Data, Data Everywhere......
Data Resources for the Population Health Clerkship and Beyond...

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Lecture Objectives

- Present an overview of the transition from Epidemiology and Biostatistics to the Population Health Clerkship (PHC)
- Present a series of web sites and sources of data that students might find useful in their upcoming PHC work
- Identify sites (both national and state level) that provide both numeric and graphical interfaces with their data – with some live demonstrations
Population Health Clerkships: 2013

<table>
<thead>
<tr>
<th>Addiction</th>
<th>Intellectual Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Stability</td>
<td>Homelessness</td>
</tr>
<tr>
<td>Obesity</td>
<td>Geriatrics</td>
</tr>
<tr>
<td>HIV</td>
<td>LGBTQ</td>
</tr>
<tr>
<td>Corrections</td>
<td>Injury Prevention</td>
</tr>
<tr>
<td>Refugees</td>
<td>Food Insecurity</td>
</tr>
<tr>
<td>Adolescents</td>
<td>Mental/Behavioral Health</td>
</tr>
<tr>
<td>Veteran’s Health</td>
<td>Health Policy</td>
</tr>
<tr>
<td>End of Life Care</td>
<td>Urban Working Poor</td>
</tr>
</tbody>
</table>
Population Health: Chronic Illness
U.S. Census Data

- The U.S. Census Bureau:
  - Government agency responsible for the U.S. census
  - Gathers national demographic and economic data
  - Leading source of data about America’s people and the economy – since the late 1700’s
  - Performs official decennial (every 10 yrs) count of people living in the U.S. – mandated by the U.S. Constitution
  - Census counts are used to reallocate the number of seats each state is allowed in the U.S. House of Representatives (and the Electoral College)
The U.S. Census Bureau:

- Census counts also affect a range of government programs received by each state (over $400B/year is distributed through federal and state funding for community improvements, public health, education, transportation, etc)
- Additional demographic surveys are conducted on behalf of the federal government on employment, crime, health, expenditures, and housing
- Guarantees non-disclosure of any addresses or personal information related to individuals or establishments
# U.S. Census Data

## U.S. Census Numbers:

<table>
<thead>
<tr>
<th>Region</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>World</td>
<td>7,109,474,035</td>
</tr>
<tr>
<td>United States</td>
<td>313,914,040</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>6,646,144</td>
</tr>
<tr>
<td>Worcester County</td>
<td>806,163</td>
</tr>
<tr>
<td>Worcester, MA (city)</td>
<td>182,669</td>
</tr>
</tbody>
</table>

## 10 most populous countries:

<table>
<thead>
<tr>
<th>Country</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>China</td>
<td>1.349 billion</td>
</tr>
<tr>
<td>India</td>
<td>1.220 billion</td>
</tr>
<tr>
<td>United States</td>
<td>314 million</td>
</tr>
<tr>
<td>Indonesia</td>
<td>251 million</td>
</tr>
<tr>
<td>Brazil</td>
<td>201 million</td>
</tr>
<tr>
<td>Pakistan</td>
<td>193 million</td>
</tr>
<tr>
<td>Nigeria</td>
<td>174 million</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>163 million</td>
</tr>
<tr>
<td>Russia</td>
<td>142 million</td>
</tr>
<tr>
<td>Japan</td>
<td>127 million</td>
</tr>
</tbody>
</table>

In the world, there is 1 birth every 8 seconds, and 1 death every 12 seconds!
U.S. Census Data

- http://www.census.gov
- http://factfinder2.census.gov – the new American FactFinder is the official source for 2000 and 2010 census data
- QuickFacts profiles are available for the nation, states, counties and large cities http://quickfacts.census.gov/qfd/index.html
Quick, easy access to facts about people, business, and geography

To begin, select a state from this list or use the map to the right.

Massachusetts

QuickFacts includes statistics for all states and counties, and for cities and towns with more than 5,000 people.

Student State Facts - a site specifically for younger students.
### Massachusetts QuickFacts

#### Select a state - USA QuickFacts - What's New - FAQ

- Massachusetts counties - selection map
- Massachusetts cities - place search
- Select a county
- Select a city
- More Massachusetts data sets
- Share this page

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### Massachusetts

<table>
<thead>
<tr>
<th>People QuickFacts</th>
<th>Massachusetts</th>
<th>USA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2012 estimate</td>
<td>6,646,144</td>
<td>318,914,040</td>
</tr>
<tr>
<td>Population, 2010 (April 1) estimates base</td>
<td>6,547,629</td>
<td>308,745,508</td>
</tr>
<tr>
<td>Population, percent change, April 1, 2010 to July 1, 2012</td>
<td>1.5%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Population, 2010</td>
<td>6,547,629</td>
<td>308,745,638</td>
</tr>
<tr>
<td>Persons under 5 years, percent, 2012</td>
<td>5.5%</td>
<td>6.4%</td>
</tr>
<tr>
<td>Persons under 18 years, percent, 2012</td>
<td>21.1%</td>
<td>23.5%</td>
</tr>
<tr>
<td>Persons 65 years and over, percent, 2012</td>
<td>14.4%</td>
<td>13.7%</td>
</tr>
<tr>
<td>Female persons, percent, 2012</td>
<td>51.3%</td>
<td>90.8%</td>
</tr>
<tr>
<td>White alone, percent, 2012 (a)</td>
<td>83.7%</td>
<td>77.9%</td>
</tr>
<tr>
<td>Black or African American alone, percent, 2012 (a)</td>
<td>7.9%</td>
<td>13.1%</td>
</tr>
<tr>
<td>American Indian and Alaska Native alone, percent, 2012 (a)</td>
<td>0.5%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Asian alone, percent, 2012 (a)</td>
<td>5.8%</td>
<td>5.1%</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander alone, percent, 2012 (a)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Want more? [Browse data sets for Massachusetts](http://quickfacts.census.gov/cbf/d/states/25000.html)
The American Community Survey (ACS) is a nationwide survey designed to provide communities with a fresh look at how they are changing. The ACS is a critical element of the U.S. decennial census program. The ACS collects information on age, race, income, home values, veteran status, transportation, etc. The ACS collects and produces population and housing information every year instead of every 10 years. Approximately 3 million housing unit addresses are selected annually, across all counties in the nation. Like the U.S. Census, information about individuals is kept with strict confidence.
American Community Survey

- [http://www.census.gov/acs/www/](http://www.census.gov/acs/www/)
- The ACS produces 1- and 3-year estimates for geographic areas (depending on population size), as well as for a variety of topics: age, disability, education, employment, poverty, race/ethnicity, language, veterans status, etc.
- New in 2010, 5-year estimates were also produced for 2005-2009 by the ACS
CDC – Centers for Disease Control and Prevention

- The CDC is a federal agency under the Department of Health and Human Services.
- Its mission is to protect public health and safety by providing information to enhance health decisions and promote health through partnerships (especially with states).
- Its national focus is on disease prevention and control, environmental health, occupational safety and health, health promotion, injury prevention, and education.
The CDC compiles Health, United States (annually) a report to Congress presenting national trends in health statistics (via the National Center for Health Statistics).

