



NCFH Technical Assistance Brief: Completing the Need For Assistance Worksheet Section of the Application for New Access Points

September 2010

This Technical Assistance Brief has been prepared by the National Center for Farmworker Health for those organizations who are interested in preparing a New Access Point (NAP) application for migrant and seasonal farmworkers in response to the recently released PHS PIN number HRSA-11-017. One aspect of the NAP that can be challenging for potential applicants is the Need for Assistance Worksheet section. This section requires applicants to provide data on the populations they plan to serve and to include data sources for this information. This can be especially challenging for applicants wishing to serve migrant and seasonal farmworkers because data on this population is often difficult to find and can be a very time consuming process.

In response, NCFH has created the following document which presents the Need for Assistance Worksheet as it is presented in the NAP, but has added in the most recent data available for the farmworker population where it is appropriate. NCFH provides data tables and information in **red text** throughout the document which allows the applicant to quickly complete the Need for Assistance Worksheet. It is important to remember the following as you review the proceeding document:

- This document presents the most recent data available for the farmworker population. In many cases this data is older, sometimes ten to fifteen years old. However, this data can still be used because there have not been any newer studies done on that particular topic.
- In the case of migrant and seasonal farmworkers, if data is not available on the farmworker population, data from Hispanic Americans is used. Hispanic data is used because, according to the latest National Agricultural Workers Survey, 83% of farmworkers identified themselves as Hispanic.

DISCLAIMER: This technical assistance brief is not endorsed nor approved by the Bureau of Primary Health Care as guidance to applicants, but is provided independently by NCFH with the intent that you might find it useful to adapt this information to the particulars of your unique application.

➤ **FORM 9 - NEED FOR ASSISTANCE (NFA) WORKSHEET**

I. GENERAL INSTRUCTIONS FOR COMPLETING FORM 9

All applicants must submit a completed NFA Worksheet (Form 9) as part of the application. Applicants must present data on the NFA Worksheet based *the target population to be served within the proposed service area*, as appropriate. (See Section III below, Population to be Served, for additional information.) Only one NFA Worksheet will be submitted regardless of the number of new access points proposed in the application.

- **New start applicants** are expected to complete the NFA Worksheet based on the entire proposed scope of their project.
- **Satellite applicants** are expected to complete the NFA Worksheet based on their **proposed new service delivery site(s) ONLY**.
- If an applicant proposes to serve **multiple sites, populations and/or service areas**, the NFA Worksheet responses should represent the total targeted population within the proposed service area. Different values for different sites/populations/service areas may be combined using population weighting described below. **No more than one response should be submitted for any barrier or health indicator.**

Guidelines for Completing the NFA Worksheet:

- If no response or data source is provided for a particular barrier or health indicator, or if the data source and date for the response are not provided, **NO** points will be awarded for that barrier or health indicator.
- All responses must be expressed as a finite number (e.g., 212.5) and cannot be presented as a range (e.g., 31-35).
- Responses to all indicators must be expressed in the *same format/unit of analysis* identified in the specific barrier or health indicator (e.g., a mortality ratio cannot be used to provide a response to “age-adjusted death rate”). The following table provides examples of the unit and format of responses:

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) or 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)

II. CONVERSION OF NFA WORKSHEET SCORE TO APPLICATION SCORE:

The NFA Worksheet will be scored using the criteria below. The converted NFA Worksheet score will account for up to 20 points out of 100 total points in the overall score for the application. The NFA Worksheet score of up to 100 points will be converted to the Need: Part A using the following Conversion Table.

NFA WORKSHEET TO APPLICATION SCORE CONVERSION TABLE

NFA Worksheet Score (Maximum 100 Points)	Application Need: Part A Score (Maximum 20 Points)
100-96 =	20
95-91 =	19
90-86 =	18
85-81 =	17
80-76 =	16
75-71 =	15
70-66 =	14
65-61 =	13
60-56 =	12
55-51 =	11
50-46 =	10
45-41 =	9
40-36 =	8
35-31 =	7
30-26 =	6
25-21 =	5
20-16 =	4
15- 11 =	3
10- 6 =	2
5- 1 =	1

III. POPULATION TO BE SERVED:

All responses must be based on data for the total target population within the proposed service area, as appropriate, per the following criteria:

- (a) Applicants requesting funding to serve the medically underserved population of a service area (**under section 330(e) ONLY**) must provide responses that reflect the health care needs of the target population for the application. When the service area is a sub-county area (made up of groups of census tracts, other county divisions or zip codes), but data for a particular Barrier or Health indicator are not available at sub-county levels, applicants may use an extrapolation technique to appropriately modify the available county-level or other level (including if necessary, national) data to reflect the service area population.
- (b) Applicants requesting funding to serve **ONLY a homeless population (under section 330 (h)), a migrant/seasonal farmworkers population (under section 330(g)) or residents of public housing (under section 330(i)), or any combination of these special populations**, may use an extrapolation technique to appropriately modify available data for these special populations to reflect their specific population(s) within the proposed service area.

(c) Applicants requesting funding to **serve a homeless population (under section 330(h)), a migrant/seasonal farmworker population (under section 330(g)) or residents of public housing (under section 330(i)) IN COMBINATION WITH the medically underserved, general population of a service area (under section 330(e))**, must present responses that reflect the total population to be served. In calculating the response, applicants may use extrapolation techniques to appropriately modify available data to reflect the homeless, migrant/seasonal farmworker and/or public housing population within the service area (as in (b) above), then combine this with data the general population within the defined the service area. As above, where sub-county data are not available, applicants may use an extrapolation technique to modify available county-level or other level data to reflect the service area population.

In the case of migrant and seasonal farmworkers, if data is not available on the farmworker population, data from Hispanic Americans is used. Hispanic data is used because, according to the latest National Agricultural Workers Survey, 83% of farmworkers identified themselves as Hispanic.

IV. DATA SOURCES:

Please refer to the Data Resources for Demonstrating Need for Primary Care Services guide provided online at <http://bphc.hrsa.gov/needforassistance/dataresourceguide.htm> for a listing of data sources that may be helpful when completing this form. Please use the following guidelines when reporting data:

- (a) 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/or analysis methods;
- (b) Applicants must provide the following information for all data sources:
 - Name of data source;
 - The year to which the data apply;
 - Description of the methodology utilized (e.g., extrapolation); and
 - Any additional information of relevance

V. NFA WORKSHEET SCORING: (Maximum 100 points)

The NFA Worksheet (completed Form 9) will be scored out of a total possible 100 points. If no response or data source is provided for a Barrier or Health Indicator, no points will be awarded.

SECTION 1: CORE BARRIERS (Maximum 60 points)

A response is required for **three (3) out of the four (4) Core** Barriers listed. The points awarded for each Barrier response will be calculated using the point distributions provided below.

a. Population to One FTE Primary Care Physician.

This question is specific to your county or service area. The following links can help you find the population to physician ratio in your area:

<http://hpsafind.hrsa.gov/>
www.bphcdata.net/html/bphctraining.html

Population to One FTE Primary Physician	Points
<360	0
360 - <722	1
722 - <855	2
855 - <953	3
953 - <1045	4
1045 - <1126	5
1126 - <1211	6
1211 - <1292	7
1292 - <1392	8
1392 - <1481	9
1481 - <1575	10
1575 - <1685	11
1685 - <1836	12
1836 - <1991	13
1991 - <2175	14
2175 - <2467	15
2467 - <2840	16
2840 - <3117	17
3117 - <4110	18
4110 - <6412	19
≥6412	20

b. Percent of Population at or below 200 percent of poverty.

Seventy-five percent of farmworkers live at or below 200% of the poverty line.

Data Source:

National Agricultural Workers Survey, 2005 and NCFH Special Report to HRSA.

Percent of Population at or Below 200% of Poverty	Points
0 - <18	0
18 - <22	1
22 - <24.5	2
24.5 - <26.5	3

26.5 - <28	4
28 - <30	5
30 - <31	6
31 - <32	7
32 - <33	8
33 - <33.5	9
33.5 - <35	10
35 - <36.5	11
36.5 - <37.5	12
37.5 - <39	13
39 - <40	14
40 - <42	15
42 - <44	16
44 - <46	17
46 - <49	18
49 - <53	19
≥53	20

c. Percent of Population Uninsured

Seventy-seven percent of farmworkers report having no insurance benefits.

