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HEALTH INDICATORS TEMPLATE

FOR THE HEALTH ACTION PLAN

This health indicators template is intended to guide the public health professional on a set of "go-to" indicators for the secondary data analysis step of the Health Action Plan (HAP). This tool aims to provide guidance around the following: 1) which indicators are typically most meaningful and why; 2) the appropriate level of data analysis for the HAP (e.g., stratification factors); 3) how the indicator list can be tailored for certain resident populations; and 4) what geographies the public health professional may want to include for analysis.

HOW TO USE THIS TOOL:

The public health professional should use this tool to facilitate conversation with their developer partner and prioritize a set of secondary indicators for the Health Action Plan. Use the following key questions listed below to identify the indicators most relevant to the HAP, appropriate stratification factors (e.g., race/ethnicity, income level, education status), geographic levels to include for both the development (census tract, zip code) and a comparison (neighborhood, city, county), and the indicators of greatest interest to residents and the developer. Indicators should be tailored to reflect the scope of the HAP and the resident population.

KEY QUESTION:

What indicators are most relevant to the scope of the Health Action Plan?

To begin identifying indicators to include in the assessment phase, start by reviewing the scope of the HAP and taking into consideration what the developer is able to impact through services, programs, renovations, or redevelopment. Indicators selected can then be tailored to that scope and population being served. While socio-demographic or social determinants of health data, may not be directly impacted by developer actions or programs, they are important to include in order to understand the health and well-being of current and future residents and can be used to better tailor strategies to meet the highest level of need.

KEY QUESTION:

What other data are being collected (e.g., resident surveys)?

When identifying indicators to include in the assessment phase, consider what other data are being collected at the development, whether that data collection is being done as part of the HAP or not. Examples of additional collection measures include resident surveys, evaluations of existing development programming, or resident focus groups. If there are other data being collected, consider tailoring the indicator list to be complementary. For example, if a resident survey asks if respondents have ever been diagnosed with depression or anxiety, an indicator list could include the percent of adults experiencing 14+ days of poor mental health in the past 30 days for comparison. Aligning indicators with any resident-level data can provide additional context to the health and well-being of residents.

KEY QUESTION:

What is a meaningful geographic comparison for this HAP (e.g., neighborhood, city, county, etc.)?

Including a geographic comparison is helpful for contextualizing the site-level data and understanding the economic, social, and environmental factors that may be influencing residents' health and well-being. When pulling a geographic comparison, it is important to discuss what a meaningful geographic comparison for the development would be. For example, for a development located in a relatively homogeneous area, a neighborhood-level comparison might not be the most meaningful comparison and it may be better to compare the development to the city or county to better understand any differences in the experiences or outcomes of residents and the larger community. For developments in a more heterogenous area, for example an affordable housing development in an affluent neighborhood, a neighborhood-level comparison may be more illuminating of inequities.

Tip: If using a neighborhood-level comparison, work with the developer and residents to come up with a definition of the neighborhood, as it may be different from the official definition.

Tip: Census tracts can be pooled to create neighborhood-level geographic comparison.

KEY QUESTION:

What data are most meaningful to the lives of residents (e.g., based on previously collected data, knowledge of the area, etc.)?

Indicator lists should be tailored to the specific resident population of a development. For example, if a development is developed for residents 65+ older, include indicators relating to the health and social needs of older adults, such as Alzheimer's and other dementias, falls, or social-isolation. Intentionally tailoring the indicator list to be relevant to lives and needs of residents will help to ensure strategies are appropriately targeted. The public health practitioner and developer should also discuss any known health or social needs of the residents or their communities, which can also be used to tailor the indicator list.