Health, United States includes an extensive chart book assessing the nation’s health by presenting trends in morbidity, mortality, health care utilization, health risk factors, prevention, health insurance, and personal health care expenditures.

Data is also cross-referenced and available for various population groups (e.g., children, elders, women’s and men’s health, disability groups, etc.).

State-specific data is also available.
The National Center for Health Statistics (NCHS) is a rich source of information about America’s health
NCHS is the nation’s principle health statistics agency
NCHS compiles information to guide actions and policies to improve health
NCHS is a critical element of the nation’s public health infrastructure, providing surveillance information that helps identify and address critical health problems
The CDC also compiles FastStats, a site providing quick access to statistics on topics of public health importance.

Many links are provided to publications that include the statistics presented, to sources of more data, and to content-related web pages.

State-specific data is also available from many of their sponsored data sources.
CDC – Centers for Disease Control and Prevention

- http://www.cdc.gov
- http://www.cdc.gov/nchs
- http://www.cdc.gov/nchs/hus
- http://www.cdc.gov/nchs/hus/state.html
- http://www.cdc.gov/nchs/fastats
Diabetes Public Health Resource

Data and Trends
The Data and Trends section provides resources documenting the public health burden of diabetes and its complications, such as chronic kidney disease and visual impairment, in the United States.

Features
New 2009 U.S. county-level data are available, including first-time data for Puerto Rico.

26 million people in the United States have diabetes. National Diabetes Fact Sheet

National Prevalence of Diagnosed Diabetes [PDF-113 KB]

2010 National Chronic Kidney Disease Fact Sheet

Other Data Applications, Tools and Resources
Learn more about the methods for county-level estimates.
The Diabetes Indicators and Data Sources Internet Tool (DIDIT)
2011 National Diabetes Fact Sheet
PowerPoint slides on diabetes
2010 National Chronic Kidney Disease Fact Sheet
Chronic Kidney Disease Initiative

National Diabetes Fact Sheet, 2011

FAST FACTS ON DIABETES

Diabetes affects 25.8 million people
8.3% of the U.S. population

DIAGNOSED
18.8 million people

UNDIAGNOSED
7.0 million people

All ages, 2010

- Among U.S. residents aged 65 years and older, 10.9 million, or 26.9%, had diabetes in 2010.
- About 215,000 people younger than 20 years had diabetes (type 1 or type 2 diabetes) in 2010.
Download CDC's App On Your iPad

FOR SPECIFIC GROUPS

Life Stages & Populations
Infant & Child, Men, Minorities, Pregnancy, Seniors, Women...

State, Tribal, Local & Territorial
The Public Health Workforce, Program Planning, Professional Development, Tribal Support...

PUBLICATIONS
Mortality and Mortality Weekly Report (MMWR)
Emerging Infectious Diseases (EID)
Preventing Chronic Disease (PCD)

MULTIMEDIA & TOOLS
BMI Calculator
CDC-TV
eCards
Photos
Podcasts
Blogs

ABOUT CDC
CDC's Organization
Employment
CDC at Work for You 24/7
Training and Education
Budget
Visit the CDC Museum

CDC Tweets
RT @CDCtobaccoFree: If global trends continue, tobacco will cause up to 1 Billion deaths in the 21st century. Join #CDCGrandRounds 7/24, 1PM to learn more.

CDC Facebook Posts
Can you name the leading preventable cause of premature death and disease worldwide? Check back in an hour for the answer! #CDCGrandRounds

http://twitter.com/#!/CDCgov
Disparities in HIV/AIDS, Viral Hepatitis, STDs, and TB

Defining Health Disparities

Despite prevention efforts, some groups of people are affected by HIV/AIDS, viral hepatitis, STDs, and TB more than other groups of people. The occurrence of these diseases at greater levels among certain population groups more than among others is often referred to as a health disparity. Differences may occur by gender, race or ethnicity, education, income, disability, geographic location and sexual orientation among others. Social determinants of health like poverty, unequal access to health care, lack of education, stigma, and racism are linked to health disparities.

Social Determinants of Health

CDC is developing future priorities and identifying best practices for addressing societal factors that increase risk for HIV/AIDS, Viral Hepatitis, STDs, and TB. The goal of these efforts is to...
Figure 1. HIV Infection Diagnoses Among MSM, by Age Group, 2006–2009—40 States and 5 U.S. Dependent Areas*

* In the 40 states and five U.S. dependent areas with confidential name-based reporting since at least January 2006.
FastStats

FastStats A to Z

The FastStats site provides quick access to statistics on topics of public health importance and is organized alphabetically. Links are provided to publications that include the statistics presented, to sources of more data, and to related web pages.

State and Territorial Data

A
Access to Health Care
Accidents/Unintentional Injuries
ADHD
Adoption
Adolescent Health
AIDS/HIV
Alcohol Use
Allergies
Alzheimer's Disease
Ambulatory Care (Doctor Visits)
American Indian or Alaska Native Health
Anemia
Arthritis
Asian or Pacific Islander Health

Immunization
Infant Health
Infant Mortality
Infectious Disease
Infertility
Influenza
Injury
Inpatient Surgery
Kidney Disease
Leading Cause of Death
National Health Surveys

- Through the NCHS and other federal agencies, numerous health surveys are conducted on regular and periodic time frames.
- In addition to the American Community Survey, these other sources include:
  - CPS – Current Population Survey: provides estimates on employment, unemployment, and other characteristics of the general labor force, the population as a whole, and various subgroups.
  - NHIS – National Health Interview Survey: provides information on the prevalence and distribution of illness, effects on disability and chronic impairment, and health services.
  - NAMCS – National Ambulatory Medical Care Survey: provides information about health problems of ambulatory patients and treatments by office-based physicians.
  - NHDS – National Hospital Discharge Survey: provides demographic and medical data on discharged patients from hospital data.
Healthy People 2020

- Healthy People provide science-based 10-year national objectives for improving the health of all Americans
- For 3 decades, Healthy People has established benchmarks and monitored progress over time to:
  - Encourage collaborations across sectors
  - Guide individuals toward making informed health decisions
  - Measure the impact of prevention activities by providing measurable objectives and goals applicable at national, state and local levels
Healthy People 2020

- Four foundation health measures serve as indicators of progress toward achieving Healthy People 2020 goals:
  - General health status
  - Health-related quality of life and well being
  - Determinants of health
  - Disparities
Healthy People 2020

- Healthy People 2020 explores determinants of health by developing objectives that address the relationship between health status and biology, individual behavior, health services, social factors, and policies.

