

DISCUSSION DRAFT DATA TO SUPPORT HRSA STATE PLANNING GRANT  
Commonwealth of Virginia, March 1, 2005

SURVEY AND SPONSOR	TIME PERIOD	SAMPLE SIZE Unit of Analysis	SURVEY CONTENT	METHOD	SAMPLE FRAME
<b>FEDERAL SURVEYS</b>					
Behavioral Risk Factor Surveillance Survey (BRFSS CDC) <sup>1</sup>	Annually since 1981	Non institutionalized adults (18 years and older) for all 50 states. Only one adult per household is interviewed. The sample size has been increased to an annual number of 4000 adults	The BRFSS is a state based system of health surveys that generate information about health risk behaviors, clinical preventive practices, and health care access and its use is primarily related to chronic diseases and injuries. Each state can select to have additional modules of questions asked. In 2004, Virginia requested the following additional modules be added: a). adults asthma, b). arthritis burden and management, c). binge drinking , d). binge drinking, e). cholesterol awareness, f). diabetes, g). folic acid, h). heart attack and stroke awareness, i). hypertension awareness, j). oral health, k). other tobacco products, l). secondhand smoke policy, and m). smoking cessation.	The BRFSS is a cross sectional telephone survey conducted by state health departments with technical and methodological assistance provided by CDC. Every year, states conduct monthly telephone surveillance using a standardized questionnaire to determine the distribution of risk behaviors and health practices among non institutionalized adults. The states forward the results to the CDC, where monthly data are aggregated for each state. The data are returned to the states, then published on the BRFSS web site.	The BRFSS involves 335 randomly selected adults aged 18 and older each month for a total of 4,000 individuals a year. The interviews are conducted under a contract between Virginia Department of Health and the Virginia Commonwealth University Survey and Evaluation Research Lab. As the demand for more behavioral risk factor data has increased at the district, county, and city levels, growth in the sample size has facilitated production of representative smaller area estimates at the district level.

<sup>1</sup> Behavioral Risk Factor Surveillance System 2003-2004 accessed <http://www.cdc.gov/brfss>  
Center for Health, Policy, Research and Ethics, George Mason University

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SMART BRFSS SELECTED METROPOLITAN/MICROPOLITAN AREA* RISK TRENDS FROM THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM)	2002 (One time project though it is hoped that this is the beginning of an ongoing process in which local level data will be available for other years and for other geographical subdivisions).	Counties included in Area Estimates Richmond, VA Metropolitan Statistical Area Virginia Beach- Norfolk-Newport News, VA-NC Metropolitan Statistical Area Washington- Arlington-Alexandria, DC-VA-MD-WV Metropolitan Division	Uses the BRFSS to analyze the data of selected metropolitan and micropolitan statistical areas with 500 or more respondents	MMSA's were chosen because they represent geographical areas that meet standard definitions established by the U.S. Office of Management and Budget which are used by the Census Bureau and other federal, state, and local government entities. MMSA's are composed of counties and the BRFSS collects data about county of residence. Weighting requires at least 19 sample members of the weighting classes which are based on age, sex, and in some states race. Each state started with between 12 and 24 weighting classes, depending on how the state post- stratified the data.	* Metropolitan statistical area - Group of counties that contain at least one urbanized area of 50,000 or more inhabitants. Micropolitan statistical area - Group of counties that contain at least one urban cluster of at least 10,000 but less than 50,000 inhabitants. Metropolitan Division - Smaller group of counties within a metropolitan statistical area which contains 2.5 million or more inhabitants. (Source: U.S. Office of Management and Budget)

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<p>Medical Expenditure Panel Survey Household Component MEPS-HC (AHRQ/NCHS)<sup>2</sup> <a href="http://www.meps.ahrq.gov/">http://www.meps.ahrq.gov/</a></p>	<p>1977, 1987; continuous panel design since 1996</p>	<p>Sample size varies by year. The total sample is derived from families and individuals. Sample size of families for years 1996-2000 ranged from 8652 to 15,000 (respectively) and for individuals from 21,071 to 37,000 (respectively).</p>	<p>A nationally representative survey of the U.S. civilian non-institutionalized population, collects medical expenditure data at both the person and household levels. The HC collects detailed data on demographic characteristics, health conditions, health status, use of medical care, services, charges and payments, access to care, satisfaction with care, health insurance coverage, income and employment.</p>	<p>The HC uses an overlapping panel design in which data are collected through a preliminary contact followed by a series of five rounds of interviews over a 21/2 period. Using computer assisted personal interviewing (CAPI) technology, data on medical expenditures and use for two calendar years are collected from each household. The series of data collection is launched each subsequent year on a new sample of households to provide overlapping panels of survey data and when combined with other ongoing panels provides continuous and current estimates of health care expenditures.</p>	<p>The sampling frame for the MEPS HC is drawn from respondents conducted by NCHS. NHIS provides a nationally representative sample of the U.S. civilian non-institutionalized population, with an oversampling of Hispanics and blacks.</p>

