving a developmental screening using a parent-completed screening tool	NSCH	The developmental screening measure was added in 2007 and is only available at two time points. In 2011-2012, the survey changed from a landline-only sample to a dual-frame sample including landlines and cell phones. Therefore, estimates may not be comparable over time. The estimates, numerators, and denominators presented are weighted to account for the probability of selection, non-coverage, non-response, and adjusted to reflect the non-institutionalized population of U.S. children by state. Standard errors account for the complex survey design. Certain categories of race/ethnicity (American Indian/Alaska Native, Asian, and Native Hawaiian/Other Pacific Islanders), parental educational attainment (Some College, College), and urban/rural residence were obtained from restricted access files at the National Center for Health Statistics' Research Data Center and were suppressed to protect confidentiality if the unweighted numerator was less than 5. For more information on the NSCH methodology, visit		Indicator has a confidence interval width >20% and should be interpreted with caution	Indicator has an unweighted denominator <30 and is not reportable
8	7 Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents ages 10 through 19	HCUP-SID-C	State-level estimates include inpatient stays for state residents treated in their home state and state residents treated in other states that provide data to the Healthcare Cost and Utilization Project (HCUP). For information on the HCUP Partner organizations, please visit https://www.hcup-us.ahrq.gov/partners.jsp This analysis is limited to community hospitals, which are defined as short-term, non-Federal hospitals. Community hospitals include obstetrics and gynecology, otolaryngology, orthopedic, cancer, pediatric, public, and academic medical hospitals. Excluded are long-	Data provided in 2015 for the 2016 Block Grant Application did not include hospitalizations to state residents that occurred in other states; this was corrected in 2016 with the data provided for the 2017 Block Grant Application.	Indicator has a numerator <20 and should be interpreted with caution	Indicator has a numerator ≤10 and is not reportable

Selecting State Data

Filter by State by clicking white box on right

Select your State

	A	B	C	D	E	F	G	H
1	Measure	Datasource	State	Year	Stratifier	Stratifier Subgroup	Estimate	StandardError
	Sort A to Z			2014	Total	Total	75.79	0.17
	Sort Z to A			2013	Total	Total	73.23	0.18
	Sort by Color			2012	Total	Total	73.22	0.18
	Clear Filter From "State"			2011	Total	Total	72.97	0.18
	Filter by Color			2010	Total	Total	71.73	0.18
	Text Filters			2009	Total	Total	69.94	0.18
	Search			2014	Maternal Age	<20 Years	59.29	0.85
	(Select All)			2014	Maternal Age	20-24 Years	67.69	0.41
	<input type="checkbox"/> AK			2014	Maternal Age	25-29 Years	76.69	0.31
	<input type="checkbox"/> AL			2014	Maternal Age	30-34 Years	80.87	0.29
	<input type="checkbox"/> AR			2014	Maternal Age	≥35 Years	80.09	0.38
	<input type="checkbox"/> AS			2013	Maternal Age	<20 Years	54.44	0.81
	<input type="checkbox"/> AZ			2013	Maternal Age	20-24 Years	64.85	0.42
	<input type="checkbox"/> CA			2013	Maternal Age	25-29 Years	73.91	0.33
	<input checked="" type="checkbox"/> CO			2013	Maternal Age	30-34 Years	79.15	0.30
	<input type="checkbox"/> CT			2013	Maternal Age	≥35 Years	78.54	0.39
	OK			2014	Educational Attainment	Less than high school	60.47	0.55
	Cancel			2014	Educational Attainment	High school graduate	69.11	0.40
850	OM-1	NVSS	CO	2014	Educational Attainment	College graduate	84.96	0.23
902	OM-1	NVSS	CO	2014	Educational Attainment	Some college	75.54	0.31
951	OM-1	NVSS	CO	2013	Educational Attainment	Less than high school	55.76	0.54
997	OM-1	NVSS	CO	2013	Educational Attainment	High school graduate	65.84	0.42
1043	OM-1	NVSS	CO	2013	Educational Attainment	College graduate	83.56	0.24
1089	OM-1	NVSS	CO	2013	Educational Attainment	Some college	73.69	0.32
1138	OM-1	NVSS	CO	2014	Health Insurance	Medicaid	65.14	0.30
1190	OM-1	NVSS	CO	2014	Health Insurance	Other Public	74.39	0.66
1242	OM-1	NVSS	CO	2014	Health Insurance	Private	84.69	0.20
1294	OM-1	NVSS	CO	2014	Health Insurance	Uninsured	57.86	1.21
1343	OM-1	NVSS	CO	2013	Health Insurance	Medicaid	60.60	0.32
1389	OM-1	NVSS	CO	2013	Health Insurance	Other Public	73.24	0.63
1435	OM-1	NVSS	CO	2013	Health Insurance	Private	83.19	0.20