- The determinants of health objectives emphasize an ecologic approach to disease prevention and health promotion by focusing on both individual-level and population-level determinants and interventions.

- The many influences on health include: high quality education, nutritious food, decent/safe housing, affordable/reliable public transportation, culturally sensitive health care providers, and clean water/non-polluted air.
Healthy People 2020

- Many of Healthy People 2020’s overarching goals focus on disparities: racial, ethnic, sex, sexual identity, age, disability, SES, and geographic location.
- Understanding more about the U.S. population may help to understand the context of disparities; for example:
  - In 2008, 33% of persons identified themselves as belonging to a racial or ethnic minority.
  - In 2008, 51% of the population were women.
  - In 2008, 12% of the population reported having a disability.
  - In 2008, 23% of the population lived in rural areas.
  - In 2008, 4% of the population 18-44 yrs identified themselves as lesbian, gay, bisexual or transgender.
Healthy People 2020

Healthy People provides science-based, national goals and objectives with 10-year targets designed to guide national health promotion and disease prevention efforts to improve the health of all people in the United States. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

Contact Us:
National Center for Health Statistics
3311 Toledo Rd
Hyattsville, MD 20782
1 (800) 232-4636
Contact CDC-INFO

Healthy People 2010 Final Review
The final complete and comprehensive edition of the Healthy People 2010 Final Review is now available to view and download.

Download the report »
Healthy People 2020 - improving the Health of Americans - Windows Internet Explorer

HealthyPeople.gov

Social Determinants of Health
A person's home, school, workplace, neighborhood, and community play a critical role in improving health.

Get to know the Leading Health Indicators
Suicide Rate
In 2010, there were 12.1 suicides per 100,000 (age adjusted).

<table>
<thead>
<tr>
<th>Year</th>
<th>2010</th>
<th>2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.1</td>
<td>10.2</td>
<td>15.7% decrease needed</td>
</tr>
</tbody>
</table>

HHS Prevention Strategies
Healthy People supports prevention efforts across the U.S. Department of Health and Human Services

Get the Latest Healthy People News & Events

Spotlight
Healthy People eLearning
Looking for continuing education credits? Take the Healthy People eLearning
Lesbian, Gay, Bisexual, and Transgender Health

Goal

Improve the health, safety, and well-being of lesbian, gay, bisexual, and transgender (LGBT) individuals.

Overview

LGBT individuals encompass all races and ethnicities, religions, and social classes. Sexual orientation and gender identity questions are not asked on most national or State surveys, making it difficult to estimate the number of LGBT individuals and their health needs.
Mental Health and Mental Disorders

Objectives

Mental Health Status Improvement

MHMD-1 Reduce the suicide rate

Baseline: 1.9 suicide attempts per 100 population occurred in 2009
Target: 1.7 suicide attempts per 100 population
Target-Setting Method: 10 percent improvement
Data Source: Youth Risk Behavior Surveillance System (YRBSS), CDC/NCHHSTP

MHMD-2 Reduce suicide attempts by adolescents

Baseline: 1.9 suicide attempts per 100 population occurred in 2009
Target: 1.7 suicide attempts per 100 population
Target-Setting Method: 10 percent improvement
Data Source: Youth Risk Behavior Surveillance System (YRBSS), CDC/NCHHSTP

More Information: [Data for this objective] [The HP2010 objective with the same definition was 18-02 View on DATA2010]
**IVP-14**
Reduce nonfatal motor vehicle crash-related injuries

**IVP-15**
Increase use of safety belts

**IVP-16**
Increase age-appropriate vehicle restraint system use in children

<table>
<thead>
<tr>
<th>IVP-16.1 Birth to 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Baseline:</strong> 86 percent of children aged 0 to 12 months were restrained in rear-facing child safety seats in 2008</td>
</tr>
<tr>
<td><strong>Target:</strong> 95 percent</td>
</tr>
<tr>
<td><strong>Target-Setting Method:</strong> 10 percent improvement</td>
</tr>
</tbody>
</table>

**Data Source:** National Survey of the Use of Booster Seats (NSUBS), DOT, NHTSA

**More Information:** Data from the HHS Health Indicators Warehouse
### Violence Prevention

#### IVP-29
Reduce homicides

<table>
<thead>
<tr>
<th>Baseline:</th>
<th>10.2 firearm-related deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target:</td>
<td>9.2 deaths per 100,000 population</td>
</tr>
<tr>
<td>Method:</td>
<td>10 percent improvement</td>
</tr>
</tbody>
</table>

Data Source: National Vital Statistics System—Mortality (NVSS-M), CDC, NCHS

More Information:
- Data from the HHS Health Indicators Warehouse
- The HP2010 objective with the same definition was 15-3. View on DATA2010

#### IVP-30
Reduce firearm-related deaths

#### IVP-31
Reduce nonfatal firearm-related injuries

#### IVP-32
Reduce nonfatal physical assault injuries
Long-Term Services and Supports

OA-8  (Developmental) Reduce the proportion of noninstitutionalized older adults with disabilities who have an unmet need for long-term services and supports

OA-9  (Developmental) Reduce the proportion of unpaid caregivers of older adults who report an unmet need for caregiver support services

OA-10  Reduce the rate of pressure ulcer-related hospitalizations among older adults

OA-11  Reduce the rate of emergency department visits due to falls among older adults

Baseline: 6,235.1 emergency department visits per 100,000 due to falls occurred among older adults in 2007 (age adjusted to year 2000 standard population)

Target: 4,711.6 emergency department visits per 100,000 due to falls among older adults

Target-Setting Method: 10 percent improvement

Data Source: National Hospital Ambulatory Medical Care Survey, CDC, NCHS

More Information: Data from the HHS Health Indicators Warehouse
The Center for Immigration Studies is an independent, non-partisan, non-profit, research organization founded in 1985.

Their mission is to provide immigration policymakers and others with information about the social, economic, environmental, security, and fiscal consequences of legal and illegal immigration in the U.S.

