

# **DATA RESOURCES FOR DEMONSTRATING NEED FOR PRIMARY CARE SERVICES**

**Health Resources and Services Administration  
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## How to Use the Data Resources for Demonstrating Need for Primary Care Services

The data resources herein are provided to assist health centers in documenting need in their community and/or target population. Specifically, the data resources focus on barriers to care, health indicators, and disparities.

Efforts were made to find and reference county level or sub-county level data wherever possible. Sub-county levels include towns, townships, census tracts and 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.

Wherever possible, potential 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.

### ***Unit and Format of Data Responses***

The table below provides general examples of different ways that data can be presented, including percent, prevalence, proportion, rate, and ratio responses.

| <b>Format</b>                             | <b>Example</b>  |
|---|---|
| Percent                                   | 25% (25 percent of target population is uninsured)  |
| Prevalence (expressed as percent or rate) | 8.5% (8.5 percent of population has asthma) <b>or</b> 85 per 1,000 (85 asthma cases per 1,000 population) |
| Proportion                                | 0.25 (25 out of 100 people, or 25% of all persons, are obese)   |
| Rate                                      | 50 per 100,000 (50 hospital admissions for hypertension per 100,000 population)                           |
| Ratio                                     | 3000:1 (3000 people per every 1 primary care physician)   |

## Extrapolating Data to a Service Area or Target Population

In some cases, it may be difficult to find data specific to the service area of interest or for the proposed target population at the appropriate level to effectively describe the need in that service area. 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 a service area or target population of interest.

Instead of using more aggregate level data that may not reflect the real experience or “picture” of the target 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 service area(s) when data is not available at the ideal level. *Please note that all of the examples provided below are hypothetical using simulated numbers.* The types of data needed to perform calculations of this nature 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).

In the following examples, the population data for ethnic/racial make-up of the target population is simulated to represent actual data available through the U.S. Census. The examples also include disease or outcome rates for population groups at the State level from a State Department of Health. *These data are simulated and do 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      | 6,500                                    | .520 (52.0%)                                  |
| Latino                | 3,500                                    | .280 (28.0%)                                  |
| Caucasian             | 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 | C. Percentage of IM By Sub-Group for the State |
|-----------------------|--|
| African American      | .112 (11.2%)                                   |
| Latino                | .096 (9.6%)                                    |
| Caucasian             | .071 (7.1%)                                    |
| Total for State       | <b>.084 (8.4%)</b>                             |

**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                                      |
| Caucasian             | 2,500                                    | 0.20                               | .071   | .01420                                      |
| Total                 | 12,500                                   | 1.00                               | <b>.084</b>                                    | <b>.09932</b>                               |

**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:

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

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

**CONCLUSION:** This example shows that the target population experiences a disparity in its health outcomes. 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 are 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.

Similar implications can be made for homeless populations in that one could “imply” from their characteristics (low income, ethnic/racial group, etc.) how they are similar 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 comparison 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%)                                   |

| <b>POPULATION SUB-GROUPS</b> | <b>C. Percentage of IM By Sub-Group for the State</b> |
|------------------------------|---|
| Caucasian                    | .063 (6.3%)   |
| Total for State              | <b>.075 (7.5%)</b>                                    |

**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):

State Infant Mortality Rate:  $.075 \times 100 = 7.5\%$

Expected Infant Mortality Rate for MSFWs:  $.116 \times 100 = 11.6\%$

**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.

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

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%)                                 |

**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 | <b>.0029 (.29%)</b>                             |

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

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:

State Asthma Rate:  $.0029 \times 100,000 = 290/100,000$

Expected Target Population Asthma Rate:  $.0048 \times 100,000 = 480/100,000$

**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).

The data resources represented in this Guide are presented in varying formats in an effort to make the information easily accessible for a variety of users and purposes, including New Access Point applicants and Service Area Competition applicants. Specifically, data is presented in the following manner:

- **Index of resources by indicator type**
- **Summary table of resources by indicator type**
- **Detailed description of each data source**
- **Migrant-specific data resources**
- **Homeless-specific data resources**

*Please note that the data resources contained herein do not represent a comprehensive listing of available data resources.*

## Index of Resources by Indicator Type

The following data resources are provided to assist health centers in documenting need in their community and/or target population. The data resources are organized by indicator type, specifically core barriers, core health indicators, and other health indicators. *Additional information on the data resources identified below, including specific directions for accessing the relevant data, is available beginning on page 22.*

### Uniform Data System (UDS) Mapper

The UDS Mapper is designed to help inform users about the current geographic extent of section 330 U.S. federally-funded health centers, and was largely designed upon algorithms and reporting methods developed by John Snow, Inc., a HRSA-BPHC contractor. The information available in the UDS Mapper includes estimates of the collective service area of these health centers by ZIP Code Tabulation Area ([ZCTA](#)), including the ratio of section 330-funded health center patients reported in the Uniform Data System (UDS) to the target population, the change in the number of those reported patients over time, and an estimate of those in the target population that remain unserved by section 330-funded health centers reporting data to the UDS (but may be served by other providers). Registration for access to this website can be found at <http://www.udsmapper.org/index.cfm>.

### CORE BARRIERS

#### 1) Population to Primary Physician Ratio

[Community Health Status Indicators \(CHSI\)](#)  
[Health Resources and Services Administration \(HRSA\) Geospatial Data Warehouse and Health Professional Shortage Area \(HPSA\) Database](#)  
[Kaiser Family Foundation State Health Facts](#)

*Migrant-specific:*

[Migrant and Seasonal Farmworker Enumeration Profiles Study](#) (AC Larson)

#### 2) Percent of Population at or Below 100% and 200% of Poverty

[Community Health Status Indicators \(CHSI\)](#)  
[Kaiser Family Foundation State Health Facts](#)  
[U.S. Census Bureau American Fact Finder](#)  
[U.S. Census Bureau Small Area Income and Poverty Estimates](#)  
[U.S. Census Bureau. Current Population Reports. "Income, Poverty and Health Insurance Coverage in the United States: 2008." September 2009.](#)

*Migrant and homeless-specific:*

[Homelessness: Programs and the People They Serve. Washington, DC: Interagency Council on the Homeless.](#) (Burt, M., Aron, L., Douglas, T., Valente, J., Lee, E., & Iwen, B)