Comparing State to US data

Add US and compare to State for each Year and Stratifier

Measure	Datasource	State	Year	Stratifier	Stratifier Subgroup	Estimate	Standard Error	
Sort A to Z			2014	Total	Total	76.66	0.02	
Sort Z to A			2014	Total	Total	75.79	0.17	
Sort by Color			2013	Total	Total	74.22	0.02	
Clear Filter From "State"			2013	Total	Total	73.23	0.18	
Filter by Color			2012	Total	Total	74.14	0.02	
Text Filters			2012	Total	Total	73.22	0.18	
Search			2011	Total	Total	73.70	0.02	
<input type="checkbox"/> TN			2011	Total	Total	72.97	0.18	
<input type="checkbox"/> TX			2010	Total	Total	73.14	0.03	
<input checked="" type="checkbox"/> US			2010	Total	Total	71.73	0.18	
<input type="checkbox"/> UT			2009	Total	Total	72.13	0.03	
<input type="checkbox"/> VA			2009	Total	Total	69.94	0.18	
<input type="checkbox"/> VI			2014	Maternal Age	<20 Years	61.38	0.10	
<input type="checkbox"/> VT			2014	Maternal Age	<20 Years	59.29	0.85	
<input type="checkbox"/> WA			2014	Maternal Age	20-24 Years	69.55	0.05	
<input type="checkbox"/> WI			2014	Maternal Age	20-24 Years	67.69	0.41	
			2014	Maternal Age	25-29 Years	77.95	0.04	
			2014	Maternal Age	25-29 Years	76.69	0.31	
406	OM-1	NVSS	US	2014	Maternal Age	30-34 Years	82.24	0.04
412	OM-1	NVSS	CO	2014	Maternal Age	30-34 Years	80.87	0.29
458	OM-1	NVSS	US	2014	Maternal Age	≥35 Years	81.13	0.05
464	OM-1	NVSS	CO	2014	Maternal Age	≥35 Years	80.09	0.38
510	OM-1	NVSS	US	2013	Maternal Age	<20 Years	58.61	0.10
513	OM-1	NVSS	CO	2013	Maternal Age	<20 Years	54.44	0.81
556	OM-1	NVSS	US	2013	Maternal Age	20-24 Years	66.91	0.05
559	OM-1	NVSS	CO	2013	Maternal Age	20-24 Years	64.85	0.42
602	OM-1	NVSS	US	2013	Maternal Age	25-29 Years	75.73	0.04
605	OM-1	NVSS	CO	2013	Maternal Age	25-29 Years	73.91	0.33
648	OM-1	NVSS	US	2013	Maternal Age	30-34 Years	80.07	0.04
651	OM-1	NVSS	CO	2013	Maternal Age	30-34 Years	79.15	0.30
694	OM-1	NVSS	US	2013	Maternal Age	≥35 Years	79.27	0.06



Selecting an NPM/NOM

Filter by Measure to make your selection (PM-1)

Clear other filters to see all State data

	A	B	C	D	E	F	G	H
1	Measure	Datasource	State	Year	Stratifier	Stratifier Subgroup	Estimate	StandardError
	Sort A to Z			2014	Total	Total	66.02	0.34
	Sort Z to A			2014	Total	Total	66.12	1.79
	Sort by Color			2014	Total	Total	53.78	2.39
	Clear Filter From "Measure"			2014	Total	Total	56.81	1.76
	Filter by Color			2014	Total	Total	57.25	2.69
	Text Filters			2014	Total	Total	59.24	1.50
	Search			2014	Total	Total	64.51	1.29
	<input type="checkbox"/> OM-9.4			2014	Total	Total	69.20	1.98
	<input type="checkbox"/> OM-9.5			2014	Total	Total	69.10	2.41
	<input checked="" type="checkbox"/> PM-1			2014	Total	Total	69.78	2.88
	<input type="checkbox"/> PM-10			2014	Total	Total	67.71	1.60
	<input type="checkbox"/> PM-11			2014	Total	Total	68.07	1.83
	<input type="checkbox"/> PM-12			2014	Total	Total	61.13	1.99
	<input type="checkbox"/> PM-13A			2014	Total	Total	51.00	2.27
	<input type="checkbox"/> PM-13B			2014	Total	Total	69.75	2.08
	<input type="checkbox"/> PM-14A			2014	Total	Total	58.31	1.55
				2014	Total	Total	70.24	1.74
				2014	Total	Total	63.71	1.24
82912	PM-1	BRFSS	KY	2014	Total	Total	71.74	1.64
82913	PM-1	BRFSS	LA	2014	Total	Total	72.04	1.57
82914	PM-1	BRFSS	ME	2014	Total	Total	69.71	1.75
82915	PM-1	BRFSS	MD	2014	Total	Total	72.96	1.85
82916	PM-1	BRFSS	MA	2014	Total	Total	76.30	1.33
82917	PM-1	BRFSS	MI	2014	Total	Total	69.49	1.58
82918	PM-1	BRFSS	MN	2014	Total	Total	68.69	1.07
82919	PM-1	BRFSS	MS	2014	Total	Total	71.41	2.29
82920	PM-1	BRFSS	MO	2014	Total	Total	60.87	2.11
82921	PM-1	BRFSS	MT	2014	Total	Total	61.19	2.19
82922	PM-1	BRFSS	NE	2014	Total	Total	60.69	1.31
82923	PM-1	BRFSS	NV	2014	Total	Total	61.13	3.04
82924	PM-1	BRFSS	NH	2014	Total	Total	63.16	2.45



