



COMMUNITY HEALTH NEEDS ASSESSMENT

Advancing Community Health and Well Being

Full Health Indicators Report

Demographics

Report Area: Canadian County, Oklahoma

Demographics // Social & Economic Factors // Physical Environment // Clinical Care // Health Behaviors // Health Outcomes

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|--|---|---|
| <ul style="list-style-type: none"> ■ Total Population ■ Change in Total Population ■ Male Population ■ Female Population ■ Population Under Age 18 ■ Population Age 0-4 ■ Population Age 5-17 | <ul style="list-style-type: none"> ■ Population Age 18-64 ■ Population Age 18-24 ■ Population Age 25-34 ■ Population Age 35-44 ■ Population Age 45-54 ■ Population Age 55-64 ■ Population Age 65 | <ul style="list-style-type: none"> ■ Median Age ■ Linguistically Isolated Households ■ Population with Limited English Proficiency ■ Population Geographic Mobility ■ Foreign-Born Population ■ Hispanic Population ■ Urban and Rural Population |
|--|---|---|

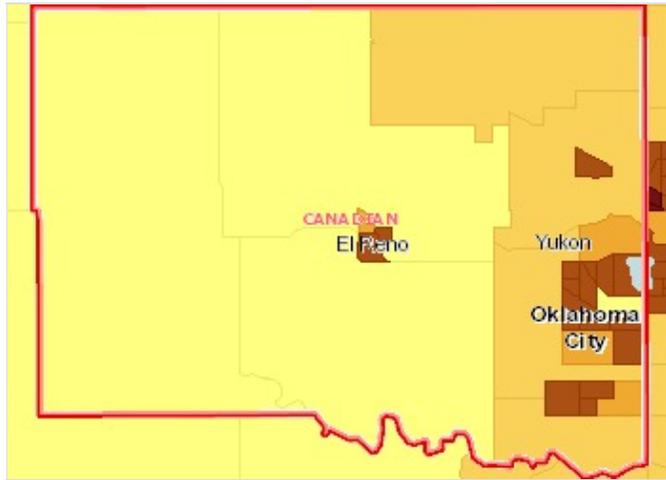
Current population demographics and changes in demographic composition over time play a determining role in the types of health and social services needed by communities.

Total Population

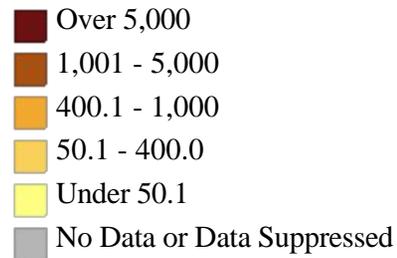
This indicator reports total population and the population density. Population density is defined as the number of persons per square mile.

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Canadian County, Oklahoma	113,154	896.39	126.23
Oklahoma	3,714,520	68,576.80	54.17
United States	310,346,360	3,530,997.60	87.89

Data Source: [U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates](#). Source geography: Tract.

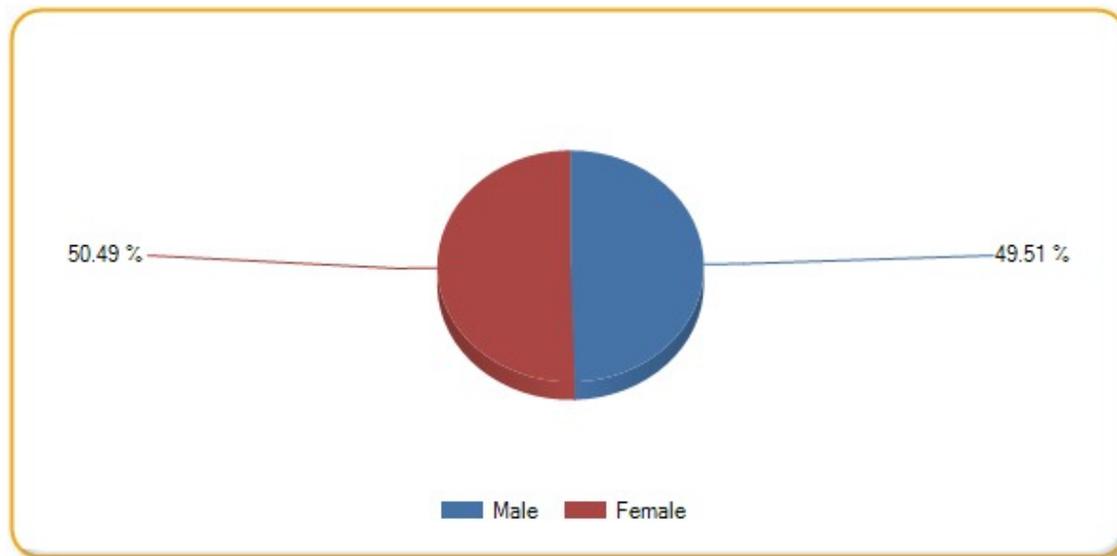


Population, Density (Persons per Sq Mile) by Tract, 2007-11



Total Population by Gender

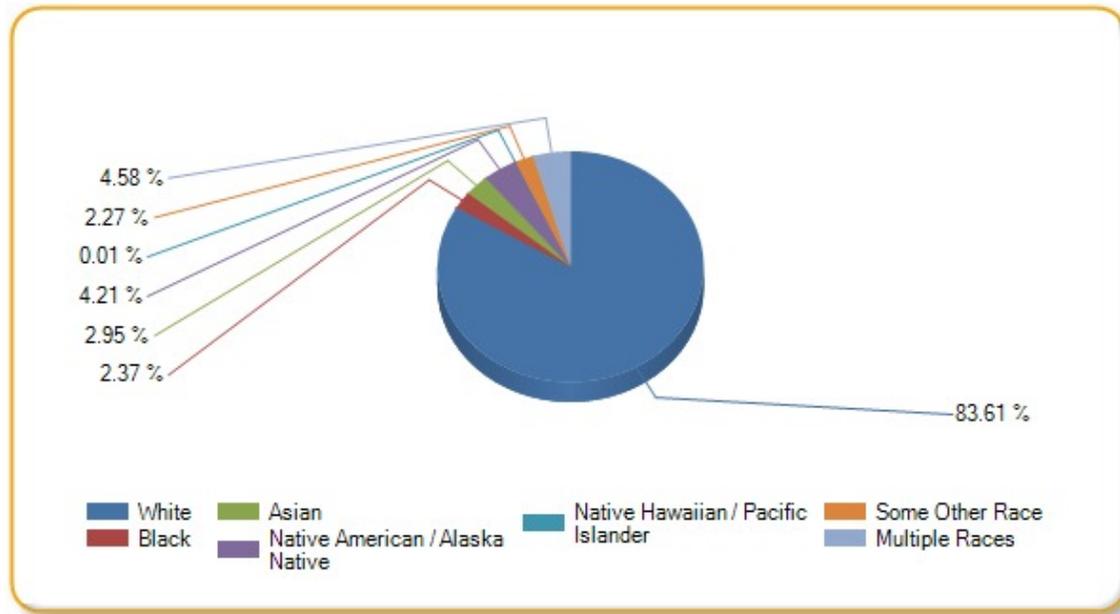
Report Area	Male	Female	Percent Male	Percent Female
Canadian County, Oklahoma	56,027	57,127	49.51%	50.49%
Oklahoma	1,838,148	1,876,372	49.49%	50.51%
United States	150,740,224	155,863,552	49.16%	50.84%



Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Canadian County, Oklahoma	94,606	2,684	3,343	4,764	9	2,570	5,178
Oklahoma	2,743,563	270,192	63,471	258,295	4,257	96,773	277,969
United States	227,167,008	38,395,856	14,497,185	2,502,653	500,592	15,723,818	7,816,654

Total Population by Race Alone, Percent

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Canadian County, Oklahoma	83.61%	2.37%	2.95%	4.21%	0.01%	2.27%	4.58%
Oklahoma	73.86%	7.27%	1.71%	6.95%	0.11%	2.61%	7.48%
United States	74.09%	12.52%	4.73%	0.82%	0.16%	5.13%	2.55%



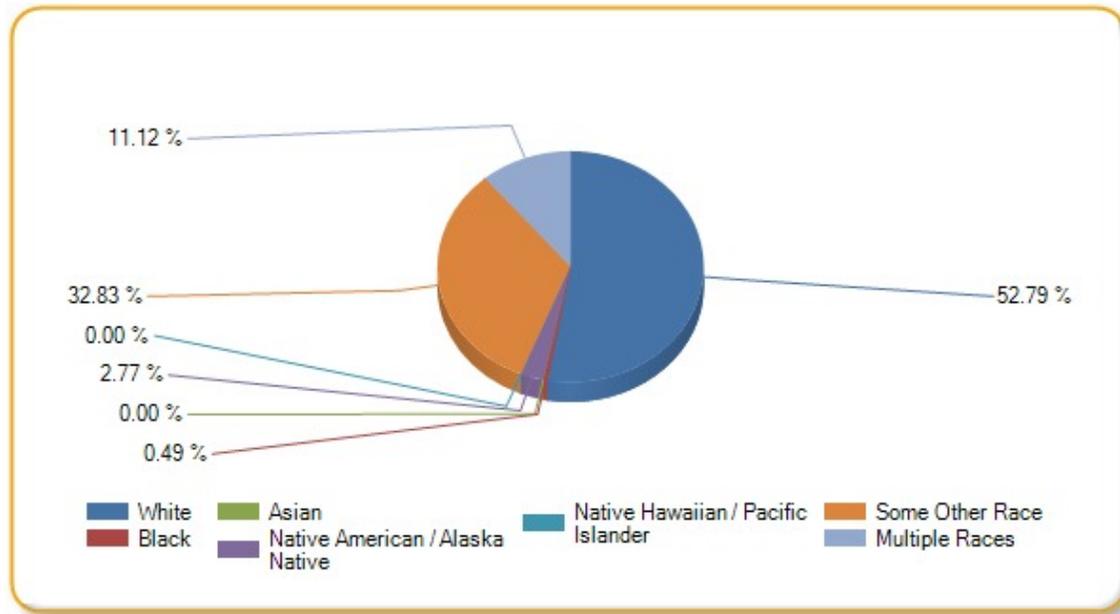
Hispanic Population by Race Alone, Total

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Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Canadian County, Oklahoma	3,980	37	0	209	0	2,475	838
Oklahoma	176,264	4,156	1,307	10,173	139	93,475	32,493
United States	30,436,958	946,191	164,151	453,559	31,350	15,069,277	2,114,077

Hispanic Population by Race Alone, Percent

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Canadian County, Oklahoma	52.79%	0.49%	0%	2.77%	0%	32.83%	11.12%
Oklahoma	55.43%	1.31%	0.41%	3.20%	0.04%	29.39%	10.22%
United States	61.84%	1.92%	0.33%	0.92%	0.06%	30.62%	4.30%



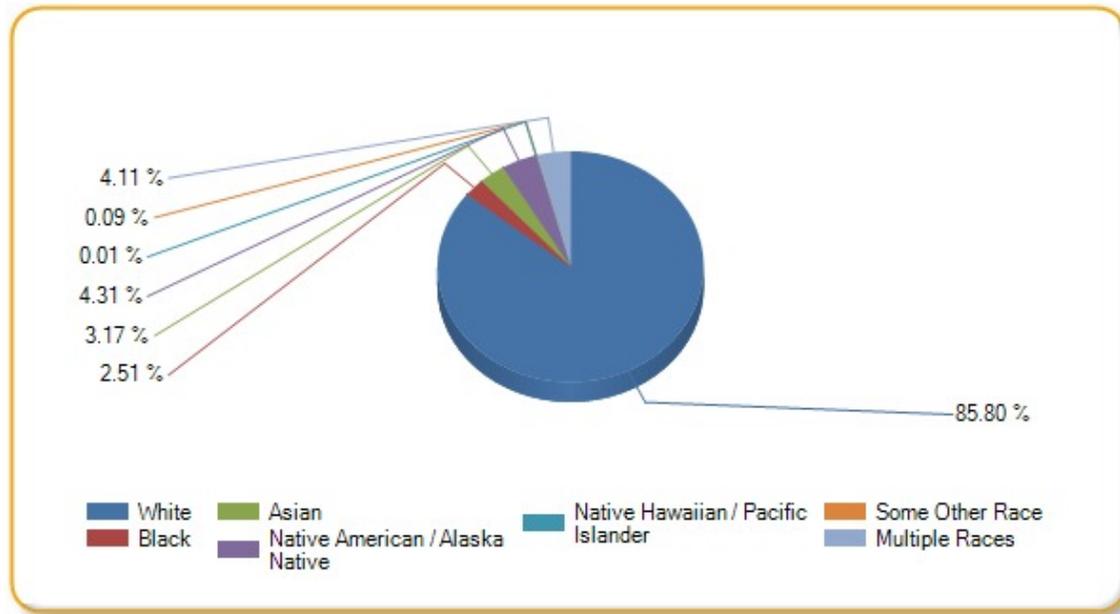
Non-Hispanic Population by Race Alone, Total

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Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Canadian County, Oklahoma	90,626	2,647	3,343	4,555	9	95	4,340
Oklahoma	2,567,299	266,036	62,164	248,122	4,118	3,298	245,476
United States	196,730,048	37,449,664	14,333,034	2,049,094	469,242	654,541	5,702,577

Non-Hispanic Population by Race Alone, Percent

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Canadian County, Oklahoma	85.81%	2.51%	3.17%	4.31%	0.01%	0.09%	4.11%
Oklahoma	75.59%	7.83%	1.83%	7.31%	0.12%	0.10%	7.23%
United States	76.43%	14.55%	5.57%	0.80%	0.18%	0.25%	2.22%

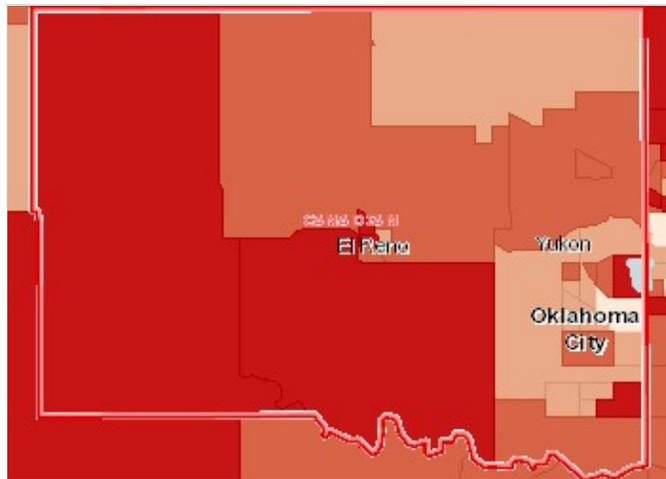


Male Population

This indicator reports total male population.

Report Area	Total Population	Male Population	Percent Male Population
Canadian County, Oklahoma	113,154	56,027	49.51%
Oklahoma	3,714,520	1,838,148	49.49%
United States	306,603,776	150,740,224	49.16%

Data Source: [U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates](#). Source geography: Tract.

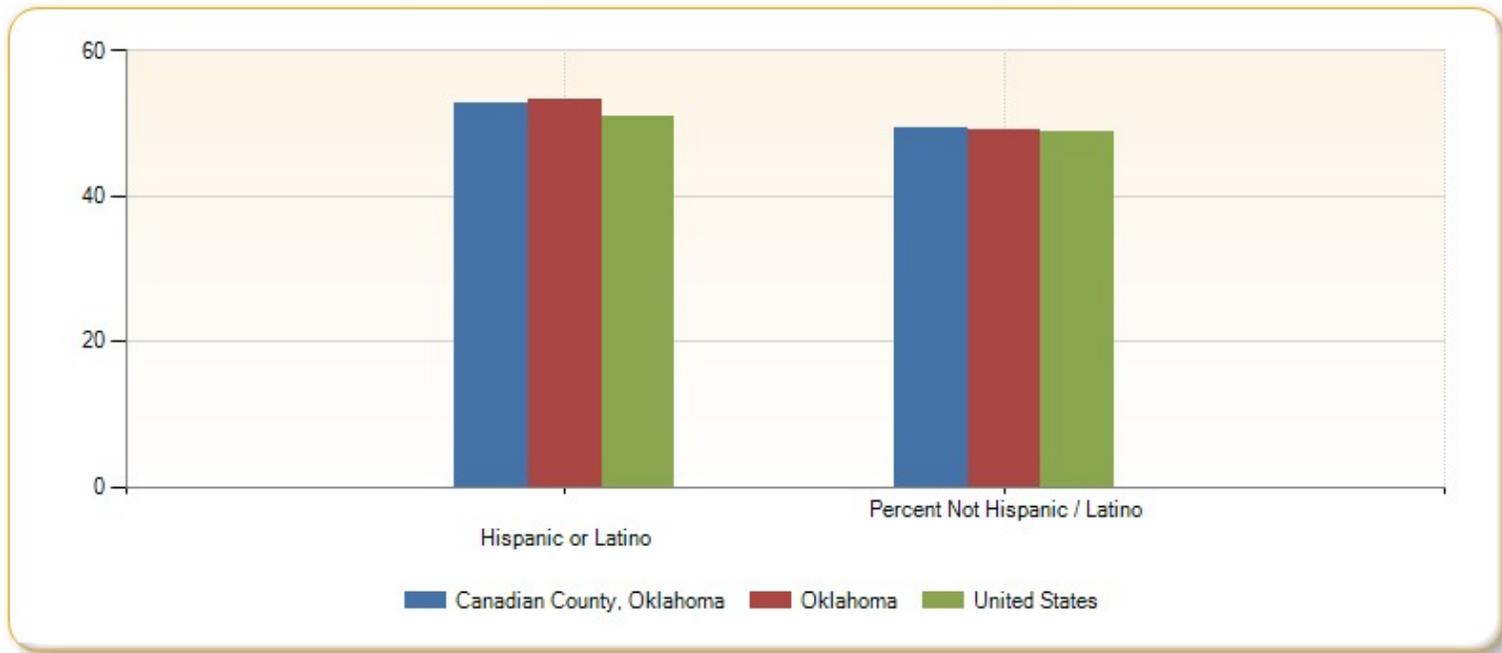


Male Population, Percent by Tract, 2007-11

- Over 52.0%
- 48.1 - 52.0%
- 44.1 - 48.0%
- Under 44.1%
- No Data or Data Suppressed

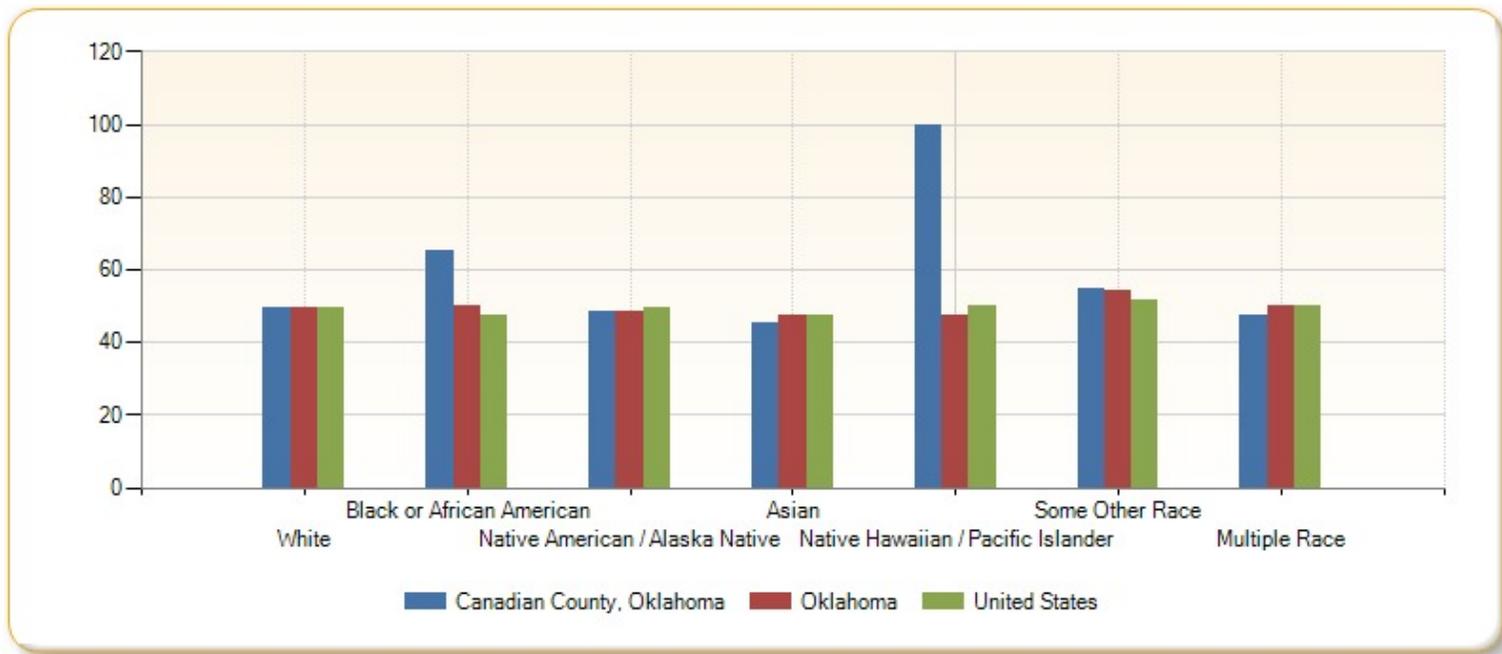
Male Population by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Canadian County, Oklahoma	3,979	52,048	52.78%	49.28%
Oklahoma	169,382	1,668,766	53.26%	49.13%
United States	25,017,256	125,722,968	50.83%	48.85%



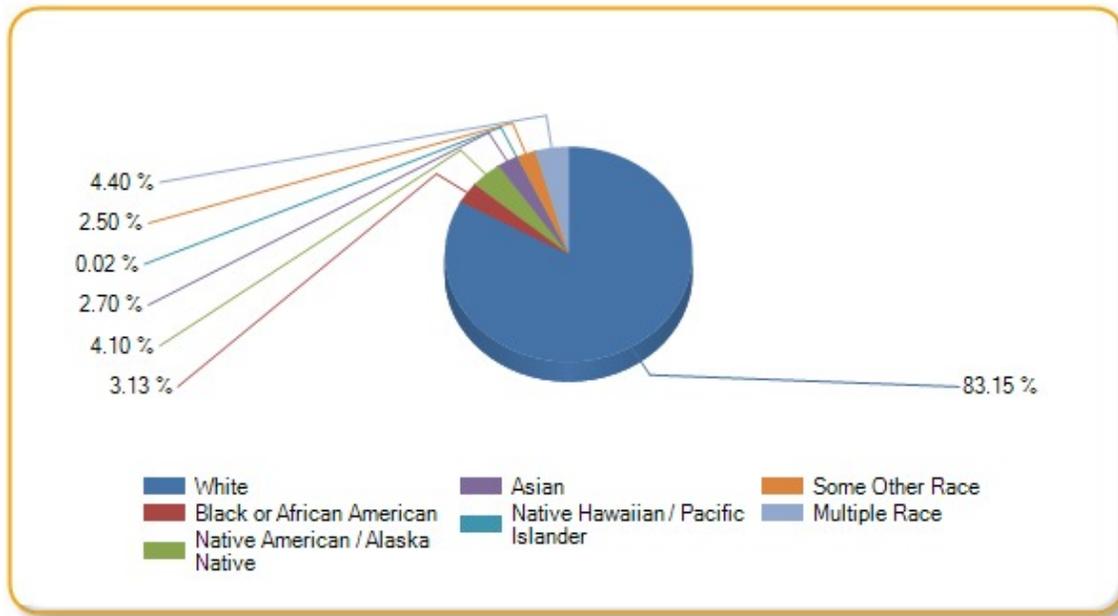
Male Population by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	49.24%	65.28%	48.22%	45.29%	100%	54.55%	47.64%
Oklahoma	49.36%	49.86%	48.69%	47.20%	47.33%	54.27%	49.98%
United States	49.33%	47.64%	49.70%	47.57%	50.22%	51.59%	49.76%



Male Population by Race Alone, Total

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	46,586	1,752	2,297	1,514	9	1,402	2,467
Oklahoma	1,354,244	134,716	125,772	29,961	2,015	52,522	138,918
United States	112,055,360	18,290,588	1,243,909	6,896,938	251,420	8,112,568	3,889,436

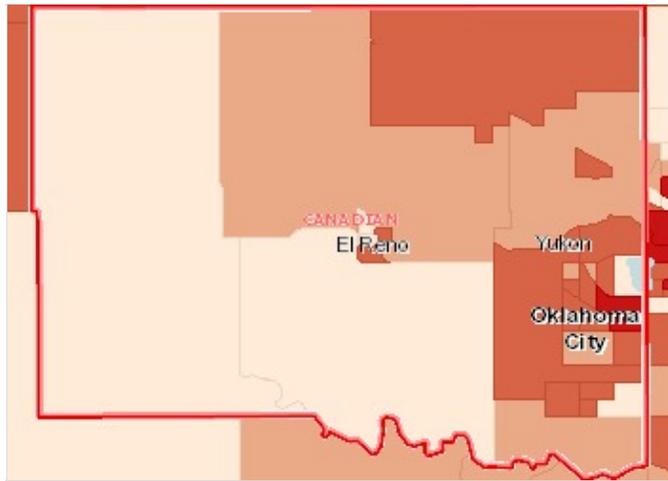


Female Population

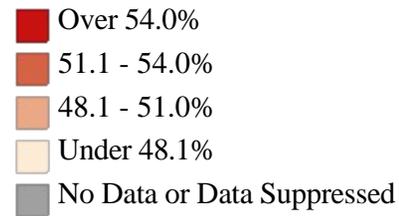
This indicator reports total female population.

Report Area	Total Population	Female Population	Percent Female Population
Canadian County, Oklahoma	113,154	57,127	50.49%
Oklahoma	3,714,520	1,876,372	50.51%
United States	306,603,776	155,863,552	50.84%

Data Source: [U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates](#). Source geography: Tract.