[National Agricultural Workers Survey \(NAWS\)](#)  
[Urban Institute](#) (Homeless population)

### **3) Percent of Population Uninsured**

[Agency for Healthcare Research and Quality \(AHRQ\) Medical Expenditure Panel Survey \(MEPS\)](#)

[Community Health Status Indicators \(CHSI\)](#)

[Kaiser Family Foundation State Health Facts](#)

[U.S. Census Bureau Model-based Small Area Health Insurance Estimates for Counties and States \(SAHIE\)](#)

*Migrant and homeless-specific:*

[Homelessness: Programs and the People They Serve. Washington, DC: Interagency Council on the Homeless.](#) (Burt, M., Aron, L., Douglas, T., Valente, J., Lee, E., & Iwen, B)

[National Agricultural Workers Survey \(NAWS\)](#)

### **4) Distance or Travel Time to Nearest Primary Care Provider Accepting New Medicaid and/or Uninsured Patients**

[Google Maps](#) or [Mapquest](#)

[Health Resources and Services Administration \(HRSA\) Geospatial Data Warehouse and Health Professional Shortage Area \(HPSA\) Database](#)

[Texas Transportation Institute](#)

## **CORE HEALTH INDICATORS**

### **1) Diabetes**

*Sources for Diabetes:*

[Agency for Healthcare Research and Quality \(AHRQ\) Medical Expenditure Panel Survey \(MEPS\)](#)

[Agency for Healthcare Research and Quality \(AHRQ\) Quality Indicators](#)

[Association of Asian Pacific Community Health Organizations AAPI Health Data Database](#)

[Centers for Disease Control and Prevention \(CDC\) National Diabetes Surveillance System](#)

[Centers for Disease Control and Prevention \(CDC\) Wide-ranging Online Data for Epidemiologic Research \(WONDER\)](#)

[Kaiser Family Foundation State Health Facts](#)

*Migrant and homeless-specific:*

[Bi-national Farmworker Health Study: An In depth Study of Farmworker Health in Mexico and the United States](#) (Mines, R., Mullenax, N., & Saca, L.)

[Centers for Disease Control and Prevention \(CDC\) Office of Minority Health and Health Disparities \(OMHD\)](#) (Migrant population)

[Farmworker Health Services, Inc., National Needs Assessment of Farmworker-Serving Health Organizations](#)

## **2) Cardiovascular Disease**

*Sources for Cardiovascular Disease:*

[Agency for Healthcare Research and Quality \(AHRQ\) Medical Expenditure Panel Survey \(MEPS\)](#)

[Agency for Healthcare Research and Quality \(AHRQ\) Quality Indicators](#)

[Association of Asian Pacific Community Health Organizations AAPI Health Data Database](#)

[Centers for Disease Control and Prevention \(CDC\) Behavioral Risk Factor Surveillance System \(BRFSS\)](#)

[Centers for Disease Control and Prevention \(CDC\) National Center for Health Statistics \(NCHS\)](#)

[Centers for Disease Control and Prevention \(CDC\) Wide-ranging Online Data for Epidemiologic Research \(WONDER\)](#)

[Kaiser Family Foundation State Health Facts](#)

*Migrant and homeless-specific:*

[Centers for Disease Control and Prevention \(CDC\) Office of Minority Health and Health Disparities \(OMHD\) \(Migrant population\)](#)

[Farmworker Health Services, Inc., National Needs Assessment of Farmworker-Serving Health Organizations](#)

[Homelessness: Programs and the People They Serve. Washington, DC: Interagency Council on the Homeless. \(Burt, M., Aron, L., Douglas, T., Valente, J., Lee, E., & Iwen, B\)](#)

[Suffering in Silence: A Report on the Health of California's Agricultural Workers](#)

[National Healthcare for the Homeless Council. Learning About Homelessness & Health in Your Community: A Data Resource Guide \(Zerger, S\)](#)

[Urban Institute \(Homeless population\)](#)

## **3) Cancer**

*Sources for Cancer screening:*

[Centers for Disease Control and Prevention \(CDC\) Behavioral Risk Factor Surveillance System \(BRFSS\)](#)

[Community Health Status Indicators \(CHSI\)](#)

[Kaiser Family Foundation State Health Facts](#)

## **4) Prenatal and Perinatal Health**

*Sources for Prenatal and Perinatal Health:*

[Agency for Healthcare Research and Quality \(AHRQ\) Quality Indicators](#)

[Centers for Disease Control and Prevention \(CDC\) National Center for Health Statistics \(NCHS\)](#)

[Centers for Disease Control and Prevention \(CDC\) Wide-ranging Online Data for Epidemiologic Research \(WONDER\)](#)  
[Kaiser Family Foundation State Health Facts](#)

*Migrant and homeless-specific:*

[Centers for Disease Control and Prevention \(CDC\) Office of Minority Health and Health Disparities \(OMHD\) \(Migrant population\)](#)  
[National Center for Farmworker Health Fact Sheets](#)  
[Severity of Homelessness and Adverse Birth Outcomes.](#) *Health Psychology* 19(6), pp. 524-534, 2000. (Gelberg et al.)

## 5) Child Health

*Sources for Asthma, Respiratory Disease:*

[Agency for Healthcare Research and Quality \(AHRQ\) Medical Expenditure Panel Survey \(MEPS\)](#)  
[Agency for Healthcare Research and Quality \(AHRQ\) Quality Indicators](#)  
[Centers for Disease Control and Prevention \(CDC\) Behavioral Risk Factor Surveillance System \(BRFSS\)](#)  
[Centers for Disease Control and Prevention \(CDC\) Wide-ranging Online Data for Epidemiologic Research \(WONDER\)](#)

*Sources for percent of children not receiving recommended immunizations:*

[Centers for Disease Control and Prevention \(CDC\) National Immunization Survey \(NIS\)](#)  
[Kaiser Family Foundation State Health Facts](#)

*Sources for percent of children not tested for elevated blood lead levels:*

[Centers for Disease Control and Prevention \(CDC\) Lead Poisoning Prevention Branch \(LPPB\)](#)

