

NEED FOR ASSISTANCE (NFA) DATA RESOURCE GUIDE

**To be used in conjunction with the New Access Points in High Poverty Counties
Need for Assistance (NFA) Worksheet**

**Health Resources and Services Administration
Bureau of Primary Health Care
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HOW TO USE THE NFA DATA RESOURCE GUIDE:

This Need for Assistance (NFA) Data Resource Guide is provided to assist applicants completing the required NFA Worksheet as part of the HRSA-07-069 ‘New Access Points in High Poverty Counties’ funding opportunity. As before, the NFA Worksheet focuses on both barriers and disparities. This NFA Data Resource Guide presents data sources for each of the barriers and disparity indicators/factors included in the NFA Worksheet.

Efforts were made to find and reference county–level data or sub-county level data wherever possible (such as data by county subdivisions, census tracts or zip codes). For indicators not available at county or sub-county levels, some States may have defined multi-county areas or other sub-State regional health areas. For each indicator used, applicants may use the available data for the county, county subdivision(s) or other sub-State area that includes the target population in their service area. Alternatively, applicants may utilize extrapolation techniques to estimate the correct value of need for the target population in the service area from the data available at higher levels. Where county-level or other local data is not available, State-level data that is broken down by categories such as race, ethnicity gender, and age may be used for extrapolation to applicants’ target population.

Where possible, for each barrier and disparity indicator/factor, the data sources that are specific to persons experiencing homelessness and migratory/seasonal farmworker populations have also been identified. For these populations, extrapolation from national or regional data sources (or contiguous States) may be necessary rather than from State or county data.

To maintain comparability, all applicants are **required** to utilize the data source provided in the NFA Data Resource Guide for responses to the required barrier (b): Percent of Population at or below 200 Percent of Poverty and responses to the optional barrier (g): 12-Month Average Unemployment Rate. For each of the remaining sections of the NFA Worksheet, applicants are encouraged to utilize one of the sources identified in this NFA Data Resource Guide in developing responses as appropriate.

While the data sources specified in the NFA Data Resource Guide are preferred, applicants may use an alternate data source to provide a response for any other barrier or disparity on the NFA Worksheet under the following guidelines:

- (a) The response must be expressed in the same units of analysis identified for that specific barrier or disparity (e.g., if a percentage is requested, the response must be a percentage; and cannot use

mortality ratio to provide a response to age-adjusted death rate, etc);

(b) Alternate data must be from a reliable and independent source, such as a State or local government agency, professional body, foundation, or other well-known organization using recognized, scientifically accepted data collection and/or analysis methods;

(c) Applicants are encouraged to use the resources with this Guide, unless alternate data is available that is more specific to the proposed target population and/or more current.

In utilizing an alternate data source, applicants must provide the following as part of the NFA Worksheet:

- the specific alternate data source;
- the year or date to which the data applies; and
- an explanation as to why that alternate data source is more accurate and more appropriate for describing the total target population(s) with the proposed service area than the sources recommended in this Guide.

All responses must be based on data for the total target population within the proposed service area, as appropriate, per the following criteria:

(a) Applicants requesting funds to serve the medically underserved population of a service area (under section 330(e) only) must provide responses that reflect the health care needs of the target population for the application. When the service area is a sub-county area (made up of groups of census tracts, other county divisions, or zip codes), but data for the particular barrier or disparity indicator are not available at sub-county levels, applicants may use an extrapolation technique to appropriately modify the available county-level or other level data to reflect the service area population. See below in this NFA Data Resource Guide for further information regarding extrapolation techniques.

(b) Applicants requesting funds to serve ONLY a homeless population (under section 330 (h)), a migrant/seasonal farmworkers population (under section 330(g)) or residents of public housing (under section 330(i)), or any combination of these special populations, may use an extrapolation technique to appropriately modify available data for these special populations to reflect their specific population(s) within the proposed service area. See below in this NFA Data Resource Guide for further information regarding extrapolation techniques.

(c) Applicants that will be requesting funds to serve a homeless population (under section 330 (h)), a migrant/seasonal farmworker population (under section 330(g)) or residents of public housing (under section 330(i)) in combination with the medically underserved, general population of a service area (under section 330(e)), must present responses that reflect the total population to be served. In calculating the response, applicants may use extrapolation techniques to appropriately modify available data to reflect the homeless, migrant/seasonal farmworker or public housing population within the service area (as in (b) above), then combine this with data for the general population within the defined the service area. As above, where sub-county data are not available, applicants may use an

extrapolation technique to modify available county-level or other level data to reflect the service area population. See below in this NFA Data Resource Guide for further information regarding extrapolation techniques.

EXTRAPOLATING DATA TO A SERVICE AREA OR TARGET POPULATION

In some cases, it may be difficult to find data specific to the proposed service area or target population at the appropriate level to effectively describe the need in the proposed service area or target population. However, key demographic information about the service area or target population may permit an extrapolation of data from a more aggregate level, such as the State or county, to the proposed service area or target population.

Instead of using more aggregate level data that may not reflect the real experience of your population, you can use the experience of one population (the “standard” population) to project the data for the target population. This approach, which can be employed in a number of situations, involves using the proportional make-up of the target population (by race/ethnicity, age or income level, for example) and the actual experience (percent or rate of disease occurring) in the “standard” population to determine what the target population would be expected to experience for that disease or outcome if they had the same experience as the standard population.

The following three examples are provided to assist applicants in performing extrapolation techniques to better represent the needs of the target population(s) in the service area when data is not available at the ideal level. All of the examples provided below are hypothetical using simulated numbers. Types of data needed to perform these types of calculations generally include the number of people in target population (by race/ethnicity as necessary) and the rate for a particular disease or outcome for the closest available level of population (county, State, national).

For the purpose of the following examples, the population data for ethnic/racial make-up of the target population is simulated to represent data available through the U.S. Census and the disease or outcome rates for population groups that could be expected at the State level from a State Department of Health. *This data is simulated and does not represent any specific community or area.*

Step 1: Calculate what percent of the total target population each ethnic/racial group represents.

POPULATION SUB-GROUPS	A. Total Number in the Target Population	B. Percentage of Target Population (A/12,500)
African American or Black	6,500	.520 (52.0%)
Latino	3,500	.280 (28.0%)
White	2,500	.200 (20.0%)
Total	12,500	1.00 (100.0%)

Step 2: Using State Department of Health data, determine the prevalence of infant mortality (IM) for each ethnic/racial group at the State level and the total IM prevalence for the State:

POPULATION SUB-GROUPS	Percentage of IM	C. By Sub-Group for the State
African American		.112 (11.2%)
Latino		.096 (9.6%)
White		.071 (7.1%)
Total for State		.084 (8.4%)

Example 1: How to project the infant mortality (IM) rate for a target population whose racial/ethnic make-up is different from the population for which that data is available.