Data Source:

National Agricultural Workers Survey, 2005.

<http://www.doleta.gov/agworker/report9/chapter5.cfm#benefits>

Percent of Population Uninsured	Points
0 - <5.5	0
5.5 - <6.8	1
6.8 - <7.8	2
7.8 - <8.7	3
8.7 - <9.5	4
9.5 - <10.3	5
10.3 - <11.1	6
11.1 - <11.9	7
11.9 - <12.7	8
12.7 - <13.5	9
13.5 - <14.3	10
14.3 - <15.2	11
15.2 - <16.2	12
16.2 - <17.3	13
17.3 - <18.5	14
18.5 - <19.9	15

19.9 - <21.8	16
21.8 - <24.0	17
24.0 - <27.7	18
27.7 - <31.1	19
<u>≥</u> 31.1	20

d. Distance (miles) OR travel time (minutes) to nearest primary care provider accepting new Medicaid patients and/or uninsured patients.

This data is specific to providers in your county or service area. Please follow the links below for assistance.

Average distance (miles)	Average Travel time minutes)	Points
<13.2	<22	0
13.2 - <14.4	22 - <24	1
14.4 - <15.6	24 - <26	2
15.6 - <16.8	26 - <28	3
16.8 - <18.0	28 - <30	4
18.0 - <19.2	30 - <32	5
19.2 - <20.4	32 - <34	6
20.4 - <21.6	34 - <36	7
21.6 - <22.8	36 - <38	8
22.8 - <24.0	38 - <40	9
24.0 - <25.2	40 - <42	10
25.2 - <26.4	42 - <44	11
26.4 - <27.6	44 - <46	12
27.6 - <28.8	46 - <48	13
28.8 - <30.0	48 - <50	14
30.0 - <31.2	50 - <52	15
31.2 - <32.4	52 - <54	16
32.4 - <33.6	54 - <56	17
33.6 - <34.8	56 - <58	18
34.8 - <36.0	58 - <60	19
≥36.0	≥60	20

SECTION 2: CORE HEALTH INDICATORS (Maximum 30 points)

Applicant should provide a response to **one (1) core health indicator from within each of the six (6) categories:** Diabetes, Cardiovascular Disease, Cancer, Prenatal and Perinatal Health, Child Health, and Behavioral and Oral Health. The table below provides national benchmark and severe benchmark data for each indicator within the six (6) categories.

Applicants will receive four (4) points for each category response if it exceeds the corresponding national benchmark and an additional one (1) point if the response also exceeds the corresponding severe benchmark provided below.

If an applicant believes that none of the specified indicators represent the applicant’s service area or target population, the applicant may propose to use an “Other” alternative for that core health indicator category. In such a case, the applicant must specify the indicator’s definition, data source used, proposed benchmark to be used, source of the benchmark, and rationale for using this alternative indicator. However, if an “Other” indicator is used, the applicant will NOT be eligible for any additional points for exceeding a “severe” benchmark

1. DIABETES						
	National Benchmark	Severe Benchmark	Farmworker Benchmark	Data Source	Hispanic Benchmark	Data Source
a. Diabetes Short-term Complication Hospital Admission Rate	46.7 per 100,000	82 per 100,000	No data available.		No data available.	
b. Diabetes Long-term Complication Hospital Admission Rate	112.6 per 100,000	180.2 per 100,000	No data available.		No data available.	
c. Uncontrolled Diabetes Hospital Admission Rate	27.2 per 100,000	61.1 per 100,000	No data available.		No data available.	
d. Rate of Lower-extremity Amputation Among Patients with Diabetes	37.5 per 100,000	65.7 per 100,000	No data available.		No data available.	
e. Age Adjusted Diabetes Prevalence	6.5%	7.8%	No data available.		7.9%	CDC Detailed Data for Diabetes, 2007
f. Adult Prevalence	23%	24.5%	No data available.		No data available.	
g. Diabetes Mortality Rate ¹	26 per 100,000	35 per 100,000	No data available.		No data available.	
h. Other	Provided by Applicant		No data available.		No data available.	