Ranking for an NPM/NOM

Filter a given Year (2014) and Stratifier (Total)

Click white box to the right of Estimate to sort

See range of 51.0% to 76.6% and where your State ranks

	A	B	C	D	E	F	G	H
1	Measure	Datasource	State	Year	Stratifier	Stratifier Subgroup	Estimate	StandardError
82894	PM-1	BRFSS	RI	2014	Total			1.94
82895	PM-1	BRFSS	MA	2014	Total			1.33
82896	PM-1	BRFSS	TN	2014	Total			2.05
82897	PM-1	BRFSS	NJ	2014	Total			1.35
82898	PM-1	BRFSS	WV	2014	Total			1.69
82899	PM-1	BRFSS	WI	2014	Total			1.83
82900	PM-1	BRFSS	MD	2014	Total			1.85
82901	PM-1	BRFSS	NY	2014	Total			1.55
82902	PM-1	BRFSS	LA	2014	Total			1.57
82903	PM-1	BRFSS	PR	2014	Total			1.54
82904	PM-1	BRFSS	KY	2014	Total			1.64
82905	PM-1	BRFSS	MS	2014	Total			2.29
82906	PM-1	BRFSS	NC	2014	Total			1.47
82907	PM-1	BRFSS	IA	2014	Total			1.74
82908	PM-1	BRFSS	DC	2014	Total			2.88
82909	PM-1	BRFSS	IL	2014	Total			2.08
82910	PM-1	BRFSS	ME	2014	Total			1.75
82911	PM-1	BRFSS	MI	2014	Total			1.58
82912	PM-1	BRFSS	SD	2014	Total	Total	69.47	2.34
82913	PM-1	BRFSS	CT	2014	Total	Total	69.20	1.98
82914	PM-1	BRFSS	DE	2014	Total	Total	69.10	2.41
82915	PM-1	BRFSS	VA	2014	Total	Total	69.02	1.60
82916	PM-1	BRFSS	MN	2014	Total	Total	68.69	1.07
82917	PM-1	BRFSS	GA	2014	Total	Total	68.07	1.83
82918	PM-1	BRFSS	FL	2014	Total	Total	67.71	1.60
82919	PM-1	BRFSS	PA	2014	Total	Total	67.07	1.65
82920	PM-1	BRFSS	AL	2014	Total	Total	66.12	1.79
82921	PM-1	BRFSS	US	2014	Total	Total	66.02	0.34
82922	PM-1	BRFSS	ND	2014	Total	Total	65.69	2.26
82923	PM-1	BRFSS	OH	2014	Total	Total	64.98	1.77
82924	PM-1	BRFSS	VT	2014	Total	Total	64.56	1.80



Additional Filters

- **Data Source**

- ACS, BRFSS, CMS Hospital Compare, HCUP – SID, NIS, NSCH, NVSS, PRAMS, WIC, YRBSS

- **Year**

- **Stratifier**

- Birth Order, Child/Maternal Age, CSHCN status, Education, Grade, Health Insurance, Income/Poverty, Language, Marital Status, Nativity, Plurality, Race/Ethnicity, Sex, Urban/Rural Residence, WIC Participation

Statistical Significance Testing

- State versus US (dependent t-test)
- Example: 2014 NPM-1, is State X significantly lower than US?