Step 3: Calculate the projected IM data for the target population by multiplying the percent of people in each sub-group in the target population by the prevalence/percent of IM in each of the same groups experienced at the State level:

POPULATION SUB-GROUPS	A. Total Number in the Target Population	B. Percentage of Target Population	C. Percentage of IM By Sub-Group for the State	D. Target Population Infant Mortality (B*C)
African American	6,500	0.52	.112	.05824
Latino	3,500	0.28	.096	.02688
White	2,500	0.20	.071	.01420
Total	12,500	1.00	.084	.09932

Step 4: To determine the difference in the State rate for IM versus the rate expected to be experienced by the target population, multiply both the State IM rate and the target population IM rate by 100:

$$\text{State Infant Mortality Rate: } .084 \times 100 = 8.4\%$$

$$\text{Expected Target Population Infant Mortality Rate: } .09932 \times 100 = 9.9\%$$

CONCLUSION: This example shows that there is a disparity in the target population. That is, there is an excess/more infant mortality in the target population (9.9%) than in the State population (8.4%).

If specific data for the target population is not available, some implications regarding your target population may be useful in identifying proxy data that is available. For example, for a target population of migrant and seasonal farmworkers (MSFWs), an applicant might use statewide or national data for the ethnic group that

makes up the majority of the MSFW target population (e.g., Latino, Mexican, Cambodian). In such a case, an applicant could use data on that ethnic group from available statewide data as a proxy for the experience for a disease or outcome for the target population by assuming that the ethnic group at a State level had the same experience as that ethnic group at the local level. Some examples of implications for a MSFW target population may be:

MSFWs in the target population are generally Latino (or other ethnic group); therefore, issues common among Latinos at the State level are anticipated to be the same for the MSFW target population.

MSFWs are generally low income; therefore, low income underserved issues at the State level are anticipated to be the same for the MSFW target population.

Migrant workers increase the area population “XX” amount; therefore, area health indicators are worse, reflecting the additional “ABC” migrant needs.

Agricultural work has “XYZ” environmental and occupational issues; therefore, MSFWs who work in agriculture would be expected to experience “XYZ” environmental and occupational issues.

Example 2: *How to identify proxy data for a target population consisting of a “special population” (migrant and seasonal farmworkers) for which specific data is not available.*

Similar implications can be made for homeless populations in that one could “imply” from their characteristics (low income, ethnic/racial group, etc.) their similarities to other groups and utilize data sets that reflect the experiences of the other groups to determine what the homeless population would be expected to experience for a disease or outcome if they had the same experience as the group at the reported data level.

In using this method, data can be “borrowed” from one data set (county, State, national) to represent the experience that would be expected for the target population. The proxy must be similar to the target population based on the implications used to identify the target population. An example of this type of proxy measure might be the following:

Step 1: If no specific data is available for the target population, identify any assumptions/implications that can be made to represent the target population (e.g., the target population is MSFWs and MSFWs in the area are predominantly Latinos).

Step 2: Using State Department of Health data, determine the prevalence of infant mortality (IM) for each ethnic/racial group at the State level and the total IM prevalence for the State:

POPULATION SUB-GROUPS	C. Percentage of IM By Sub-Group for the State
African American	.084 (8.4%)
Latino	.116 (11.6%)
White	.063 (6.3%)
Total for State	.075 (7.5%)

Step 3: To determine the difference in the State rate for IM versus the rate experienced by Latinos in the

States (through implication representing the target population of MSFWs):

$$\begin{aligned} \text{State Infant Mortality Rate: } & .075 \times 100 = 7.5\% \\ \text{Expected Infant Mortality Rate for MSFWs: } & .116 \times 100 = 11.6\% \end{aligned}$$

CONCLUSION: This example shows that there is a disparity in the target population of MSFWs when compared to the State rate – that is, there is an excess/more infant mortality in the target population of MSFWs represented by the rate for all Latinos in the State (11.6%) than in the total State population for all races (7.5%).

This type of extrapolation technique can be accomplished in two ways. First, if “raw” data is available (i.e., the number of asthma cases from each county), the total number of people and the total number of outcomes/cases from each county can be combined to form a denominator (total population for the combined area) and numerator (total number of events) for this calculation.

Example 3: How to project the asthma rate for a target population that consists of two different areas such as two adjacent counties.

	A. County Population	B. Number of Cases of Asthma by County	C. Target Population Asthma Rate (B/A)
County A	12,600	73	
County B	7,386	21	
TOTAL	19,986	94	.0047

To determine the combined rate of asthma per 100,000 for the target population that consists of both County A and County B, multiply the total population rate of .0047 by 100,000 to get a combined asthma rate of 470/100,000 population. This should be compared to the rate for the State or other benchmark to determine if a disparity exists.

The second method of calculating the asthma rate is similar to that utilized in *Example 1* above by calculating projected rates based on known population and State data if the “raw” data for asthma is not available for the specific counties.

Step 1: Calculate what percent of the total target population each county represents.

COUNTY	A. Total County Population	B. Percentage of Target Population (A/19,968)
County A	12,600	.630 (63.0%)
County B	7,386	.370 (37.0%)

Total	19,986	1.00 (100.0%)
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Step 2: Determine the prevalence of asthma for each county at the State level and the total asthma prevalence for the State using State Department of Health data:

COUNTY	C.
	Percentage of Asthma By County for the State
County A	.0057 (.57%)
County B	.0033 (.33%)
Total for State	.0029 (.29%)

Step 3: Calculate the projected asthma data for the target population (County A and County B) by multiplying the percent of the target population represented by population from each county by the prevalence/percent of asthma experienced by each county at the State level:

	A.	B.	C.	D.
	Total Number	Percentage of Target Population	Percentage of Asthma by County in the State	Target Population Asthma (B*C)
County A	12,600	.63	.0057	.0036
County B	7,386	.37	.0033	.0012
Total	19,986	100.0	.0029	.0048

To make this into a rate of asthma per 100,000 for the target population multiply the total target population rate of .0048 by 100,000 = 480/100,000.

Step 4: To determine the difference in the State rate for asthma versus the rate expected to be experienced by the target population (County A and County B), multiply both the State asthma rate and the asthma rate for the target population by 100,000:

$$\begin{aligned} \text{State Asthma Rate: } & .0029 \times 100,000 = 290/100,000 \\ \text{Expected Target Population Asthma Rate: } & .0048 \times 100,000 = 480/100,000 \end{aligned}$$

CONCLUSION: This example shows that there is a disparity in the target population of County A and County B rate for asthma when compared to the State rate – that is, there is an excess/more asthma in the target population (480/100,000) than in the State population (290/100,000).

SECTION 1: CORE BARRIERS

(a) Population to Primary Care Physician Ratio – MANDATORY

Data Source(s):

Methodology: To determine the full time equivalent (FTE) Primary Care Physicians available for the target population within the proposed service area divide the total target population into the number of FTE to determine the population to Primary Care Physician FTE Ratio. Points will be determined based on this ratio and if the actual FTE count available to the target population is either one or more (\geq), or less than ($<$) one.