*Migrant and homeless-specific to Asthma:*

[Bi-national Farmworker Health Study: An In depth Study of Farmworker Health in Mexico and the United States](#) (Mines, R., Mullenax, N., & Saca, L.)  
[Centers for Disease Control and Prevention \(CDC\) Office of Minority Health and Health Disparities \(OMHD\) \(migrant\)](#)  
[Farmworker Health Services, Inc., National Needs Assessment of Farmworker-Serving Health Organizations](#)

## 6) Behavioral and Oral Health

*Sources for Oral Health (percentage without dental visit in last year):*

[Agency for Healthcare Research and Quality \(AHRQ\) Medical Expenditure Panel Survey \(MEPS\)](#)  
[Agency for Healthcare Research and Quality \(AHRQ\) National Healthcare Quality and Disparities Reports](#)

[Centers for Disease Control and Prevention \(CDC\) National Center for Chronic Disease Prevention and Health Promotion](#)

*Migrant-specific to Oral Health:*

[Farmworker Health Services, Inc., National Needs Assessment of Farmworker-Serving Health Organizations](#)

[National Agricultural Workers Survey \(NAWS\)](#)

[National Center for Farmworker Health Fact Sheets](#)

*Sources for Mental Health/Substance Abuse/Behavioral Health:*

[Agency for Healthcare Research and Quality \(AHRQ\) Medical Expenditure Panel Survey \(MEPS\)](#)

[Agency for Healthcare Research and Quality \(AHRQ\) National Healthcare Quality and Disparities Reports](#)

[Centers for Disease Control and Prevention \(CDC\) Behavioral Risk Factor Surveillance System \(BRFSS\)](#)

[Centers for Disease Control and Prevention \(CDC\) National Center for Chronic Disease Prevention and Health Promotion](#)

[Centers for Disease Control and Prevention \(CDC\) National Center for Health Statistics \(NCHS\)](#)

[Kaiser Family Foundation State Health Facts](#)

[Prevalence of Depression by Race/Ethnicity: Findings from the National Health and Nutrition Examination Survey III. AmJPh;95\(5\):998 \(Riolo, Nguyen, Greden & King\)](#)

[Substance Abuse and Mental Health Services Administration \(SAMHSA\) National Survey on Drug Use and Health](#)

[Youth Risk Behavior Surveillance System \(YRBSS\)](#)

*Migrant and homeless-specific to Mental Health/Substance Abuse/Behavioral Health:*

[Acculturative Stress, Anxiety and Depression among Migrant Immigrant Farmworkers in the Midwest. J Immigrant Health; 2:119-131; 2000 \(Hovey JD & Magana C\)](#)

[Bi-national Farmworker Health Study: An In depth Study of Farmworker Health in Mexico and the United States \(Mines, R., Mullenax, N., & Saca, L.\)](#)

[Centers for Disease Control and Prevention \(CDC\) Office of Minority Health and Health Disparities \(OMHD\) \(Migrant population\)](#)

[Homelessness: Programs and the People They Serve. Washington, DC: Interagency Council on the Homeless \(Burt, M., Aron, L., Douglas, T., Valente, J., Lee, E., & Iwen, B\)](#)

[National Healthcare for the Homeless Council. Learning About Homelessness & Health in Your Community: A Data Resource Guide \(Zerger, S\)](#)

[U.S. Conference of Mayors Hunger and Homelessness Survey Urban Institute \(Homeless population\)](#)

## **OTHER HEALTH INDICATORS**

*Sources for Age-Adjusted death rate:*

[Association of Asian Pacific Community Health Organizations AAPI Health Data Database](#)

[Centers for Disease Control and Prevention \(CDC\) Wide-ranging Online Data for Epidemiologic Research \(WONDER\)](#)

[Community Health Status Indicators \(CHSI\)](#)

[Kaiser Family Foundation State Health Facts](#)

*Sources for HIV/AIDS:*

[Agency for Healthcare Research and Quality \(AHRQ\) Medical Expenditure Panel Survey \(MEPS\)](#)

[Centers for Disease Control and Prevention \(CDC\) HIV/AIDS Surveillance Report](#)

[Centers for Disease Control and Prevention \(CDC\) Wide-ranging Online Data for Epidemiologic Research \(WONDER\)](#)

[Kaiser Family Foundation State Health Facts](#)

*Migrant and homeless-specific:*

[Centers for Disease Control and Prevention \(CDC\) Office of Minority Health and Health Disparities \(OMHD\) \(Migrant population\)](#)

[Homelessness: Programs and the People They Serve. Washington, DC: Interagency Council on the Homeless](#) (Burt, M., Aron, L., Douglas, T., Valente, J., Lee, E., & Iwen, B)

[National Center for Farmworker Health Fact Sheets](#)

[National Coalition for the Homeless](#)

[National Healthcare for the Homeless Council. Learning About Homelessness & Health in Your Community: A Data Resource Guide](#) (Zerger, S)

[U.S. Conference of Mayors Hunger and Homelessness Survey](#)

[Urban Institute](#) (Homeless population)

*Sources for Percent elderly (65 and older):*

[Community Health Status Indicators \(CHSI\)](#)

[Kaiser Family Foundation State Health Facts](#)

[U.S. Census Bureau American Fact Finder](#)

*Migrant and homeless-specific:*

[Bi-national Farmworker Health Study: An In depth Study of Farmworker Health in Mexico and the United States](#) (Mines, R., Mullenax, N., & Saca, L.)

[Homelessness: Programs and the People They Serve. Washington, DC: Interagency Council on the Homeless.](#) (Burt, M., Aron, L., Douglas, T., Valente, J., Lee, E., & Iwen, B)

[Urban Institute](#) (Homeless population)

[U.S. Conference of Mayors Hunger and Homelessness Survey](#)

[U.S. Department of Housing and Urban Development \(HUD\) Annual Homeless Assessment Report to Congress \(2007\)](#)

*Sources for Asthma, Respiratory Disease:*

[Agency for Healthcare Research and Quality \(AHRQ\) Medical Expenditure Panel Survey \(MEPS\)](#)

[Agency for Healthcare Research and Quality \(AHRQ\) Quality Indicators](#)

[Centers for Disease Control and Prevention \(CDC\) Behavioral Risk Factor Surveillance System \(BRFSS\)](#)

[Centers for Disease Control and Prevention \(CDC\) Wide-ranging Online Data for Epidemiologic Research \(WONDER\)](#)

[Kaiser Family Foundation State Health Facts](#)

*Migrant and homeless-specific:*

[Bi-national Farmworker Health Study: An In depth Study of Farmworker Health in Mexico and the United States](#) (Mines, R., Mullenax, N., & Saca, L.)