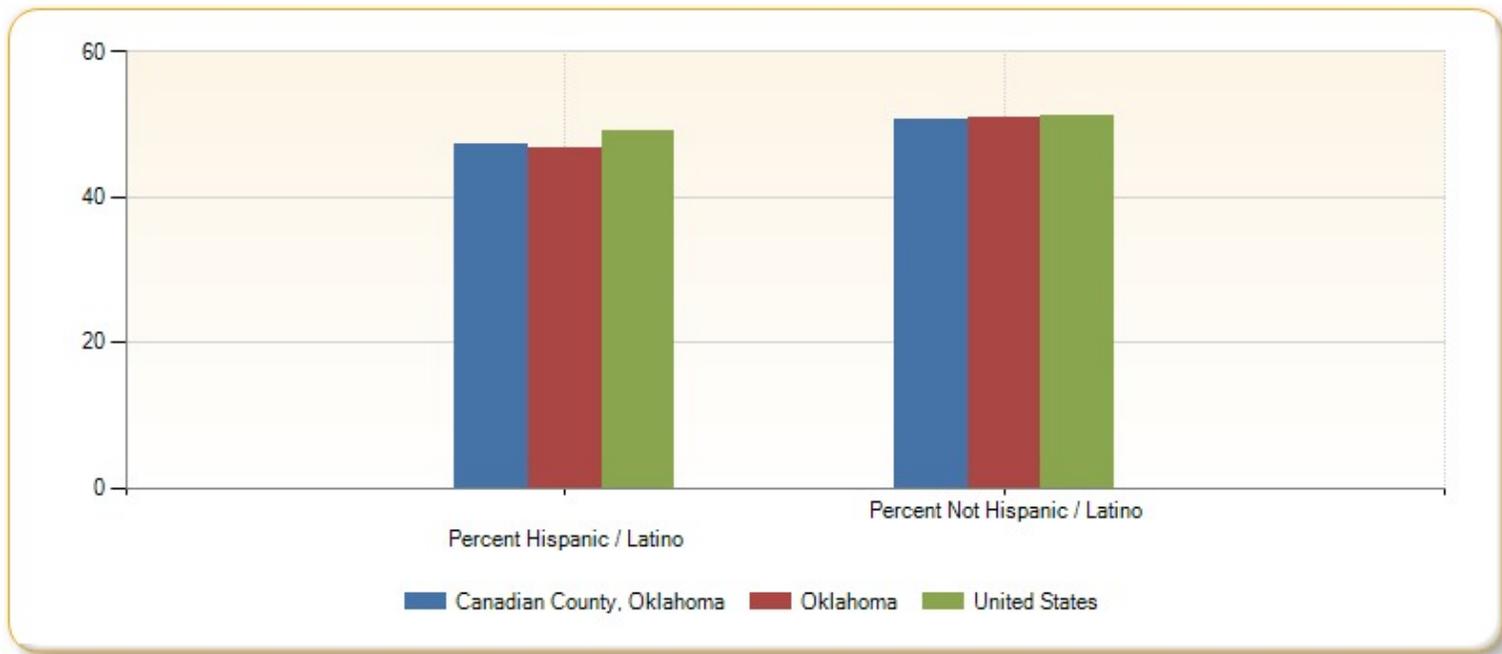


Female Population, Percent by Tract, 2007-11



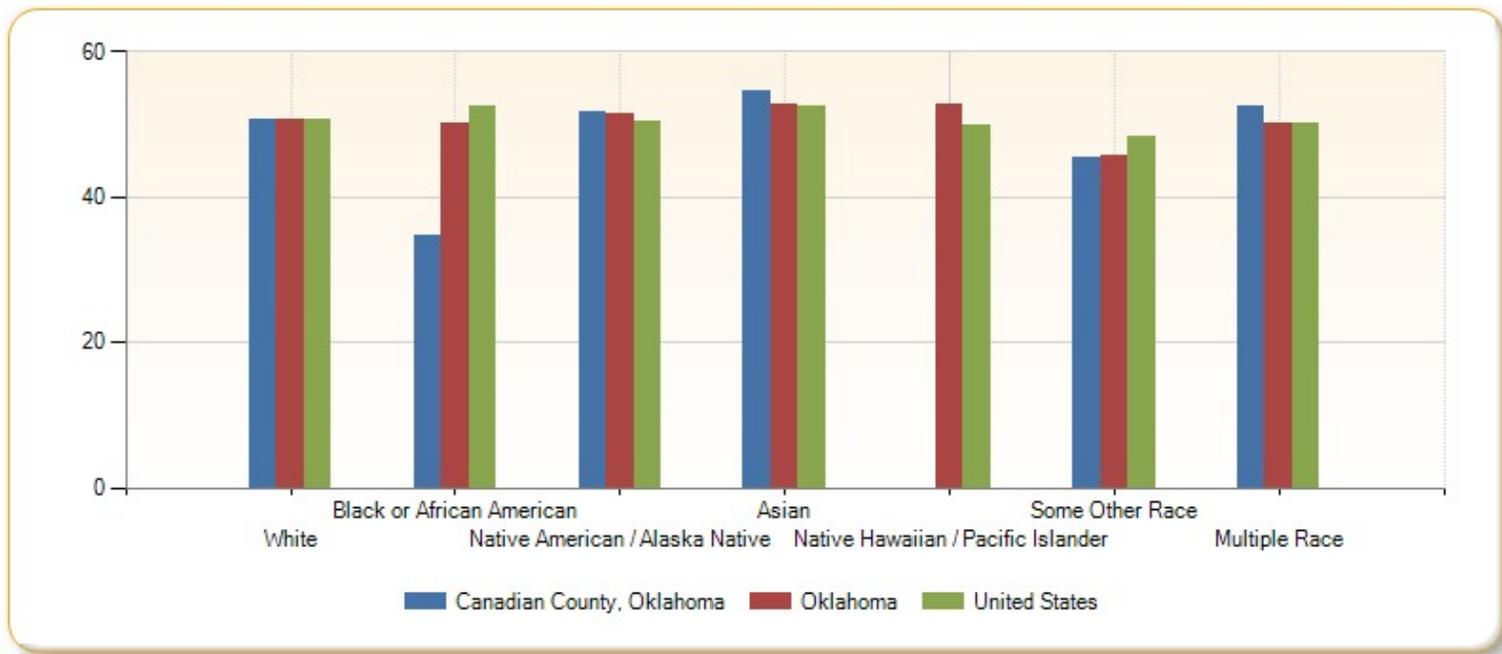
Female Population by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Canadian County, Oklahoma	3,560	53,567	47.22%	50.72%
Oklahoma	148,625	1,727,747	46.74%	50.87%
United States	24,198,306	131,665,246	49.17%	51.15%



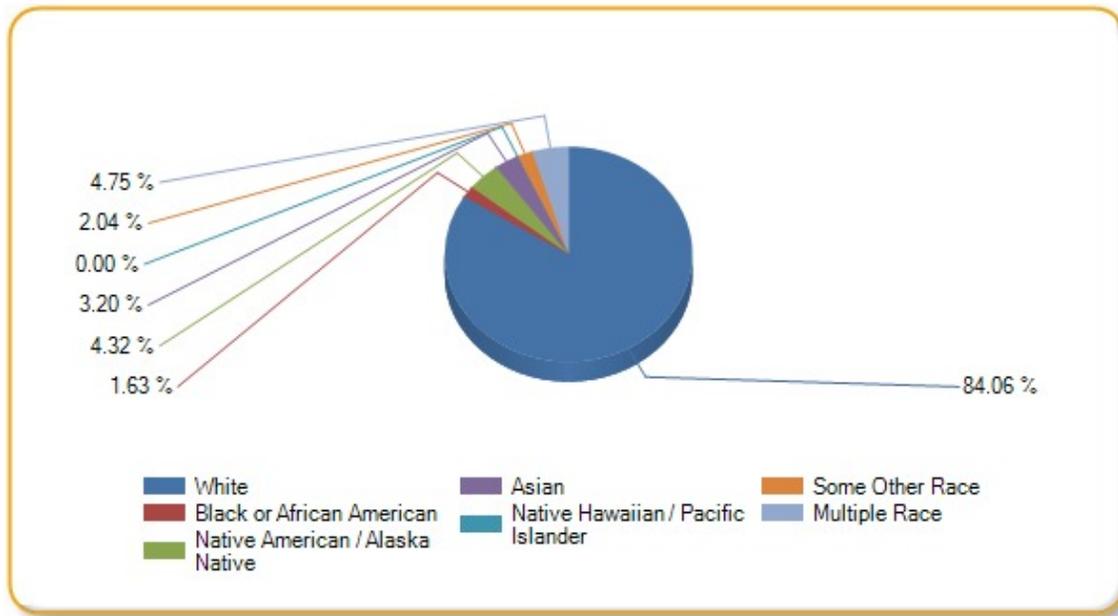
Female Population by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	50.76%	34.72%	51.78%	54.71%	0%	45.45%	52.36%
Oklahoma	50.64%	50.14%	51.31%	52.80%	52.67%	45.73%	50.02%
United States	50.67%	52.36%	50.30%	52.43%	49.78%	48.41%	50.24%



Female Population by Race Alone, Total

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	48,020	932	2,467	1,829	0	1,168	2,711
Oklahoma	1,389,319	135,476	132,523	33,510	2,242	44,251	139,051
United States	115,111,656	20,105,268	1,258,744	7,600,247	249,172	7,611,250	3,927,218

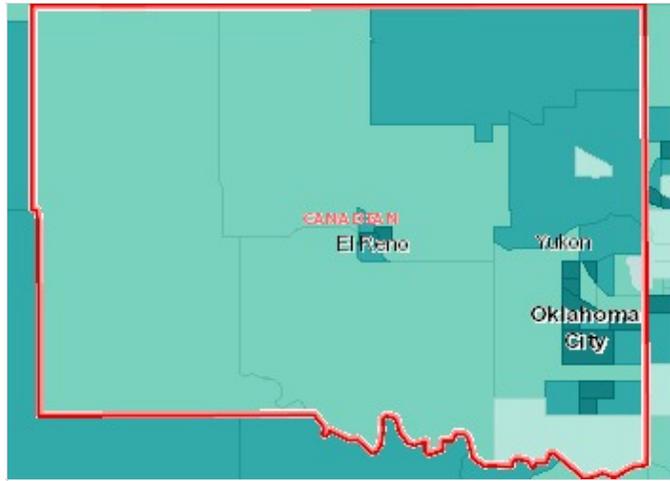


Median Age

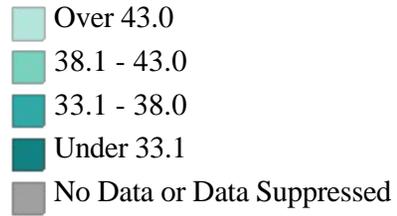
This indicator reports population median age based on the 5-year American Community Survey estimate.

Report Area	Total Population	Median Age
Canadian County, Oklahoma	113,154	35.70
Oklahoma	3,714,520	36.30
United States	306,603,776	37

Data Source: [U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates](#). Source geography: Tract.

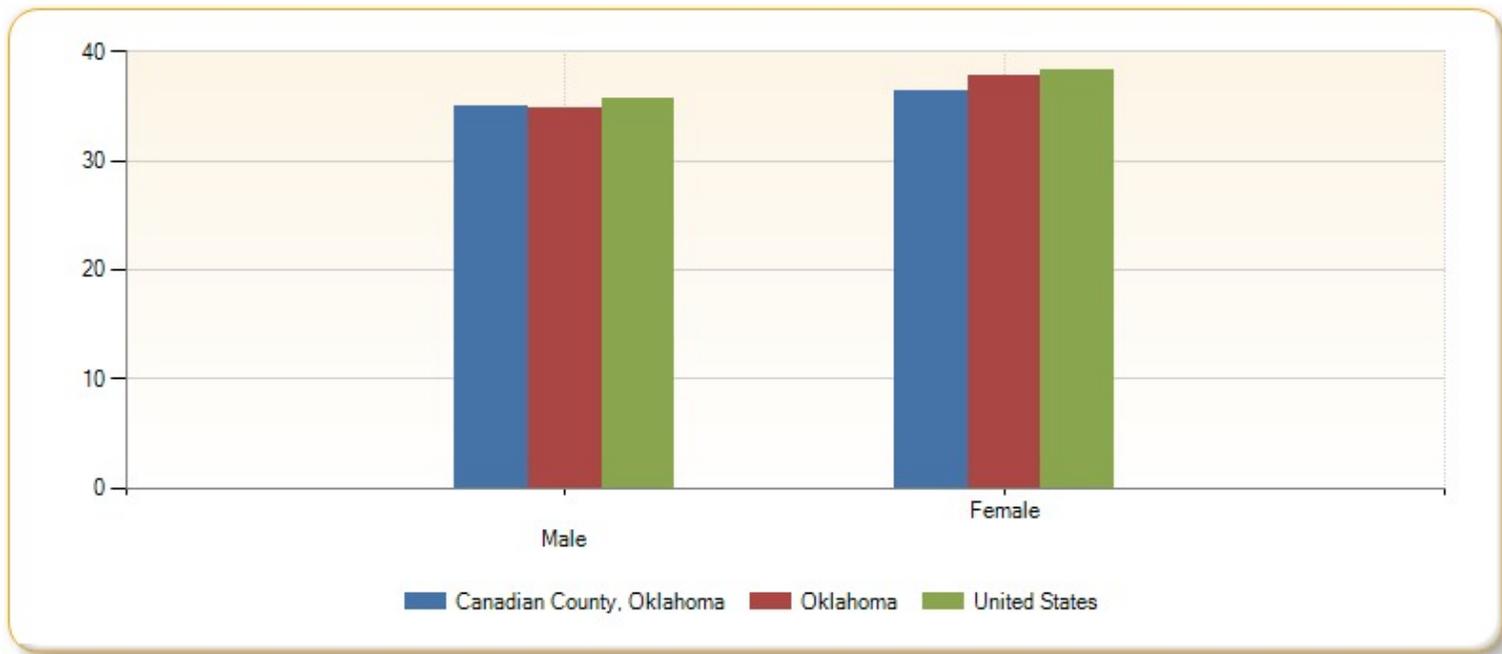


Median Age, Median by Tract, 2007-11



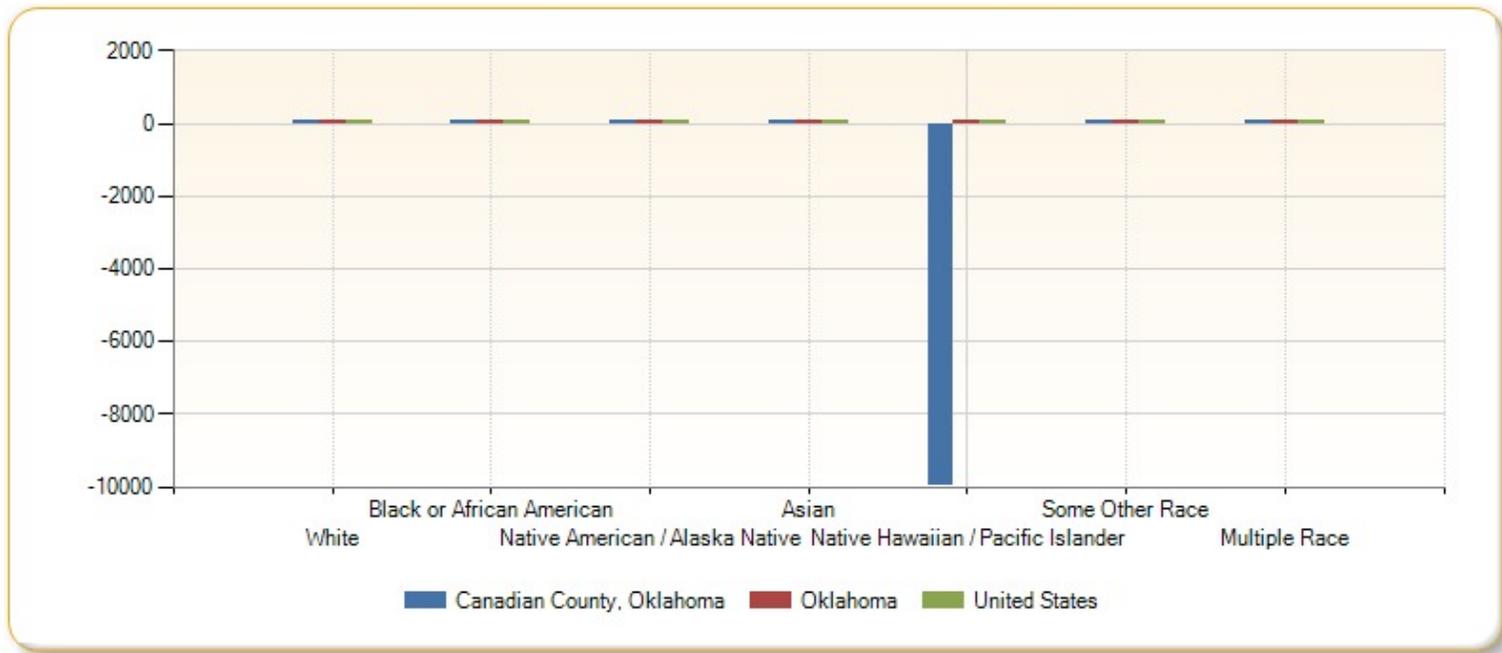
Population Median Age by Gender

Report Area	Male	Female
Canadian County, Oklahoma	35	36.40
Oklahoma	34.90	37.70
United States	35.70	38.30



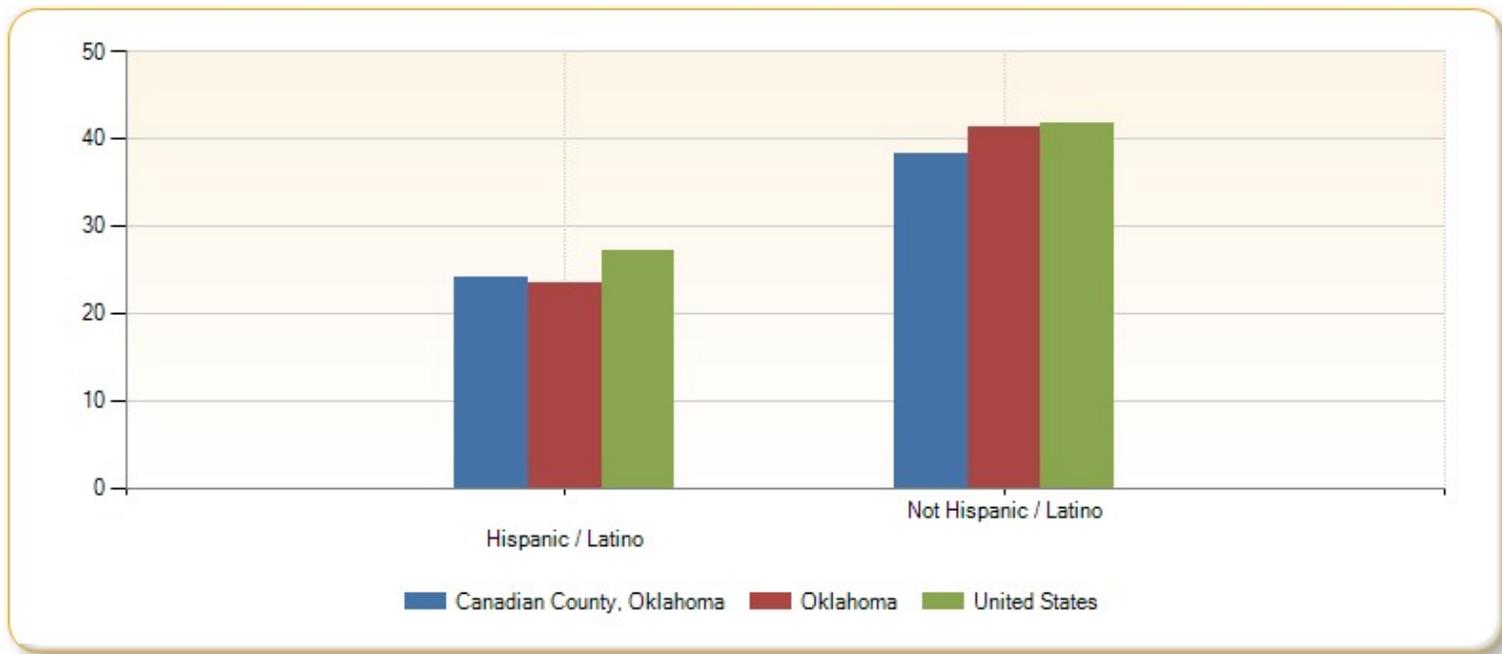
Population Median Age by Race Alone

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	37.60	33.10	27	34.90	no data	27	17
Oklahoma	39.90	30.50	29	32.50	25.70	25.30	22.30
United States	39.70	32.30	30.90	35.20	29.20	27.30	18.80



White Population Median Age by Ethnicity

Report Area	Hispanic / Latino	Not Hispanic / Latino
Canadian County, Oklahoma	24.10	38.20
Oklahoma	23.40	41.40
United States	27.20	41.80

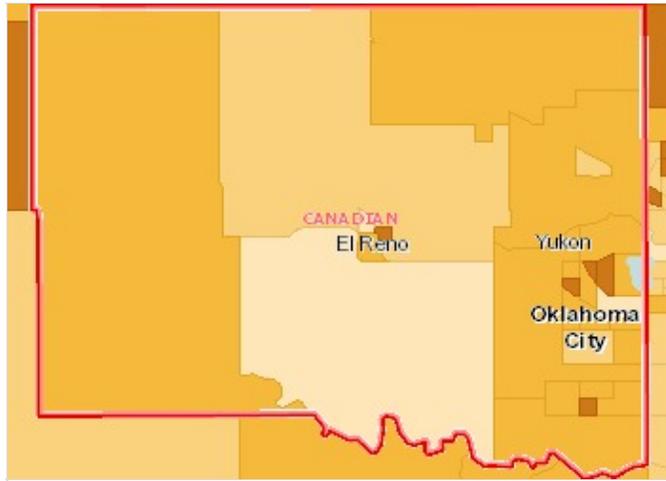


Population Under Age 18

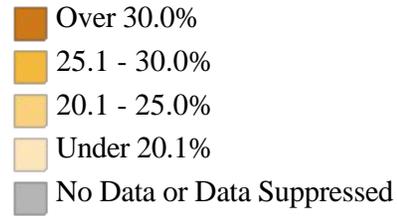
This indicator reports the percentage of population under age 18 in the designated geographic area. This indicator is relevant because it is important to understand the percentage of youth in the community, as this population has unique health needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 0-17	Percent Population Age 0-17
Canadian County, Oklahoma	113,154	30,364	26.83%
Oklahoma	3,714,520	920,896	24.79%
United States	306,603,776	74,047,760	24.15%

Data Source: [U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates](#). Source geography: Tract.

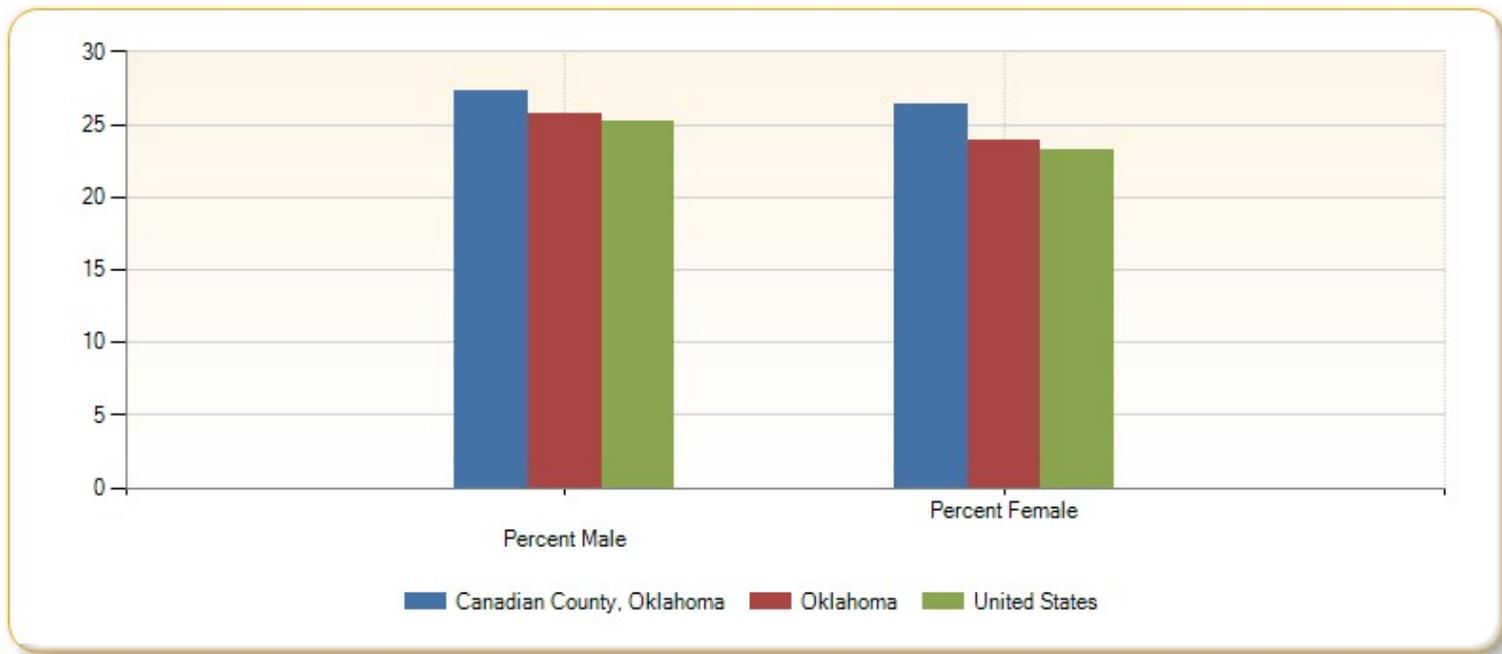


Population Age 0-17, Percent by Tract, 2007-11



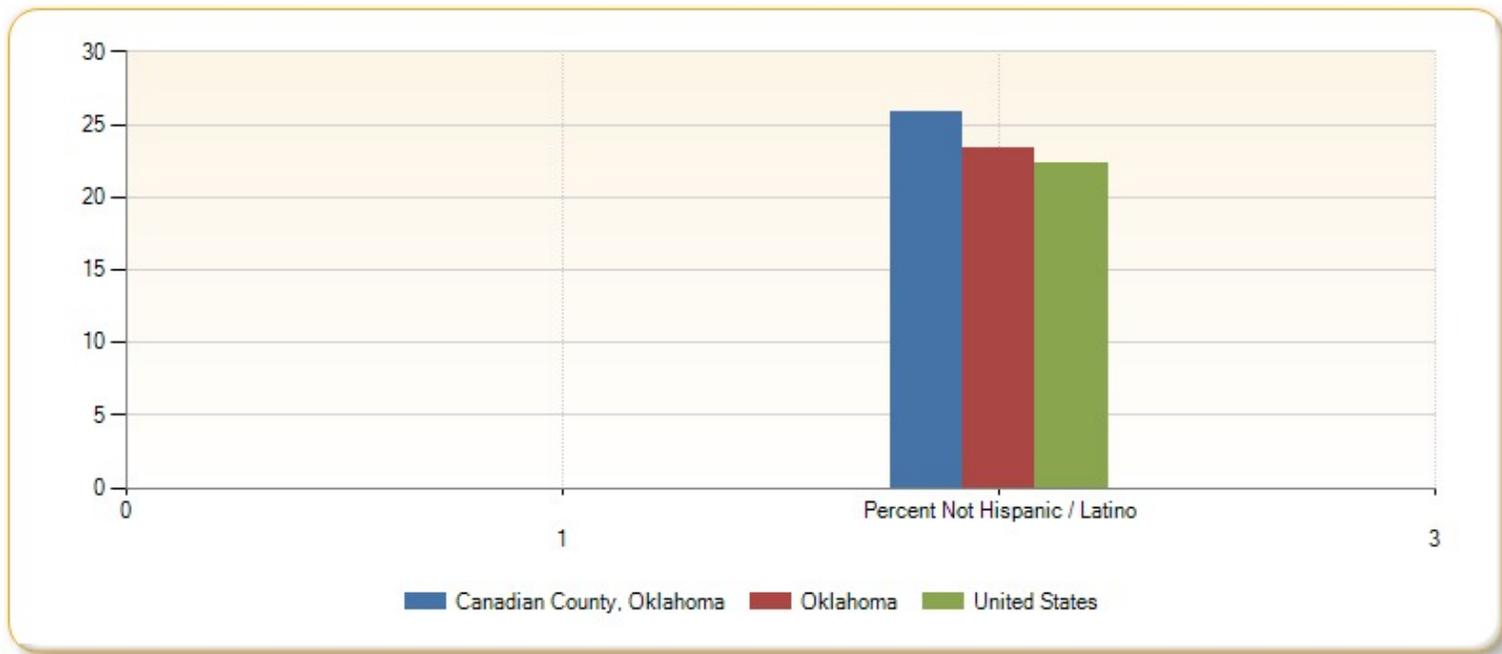
Population Under Age 18 by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Canadian County, Oklahoma	15,305	15,059	27.32%	26.36%
Oklahoma	472,505	448,391	25.71%	23.90%
United States	37,892,080	36,155,672	25.14%	23.20%



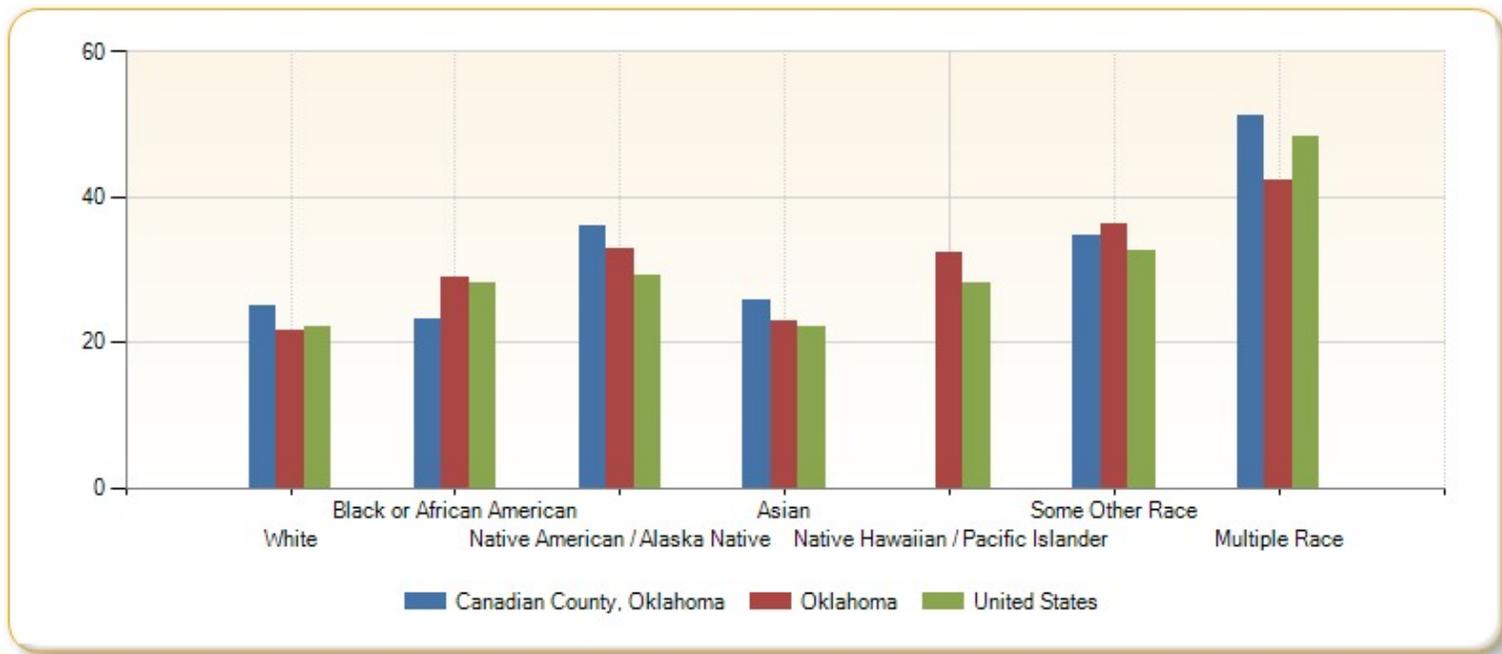
Population Under Age 18 by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Canadian County, Oklahoma	3,119	27,245	41.37%	25.80%
Oklahoma	126,680	794,216	39.84%	23.38%
United States	16,736,948	57,310,804	34.01%	22.27%