<sup>2</sup> Medical Expenditure Panel Survey – Household and Insurance Component (MEPS-IC) SHADAC Data Information Session, April 19, 2004 accessed at <http://www.shadac.umn.edu/events/MEPS-ICShadac20041.pdf>. and at <http://www.shadac.umn.edu/publications/docs/NationalSurveyData.pdf>

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<p>Medical Expenditure Panel Survey Insurance Component MEPS-IC (AHRQ/NCHS) <a href="http://www.meps.ahrq.gov/">http://www.meps.ahrq.gov/</a></p>	<p>Conducted annually, since 1996</p>	<p>42,000 private and 3000 government establishments selected for 2003. Number of establishments vary by years depending upon the number of states who request an oversampling of their state.</p>	<p>Data contains number and type of health insurance plans offered, benefits, premiums, contributions, eligibility, employer characteristics, plans offered not used by employers', national and regional availability of employer sponsored health insurance</p>	<p>Prescreening telephone interview, a mailed questionnaire and a telephone follow-up for non respondents and a few in-person interviews with large corporations</p>	<p>Establishments that participate in MEPS IC are selected through three sampling frames: a) A list of employers or other insurance providers identified by MEPS HC respondents who report having private health insurance at the round 1 interview, b) a Bureau of the Census list frame of private sector business establishments and c) The Census of Governments from the Bureau of the Census. To provide an integrated picture of health insurance, data collected from the sampling frame (employers and other insurance providers) are linked back to data provided by the MEPS HC respondents. Data from the other sampling frames are collected to provide annual national and State estimates of the supply of private health insurance available to American workers and to evaluate policy issues pertaining to health insurance. Beginning in 2000 national estimates of employer contributions to group health insurance from the MEPS IC are being used in the computation of Gross Domestic Product by the Bureau of Economic Analysis.</p> <p>The linking of HC responses with employers has yielded only a response rate of 25% to 30%. Very low use of the data such that MEPS-IC may</p>
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National Health Interview Survey NHIS (NCHS) <a href="http://www.cdc.gov/nchs/nhis.htm">http://www.cdc.gov/nchs/nhis.htm</a>	Since 1957	Approximately 43,000 Households including about 106,000 persons; No state estimates	health and other characteristics of each living member of the sample household. Data collected includes the number of work-or school-loss or restricted-activity days, all physician visits during the 2-wk period prior to the week of interview.	In-person interviews	included surveys of households with and without telephones; not designed to produce state estimates and because it is such a comprehensive survey, it would be costly to add enough sample to do so.
Survey of Income and Program Participation (SIPP) <a href="http://www.sipp.census.gov/sipp/">http://www.sipp.census.gov/sipp/</a>	1984-1993, 1996 (under review re: future surveys)	14,000-36,700 households.	Income, labor force, program participation, and eligibility, general demographic.	Household-longitudinal Panel survey; Core files over 4 months, panel files over 2+ years	SIPP does not allow for state-level estimates SIPP is presently the best data set for analyzing the dynamics of the uninsured over a long period of time, which may provide a starting point for states interested in learning more about the episodic nature of uninsurance. <sup>3</sup>

<sup>3</sup> State Health Access Data Assistance Center (SHADAC) , A State Perspective on National Survey Data on the Uninsured, accessed at <http://www.shadac.umn.edu/publications/docs/NationalSurveyData.pdf>