[Centers for Disease Control and Prevention \(CDC\) Office of Minority Health and Health Disparities \(OMHD\)](#) (Migrant population)

[Farmworker Health Services, Inc., National Needs Assessment of Farmworker-Serving Health Organizations](#)

*Sources for Unintentional injury (accidents) deaths:*

[Centers for Disease Control and Prevention \(CDC\) National Center for Health Statistics \(NCHS\)](#)

[Centers for Disease Control and Prevention \(CDC\) Wide-ranging Online Data for Epidemiologic Research \(WONDER\)](#)

[Community Health Status Indicators \(CHSI\)](#)

[Kaiser Family Foundation State Health Facts](#)

*Migrant-specific:*

[U.S. Department of Labor Bureau of Labor Statistics Census of Fatal Occupational Injuries](#) (Migrant population)

*Sources for Percent of Population Linguistically Isolated (Percent of people 5 years and over who speak a language other than English at home):*

[U.S. Census Bureau American Fact Finder](#)

*Migrant-specific:*

[National Agricultural Workers Survey \(NAWS\)](#)

*Sources for waiting time for public housing where public housing exists:*

[U.S. Department of Housing and Urban Development \(HUD\) USER](#)

*Sources for 12-month average unemployment rate:*

[U.S. Department of Labor Bureau of Labor Statistics Local Area Unemployment Statistics \(LAUS\)](#)

*Homeless-specific:*

[Homelessness: Programs and the People They Serve. Washington, DC: Interagency Council on the Homeless](#) (Burt, M., Aron, L., Douglas, T., Valente, J., Lee, E., & Iwen,

B)

[National Coalition for the Homeless](#)  
[Urban Institute](#)

*The **Summary Tables** below allows Applicants to easily cross-reference data resources with specific core barriers, core health indicators, and other health indicators. Data resources appear in alphabetical order followed by **Summary Tables** specific to Migrant and Homeless data resources..*

## Summary Table of Resources by Indicator Type

| DATA SOURCE   | Core Barriers<br>(Page 10) |    |     |    | Core Health Indicators<br>(Page 11) |   |   |   |   |   | Other Health Indicators<br>(Page 14) |   |   |   |   |   |   |   |
|---|----------------------------|----|-----|----|-------------------------------------|---|---|---|---|---|--------------------------------------|---|---|---|---|---|---|---|
|   | I                          | II | III | IV | 1                                   | 2 | 3 | 4 | 5 | 6 | a                                    | b | c | d | e | f | g | h |
| AHRQ Medical Expenditure Panel Survey                                   |                            |    | X   |    | X                                   | X |   |   | X | X |                                      | X |   | X |   |   |   |   |
| AHRQ National Healthcare Quality and Disparities Reports                |                            |    |     |    |                                     |   |   |   |   | X |                                      |   |   |   |   |   |   |   |
| AHRQ Quality Indicators   |                            |    |     |    | X                                   | X |   | X | X |   |                                      |   |   | X |   |   |   |   |
| AAPCHO AAPI Health Data Database  |                            |    |     |    | X                                   | X |   |   |   |   | X                                    |   |   |   |   |   |   |   |
| CDC Behavioral Risk Factor Surveillance System                          |                            |    |     |    |                                     | X | X |   | X | X |                                      |   |   | X |   |   |   |   |
| CDC Lead Poisoning Prevention Branch (LPPB)                             |                            |    |     |    |                                     |   |   |   | X |   |                                      |   |   |   |   |   |   |   |
| CDC National Center for Chronic Disease Prevention and Health Promotion |                            |    |     |    |                                     |   |   |   |   | X |                                      |   |   |   |   |   |   |   |
| CDC National Center for Health Statistics                               |                            |    |     |    |                                     | X |   | X |   | X |                                      |   |   | X |   |   |   |   |
| CDC National Diabetes Surveillance System                               |                            |    |     |    | X                                   |   |   |   |   |   |                                      |   |   |   |   |   |   |   |
| CDC HIV/AIDS Surveillance Report  |                            |    |     |    |                                     |   |   |   |   |   |                                      | X |   |   |   |   |   |   |
| CDC National Immunization Survey  |                            |    |     |    |                                     |   |   |   | X |   |                                      |   |   |   |   |   |   |   |
| CDC WONDER  |                            |    |     |    | X                                   | X |   | X | X |   | X                                    | X |   | X | X |   |   |   |
| Community Health Status Indicators                                      | X                          | X  | X   |    |                                     |   | X |   |   |   | X                                    |   | X |   | X |   |   |   |
| Google Maps and Mapquest  |                            |    |     | X  |                                     |   |   |   |   |   |                                      |   |   |   |   |   |   |   |
| HRSA Geospatial Data Warehouse and HPSA Database                        | X                          |    |     | X  |                                     |   |   |   |   |   |                                      |   |   |   |   |   |   |   |
| Kaiser Family Foundation State Health Facts                             | X                          | X  | X   |    | X                                   | X | X | X | X | X | X                                    | X | X | X | X |   |   |   |