Relevant socio-demographic data should also be included to tailor the indicator list. Understanding the demographic and socio-economic composition of a community can inform how to stratify health and other outcome indicators. Stratification of health outcomes and social determinants of health indicators by demographics can illuminate inequities between groups and brings a health equity lens to the HAP process. This can also help the development and tailoring of strategies to bring the highest level of needs. Potential factors to stratify by include:

- ***Race/Ethnicity*** stratification can illuminate inequities in health outcomes and other data between racial groups that may be hidden when looking at data overall.
- ***Education Level*** can predict employment and income, both of which can impact health outcomes. Understanding education level of a community can also help to inform the strategy development (e.g., partnering with GED classes, tailoring outreach materials to be appropriate literacy level, etc.)
- ***Immigration Status*** can impact health and well-being and effect one's ability to access health care and social services. Understanding immigration status can also inform what services are needed or may be available in the community to be drawn on.
- ***Language Spoken*** can impact community members' ability to access health care and other social services. It can also inform what services are needed or may be available in the community to be drawn on.
- ***Household Size*** can inform the understanding of a community (e.g., mainly families, single adults, etc.), as well adding to an understanding of potential housing needs in the community.

Further explanation on use of stratification factors can be found throughout the indicator list.

Tip: Depending on geographic granularity, any data from the Census (including American Community Survey data) can be disaggregated by the demographics listed above. Availability of stratified indicators from non-Census sources varies by source.

Indicator	Definition	Rationale	Sources (Geographic Availability)
DESCRIPTION OF POPULATION			
Total Population	The rounded estimate number of people living in a specific geographic area	Demographic measures, such as population, race/ethnicity, and age, help paint a picture of the building residents' community context. Health and economic inequities exist between racial/ethnic groups, often due to systemic or social injustices. Additionally, different health conditions or social factors may be more impactful or of more concern for different age groups. Understanding the racial/ethnic and/or age composition of a community can inform how to stratify other indicators. Demographic indicators can be pulled at two time periods to show percent change over time.	American+A3:E3n Community Survey 5-Year Estimates (Census Tract, Zip Code, City, County, State); Opportunity360 (Census Tract)
Racial/Ethnic Composition	The proportion of the population that is non-Hispanic or Latinx white, black, American Indian, Asian, Hawaiian, other race, and two or more races, as well as the proportion of the population that is Hispanic or Latinx of any race.		American Community Survey 5-Year Estimates (Census Tract, Zip Code, City, County, State); Opportunity360 (Census Tract)
Age of Population	Population by age category		American Community Survey 5-Year Estimates (Census Tract, Zip Code, City, County, State)
EDUCATION			
Educational Attainment of Adults 25 and Older	The percent of the population 25 years and over, by the highest level of education completed - high school diploma, associates degree, bachelor's degree, master's degree or higher.	Education level can predict employment and income, both of which impact an individual's housing and ability to afford necessary health care. Education can increase a person's life expectancy and quality of life. Understanding the educational composition of a community can inform how to stratify other indicators.	American Community Survey 5-Year Estimates (Census Tract, Zip Code, City, County, State); Opportunity360 (Census Tract)
HOUSING			
Housing Cost Indicators			
Housing Cost Burden	The percent of households whose monthly housing costs exceed 30% of their monthly income.	Rent/mortgage payments are the most prioritized expenses. When either exceed certain percentages of a household's income, other trade-offs occur. Many of these are detrimental to health, including delaying care, skipping and/or rationing medication, and buying inexpensive foods with low nutritional value. This indicator can be pulled by type of household (renters v. households with a mortgage).	American Community Survey 5-Year Estimates (Census Tract, Zip Code, City, County, State)