2. CARDIOVASCULAR DISEASE						
	National Benchmark	Severe Benchmark	Farmworker Benchmark	Data Source	Hispanic Benchmark	Data Source
a. Hypertension Hospital Admission Rate	50.2 per 100,000		No data available.		No data available.	
b. Congestive Heart Failure Hospital Admission Rate	502.8 per 100,000		No data available.		No data available.	
c. Angina without Procedure Hospital Admission Rate	82.3 per 100,000		No data available.		No data available.	

¹Number 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).

	National Benchmark	Severe Benchmark	Farmworker Benchmark	Data Source	Hispanic Benchmark	Data Source
d. Mortality from Diseases of the Heart ²	240.8 per 100,000		No data available.		No data available.	
2 e. Proportion of Adults reporting diagnosis of high blood pressure	24.8%		No data available.		No data available.	
2 f. Other (Rate of Hypertension among Individuals age 20-44)	See Table 1		See explanation below			

Within the category of cardiovascular health, there is no data available for the farmworker or Hispanic population that meets or exceeds the benchmarks for any core health indicator. In this case, NCFH recommends using the “Other” option available to the applicant. The core health indicator NCFH recommends creating is *The Rate of Hypertension among Individuals age 20-34 and 35-44 by Sex*. The rationale for using this alternative core health indicator is that the only data available for the rate of hypertension among the farmworker population is expressed in this format. Table 1 below shows the National Benchmark for this core health indicator as well as the Farmworker Benchmark. The National Benchmark is based on data found in the CDC document *Health, United States, 2008* on page 305. The Farmworker Benchmark is based on data found in the report *Suffering in Silence: A Report on the Health of California’s Agricultural Workers, 2000*.

Table 1: Hypertension Incidence among the Migrant population when compared to the general U.S. Population

Sex	Age Group	% of Migrants with Hypertension ^A	% of U.S. Population with Hypertension ^B
Men	20-34	22%	9%
	35-44	33%	21%
Women	20-34	8%	2%
	35-44	18%	13%

Data Sources:

- *Suffering in Silence: A Report on the Health of California’s Agricultural Workers, 2000.*
www.calendow.org/uploadedFiles/suffering_in_silence.pdf

² Total number of deaths per 100,000 reported as due to heart disease (includes ICD-9 Codes I00-I09, I11, I13, and I20-I51).

- *Health, United States by the CDC, p. 305, 2009.*
www.cdc.gov/nchs/data/hus/hus09.pdf#068

3 .CANCER						
	National Benchmark	Severe Benchmark	Farmworker Benchmark	Data Source	Hispanic Benchmark	Data Source
a. Cancer Screening – Percent of women 18 and older with No Pap test in past 3 years	16.0%	13.8%	No data available.		No data available.	
b. Cancer Screening – Percent of women 40 and older with No Mammogram in past 3 years	25.3%	27.8%	See explanation below	<i>Correlates of Mammography Screening Among Hispanic Women Living in the Lower Rio Grande Valley Farmworker Communities, 2005</i>	No data available.	
c. Cancer Screening – Percent of adult 50 and older with No Fecal Occult Blood Test within the past 2 years	75.9%	78.3%	No data available.		No data available.	
d. Other	Provided by Applicant					

Cancer Screening – Percent of women 40 and older with No Mammogram in past 3 years

The data available for farmworker women does not match the exact parameters suggested by the core health indicator. The core health indicator requests data for women 40 and older without a mammogram within the past 3 years. This is based on health guidelines established within the last year; however, the most recent studies on the cancer screening practices of farmworkers use older guidelines based on the percent of women fifty years and older who have not had a mammogram within the past 2 years. Based on this criteria, farmworker data shows that **62%** of women fifty years and older have not had a mammogram within the past 2 years.