FTE Ratio Calculation Example:

Target Population 6,300 Full Time Equivalent 3

The Population to Primary Care Physician Ratio is: $2100:1$ ($6300 \div 3 = 2100$), with a total FTE count of 3, which is ≥ 1 . Therefore, using the benchmarks in Section V.1 of the NFA Worksheet, the total point value assessed in this example is 3.

Source: Health Professional Shortage Areas (HPSA) Database: http://hpsafind.hrsa.gov/	Health Professional Shortage Areas (HPSA) Database: http://bhpr.hrsa.gov/shortage/ Select link for: "Search the HPSA data base"	
Geographic Availability	Available by Race?	Available by Age?
County	NA	NA
Migrant Specific Data Source:	1. Larson AC, Migrant and Seasonal Farmworker Enumeration Profiles Study (Available for select States only: AR, CA, FL, LA, MD, MS, NC, OK, TX, WA): http://bphc.hrsa.gov/migrant/Enumeration/EnumerationStudy.htm	
Homeless Specific Data Source:	http://www.nhchc.org/Publications/CA08DataResourceGuide.pdf	

(b) Percent of Population at or Below 200 Percent of Poverty – MANDATORY

NOTE: Applicants must use the Census Bureau data source provided below for response, except for MHC and/or HCH applicants who may instead use the population specific source cited below.

Data Source(s):	Census Bureau: http://www.census.gov/hhes/www/poverty/poverty.html Select: Small Area Income and Poverty Estimates Select: State and County Data http://pubdb3.census.gov/macro/032005/pov/new46_185200_01.htm	
Geographic Availability	Available by Race?	Available by Age?
County	Yes	Yes
Migrant Specific Data Source:	U.S. Department of Labor. Findings from the National Agricultural Workers Survey (NAWS) 2001-2002. March 2005: http://www.doleta.gov/agworker/report9/toc.cfm .	

Homeless Specific Data Source:	Urban Institute National Survey of Homeless Assistance Providers and Clients: http://www.urban.org/UploadedPDF/homelessness.pdf
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(c) Percent of Population Uninsured – MANDATORY

Data Source(s):	Census Bureau: http://www.census.gov/hhes/www/sahie/data.html Select: County and State Estimates
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Geographic Availability	Available by Race?	Available by Age?
County	No	Yes

Migrant Specific Data Source:	U.S. Department of Labor. Findings from the National Agricultural Workers Survey (NAWS) 2001-2002. March 2005: http://www.doleta.gov/agworker/report9/toc.cfm
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Homeless Specific Data Source:	Urban Institute National Survey of Homeless Assistance Providers and Clients: http://www.urban.org/UploadedPDF/homelessness.pdf
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SECTION 2: OTHER BARRIERS

(d) Distance (miles) OR travel time (minutes) to nearest primary care provider accepting new Medicaid patients and/or uninsured patients – OPTIONAL

Data Source(s):	1. Methodology: Using a web based mapping service, calculate the distance/travel time from the zip code of the nearest provider accepting new Medicaid and/or uninsured patients to the zip code of the proposed service area or target population.
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2. Supporting info on transportation delays for 85 metro areas is available at:
http://mobility.tamu.edu/ums/congestion_data/national_congestion_tables.stm

Geographic Availability	Available by Race?	Available by Age?
Other	NA	NA

Migrant Specific Data Source:	Larson AC, Migrant and Seasonal Farmworker Enumeration Profiles Study (Available for select states only: AR, CA, FL, LA, MD, MS, NC, OK, TX, WA) http://bphc.hrsa.gov/migrant/Enumeration/EnumerationStudy.htm
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Homeless Specific Data Source:	Data Not Available
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(e) Percent of Population Linguistically Isolated (Percent of people 5 years and over who spoke a language other than English at home) – OPTIONAL

Data Source(s):	Census Bureau: http://www.census.gov/population/www/socdemo/lang_use.html Select link for: 'American Fact finder Select link for People Select link for Origins and Languages Select link for Language spoken at home http://factfinder.census.gov/servlet/GRTTable?_bm=y&-geo_id=01000US&-_box_head_nbr=R1601&-ds_name=ACS_2004_EST_G00_&-redoLog=false&-format=US-31&-mt_name=ACS_2005_EST_G00_R1601_US30	
Geographic Availability	Available by Race?	Available by Age?
County	Yes	Yes
Migrant Specific Data Source:	U.S. Department of Labor. Findings from the National Agricultural Workers Survey (NAWS) 2001-2002. March 2005: http://www.doleta.gov/agworker/report9/toc.cfm	
Homeless Specific Data Source:	See Census data for service area.	

SECTION 2: OTHER BARRIERS, Continued

(f) Age Adjusted death Rate – OPTIONAL

Data Source(s):	NCHS, NVSS CDC WONDER web site: http://wonder.cdc.gov/mortICD10J.html	
Geographic Availability	Available by Race?	Available by Age?
County	Yes	Yes
Migrant Specific Data Source:	See NCHS, NVSS CDC Data (by service area)	
Homeless Specific Data Source:	See NCHS, NVSS CDC Data (by service area)	

(g) 12-Month Average Unemployment Rate – OPTIONAL

NOTE: Applicants must use the Labor Statistics data sources provided below for response, except for MHC and/or HCH applicants who may instead use the population specific source cited below.

Data Source(s):	Bureau of Labor Statistics: www.bls.gov/lau/home.htm	
Geographic Availability	Available by Race?	Available by Age?
State/Varies	N/A	N/A

Migrant Specific Data Source:	Bureau of Labor Statistics: Trends in Monthly Unemployment Statistics: http://www.bls.gov/news.release/pdf/laus.pdf
Homeless Specific Data Source:	1. National Coalition for the Homeless Information Clearinghouse: http://www.nationalhomeless.org/publications/facts.html Select Employment and Homelessness 2. Urban Institute National Survey of Homeless Assistance Providers and Clients: http://www.urban.org/UploadedPDF/homelessness.pdf

(h) Length of Waiting Time for Public Housing where it exists– OPTIONAL

Data Source(s):

1. National data at HUD: www.huduser.org/datasets/assths/picqwik.html Scroll down to see information.	2. Local data at HUD: www.hud.gov	3. Consult state and local housing authorities
Geographic Availability	Available by Race?	Available by Age?
Varies	No	No
Migrant Specific Data Source:	Not Applicable	
Homeless Specific Data Source:	No special data source needed	

SECTION 3: CORE DISPARITIES

1. Diabetes, Obesity	
Indicator(s) :	1(a) Diabetes Short-term Complication Hospital Admission Rate (PQI 1) 1(b) Diabetes Long-term Complication Hospital Admission Rate (PQI 3) 1(c) Uncontrolled Diabetes Hospital Admission Rate (PQI 14) 1(d) Rate of Lower-extremity Amputation Among Patients with Diabetes (PQI 16)