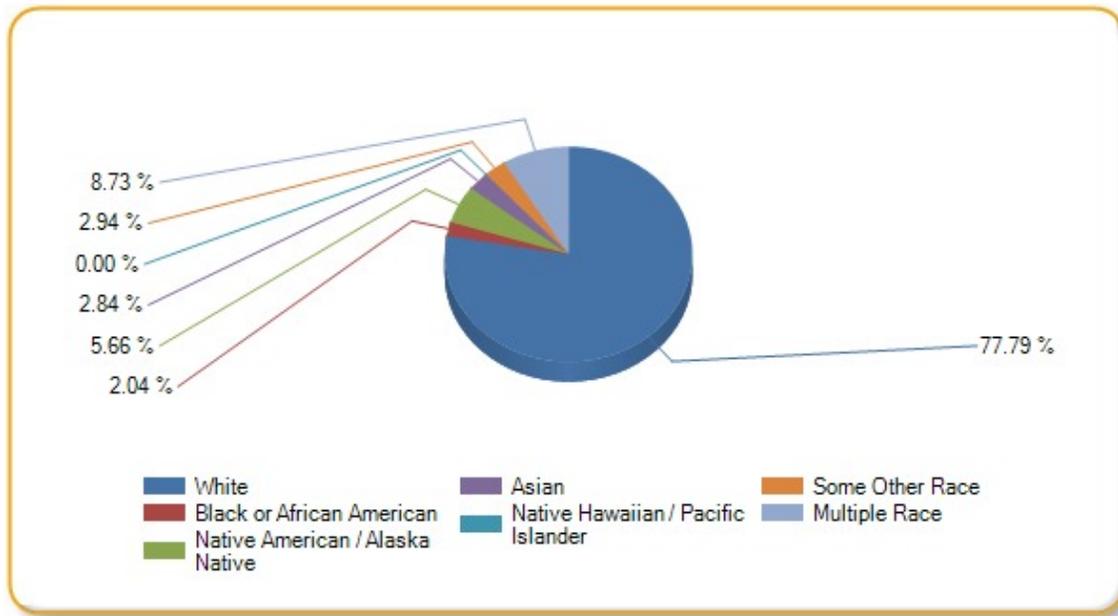
Population Under Age 18 by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	24.97%	23.06%	36.06%	25.79%	0%	34.79%	51.20%
Oklahoma	21.48%	28.85%	32.86%	22.91%	32.39%	36.33%	42.32%
United States	22.15%	28.04%	29.32%	22.06%	28.26%	32.55%	48.25%



Population Under Age 18 by Race Alone, Total

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	23,620	619	1,718	862	0	894	2,651
Oklahoma	589,354	77,950	84,885	14,544	1,379	35,157	117,627
United States	50,319,832	10,765,733	733,664	3,197,695	141,472	5,117,801	3,771,558



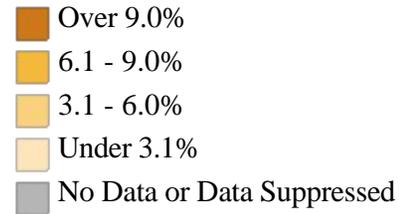
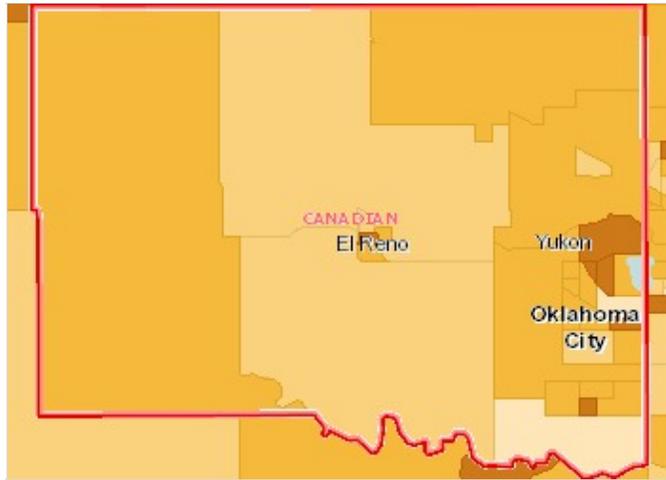
Population Age 0-4

This indicator reports the percentage of children aged 0-4 in a specific geographic area. This indicator is relevant because it is important to understand the percentage of infants and young children in the community, as this population has unique health needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 0-4	Percent Population Age 0-4
Canadian County, Oklahoma	113,154	8,270	7.31%
Oklahoma	3,714,520	260,242	7.01%
United States	306,603,776	20,170,376	6.58%

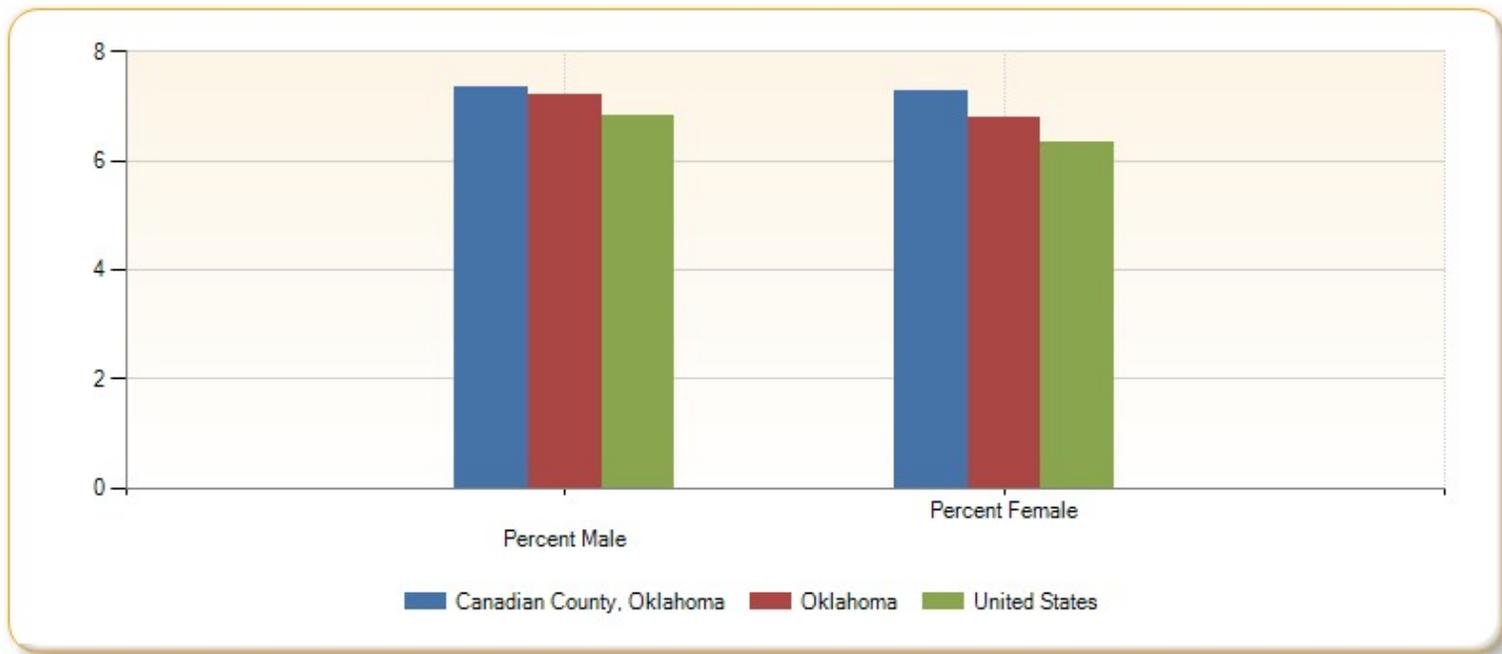
Data Source: [U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates](#). Source geography: Tract.

Population Age 0-4, Percent by Tract, 2007-11



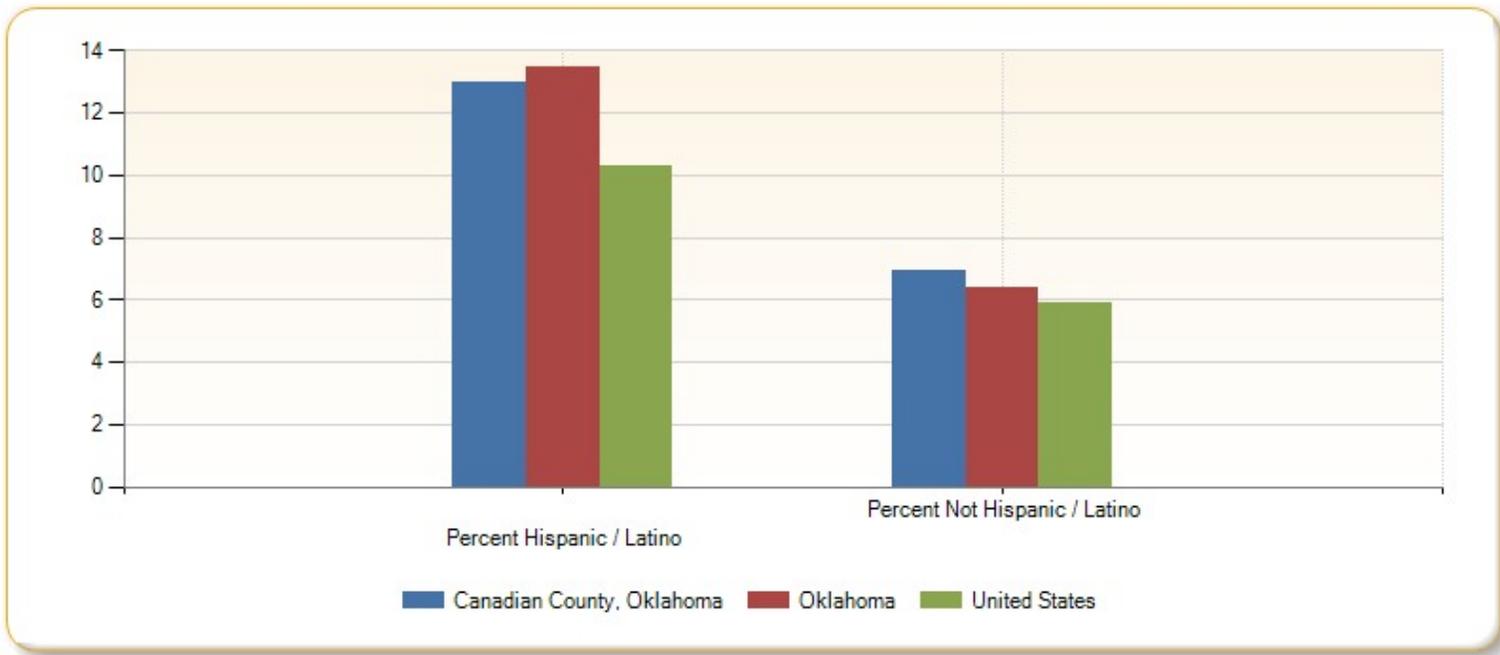
Population Age 0-4 by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Canadian County, Oklahoma	4,116	4,154	7.35%	7.27%
Oklahoma	132,723	127,519	7.22%	6.80%
United States	10,308,314	9,862,063	6.84%	6.33%



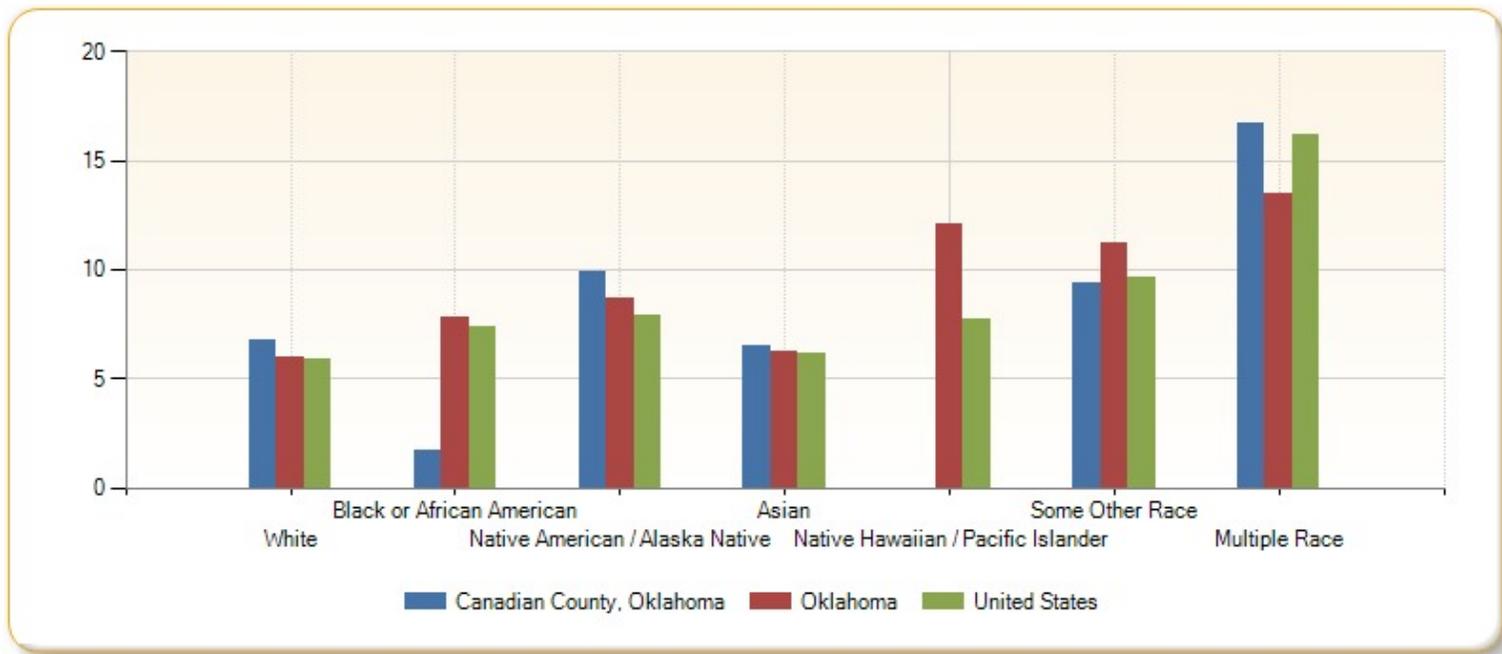
Population Age 0-4 by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Canadian County, Oklahoma	976	7,294	12.95%	6.91%
Oklahoma	42,863	217,379	13.48%	6.40%
United States	5,063,970	15,106,407	10.29%	5.87%



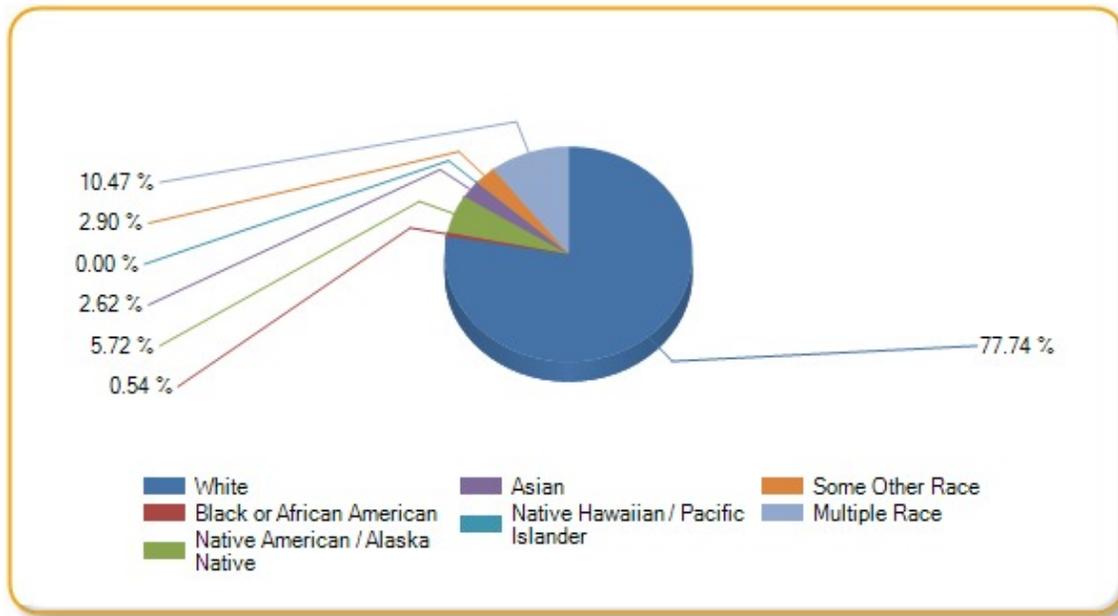
Population Age 0-4 by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	6.80%	1.68%	9.93%	6.49%	0%	9.34%	16.72%
Oklahoma	5.97%	7.81%	8.70%	6.25%	12.10%	11.18%	13.52%
United States	5.91%	7.39%	7.87%	6.15%	7.76%	9.67%	16.21%



Population Age 0-4 by Race Alone, Total

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	6,429	45	473	217	0	240	866
Oklahoma	163,784	21,108	22,469	3,964	515	10,820	37,582
United States	13,417,438	2,839,083	196,898	891,183	38,862	1,519,747	1,267,166



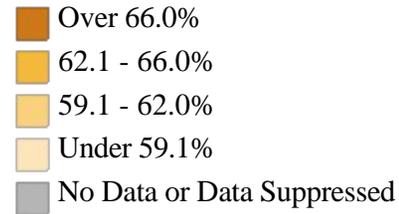
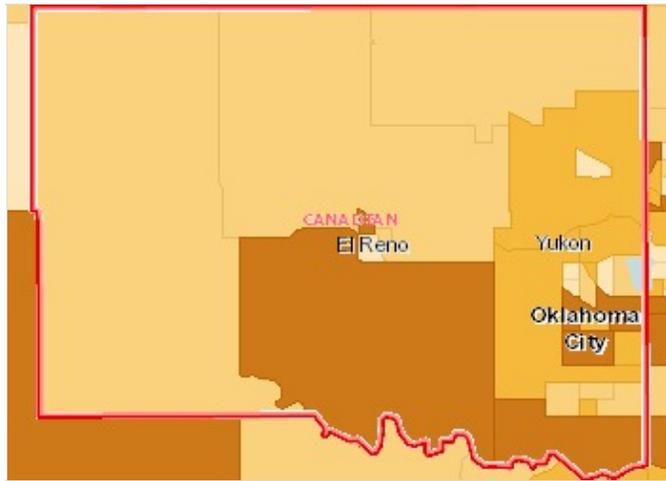
Population Age 18-64

This indicator reports the percentage of population age 18-64 in the designated geographic area. This indicator is relevant because it is important to understand the percentage of adults in the community, as this population has unique health needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 18-64	Percent Population Age 0-17
Canadian County, Oklahoma	113,154	70,600	62.39%
Oklahoma	3,714,520	2,294,077	61.76%
United States	306,603,776	192,947,216	62.93%

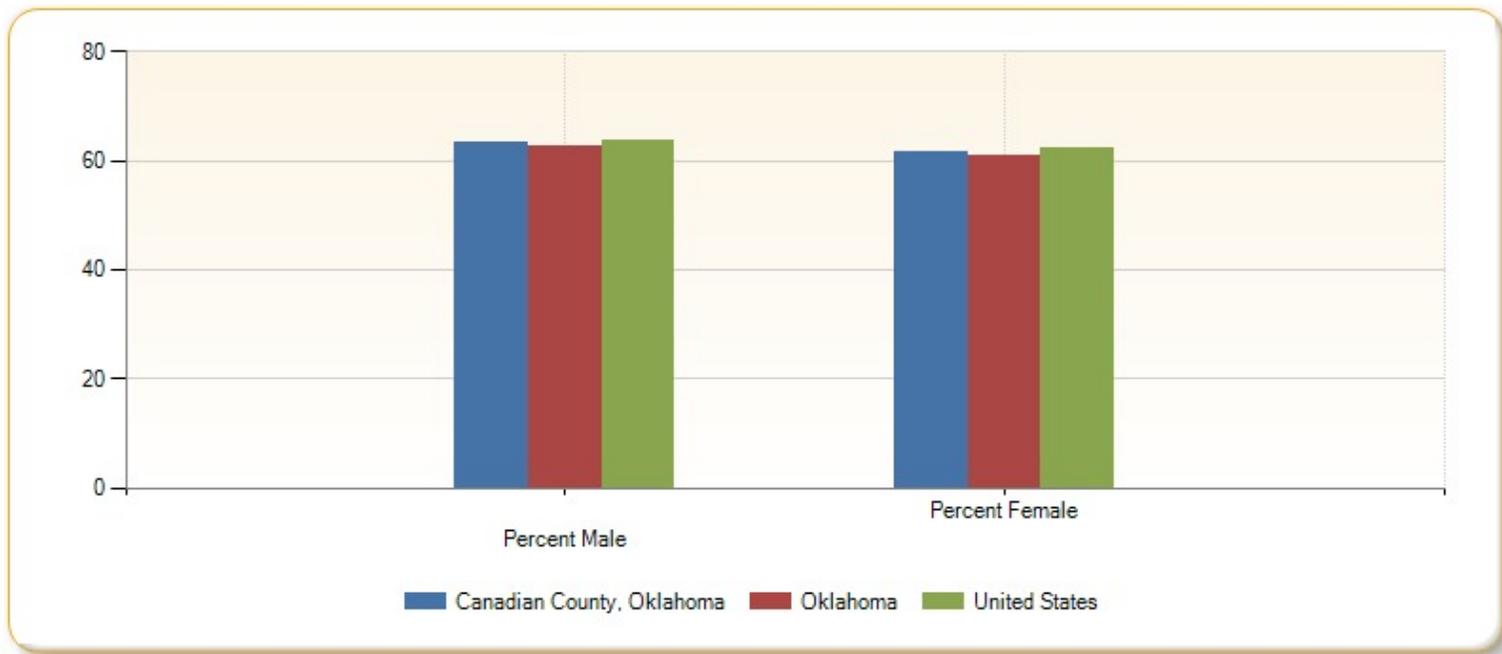
Data Source: [U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates](#). Source geography: Tract.

Population Age 18-64, Percent by Tract, 2007-11



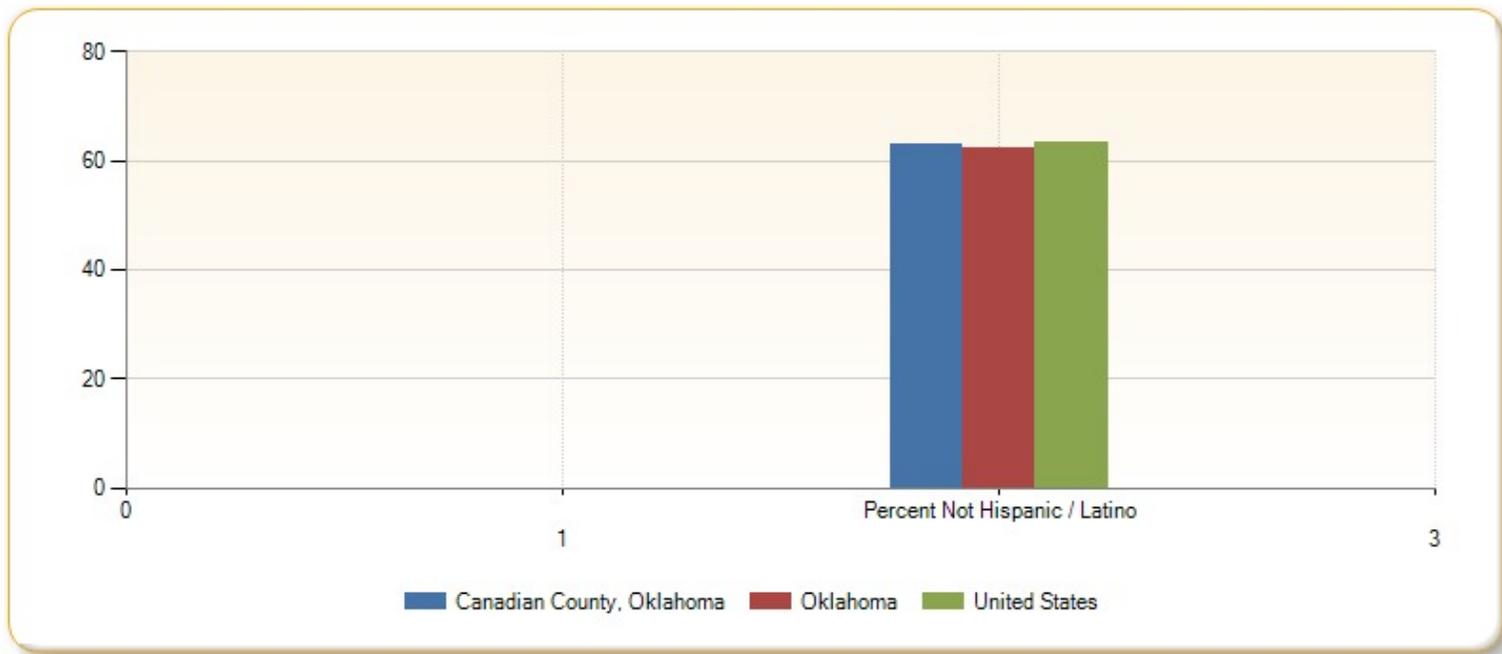
Population Age 18-64 by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Canadian County, Oklahoma	35,399	35,201	63.18%	61.62%
Oklahoma	1,148,481	1,145,596	62.48%	61.05%
United States	95,838,920	97,108,272	63.58%	62.30%



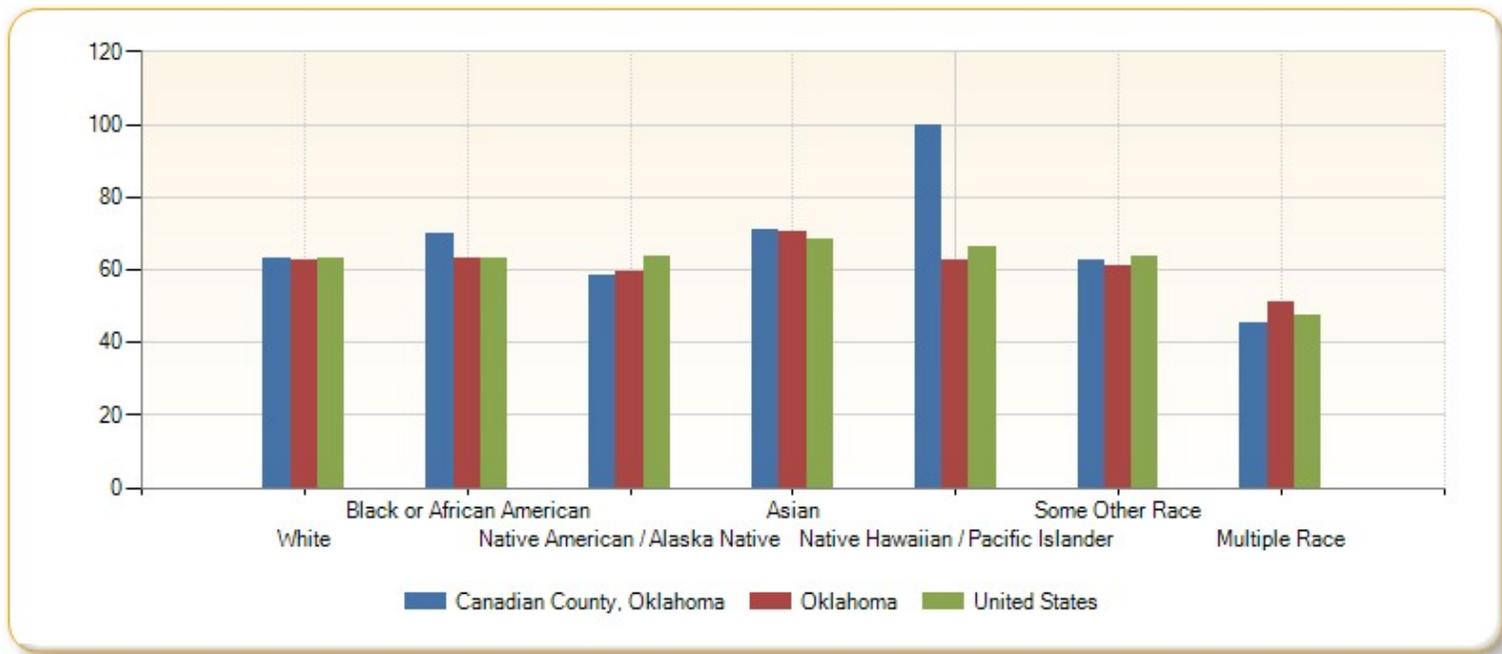
Population Age 18-64 by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Canadian County, Oklahoma	4,222	66,378	56%	62.85%
Oklahoma	182,250	2,111,827	57.31%	62.18%
United States	29,800,080	163,147,112	60.55%	63.39%



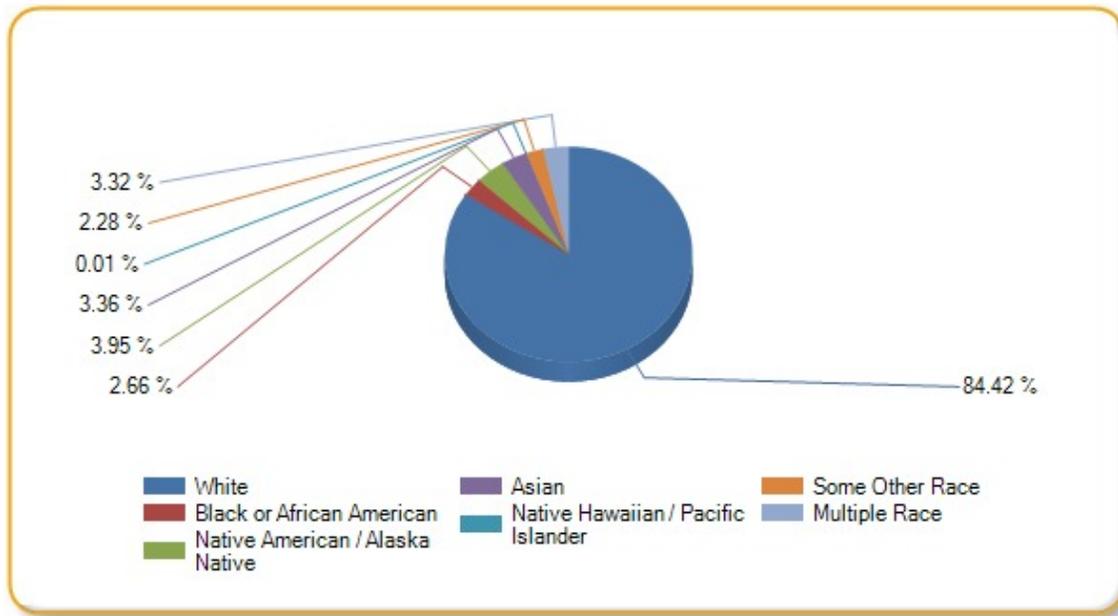
Population Age 18-64 by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	63%	69.93%	58.48%	70.95%	100%	62.72%	45.31%
Oklahoma	62.73%	63.11%	59.55%	70.51%	62.49%	60.95%	51.22%
United States	63.01%	63.20%	63.50%	68.57%	66.07%	63.51%	47.34%



Population Age 18-64 by Race Alone, Total

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	59,598	1,877	2,786	2,372	9	1,612	2,346
Oklahoma	1,720,967	170,511	153,826	44,753	2,660	58,981	142,379
United States	143,134,304	24,264,520	1,589,112	9,940,829	330,736	9,986,952	3,700,733

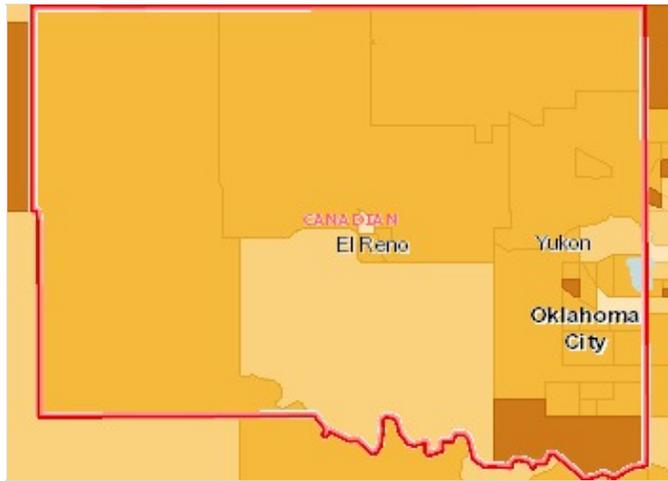


Population Age 5-17

This indicator reports the percentage of youth aged 5-17 in a specific geographic area. This indicator is relevant because it is important to understand the percentage of youth in the community, as this population has unique health needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 5-17	Percent Population Age 5-17
Canadian County, Oklahoma	113,154	22,094	19.53%
Oklahoma	3,714,520	660,654	17.79%
United States	306,603,776	53,877,372	17.57%

Data Source: [U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates](#). Source geography: Tract.