Indicator	Definition	Rationale	Sources (Geographic Availability)
Housing Assistance	Percent of renter households that receive project-based housing assistance or housing choice vouchers	Project-based housing assistance, a form of Section 8 housing subsidy and Housing Choice vouchers, are a critical source of stability for individuals and families who would otherwise have difficulty affording a market-rate home. These subsidies free up household income for other important necessities, like food and medicine, and may prevent unsafe and unstable housing conditions or homelessness.	HUD, Picture Subsidized Households 2018 (Census tract, Region, State, Nation)
Housing Quality Indicators			
Overcrowding	Percent of occupied housing units with more than 1.5 persons living per every room in the home	Living in an overcrowded living situation can have a negative impact on all inhabitants, particularly children's health. It can be a symptom of a gap in affordable, quality housing in the community.	Opportunity 360 (Census tract, Region, State, Nation); American Community Survey 5-Year Estimates (Census Tract, Zip Code, City, County, State)
HEALTH AND WELL-BEING			
Chronic Disease Indicators: *High health care costs associated with chronic diseases, such as asthma, heart disease, and diabetes, may impact residents' ability to afford housing costs and maintain safe, stable housing.*			
Asthma (Adult and Pediatric)	The percentage of adult and pediatric patients who have ever been told by a health care provider that they have asthma.	Asthma is one of the most common long-term diseases in children and also affects millions of adults. Poor housing can lead to triggering or worsening asthma symptoms through exposure to dust, mold, cigarette smoke, animal dander. Trigger mitigation efforts at the development level, such as mold removal or smoke-free policies, can be effective at reducing the prevalence and severity of asthma.	Health Surveillance Surveys (e.g., Behavioral Risk Factor Surveillance Survey, California Health Interview Survey); Local Health Department (Varies); Opportunity360 (Census Tract)
Adults with Heart Disease	The percentage of adults who have ever been diagnosed with one or more of a variety of diseases that affect the heart, including coronary artery disease.	Heart disease is the leading cause of death in the United States. Heart disease has many risk factors that are modifiable, such as tobacco use, obesity, and sedentary lifestyle. Development-based interventions such as smoke-free policies, nutrition classes, or exercise programs or equipment could potentially lessen the prevalence and severity of heart disease among residents.	Health Surveillance Surveys (e.g., Behavioral Risk Factor Surveillance Survey, California Health Interview Survey); Local Health Department (Varies);

Indicator	Definition	Rationale	Sources (Geographic Availability)
Adults with Diabetes	The percentage of adults who have ever been diagnosed with diabetes.	Diabetes is a chronic condition that can detrimentally impact an individual's health and well-being and is a risk factor for serious health conditions include heart disease, renal disease, and stroke. Diabetes is prevalent in older adults and minority populations. Diabetes can be an expensive condition to manage and treat, which may lead individuals to forego necessary medical treatment or be unable to pay for other costs of living. Organizing residence-based intervention, such as diabetes support groups or nutrition classes, can be effective tools to support the control and management of diabetes.	CDC 500 Cities Project (Census Tract, City); Local Health Department (Varies); County Health Rankings (County); Opportunity360 (Census Tract)
Health Care Access Indicators: *Access to routine, affordable health care can positively impact health outcomes through disease prevention and early detection of disease, all of which can also lead to lifetime lower health care costs.*			
Adults who have had a Routine Checkup	The percentage of adults that report having visited a doctor for a routine checkup within the past year.	Routine check-ups are a key aspect of good health and can be important to the early identification and treatment of potentially serious diseases. Routine check-ups can also be an opportunity to check in on patients' mental health and to connect them with needed supports and services. Barriers to routine care can include health insurance status, transportation, health literacy, and child care.	CDC 500 Cities Project (Census Tract, City); Local Health Department (Varies); Health Surveillance Surveys (e.g., Behavioral Risk Factor Surveillance Survey, California Health Interview Survey)
Health Insurance Status	The count of the civilian non-institutionalized people who have health insurance coverage (insured) and those without health insurance (uninsured).	A lack of health insurance can be a barrier to accessing and affording needed health services. It can also lead to financial insecurity, with a higher proportion of an individual or household's income going towards health care expenses at the cost of other expenses, such as those relating to housing. Development-based interventions, such as training resident service providers to be navigators for insurance enrollment, could help to increase access.	American Community Survey 5-Year Estimates (Census Tract, Zip Code, City, County, State); Opportunity360 (Census Tract); County Health Rankings (County)