Data Source(s):	Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators: http://qualityindicators.ahrq.gov/downloads.htm Select: Prevention Quality Indicators Download http://hcup-us.ahrq.gov/ Select: HCUPnet Select: AHRQ Quality Indicators Under Prevention Quality Indicators – PQIs Select: Detailed statistics for 2003	
Geographic Availability State	Available by Race? Yes	Available by Age? Yes
Migrant Specific Data Source:	Data Not Available	
Homeless Specific Data Source:	Data Not Available	
Indicator(s):	1(e) Age Adjusted Diabetes Prevalence	
Data Source(s):	1. CDC: National Diabetes Surveillance System http://www.cdc.gov/diabetes/statistics/prev/state/tprevalencetotal.htm 2. Center for Chronic Disease Prevention and Health Promotion: www.cdc.gov/diabetes/pubs/estimates.htm#prev	
Geographic Availability National/ Regional	Available by Race? Yes	Available by Age? Yes
Migrant Specific Data Source:	Bi-National Health Survey: http://www.cirsinc.org/news.html#BHS	
Homeless Specific Data Source:	Data Not Available	
Indicator(s):	1(f) Adult Obesity Prevalence	
Data Source(s):	2004 BRFSS: http://apps.nccd.cdc.gov/brfss/ Category: 'Demographics' Question: 'Weight classifications based on BMI'	
Geographic Availability State	Available by Race? Yes	Available by Age? Yes
Migrant Specific Data Source:	Villarejo D. et al. Suffering in Silence: A Report on the Health of California's Agricultural Workers: http://www.calendow.org/reference/publications/agricultural_worker_health.stm	
Homeless Specific Data Source:	Data Not Available	

Source:

SECTION 3: CORE DISPARITIES, Continued

1. Diabetes, Obesity, Continued

Indicator(s) : 1(g) Diabetes Mortality Rate

Data Source(s): 1. CDC Wonder: <http://wonder.cdc.gov/mortSQL.html>
2. CDC NCHS NVSS Mortality File: <http://www.cdc.gov/nchs/deaths.htm>

Geographic Availability	Available by Race?	Available by Age?
County	Yes	Yes

Migrant Specific Data Source: See CDC data for service area of Migrant and Seasonal Farmworker populations

Homeless Specific Data Source: See CDC data for service area of homeless populations

2. Cardiovascular Disease

Indicator(s) : 2(a) Hypertension Hospital Admission Rate (PQI 7)
2(b) Congestive Heart Failure Hospital Admission Rate (PQI 8)
2(c) Angina without Procedure Hospital Admission Rate (PQI 13)

Data Source(s): AHRQ Prevention Quality Indicators: <http://qualityindicators.ahrq.gov/downloads.htm>
<http://hcup-us.ahrq.gov/> Select: HCUPnet Select: AHRQ quality indicators Under Prevention quality indicators –PQI’s Select: Detailed Statistics for 2003

Geographic Availability	Available by Race?	Available by Age?
National/Regional	Yes	Yes

Migrant Specific Data Source: Data Not Available

Homeless Specific Data Source: Data Not Available

Indicator(s): 2(d) Mortality from Diseases of the Heart

Data Source(s): 1. CDC Wonder: <http://wonder.cdc.gov/mortSQL.html>
2. CDC NCHS NVSS Mortality File:
<http://www.cdc.gov/nchs/datawh/statab/unpubd/mortabs/gmwkiii10.htm>

Geographic Availability	Available by Race?	Available by Age?
State	Yes	Yes

Migrant Specific Data Source: See CDC data for service area of Migrant and Seasonal Farmworker populations

Homeless Specific Data Source: See CDC data for service area of homeless populations

SECTION 3: CORE DISPARITIES, Continued

2. Cardiovascular Disease, continued

Indicator(s) 2(e) Proportion of Adults reporting diagnosis of high blood pressure
:

Data Source(s): 2003 BRFSS: <http://apps.nccd.cdc.gov/brfss/> Category: 'Hypertension Awareness'
Choose the question: Adults who have been told they have high blood pressure

Geographic Availability	Available by Race?	Available by Age?
State	Yes	Yes

Migrant Specific Data Source: Villarejo D. et al. Suffering in Silence: A Report on the Health of California's Agricultural Workers: http://www.calendow.org/reference/publications/agricultural_worker_health.stm
Scroll down to find article.

Homeless Specific Data Source: Burt, M.R., Aron, L.Y., Douglas, T., Valente, J., Lee, E., Iwen, B. (1999) Homelessness: Programs and the People They Serve. Washington, DC: Interagency Council on the Homeless:
<http://www.huduser.org/publications/homeless/homelessness/contents.html>

3. Asthma, Respiratory Disease

Indicator(s): 3(a) Adult Asthma Hospital Admission Rate (PQI 15)
3(b) Pediatric Asthma Hospital Admission Rate (PQI 4)
3(c) Chronic Obstructive Pulmonary Disease Hospital Admission Rate (PQI 5)
3(d) Bacterial Pneumonia Hospital Admission Rate (PQI 11)

Data Source(s):	AHRQ Prevention Quality Indicators: http://qualityindicators.ahrq.gov/downloads.htm http://hcup-us.ahrq.gov/ Select: HCUPnet Select: AHRQ quality indicators Under Prevention quality indicators –PQI’s Select: Detailed Statistics for 2003	
Geographic Availability	Available by Race?	Available by Age?
National/Regional	Yes	Yes
Migrant Specific Data Source:	Data Not Available	
Homeless Specific Data Source:	Data Not Available	

SECTION 3: CORE DISPARITIES, Continued

3. Asthma, Respiratory Disease, continued		
Indicator(s):	3(e) Three Year Average Pneumonia Death Rate	
Data Source(s):	1. CDC Wonder: http://wonder.cdc.gov/mortSQL.html 2. CDC NCHS NVSS Mortality File: http://www.cdc.gov/nchs/datawh/statab/unpubd/mortabs/gmwkiii10.htm	
Geographic Availability	Available by Race?	Available by Age?
State	Yes	Yes
Migrant Specific Data Source:	See CDC data for service area of Migrant and Seasonal Farmworker populations	
Homeless Specific Data Source:	See CDC data for service area of homeless populations	
Indicator(s):	3(f) Adult Current Asthma Prevalence	
Data Source(s):	2004 BRFSS: http://apps.nccd.cdc.gov/brfss/ Category: ‘Asthma’	
Geographic Availability	Available by Race?	Available by Age?
State	Yes	Yes
Migrant Specific Data Source:	Bi-National Health Survey: http://www.cirsinc.org/news.html#BHS or http://www.cirsinc.org/BHFS2002.pdf	
Homeless Specific Data	Data Not Available	

Source:		
Indicator(s):	3(g) Adult Ever Told Had Asthma	
Data Source(s):	2004 BRFSS: http://apps.nccd.cdc.gov/brfss/ Category: 'Asthma'	
Geographic Availability	Available by Race?	Available by Age?
State	Yes	Yes
Migrant Specific Data Source:	Data Not Available	
Homeless Specific Data Source:	Data Not Available	

SECTION 3: CORE DISPARITIES, Continued

4. Prenatal and Perinatal Health

Indicator(s) 4(a) Low Birth Weight Rate, 5 year average
:

Data Source(s):	CDC NCHS NVSS: http://www.cdc.gov/nchs/births.htm Births: Final Data for 2004; Select Table 35. Page 82	
Geographic Availability	Available by Race?	Available by Age?
State	Yes	N/A
Migrant Specific Data Source:	Data Not Available	
Homeless Specific Data Source:	Gelberg et al. Severity of homelessness and adverse birth outcomes. <i>Health Psychology</i> 19(6), pp. 524-534, 2000: http://www.ahrq.gov/research/apr01/401RA23.htm	
Indicator(s):	4(b) Infant Mortality Rate, 5 year average	
Data Source(s):	CDC NCHS NVSS: http://www.cdc.gov/nchs/deaths.htm Deaths: Final Data for 2003, Select: Table 32. Page 101	
Geographic Availability	Available by Race?	Available by Age?
State	Yes	N/A
Migrant Specific Data Source:	See CDC data for service area of Migrant and Seasonal Farmworker populations	

Homeless Specific Data Source:	See CDC data for service area of homeless populations	
Indicator(s):	4(c) Births to Teenage Mothers (15-19)	
Data Source(s):	CDC NCHS NVSS: http://www.cdc.gov/nchs/births.htm Select link for 'Births: Final Data for 2004' – Table 11. Page 52	
Geographic Availability State	Available by Race? Yes	Available by Age? Yes
Migrant Specific Data Source:	See CDC data for service area of Migrant and Seasonal Farmworker populations	
Homeless Specific Data Source:	See CDC data for service area of homeless populations	
Indicator(s):	4(d) First Trimester entry into Prenatal care	
Data Source(s):	CDC NCHS NVSS: http://www.cdc.gov/nchs/births.htm Select link for 'Births: Final Data for 2004' – Table 26(b). Page 69	
Geographic Availability State	Available by Race? Yes	Available by Age? Yes
Migrant Specific Data Source:	Larson, Kim. "Maternal Care Coordination for Migrant Farmworker Women": Journal of Rural Health, 1992	
Homeless Specific Data Source:	See CDC data for service area of homeless populations	

SECTION 3: CORE DISPARITIES, Continued

4. Prenatal and Perinatal Health, Continued

Indicator(s)	4(e) Cigarette use during pregnancy :	
Data Source(s):	CDC NCHS NVSS: http://www.cdc.gov/nchs/births.htm Select link for 'Births: Final Data for 2004' – Table I. Page 91	
Geographic Availability National Data	Available by Race? Yes	Available by Age? Yes
Migrant Specific Data Source:	See CDC data for service area of Migrant and Seasonal Farmworker populations	

Homeless Specific Data Source: See CDC data for service area of homeless populations

5. Mental Health/ Substance Abuse/ Behavioral Health

Indicator(s): 5(a) Depression Prevalence

Data Source(s): 1. National Healthcare Quality Report:
<http://www.ahrq.gov/qual/nhqr05/effectiveness/mentalh/T1-82B.htm>
2. Riolo et al. Prevalence of Depression by Race/Ethnicity: Findings from the National Health and Nutrition Examination Survey III. *AmJPh*;95(5):998:
<http://www.ajph.org/cgi/content/full/95/6/998> *Abstract only.

Geographic Availability	Available by Race?	Available by Age?
State	Varies	Varies

Migrant Specific Data Source: Hovey & Magana. Acculturative Stress, Anxiety and Depression among Migrant Immigrant Farmworkers in the Midwest. *J Immigrant Health*; 2:119-131; 2000

Homeless Specific Data Source: See CDC data for service area of homeless populations

Indicator(s): 5(b) Suicide death rate

Data Source(s):

1. CDC NCHS NVSS Mortality File: http://www.cdc.gov/ncipc/wisqars/ Select Fatal Injury Report; Select Suicide	2.National Healthcare Quality Report: http://www.ahrq.gov/qual/nhqr05/effectiveness/mentalh/T1-82B.htm
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Geographic Availability	Available by Race?	Available by Age?
State	Yes	Yes

Migrant Specific Data Source: See CDC data for service area of Migrant and Seasonal Farmworker populations

Homeless Specific Data Source: See CDC data for service area of homeless populations

SECTION 3: CORE DISPARITIES, Continued

5. Mental Health/ Substance Abuse/ Behavioral Health, Continued

Indicator(s): 5(c) Youth Suicide attempts requiring medical attention		
Data Source(s): Youth Risk Behavior Surveillance: http://www.cdc.gov/mmwr/PDF/SS/SS5302.pdf - page 10,11,47-8 of the report		
Geographic Availability State	Available by Race? Yes	Available by Age? NA
Migrant Specific Data Source:	Data Not Available	
Homeless Specific Data Source:	Data Not Available	
Indicator(s): 5(d) Adults with Mental disorders not receiving treatment		
Data Source(s): SAMHSA Nat'l Survey on Drug Use and Health: http://www.oas.samhsa.gov/2k3/MHnoTX/MHnoTX.htm		
Geographic Availability Varies	Available by Race? Yes	Available by Age? Yes
Migrant Specific Data Source:	Data Not Available	
Homeless Specific Data Source:	Data Not Available	
Indicator(s): 5(e) Any Illicit Drug Use in the Past Month		
Data Source(s): 2002 – 2003 National Survey on Drug Use and Health: 1. http://oas.samhsa.gov/2k3State/appb.htm#tabb.6 2. http://oas.samhsa.gov/NHSDA/2k3NSDUH/2k3results.htm#ch2		
Geographic Availability State	Available by Race? Yes	Available by Age? Yes
Migrant Specific Data Source:	Bi-National Health Survey: http://www.cirsinc.org/news.html#BHS or http://www.cirsinc.org/BHFS2002.pdf	
Homeless Specific Data Source:	Data Not Available	
Indicator(s): 5(f) Heavy alcohol use 12 and over		
Data Source(s): National Survey on Drug Abuse and Health: http://oas.samhsa.gov/NHSDA/2k3NSDUH/2k3results.htm#ch3		

Geographic Availability	Available by Race?	Available by Age?
Varies	Yes	Yes
Migrant Specific Data Source:	Bi-National Health Survey: http://www.cirsinc.org/news.html#BHS or http://www.cirsinc.org/BHFS2002.pdf	
Homeless Specific Data Source:	Data Not Available	

SECTION 3: CORE DISPARITIES, Continued

5. Mental Health/ Substance Abuse/ Behavioral Health, Continued		
Indicator(s):	5(g) Homeless with severe mental illness	
Data Source(s):	Homeless Population-Specific Data Source (see below)	
Geographic Availability	Available by Race?	Available by Age?
NA	NA	NA
Migrant Specific Data Source:	Not Applicable	
Homeless Specific Data Source:	2. Urban Institute National Survey of Homeless Assistance Providers and Clients: http://www.urban.org/UploadedPDF/homelessness.pdf	

SECTION 4: OTHER DISPARITIES

6. Oral Health - % without dental visit in last year

Data Source(s):

1. AHRQ Medical Expenditure Panel Survey (MEPS): <http://www.meps.ahrq.gov/>

Select: Dental

Select: Children's Dental Visits and Expenses, United States, 2003.