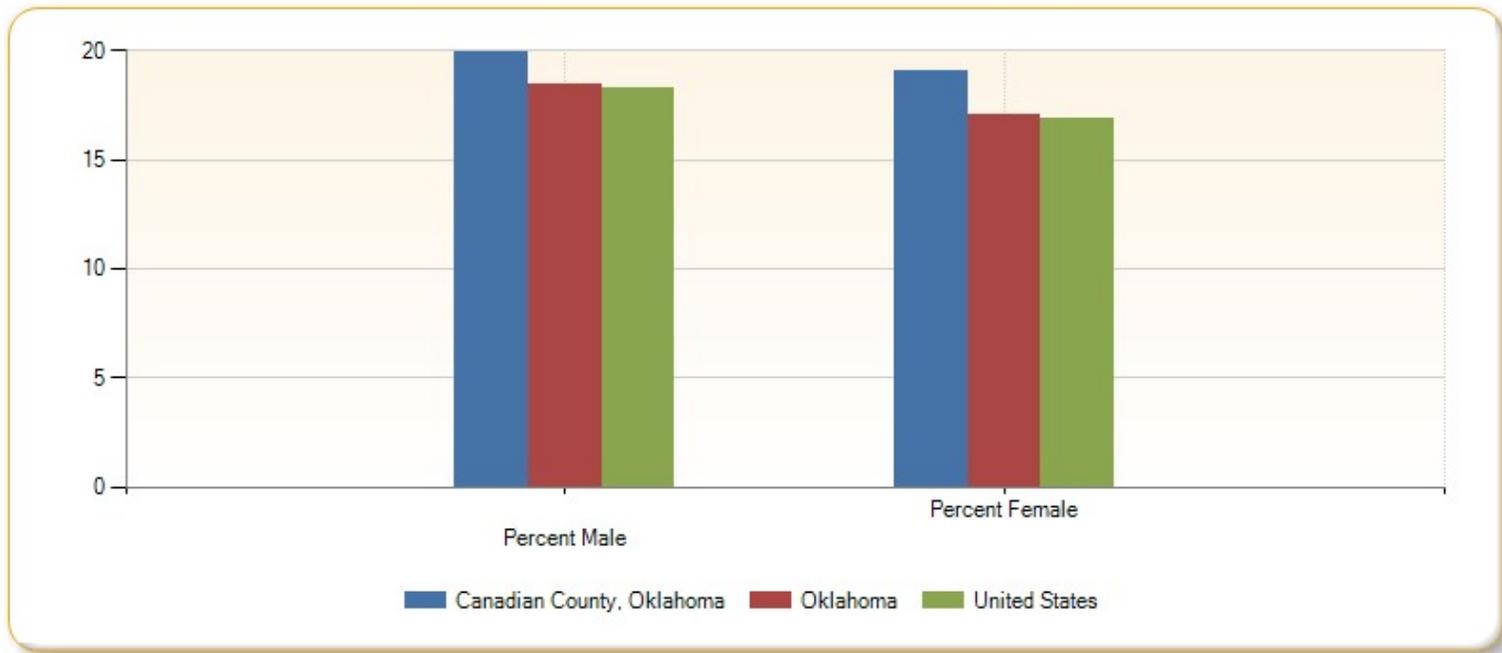


Population Age 5-17, Percent by Tract, 2007-11

- Over 23.0%
- 17.1 - 23.0%
- 11.1 - 17.0%
- Under 11.1%
- No Data or Data Suppressed

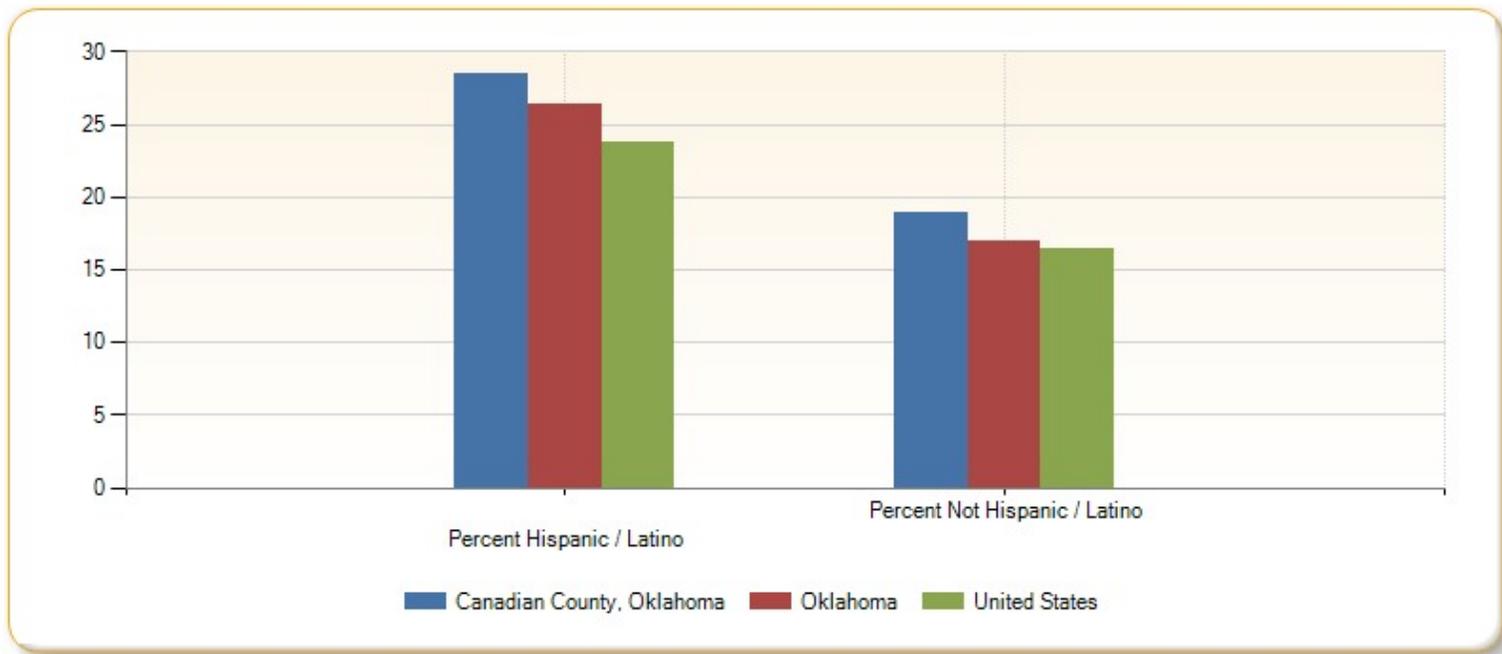
Population Age 5-17 by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Canadian County, Oklahoma	11,189	10,905	19.97%	19.09%
Oklahoma	339,782	320,872	18.49%	17.10%
United States	27,583,764	26,293,608	18.30%	16.87%



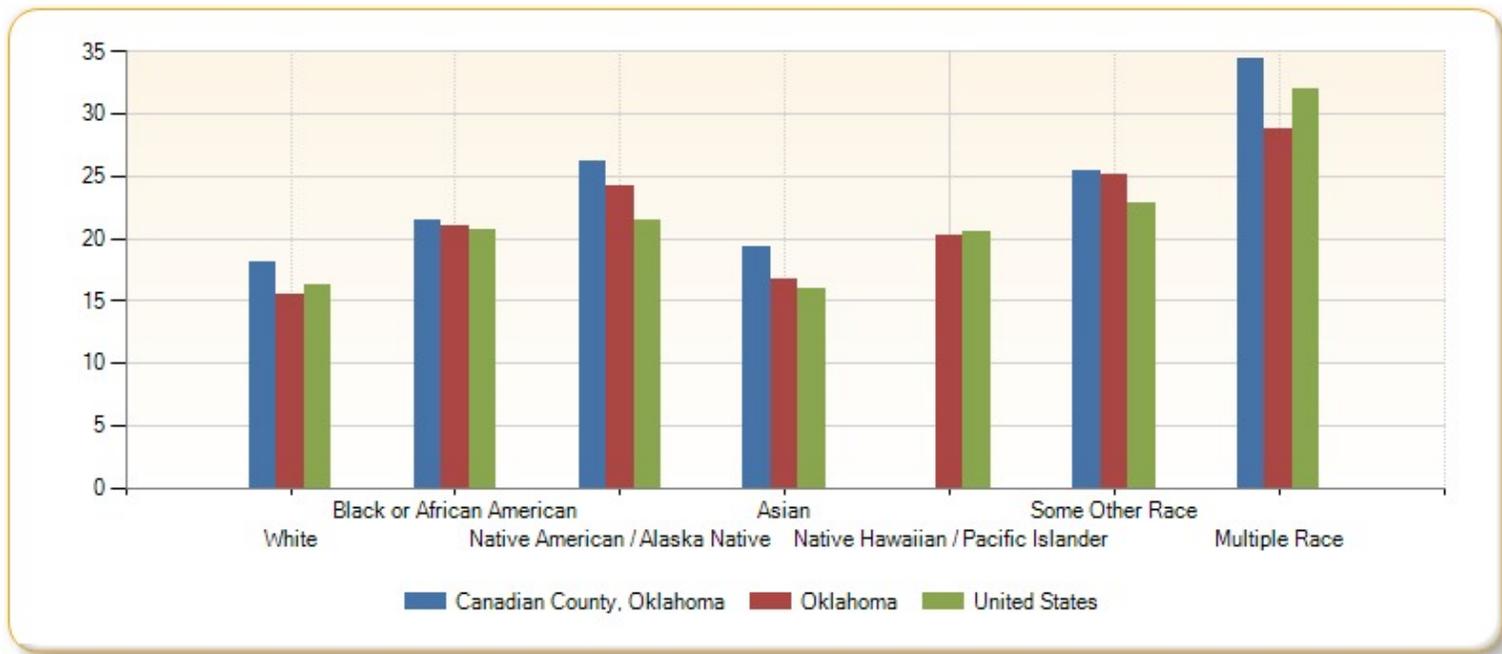
Population Age 5-17 by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Canadian County, Oklahoma	2,143	19,951	28.43%	18.89%
Oklahoma	83,817	576,837	26.36%	16.98%
United States	11,672,978	42,204,394	23.72%	16.40%



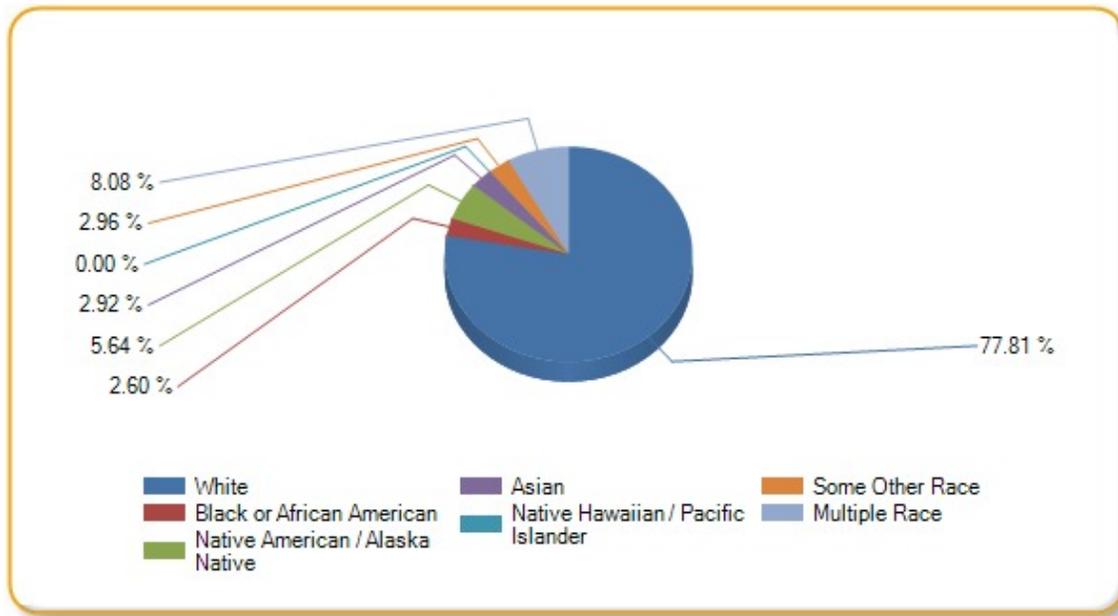
Population Age 5-17 by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	18.17%	21.39%	26.13%	19.29%	0%	25.45%	34.47%
Oklahoma	15.51%	21.04%	24.16%	16.67%	20.30%	25.15%	28.80%
United States	16.24%	20.64%	21.45%	15.91%	20.50%	22.88%	32.04%



Population Age 5-17 by Race Alone, Total

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	17,191	574	1,245	645	0	654	1,785
Oklahoma	425,570	56,842	62,416	10,580	864	24,337	80,045
United States	36,902,392	7,926,650	536,766	2,306,512	102,610	3,598,054	2,504,392

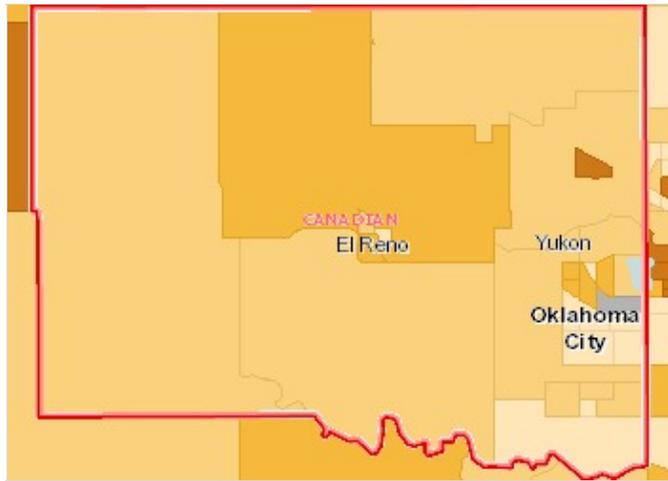


Population Age 65

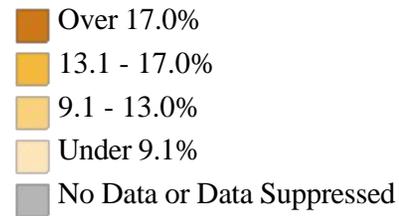
This indicator reports the percentage of population age 65 and older in the designated geographic area. This indicator is relevant because it is important to understand the percentage of adults in the community, as this population has unique health needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 65	Percent Population Age 65
Canadian County, Oklahoma	113,154	12,190	10.77%
Oklahoma	3,714,520	499,547	13.45%
United States	306,603,776	39,608,816	12.92%

Data Source: [U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates](#). Source geography: Tract.

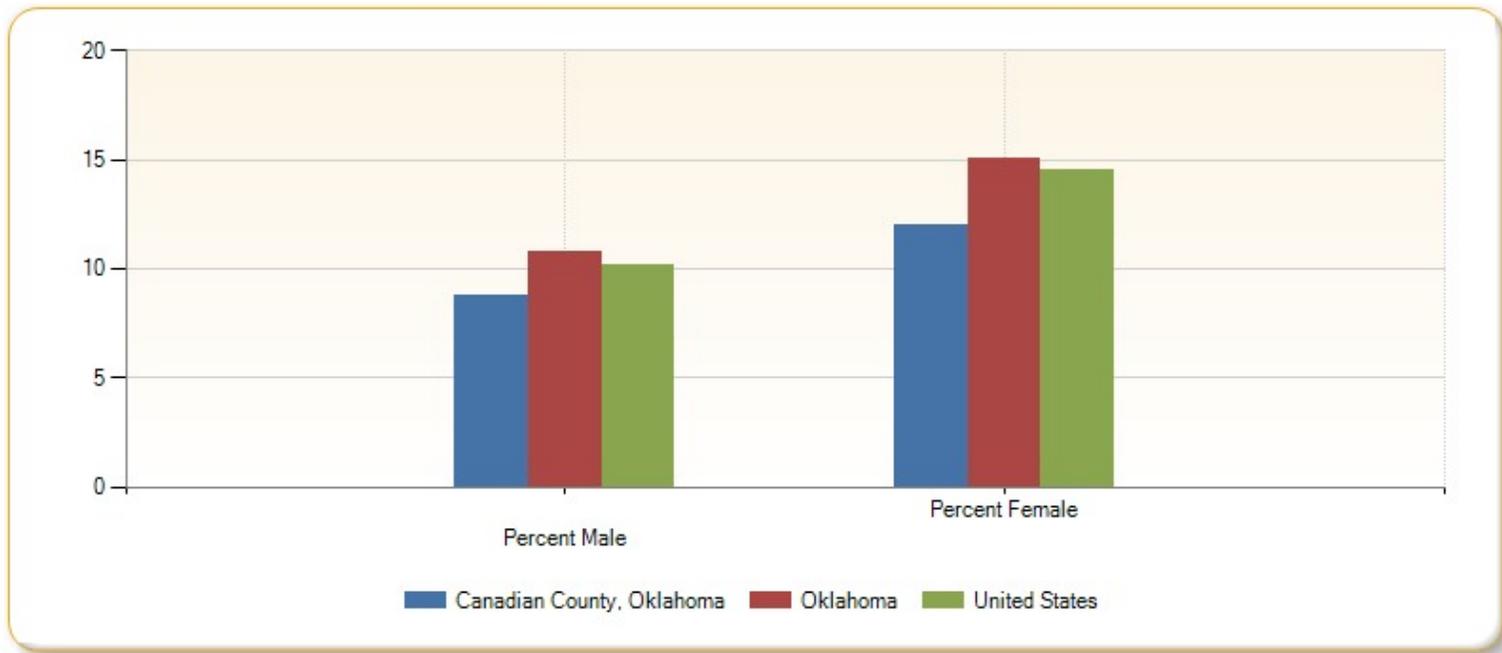


Population Age 65 , Percent by Tract, 2007-11



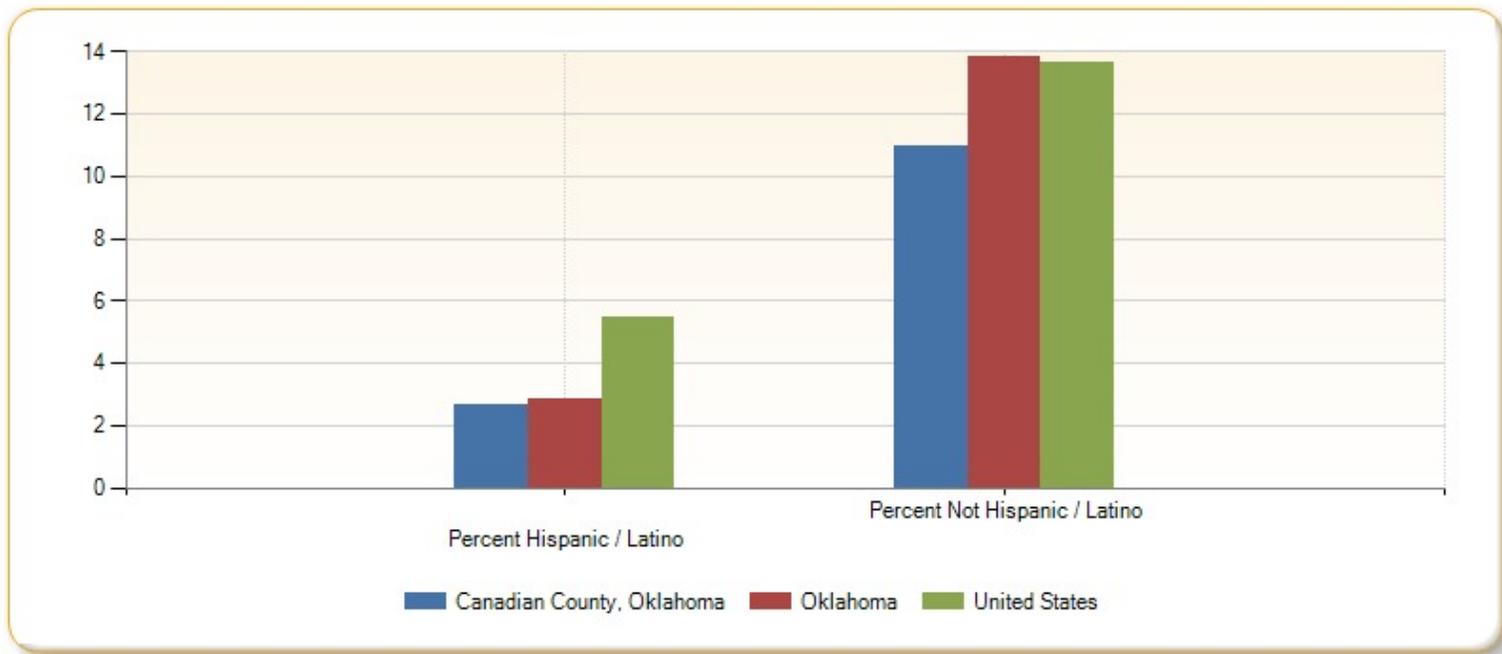
Population Age 65 by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Canadian County, Oklahoma	4,932	6,867	8.80%	12.02%
Oklahoma	197,419	282,385	10.74%	15.05%
United States	15,282,403	22,599,606	10.14%	14.50%



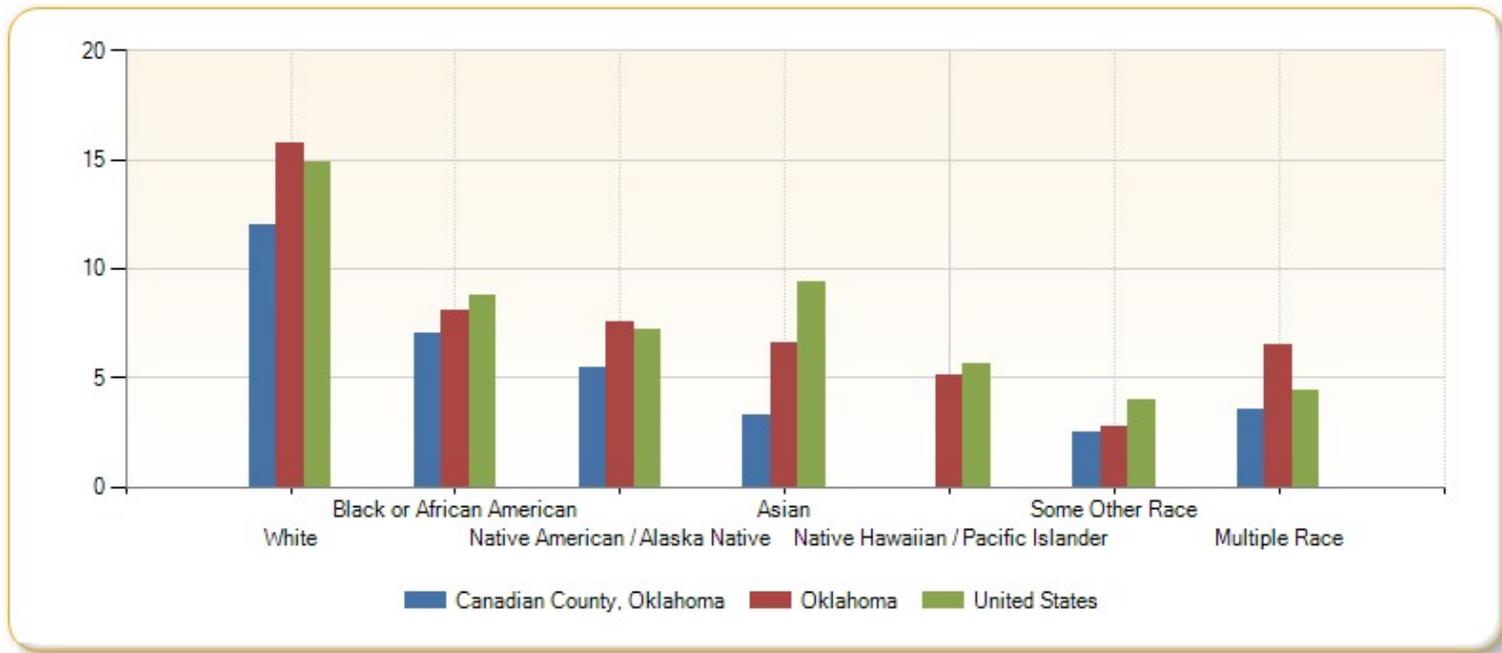
Population Age 65 by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Canadian County, Oklahoma	198	11,601	2.63%	10.98%
Oklahoma	9,077	470,727	2.85%	13.86%
United States	2,678,534	35,203,475	5.44%	13.68%



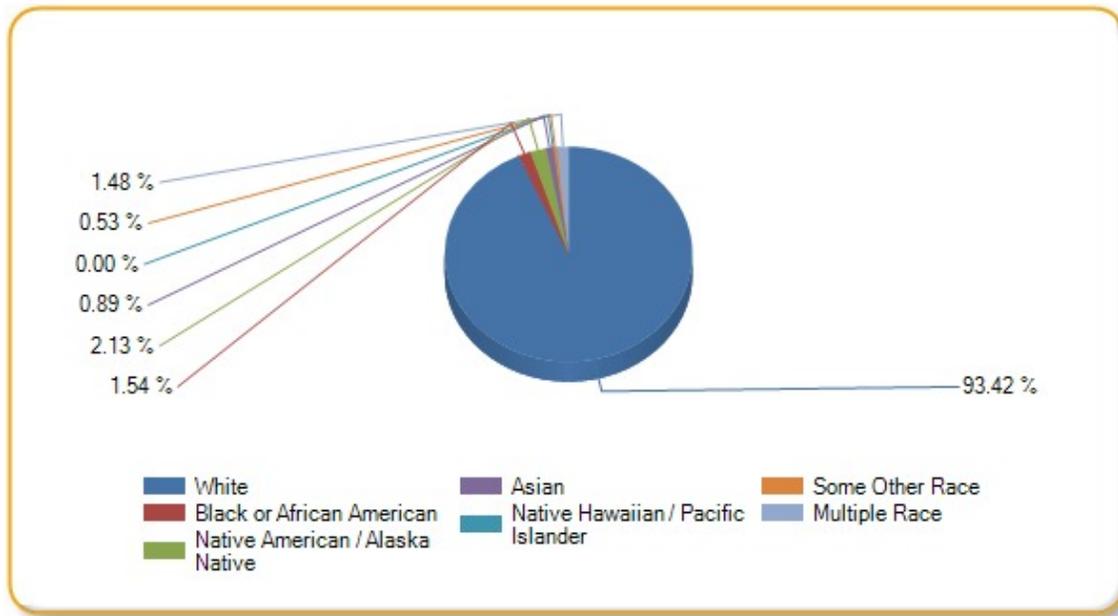
Population Age 65 by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	12.04%	7%	5.46%	3.26%	0%	2.49%	3.50%
Oklahoma	15.79%	8.04%	7.58%	6.58%	5.12%	2.72%	6.46%
United States	14.84%	8.77%	7.19%	9.37%	5.67%	3.94%	4.41%