Their web site includes numerous publications (articles, op-eds, congressional testimonials, white papers, panel discussion transcripts, etc.) – not a data-driven website.
Recent reports from the CIS quoted a number of interesting facts:

- The dramatic increase in the size of the U.S. population has profound implications for our nation’s quality of life and environment; most of the increase has been the result of immigration.
- Projections for future increases in population suggest that immigration, by itself, will add about 100 million new residents by 2050, accounting for about three-fourths of the population growth.
- Immigrants account for one in eight U.S. residents, the highest level in 80 years. In 1970 it was one in 21; in 1980 it was one in 16; and in 1990 it was one in 13.
Center for Immigration Studies

Figure 2. Total Immigrant Population, 2000-2010 (millions)

<table>
<thead>
<tr>
<th>Year</th>
<th>Population (Millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>31.1</td>
</tr>
<tr>
<td>2001</td>
<td>31.5</td>
</tr>
<tr>
<td>2002</td>
<td>33.0</td>
</tr>
<tr>
<td>2003</td>
<td>33.5</td>
</tr>
<tr>
<td>2004</td>
<td>34.3</td>
</tr>
<tr>
<td>2005</td>
<td>35.7</td>
</tr>
<tr>
<td>2006</td>
<td>37.5</td>
</tr>
<tr>
<td>2007</td>
<td>38.1</td>
</tr>
<tr>
<td>2008</td>
<td>38.0</td>
</tr>
<tr>
<td>2009</td>
<td>38.5</td>
</tr>
<tr>
<td>2010</td>
<td>40.0</td>
</tr>
</tbody>
</table>

The top 6 states accounted for 65% of the foreign-born population of the U.S. (in 2010) but only 40% of the overall US population.
Center for Immigration Studies

- http://www.cis.org

Table 5. Top 20 Immigrant-Sending Countries, 1990, 2000, 2010

<table>
<thead>
<tr>
<th>Country</th>
<th>2010</th>
<th>2000</th>
<th>1990</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mexico</td>
<td>11,711,103</td>
<td>9,177,487</td>
<td>4,298,014</td>
</tr>
<tr>
<td>China/HK/Taiwan</td>
<td>2,166,526</td>
<td>1,518,652</td>
<td>921,070</td>
</tr>
<tr>
<td>India</td>
<td>1,780,322</td>
<td>1,022,552</td>
<td>450,406</td>
</tr>
<tr>
<td>Philippines</td>
<td>1,777,588</td>
<td>1,369,070</td>
<td>912,674</td>
</tr>
<tr>
<td>Vietnam</td>
<td>1,240,542</td>
<td>988,174</td>
<td>543,262</td>
</tr>
<tr>
<td>El Salvador</td>
<td>1,214,049</td>
<td>817,336</td>
<td>465,433</td>
</tr>
<tr>
<td>Cuba</td>
<td>1,104,679</td>
<td>872,716</td>
<td>736,971</td>
</tr>
<tr>
<td>Korea</td>
<td>1,100,422</td>
<td>864,125</td>
<td>568,397</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>879,187</td>
<td>687,677</td>
<td>347,858</td>
</tr>
<tr>
<td>Guatemala</td>
<td>830,824</td>
<td>480,665</td>
<td>225,739</td>
</tr>
<tr>
<td>Canada</td>
<td>798,649</td>
<td>820,771</td>
<td>744,830</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>669,794</td>
<td>677,751</td>
<td>640,145</td>
</tr>
<tr>
<td>Jamaica</td>
<td>659,771</td>
<td>553,827</td>
<td>334,140</td>
</tr>
<tr>
<td>Colombia</td>
<td>636,555</td>
<td>509,872</td>
<td>286,124</td>
</tr>
<tr>
<td>Germany</td>
<td>604,616</td>
<td>706,704</td>
<td>711,929</td>
</tr>
<tr>
<td>Haiti</td>
<td>587,149</td>
<td>419,317</td>
<td>225,393</td>
</tr>
<tr>
<td>Iceland</td>
<td>523,584</td>
<td>302,853</td>
<td>187,723</td>
</tr>
</tbody>
</table>
New Immigration Research

The 2013 Immigration Debate
Opposing Bills in House and Senate

- S. 744
- H.R. 2278
- Gang of Eight Bill
- SAFE Act

Better SAFE Than Sorry
House Bill Would Restore Enforcement, Prioritize Safety

Immigration Blog
High Likelihood of Amnesty Fraud Discussed at Scholars’ Meeting
By David North, September 6, 2013

“Eligibility is not an issue.”

The question was the extent to which unqualified illegal aliens were applying for DACA benefits.

The chilling answer came from an immigration researcher who had been studying the reaction of a group of illegal aliens to current and proposed legalization laws.

That person said Wednesday that the attitude in “the community” — an all-encompassing, warm, supportive term often used by...
...Census Bureau data collected in 2010 show that the decade just completed may have been the highest for immigration in our nation's history, with more than 13 million new immigrants (legal and illegal) arriving...

- Steven Camarota, Director of Research at CIS
As the primary source of criminal justice statistics, the Bureau of Justice Statistics (BJS) (under the auspices of the U.S. Dept of Justice’s Office of Justice Programs) collects, analyzes, publishes and disseminates information on crime, criminal offenders, victims of crime, and the operation of justice systems at all levels of government.

Vast amounts of information are available on morbidity and mortality of inmates, type of crime, demographic groups, setting (jail, state prison, federal prison), and ‘level’ of incarceration (e.g., inmate vs parole vs on probation, as well as recidivism).

The BJS web site includes numerous publications, products, press releases, charts and data tables, and data analysis tools.

http://bjs.ojp.usdoj.gov
Some interesting facts from BJS publications:

- During 2010, the number of persons under supervision of adult correctional authorities declined by 1.3% (91,700 offenders), reaching 7.1 million at year-end (decline mostly related to fewer probationers).

- About 7 in 10 persons under the supervision of adult correctional systems were *supervised in the community* (4,887,900) on probation or parole at year-end 2010, while about 3 in 10 were *incarcerated* (2,266,800) in local jails or in the custody of state or federal prisons.
Incarceration and Health Care:

- Concern is often raised by advocates about the continuity of health care once an inmate is released.
- Many of the prisoners released will be eligible for Medicaid.
- To ensure continuity of care, advocates must urge states to help inmates enroll in Medicaid and link them to health care providers before they walk through (exit) prison gates.
Some interesting facts about inmate mortality:

- Among State prisoner deaths —
  - Half were the result of heart diseases and cancer
  - Two-thirds involved inmates age 45 or older
  - Two-thirds were the result of medical problems which were present at the time of incarceration
- 40% occurred in 5 States (Texas, California, Florida, New York, and Pennsylvania)
- Over 90% were evaluated by medical staff for their illness; 93% received medications for their illness
- Male State prisoners had a death rate 72% higher than female State prisoners
Mortality in Local Jails and State Prisons, 2000-2011 - Statistical Tables
Bureau of Labor Statistics

- The Bureau of Labor Statistics (BLS) is an independent statistical fact-finding agency reporting on labor economics.
- The BLS collects, analyzes and disseminates data to the American public, the U.S. Congress, other federal agencies, states and local governments, businesses and the labor industry. It is the main statistical resource for the U.S. Dept. of Labor.
- The BLS is charged with including: relevance to current social and economic issues; timeliness in reflecting current and rapidly-changing economic conditions; accuracy and consistently high quality data/reports; and impartiality.
- http://www.bls.gov
Productivity grows 2.3% in 2nd quarter 2013 (revised annual rate)
Productivity increased 2.3 percent in the nonfarm business sector in the second quarter of 2013; unit labor costs were unchanged (revised seasonally adjusted annual rates). In manufacturing, productivity increased 1.9 percent and unit labor costs increased 2.3 percent.

