



Appendix C

Administrative Boundaries and Geographically Designated Areas for Data Collection

Health Service Areas and Health Planning Regions

The Nebraska Health and Human Services System has historically collected and compiled health data for the state by geographic units known as Health Service Areas. Prior to January of 2003, there were six Health Service Areas. For administrative purposes, the Health and Human Services System reduced the number of Service Areas from six to three, by combining the Western and Southwest Service Areas, the Central and Northern Service Areas, and the Eastern and Southeast Service Areas. Future data collection by the state will adhere to the new service area boundaries. The Data Book will continue to aggregate and analyze data using the historical six service area boundaries to allow temporal and spatial continuity in data analysis. To avoid confusion between the two data collection units, beginning with this edition of the Data Book, the former six health service areas will be referred to as Health Planning Regions (see Figure C.1).

Health Professional Shortage Area (HPSA)

A HPSA is any of the following, which the Secretary of the U. S. Department of Health and Human Services (DHHS) determines has a shortage of health professional(s): (1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility. DHHS is required to annually review, revise, and publish a list of HPSAs. Entities with HPSA designations are eligible for assignment of National Health Service Corps personnel to provide health services within their scope. In addition, several federal training and reimbursement programs are available to HPSA areas, facilities, or populations. In determining HPSA status, DHHS considers the recommendations of the governor of each state and the extent to which individuals cannot obtain services because of a lack of physicians, mental health practitioners, or dental services.

Medically Underserved Area (MUA)

An MUA may be either a rural or urban area in which residents may frequently encounter difficulty obtaining medical care due to the lack of health care providers, facilities, and/or services. Designation as a medically underserved area/population (MUA/P) is a prerequisite to grant awards to plan, develop, and operate a community health center.

Metropolitan Statistical Area (MSA)

Pursuant to U.S. Code and Executive Order, the Federal Office of Management and Budget defines statistical data collection areas for the United States. This edition of the Data Book uses two such definitions, Metropolitan Statistical Area (MSA) and Non-metropolitan Statistical Area (Non-MSA). An MSA is defined as a Core Based Statistical Area associated with at least one urbanized area that has a population of at least 50,000. The MSA comprises the central county or counties containing the core, plus adjacent outlying counties having a high degree of social and economic integration with the central county as measured through commuting (Federal Register, 65:249, p. 82238). Non-MSAs are all areas outside of the federally recognized MSAs.

Nine Nebraska counties are part of three MSAs: Lincoln MSA (Lancaster and Seward Counties), Omaha-Council Bluffs MSA (Cass, Douglas, Sarpy, Saunders, and Washington Counties), and Sioux City MSA (Dakota and Dixon Counties) (see Figure C.2). Dixon, Saunders, and Seward Counties were designated as metropolitan in June 2003.

Micropolitan Statistical Area

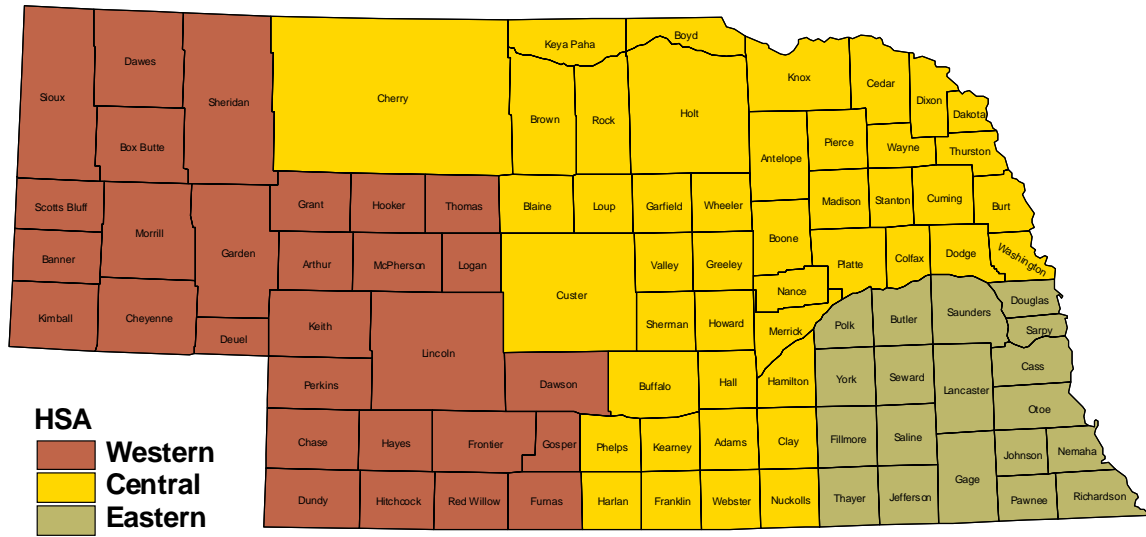
In June 2003, the Office of Management and Budget created a new statistical area, the Micropolitan Statistical Area (MicroSA). Though not used in this edition of the Databook, it is defined here to provide users with an idea of new data collection formats that might be used in future editions.

A MicroSA is defined as a Core Based Statistical Area associated with at least one urban cluster that has a population of at least 10,000 but less than 50,000. The MicroSA comprises the central county or counties containing the core, plus adjacent outlying counties having a high degree of social and economic integration with the central county as measured through commuting (Federal Register, 65:2491, p. 82238). Nebraska has ten MicroSAs (see Figure C.3) composed of twenty counties, as follows:

Nebraska's MicroSAs

<u>Name of MicroSA</u>	<u>Region Covered</u>
Beatrice, NE	Gage County
Columbus, NE	Platte County
Fremont, NE	Dodge County
Grand Island, NE	Hall County, Howard County, Merrick County
Hastings, NE	Adams County, Clay County
Kearney, NE	Buffalo County, Kearney County
Lexington, NE	Dawson County, Gosper County
Norfolk, NE	Madison County, Pierce County, Stanton County
North Platte, NE	Lincoln County, Logan County, McPherson County
Scottsbluff, NE	Banner County, Scotts Bluff County

Figure C.1 -- Health Service Areas, Nebraska 2005

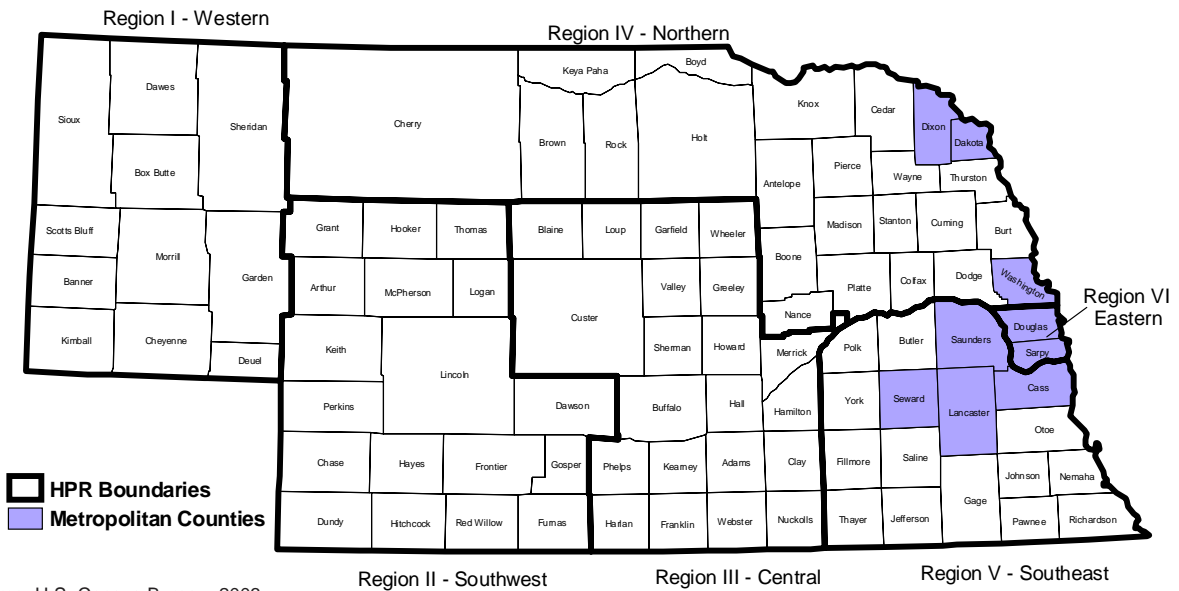


Source: Nebraska Health and Human Services System, 2003.

Nebraska Health Service Areas defined by Nebraska Health and Human Services System, 2003.

Cartography: Nebraska Center for Rural Health Research.

Figure C.2 -- Counties, Health Planning Regions, and Metropolitan Counties, Nebraska 2005

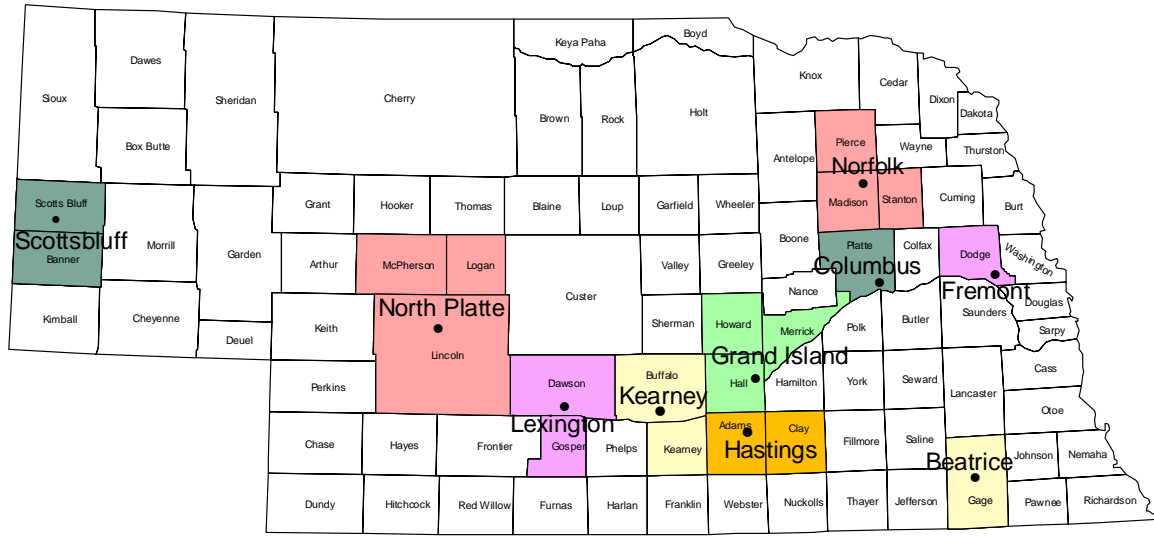


Source: U.S. Census Bureau, 2003.

Nebraska Health Planning Regions defined by Nebraska Health and Human Services System, 2001.

Cartography: Nebraska Center for Rural Health Research.

Figure C.3 -- Micropolitan Statistical Areas, Nebraska 2005



Source: U.S. Census Bureau, 2003.

Note: Adjacent counties with like shading constitute that city's micropolitan area.

Cartography: Nebraska Center for Rural Health Research.