Click onto PDF document.

2. <http://www.ahrq.gov/qual/nhdr05/access/utilization/T199A.htm>

3. http://apps.nccd.cdc.gov/nohss/ListV.asp?qkey=5&DataSet=2	Click on individual States for data by age and race	
Geographic Availability	Available by Race?	Available by Age?
National & State	Yes	Yes
Migrant Specific Data Source:	U.S. Department of Labor. Findings from the National Agricultural Workers Survey (NAWS) 2001-2002. March 2005:	

Homeless Specific Data Source:

Data Not Available

7. HIV Infection Prevalence

Data Source(s): CDC HIV/AIDS Surveillance System: <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2004report/2004SurveillanceReport.pdf>
<http://www.statehealthfacts.org> Select HIV/AIDS

Geographic Availability	Available by Race?	Available by Age?
State/ Metropolitan area	Yes	Yes

Migrant Specific Data Source: CDC: HIV Infection, Syphilis, and TB Screening Among Migrant Farmworkers – Florida; MMWR: 41(39);723-725: <http://www.cdc.gov/mmwr/preview/mmwrhtml/00017692.htm>

Homeless Specific Data Source: HAB State Profiles.
Urban Institute National Survey of Homeless Assistance Providers and Clients: <http://www.urban.org/UploadedPDF/homelessness.pdf>

8. Percent of children not receiving recommended immunizations 4-3-1-3-3 (4 DTaP, 3 polio, 1 MMR, 3 Hib, 3 hepatitis B).

Data Source(s): CDC/NCHS National Immunization Survey: <http://www.cdc.gov/nip/coverage/default.htm#chart> Select Table 04

Geographic Availability	Available by Race?	Available by Age?
Varies, some States & Counties	Yes	No

Migrant Specific Data Source: Data Not Available

Homeless Specific Data Source: Data Not Available

SECTION 4: OTHER DISPARITIES, Continued

9. Percent Elderly (65 and older)

Data Source(s): Census Bureau: www.census.gov/main/www/cen2000.html
Census Bureau Quickfacts: <http://quickfacts.census.gov/qfd/index.html>

Geographic Availability	Available by Race?	Available by Age?
County	Yes	Yes

Migrant Specific Data Source: Bi-National Health Survey: <http://www.cirsinc.org/BHFS2002.pdf>

Homeless Specific Data Source: Urban Institute National Survey of Homeless Assistance Providers and Clients: <http://www.urban.org/UploadedPDF/homelessness.pdf>

10. Cancer Screening – No Pap test in past 3 years; women 18+

Data Source(s): BRFSS: <http://apps.nccd.cdc.gov/brfss/> Category: 'Women's Health'
Question: Women aged 18+ who have had a pap test within the past three year

Geographic Availability	Available by Race?	Available by Age?
State	Yes	Yes

Migrant Specific Data Source: Data Not Available

Homeless Specific Data Source: Data Not Available

11. Cancer Screening – No Mammogram in past 3 years; women 40+

Data Source(s): BRFSS: <http://apps.nccd.cdc.gov/brfss/> Category: 'Women's Health'
Question: Women aged 40+ who have had a mammogram within the past two years

Geographic Availability	Available by Race?	Available by Age?
State	Yes	Yes

Migrant Specific Data Source: Data Not Available

Homeless Specific Data Source:	Data Not Available
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SECTION 4: OTHER DISPARITIES, Continued

12. Cancer Screening – No FOBT within the past 2 years; adults 50+

Data Source(s):	BRFSS: http://apps.nccd.cdc.gov/brfss/ Category: 'Colorectal Cancer Screening' Question: Adults aged 50+ who have had a blood stool test within the past two years
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Geographic Availability	Available by Race?	Available by Age?
State	Yes	Yes

Migrant Specific Data Source:	Data Not Available
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Homeless Specific Data Source:	Data Not Available
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13. Unintentional Injury (Accidents) Deaths

Data Source(s):	CDC NCHS NVSS Mortality File: http://www.cdc.gov/nchs/deaths.htm
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Geographic Availability	Available by Race?	Available by Age?
State	Yes	Yes

Migrant Specific Data Source:	Bureau of Labor Statistics; Workplace Injuries and Illness: http://www.bls.gov/iif/osh_notice03.htm
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Homeless Specific Data Source:	See CDC Data for service area of homeless population
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NFA DATA RESOURCE GUIDE: GLOSSARY OF TERMS

Age Adjusted Death Rate: The rates of almost all causes of disease, injury, and death vary by age. Age adjustment is a technique for "removing" the effects of age from crude rates so as to allow meaningful

comparisons across populations with different underlying age structures. Age-adjusted rates are calculated by applying the age-specific rates of various populations to a single standard population. Source: <http://wonder.cdc.gov/wonder/help/faq.html#13>

Asthma:

Adult Asthma Hospital Admission Rate: Admissions for adult asthma per 100,000 population. Discharges with ICD-9-CM principal diagnosis codes for asthma. Age 18 years and older. Exclude patients transferring from another institution, MDC 14 (pregnancy, childbirth, and puerperium), or MDC 15 (newborns and neonates).

Source: <http://www.qualityindicators.ahrq.gov/> , Select Download PQI Module. Select Guide to Prevention Quality Indicators, Ver. 3.0a, February 2006 , Pg 49

Adult Current Asthma Prevalence: Adults who have been told they currently have asthma

Source: <http://apps.nccd.cdc.gov/brfss/>

Pediatric Asthma Hospital Admission Rate: Admissions for pediatric asthma per 100,000 population. Discharges with ICD-9-CM principal diagnosis codes for asthma. Age less than 18 years old. Exclude patients transferring from another institution, MDC 14 (pregnancy, childbirth, and puerperium), or MDC 15 (newborns and neonates).

Source: <http://www.qualityindicators.ahrq.gov/> , Select Download PedQI Module . Select Measures of Pediatric Health Care Quality Based on Hospital Administrative Data, The Pediatric Quality Indicators. Ver. 3.0b September 2006 , Pg 89

Birth Rate: Calculated by dividing the number of live births in a population in a year by the midyear resident population. Birth rates are expressed as the number of live births per 1,000 population. The rate may be restricted to births to women of specific age, race, marital status, or geographic location (specific rate, e.g., Births to Teenage Mothers ages 15-19), or it may be related to the entire population (crude rate). Source: <http://www.cdc.gov/nchs/datawh/nchsdefs/list.htm>

Cardiovascular Disease:

Angina without Procedure Hospital Admission Rate: Admissions for angina (without procedures) per 100,000 population. Discharges with ICD-9-CM principal diagnosis codes for angina. Age 18 years and older. Exclude discharges with a procedure code for cardiac procedure, patients transferring from another institution, MDC 14 (pregnancy, childbirth, and puerperium), or MDC 15 (newborns and neonates).