Population Age 65 by Race Alone, Total

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	11,388	188	260	109	0	64	181
Oklahoma	433,242	21,731	19,584	4,174	218	2,635	17,963
United States	33,712,864	3,365,605	179,877	1,358,661	28,384	619,065	344,363



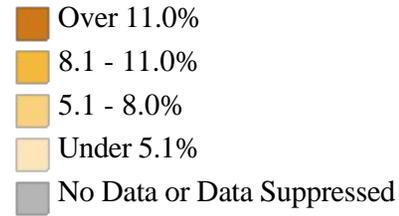
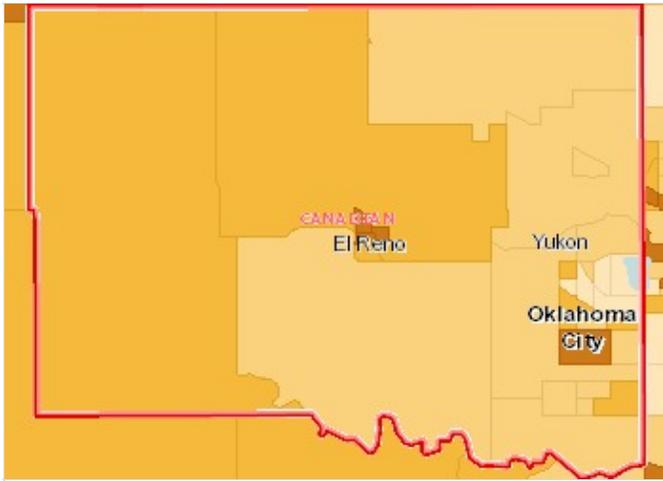
Population Age 18-24

This indicator reports the percentage of youth aged 18-24 in a specific geographic area. This indicator is relevant because it is important to understand the percentage of youth in the community, as this population has unique health needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 18-24	Percent Population Age 18-24
Canadian County, Oklahoma	113,154	8,907	7.87%
Oklahoma	3,714,520	382,544	10.30%
United States	306,603,776	30,507,896	9.95%

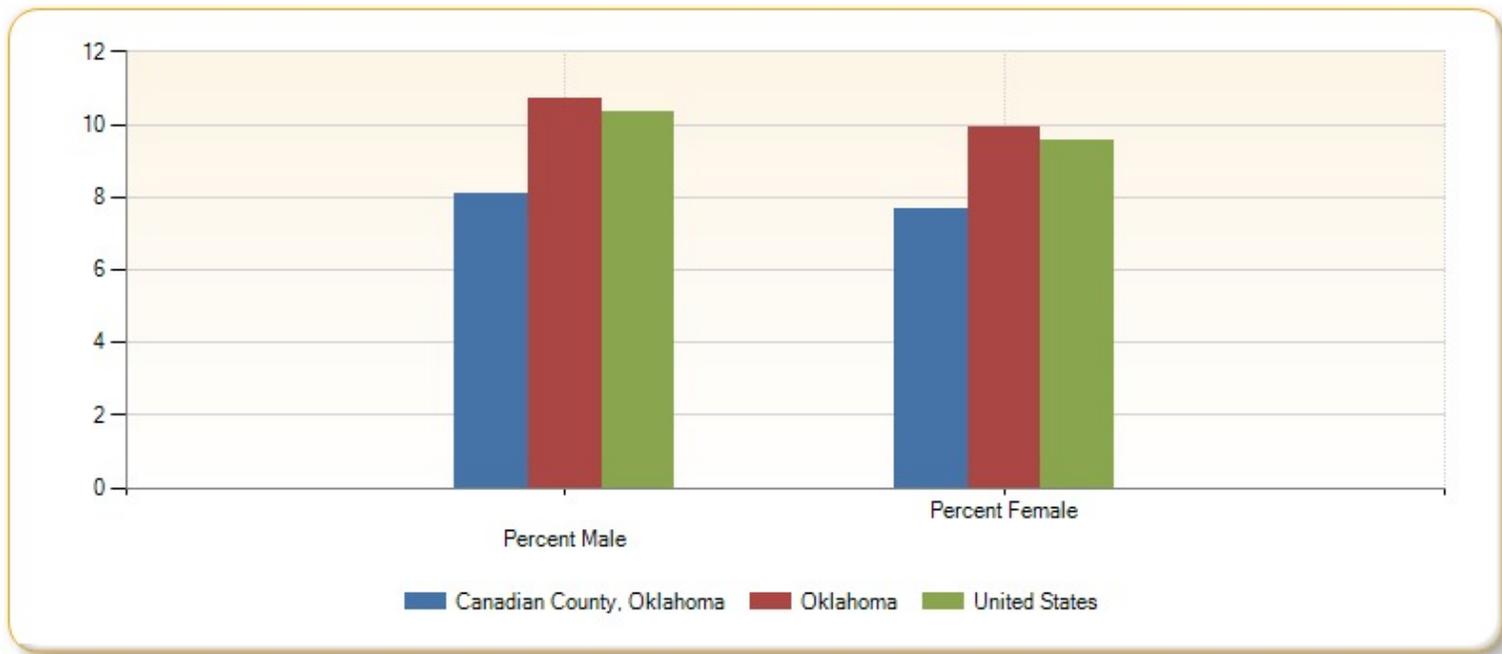
Data Source: [U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates](#). Source geography: Tract.

Population Age 18-24, Percent by Tract, 2007-11



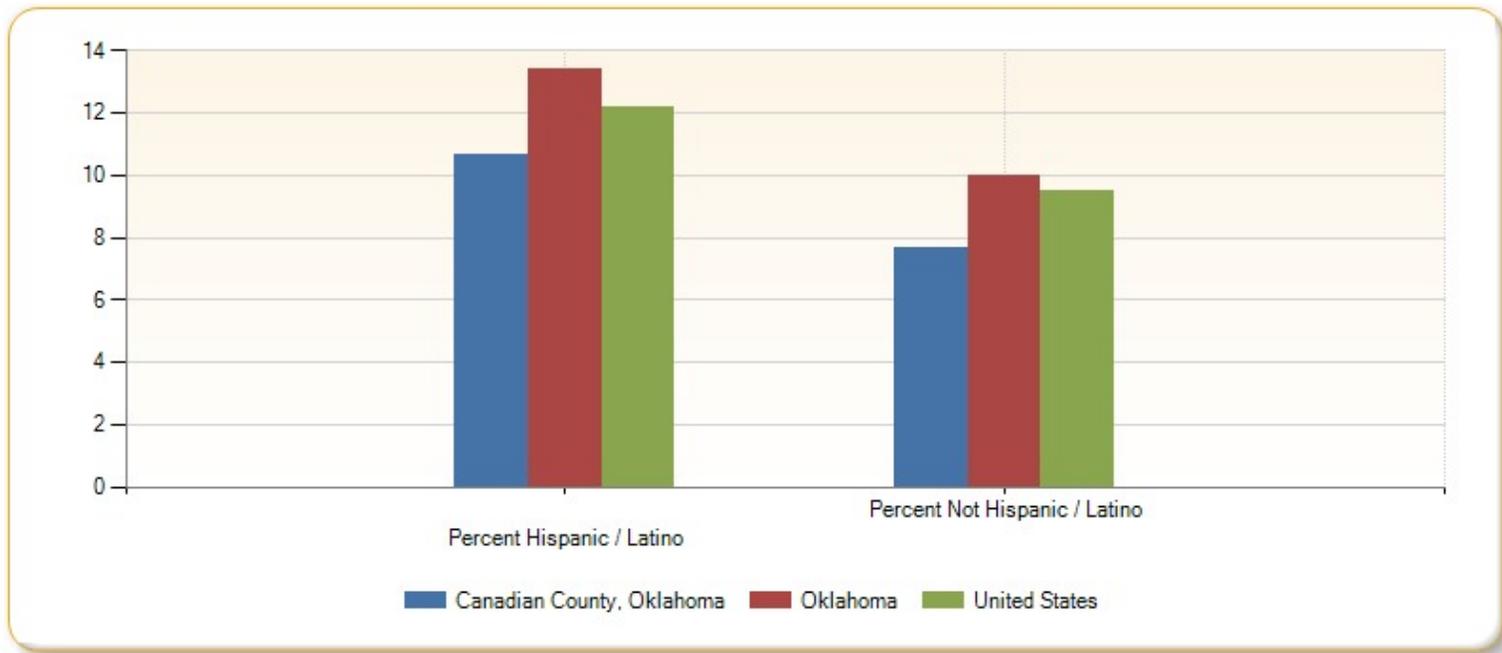
Population Age 18-24 by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Canadian County, Oklahoma	4,538	4,369	8.10%	7.65%
Oklahoma	196,497	186,047	10.69%	9.92%
United States	15,622,920	14,884,976	10.36%	9.55%



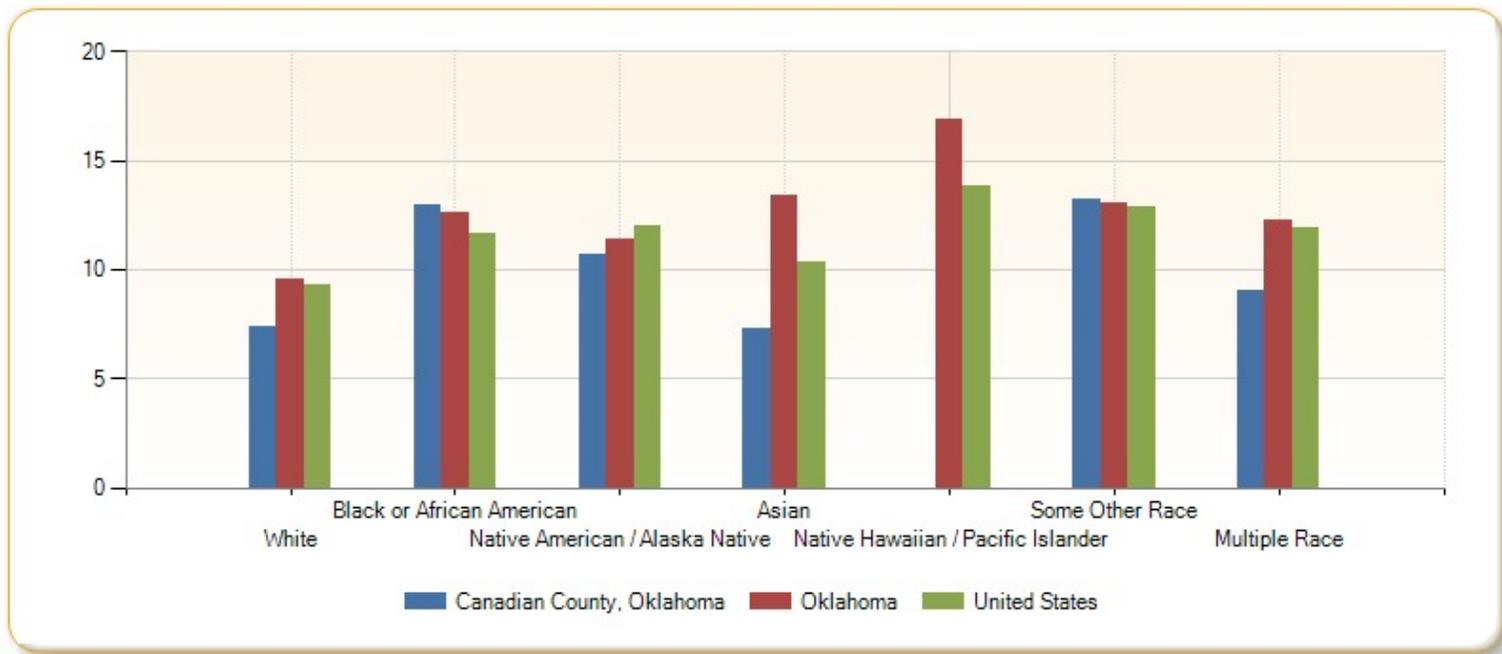
Population Age 18-24 by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Canadian County, Oklahoma	803	8,104	10.65%	7.67%
Oklahoma	42,545	339,999	13.38%	10.01%
United States	6,007,151	24,500,745	12.21%	9.52%



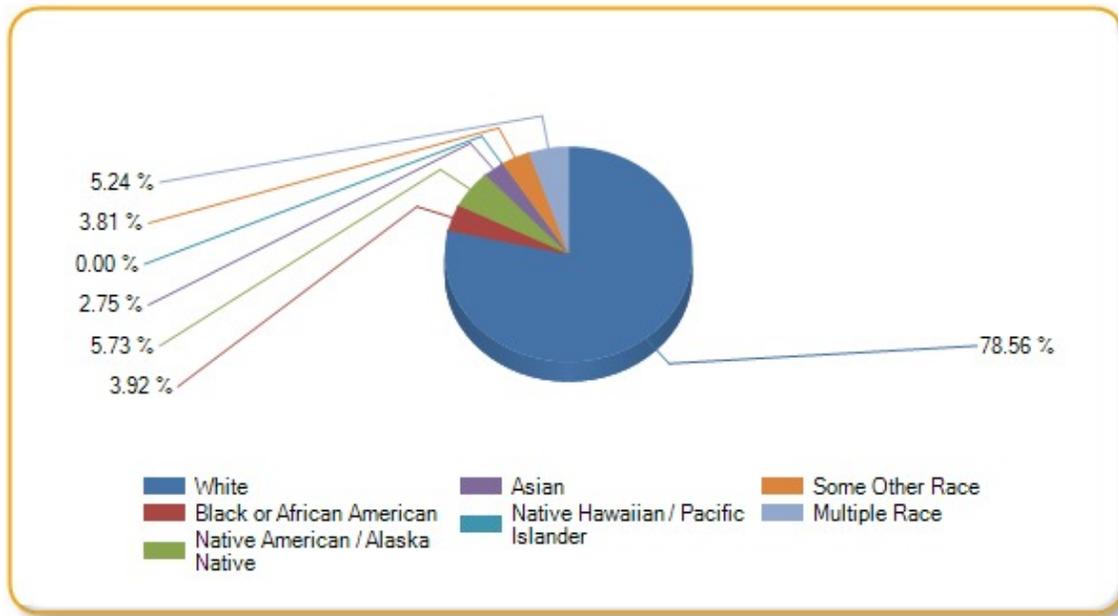
Population Age 18-24 by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	7.40%	13%	10.71%	7.33%	0%	13.19%	9.02%
Oklahoma	9.59%	12.63%	11.42%	13.37%	16.89%	13.05%	12.24%
United States	9.33%	11.68%	11.99%	10.35%	13.79%	12.86%	11.89%



Population Age 18-24 by Race Alone, Total

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	6,997	349	510	245	0	339	467
Oklahoma	263,090	34,112	29,486	8,488	719	12,633	34,016
United States	21,203,260	4,483,316	300,156	1,500,537	69,024	2,021,994	929,610

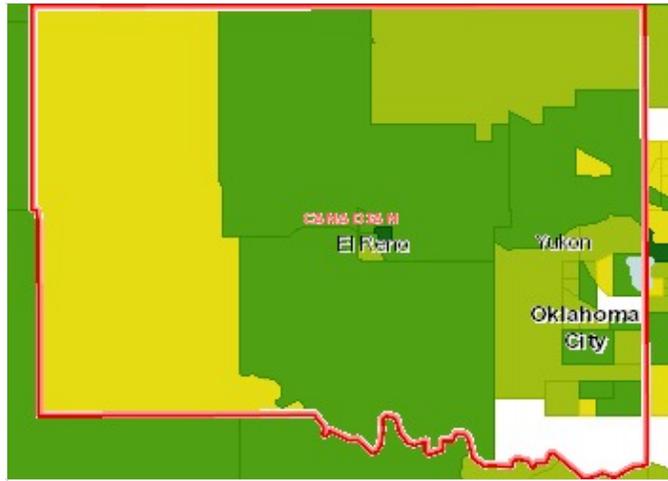


Hispanic Population

This indicator reports the percentage of population that is of Hispanic, Latino, or Spanish origin. Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Report Area	Total Population	Hispanic or Latino Population	Percent Population Hispanic or Latino	Non-Hispanic Population	Percent Population Non-Hispanic
Canadian County, Oklahoma	113,154	7,539	6.66%	105,615	93.34%
Oklahoma	3,714,520	318,007	8.56%	3,396,513	91.44%
United States	306,603,776	49,215,564	16.05%	257,388,208	83.95%

Data Source: [U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates](#). Source geography: Tract.

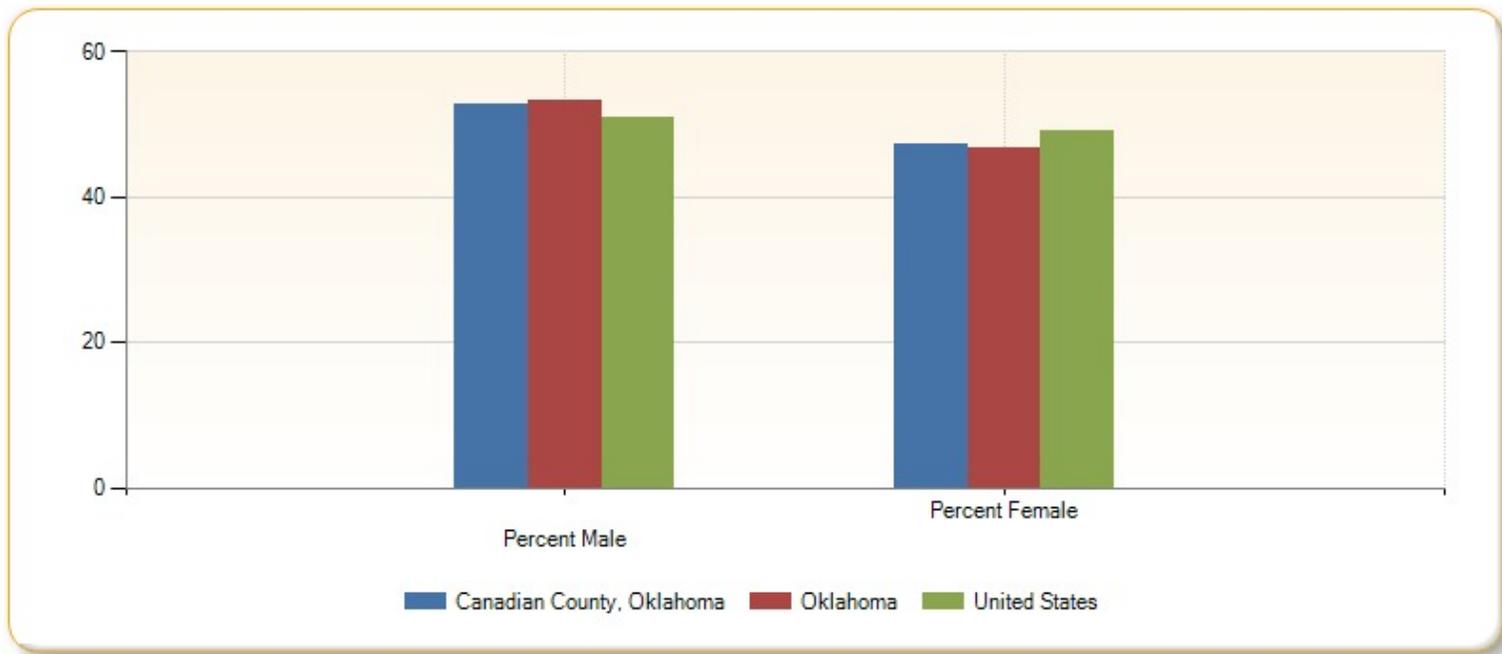


Population, Hispanic or Latino, Percent by Tract, 2007-11

- Over 20.0%
- 7.1 - 20.0%
- 3.1 - 7.0%
- Under 3.1%
- No Hispanic Population Reported
- No Data or Data Suppressed

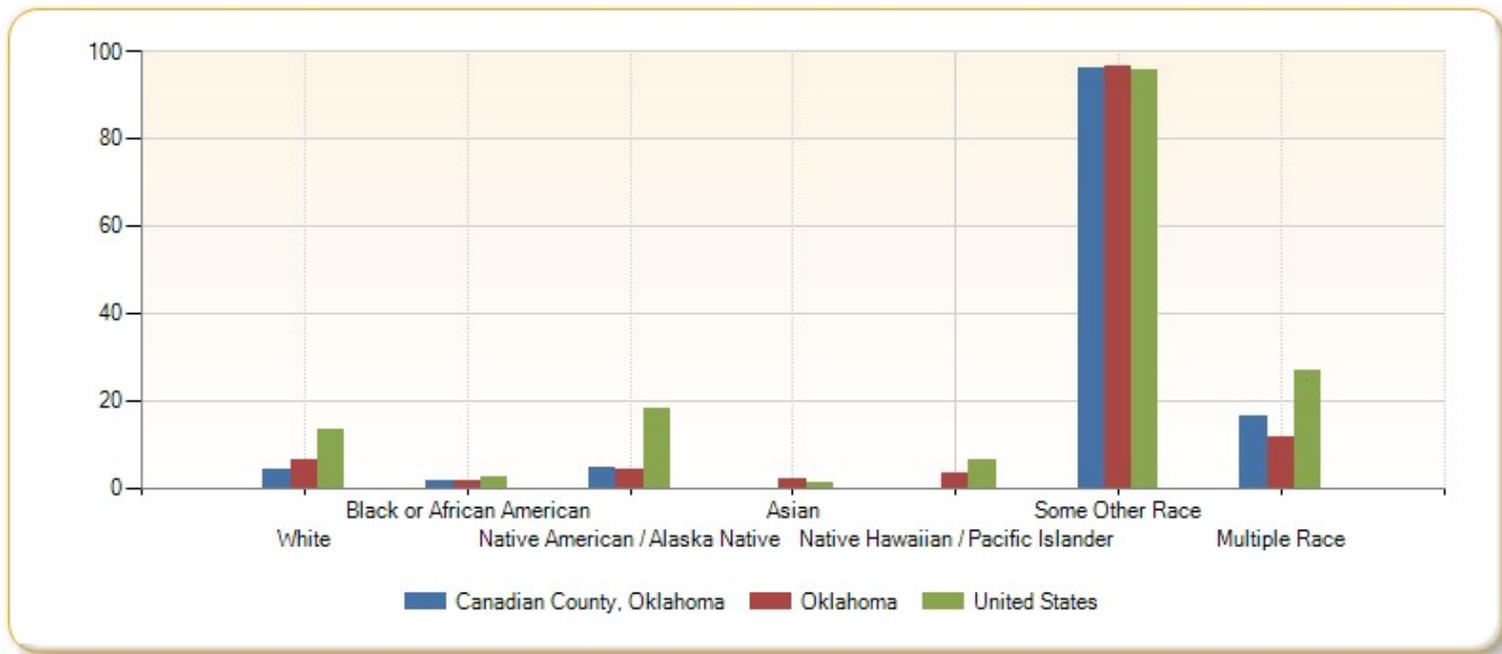
Hispanic Population by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Canadian County, Oklahoma	3,979	3,560	52.78%	47.22%
Oklahoma	169,382	148,625	53.26%	46.74%
United States	25,017,256	24,198,306	50.83%	49.17%



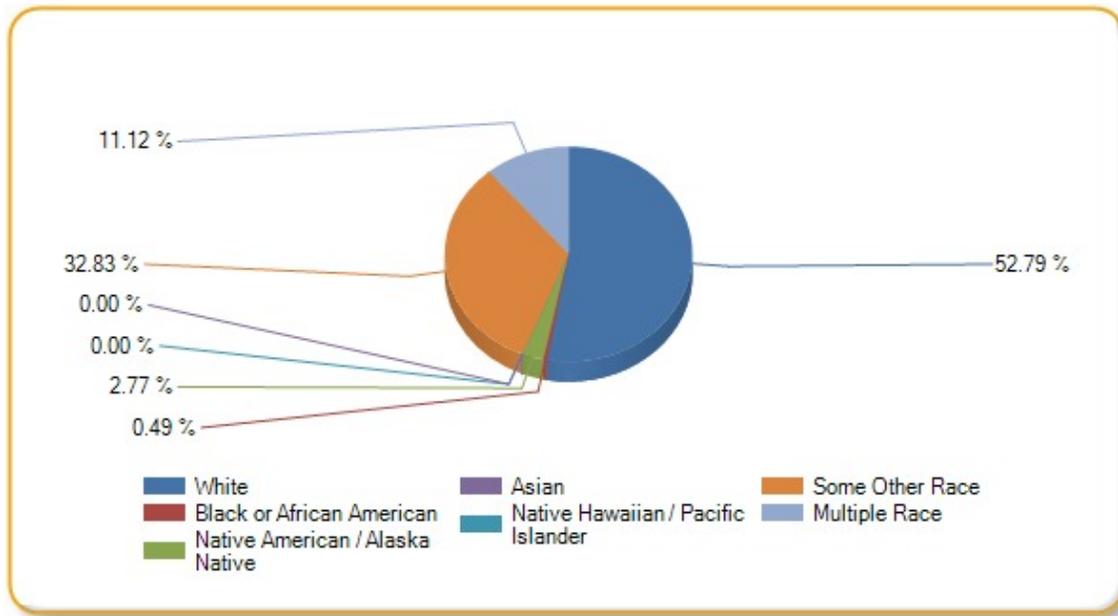
Hispanic Population by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	4.21%	1.38%	4.39%	0%	0%	96.30%	16.18%
Oklahoma	6.42%	1.54%	3.94%	2.06%	3.27%	96.59%	11.69%
United States	13.40%	2.46%	18.12%	1.13%	6.26%	95.84%	27.05%



Hispanic Population by Race Alone, Total

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	3,980	37	209	0	0	2,475	838
Oklahoma	176,264	4,156	10,173	1,307	139	93,475	32,493
United States	30,436,958	946,191	453,559	164,151	31,350	15,069,277	2,114,077

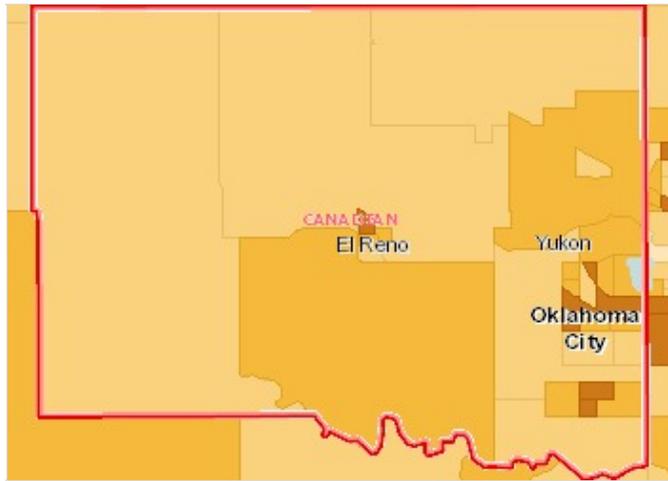


Population Age 25-34

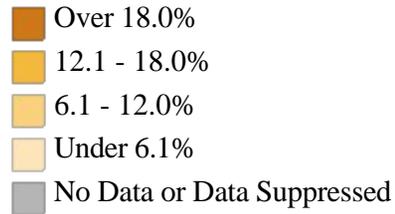
This indicator reports the percentage of youth aged 25-34 in a specific geographic area. This indicator is relevant because it is important to understand the percentage of youth in the community, as this population has unique health needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 25-34	Percent Population Age 25-34
Canadian County, Oklahoma	113,154	16,150	14.27%
Oklahoma	3,714,520	494,282	13.31%
United States	306,603,776	40,668,824	13.26%

Data Source: [U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates](#). Source geography: Tract.