State	Estimate	SE	Lower CI	Upper CI	Numerator	Denominator
X	62.98	1.59	59.82	66.03	530,080	841,697
US	66.02	0.34	65.35	66.69	36,809,869	55,754,237

$$\frac{(X - US)}{\sqrt{SE(X)^2 + SE(US)^2 - 2 * SE(X)^2 * \frac{Denom(X)}{Denom(US)}}} = \frac{-3.04}{1.60}$$

$$= -1.90$$

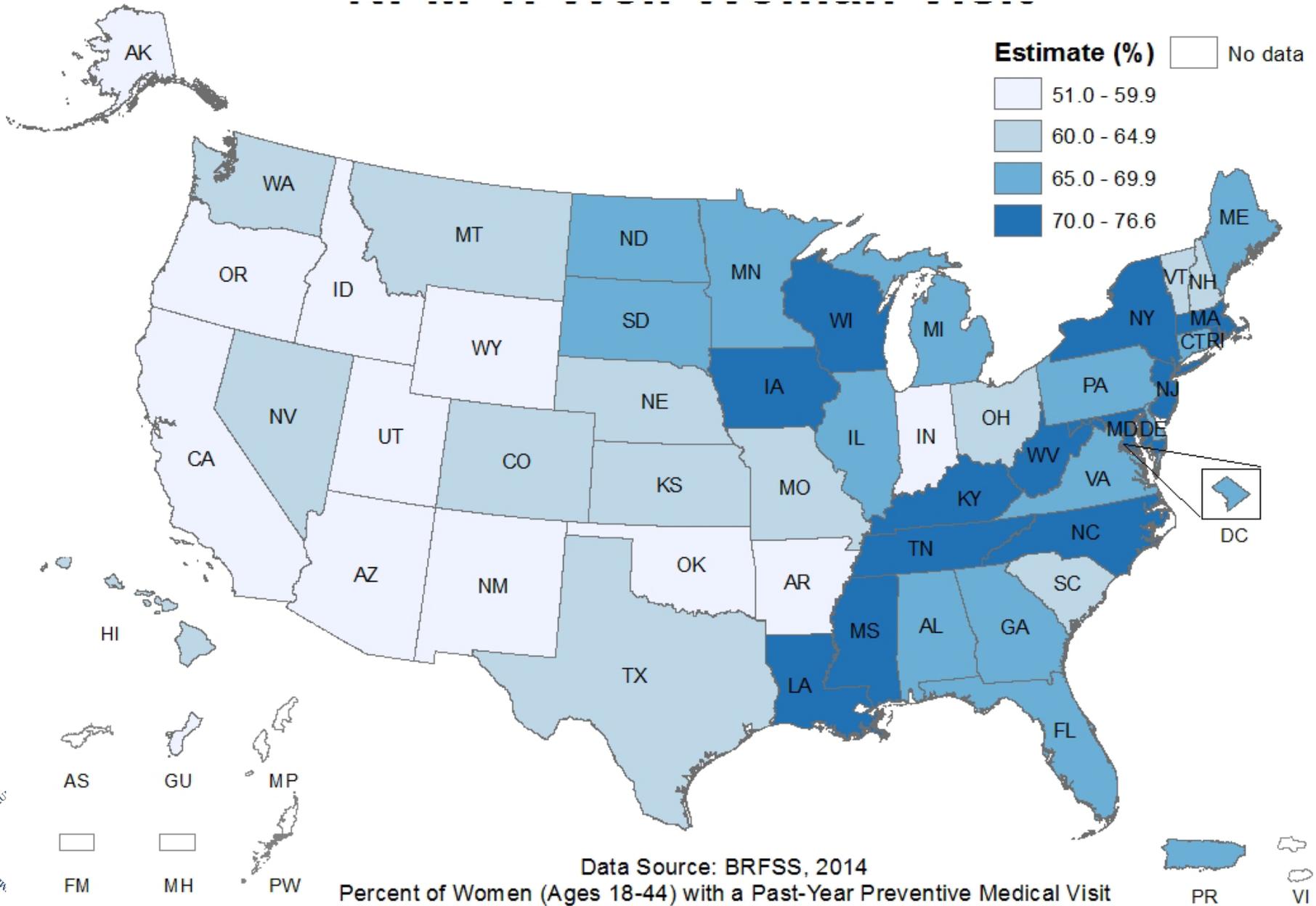
not statistically significant, $p \geq 0.05$

Difference of -3.0, 95% CI (-6.2, 0.1)

Numbers Affected

- **Numerators and denominators can be used to help quantify and communicate the impact of a problem, a disparity, or an improvement**
- **Examples:**
 - An estimated 36.3% or 1.8 million women aged 18-44 years in State X did not receive a preventive medical visit in the past year
 - Uninsured women are much less likely than insured women to have a past-year preventive visit (47.4% versus 71.5%); if uninsured women had the same rate of past-year preventive visits, an additional 376,493 women would have received a visit
 - The improved rate of past-year preventive visit between year X and Y translated to an additional 399,778 women receiving a visit