| DATA SOURCE   | Core Barriers<br>(Page 10) |    |     |    | Core Health Indicators<br>(Page 11) |   |   |   |   |   | Other Health Indicators<br>(Page 14) |   |   |   |   |   |   |   |
|---|----------------------------|----|-----|----|-------------------------------------|---|---|---|---|---|--------------------------------------|---|---|---|---|---|---|---|
|   | I                          | II | III | IV | 1                                   | 2 | 3 | 4 | 5 | 6 | a                                    | b | c | d | e | f | g | h |
| Prevalence of Depression by Race/Ethnicity: Findings from the National Health and Nutrition Examination Survey III                          |                            |    |     |    |                                     |   |   |   |   | X |                                      |   |   |   |   |   |   |   |
| SAMHSA National Survey on Drug Use and Health   |                            |    |     |    |                                     |   |   |   |   | X |                                      |   |   |   |   |   |   |   |
| Texas Transportation Institute  |                            |    |     | X  |                                     |   |   |   |   |   |                                      |   |   |   |   |   |   |   |
| U.S. Census Bureau American Fact Finder   |                            | X  |     |    |                                     |   |   |   |   |   |                                      |   | X |   |   | X |   |   |
| U.S. Census Bureau. Current Population Reports. "Income, Poverty and Health Insurance Coverage in the United States: 2008." September 2009. |                            | X  |     |    |                                     |   |   |   |   |   |                                      |   |   |   |   |   |   |   |
| U.S. Census Bureau Model-based Small Area Health Insurance Estimates for Counties and States  |                            |    | X   |    |                                     |   |   |   |   |   |                                      |   |   |   |   |   |   |   |
| U.S. Census Bureau Small Area Income and Poverty Estimates  |                            | X  |     |    |                                     |   |   |   |   |   |                                      |   |   |   |   |   |   |   |
| U.S. HUD USER   |                            |    |     |    |                                     |   |   |   |   |   |                                      |   |   |   |   |   | X |   |
| U.S. Department of Labor Bureau of Labor Statistics Local Area Unemployment Statistics  |                            |    |     |    |                                     |   |   |   |   |   |                                      |   |   |   |   |   |   | X |
| Youth Risk Behavior Surveillance System   |                            |    |     |    |                                     |   |   |   |   | X |                                      |   |   |   |   |   |   |   |

**Migrant-Specific Summary Table of Resources by Indicator Type**

| MIGRANT-SPECIFIC SOURCE   | Core Barriers |    |     |    | Core Health Indicators |   |   |   |   |   | Other Health Indicators |   |   |   |   |   |   |   |
|---|---------------|----|-----|----|------------------------|---|---|---|---|---|-------------------------|---|---|---|---|---|---|---|
|   | I             | II | III | IV | 1                      | 2 | 3 | 4 | 5 | 6 | a                       | b | c | d | e | f | g | h |
| Acculturative Stress, Anxiety and Depression among Migrant Immigrant Farmworkers in the Midwest |               |    |     |    |                        |   |   |   |   | X |                         |   |   |   |   |   |   |   |
| Bi-national Farmworker Health Study   |               |    |     |    | X                      |   |   |   | X | X |                         |   | X | X |   |   |   |   |
| CDC Office of Minority Health and Health Disparities  |               |    |     |    | X                      | X |   | X | X | X |                         | X |   | X |   |   |   |   |
| Farmworker Health Services, Inc.  |               |    |     |    | X                      | X |   |   | X | X |                         |   |   | X |   |   |   |   |
| Migrant and Seasonal Farmworker Enumeration Profiles Study                                      | X             |    |     |    |                        |   |   |   |   |   |                         |   |   |   |   |   |   |   |
| National Center for Farmworker Health Fact Sheets   |               |    |     |    |                        |   |   | X |   | X |                         | X |   |   |   |   |   |   |
| National Agricultural Workers Survey  |               | X  | X   |    |                        |   |   |   |   | X |                         |   |   |   |   | X |   |   |
| Suffering in Silence: A Report on the Health of California's Agricultural Workers               |               |    |     |    |                        | X |   |   |   |   |                         |   |   |   |   |   |   |   |
| U.S. Department of Labor, Bureau of Labor Statistics Census of Fatal Occupational Injuries      |               |    |     |    |                        |   |   |   |   |   |                         |   |   |   | X |   |   |   |

**Homeless-Specific Summary Table of Resources by Indicator Type**

| HOMELESS-SPECIFIC SOURCE                                 | Core Barriers |    |     |    | Core Health Indicators |   |   |   |   |   | Other Health Indicators |   |   |   |   |   |   |   |
|--|---------------|----|-----|----|------------------------|---|---|---|---|---|-------------------------|---|---|---|---|---|---|---|
|  | I             | II | III | IV | 1                      | 2 | 3 | 4 | 5 | 6 | a                       | b | c | d | e | f | g | h |
| Homelessness: Programs and the People They Serve         |               | X  | X   |    |                        | X |   |   |   | X |                         | X | X |   |   |   |   | X |
| National Coalition for the Homeless                      |               |    |     |    |                        |   |   |   |   |   |                         | X |   |   |   |   |   | X |
| National Healthcare for the Homeless Council             |               |    |     |    |                        | X |   |   |   | X |                         | X |   |   |   |   |   |   |
| Severity of Homelessness and Adverse Birth Outcomes      |               |    |     |    |                        |   |   | X |   |   |                         |   |   |   |   |   |   |   |
| Urban Institute  |               | X  |     |    |                        | X |   |   |   | X |                         | X | X |   |   |   |   | X |
| U.S. Conference of Mayors Hunger and Homelessness Survey |               |    |     |    |                        |   |   |   |   | X |                         | X | X |   |   |   |   |   |
| U.S. HUD Annual Homeless Assessment Report to Congress   |               |    |     |    |                        |   |   |   |   |   |                         |   | X |   |   |   |   |   |

## Data Resources for Barriers and Health Indicators

The following data sources are listed in alphabetical order.

### Agency for Healthcare Research and Quality (AHRQ) Medical Expenditure Panel Survey (MEPS)

*Description:* MEPS is a set of large-scale surveys of families and individuals, their medical providers, and employers across the US. MEPS is the most complete source of data on the cost and use of health care and health insurance coverage.

*Source:* <http://www.meps.ahrq.gov/mepswebb>

### Agency for Healthcare Research and Quality (AHRQ) National Healthcare Quality and Disparities Reports

*Description:* “These reports measure trends in effectiveness of care, patient safety, timeliness of care, patient centeredness, and efficiency of care. The reports present, in chart form, the latest available findings on quality of and access to health care.” (AHRQ)

*Source:* <http://www.ahrq.gov/qual/measurix.htm>; Select most recent National Healthcare Quality Report.

Suicide death rate:

<http://www.ahrq.gov/qual/nhqr08/Chap2b.htm#mental>

Percentage without dental visit in last year:

<http://www.ahrq.gov/qual/nhdr08/Chap3a.htm#care>

### Agency for Healthcare Research and Quality (AHRQ) Quality Indicators

*Description:* The AHRQ Quality Indicators are measures of health care process and outcomes that use readily available hospital inpatient administrative data. These include prevention indicators for conditions including diabetes, chronic obstructive pulmonary disease, hypertension, congestive heart failure, low birth weight, bacterial pneumonia, and asthma. The data are not reported at small area levels but may point to indicators that are reported in local institutions or for localities in selected states.