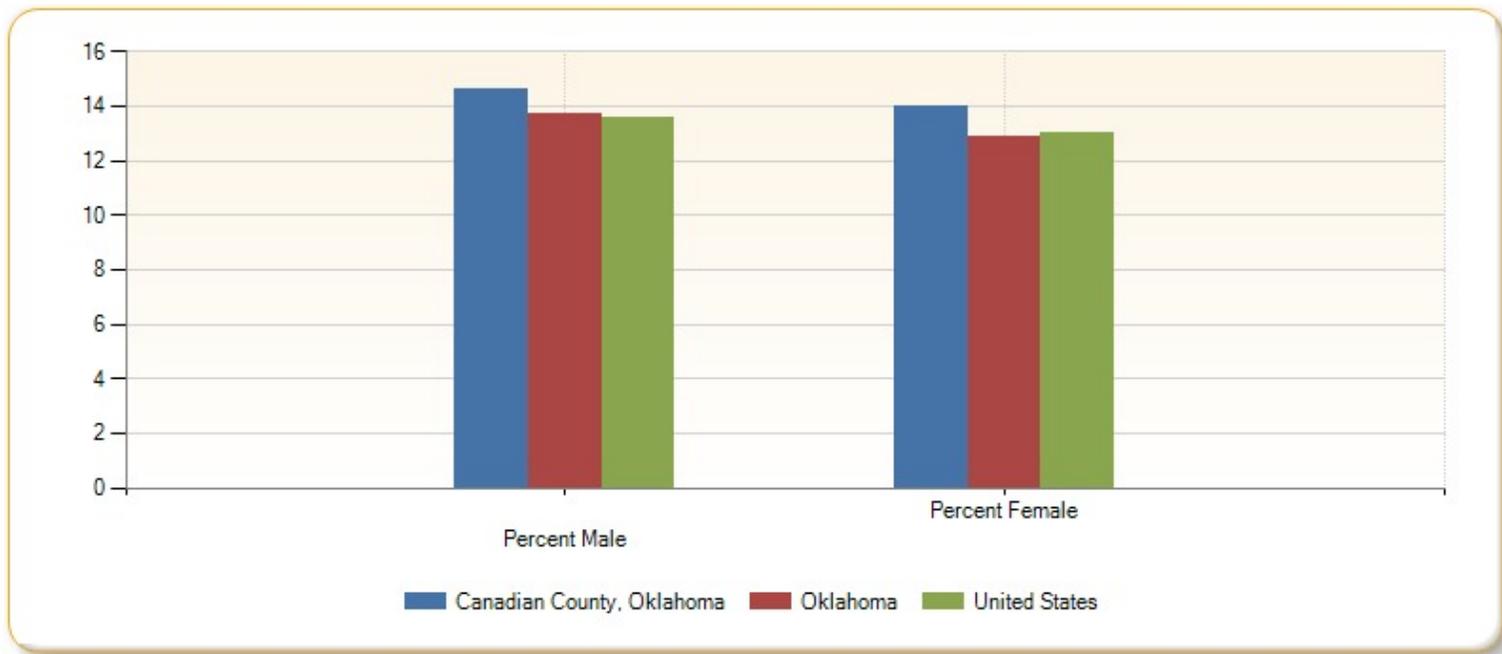


Population Age 25-34, Percent by Tract, 2007-11



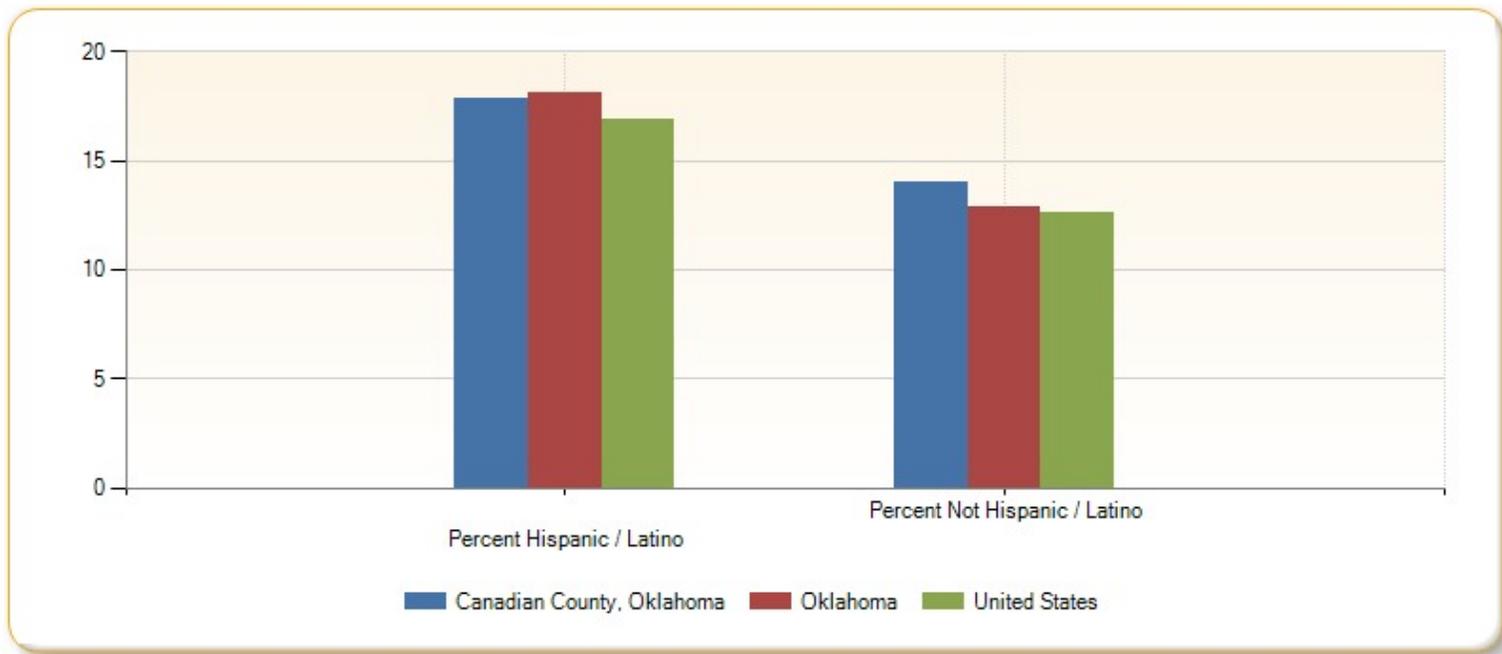
Population Age 25-34 by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Canadian County, Oklahoma	8,172	7,978	14.59%	13.97%
Oklahoma	252,275	242,007	13.72%	12.90%
United States	20,425,704	20,243,118	13.55%	12.99%



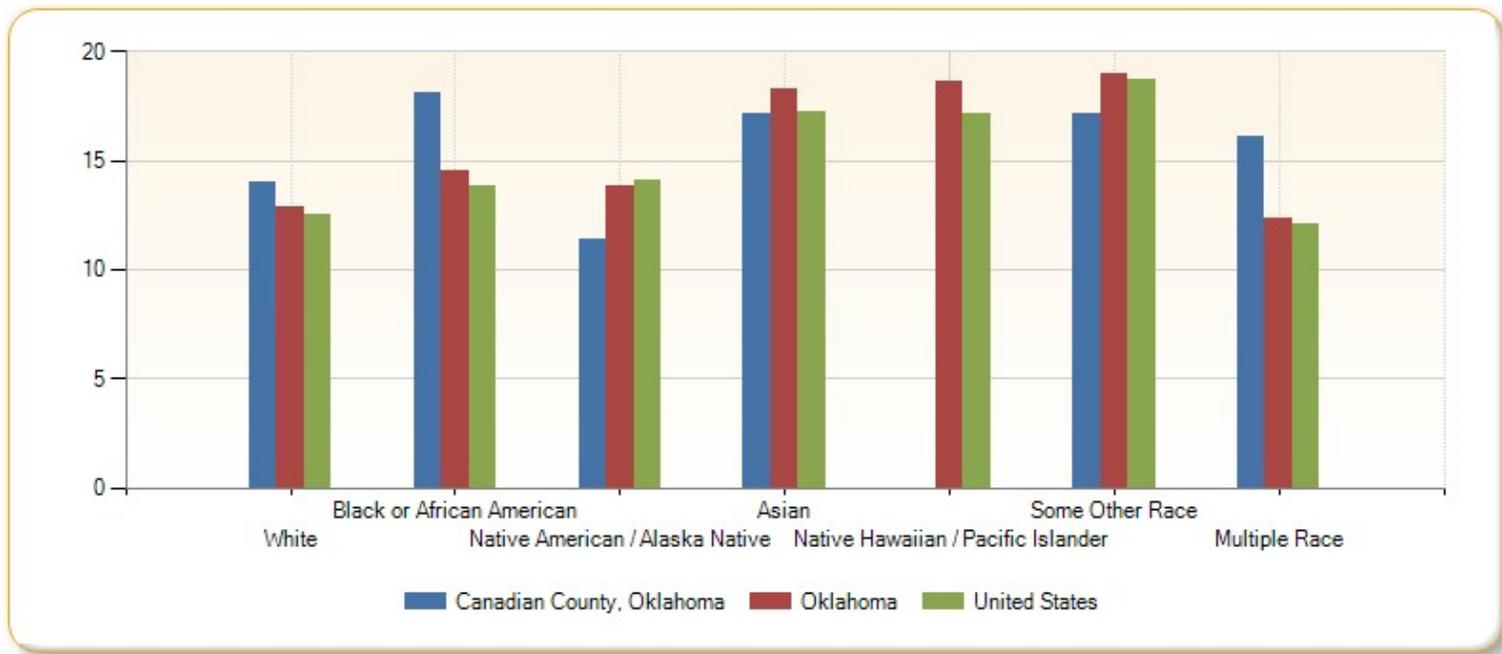
Population Age 25-34 by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Canadian County, Oklahoma	1,345	14,805	17.84%	14.02%
Oklahoma	57,613	436,669	18.12%	12.86%
United States	8,305,203	32,363,619	16.88%	12.57%



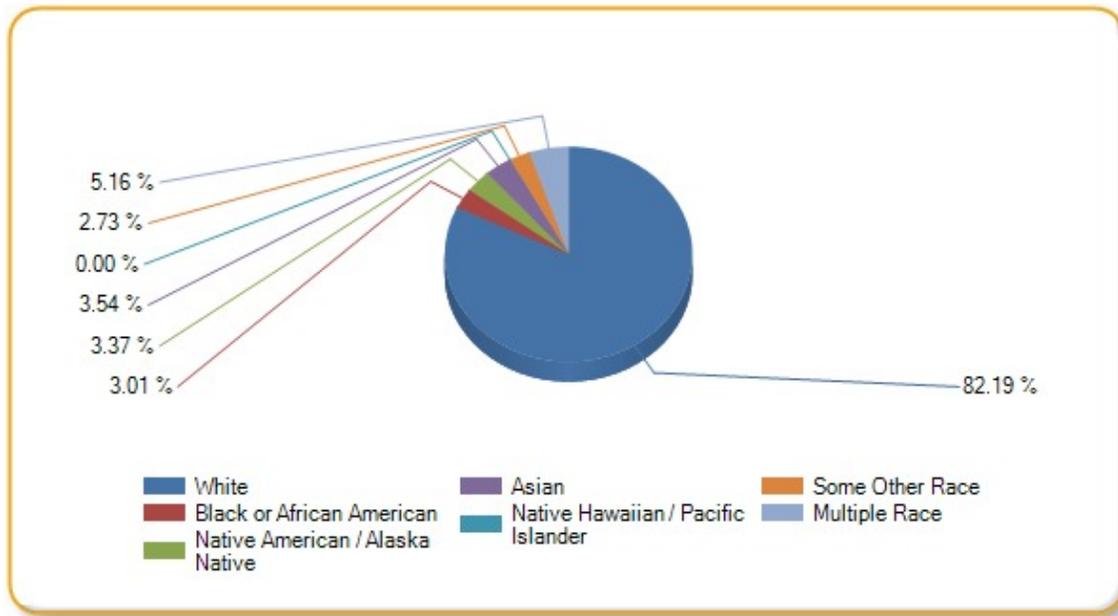
Population Age 25-34 by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	14.03%	18.11%	11.42%	17.11%	0%	17.16%	16.11%
Oklahoma	12.91%	14.49%	13.84%	18.30%	18.65%	19.01%	12.36%
United States	12.56%	13.82%	14.05%	17.22%	17.19%	18.74%	12.10%



Population Age 25-34 by Race Alone, Total

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	13,273	486	544	572	0	441	834
Oklahoma	354,234	39,141	35,740	11,615	794	18,394	34,364
United States	28,536,164	5,306,056	351,580	2,496,057	86,075	2,946,787	946,102



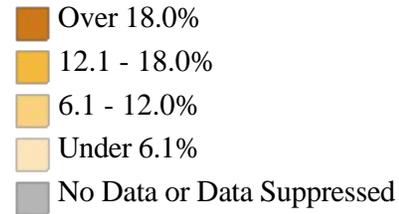
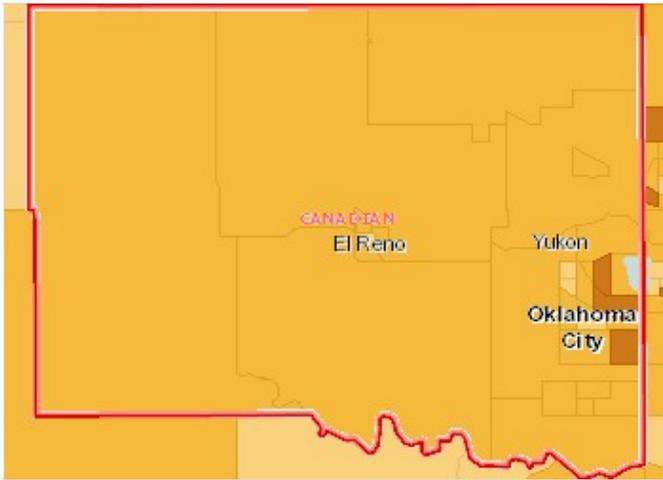
Population Age 35-44

This indicator reports the percentage of youth aged 25-34 in a specific geographic area. This indicator is relevant because it is important to understand the percentage of youth in the community, as this population has unique health needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 35-44	Percent Population Age 35-44
Canadian County, Oklahoma	113,154	16,213	14.33%
Oklahoma	3,714,520	465,218	12.52%
United States	306,603,776	41,683,228	13.60%

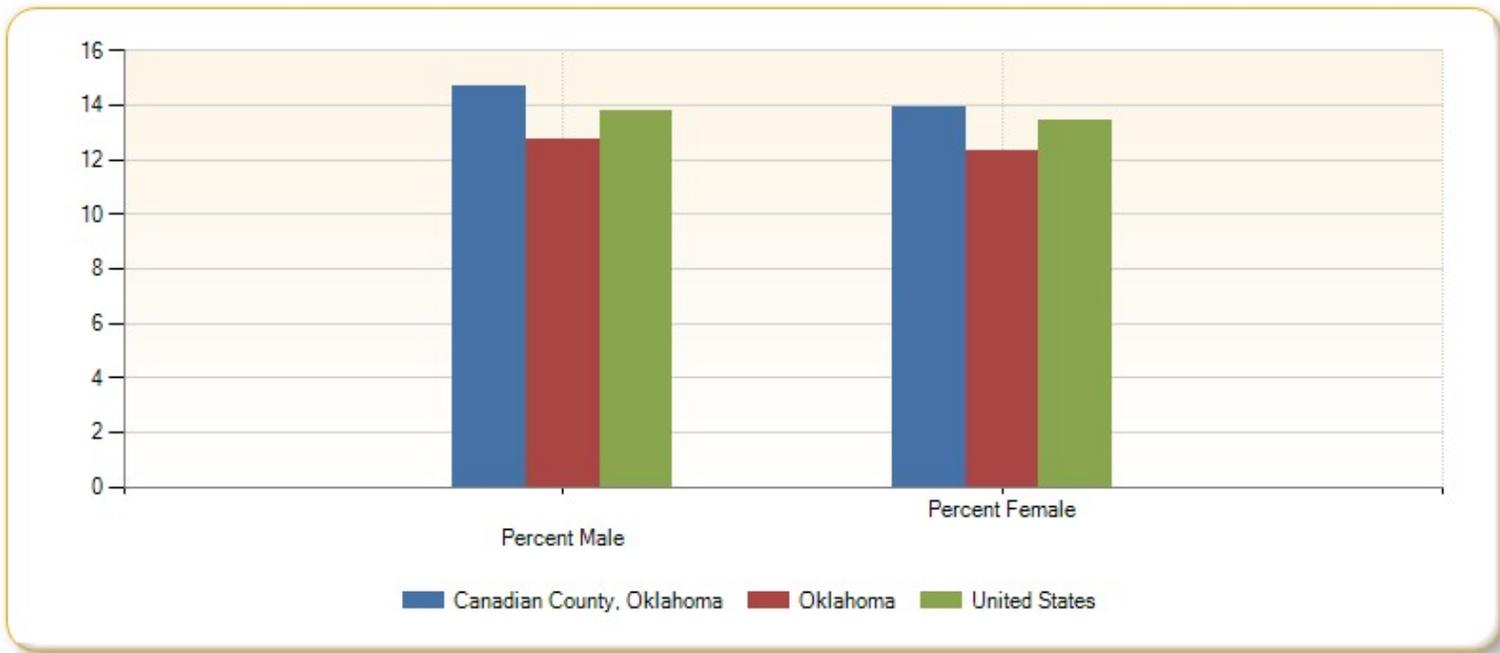
Data Source: [U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates](#). Source geography: Tract.

Population Age 35-44, Percent by Tract, 2007-11



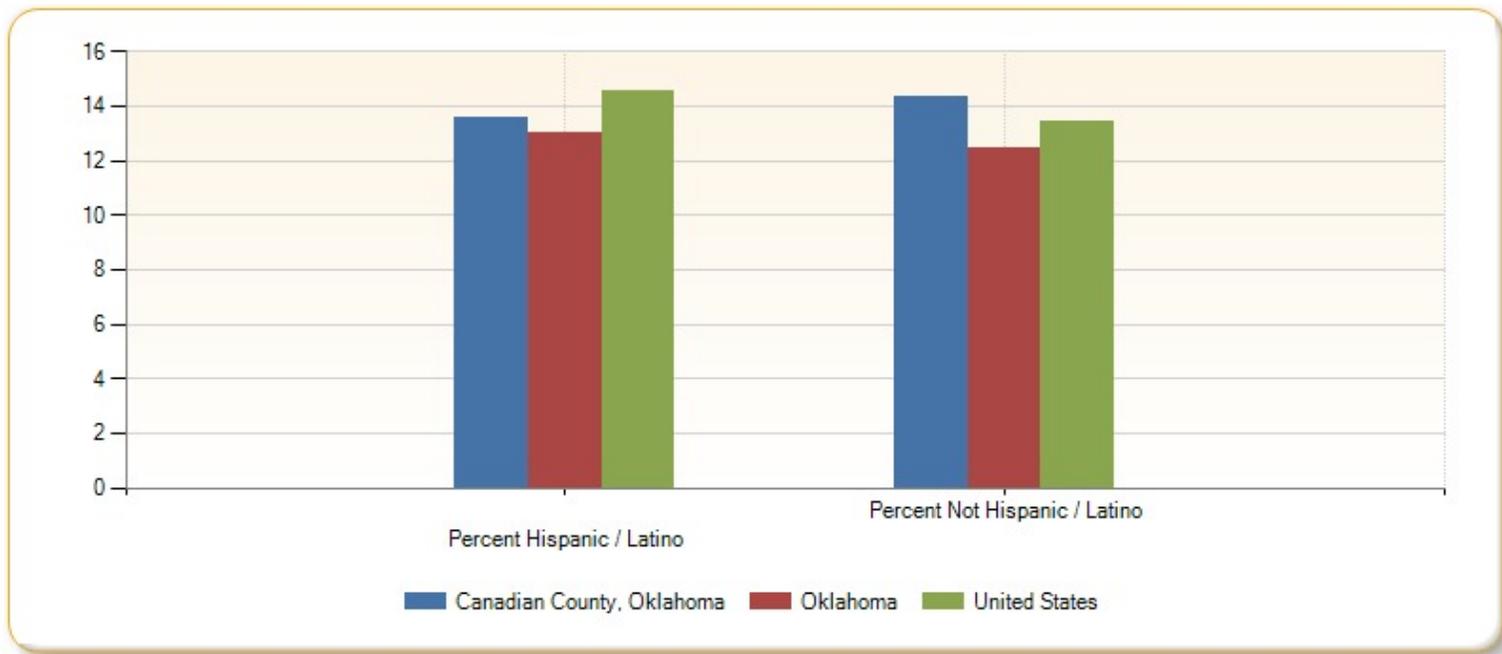
Population Age 35-44 by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Canadian County, Oklahoma	8,242	7,971	14.71%	13.95%
Oklahoma	233,836	231,382	12.72%	12.33%
United States	20,743,436	20,939,792	13.76%	13.43%



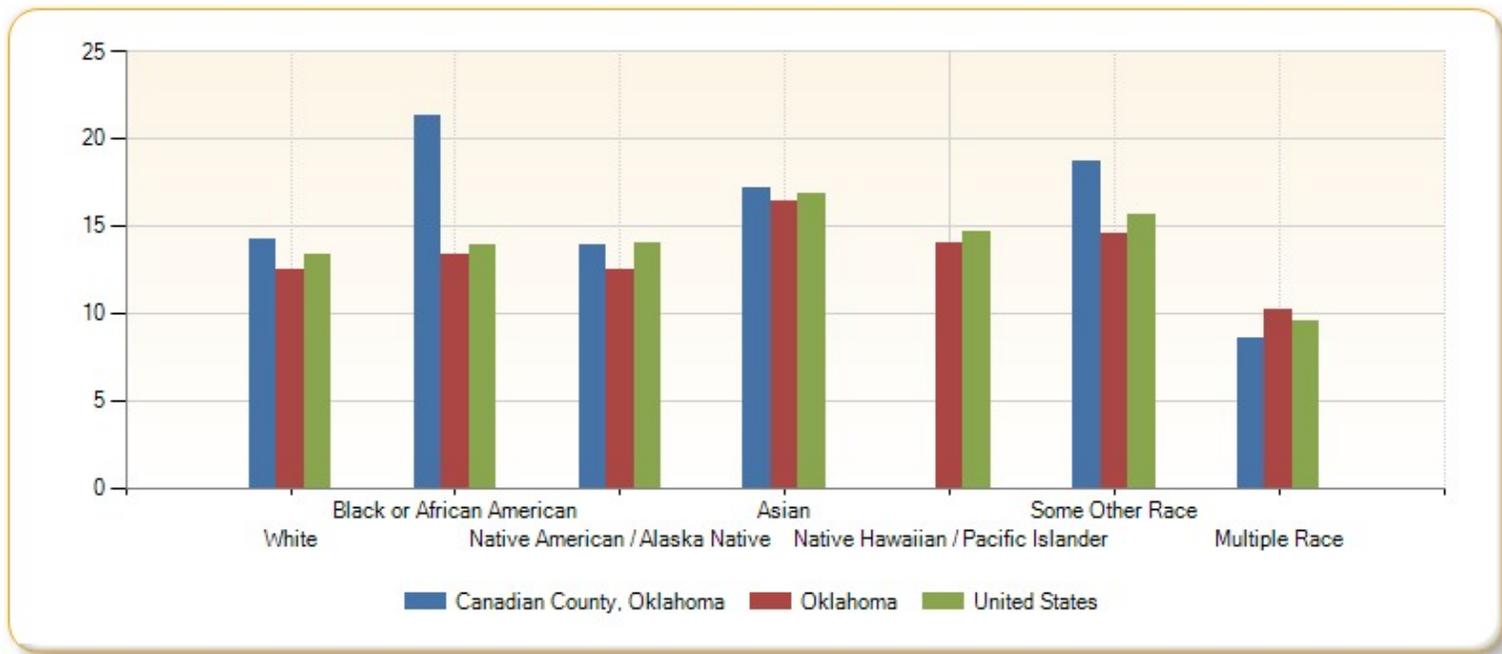
Population Age 35-44 by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Canadian County, Oklahoma	1,023	15,190	13.57%	14.38%
Oklahoma	41,428	423,790	13.03%	12.48%
United States	7,169,513	34,513,715	14.57%	13.41%



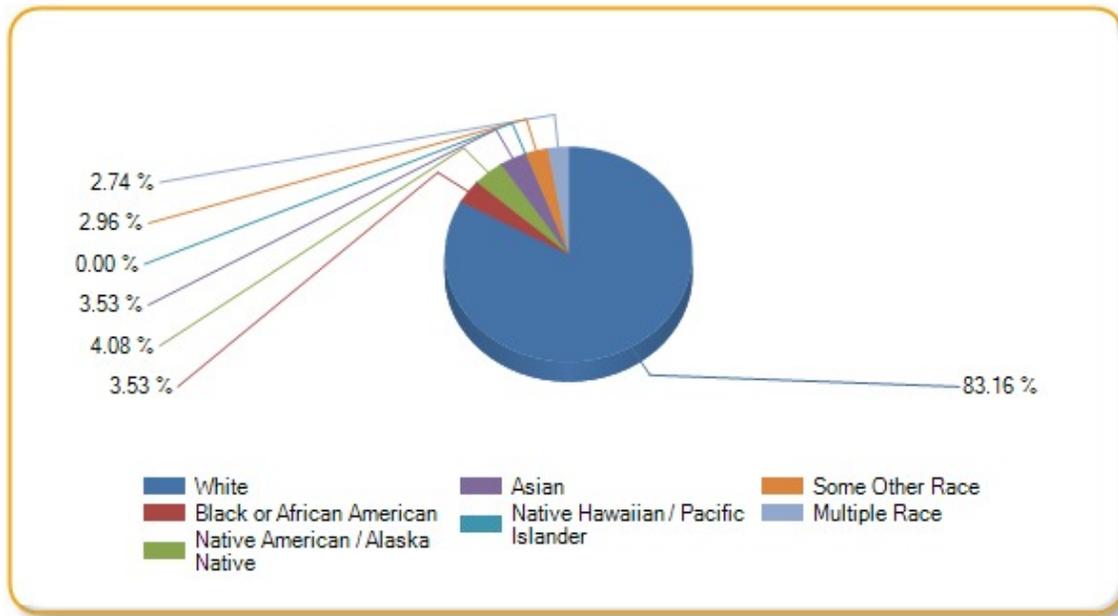
Population Age 35-44 by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	14.25%	21.35%	13.87%	17.14%	0%	18.68%	8.57%
Oklahoma	12.52%	13.32%	12.53%	16.44%	14.07%	14.54%	10.17%
United States	13.33%	13.89%	14%	16.81%	14.69%	15.60%	9.54%



Population Age 35-44 by Race Alone, Total

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	13,482	573	661	573	0	480	444
Oklahoma	343,501	35,980	32,377	10,433	599	14,071	28,257
United States	30,291,952	5,332,376	350,328	2,436,834	73,516	2,452,256	745,965



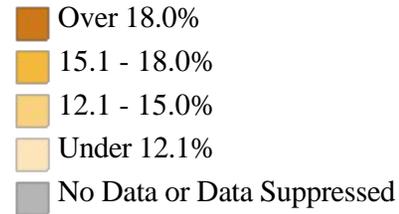
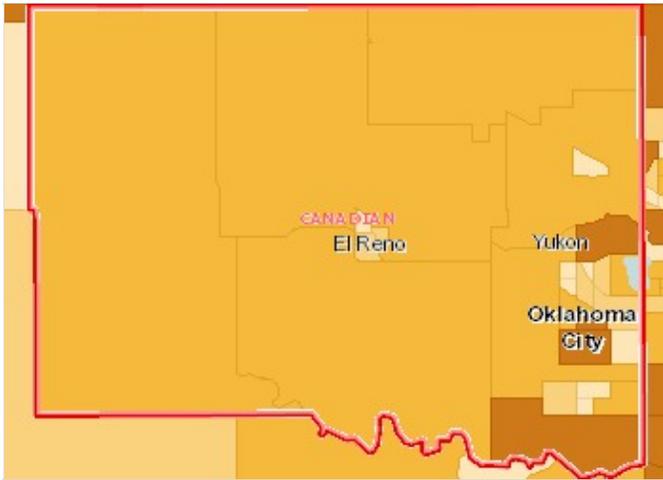
Population Age 45-54

This indicator reports the percentage of youth aged 45-54 in a specific geographic area. This indicator is relevant because it is important to understand the percentage of youth in the community, as this population has unique health needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 45-54	Percent Population Age 45-54
Canadian County, Oklahoma	113,154	16,503	14.58%
Oklahoma	3,714,520	521,479	14.04%
United States	306,603,776	44,579,668	14.54%

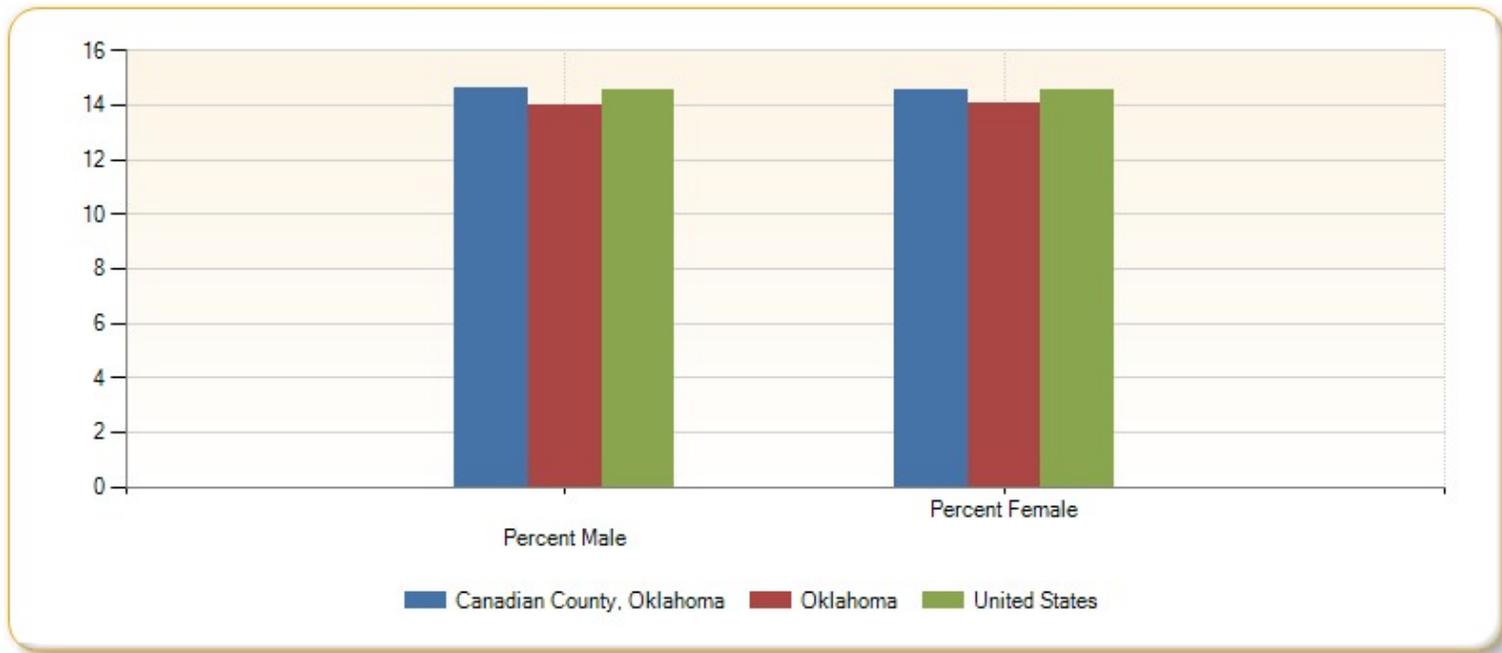
Data Source: [U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates](#). Source geography: Tract.