Productivity rose in two-thirds of detailed trade and food services industries in 2012
Labor productivity (output per hour) rose in wholesale trade and in retail trade but fell slightly in food services and drinking places in 2012. Productivity grew in two-thirds of the detailed trade and food services industries in 2012.

Death on the job: fatal work injuries in 2011
In the United States, an average of 13 workers die every day from injuries incurred on the job.
A Profile of the Working Poor, 2011

Highlights

Following are additional highlights from the 2011 data:

- Full-time workers were less likely to be among the working poor than were part-time workers. Among persons in the labor force for 27 weeks or more, 4.2 percent of those usually employed full time were classified as working poor, compared with 14.4 percent of part-time workers.

- Women were more likely than men to be among
### U.S. Unemployment Rates, 2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
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<th>Sep</th>
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<th>Nov</th>
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<td>5.4</td>
<td>5.6</td>
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<td>8.9</td>
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### Massachusetts Unemployment Rates, 2013

<table>
<thead>
<tr>
<th>Month</th>
<th>Worcester city</th>
<th>Shrewsbury town</th>
<th>Holden town</th>
<th>Grafton town</th>
<th>Worcester area</th>
<th>United States</th>
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<td>Jan</td>
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<td></td>
<td></td>
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<td>7.7</td>
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<tr>
<td>Mar</td>
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<td>Apr</td>
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<tr>
<td>May</td>
<td>6.6</td>
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<td></td>
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<td>Jun</td>
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<td></td>
<td></td>
<td>6.6</td>
<td>7.7</td>
</tr>
<tr>
<td>Jul</td>
<td>7.2(P)</td>
<td></td>
<td></td>
<td></td>
<td>9.3(P)</td>
<td>7.7</td>
</tr>
</tbody>
</table>

F: Reflects model reestimation and new seasonal adjustment.
B: Reflects revised population controls, model reestimation, and new seasonal adjustment.
P: Preliminary.

### Worcester, MA Unemployment Rates, 2013

Unemployment rates for the Worcester area, selected area cities, towns, and the nation.
Injuries, Illnesses, and Fatalities

The Injuries, Illnesses, and Fatalities (IIF) program provides annual information on the rate and number of work-related injuries, illnesses, and fatal injuries, and how these statistics vary by incident, industry, geography, occupation, and other characteristics.

Fatal occupational injuries and Workers' Memorial Day

Revised and final 2010 data from the Census of Fatal Occupational Injuries (CFOI) were released on April 25, 2012 - just 3 days before Workers' Memorial Day. For more information on fatal occupational injuries in the United States and Workers' Memorial Day, please see http://www.bls.gov/iif/osw/cfoi/worker_memorial.htm.

Occupational injury and illness classification system (OIICS) 2.0 undergoes minor update

In September 2010, the Bureau of Labor Statistics completed a major revision to the Occupational Injury and Illness Classification System (OIICS). The OIICS is used in the Census of Fatal Occupational Injuries (CFOI).
### Bureau of Labor Statistics

#### Table B. Leading event or exposure for selected occupations\(^1\), all ownerships, 2011

<table>
<thead>
<tr>
<th>Selected Occupations</th>
<th>Days-away-from-work cases</th>
<th>Median days-away-from-work</th>
<th>Leading event or exposure (percent of total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laborers and freight, stock, and material movers, hand</td>
<td>56,950</td>
<td>9</td>
<td>Overexertion and bodily reaction (41%), Contact with object or equipment (33%)</td>
</tr>
<tr>
<td>Nursing aides, orderlies, and attendants*</td>
<td>47,640</td>
<td>5</td>
<td>Overexertion and bodily reaction (56%), Falls, slips, trips (20%)</td>
</tr>
<tr>
<td>Janitors and cleaners, except maids and housekeeping cleaners</td>
<td>44,850</td>
<td>7</td>
<td>Overexertion and bodily reaction (38%), Falls, slips, trips (29%)</td>
</tr>
<tr>
<td>Heavy and tractor-trailer truck drivers</td>
<td>44,120</td>
<td>20</td>
<td>Overexertion and bodily reaction (33%), Falls, slips, trips (30%)</td>
</tr>
<tr>
<td>Police and sheriff's patrol officers</td>
<td>33,590</td>
<td>10</td>
<td>Violence and other injuries by persons or animals (27%), Overexertion and bodily reaction (23%)</td>
</tr>
</tbody>
</table>

\(^1\) Selected occupations had 30,000 cases and incidence rates greater than 300.

* Based on 2000 SOC definition.
Surveys Using Census Data

- Numerous bureaus and agencies collaborate/share data with the U.S. Census about conditions of the U.S. population and that of states and counties.
- This information is often used to obtain ‘between censuses’ information to produce views and studies of social and economic conditions with the country and states.
- The Census Bureau provides data to many sponsors:
  - Bureau of Justice Statistics
  - Bureau of Labor Statistics
  - Bureau of Transportation Statistics
  - Department of Housing and Urban Development
  - National Center for Health Statistics
  - The National Science Foundation
  - The Social Security Administration, and many more…
Reports Using Federal and State Data

- In addition to the many and varied datasets available for searching, more data reports than one can read or keep up with are also available from the federal government and leading healthcare foundations.
- Many reports have both national and state-level data with simple language and ready-to-use charts and graphs.
- For example:
  - U.S. Dept of Health and Human Services
  - AHRQ / Agency for Healthcare Research and Quality (www.ahrq.gov)
Reports Using Federal and State Data

- AHRQ report: National Healthcare Quality Report
  - Mandated by congress, AHRQ reports on progress and opportunities for improving health care quality and reducing health care disparities
  - This quarterly report focuses on national trends in the quality of health care provided to the American people

- National Healthcare Disparities Report – supplementary document – focusing on prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors in priority populations
Reports Using Federal and State Data

- Additional non-federal sites with health-care data/reports:
  - Robert Wood Johnson Foundation
    - [http://www.rwjf.org](http://www.rwjf.org)
  - Kaiser Family Foundation
    - [http://www.kff.org](http://www.kff.org)
  - The Commonwealth Fund
    - [http://www.commonwealthfund.org](http://www.commonwealthfund.org)
  - Pew Charitable Trust
    - [http://www.pewstates.org](http://www.pewstates.org)
We have made great strides in caring for those with advanced, progressive or incurable terminal illness, but there is still a way to go.
Medicaid Expansion Will Open Doors To Care for Ex-Convicts

By Michael Ollove, Stateline
APR 05, 2013

This story comes from our partner Stateline, the daily news service of the Pew Charitable Trusts.

