## FORM 9 – NEED FOR ASSISTANCE WORKSHEET (REQUIRED)

Present data related to the needs in the **target population** within the proposed service area. Data presented must be based on the target population for the entire proposed SAC-AA project. For data collection resources specific to this form, review the Data Resources guide available at <a href="http://www.hrsa.gov/grants/apply/assistance/SAC/sacdataguidepdf.pdf">http://www.hrsa.gov/grants/apply/assistance/SAC/sacdataguidepdf.pdf</a>.

# **General Guidelines for Completing the NFA Worksheet**

- Responses cannot be expressed as ranges (e.g., 31-35).
- Responses must be expressed in the same format/unit of analysis identified in each barrier or health indicator (e.g., a mortality ratio cannot be used to provide a response to age-adjusted death rate).

Format/Unit of Analysis	Example	
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)	

**Table 8: Need for Assistance Data Format Examples** 

## **Guidelines for Describing the Target Population**

- Applicants requesting ONLY CHC funding to serve the medically underserved population of a service area must provide responses that reflect the health care needs of the entire target population. When the service area is a sub-county area (a group of census tracts or zip codes), but data for a particular barrier or health indicator are not available at the sub-county level, applicants may use an extrapolation technique to appropriately modify the available data to reflect the target population.
- Applicants requesting MHC, HCH, and/or PHPC funding to serve **ONLY a homeless population, a migrant and seasonal farm workers population, and/or residents of public housing** may use an extrapolation technique to modify available data to reflect the specific targeted special population(s) within the proposed service area.
- Applicants requesting CHC **and** MHC, HCH, and/or PHPC funding must present responses that reflect the total target population. In calculating responses, applicants may use extrapolation techniques to appropriately modify available data to reflect the targeted special population(s), then combine this with data about the general target population within the service area.

### **Guidelines for Selecting and Presenting Data**

- All 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 analysis methods.
- Applicants must provide the following information for all data:
  - 1. Year(s) in which data were collected
  - 2. Data source (e.g., census)
  - 3. Target population for data
- Applicants should use the optional Methodology Utilized/Data Source Description/Other field to provide additional information about the data (e.g., description of extrapolation techniques utilized to acquire the data, comparison state and/or national data).

### **SECTION 1: CORE BARRIERS**

A response is required for **three of the four** core barriers listed:

- Ratio of Population to One FTE Primary Care Physician
- Percent of Population at or Below 200 Percent of Poverty
- Percent of Population Uninsured
- Distance (miles) OR Travel Time (minutes) to Nearest Primary Care Provider Accepting New Medicaid and/or Uninsured Patients (e.g., private practitioner, health center)

#### **SECTION 2: CORE HEALTH INDICATORS**

A response is required for **one indicator within each of the six** core health indicator categories: Diabetes, Cardiovascular Disease, Cancer, Prenatal and Perinatal Health, Child Health, and Behavioral and Oral Health. If an applicant believes that none of the specified indicators within a category (see table below) represent the applicant's target population, the applicant may propose an Other indicator for that category. In such a case, the applicant must specify the indicator's definition, data source, and rationale for using the alternative indicator.

**Table 9: Core Health Indicators** 

CORE HEALTH INDICATOR CATEGORIES	Format/Unit of Analysis
1. Diabetes	
1(a) Diabetes Short-Term Complication Hospital Admission Rate	Number per 100,000
1(b) Diabetes Long-Term Complication Hospital Admission Rate	Number per 100,000
1(c) Uncontrolled Diabetes Hospital Admission Rate	Number per 100,000
1(d) Rate of Lower-Extremity Amputation Among Patients with Diabetes	Number per 100,000
1(e) Age Adjusted Diabetes Prevalence	Percent
1(f) Adult Obesity Prevalence	Percent
1(g) Diabetes Mortality Rate <sup>10</sup>	Number per 100,000
1(h) Other	Provided by Applicant
2. Cardiovascular Disease	
2(a) Hypertension Hospital Admission Rate	Number per 100,000
2(b) Congestive Heart Failure Hospital Admission Rate	Number per 100,000
2(c) Angina without Procedure Hospital Admission Rate	Number per 100,000
2(d) Mortality from Diseases of the Heart <sup>11</sup>	Number per 100,000

<sup>&</sup>lt;sup>10</sup>Number of deaths per 100,000 reported as due to diabetes as the underlying cause or as one of multiple causes of death (ICD-9 Code 250).