Indicator	Definition	Rationale	Sources (Geographic Availability)
Health-Related Quality of Life Indicators: *Health related quality of life indicators capture both individual and community-level factors that contribute to physical and mental well-being*			
Life Expectancy	The average number of years a person is expected to live at the time of their birth.	A measure of a population's longevity, general health, and overall quality of life. Life expectancy reflects infant mortality, health outcomes, and the social determinants of health that impact individuals health and well-being. Differences in life expectancy between groups can illuminate existing inequities in health and health care, economic outcomes, and other social factors.	Opportunity360 (Census Tract); County Health Rankings (County)
Poor Mental Health	The percentage of adults who stated that their mental health was not good 14 or more days in the past month	Poor mental health can impact one's physical health, ability to maintain consistent employment, ability to complete daily life activities, overall quality of life. Poor mental health can be exacerbated by unstable housing, economic stress, poor physical health, isolation, and sense of safety.	CDC 500 Cities Project (Census Tract, City); Local Health Department (Varies); County Health Rankings (County)
Poor Physical Health	The percentage of adults who stated that their physical health was not good 14 or more days in the past month	Poor physical health can impact one's mental health, ability to maintain employment and complete daily life activities, and ability to engage with the community.	CDC 500 Cities Project (Census Tract, City); Local Health Department (Varies);
Other Health and Well-being Indicators			
Adults who are Sedentary	The percentage of adults who did not participate in any physical activity other than their regular job during the past month.	A sedentary lifestyle can increase the risk for chronic diseases such as heart disease and diabetes, as well as other health conditions such as colon cancer and obesity. Sedentary lifestyles may also indicate that individuals do not have access to exercise opportunities in their neighborhoods that they feel safe using.	CDC 500 Cities Project (Census Tract, City); Local Health Department (Varies); County Health Rankings (County)
Adults who are Obese	The percentage of adults aged 18 and older who are obese according to the Body Mass Index (BMI). A BMI of equal to or greater than 30 is considered obese.	Obesity can increase the risk for many other diseases and health conditions, including heart disease, diabetes, and stroke. Obesity is impacted by several social determinants of health, including access to safe and affordable means to exercise, access to affordable, healthy foods, and health/nutrition literacy. Strategies, such as improved walking paths, on-site group exercise classes, or nutrition classes can lessen the impact of obesity.	CDC 500 Cities Project (Census Tract, City); Local Health Department (Varies); County Health Rankings (County); Opportunity360 (Census Tract)

Indicator	Definition	Rationale	Sources (Geographic Availability)
Alzheimer's Disease or Dementia	The percentage of older adults treated for Alzheimer's or dementia	Alzheimer's disease and other dementia affect memory, motor skills, and language and can impact an individual's ability to complete activities of daily living (grocery shopping, medical care, managing finances, etc.) without caregiver assistance. Residents diagnosed with Alzheimer's or other dementias may need additional supports, such as way finding designs or card reader access to building instead of numeric code entry, to support their aging in place. Data for this indicator are often available for the Medicare population.	Local Health Department (Varies)
Unintentional Injury Emergency Department Visits	The number of unintentional injury emergency department visits per 100,000 population. Unintentional injury includes motor vehicle accidents, poisonings, firearms, and falls.	Unintentional injuries can indicate unsafe environments or communities, which can impact individuals mental and physical health. Some unintentional injury risk can be mitigated at the development-level through design changes, such as improved lighting, widened hallways, and the addition of supportive railings, and through neighborhood level efforts to improve safety.	Local Health Department (Varies)
ECONOMIC SECURITY			
Income and Poverty Indicators: *Economic status impacts housing, health care access, and access to necessities. Analyzing these indicators on a local level will also help developers better understand the economic needs of new or future residents.*			
Median Household Income	The income (including wages, salary, commissions, bonuses, and tips) received by a household on a regular basis before payments for personal income taxes, social security, Medicare deductions, etc.	Income impacts an individual or household's ability to maintain stable housing and afford necessary health care and other necessities (e.g., groceries, utilities, gas).	American Community Survey 5-Year Estimates (Census Tract, Zip Code, City, County, State); Opportunity360 (Census Tract)
Families Below the Poverty Level	The proportion of families living below the federal poverty level.	Housing and poverty have a bi-directional relationship. Stable housing impacts numerous social and health outcomes that disproportionately affect families in poverty, including anxiety and depression, domestic violence, substance use, and child abuse and neglect. Housing plays a critical role in providing stability to poor families.	American Community Survey 5-Year Estimates (Census Tract, Zip Code, City, County, State); Opportunity360 (Census Tract)