Source: <http://www.qualityindicators.ahrq.gov/> . Select Download PQI Module. Select Guide to Prevention Quality Indicators, Ver. 3.0a, February 2006 , pg 45

Congestive Heart Failure Hospital Admission Rate: Admissions for CHF per 100,000 population. Discharges with ICD-9-CM principal diagnosis codes for CHF. Age 18 years and older. Exclude patients discharged with specified cardiac procedure codes in any field, patients transferring from another institution, MDC 14 (pregnancy, childbirth, and puerperium), or MDC 15 (newborns and neonates). Source: <http://www.qualityindicators.ahrq.gov/> . Select Download PQI Module. Select Guide to Prevention Quality Indicators, Ver. 3.0a, February 2006 , pg 35

Mortality from Diseases of the Heart: Deaths with ICD-9-CM principal diagnosis codes: I00–I09, I11, I13, I20-151. Source: <http://www.cdc.gov/nchs/deaths.htm>

Centroid: A centroid is a point that approximates the center of an area. Centroids are often assigned by the firm or organization providing data and may not exactly identify the geographic center nor the population-weighted center of an area. If you are generating your own estimates of distance using a geographic information system (GIS), use the geographic center of the area provided it lies within the boundary of that area. If not, use the closest point on the boundary of the area.

Dental Visit: This refers to care by or visits to any type of dental care provider, including general dentists, dental hygienists, dental technicians, dental surgeons, orthodontists, endodontists, and periodontists. Source <http://apps.nccd.cdc.gov/nohss/ListV.asp?qkey=5&DataSet=2>:

Depression Prevalence: Prevalence based on criteria from *Diagnostic and Statistical Manual of Mental Disorders, Revised Third Edition (DSM-III-R)*. The 2 outcomes were (1) dysthymic disorder: at least 2 years of dysphoric mood ("[have you] ... felt depressed or sad almost all the time, even if you felt OK sometimes?") plus 2 other symptoms of depression, and (2) major depressive disorder: at least 2 weeks of depressed mood ("[have you] ... felt sad, blue, depressed, or ... lost all interest and pleasure in things that you usually cared about or enjoyed?") plus 4 other symptoms. Source: <http://www.ajph.org/cgi/content/full/95/6/998#R9>
*Abstract only.

Diabetes:

Diabetes Prevalence: Diabetes mellitus is a group of diseases characterized by high levels of blood glucose resulting from defects in insulin production, insulin action, or both. Prevalence was calculated based on the total number of people with diabetes (both diagnosed and undiagnosed). Source: <http://www.cdc.gov/diabetes/statistics/index.htm>

Diabetes Short-term Complication Hospital Admission Rate: Admissions for diabetes with short-term complications* (excluding obstetric admissions and transfers from other institutions) per 100,000 population, age 18 years and older * Ketoacidosis, hyperosmolarity, or coma.

Source: <http://www.qualityindicators.ahrq.gov/> Select Download PQI Module. Select Guide to Prevention Quality Indicators, Ver. 3.0a, February 2006 , pg 25

Diabetes Long-term Complication Hospital Admission Rate: Admissions for diabetes with long-term complications* (excluding obstetric admissions and transfers from other institutions) per 100,000 population, age 18 years and older * Renal, eye, neurological, circulatory, or other unspecified complications.

Source: <http://www.qualityindicators.ahrq.gov/> Select Download PQI Module. Select Guide to Prevention Quality Indicators, Ver. 3.0a, February 2006 , pg 25

Rate of Lower-extremity Amputation Among Patients with Diabetes: Lower extremity amputations among patients with diabetes (excluding trauma, obstetric admissions, and transfers from other institutions) per 100,000 population, age 18 years and older.

Source: <http://www.qualityindicators.ahrq.gov/> Select Download PQI Module. Select Guide to Prevention Quality Indicators, Ver. 3.0a, February 2006 , pg 51

Uncontrolled Diabetes Hospital Admission Rate: Admissions for uncontrolled diabetes without

complication* (excluding obstetric and neonatal admissions and transfers from other institutions) per 100,000 population, age 18 years and older * Without short-term (ketoacidosis, hyperosmolarity, coma) or long-term (renal, eye, neurological, circulatory, other unspecified) complications.

Source: <http://www.qualityindicators.ahrq.gov/>

Select Download PQI Module. Select Guide to Prevention Quality Indicators, Ver. 3.0a, February 2006 , pg 47

Elderly: Population age 65 and older. Source:

<http://www.census.gov/population/www/socdemo/age.html#elderly>

Fecal Occult Blood Test (FOBT): The FOBT checks for hidden blood in three consecutive stool samples, and is a screening mechanism for colorectal cancer. Source: <http://www.cdc.gov/cancer/colorctl>

Heavy Alcohol Use: Five or more drinks on the same occasion on at least 5 different days in the past 30 days.

Source: <http://www.oas.samhsa.gov/nsduh/2k4nsduh/2k4overview/2k4overview.htm#ch3> .

HIV Infection Prevalence Rate Seroprevalence: The percentage of all persons infected with HIV (not AIDS) adjusted for age.

Homeless: A homeless individual means an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence is a supervised public or private facility that provides temporary accommodations and an individual who is a resident in transitional housing.

Hypertension Hospital Admission Rate: Admissions for hypertension per 100,000 population. Discharges with ICD-9-CM principal diagnosis codes for hypertension. Age 18 years and older. Exclude discharges with specified cardiac procedure codes in any field, patients transferring from another institution, MDC 14 (pregnancy, childbirth, and puerperium), or MDC 15 (newborns and neonates).

Source: <http://www.qualityindicators.ahrq.gov/> Select Download PQI Module. Select Guide to Prevention Quality Indicators, Ver. 3.0a, February 2006 , pg 33

Illicit Drug Use (Any): The National Survey on Drug Use and Health (NSDUH) obtains information on nine different categories of illicit drug use: marijuana, cocaine, heroin, hallucinogens, inhalants, and non-medical use of prescription-type pain relievers, tranquilizers, stimulants, and sedatives. Over-the-counter drugs and legitimate uses of prescription drugs are not included. Estimates of "any illicit drug use" reported from NSDUH reflect use of any of the nine substance categories listed above. Source:

<http://www.oas.samhsa.gov/nsduh/2k4nsduh/2k4overview/2k4overview.htm#ch2>

Infant Mortality Rate: is based on period files calculated by dividing the number of infant deaths during a calendar year by the number of live births reported in the same year. It is expressed as the number of infant deaths per 1,000 live births. Source: <http://www.cdc.gov/nchs/datawh/nchsdefs/list.htm>

Linguistically Isolated: Percent of people 5 years and over who spoke a language other than English at home.

Source: <http://www.census.gov/prod/2003pubs/c2kbr-29.pdf>

Low Birth Weight: Birth weight less than 2,500 grams or 5 pounds 8 ounces. Source:

<http://www.cdc.gov/nchs/datawh/nchsdefs/list.htm>

Mammogram: An x-ray image of the breast used to detect irregularities in breast tissue and is a screening mechanism for breast cancer. Source: <http://www.cdc.gov/nchs/dataawh/nchsdefs/list.htm> ; Select: Mammography

Migratory and Seasonal Agricultural Workers: Migratory agricultural worker means an individual whose principal employment is in agriculture, who has so been employed within the last 24 months, and who establishes for the purposes of such employment a temporary abode. Seasonal agricultural worker means an individual whose principal employment is in agriculture on a seasonal basis and who is not a migratory agricultural worker.

Obesity: Obesity is defined as a Body Mass Index (BMI) for adults of 30 or greater, the adult definition is 20 years and older. Source: Tracking Healthy People 2010 Guideline 19-1, page B19-5.

Pap Test: A Pap test (also known as a Papanicolaou smear or Pap smear) is a microscopic examination of cells scraped from the cervix that is used to detect cancerous or precancerous conditions of the cervix or other medical conditions. Source: <http://www.cdc.gov/nchs/dataawh/nchsdefs/list.htm>

Perinatal: Pertaining to the period immediately before and after birth. The perinatal period is generally defined as starting at the 28th week of gestation and ending 1 week (7 days) after birth. Source: <http://www.cdc.gov/nchs>

Prenatal Care: Prenatal care is medical care provided to a pregnant woman to prevent complications and decrease the incidence of maternal and prenatal mortality. Information on when pregnancy care began is recorded on the birth certificate. Source: <http://www.cdc.gov/nchs/dataawh/nchsdefs/list.htm>

Primary Care Physician FTE: The number of full-time- equivalent (FTE) non-Federal practitioners available to provide patient care to the area or population group. "Non-Federal" means practitioners who are *not* Federal employees and are *not* obligated-service members of the National Health Service Corps. It would include non-obligated-service hires of Federal grantees. "Practitioner" means allopathic (M.D.) or osteopathic (D.O.) primary medical care physicians. "Patient care" for primary care physicians includes seeing patients in the office, on hospital rounds and in other settings, and activities such as interpreting laboratory tests and X-rays and consulting with other physicians. Source: <http://bhpr.hrsa.gov/shortage/>

Poverty: Following the Office of Management and Budget's (OMB) Statistical Policy Directive 14, the Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is in poverty. Source: <http://www.census.gov/hhes/www/poverty/definitions.html>

Public Housing: Based on section 330 of the Public Health Service Act, public housing is defined as having the same meaning as the same term in 1437a (b)(1) of the PHS Act (42 USC 1437):

"The term 'public housing' means low-income housing, and all necessary appurtenances thereto, assisted under this chapter other than under section 1437f of this title. The term "public housing" includes dwelling units in a mixed finance project that are assisted by a public housing agency with capital or operating assistance. When used in reference to public housing, the term "low-income housing project" or "project" means

- (A) housing developed, acquired, or assisted by a public housing agency under this chapter, and
- (B) the improvement of any such housing."

Respiratory Disease:

Bacterial Pneumonia Admission Rate: Bacterial pneumonia is a relatively common acute condition, treatable for the most part with antibiotics. If left untreated in susceptible individuals – such as the elderly – pneumonia can lead to death. Admissions for bacterial pneumonia per 100,000 population. Discharges with ICD-9-CM principal diagnosis code for bacterial pneumonia. Exclude patients with sickle cell anemia or HB-S disease, patients transferring from another institution, MDC 14 (pregnancy, childbirth, and puerperium), or MDC 15 (newborns and neonates). Source: <http://www.qualityindicators.ahrq.gov/> ; Select Download PQI Module. Select Guide to Prevention Quality Indicators, Ver. 3.0a, February 2006 , pg 41

Chronic Obstructive Pulmonary Disease Admission Rate: Chronic obstructive pulmonary disease (COPD) comprises three primary diseases that cause respiratory dysfunction – asthma, emphysema, and chronic bronchitis – each with distinct etiologies, treatments, and outcomes. This indicator examines emphysema and bronchitis; asthma is discussed separately for children and adults. Admissions for COPD per 100,000 population. Discharges with ICD-9-CM principal diagnosis codes for COPD. Age 18 years and older. Exclude patients transferring from another institution, MDC 14 (pregnancy, childbirth, and puerperium). Source: http://www.qualitymeasures.ahrq.gov/summary/summary.aspx?doc_id=8515 and <http://www.qualityindicators.ahrq.gov/> ; Select Download PQI Module. Select Guide to Prevention Quality Indicators, Ver. 3.0a, February 2006 , pg 31

Three Year Average Pneumonia Death Rate: Deaths with ICD-10-CM principal diagnosis codes: J12–J18. Source: http://www.cdc.gov/nchs/data/nvsr/nvsr53/nvsr53_15.pdf/ .

Serious Mental Illness: Having at some time during the past 12 months a diagnosable mental, behavioral, or emotional disorder that met the criteria in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) and resulted in functional impairment that substantially interfered with or limited one or more major life activities. Source: <http://www.oas.samhsa.gov/2k3/MHnoTX/MHnoTX.htm> .

Suicide Death Rate: Death from intentional self harm. Deaths with ICD-9-CM principal diagnosis codes: *U03, X60–X84, Y87.0. Source: <http://www.cdc.gov/nchs/deaths.htm>.

Unemployed Persons: Included are all persons who had no employment during the reference week, were available for work, except for temporary illness, and had made specific efforts to find employment some time during the 4-week period ending with the reference week. Persons who were waiting to be recalled to a job from which they had been laid off need not have been looking for work to be classified as unemployed. Source: <http://www.bls.gov/lau/laufaq.htm#Q3> .

Unemployment Rate: The ratio of unemployed to the civilian labor force expressed as a percent [i.e., 100 times (unemployed/labor force)]. Source: <http://www.bls.gov/lau/laufaq.htm#Q3> .

Unintentional Injury (Accidents): Deaths with ICD-9-CM principal diagnosis codes: V01–X59, Y85–Y86. Source: <http://www.cdc.gov/nchs/deaths.htm/>.

Uninsured: People are considered uninsured if they were not covered by any type of health insurance for the entire year. Source: <http://www.census.gov/hhes/www/sahie/index.html> .

Youth Suicide Attempts requiring medical attention: This is a rate based on response to the question on the Youth Risk Behavior Surveillance Survey, "If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?" The denominator is adolescents in grades 9-12. Source: <http://www.cdc.gov/nccdphp/dash/yrebs/index.htm/> .