Newly freed prisoners traditionally walk away from the pententiary with a bus ticket and a few dollars in their pockets. Starting in January, many of the 650,000 inmates released from prison each year will be eligible for something else: health care by way of Medicaid, thanks to the Affordable Care Act.

A sizeable portion of the nearly 5 million ex-offenders who are on parole or probation at
Vulnerable Populations

Forging Community Partnerships: The Experience of Four Medicaid Managed Care Organizations

Publications

Undocumented and Uninsured: Barriers to Affordable Care for Immigrant Populations

August 15, 2013 - While many in the United States will gain health insurance coverage as a result of the Affordable Care Act, undocumented immigrants are one group that will not see much benefit from the law. That's because the approximately 11 million undocumented immigrants residing in the U.S. are excluded from participation in the new insurance marketplaces and state Medicaid expansions.
ChartCart is an online resource that offers free and convenient access to Commonwealth Fund charts. Add charts to "My ChartCart" and then download or print your chart collection.

**Browse by Topic**
- Efficiency
- Equity and Special Populations
- Health Care Quality
- Health Insurance
- Health Outcomes
- Health System Capacity for Improvement
- International Health Policy
- State Health Policy

**Featured Charts**

**Adults Uninsured During the Year or Underinsured Are More Likely to Skip Doses or Not Fill Prescriptions for Chronic Conditions, 2012**

- Percent of adults aged 19-64 with at least one chronic condition who skipped doses or did not fill prescription for chronic condition because of cost

For more information, see the report, *Insuring the Future: Current Trends in Health Coverage and the Effects of Implementing the Affordable Care Act.*
The less insured a person (non-elder adult) is, the more likely they are to report skipping medications or not filling a prescription because of cost.
Nationwide, health care costs per person are higher in the U.S. than in any other country in the world. Massachusetts boasts an uninsured rate of less than 2% compared to a national average of 16%. But the cost of healthcare in the state remains the highest in the country.
Personal Health Care Spending
Per capita, by state of residence, 2009
Boston.com: Massachusetts moved up three places in an annual state health ranking ... grabbing the No. 4 spot for healthiest state overall in a measure of 24 parameters including: rates for smoking, alcohol abuse, exercise, violent crime, diabetes, heart disease, and infectious diseases, as well as access to primary care physicians.
The County Health Rankings is a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the Univ. of Wisconsin Population Health Institute.

These health rankings are used by policy makers and programs at the federal, state and local levels in assessing factors that determine health outcomes for communities across the nation.

County Health Rankings’ models include four health factors: health behaviors, clinical care, social and economic factors, and the physical environment to measure two health outcomes: how long people live (mortality) and how healthy people feel (morbidity).
County Health Rankings

- The County Health Rankings site provides a snapshot of a community’s health and a starting point for investigating and discussing ways to improve health.
- The site also include a list of national data sources for further information on health outcomes and health factors.
- [http://www.countyhealthrankings.org](http://www.countyhealthrankings.org)
Find Health Rankings for Your State and County

Look up your county's Rankings, learn about our methods, and download the data you need.

Learn about the Data & Methods
Find out what is measured and how the Rankings add up.

Download the Rankings Data
Select a Measure

Health Factors
- Premature death

Additional Measures
- Health Behaviors
- Clinical Care
- Social & Economic Factors
- Physical Environment
Description
Percent of adults aged 20 and over reporting no leisure time physical activity

Ranking Methodology
<table>
<thead>
<tr>
<th>Summary Measure</th>
<th>Health Factors - Health Behaviors (Diet and Exercise)</th>
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</thead>
<tbody>
<tr>
<td>Weight in Health Factors</td>
<td>2.5%</td>
</tr>
<tr>
<td>Years of Data Used</td>
<td>2009</td>
</tr>
</tbody>
</table>

Summary Information
| Range in Massachusetts (Min-Max): | 17-29% |
| Overall in Massachusetts:        | 22%    |
| National Benchmark:              | 21% (90th percentile) |
MASS.GOV: Center for Health Information and Analysis

- The Massachusetts Center for Health Information and Analysis (CHIA; formerly the Division of Health Care Financing and Policy) produces a wealth of information to ‘demystify’ the Commonwealth’s health care delivery system.
- CHIA’s mission is to improve health care quality and contain health care costs by critically examining the MA health care delivery system and providing objective information, developing and recommending policies, and implementing strategies that benefit the people of MA.
- Most of their data are in summary form, though some Excel files are available for download and individual requests of data can be made.
A sample of databases from the CHIA…
- Acute Hospital Case Mix Databases
- Hospital Summary Utilization Data
- Long Term Care Databases
- Total Medical Expenditures
- Household Surveys on Insurance Status Databases
- [http://www.mass.gov/chia](http://www.mass.gov/chia)
- Many of these sites have multiple links to key indicators of health care providing an overview of the MA health care landscape using data from providers, health plans, state agencies, and surveys of MA residents and employers.
Insurance Surveys

CHIA conducts various surveys to determine how residents of the Commonwealth are accessing and using care, including information on employer health insurance offer rates, health insurance premiums, employer contribution amounts.

Massachusetts Health Insurance Survey and Massachusetts Employer Survey

This Massachusetts Health Insurance Survey and Massachusetts Employer Survey tracks rates of insurance coverage and other key measures of access to healthcare in the Commonwealth over time. The 2011 Report relates the data captured in those surveys, and provides context about how residents are accessing care. Conceived regularly since 2002, these results show that Massachusetts has achieved the highest insurance coverage rate in the nation (approximately 97% of Commonwealth residents report having insurance), and has maintained that coverage rate since 2008, despite challenging economic conditions.

- 2011 Report (PDF) 1MB
- Chartpack (PDF) 1MB
- 2011 Questionnaire (PDF) | Word
- 2011 Methodology Report (PDF) | Word
- 2011 Detailed Tables (Excel)

Employers Health Insurance Survey

The Massachusetts Employer Survey (MES) provides information on employer health
Health Insurance Coverage in Massachusetts: Results from the 2008-2010 Massachusetts Health Insurance Surveys

December 2010

Deval Patrick, Governor
Commonwealth of Massachusetts

Timothy F. Murray
Lieutenant Governor

JudyAnn Bigby, Secretary
Executive Office of Health and Human Services

David Morales, Commissioner
Division of Health Care Finance and Policy

http://www.mass.gov/chia/researcher/chia-publications.html
2010 Health Insurance Coverage Highlights

- 98.1% of Massachusetts residents had health insurance coverage during the 2010 Massachusetts Health Insurance Survey (MHIS) period. This represents a statistically significant gain from spring 2009, when insurance coverage in the state was at 97.3%. Approximately 120,000 Massachusetts residents were found to be uninsured in the spring of 2010.