Data Source:

Correlates of Mammography Screening Among Hispanic Women Living in the Lower Rio Grande Valley Farmworker Communities, 2005
www.ncfh.org/?plugin=ecomm&content=item&sku=6242

4. PRENATAL AND PREINATAL HEALTH						
	National Benchmark	Severe Benchmark	Farmworker Benchmark	Data Source	Hispanic Benchmark	Data Source
a. Low Birth Weight Rate (5 year average)	6.0%	9.8%	6.7%	<i>Pregnancy-Related Behaviors Among Migrant Farm Workers -- Four States, 1989-1993 by CDC in 1997.</i>	6.9%	<i>Child Health USA, 2008-2009 by the National Center for Health Statistics.</i>
b. Infant Mortality Rate (5 year average)	6.9/1000 births	9.1/1000 births	No data available.		No data available.	
c. Births to Teenage Mothers (ages 15-19; Percent of all births)	6.3% of births	9.2% of births	No data available.		No data available.	
d. Late entry into prenatal care (entry after first trimester; Percent of all births)	16%	20%	58%	<i>Maternal Care Coordination for Migrant Farmworker Women: Program Structure and Evaluation of Effects on Use of Prenatal Care and Birth Outcome, 1992.</i>	No data available.	
e. Cigarette use during pregnancy (Percent of all pregnancies)	10.7%	14.3%	No data available.		No data available.	
f. Other	Provided by Applicant					

Low Birth Weight Rate (5 year average)

The Farmworker Benchmark is 6.7%.

Data Source:

Pregnancy-Related Behaviors Among Migrant Farm Workers -- Four States, 1989-1993 by CDC in 1997.

www.cdc.gov/mmwr/preview/mmwrhtml/00047114.htm

The Hispanic Benchmark is 6.9%.

Data Source:

Child Health USA by the National Center for Health Statistics, 2009.

www.mchb.hrsa.gov/chusa08/hstat/hsi/desc/202lbwLmre.html

Late entry into prenatal care (entry after first trimester; percent of all births)

The Farmworker Benchmark for late entry into prenatal care is 58%.

Data Source:

Maternal Care Coordination for Migrant Farmworker Women: Program Structure and Evaluation of Effects on Use of Prenatal Care and Birth Outcome, 1992.

www.ncfh.org/?plugin=ecomm&content=item&sku=2988

5. CHILD HEALTH						
	National Benchmark	Severe Benchmark	Farmworker Benchmark	Data Source	Hispanic Benchmark	Data Source
a. Pediatric Asthma Hospital Admission Rate	164.6 per 100,000	347.1 per 100,000	No data available.		No data available.	
b. Percent of Children not tested for elevated blood lead levels by 36 months of age	<15%	<7%	No data available.		No data available.	
c. Percent of children not receiving recommended immunizations: 4-3-1-3-3³	17.95%	21.4%	No data available.		22%, see explanation below	Health, United States by the CDC, 2009.
d. Other	Provided by Applicant					

³ 4 DTaP, 3 polio, 1 MMR, 3 Hib, 3 hepatitis B

Percent of Children not receiving recommended immunizations 4-3-1-3-3

The data found for the Hispanic Benchmark differs in that is also includes 1 or more doses of the varicella vaccine.

Data Source:

Health, United States by the CDC, 2009.

[www.cdc.gov/nchs/data/09/09.pdf#082](http://www.cdc.gov/nchs/data/hus/09/09.pdf#082)

6. BEHAVIORAL AND ORAL HEALTH						
	National Benchmark	Severe Benchmark	Farmworker Benchmark	Data Source	Hispanic Benchmark	Data Source
a. Depression Prevalence	9.1%	12.8%	41.6%	<i>Migrant Farmworker Stress: Mental Health Implications, 2008.</i>	No data available.	
b. Suicide Rate	11/100,000	16/100,000	No data available.		No data available.	
c. Youth Suicide attempts requiring medical attention (Percent of all Youths)	2.6%	3.6%	No data available.		No data available.	
d. Percent of Adults with Mental disorders not receiving treatment	52%	63%	No data available.		No data available.	
e. Any Illicit Drug Use in the Past Month (Percent of all Adults)	8.25%	9.3%	No data available.		No data available.	
f. Heavy alcohol use (Percent among population 12 and over)	6.8%	7.5%	13%	<i>The Binational Farmworker Health Survey, 2001.</i>	No data available.	
g. Homeless with severe mental illness (Percent of all homeless)	25%	30%	No data available.		No data available.	
h. Oral Health (Percent without dental visit in last year)	56.69%	66%	79%	<i>Oral Health and Quality of Life of Migrant and Seasonal Farmworkers in North Carolina, 2007.</i>	No data available.	
i. Other	Provided by Applicant					

Depression Prevalence

The Farmworker Benchmark is 41.6%

Data Source:

Migrant Farmworker Stress: Mental Health Implications, 2008.
www.ncfh.org/?plugin=ecomm&content=item&sku=7016

Heavy Alcohol Use:

The Farmworker Benchmark for heavy alcohol use is 13%.