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

### Association of Asian Pacific Community Health Organizations AAPI Health Data Database

*Description:* The Asian Americans, Native Hawaiians, and Pacific Islanders Health Data Database is a directory of public use health data sorted by topic with descriptions of the data, geography and time that it covers, and the organization posting the data.

Source: <http://www.aapcho.org/site/aapcho/content.php?type=1&id=9764>

### **Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS)**

*Description:* BRFSS is a large on-going telephone health survey system, conducted by the 50 state health departments as well as those in the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands, that tracks health conditions and risk behaviors. BRFSS provides state-specific information about issues including asthma, diabetes, health care access, alcohol use, hypertension, cancer screening, nutrition and physical activity, tobacco use, and more. Data is also available at local levels.

Source: <http://www.cdc.gov/brfss/> (select “Chronic Disease Indicators” under “Interactive Databases”)

Proportion of adults reporting diagnosis of high blood pressure:

<http://apps.nccd.cdc.gov/cdi/IndDefinition.aspx?IndicatorDefinitionID=25>

Cancer screening:

<http://apps.nccd.cdc.gov/cdi/DefSearchResults.aspx?CategoryID=1>

### **Centers for Disease Control and Prevention (CDC) National Center for Chronic Disease Prevention and Health Promotion**

*Description:* Provides annual trend data at the national and state level on several health-related quality of life measures using data from BRFSS.

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

Depression prevalence:

Select “Percentage with 14 or more mentally unhealthy days (Frequent Mental Distress)

Percentage without dental visit in last year:

<http://apps.nccd.cdc.gov/nohss/ListV.asp?qkey=5&DataSet=2>

### **Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS)**

*Description:* National Center for Health Statistics (NCHS) compiles statistical information to guide actions and policies to improve the health of people.

Source: <http://www.cdc.gov/nchs/>

Prenatal and perinatal health:

<http://www.cdc.gov/nchs/births.htm>

[http://www.cdc.gov/nchs/fetal\\_death.htm](http://www.cdc.gov/nchs/fetal_death.htm)

Suicide death rate:

<http://www.cdc.gov/injury/wisqars/index.html>; select Fatal Injury Reports; select Suicide in report options

### **Centers for Disease Control and Prevention (CDC) National Diabetes Surveillance System**

*Description:* The CDC Diabetes Surveillance System documents trends in diabetes incidence, prevalence and mortality, and evaluates progress in diabetes prevention and control. National and state-level diabetes data includes hospitalization, preventive care practices, and treatment.

*Source:* <http://apps.nccd.cdc.gov/ddtstrs/>

### **Centers for Disease Control and Prevention (CDC) HIV/AIDS Surveillance Report**

*Description:* “The HIV/AIDS Surveillance Report contains tabular and graphic information about U.S. AIDS and HIV case reports, including data by state, metropolitan statistical area, mode of exposure to HIV, sex, race/ethnicity, age group, vital status, and case definition category.” (CDC)

*Source:* <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/#surveillance> (select current issue of report)

### **Centers for Disease Control and Prevention (CDC) Lead Poisoning Prevention Branch (LPPB)**

*Description:* LPPB compiles state surveillance data for children age <72 months who were tested for lead at least once between January 1, 1997 and December 31, 2005.

*Source:* <http://www.cdc.gov/nceh/lead/data/index.htm>

### **Centers for Disease Control and Prevention (CDC) National Immunization Survey (NIS)**

*Description:* NIS is a large, on-going survey of immunization coverage among U.S. children aged 19-35 months.

*Source:* <http://www.cdc.gov/vaccines/stats-surv/imz-coverage.htm#nis>

### **Centers for Disease Control and Prevention (CDC) Wide-ranging Online Data for Epidemiologic Research (WONDER)**

*Description:* The CDC WONDER is an internet-based integrated information and communication system for public health. It includes published documents such as reports, recommendations, guidelines, articles, and statistical research data published by CDC. It also allows the user to query numeric, public-use data sets, about mortality, cancer incidence, HIV and AIDS, tuberculosis, natality, census data, and additional topics. Data may be available by service area (including migrant and homeless) and at the county level.

*Source:* <http://wonder.cdc.gov>

## **Community Health Status Indicators (CHSI)**

*Description:* CHSI provides an overview of key health indicators for local communities. The CHSI report contains over 200 measures for each of the 3,141 United States counties.

*Source:* <http://www.communityhealth.hhs.gov/>

## **Health Resources and Services Administration (HRSA) Geospatial Data Warehouse and Health Professional Shortage Area (HPSA) Database**

*Description:* The HRSA Health Professional Shortage Area's database provides data on the shortages of primary medical care, dental or mental health providers. HPSA scores are determined from four factors: population-to-primary care physician ratio, percent of the population with incomes below 100% of the poverty level, infant mortality or low birth weight rate, and travel time or distance to nearest available source of care. The downloadable file available at the link below contains data on the number of FTE primary care medical practitioners in the HPSAs; the data have been updated at various times and may not provide the most up to date statistics.

*Source:* <http://datawarehouse.hrsa.gov/HPSADownload.aspx>. Follow the directions on this page to download and view the data.

You can also make a map that visually shows the data that you choose (medically underserved area; health professional shortage area; poverty level; health care service delivery sites; etc.) by using the online map tool: <http://datawarehouse.hrsa.gov/DWOnlineMap/MainInterface.aspx>. The ratio and statistics for the area appear when "identify" is clicked.

## **Kaiser Family Foundation State Health Facts**

*Description:* StateHealthFacts.Org is a project of the Henry J. Kaiser Family Foundation that provides health data for all 50 states on topics including demographics and the economy, health status, health coverage and uninsured, Medicaid and SCHIP, health costs, Medicare, managed care and health insurance, providers and service use, minority health, women's health, and HIV/AIDS.

*Source:* <http://www.statehealthfacts.org/>

## **Prevalence of Depression by Race/Ethnicity: Findings from the National Health and Nutrition Examination Survey III. AmJPh;95(5):998 (Riolo, Nguyen, Greden & King)**

*Description:* Article providing results and analysis of two depression outcomes from the National Health and Nutrition Examination Survey III.