Indicator	Definition	Rationale	Sources (Geographic Availability)
Percent of Households ALICE	ALICE, an acronym for Asset Limited, Income Constrained, Employed, comprises households that earn more than the Federal Poverty Level (FPL), but less than the basic cost of living for the state (the ALICE Threshold).	ALICE is a new way of defining and understanding the struggles of households that earn above the Federal Poverty Level but not enough to afford a basic household budget. Cost of living outpaces what the household earns, making it difficult to afford housing, food, transportation, child care, health care, and necessary technology. This indicator illuminates what residents may be struggling with beyond the cost of housing and highlight areas that strategies could be targeted at, such as transportation vouchers or common access computers. Analyzing this indicator on a local level (such as neighborhood or city) will also help developers better understand the economic needs of the population that they may be pulling new residents from in the future.	https://www.unitedforalice.org/national-overview (County (limited), State, Nation)
Other Economic Security Indicators			
Percent of Households Receiving Food Stamps/SNAP	Percent of households where one or more current members received food stamps/a food stamp benefit card/benefits from the Supplemental Nutrition Assistance Program (SNAP) during the past 12 months.	Housing and food access are closely connected. Families experiencing financial hardship may have little money left for food after paying their rent or mortgage, face eviction or homelessness (having nowhere to safely store or prepare healthy food), or live in disinvested neighborhoods where access to healthy, affordable food is less likely. Understanding food access needs of residents and their community can help target strategies or programs to address these needs, such as setting up the residence as a drop-off point for a CSA that accepts SNAP.	American Community Survey 5-Year Estimates (Census Tract, Zip Code, City, County, State); Opportunity360 (Census Tract)
Unemployment	Percentage of the labor force, ages 16 and older, that is unemployed and seeking work.	Unemployment is associated with higher rates of self-reported poor health, long-term illnesses, higher incidence of risky health behaviors (e.g., alcoholism, smoking), and increased mortality. Unemployment may also impact an individual or families' ability to maintain safe and stable housing.	American Community Survey 5-Year Estimates (Census Tract, Zip Code, City, County, State)

Indicator	Definition	Rationale	Sources (Geographic Availability)
MOBILITY			
Car Access	The proportion of households in a given geographic area without a vehicle.	Access to reliable and affordable transportation impacts one's ability to access education, employment, and health care, as well as to complete activities of daily living, such as grocery shopping or going to a pharmacy.	National Equity Atlas (City, Region); American Community Survey 5-Year Estimates (Census Tract, Zip Code, City, County, State); Opportunity360 (Census Tract)
Walk, Transit, and Bike score	Walk scores measure the walkability of any address based on the distance to nearby places and pedestrian friendliness. Transit scores measure how well a location is serviced by nearby public transit based on the distance and type of nearby transit lines. Bike scores measure whether an area is good for biking based on bike lanes and trails, hills, road connectivity, and destinations.	These scores indicate how easily communities can complete necessary activities via at least one mode of transportation. High walk and bike scores also indicate that community members can safely exercise outside, which has a positive impact on mental and physical well-being.	WalkScore.com (Street Address, Neighborhood, Zip Code, City)
Commute Time	Average travel time to work	Time spent commuting to work indicates the accessibility and proximity of jobs to local residents. Higher commute times can mean less time to spend with family, less physical activity, and higher rates of stress.	American Community Survey 5-Year Estimates (Census Tract, Zip Code, City, County, State); Opportunity360 (Census Tract)
OPTIONAL - Additional Indicators to Consider to Tailor HAP			
Older Adult Indicators: *These indicators should be considered if the HAP is focused on senior housing or resident community has a large proportion of older adults.*			
Adults 65+ with an Independent Living Difficulty	Proportion of the population 65 and older with an independent living difficulty. An independent living difficulty is a physical, mental, or emotional condition that impacts their ability to perform instrumental activities of daily living.	Independent living difficulties can impact one's ability to complete activities of daily living, such as grocery shopping, accessing medical care, and managing finances. Without assistance to complete these activities, older adults' health and ability to maintain safe, stable housing may decline.	American Community Survey 5-Year Estimates (Census Tract, Zip Code, City, County, State)
Adults 65+ with Low Access to a Grocery Store	The percentage of adults 65 and older living more than one-mile from a supermarket or large grocery store in an urban area or more than 10-miles from a supermarket or large grocery store if in a rural area.	Low access to a grocery store may impact an older adult's health, if they are not able to easily access healthy, affordable food.	U.S. Department of Agriculture Food Environment Atlas (County); Local Health Department (Varies)