NPM 1: Well-Woman Visit



State Examples of Use

- **Nebraska – Jennifer Severe-Oforah**
 - Used for quality checks compared to state monitoring indicators
 - Found some differences in safe sleep (definition), NIS breastfeeding data (public use file versus official birth cohort estimates)
- **Kansas – Jamie Kim**
 - Used NOM-7 Early Elective Delivery data link to CMS Hospital Compare; determined it included hospitals accounting for 90% of all births and then applied birth certificate denominators to get numbers affected
 - Used NPM-2 Low-risk Cesarean Delivery SAS code to look at more timely data available at the state level
- **Vermont – Michael Kenny**
 - Trend data to set objectives
 - Comparisons to US data and stratifier disparities for informational briefs



Contact Information

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Facebook: facebook.com/HHS.HRSA



Summarizing Data for Title V National Performance Measures

Michael Kenny, MS

Public Health Analyst

Vermont Department of Health

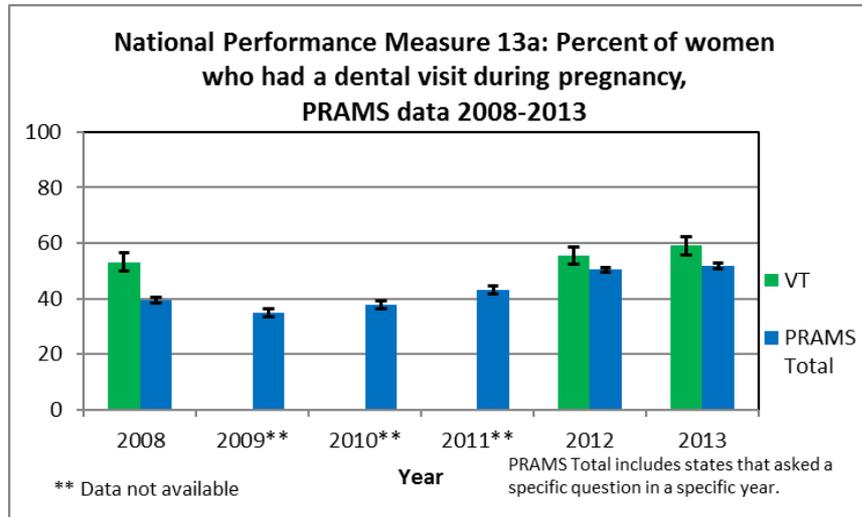
July 27, 2016

Federally Available Data (FAD) in Excel, filtered to show US and Vermont data only