*Source:* <http://www.ajph.org/cgi/content/full/95/6/998>

## **Substance Abuse and Mental Health Services Administration (SAMHSA) National Survey on Drug Use and Health**

*Description:* The National Survey on Drug Use and Health is the primary source of information on the prevalence, patterns, and consequences of alcohol, tobacco, and illegal drug use and abuse in the general U.S. civilian non institutionalized population, age 12 and older. Data collected includes age, gender, pregnancy status, race/ethnicity, education, employment, geographic area, frequency of use, and association with alcohol, tobacco, and illegal drug use.

*Source:* <http://www.oas.samhsa.gov/nhsda.htm>;

State level data: [www.oas.samhsa.gov/statesList.cfm](http://www.oas.samhsa.gov/statesList.cfm)

Adults with mental disorders not receiving treatment:  
[www.oas.samhsa.gov/mhTXgap.htm](http://www.oas.samhsa.gov/mhTXgap.htm)

Any illicit drug use in the past month:  
<http://www.oas.samhsa.gov/nsduhlatest.htm>; select “illicit drug use”

Heavy alcohol use 12 and over (binge drinking): <http://www.oas.samhsa.gov/nsduhlatest.htm>;  
select “alcohol use”

### **Texas Transportation Institute**

*Description:* The Texas Transportation Institute conducts research addressing a wide range of transportation challenges. The 2007 Urban Mobility Report discusses the nation’s urban congestion problem and potential solutions and includes local data on 85 metro areas.

*Source:* [http://mobility.tamu.edu/ums/congestion\\_data/national\\_congestion\\_tables.stm](http://mobility.tamu.edu/ums/congestion_data/national_congestion_tables.stm)

### **U.S. Census Bureau American Fact Finder**

*Description:* The U.S. Census Bureau American Fact Finder is the primary Census data source for population, housing, economic, and geographic data. Currently, it provides data, depending on availability, at the national, state, county, zip code, state legislative districts, Census tracts and neighborhood block levels.

*Source:* <http://factfinder.census.gov>

Percent of population at or below 200% of poverty:  
Select “Getting Detailed Data – Decennial Census”; select “Census 2000 Summary File 3 – Detailed Tables”; select geographic type; scroll to P88, Ratio of Income to Poverty Level”

Percentage of population linguistically isolated:  
Select “Getting Detailed Data – American Community Survey”; select “Data Profiles” in the most recent version of the survey; select Social Data; select “Language Spoken at Home”

### **U.S. Census Bureau Model-based Small Area Health Insurance Estimates for Counties and States (SAHIE)**

*Description:* The Small Area Health Insurance Estimates program provides estimates of health insurance coverage “by age, sex, race, Hispanic origin, and income categories at the state-level and by age, sex, and income categories at the county-level.”

*Source:* <http://www.census.gov/hhes/www/sahie/>

### **U.S. Census Bureau Small Area Income and Poverty Estimates**

*Description:* The Small Area Income and Poverty Estimates provide current estimates of selected income and poverty statistics (updated on an annual basis). Estimates are available

at state, county, and school district levels. Poverty statistics are reported at various multiples of the Federal Poverty Level (FPL) and those percentages or multiple vary from year to year.

Source: <http://www.census.gov/hhes/www/poverty/poverty.html>

### **U.S. Department of Housing and Urban Development (HUD) USER**

*Description:* HUD USER is an information source for research and data on housing policy and programs, building technology, economic development, and housing-related topics in the U.S. HUD USER provides access to electronic data sets, including the American Housing Survey, HUD median family income limits, and data on the public housing population at the local level.

Source: <http://www.huduser.org/datasets/assthsg.html>

Length of waiting time for public housing:

Select “A Picture of Subsidized Households” most recent year; select “Click Here to Start a Query”; select Geographic Area; select Public Housing; select “months\_waiting”

### **U.S. Department of Labor Bureau of Labor Statistics Local Area Unemployment Statistics (LAUS)**

*Description:* The LAUS program produces monthly and annual employment, unemployment, and labor force data for Census regions and divisions, states, counties, metropolitan areas, and many cities, by place of residence

Source: [www.bls.gov/lau/home.htm](http://www.bls.gov/lau/home.htm)

### **Youth Risk Behavior Surveillance System (YRBSS)**

*Description:* YRBSS monitors six categories of health-risk behaviors among young adults: behaviors that contribute to unintentional injuries and violence, tobacco use, alcohol and other drug use, sexual behaviors that contribute to unintended pregnancy and STDs including HIV; unhealthy dietary behaviors, and physical inactivity. This report summarizes results from the national survey, 32 state surveys and 18 local surveys.

Source: <http://www.cdc.gov/healthyyouth/yrbs/publications.htm> (select most recent YRBS Surveillance Summary)

## **Migrant-Specific (Section 330(g)) Data Resources**

### **Acculturative Stress, Anxiety and Depression among Migrant Immigrant Farmworkers in the Midwest. J Immigrant Health; 2:119-131; 2000 (Hovey JD& Magana C)**

*Description:* Analysis of a study assessing prevalence and predictors of anxiety and stress in a sample of Mexican immigrant farmworkers.

*Source:* [www.ncbi.nlm.nih.gov/pubmed/16228745](http://www.ncbi.nlm.nih.gov/pubmed/16228745) (abstract only)

### **Bi-national Farmworker Health Study: An In-depth Study of Farmworker Health in Mexico and the United States (Mines, R., Mullenax, N., & Saca, L.)**

*Description:* The study of farm worker health detailed in this report includes data on seven bi-national community networks. The study includes former farmworkers who returned to Mexico to retire or pursue other work, allowing researchers to assess long-range health impact of farm labor on the workers.

*Source:* <http://www.cirsinc.org/Documents/Pub1001.2.pdf>

### **Centers for Disease Control and Prevention (CDC) Office of Minority Health and Health Disparities (OMHD)**

*Description:* The OMHD provides data and fact sheets specific to farmworkers on topics including cancer, cardiovascular disease, diabetes, HIV/AIDS, infant mortality, immunizations, mental health, tuberculosis, and lupus.

*Source:* <http://www.cdc.gov/omhd/AMH/farmworker.htm>

### **Housing Assistance Council (HAC): Migrant and Seasonal Farmworker Housing**

*Description:* This 2003 Farmworker Housing fact sheet is based on outreach field surveys conducted by HAC and includes information on farmworker social and economic characteristics, farmworkers-specific housing characteristics and conditions, and identifies specific challenges faced in addressing housing issues for farmworkers.