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State and Local Integrated Telephone Survey SLAITS (NCHS) <a href="http://www.cdc.gov/nchs/slaits.htm">http://www.cdc.gov/nchs/slaits.htm</a>	1998	1,000 households with kids<=200% FPL and 1000 Households w/kids above 200% FPL; Estimates for all 50 states	Health status, health insurance coverage, health services use, and access to care	Telephone	The State and Local Area Integrated Telephone Survey (SLAITS) is a mechanism for government agencies and nonprofit organizations to sponsor or “buy into” for data collection in areas ranging from health insurance coverage and access to care to perceived health status and utilization of services to measures of child well being. SLAITS uses the same random-digit-dial telephone design approach and sampling frame as the ongoing National Immunization Survey conducted by the Centers for Disease Control and Prevention (CDC.)
MULTI STATE DATA INTEGRATED DATABASE (MSID) Managed By The Arkansas Center For Health Improvement.		State-specific datasets from the Virginia household survey sponsored by SPG in 2004 will be integrated into the database to access data in the future. One time.	The MSID provides access to software that enables enhanced utilization of state-specific national data Including: BRFSS, CPS, and the County Business Pattern Census.	N/A	N/A

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<b>STATE SURVEYS</b>					
Virginia Health Access Survey	1996, 2001	1,959 households and 4,081 individuals	Two measures: 1) Rate of the population with no insurance; and 2) Distribution of uninsured by (e.g., FPL, age, race, employer size, access to care)	Telephone	Not available at this time
Coordinated State Coverage Survey (CSCS)	2004 (HRSA SPG)	TBA	Household # and composition (age, sex, relationship to target); insurance status/type; use of services access to care; demographics	Computer Assisted Telephone Interviewing	Ethnicity Race Marital Status Educational attainment Employment status Hours worked per week Permanent, temporary or seasonal work Size of employer Industry (long form only) Country of birth Income
1999 VIRGINIA CHILDREN'S HEALTH ACCESS SURVEY	1999	904 with a sampling error of +/- 3.3% at the 95% CI.	Trends/baseline data to follow the growth and impact of the Children's Medical Security Insurance Plan (CMSIP), VDH and DMAS collaborated with the Survey and Evaluation Research Laboratory (SERL) at VCU to design and implement the 1999 Virginia Children's Health Access Survey (VCHAS).	Telephone, Random digit-dialed, excluded homes without phones, Adults 18 and older were interviewed for homes with one or more children age 18 and under.	20 attempts were made to each telephone number in the sample at various times of the day and evening in an effort to minimize non-response bias. The sample was obtained from Genesys Sampling Systems. The average length of the interview was 6 minutes.
2001 VIRGINIA CHILDREN'S HEALTH ACCESS SURVEY	2001		Covers only children without any insurance (i.e., excludes those with only specialty insurance) uninsured at time of interview.	Telephone, Random digit-dialed, excluded homes without phones, children age 18 and under.	Not available at this time

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HEALTH CARE ACCESS IN SOUTHWEST VIRGINIA	Summer Fall 2001	1,569 households, representing 4, 103 individuals (1%) service area,	Health status, self-report barriers to care; physician visits; insurance status; dental; eye exams; access to care barriers to appts; wait times		Not available at this time
VIRGINIA HEALTH CARE FOUNDATION (VHCF)	1993, 1996, 2001	2001 Sample size not defined. Response rates not available. <sup>4</sup>	The basic methodology used in each of the three surveys (i.e., 1993, 1996, and 2001) was the same so as to produce useful trend data. Moreover, a core set of questions regarding insurance coverage and other issues has been asked in each survey so that the results from year to year produce “apples-to-apples comparisons. Point in time: Uninsurance at time of interview.	The VHCF contracted with Southeastern Institute of Research (SIR), to conduct the 2001 random digit dialed phone survey. Interview assessed All members of house hold.	Low-income children--the income cutoff was 200% in the 2001 survey. <sup>1</sup> The 2001 survey results include data collected via telephone from 1,959 households with telephones; information was collected on 4,801 individuals distributed as follows by region: <ul style="list-style-type: none"> <li>• North 387</li> <li>• Central 382</li> <li>• Eastern 393</li> <li>• Northwest 392</li> <li>• Southwest 405</li> </ul>
<b>PRIVATE SURVEYS</b>					
National Survey of American Families (Urban Institute)		47,900 cases total; approximately 1,000 low-income children per state; Estimates for 13 states	Health insurance coverage, health status, health services use and access; child care; welfare; employment; education; housing	Telephone	
Robert Wood Johnson Household Survey (RWJ Foundation)	1993	27, 138 families containing 62,549 individuals; estimates for 10 states	Employment; health insurance coverage; health status; health services use and access	Telephone and in-person	
Robert Wood Johnson Employer Survey (RWJ Foundation)	1993	Approximately 23,000 public and private employers; Estimates for 10 states	Health insurance offerings; take-up rates; wages and premium contributions	Telephone	