Indicator	Definition	Rationale	Sources (Geographic Availability)
Adults 65+ Living Alone	The percentage of adults 65 and older who live alone.	Older adults living alone are more vulnerable to social isolation, which can impact physical and mental health. Older adults living alone may also be experiencing poverty, unstable or unsafe housing, or difficulty accessing necessary services.	American Community Survey 5-Year Estimates (Census Tract, Zip Code, City, County, State)
Fall Emergency Department Visit Rate	The number of emergency departments visits for falls among the 65+ population	Seniors are at greater risk of falling in their daily activities. Medications, vision impairment, and general weakness combined with environmental factors contribute to risk of falls among seniors. Falls are the leading cause of morbidity and mortality among the 65+ population. Falls impact physical health and quality of life; many people who fear falling limit their social or physical activities out of fear.	Local Health Department or Hospital (Varies)
Crime and Safety Indicators: *These indicators should be considered if neighborhood safety is a concern*			
Rate of all violent crimes	The rate of violent crimes per 100,000 people (if using Uniform Crime Reporting Program). Violent crimes include homicide, rape, robbery, and aggravated assault.	High crime rates can detrimentally impact community connectedness and sense of safety, as well as community members physical and mental health. Residents concerned over their safety may be less likely to access public spaces for exercise or local services.	Uniform Crime Reporting Program (City); Local Police Department (Varies)
Rate of all property crimes	The rate of property crimes per 100,000 people (if using Uniform Crime Reporting Program). Property crimes include arson, burglary, theft, and motor vehicle theft.		Uniform Crime Reporting Program (City); Local Police Department (Varies)
Assault Emergency Department Visit Rate	The number of assault-related emergency department visits per 100,000 population.		Local Health Department (Varies)
Food Access Indicators: *This indicator should be considered if food security or food access is a concern and/or if the development is in known food desert.*			
Low-income and Low Access to a Grocery Store	The percentage of the total population that is low-income and living more than one-mile from a supermarket or large grocery in and urban area and more than 10-miles from a supermarket or large grocery store in a rural area.	People living farther away from grocery stores may have a harder time accessing affordable, healthy food which can impact physical health.	U.S. Department of Agriculture Food Environment Atlas (County); Local Health Department (Varies)

Indicator	Definition	Rationale	Sources (Geographic Availability)
Air Quality Indicators: *This indicator should be considered if the target area has a higher proportion of chronic lung conditions (such as asthma) or air quality is a concern.*			
Unequal Burden of Air Pollution	A comparison of the share of population by race/ethnicity and the burden of cancer causing pollution.	Higher concentrations of air pollutants, often found in lower income neighborhoods and areas with higher populations of people of color, can lead to increased risk for chronic health conditions and other negative health outcomes.	National Equity Atlas (City; Region)
Social Cohesion Indicators*: Relationships among community members can impact isolation, social and economic capitol, and mental and physical health and well-being.* *Social cohesion can also include social supports and networks within communities that could be built upon to the benefit of residents and their neighborhoods.*			
Residential Dissimilarity Index	A demographic measure of the evenness with which two groups (e.g., racial/ethnic groups, age groups, renters and home owners, etc.) are distributed across a given geographic area.	An index of dissimilarity can measure segregation of a region or neighborhood, based on differing demographic or social factors. Living in diverse communities can impact social mobility, economic growth, and improved quality of life outcomes, including health, while living in more segregated communities might indicate persistent structural racism and inequities as well as social and physical risks that adversely affect health. Guidance for creating a dissimilarity index can be found here: http://uis.unesco.org/node/334601	American Community Survey 5-Year Estimates (Census Tract, Zip Code, City, County, State)
Limited English Proficiency	The proportion of households in a given geographic area in which all members 14 years old and over have at least some difficulty with English.	Individuals or households with limited English proficiency may have difficulty accessing necessary services related to housing, health care, or other social services, due to language barriers. Limited English proficiency can also impact one's employment and economic stability. This indicator can be used to ensure that programming, outreach, and/or signage within the development are done in linguistically appropriate ways.	American Community Survey 5-Year Estimates (Census Tract, Zip Code, City, County, State)
Disconnected Youth	Young adults, age 16 to 24, who are not working or in school.	Ensuring that youth are educated, healthy, and ready to thrive in the workforce is essential for economic prosperity, but too many youth—particularly youth of color—are disconnected from educational or employment opportunities. Not accessing education and job experience early in life can have long-lasting impacts including lower earnings, higher public expenditures, lower tax revenues, and lost human potential.	National Equity Atlas (City, Region)