Population Age 45-54, Percent by Tract, 2007-11



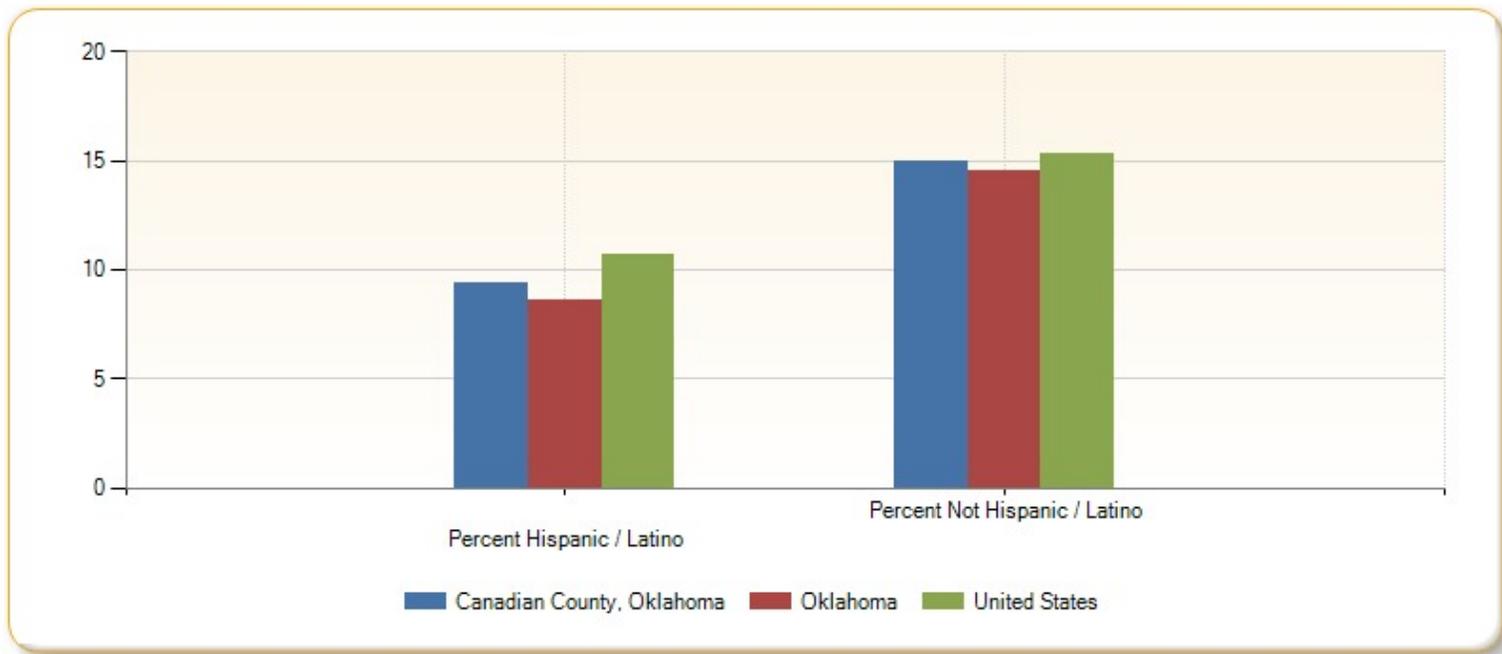
Population Age 45-54 by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Canadian County, Oklahoma	8,194	8,309	14.63%	14.54%
Oklahoma	257,632	263,847	14.02%	14.06%
United States	21,926,308	22,653,360	14.55%	14.53%



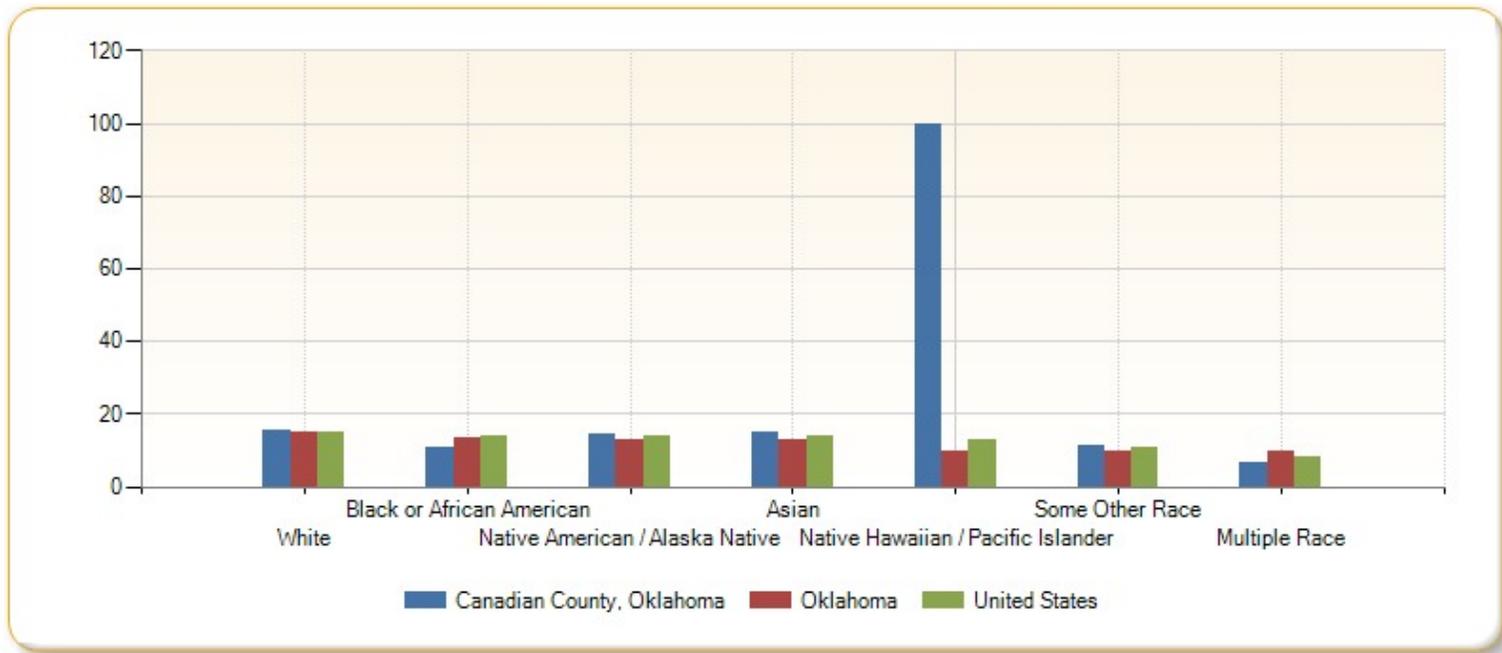
Population Age 45-54 by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Canadian County, Oklahoma	704	15,799	9.34%	14.96%
Oklahoma	27,243	494,236	8.57%	14.55%
United States	5,247,675	39,331,993	10.66%	15.28%



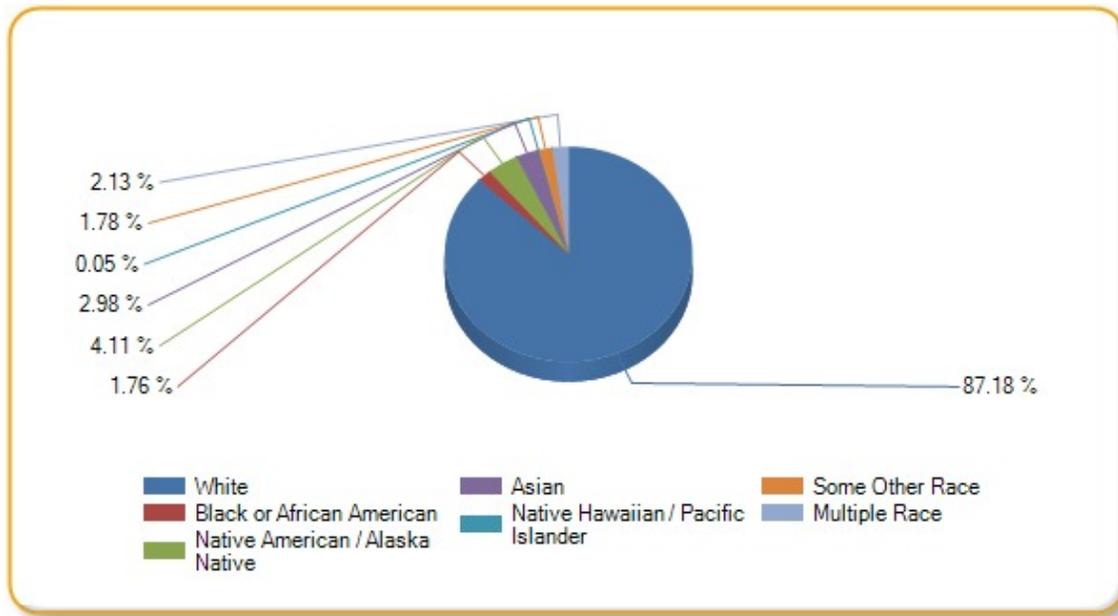
Population Age 45-54 by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	15.21%	10.80%	14.25%	14.72%	100%	11.40%	6.80%
Oklahoma	14.86%	13.43%	12.67%	12.60%	9.58%	9.87%	9.69%
United States	15.14%	14.08%	13.95%	13.96%	12.58%	10.73%	8.37%



Population Age 45-54 by Race Alone, Total

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	14,388	290	679	492	9	293	352
Oklahoma	407,563	36,289	32,726	7,999	408	9,549	26,945
United States	34,396,072	5,406,202	349,056	2,023,670	62,971	1,687,669	654,031

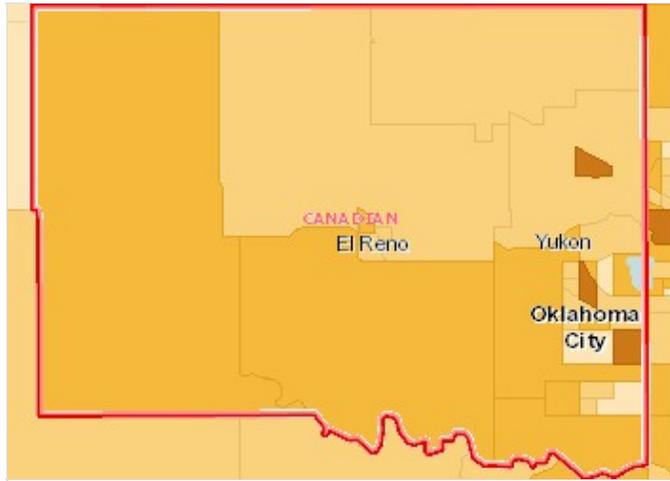


Population Age 55-64

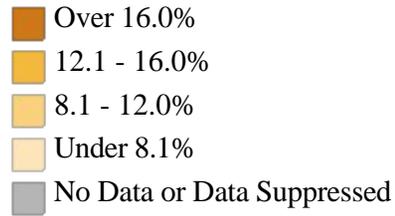
This indicator reports the percentage of youth aged 45-54 in a specific geographic area. This indicator is relevant because it is important to understand the percentage of youth in the community, as this population has unique health needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 55-64	Percent Population Age 55-64
Canadian County, Oklahoma	113,154	12,827	11.34%
Oklahoma	3,714,520	430,554	11.59%
United States	306,603,776	35,507,588	11.58%

Data Source: [U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates](#). Source geography: Tract.

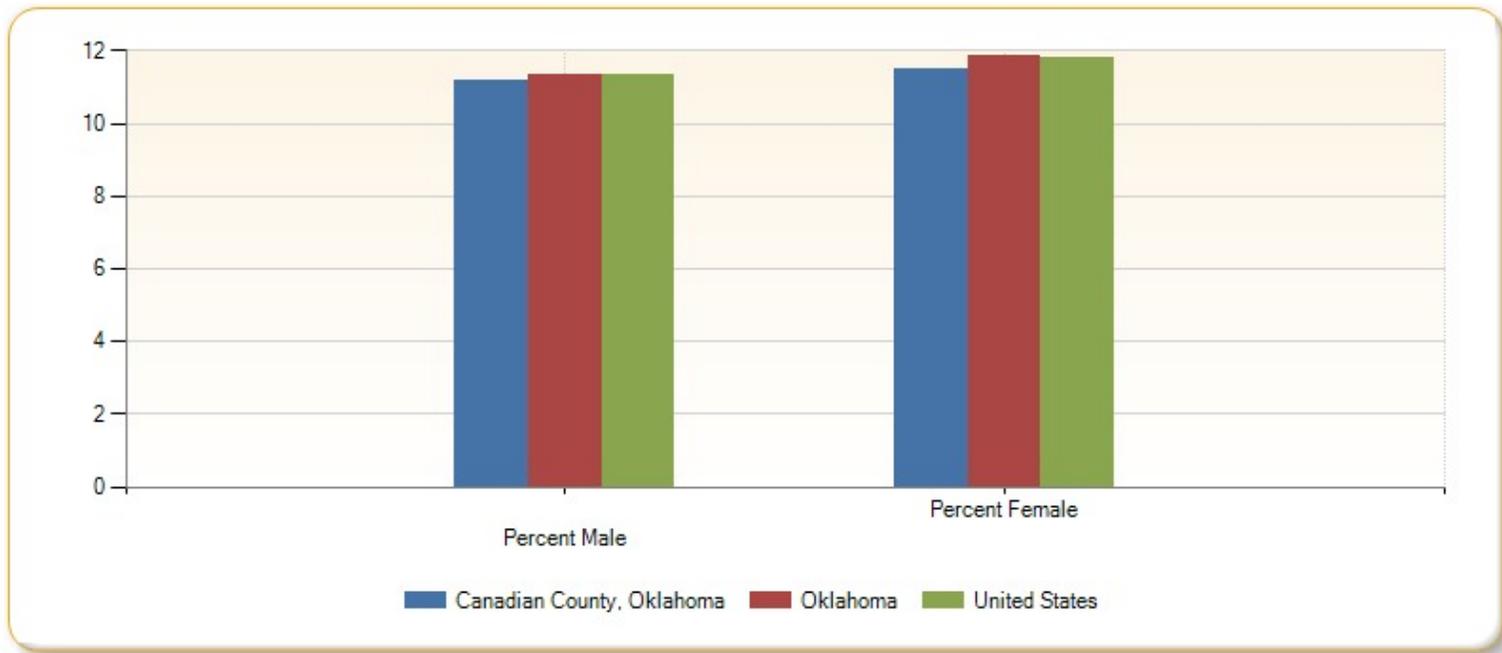


Population Age 55-64, Percent by Tract, 2007-11



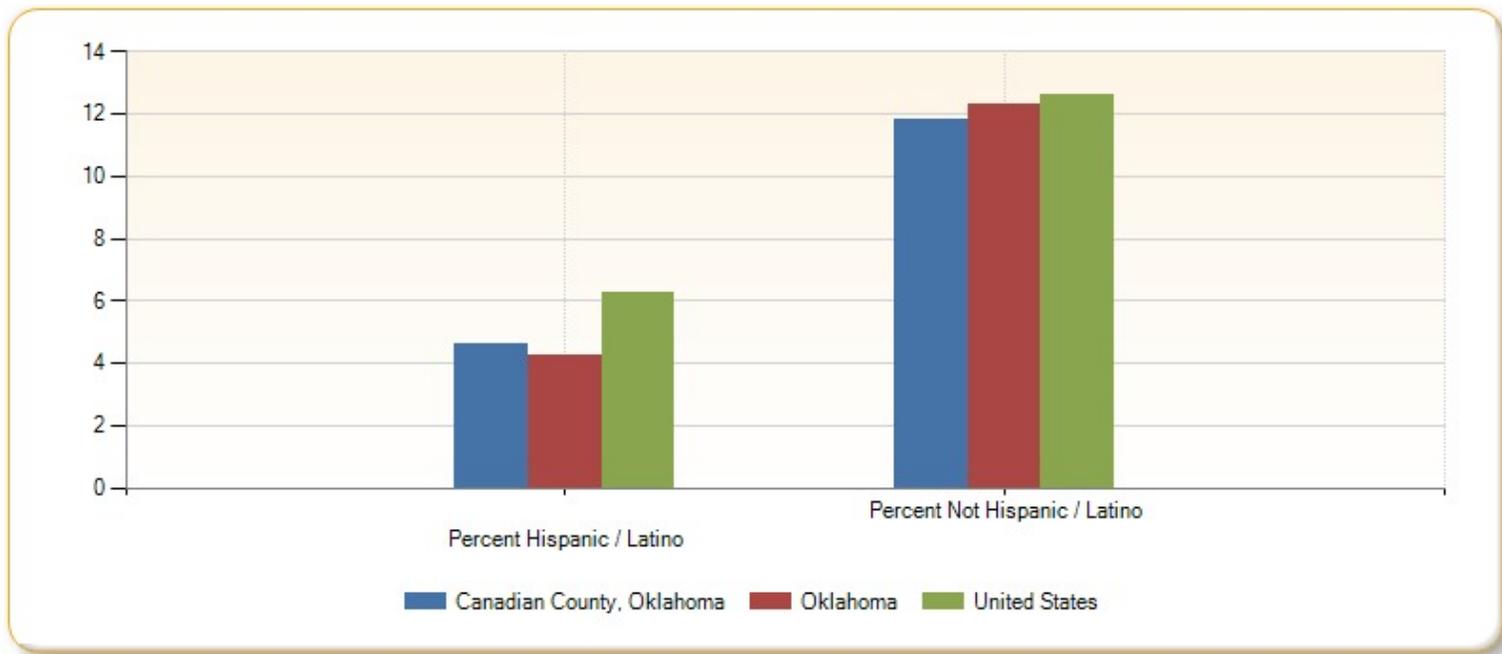
Population Age 54-65 by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Canadian County, Oklahoma	6,253	6,574	11.16%	11.51%
Oklahoma	208,241	222,313	11.33%	11.85%
United States	17,120,556	18,387,032	11.36%	11.80%



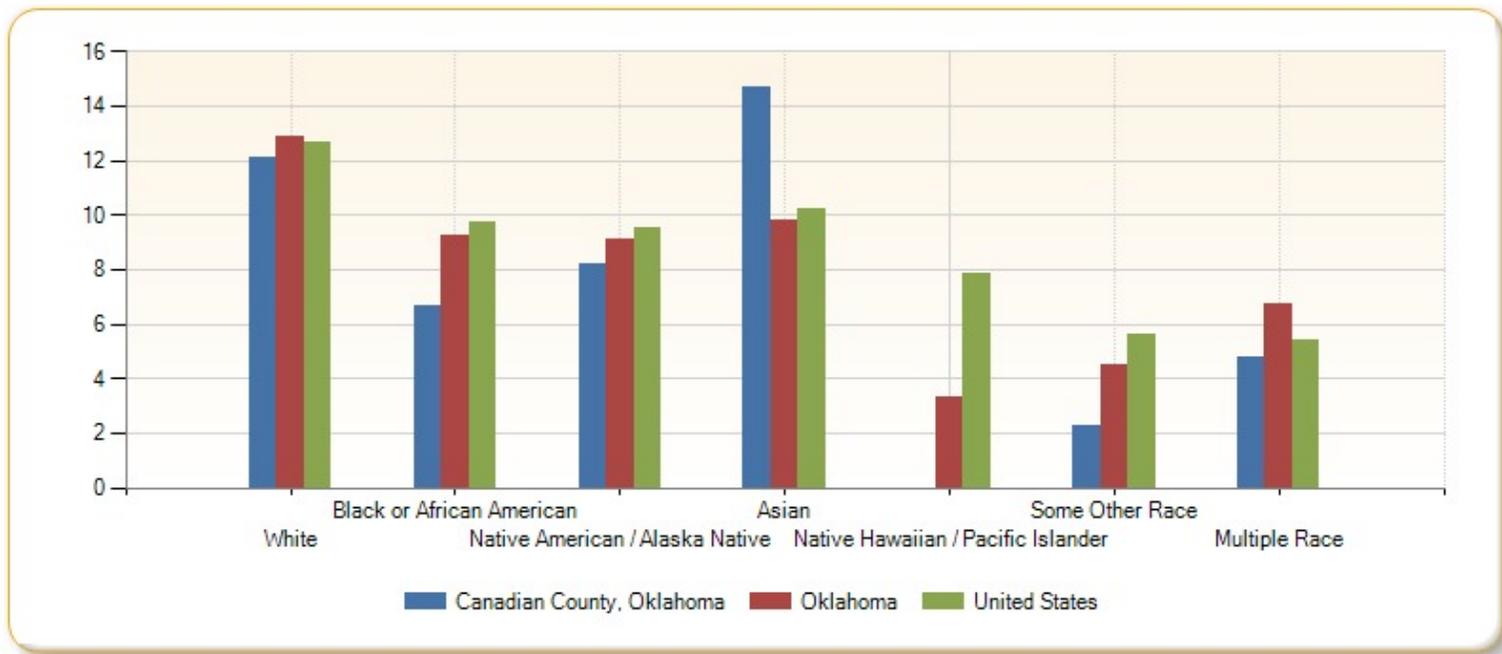
Population Age 54-65 by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Canadian County, Oklahoma	347	12,480	4.60%	11.82%
Oklahoma	13,421	417,133	4.22%	12.28%
United States	3,070,539	32,437,049	6.24%	12.60%



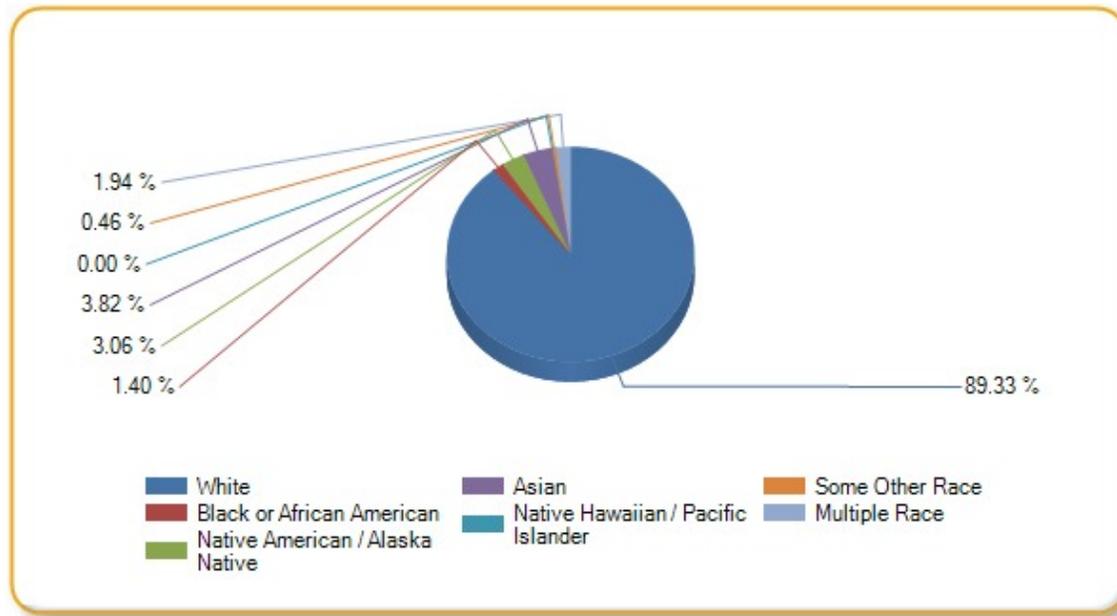
Population Age 54-65 by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	12.11%	6.67%	8.23%	14.66%	0%	2.30%	4.81%
Oklahoma	12.85%	9.25%	9.10%	9.80%	3.29%	4.48%	6.76%
United States	12.64%	9.73%	9.51%	10.23%	7.82%	5.59%	5.44%



Population Age 54-65 by Race Alone, Total

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	11,458	179	392	490	0	59	249
Oklahoma	352,579	24,989	23,497	6,218	140	4,334	18,797
United States	28,706,872	3,736,569	237,992	1,483,731	39,150	878,246	425,025



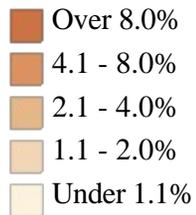
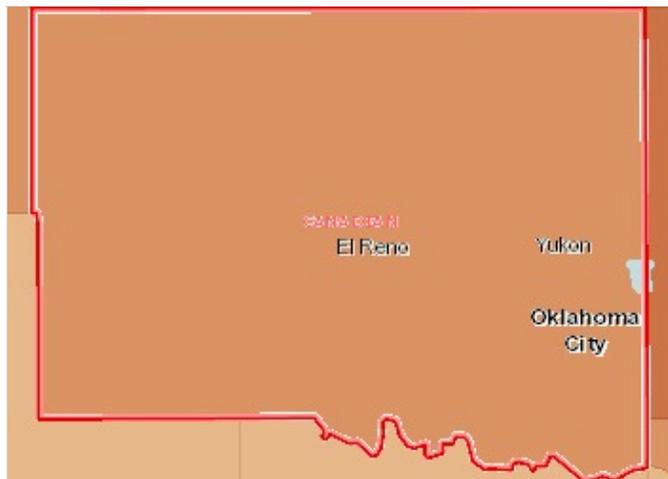
Foreign-Born Population

This indicator reports the percentage of the population that is foreign-born. The foreign-born population includes anyone who was not a U.S. citizen or a U.S. national at birth. This includes any non-citizens, as well as persons born outside of the U.S. who have become naturalized citizens. The native U.S. population includes any person born in the United States, Puerto Rico, a U.S. Island Area (such as Guam), or abroad of American (U.S. citizen) parent or parents.

Report Area	Total Population	Naturalized U.S. Citizens	Population Without U.S. Citizenship	Total Foreign-Birth Population	Foreign-Birth Population, Percent of Total Population
Canadian County, Oklahoma	113,154	2,912	2,145	5,057	4.47%
Oklahoma	3,714,520	64,579	134,648	199,227	5.36%
United States	306,603,776	17,150,684	22,118,154	39,268,838	12.81%

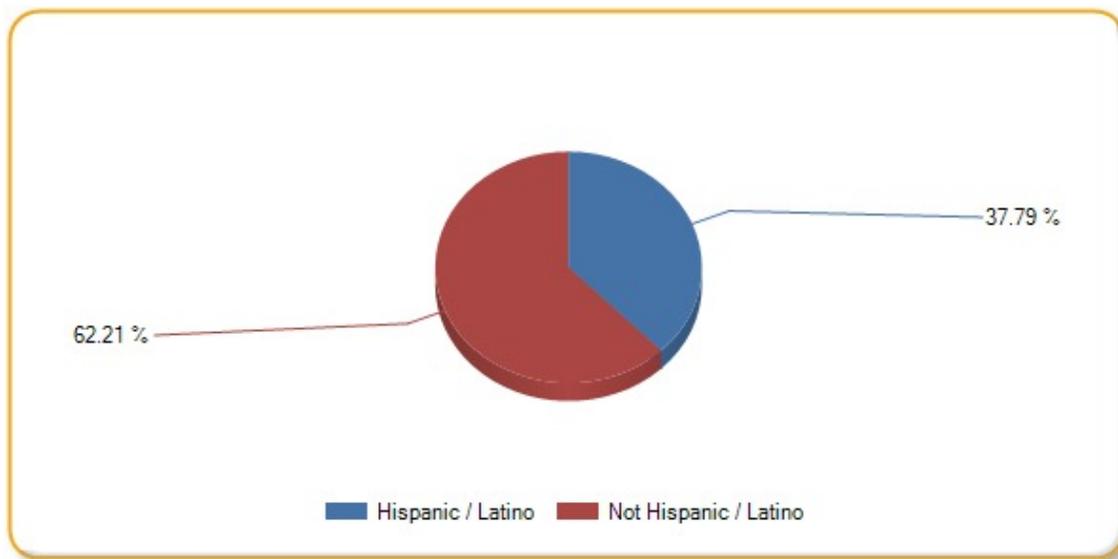
Data Source: [U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates](#). Source geography: County.