<sup>4</sup> Sources: Personal Correspondance with Stephen Horan, Results from the 2001 Virginia Children’s Health Access Survey, August 2002, pages 30-34; and, The Joint Commission on Health Care Draft Report In 2000 To Develop A Plan To Eliminate The Commonwealth’s Certificate Of Public Need Program. Accessed January 12, 2005 at <http://legis.state.va.us/jchc/SCHIPbri.pdf>.

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Community Tracking Survey (RWJ Foundation)	1996, 1998	Range from 1,193 to 5; 107 per state; Estimates for 12 states	Health insurance coverage; health insurance offerings by employers; health services use and access; and satisfaction with care	Random digital Telephone dialing From households in the contiguous 48 states.	Sample selection fro the 200-2001 survey was similar to the 1998-1999 survey. A sample of households were randomly selected within the 60 CTS area ( 51 metropolitan and 9 non metropolitan areas) using telephone but also included the probability sampling of housing units to represent households without or with intermittent telephone use.
AN OVERVIEW OF HEALTH INSURANCE OPTIONS FOR SMALL BUSINESS IN NORTHERN VIRGINIA—MAIN STREET INITIATIVE RWJ FUNDING AND HEALTH CARE LEADERSHIP COUNCIL	2003		Comparisons of Health plans PPO, HMO, and PPO (used with HRA/MAS); premiums by firm size; employee cost sharing; copays; RX Copays; deductible; coinsurance; OOP costs.	Sources include National Association of Health Underwriters	Comparisons of Health plans PPO, HMO, and PPO (used with HRA/MAS); premiums by firm size; employee cost sharing; copays; RX Copays; deductible; coinsurance; OOP costs.
VIRGINIA EMPLOYMENT COMMISSION	Quarterly	Representative to statewide population-based.	Labor Market Information (LMI) activities involve collecting, analyzing and providing economic data to individuals, businesses, education and government to use as a basis for making decisions and plans regarding employment, relocation, business development, education and training	Varies.	Virginia Economic Indicators <ul style="list-style-type: none"> <li>• Monthly Unemployment</li> <li>• Local Area Unemployment</li> <li>• Employment Trends</li> <li>• General Labor Market Information</li> <li>• Customized Employer Files and General Labor Market Information</li> <li>• Census and GIS</li> <li>• Customized Employer Files and General Labor Market Information</li> <li>• ALICE, VELMA and LMI Website Database Administration</li> </ul>
<b>Surveys of Business Establishments and Firms</b>					

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Annual Survey of Manufactures (ASM)	Annual	55,000-70,000 units Establishments	The ASM samples firms from the CM, providing estimates of statistics for all manufacturing establishments with one or more paid employee. Collected at 5-digit product detail.		
Business Expenditures Survey (BES)	1992	60,000 Firms	Surveys firms and legal entities classified as wholesale merchants, retail trade, or selected service industries.		Data are collected on operating expenses including payroll and fringe benefits, contract labor costs, taxes and license fees, depreciation and amortization charges, software and other computer expenses, office supplies, repair and maintenance expenses, lease and rental payments, utilities, advertising, accounting, and legal services.
Census of Construction Industries (CCN)	72, 77, 82, 87, 92,97;	2,000,000 Establishments			Data collected in the census include employment, payroll, value of construction work, cost of materials, supplies and fuels, cost of work subcontracted out, capital expenditures, assets and type of construction. Selected establishments report additional information, including fringe benefits, assets, depreciation, inventories, and certain rental expenses and purchased services.