Data Source:

The Binational Farmworker Health Survey, 2001.
www.cirsinc.org/Documents/Pub1001.2.pdf

Oral Health (Percent without Dental visit in last year):

The Farmworker Benchmark is 79%.

Data Source:

Oral Health and Quality of Life of Migrant and Seasonal Farmworkers in North Carolina, Quandt, S.A. et. al., *Journal of Agricultural Health and Safety*, 2007.
www.ncfh.org/?plugin=ecomm&content=item&sku=6696

SECTION 3: OTHER HEALTH INDICATORS (Maximum 10 points)

Applicants must provide responses to **two (2) out of the twelve (12)** Other Health Indicators listed below. Applicants will receive five (5) points for each response that exceeds the corresponding national benchmark provided in the table below. Alternatively, applicants can propose up to two (2) of the identified indicators using an “Other” indicator. For each “Other” indicator (up to two (2)), applicants must specify the indicator’s definition, data source used, proposed benchmark to be used, source of the benchmark, and rationale for using this indicator in place of one of those specified.

OTHER HEALTH INDICATORS					
	National Benchmark (5 Points Awarded)	Farmworker Benchmark	Data Source	Hispanic Benchmark	Data Source
a. Age-Adjusted Death Rate	870 per 100,000 population	No data available.		No data available.	
b. HIV Infection Prevalence	0.4%	No data available.		No data available.	
c. Percent Elderly (65 and older)	15.2%	No data available.		No data available.	
d. Adult Asthma Hospital Admission Rate	98.4 per 100,000	No data available.		No data available.	
e. Chronic Obstructive Pulmonary Disease Hospital Admission Rate	344.3per 100,000	No data available.		No data available.	
f. Bacterial Pneumonia Hospital Admission Rate	503.9per 100,000	No data available.		No data available.	
g. Three Year Average Pneumonia Death Rate ⁴	1 per 10,000	No data available.		No data available.	
h. Adult Current Asthma Prevalence	7.6%	No data available.		No data available.	
i. Adult Ever Told Had Asthma (Percent of all adults)	13.2%	No data available.		No data available.	
j. Unintentional Injury Deaths	35/100,000	No data available.		No data available.	
k. Percent of population linguistically isolated (percent of people 5 years and over who speak a language other than English at home)	19.6%	81%	<i>National Agricultural Workers Survey, 2005.</i>		
l. Waiting time for public housing where public housing exists	9 months	No data available.		No data available.	
m. Other (Fatal Occupational Injury Rate)	3.7 / 100,000	30.4 / 100,000	U.S. Bureau of Labor Statistics, U.S. Department of Labor, 2010.		

⁴ Three year average number of deaths per 100,000 due to pneumonia (includes ICD-9 Codes 480-486).

Percent of population linguistically isolated (percent of people 5 years and over who speak a language other than English at home)
The Farmworker Benchmark is 81%.

Data Source:

The National Agricultural Workers Survey, 2005.
www.doleta.gov/agworker/report9/chapter3.cfm#language

m. Other:

There is no exact figure for the number of unintentional injury deaths per 100,000 for the farmworker population. NCFH recommends using the “Other” option available to the applicant. The core health indicator NCFH recommends creating is *Fatal Occupational Injury Rate*. The rationale for using this alternative core health indicator is that agriculture is the most dangerous occupation in the United States. The National Benchmark is based on data from the U.S. Bureau of Labor Statistics, U.S. Department of Labor, 2010, which shows a fatal occupational injury rate of 3.7 per 100, 000 for all occupations. The Farmworker Benchmark is also based on data from the U.S. Bureau of Labor Statistics, U.S. Department of Labor, 2010, and shows a fatal occupational injury rate of 30.4 per 100,000.

Data Source:

U.S. Bureau of Labor Statistics, U.S. Department of Labor, 2010
www.bls.gov/iif/oshwc/cfoi/cfch0007.pdf