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	Measure	Datasource	State	Year	Stratifier	Stratifier Subgroup	Estimate	StandardError	LowerCI	UpperCI	Numerator	Denominator	ntepretWithCaut	DataNotReporta
93264	PM-13A	PRAMS	US	2013	Total	Total	51.90	0.53	50.87	52.93	478637	922185	NO	NO
93281	PM-13A	PRAMS	VT	2013	Total	Total	59.18	1.66	55.88	62.39	3353	5666	NO	NO
93285	PM-13A	PRAMS	US	2012	Total	Total	50.52	0.42	49.70	51.35	864338	1710837	NO	NO
93310	PM-13A	PRAMS	VT	2012	Total	Total	55.38	1.60	52.23	58.48	3136	5663	NO	NO
93314	PM-13A	PRAMS	US	2011	Total	Total	43.12	0.69	41.79	44.47	214474	497346	NO	NO
93324	PM-13A	PRAMS	US	2010	Total	Total	37.76	0.70	36.40	39.14	331610	878246	NO	NO
93336	PM-13A	PRAMS	US	2009	Total	Total	34.85	0.76	33.37	36.36	275281	789992	NO	NO
93347	PM-13A	PRAMS	US	2008	Total	Total	39.29	0.50	38.30	40.28	378828	964256	NO	NO
93362	PM-13A	PRAMS	VT	2008	Total	Total	53.10	1.65	49.85	56.32	2862	5391	NO	NO
93365	PM-13A	PRAMS	US	2013	Maternal Age	<20 Years	45.02	2.12	40.90	49.21	26127	58032	NO	NO
93382	PM-13A	PRAMS	VT	2013	Maternal Age	<20 Years	33.79	7.66	20.68	49.97	91	268	YES	NO
93386	PM-13A	PRAMS	US	2013	Maternal Age	20-24 Years	39.25	1.15	37.02	41.53	77778	198152	NO	NO
93403	PM-13A	PRAMS	VT	2013	Maternal Age	20-24 Years	43.35	4.32	35.16	51.92	402	928	NO	NO
93407	PM-13A	PRAMS	US	2013	Maternal Age	25-29 Years	52.64	0.97	50.74	54.53	148025	281211	NO	NO
93424	PM-13A	PRAMS	VT	2013	Maternal Age	25-29 Years	58.33	2.95	52.45	63.98	1063	1823	NO	NO
93428	PM-13A	PRAMS	US	2013	Maternal Age	30-34 Years	58.59	1.00	56.63	60.53	146378	249835	NO	NO
93445	PM-13A	PRAMS	VT	2013	Maternal Age	30-34 Years	68.53	2.82	62.77	73.78	1163	1697	NO	NO
93449	PM-13A	PRAMS	US	2013	Maternal Age	≥35 Years	59.52	1.38	56.79	62.20	80330	134955	NO	NO
93466	PM-13A	PRAMS	VT	2013	Maternal Age	≥35 Years	66.74	3.77	58.99	73.68	633	948	NO	NO
93470	PM-13A	PRAMS	US	2012	Maternal Age	<20 Years	43.81	1.57	40.77	46.91	51083	116593	NO	NO
93495	PM-13A	PRAMS	VT	2012	Maternal Age	<20 Years	55.23	6.99	41.47	68.23	190	345	YES	NO
93499	PM-13A	PRAMS	US	2012	Maternal Age	20-24 Years	40.18	0.94	38.36	42.03	145614	362370	NO	NO
93524	PM-13A	PRAMS	VT	2012	Maternal Age	20-24 Years	39.38	3.32	33.09	46.05	509	1294	NO	NO
93528	PM-13A	PRAMS	US	2012	Maternal Age	25-29 Years	48.70	0.79	47.15	50.25	247798	508857	NO	NO
93553	PM-13A	PRAMS	VT	2012	Maternal Age	25-29 Years	50.91	3.08	44.89	56.90	779	1531	NO	NO
93557	PM-13A	PRAMS	US	2012	Maternal Age	30-34 Years	57.78	0.79	56.23	59.31	267945	463737	NO	NO
93582	PM-13A	PRAMS	VT	2012	Maternal Age	30-34 Years	64.97	2.87	59.16	70.38	1016	1564	NO	NO
93586	PM-13A	PRAMS	US	2012	Maternal Age	≥35 Years	58.59	1.06	56.49	60.65	151899	259277	NO	NO
93611	PM-13A	PRAMS	VT	2012	Maternal Age	≥35 Years	68.89	3.59	61.47	75.45	641	930	NO	NO
93615	PM-13A	PRAMS	US	2013	Educational Attainment	Less than high school	38.79	1.46	35.96	41.68	48648	125428	NO	NO
93632	PM-13A	PRAMS	VT	2013	Educational Attainment	Less than high school	42.08	6.87	29.48	55.80	156	370	YES	NO

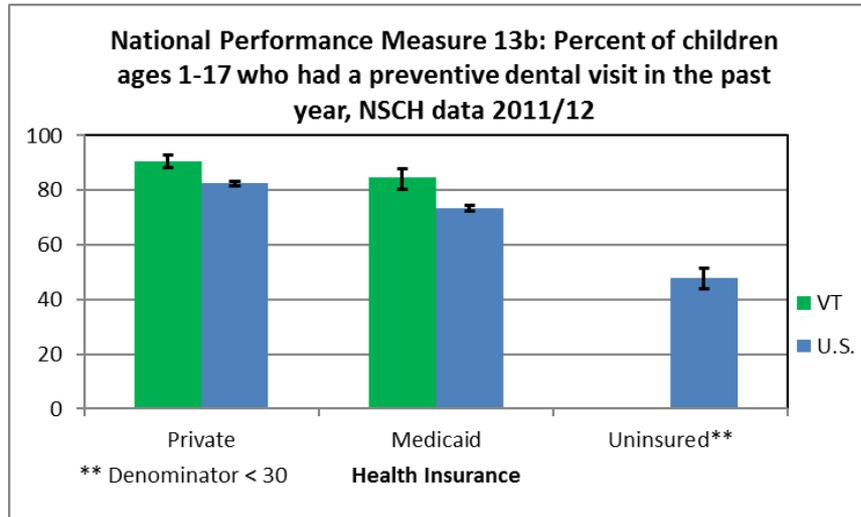
There is a wealth of data available here, but it needs to be re-arranged in order to be interpretable. What I do is combine the data from the U.S. and Vermont into blocks, adding the most recent year to my overall measures and rearranging the stratified measures. I then use Excel to chart data comparing U.S. and VT side by side.