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Census of Finance, Insurance, and Real Estate (CFI)	1992, 1997;	400,000 Establishments			Basic data includes kind of business, location, revenue, payroll, and employees. Establishments receiving a census form provide additional data such as revenue by source and other industry-specific measures. Multiunit firms in certain industries report revenue and related output measures consolidated to the state or national levels.
Census of Manufactures (CM)	1963,67,72,77,82,87,92,97	300,000 - 350,000 Establishments	Plants receiving a <u>long form</u> provide additional information, including inventories, capital expenditures, materials consumed, cost of materials, energy consumed, and quantity and value of shipments. <u>Short forms</u> request much less data detail and no identification of materials consumed. 7 digit product detail.		Complete manufacturing establishment data including, kind of business, location, ownership, revenue, payroll, and employees.
Census of Mining (CMI)	87, 92, 97	20,000 Establishments			Data includes employment, location, payroll, value added, costs, values of shipments and receipts, and capital expenditures for sector in the mining industry.

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Census of Retail (CRT)	77, 82, 87, 92,97	1,000,000 Establishments	Establishments receiving a census form provide additional data on organizational status, sales by class of customer, sales by merchandise line, method of selling, and industry specific measures (such as number of prescriptions by drug stores).		Basic data obtained for all establishments include kind of business, geographic location, dollar volume of sales, annual and first quarter payroll, and employment.
Census of Services (CSR)	77, 82, 87, 92,97	5,000,000 Establishments			Data provides basic information on location, kind of business, receipts, payroll, number of employees, and legal form of organization. In addition; more detailed information for selected kinds of business was obtained on the various questionnaires.
Characteristics of Business Owners Survey (CBO) or Survey of Minority and Women Owned Business Enterprises (SBO)	1982, 1987, 1992	Firms and their owners; 125,000 owners		The CBO survey	provides basic economic, demographic, and sociological data on the characteristics of minority, women, and non-minority male business owners and their business activities.
Enterprise Summary Report (ESR)	1977,1982,1987, 1992, 1997	6,000-7,000 Large firms (400+ employees) per survey			geography, cost, financial, diversification patterns, asset size, employment, and output data.
Company Auxiliary Organization Survey (CAO), Large Company Survey-Auxiliary Establishment Survey (LCS-AES) or Auxiliary Establishment Report (AER)	1977,1982,1987, 1992, 1997	30,000-40,000 Establishments per survey	Auxiliary establishment of multi-establishment firms. These firms primarily manage, administer, service, or support the activities of other establishments or a company.		Dataset contains geography, primary functions, cost, employment data, plus selected operating and financial data.

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Longitudinal Business Database (LBD)	1974-1998 (annual)	4.5-7.1 million establishments per year	Establishment universe data from quinquennial Economic Censuses, County Business Patterns, and other data programs. The LBD links LRD with Census containing info on the characteristics of nearly all non-farm establishments in the US,		Including data and information on payroll, employment, location, affiliation, and status (i.e. birth, death, legal status, etc.).
Worker-Establishment Characteristic Database (WECD)	1990	200,000 Workers linked to 16,000 manufacturing establishments	Containing 199,557 manufacturing workers <i>matched</i> to 16,144 manufacturing establishments, the WECD is the largest worker-firm matched data set available for the U.S.		Characteristics of manufacturing workers and the establishments where they work.

**SOURCES:** Table adapted from State Health Access Data Assistance Center, SHADAC, accessed February 17, 2004 [www.shadac.umn.edu](http://www.shadac.umn.edu); The Washington State Planning Grant; University of Michigan, Michigan Census Research Data Center, *Surveys of Business Establishments and Firms*, accessed March 2, 2004 at <http://www.isr.umich.edu/src/mcrdc/textversion.htm>

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	<b>SURVEY DESIGN FOR INSURANCE</b>	<b>STATE IDENTIFIERS</b>	<b>ADEQUACY FOR STATE ESTIMATES</b>	<b>TIMELINESS</b>	<b>EASE OF ACCESS TO MICRO DATA</b>	<b>SHADAC RATING (0-5)</b>
<b>FEDERAL SURVEYS</b>						
CPS		✓		✓		2
MEPS-HC	✓					1
MEPS-IC	✓	✓	✓			3
NHIS	✓	✓				2
SLAITS	✓	✓		✓		3
SIPP	✓					1
BRFSS		✓	✓		✓	3
<b>PRIVATE SURVEYS</b>						
NSAF	✓	✓		✓	✓	4
1993 RWJF-HH	✓	✓	✓			3
1993 RWJF-Emp	✓	✓	✓			3
CTS	✓			✓		2

Source: Table adapted from State Health Access Data Assistance Center, SHADAC, accessed February 17, 2005 [www.shadac.umn.edu](http://www.shadac.umn.edu)