- The increase in health insurance coverage was driven largely by expanded coverage of children.

- Virtually all Massachusetts children had health insurance coverage in 2010 (99.8%). The uninsured rate for Massachusetts children fell from 1.9% in 2009 to 0.2% in 2010. At the time of the survey, about 3,300 children were uninsured.

- State survey findings have been validated by national survey data sources which find that Massachusetts has the highest health insurance coverage rate in the nation.
Uninsured Rates by Age Group

All Mass. Residents 2010

96.1% of Massachusetts residents had health insurance coverage in 2010, an uninsured rate of just 1.9% at the time of the survey. This corresponds to approximately 120,000 people.

Source: Urban Institute, based on the 2012 Massachusetts PSID. Rates are based on the following Massachusetts population estimates:

- Total Number of People: 6,429,547
- Total Children under 12: 1,542,153
- Total Non-Elderly Adults: 3,961,390

Massachusetts Division of Health Care Finance and Policy
Type of Health Insurance Coverage†
for All Massachusetts Non-Elderly Adults

Trend in Type of Coverage 2008-2010

Employer-sponsored insurance (ESI) remains, by far, the most common type of coverage for non-elderly adults in Massachusetts, covering over three-quarters of non-elderly adults in each year. There were no significant changes in the distribution of type of coverage between 2009 and 2010 for non-elderly adults.

Insurance coverage is based on the November, Medicare, employer-sponsored insurance, public or other coverage. Public or other coverage are combined because of the survey respondents' difficulties in reporting type of coverage for lower-income residents. Public or other coverage is mostly Massachusetts Health Care Commonwealth Care. Lower-income residents are non-group coverage and, to a lesser extent, Commonwealth Choice.

Source: Urban Institute tabulations on the Massachusetts HSD.

Massachusetts Division of Health Care Finance and Policy
Employers Offering Health Insurance: Massachusetts Compared to the Nation (2001-2010)

More than three-quarters of Massachusetts employers offer health insurance to their employees. The Massachusetts offer rate increased to 78.7% in 2010 from 69% in 2001. The national offer rate was 69% compared with 68% during the same time period.

"Regarding the increase in the national rate from 60% in 2009 to 69% in 2010, Kaiser/HCIF stated in their press release that "the reason for the large increase in offer rate is unclear. Because of the poor economic climate in 2010, it is unlikely that many firms began offering coverage this year. A possible explanation is that non-offering firms were more likely to cut during the last year, with the addition of non-offering firms leading to a higher offer rate among surviving firms."
Massachusetts Employers’ Reasons for Not Offering Health Insurance (2009-2010)

<table>
<thead>
<tr>
<th>Reason</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premiums too high</td>
<td>91%</td>
<td>92%</td>
</tr>
<tr>
<td>Firm is too small</td>
<td>91%</td>
<td>88%</td>
</tr>
<tr>
<td>Financial status prohibits offering insurance/too expensive</td>
<td>89%</td>
<td>83%</td>
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<tr>
<td>Employees generally covered elsewhere</td>
<td>88%</td>
<td>82%</td>
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<tr>
<td>Employees have access to insurance through Commonwealth Health Connector’s insurance plans</td>
<td>60%</td>
<td>76%</td>
</tr>
<tr>
<td>Most employees are part-time/temporary/contracted employees</td>
<td>56%</td>
<td>05%</td>
</tr>
<tr>
<td>Can attract good employees without offering</td>
<td>55%</td>
<td>46%</td>
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<tr>
<td>Administrative hassle</td>
<td>42%</td>
<td>49%</td>
</tr>
<tr>
<td>Turnover too great</td>
<td>25%</td>
<td>30%</td>
</tr>
<tr>
<td>Organization too newly established</td>
<td>11%</td>
<td>15%</td>
</tr>
</tbody>
</table>

Note: Reasons are not mutually exclusive. Estimates based on small subgroups of the overall population have larger variations, making point estimates less precise.
Source: Center for Survey Research Inquiries of the 2009 and 2013 MSHS data

Massachusetts Division of Health Care Finance and Policy
MassResources.org

Information for MassResources.org Website Users

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Types of Assistance
- Cash Assistance Programs
- Child Care and Preschools
- Education Programs
- Employment & Job Training
- Energy & Utility Assistance
- Financial Programs
- Food Programs
- Health Care - General
- Health Care - Specialized
- Home Care / Long-Term Care

Benefit Screener and Eligibility Checks for Massachusetts assistance programs

You are here: Home > Eligibility Tools

About the Eligibility Tools

How to register to use our Eligibility Tools

Already registered?

About the Eligibility Tools

MassResources.org offers an online Benefit Screener and eight online Eligibility Checks to help you find out if you are likely to qualify for various Massachusetts public assistance programs:
How much is the penalty for no insurance?

Residents without MCC health insurance face monthly penalties. The penalties add up each month without health insurance, and must be paid at tax filing time. Short gaps in coverage (up to three months) are allowed without a tax penalty.

Penalties vary by income and age:

- if you are an adult with income above 300% of the Federal Poverty Guidelines, penalties are based on ½ the cost of the lowest-priced Commonwealth Choice plan available to you

- if you are an adult with income at or below 300% of the FPG, penalties are based on ½ the cost of the lowest-priced Commonwealth Care plan available to you

- if you are an adult with income at or below 150% of the FPG, you do not have to pay a penalty if uninsured

The 2013 tax year penalties are:

<table>
<thead>
<tr>
<th>Income and Age</th>
<th>150.1-200% FPG</th>
<th>200.1-250% FPG</th>
<th>250.1-300% FPG</th>
<th>Above 300% FPG Age 18-26</th>
<th>Above 300% FPG Age 27+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tax penalty</td>
<td>$20 per month</td>
<td>$39 per month</td>
<td>$59 per month</td>
<td>$84 per month</td>
<td>$106 per month</td>
</tr>
<tr>
<td></td>
<td>$240 per year</td>
<td>$468 per year</td>
<td>$708 per year</td>
<td>$1008 per year</td>
<td>$1272 per year</td>
</tr>
<tr>
<td>Household Size</td>
<td>100%</td>
<td>133%</td>
<td>150%</td>
<td>200%</td>
<td>300%</td>
</tr>
<tr>
<td>---------------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>1</td>
<td>$11,490</td>
<td>$15,282</td>
<td>$17,235</td>
<td>$22,980</td>
<td>$34,470</td>
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<tr>
<td>2</td>
<td>$15,510</td>
<td>$20,628</td>
<td>$23,265</td>
<td>$31,020</td>
<td>$46,530</td>
</tr>
<tr>
<td>3</td>
<td>$19,530</td>
<td>$25,975</td>
<td>$29,295</td>
<td>$39,060</td>
<td>$58,590</td>
</tr>
<tr>
<td>4</td>
<td>$23,550</td>
<td>$31,322</td>
<td>$35,325</td>
<td>$47,100</td>
<td>$70,650</td>
</tr>
<tr>
<td>5</td>
<td>$27,570</td>
<td>$36,560</td>
<td>$41,355</td>
<td>$55,140</td>
<td>$82,710</td>
</tr>
<tr>
<td>6</td>
<td>$31,590</td>
<td>$42,015</td>
<td>$47,385</td>
<td>$63,180</td>
<td>$94,770</td>
</tr>
<tr>
<td>7</td>
<td>$35,610</td>
<td>$47,361</td>
<td>$53,415</td>
<td>$71,220</td>
<td>$106,830</td>
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<tr>
<td>8</td>
<td>$39,630</td>
<td>$52,708</td>
<td>$59,445</td>
<td>$79,260</td>
<td>$118,890</td>
</tr>
</tbody>
</table>