Total number of deaths per 100,000 reported as due to heart disease (includes ICD-9 Codes I00-I09, I11, I13, and I20-I51).

CORE HEALTH INDICATOR CATEGORIES	Format/Unit of Analysis
2(e) Proportion of Adults Reporting Diagnosis of High Blood Pressure	Percent
2(f) Other	Provided by Applicant
3. Cancer	
3(a) Cancer Screening – Percent of Women 18 and Older with No Pap Test in Past 3 Years	Percent
3(b) Cancer Screening – Percent of Women 40 and Older with No Mammogram in Past 3 Years	Percent
3(c) Cancer Screening – Percent of Adult 50 and Older with No Fecal Occult Blood Test in Past 2 Years	Percent
3(d) Other	Provided by Applicant
4. Prenatal and Perinatal Health	
4(a) Low Birth Weight Rate (5 year average)	Percent
4(b) Infant Mortality Rate (5 year average)	Number per 1000 births
4(c) Births to Teenage Mothers (ages 15-19; percent of all births)	Percent
4(d) Late Entry into Prenatal Care (entry after first trimester; percent of all births)	Percent
4(e) Cigarette Use During Pregnancy (percent of all pregnancies)	Percent
4(f) Other	Provided by Applicant
5. Child Health	
5(a) Pediatric Asthma Hospital Admission Rate	Number per 100,000
5(b) Percent of Children Tested for Elevated Blood Lead Levels by 36 Months of Age	Percent
5(c) Percent of Children Not Receiving Recommended Immunizations: 4-3-1-3-3 <sup>12</sup>	Percent
5(d) Other	Provided by Applicant
6. Behavioral and Oral Health	
6(a) Depression Prevalence	Percent
6(b) Suicide Rate	Number per 100,000
6(c) Youth Suicide Attempts Requiring Medical Attention	Percent
6(d) Percent of Adults with Mental Disorders Not Receiving Treatment	Percent
6(e) Any Illicit Drug Use in the Past Month (percent of all adults)	Percent
6(f) Heavy Alcohol Use (percent among population 12 and over)	Percent
6(g) Homeless with Severe Mental Illness (percent of all homeless)	Percent
6(h) Oral Health (percent without dental visit in last year)	Percent
6(i) Other	Provided by Applicant

### **SECTION 3: OTHER HEALTH INDICATORS**

A response is required for **two of the twelve** other health indicators listed below. Alternatively, an applicant can propose Other indicators by specifying the indicator's definition, data source, and rationale for using the alternative indicator.

**Table 10: Other Health Indicators** 

OTHER HEALTH INDICATORS	Format/Unit of Analysis
(a) Age-Adjusted Death Rate	Number per 100,000
(b) HIV Infection Prevalence	Percent
(c) Percent Elderly (65 and older)	Percent
(d) Adult Asthma Hospital Admission Rate	Number per 100,000
(e) Chronic Obstructive Pulmonary Disease Hospital Admission Rate	Number per 100,000
(f) Bacterial Pneumonia Hospital Admission Rate	Number per 100,000

<sup>&</sup>lt;sup>12</sup> 4 DTaP, 3 polio, 1 MMR, 3 Hib, 3 hepatitis B

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OTHER HEALTH INDICATORS	Format/Unit of Analysis
(g) Three Year Average Pneumonia Death Rate <sup>13</sup>	Number per 100,000
(h) Adult Current Asthma Prevalence	Percent
(i) Adult Ever Told Had Asthma (percent of all adults)	Percent
(j) Unintentional Injury Deaths	Number per 100,000
(k) Percent of Population Linguistically Isolated (percent of people 5 years and over who speak a language other than English at home)	Percent
(I) Waiting Time for Public Housing Where Public Housing Exists	Months
(m) Other	Provided by Applicant
(n) Other	Provided by Applicant



<sup>13</sup> Includes ICD-9 Codes 480-486