Federally Available Data (FAD) in Table Form



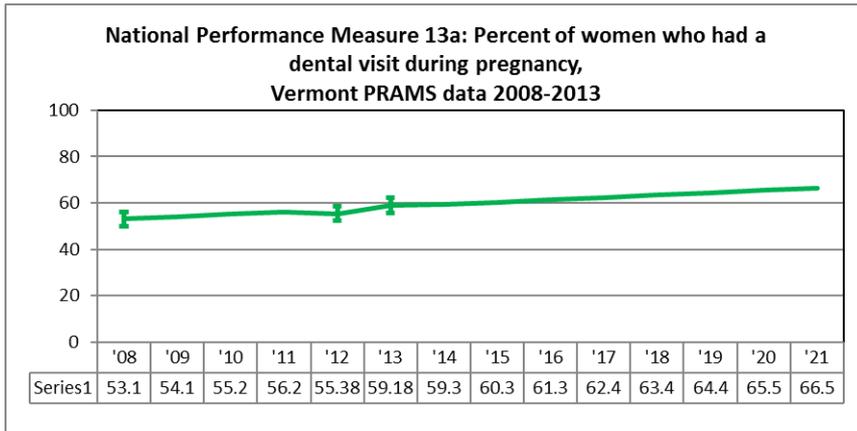
Measure	State	Year	Annual InStandard	Lower 95%	Upper 95%	Confidence Interval	Numerator	Denominator		
NPM-13A	VT	2008	53.1	1.65	49.85	56.32	3.25	3.22	2862	5391
NPM-13A	VT	2012	55.38	1.6	52.23	58.48	3.15	3.1	3136	5663
NPM-13A	VT	2013	59.18	1.66	55.88	62.39	3.3	3.21	3353	5666
NPM-13A	US	2008	39.29	0.5	38.3	40.28	0.99	0.99	378828	964256
NPM-13A	US	2009	34.85	0.76	33.37	36.36	1.48	1.51	275281	789992
NPM-13A	US	2010	37.76	0.7	36.4	39.14	1.36	1.38	331610	878246
NPM-13A	US	2011	43.12	0.69	41.79	44.47	1.33	1.35	214474	497346
NPM-13A	US	2012	50.52	0.42	49.7	51.35	0.82	0.83	864338	1710837
NPM-13A	US	2013	51.9	0.53	50.87	52.93	1.03	1.03	478637	922185

Federally Available Data (FAD) in Graph and Table Form

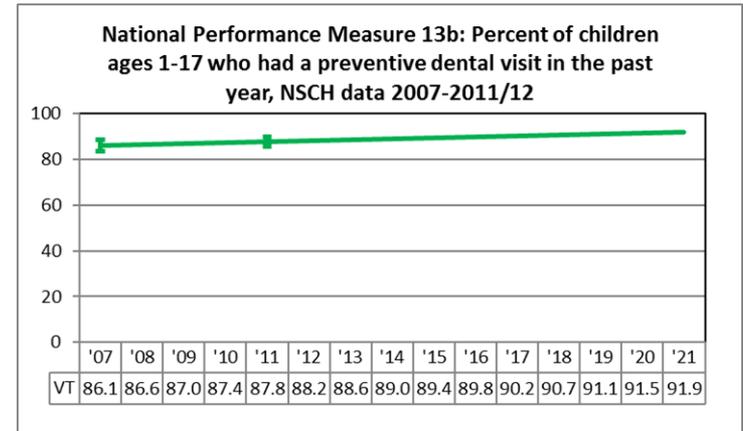


Measure	State	Year	Stratifier	Stratifier Subg	Annual In	Standard I	Lower 95%	Upper 95%	Confidence Interval	Numerator	Denominator	
NPM-13B	VT	2011_2012	Health Insu	Private	90.67	1.16	88.13	92.71	2.54	2.04	59330	65438
NPM-13B	VT	2011_2012	Health Insu	Medicaid	84.59	1.95	80.37	88.04	4.22	3.45	43190	51058
NPM-13B	VT	2011_2012	Health Insu	Uninsured**	0				0	0		
NPM-13B	US	2011_2012	Insurance	Private	82.45	0.36	81.74	83.14	0.71	0.69	32463504	39373000
NPM-13B	US	2011_2012	Insurance	Medicaid	73.48	0.61	72.26	74.65	1.22	1.17	18326036	24941767
NPM-13B	US	2011_2012	Insurance	Uninsured	47.7	1.86	44.07	51.35	3.63	3.65	1877316	3935838

Forecast Results



Here we have a statistically non-significant linear trend of about 1% per year. The VT PRAMS questionnaire did not include the dental visit question in 2009-2011.



There is a non-significant difference between the two surveys of 0.4% per year. The long extrapolation from the 2011-2012 NSCH survey to the end of the Title V forecasting period is clearly indicated.

