

Indicator Form B

New HIW Submissions: Indicator-Specific Information

(Fill out a separate sheet for each indicator)

1. Name of indicator: _____

2. Description of indicator: Include whether it is part of a bigger data initiative, the health topic it covers, and a very short justification for its inclusion in the HIW.

3. Question(s) or data element(s) upon which the indicator is based:

4. Value label of indicator:

___ percent
___ rate (per _____)
___ count
___ alpha numeric (e.g., is designated as manpower shortage area or is not)
___ other (specify) _____

5. Years or periods of data proposed (if supplying data for multiple years or periods of the indicator(s) please list all years/periods proposed for inclusion in the HIW and specify time unit used):

___ Same as other indicators in submission

6. Please attach or reference a sample of summary data. This could be in the form of a recent report, univariate output, website with tabulated data or query system with your data, or any other format that is easily produced or accessed.

7. What proportion of indicator data values were missing in the most recent data year:

8. Is the indicator adjusted (e.g., age- or risk-adjusted)? If so, briefly describe:

9. Is the indicator based on an index or on any composite measures (e.g., a scale or index based on multiple data elements?) If so, please briefly describe and provide reference to relevant documentation on the measure:

10. Is the indicator based on modeled data? If so briefly describe the model and attach any relevant documentation available on the model.

11. Population to which indicator can be generalized (*if different from specified on the overview sheet; check all that apply*):

Same as other indicators in submission

All persons

Adults age 18 and over

Specific age range(s), please specify: _____

Specific gender group

Male only

Female only

Specific racial or ethnic group, please specify _____

Institutions/providers, please specify: _____

Other population subgroup, please specify (e.g., veterans, persons with specific conditions): _____

12. Geographic levels for which indicator is available (*if different from specified on the overview sheet; check all that apply*):

Same as other indicators in submission

National

State (all states)

State (selected states) _____

County (all counties (if some are suppressed due to sample size check all))

County (selected counties) _____

Cities (all cities)

Cities (selected cities) _____

Zip code (all zip codes)

Zip code (selected zip codes) _____

Hospital referral region

International: specific countries _____

Other (describe): _____

13. Please describe any caveats or limitations with the proposed indicator that you would like users to be aware of: