Service Area Needs Assessment Methodology (SANAM) and Unmet Need Score (UNS) Frequently Asked Questions (FAQs)

HRSA-19-080

Below are common questions and corresponding answers related to the Service Area Needs Assessment Methodology (SANAM) and the resulting Unmet Need Score (UNS). For detailed information on the SANAM and UNS, please see the UNS Resource Guide. New FAQs will be added as necessary. These resources are posted on the NAP Technical Assistance website located at https://bphc.hrsa.gov/programopportunities/fundingopportunities/nap/index.html.

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General Information

1. What is the Service Area Needs Assessment (SANAM)?

The SANAM is a methodology that leverages publicly available data to assess the unmet need for primary and preventive health care services. It provides a consistent and transparent approach to assessing unmet need for the Health Center Program. The SANAM is used to automatically calculate an Unmet Need Score (UNS) for every ZIP Code and proposed service areas.

2. What is the Unmet Need Score (UNS)?

The UNS is a quantitative measure of unmet need for primary and preventive health care services for a ZIP Code or proposed service area.

3. Why did HRSA implement the SANAM?

The SANAM reduces burden for applicants by automating the calculation of unmet need and standardizes the assessment of unmet need across different service areas to assist the Health Center Program in targeting its resources to areas of unmet need.

4. How will HRSA use the SANAM in the New Access Point competition?

HRSA is using the SANAM to generate an UNS for the proposed service area of each FY 2019 New Access Point (NAP) application. The UNS is also a criterion for High Unmet Need Area funding priorities. The UNS replaces the Need for Assistance (NFA) worksheet that was required in previous NAP funding opportunities.

5. How do I find the UNS for my proposed ZIP Codes/service area in my application?

You can use the UNS Workbook, available on the NAP Technical Assistance website, to calculate your UNS outside of your application. For the purposes of your application submission, the service area UNS will be calculated automatically based on the service area ZIP Codes entered on Form 5B of your application. The final service area UNS will be displayed on the Summary Page of your application.

6. How was the SANAM developed and tested?

HRSA first performed an environmental scan that focused on understanding the Health Center Program's history and goals, the challenges with the NFA worksheet, and the impacts of these challenges. The environmental scan identified six measure domains and 79 measures frequently used by other authoritative needs assessments and cited in peer-reviewed literature relevant to population health-related service area need. HRSA built and tested four prototypes and presented the findings to Health Center Program stakeholders. Based on stakeholder feedback, HRSA selected a model consisting of 24 weighted measures that emphasize the determinants that shape lack of access to primary and preventive health care and the disparities in health status and determinants that are especially relevant to Health Center Program populations and other underserved communities.

HRSA plans to evaluate the effectiveness of the SANAM and resulting UNS using the data from the NAP funding opportunity. As appropriate, HRSA will refine the methodology for calculating Unmet Need Scores to ensure it effectively meets its intended goal of ensuring that HRSA resources are targeted to areas of highest need.

For more information on the SANAM development process, see the UNS Resource Guide, Appendices A and B. For more information on prototype testing and selection, see the UNS Resource Guide, Appendix C.

Measures

7. What measures are used in the SANAM?

The SANAM includes 24 measures that fall under the categories of health determinants and health status. The measures are weighted to reflect the measure's relative importance to the Health Center Program for estimating unmet need for primary and preventive health care services. For details on the measures and data sources, refer to Sections 2 and 3 of the UNS Resource Guide.

8. Are there measures in which a higher measure value would indicate less need?

Yes. For the following three measures, higher measure values indicate less need:
- Associate Degree or Higher
- Health Center Penetration
- Pap Smear Screening

9. How does the UNS take into account those applicants that serve homeless or other statutorily mandated special populations?

The measures in the SANAM reflect the determinants that shape lack of access to primary and preventive health care and the disparities in health status and determinants that are especially relevant to populations and underserved communities that are most in need of Health Center Program services. As part of the development process, HRSA evaluated the impact of the SANAM on health centers that serve statutorily-defined special populations (i.e., migrant and seasonal agricultural workers, homeless, residents of public housing). Testing indicated that the SANAM did not result in any statistically significant differences between health centers serving special populations relative to other applicants. HRSA plans to re-evaluate the effectiveness of the UNS using the data from the NAP funding opportunity and will continue to take into account the impact on statutorily-defined special populations.

10. Does the SANAM include a provider availability measure?

While collaboration with other providers is an essential part of the NAP application, the SANAM does not currently include a provider availability measure.

11. Does the SANAM apply to the U.S. Territories and the Freely Associated States?

Yes. However, differences in availability of data necessitated the development of UNS calculations specific to Puerto Rico, the other U.S. Territories, and the Freely Associated States. For more information, refer to [Appendix D of the UNS Resource Guide.](#)

UNS Calculation Methodology

12. I am proposing to add more than one site in my NAP application. Will an UNS be calculated for each individual site?

No, only one service area UNS is calculated for each application based on the combined service area ZIP Codes for all sites proposed in your application.

13. Do we use the ZIP Code with the highest UNS as our final reported score?

No. The UNS is calculated automatically in your NAP application based on the ZIP Codes for your proposed service area entered in Form 5B.

14. For the calculation of the service area UNS, does the population-based weighted average disadvantage those health centers located in rural areas?

No. The population-based weight is based on the total population of the applicant's proposed service area. Each ZIP Code UNS is multiplied by the ratio of the ZIP Code's population to the total population of the service area; the service area UNS is the summation of the population-based weighted ZIP Code UNS.

UNS Workbook

15. What is a ZCTA and how does it relate to a ZIP Code?

ZCTA stands for ZIP Code Tabulation Area and is a construct of the U.S. Census Bureau to represent U.S. Postal Service Zip Code Service Areas. A ZCTA may encompass more than one ZIP Code. To calculate the UNS, ZIP Codes are converted to ZCTAs using the Uniform Data System (UDS) Mapper ZIP Code to ZCTA Crosswalk.

16. In the UNS Workbook, there are two numbers reported in the cells that contain the measure results. What is the difference between the numbers with and without parenthesis?

The UNS Workbook shows the corresponding measure values that make up the UNS. Columns K through AO provide the values and the percentiles for the measures used in calculating the ZCTA UNS. The value of the measure as downloaded from the data source appears first, followed by the percentile in parenthesis.

17. In the UNS Workbook, why do measures in my service area say "Not Applicable?"

Due to data availability limitations, different sets of measures are used for the U.S., U.S. Territories, and Freely Associated States. If a measure appearing in columns K through AO is not included in the set of measures used to generate a ZCTA's UNS, the message "Not Applicable" will appear in the measure column. For example, if the ZCTA is in the U.S., the message "Not Applicable" will appear for all the measures that are exclusive to the Freely Associated States or U.S. Territories. For more information on all measures, see the UNS Resource Guide.

18. In the UNS Workbook, what does "Not Available" mean?

The message "Not Available" will appear in the columns for any measures in which the data is unavailable for a ZCTA.

19. In the UNS Workbook, what does "No ZCTA Found" mean?

No ZCTA Found means that there is no ZCTA that corresponds to the ZIP Code entered in the UNS Workbook.

20. In the UNS Workbook, what does "ZCTA Not Scorable" mean?

If a ZCTA cannot be scored either because critical measures are missing or the ZCTA has zero population, the message "ZCTA Not Scorable" will appear. You can include any ZIP Code within the proposed service area, but a "Not Scorable" ZIP Code will not be factored into the final service area UNS.

21. In the UNS Workbook, what does "Not included" mean?

The message "Not Included" will appear for each measure in a row that is excluded from the service area UNS calculation. This occurs when the ZCTA is already listed or not scorable (i.e., for rows in which "Valid" does not appear in column C)

UNS and 2019 NAP

22. How is the UNS used in the 2019 NAP application?

The UNS represents 20 of 30 total Need points in the NAP application score. The UNS complements the Project Narrative description of need that makes up the remaining 10 points.

23. I don't agree with the UNS for my ZIP Code. What can I do to change it?

The UNS cannot be contested or changed. In addition to the UNS, you have the opportunity to describe the unique access issues and other factors associated with unmet need that experienced by the target population in the Project Narrative of your NAP application.

24. Clarified! At what point in time is HRSA using Health Center Program site data to make a determination of the "hot spots?"

"Hot spots" are ZIP Codes with UNS scores of 35 or greater that have no health center service site and the Health Center Penetration of the low-income population is 5% or less. HRSA is using site data as of January 2, 2019 to determine if a health center service site exists in a ZIP Code for the determination of the "hot spots."

25. The UNS for the ZIP Code of my proposed site is greater than 35. Why isn't it listed as a "hot spot"?

The ZIP Code will not be listed as a "hot spot" if there is a current health center service delivery site located within that ZIP Code and/or the Health Center Penetration of the low-income population is more than 5%.

26. The ZIP Codes in our region that are considered very high need are not included as "hot spots." Why not?

If a health center site is located in one of those ZIP Codes and/or the Health Center Penetration of the low-income population is more than 5%, that ZIP Code will not meet the criteria for a "hot spot," regardless of the high level of unmet need.