*Source:* <http://www.ruralhome.org/storage/documents/farmworkers.pdf>

### **Farmworker Health Services, Inc., National Needs Assessment of Farmworker-Serving Health Organizations**

*Description:* This is a biannual report on outreach service delivery at farmworker-serving health care organizations and head start agencies.

*Source:* <http://www.farmworkerhealth.org/needsreports.html>

### **Migrant and Seasonal Farmworker Enumeration Profiles Study (AC Larson)**

*Description:* State-specific reports which combine national, state and local reports and existing databases to calculate estimates for farmworker populations at the county level. The

study is available for select states only: AR, CA, FL, ID, LA, MD, MI, MS, NC, OK, OR, TX, and WA.

Source: <http://www.ncfh.org/?pid=23>

### **National Center for Farmworker Health Fact Sheets**

*Description:* The National Center for Farmworker Health's mission is to improve the health status of farmworker families through appropriate application of human, technical, and information resources. Their resource center and library collection include factsheets and listings of various data resources specific to the migrant and farmworker populations.

Source: <http://www.ncfh.org/?pid=5>

### **National Agricultural Workers Survey (NAWS)**

*Description:* U.S. Department of Labor NAWS report is part of a series of publications on the demographic and employment characteristics of migrant workers. NAWS is a nationwide, random survey.

Source: <http://www.doleta.gov/agworker/naws.cfm>; look under "How Are The Findings Disseminated?" for the most recent report.

### **Suffering in Silence: A Report on the Health of California's Agricultural Workers**

*Description:* The 1999 California Agricultural Worker Health Survey was a large-scale survey collecting health information from farmworkers. The study also looked at chronic disease risks, particularly heart disease, stroke, asthma and diabetes.

Source: [http://www.calendow.org/uploadedFiles/suffering\\_in\\_silence.pdf](http://www.calendow.org/uploadedFiles/suffering_in_silence.pdf)

### **U.S. Department of Labor, Bureau of Labor Statistics Census of Fatal Occupational Injuries**

*Description:* The Census of Fatal Occupational Injuries provides data on illnesses and injuries on the job and data on worker fatalities.

Source: <http://www.bls.gov/iif/home.htm>

## Homeless-Specific (Section 330(h)) Data Resources

### **Homelessness: Programs and the People They Serve. Washington, DC: Interagency Council on the Homeless (Burt, M., Aron, L., Douglas, T., Valente, J., Lee, E., & Iwen, B)**

*Description:* The 1996 National Survey of Homeless Assistance Providers and Clients provides information about both the providers of homeless assistance and the characteristics of homeless persons who use services. The survey is based on a statistical sample of metropolitan and nonmetropolitan areas, including small cities and rural areas. Data was received from service users including characteristics such as age, race/ethnicity, sex, family status, history of homelessness, employment, education, veteran status, and use of services and benefits.

*Source:* Summary report: <http://www.urban.org/UploadedPDF/homelessness.pdf>  
Technical report: [http://www.huduser.org/publications/homeless/homeless\\_tech.html](http://www.huduser.org/publications/homeless/homeless_tech.html)

### **National Coalition for the Homeless**

*Description:* The National Coalition for the Homeless mission is to end homelessness across the U.S. The information clearinghouse includes fact sheets and publications addressing homeless-population specific data.

*Source:* <http://www.nationalhomeless.org/publications/>

### **National Healthcare for the Homeless Council. Learning About Homelessness & Health in Your Community: A Data Resource Guide (Zerger, S)**

*Description:* This document provides a listing of public-access sources for data about homeless populations and their service providers, state and local data sources, health status data, health status indicators including vital statistics and disease-specific statistics, health services, and housing.

*Source:* <http://www.nhchc.org/Publications/CA08DataResourceGuide.pdf>

### **Severity of Homelessness and Adverse Birth Outcomes. *Health Psychology* 19(6), pp. 524-534, 2000. (Gelberg et al.)**

*Description:* This study of severely impoverished homeless women in Los Angeles concludes that severity of homelessness leads to more low birth weight and preterm babies.

*Source:* <http://www.ahrq.gov/research/apr01/401RA23.htm>

### **Urban Institute**

*Description:* The Urban Institute's mission is to promote sound social policy and public debate on national priorities such as homelessness, and the link below connects to the collection of Urban Institute publications on homeless issues.

Source: <http://www.urban.org/housing/homeless.cfm>

**U.S. Conference of Mayors Hunger and Homelessness Survey**

*Description:* This report contains 2006-2007 data collected from 23 cities with mayors on the Conference of Mayors Hunger and Homelessness Task Force. Survey topics included characteristics of the homeless population. The report also contains profiles of each of the 23 cities responding to the survey.

Source: <http://www.usmayors.org/hhsurvey2007/hhsurvey07.pdf>

**U.S. Department of Housing and Urban Development (HUD) Annual Homeless Assessment Report to Congress (2007)**

*Description:* The Annual Homeless Assessment Report marks the first time since 1984 that HUD has reported the number of homeless people in the United States. (HUD)

Source: [www.huduser.org/publications/povsoc/annual\\_assess.html](http://www.huduser.org/publications/povsoc/annual_assess.html)

*Useful for:* Percent elderly 65 and older

## 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/>

**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/>

**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/>

**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.

**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/>

**Mortality from Diseases of the Heart:** Deaths with ICD-9-CM principal diagnosis codes: I00–I09, I11, I13, I20-151. Source: <http://www.who.int/classifications/icd/en/>

**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#R0> \*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/>

**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/>

**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/>

**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/>

**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/colorcti>

**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/>

**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/dataawh/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.

**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 28<sup>th</sup> 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/>

**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 and the Full Time Equivalent is 3. The Population to Primary Care Physician Ratio is: 2100:1 ( $6300 \div 3 = 2100$ ), with a total FTE count of 3, which is  $\geq 1$ .

**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/>

**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/>

**Three Year Average Pneumonia Death Rate:** Deaths with ICD-10-CM principal diagnosis codes: J12–J18. Source: <http://www.who.int/classifications/icd/en/>

**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.who.int/classifications/icd/en/>

**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.who.int/classifications/icd/en/>

**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/yrbs/index.htm/>