Forecast Results

(page 2)

NPM 13-A) Percent of women who had a dental visit during pregnancy and B) Percent of children, ages 1 through 17 who had a preventive dental visit in the past year

	2016	2017	2018	2019	2020
Annual Objective	60	60	65	65	70
Annual Objective	90	90	92	92	95

NPM 14-A) Percent of women who smoke during pregnancy and B) Percent of children who live in households where someone smokes

	2016	2017	2018	2019	2020
Annual Objective	15	12	10	10	8.5
Annual Objective	15	12	12	11	10

MCH Informational Briefs

The Division of Maternal and Child Health uses the Title V information, along with other data sources and program-specific information to create a short, less-technical, informational brief for distribution to interested members of the public.

Division of Maternal & Child Health

BRIEF: Oral Health

The vision of the Division of Maternal and Child Health is that the health and wellness of Vermont's women, children, and families is a foundation for the health of all Vermonters. We work to achieve this vision through strategies that are family centered, evidence based, and data driven.

Priority Area Reduce the risk of chronic disease across the lifespan

Performance Measure

- a) Percent of women who had a preventive dental visit during pregnancy
- b) Percent of children ages 1-17 who had a preventive dental visit in the past year

Introduction. Oral health is a vital component of overall health. Access to oral health care, good oral hygiene and adequate nutrition are essential to help children, adolescents, and pregnant women achieve and maintain oral health. Insufficient access to oral health care and effective preventive services affects children's health, education, and ability to prosper. State Title V Maternal Child Health and Oral Health programs have long recognized the importance of improving availability and quality of services to improve oral health for children and pregnant women.

Results. The Vermont PRAMS survey specifically asked pregnant women about dental cleanings during pregnancy in 2008 and 2012. Between those two years, there was a non-statistically significant increase in visit rates from 53.1% to 55.4%. *Source: Pregnancy Risk Factor Surveillance System (PRAMS), 2008 and 2012*

Women Who Had a Preventive Dental Visit During Pregnancy, by Receipt of WIC, 2012

Category	Percent of Women
Total	55.4
WIC	45.7
Non-WIC	62.8

■ 62.8% of Vermonters who did not receive WIC assistance during pregnancy had a preventive dental visit. This exceeded the rate of **WIC recipients** (45.7%).

Women Who Had a Preventive Dental Visit During Pregnancy, by Age, 2012

Age Group	VT (%)	All PRAMS States (%)
<20*	55	44
20-24	39	40
25-29	51	49
30-34	63	57
≥35	69	58

* Due to small sample size, interpret with caution.

Women Who Had a Preventive Dental Visit During Pregnancy, by Education, 2012

MCH Informational Briefs (page 2)

Vermont Strategies.

- Support the role of the Oral Health Director in the Health Department's chronic disease division and programmatic planning
- MCH Coordinators (MCHCs) at the District office level work in tangent with co-located Public Health Dental Hygienists (PHDH) to:
 - Assess dental health landscape and share resource availability with health care and community partners
 - Provide outreach to Ob/Gyns and dentists regarding: a) the expanded Medicaid benefit for pregnant women; and b) *Bright Futures*
 - Outreach to pediatric providers regarding: a) oral health education and referral to a dental home; and b) fluoride varnish
- PHDHs provide assessment, screening, and education to WIC participants
- Statewide oral health coalition, with a priority focus on pregnancy and young children
- Partner in statewide policy work regarding the pending introduction of mid-level dental providers into Vermont's oral health workforce
- Local MCH coalitions promote oral health messages
- Partner with Medicaid to improve oral health access:
 - State Plan Amendment to allow dental hygienists to bill Medicaid
 - Promote the HD modifier for the expanded dental benefit for pregnant women
 - Update and monitor the Department of Vermont Health Access' (state Medicaid agency) Dental Action Plan
- Strengthen Vermont chapter of ACOG and ensure key public health messaging/content is integrated
- Offer training for pediatric health care providers to conduct oral health risk assessment and fluoride varnish (*From the First Tooth*)
- Offer training to dental care providers to promote *Bright Futures* guidance to increase capacity and willingness to see children beginning at age 1
- Explore concept of Full Service Schools and School-based Health Centers as opportunity to promote oral health care and connection to dental homes
- Oversee the Tooth Tutor program (designed to connect students with a local source of dental care) in schools, pre-schools, and Head Start programs

Several Informational Briefs are provided in the download files along with the slides for this presentation.

Thank You!

Questions or Comments?

Contact: Michael.Kenny@vermont.gov

Technical assistance with data analysis and guidance for this presentation were provided by:

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Question & Answer Period

- **To ask a question on the Web:**
 - Enter your question in the field at the bottom of the “QUESTIONS” box at the bottom of your screen and hit enter. Your question will be sent directly to the moderator.
- **To ask a question via phone:**
 - Press ***1** to indicate that you have a question.

Additional Questions

- If you have any additional questions, you can email them to:

dataspeak@altarum.org

Thank You

Thank you for participating. **Please click on this link to complete feedback on today's program.**

(the link will open in a new window)