Indicator	Definition	Rationale	Sources (Geographic Availability)
Special Health Care Needs: *These indicators should be considered if the development is focused on supportive/transitional housing and/or Veteran housing, as these populations may have unique, complex health and social needs.*			
Veterans, by Disability Status	Proportion of veterans that have any type of disability.	Veterans, particularly those with disabilities, may have complex health care needs and challenges accessing appropriate, timely care. In turn, this may impact their ability to maintain stable, safe housing. Disability status can also be considered in physical design of buildings to ensure that they are accessible for residents.	American Community Survey 5-Year Estimates (Census Tract, Zip Code, City, County, State)
Adults Needing and Receiving Behavioral Health Care Services	The proportion of adults needing care for mental health and/or substance abuse disorders that indicated they received services.	Transitional or supportive housing can help stabilize people with mental health issues and substance use disorders and support their recovery.	Health Surveillance Surveys (e.g., Behavioral Risk Factor Surveillance Survey, California Health Interview Survey) (Varies); Local Health Department (Varies)

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Indicator	Community	Comparison Geography	Stratifiers	Source Used (Years)
EXAMPLE: Breast Cancer Screening Rate	*Zip Code*	*City*	*Race/Ethnicity*	*BRFSS (2012, 2016)*
Description of Population				
Total Population				
Racial/ethnic composition				
Age of Population				
Education				
Educational Attainment of Adults 25 and Older				
Housing				
Housing Cost Burden				
Housing Assistance				
Overcrowding				
Health and Well Being				
Asthma (Adult and Pediatric)				
Adults with Heart Disease				
Adults with Diabetes				
Adults who have had a Routine Checkup				
Health Insurance Status				
Life Expectancy				
Poor Mental Health				
Poor Physical Health				
Adults who are Sedentary				
Adults who are Obese				
Alzheimer's Disease or Dementia				
Unintentional Injury Emergency Department Visits				
Economic Security				
Median Household Income				
Families Below the Poverty Level				
Percent of Households ALICE				
Percent of Households Receiving Food Stamps/SNAP				
Unemployment				
Mobility				
Car Access				
Walk, Transit, and Bike score				
Commute Time				
OPTIONAL - Additional Indicators to Tailor HAP				
Adults 65+ with an Independent Living Difficulty				
Adults 65+ with Low Access to a Grocery Store				
Adults 65+ Living Alone				
Fall Emergency Department Visit Rate				
Rate of all violent crimes				
Rate of all property crimes				
Assault Emergency Department Visit Rate				
Low Income and Low Access to a Grocery Store				
Unequal Burden of Air Pollution				
Residential Dissimilarity Index				
Limited English Proficiency				
Disconnected Youth				
Veterans, by Disability Status				
Adults Needing and Receiving Behavioral Health Care Services				

Health Resources in Action
Advancing Public Health and Medical Research

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The views expressed are those of the author(s) and do not necessarily reflect the views of the Health Impact Project, The Pew Charitable Trusts or the Robert Wood Johnson Foundation.

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