For each additional person, add $4,020, $5,347, $6,030, $8,040, $12,060, and $16,080 respectively.
PPACA: The Cost of Shared Responsibility

The Affordable Care Act requires nearly all Americans to purchase health insurance that meets its standard of essential health benefits or pay a penalty. Premium credits and cost-sharing subsidies will be available to low-income individuals for the cost of health benefits. Individuals who choose not to buy health insurance will be subject to a tax penalty.

Paying the Penalty
The penalty amount is determined by factors including taxable income, number of dependents, and joint filing status. Here's the breakdown:

For individuals (whichever is greater)

2014  $95 or 1% of income above tax filing threshold (as of 2011)
2015  $325 or 2% of income above tax filing threshold
2016  $695 or 2.5% of income above tax filing threshold
Note: Penalty for dependents under age 18 is one half of the individual amount.

For families (whichever is greater)

2014  $285 or 1% of income above tax filing threshold
2015  $675 or 2% of income above tax filing threshold
2016  $2085 or 2.5% of income above tax filing threshold
For sample penalty calculations, click here »
MassCHIP: Massachusetts Community Health Information Profile

- The Massachusetts Department of Public Health (DPH) maintains MassCHIP which provides free access to many health and social indicators.
- Community-level data is available to assess health needs, monitor health status indicators, and evaluate health programs.
- Many states have similar tools that include both instant reports (not needing to download any data; predefined reports using MassCHIP’s most recent data) as well as options to easily configure customized reports with easy-to-use downloadable data (and access to more in-depth information).
MassCHIP: Massachusetts Community Health Information Profile

- Much of the MassCHIP data is from the BRFSS: Behavioral Risk Factor Surveillance System
- The BRFSS is a continuous, random-digit-dial telephone survey of adults (though there is a youth version) conducted in all states as a collaboration between the CDC and state departments of public health
- Examples of queries you can make about state, county and city data in MA include:
  - The percentage of mothers receiving adequate prenatal care
  - The number of admissions to substance abuse treatment programs
  - The birth rate for teenagers
  - The percentage of current smokers
MassCHIP: Massachusetts Community Health Information Profile

- Data can be downloaded into Excel for further analysis (only if using the custom report, not the instant report, feature)
- MassCHIP has 39 health status, health outcomes, program utilization, and demographic data sources from which reports can be generated
- Charts and maps can also be drawn, but they aren’t easily manipulated
- http://www.mass.gov/dph/masschip
  - (masschip / password)
Instant Topics

Adolescent Health

City/Town Lookup Table
Includes CHNA, County, and ECHHS Regions.

Health Status Indicators

Adolescent Health

Adolescents Report

Asthma - Behavioral Risk Factor Surveillance System

Asthma - Mortality and Hospital Data
MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

MassCHIP
Massachusetts Community Health Information Profile

Older Adults Report for Worcester
## Behavioral Risk Factor Data (b) Worcester

MassCHIP v3.0: 12/20 - Printed: 12/6/2010, 15:44:52
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<table>
<thead>
<tr>
<th></th>
<th>Worcester Percent</th>
<th>State Percent</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Ages 60 plus</td>
<td>Ages 18-59 years</td>
</tr>
<tr>
<td>Alcohol Consumption</td>
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<td></td>
</tr>
<tr>
<td>Chronic Drinker</td>
<td>3.0</td>
<td>6.0</td>
</tr>
<tr>
<td></td>
<td>(2.1 - 3.9)</td>
<td>(4.6 - 7.5)</td>
</tr>
<tr>
<td>Binge Drinker</td>
<td>5.7</td>
<td>20.3</td>
</tr>
<tr>
<td></td>
<td>(3.3 - 8.0)</td>
<td>(17.8 - 22.8)</td>
</tr>
<tr>
<td>Smoking Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never Smoked</td>
<td>44.2</td>
<td>55.4</td>
</tr>
<tr>
<td></td>
<td>(40.8 - 47.5)</td>
<td>(52.4 - 58.3)</td>
</tr>
<tr>
<td>Former Smoker</td>
<td>44.0</td>
<td>21.2</td>
</tr>
<tr>
<td></td>
<td>(40.5 - 47.4)</td>
<td>(19.0 - 23.4)</td>
</tr>
<tr>
<td>Current Smoker</td>
<td>11.9</td>
<td>23.4</td>
</tr>
<tr>
<td></td>
<td>(9.8 - 14.0)</td>
<td>(20.9 - 25.9)</td>
</tr>
<tr>
<td>Health Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever Told Have Diabetes</td>
<td>19.7</td>
<td>5.3</td>
</tr>
<tr>
<td></td>
<td>(17.0 - 22.3)</td>
<td>(4.3 - 6.4)</td>
</tr>
<tr>
<td>Ever Told Blood Pressure High</td>
<td>56.4</td>
<td>17.3</td>
</tr>
<tr>
<td></td>
<td>(52.0 - 60.8)</td>
<td>(15.0 - 19.6)</td>
</tr>
</tbody>
</table>
Social Explorer

- Social Explorer provides access to demographic information about the U.S. from 1790 to the present
- This program creates maps and reports to help users visually analyze and understand demography and social change over time
- Interactive mapping and reporting tools let the user explore a vast array of demographic data (over 18,000 maps) quickly and easily
- http://www.socialexplorer.com
Social Explorer contains over 18,000 maps, hundreds of profile reports, 40 billion data elements, 335,000 variables and 220 years of data. Interactive mapping and reporting tools let you explore a vast array of demographic data quickly and easily.

Available Maps and Reports:
- Census data from 1790 to 2010
- American Community Survey (all)
- Religion data - InfoGroup 2009
- Religion data - RCMS 1980 to 2000
- Carbon emissions - Vulcan Project

Browse Maps
Browse Reports
UMMS Lamar Soutter Library Resources
UMMS Lamar Soutter Library Resources

Access to MassCHIP, Social Explorer and many other resources