Foreign-Born Population (Non-Citizen or Naturalized), Percent by County, 2007-11



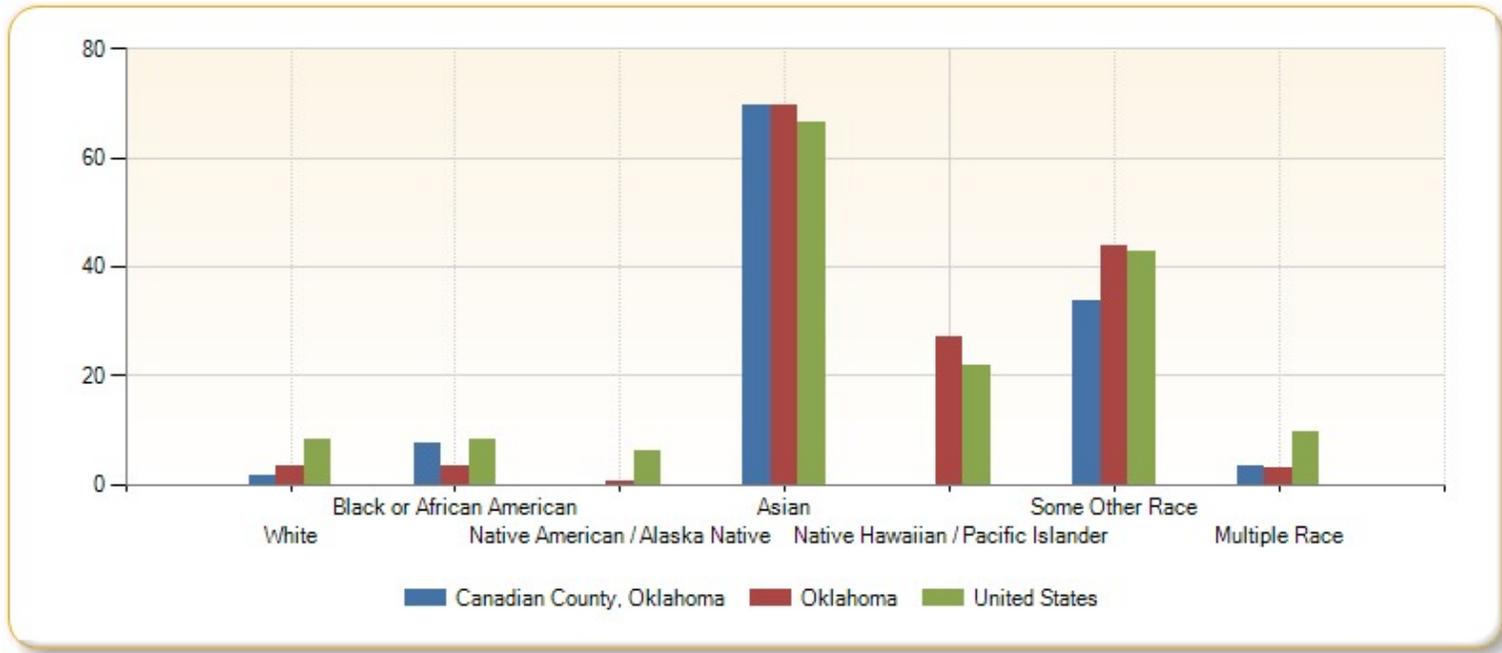
Foreign-Born Population by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Canadian County, Oklahoma	1,911	3,146	25.35%	2.98%
Oklahoma	114,704	84,523	36.07%	2.49%
United States	18,444,116	20,824,724	37.48%	8.09%



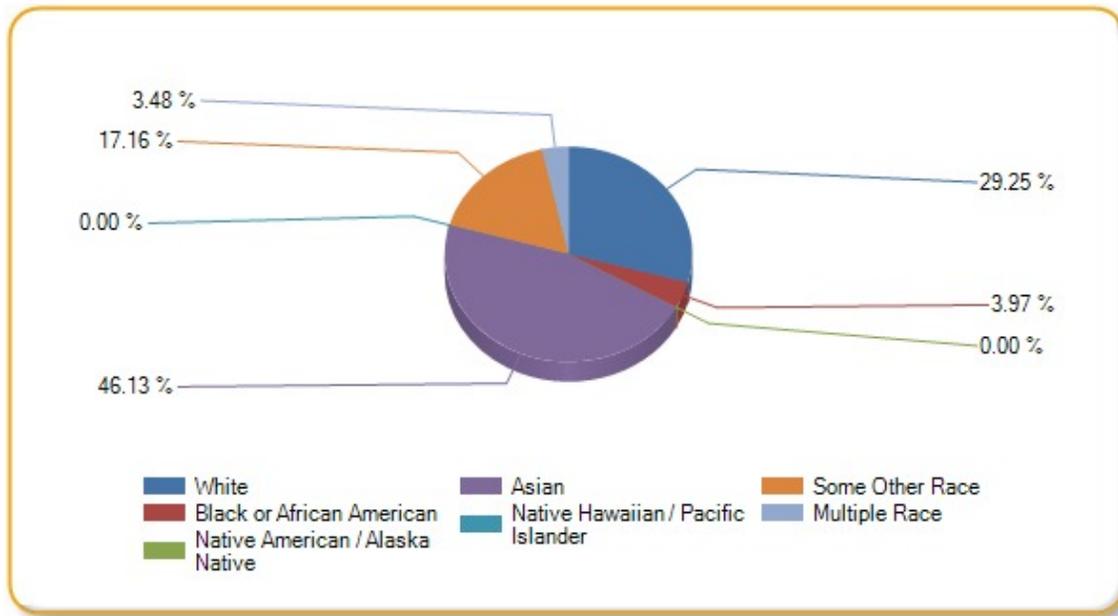
Foreign-Born Population by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	1.56%	7.49%	0%	69.79%	0%	33.77%	3.40%
Oklahoma	3.37%	3.47%	0.43%	69.77%	26.90%	43.68%	3.06%
United States	8.21%	8.34%	6.19%	66.62%	21.65%	42.91%	9.56%



Foreign-Born Population by Race Alone, Total

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	1,479	201	0	2,333	0	868	176
Oklahoma	92,541	9,376	1,110	44,285	1,145	42,275	8,495
United States	18,650,570	3,203,416	155,034	9,657,447	108,355	6,747,032	746,984



Population with Limited English Proficiency

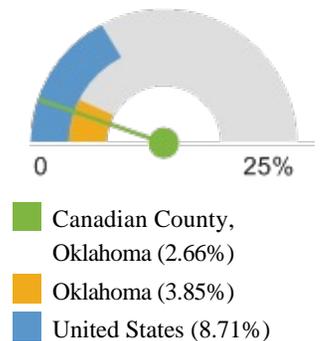
This indicator reports the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well." This indicator is relevant because an inability to speak English well creates barriers to healthcare access, provider communications, and health literacy/education.

Report Area	Total Population	Population Age 5	Population Age 5 with Limited English Proficiency	Percent Population Age 5 with Limited English Proficiency
Canadian County, Oklahoma	104,884	104,884	2,794	2.66%
Oklahoma	3,454,278	3,454,278	132,875	3.85%
United States	286,433,408	286,433,396	24,950,792	8.71%

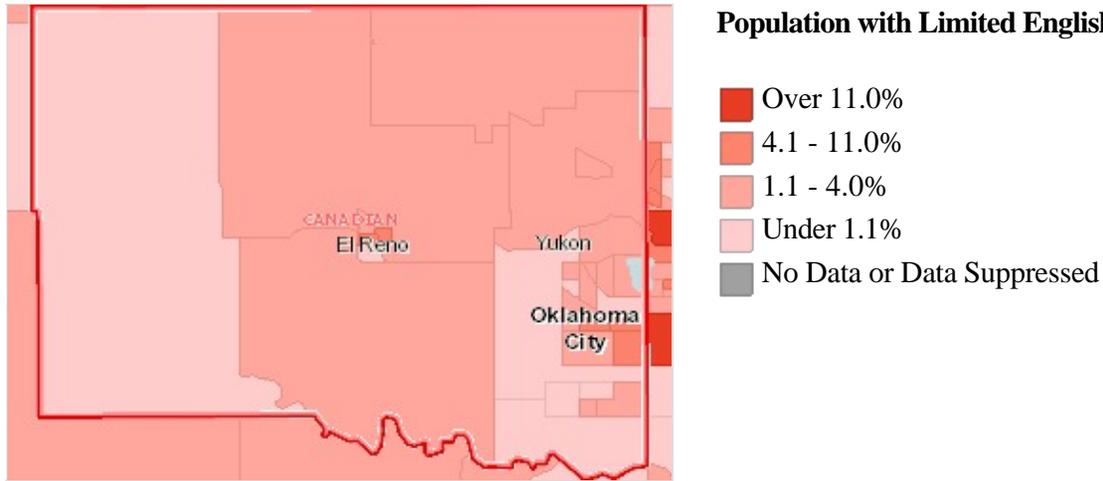
Note: This indicator is compared with the state average.

Data Source: U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates. Source geography: Tract.

Percent Population Age 5 with Limited English Proficiency

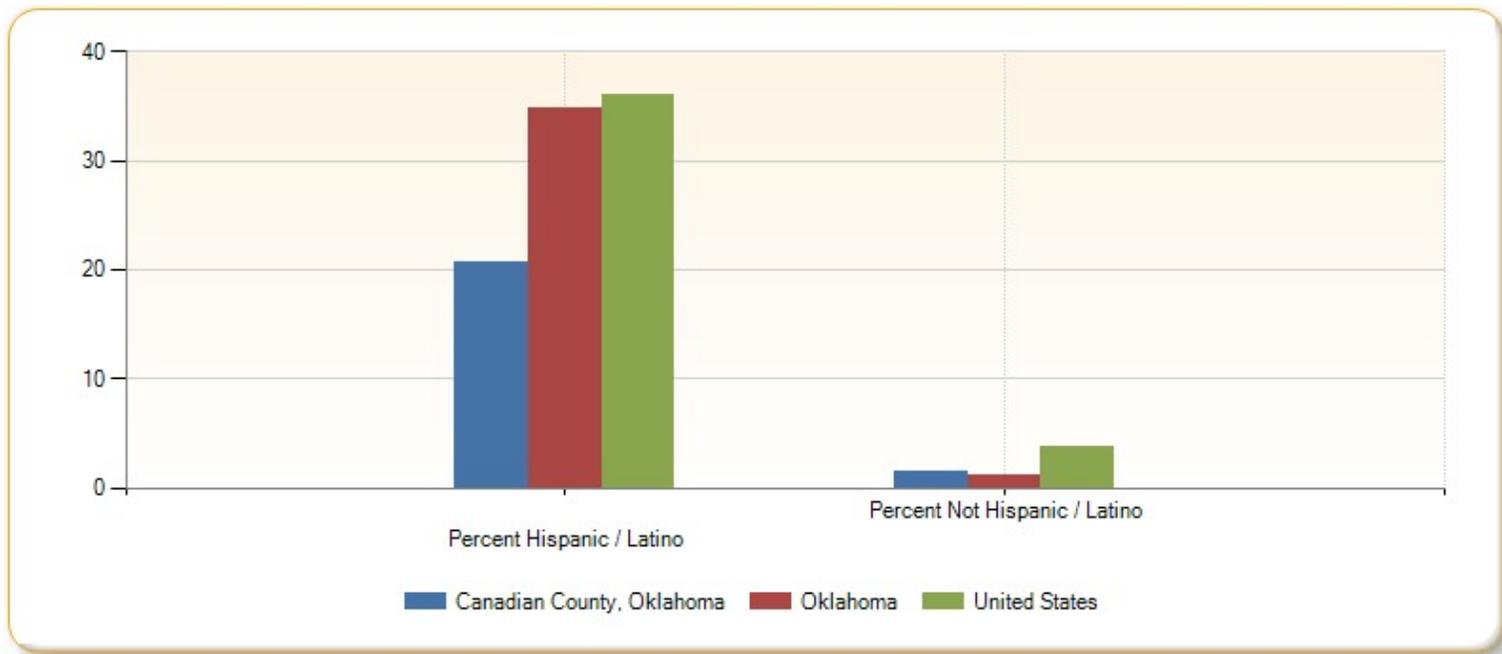


Population with Limited English Proficiency, Percent by Tract, 2007-11



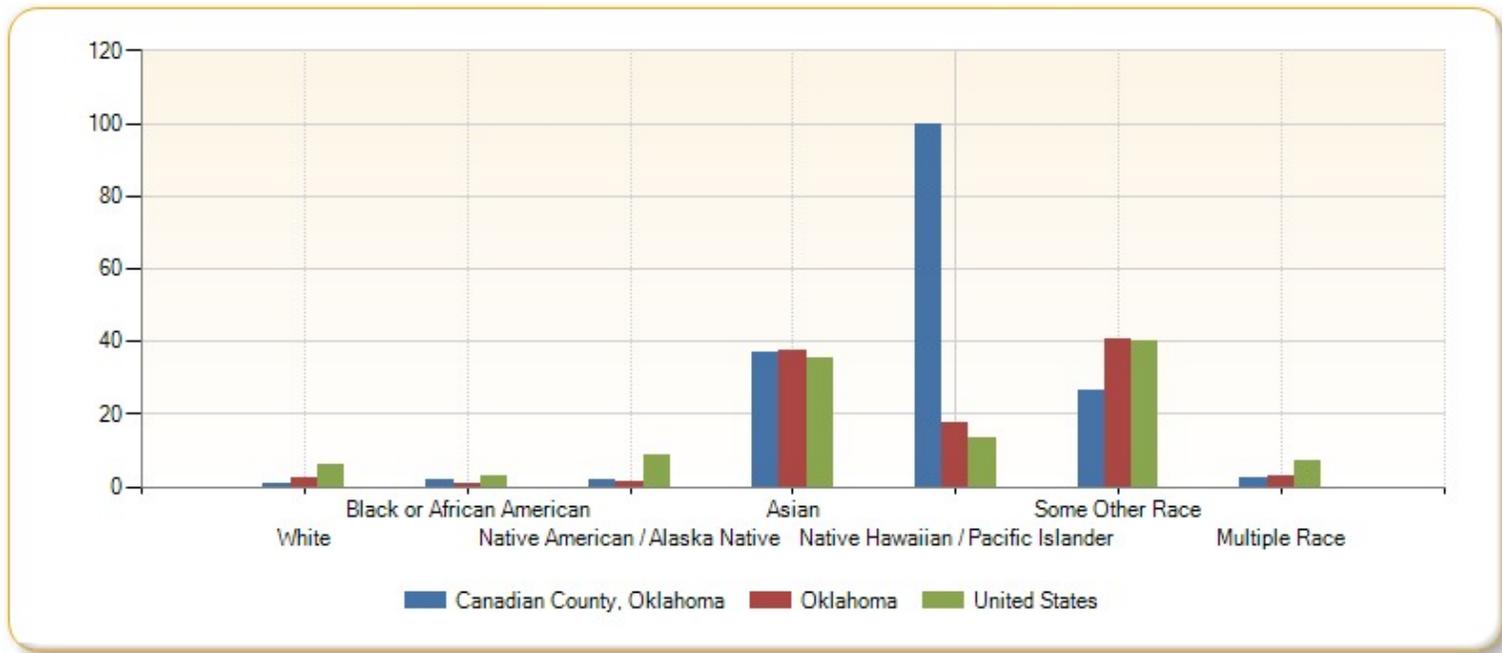
Population with Limited English Proficiency by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Canadian County, Oklahoma	1,362	1,432	20.75%	1.46%
Oklahoma	95,611	37,264	34.75%	1.17%
United States	15,893,898	9,056,894	36%	3.74%



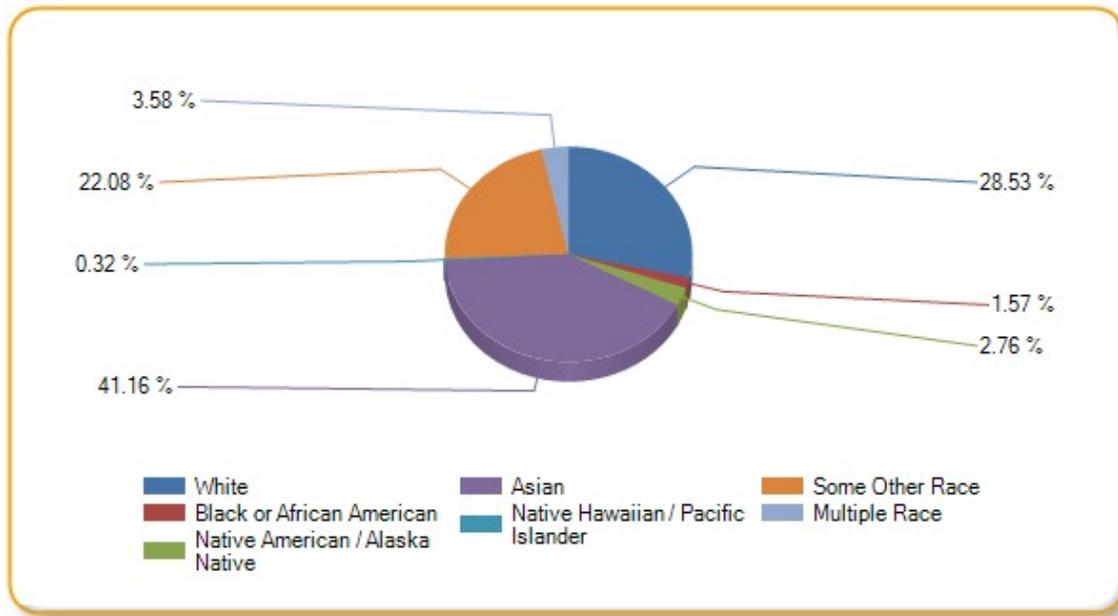
Population with Limited English Proficiency by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	0.90%	1.67%	1.79%	36.79%	100%	26.48%	2.32%
Oklahoma	2.47%	0.81%	1.17%	37.18%	17.32%	40.36%	2.87%
United States	5.93%	2.77%	8.47%	35.49%	13.20%	40.29%	7.33%



Population with Limited English Proficiency by Race Alone, Total

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	797	44	77	1,150	9	617	100
Oklahoma	63,728	2,017	2,751	22,127	648	34,694	6,910
United States	12,677,441	986,179	195,226	4,828,409	60,930	5,722,797	479,806



Linguistically Isolated Households

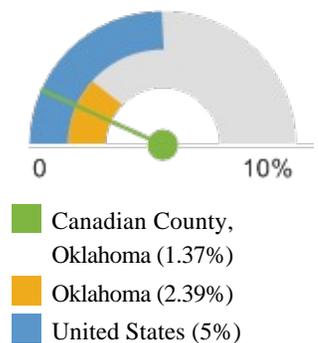
This indicator reports the percentage of the population aged 5 and older who live in a home in which no person 14 years old and over speaks only English, or in which no person 14 years old and over speak a non-English language and speak English "very well."

Report Area	Total Population Age 5	Linguistically Isolated Population	Percent Linguistically Isolated Population
Canadian County, Oklahoma	104,884	1,433	1.37%
Oklahoma	3,454,278	82,600	2.39%
United States	286,433,408	14,321,466	5%

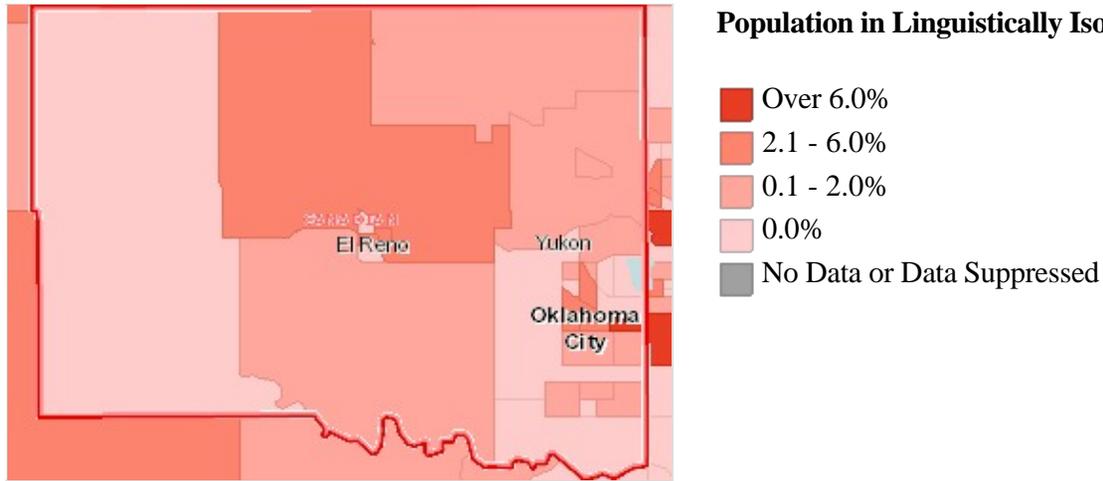
Note: This indicator is compared with the state average. No breakout data available.

Data Source: U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates. Source geography: Tract.

Percent Linguistically Isolated Population



Population in Linguistically Isolated Households, Percent by Tract, 2007-11

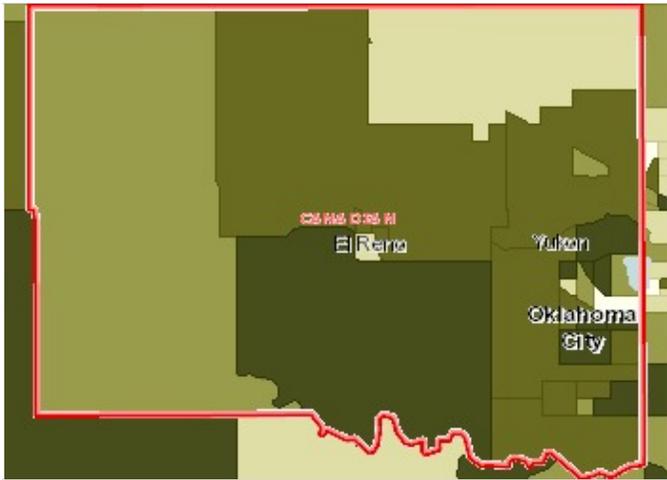


Population Geographic Mobility

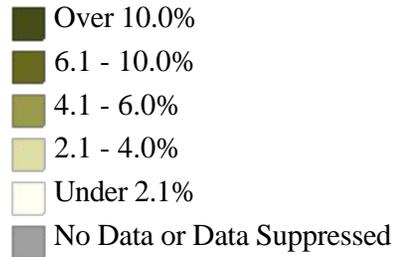
This indicator reports information about population in-migration by assessing changes in residence within a one year period. Persons who moved to a new household from outside of their current county of residence, from outside their state of residence, or from abroad are considered part of the in-migrated population. Persons who moved to a new household from a different household within their current county of residence are not included.

Report Area	Total Population	Population In-Migration	Percent Population In-Migration
Canadian County, Oklahoma	111,486	9,362	8.40%
Oklahoma	3,664,969	286,137	7.81%
United States	302,754,912	18,633,068	6.15%

Data Source: [U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates](#). Source geography: Tract.

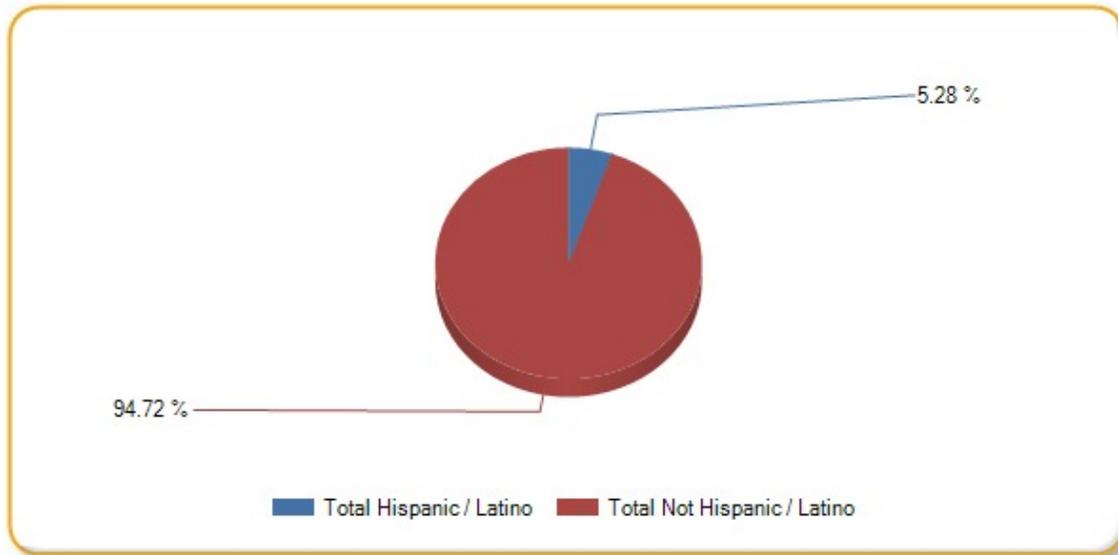


Moved from Outside of the County, State, or Country, Percent by Tract, 2007-11



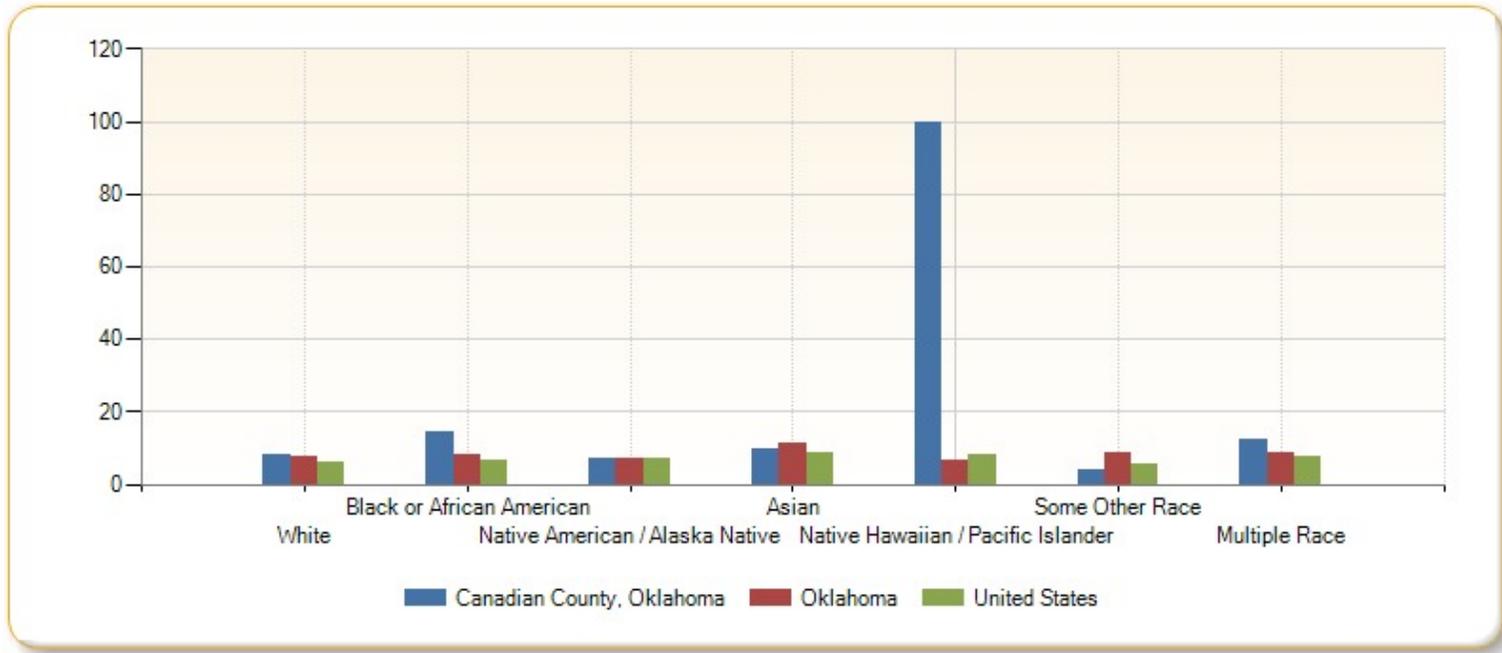
Population In-Migration by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino
Canadian County, Oklahoma	494	8,868
Oklahoma	29,559	256,578
United States	2,704,731	15,928,337



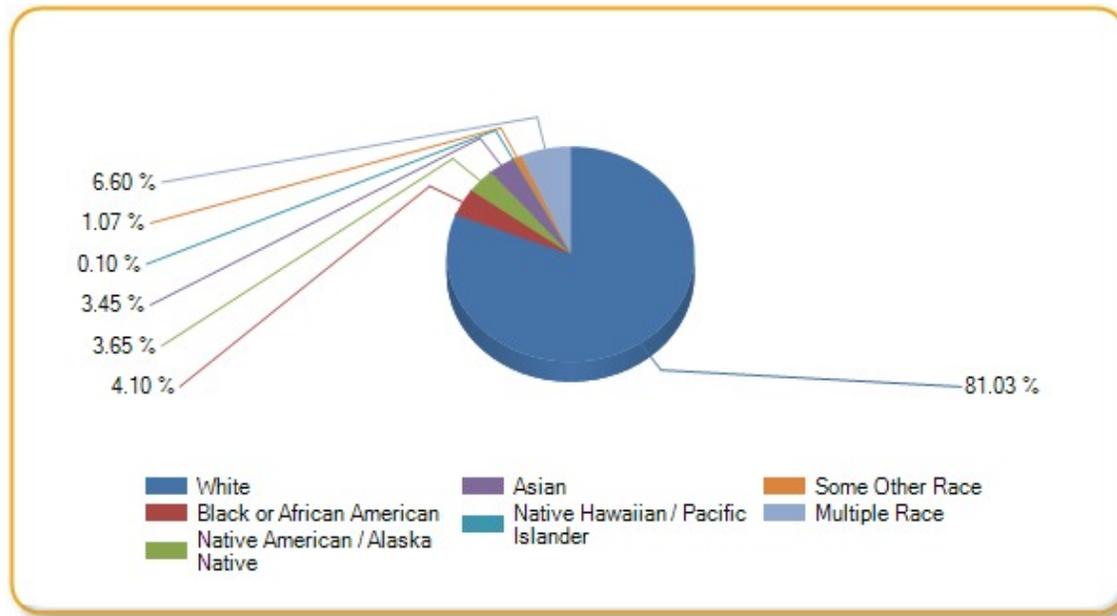
Population In-Migration by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	8.14%	14.43%	7.28%	9.78%	100%	3.96%	12.21%
Oklahoma	7.67%	8.13%	6.95%	11.26%	6.65%	8.61%	8.64%
United States	5.88%	6.64%	7.30%	8.51%	8.33%	5.66%	7.83%



Population In-Migration by Race Alone, Total

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	7,586	384	342	323	9	100	618
Oklahoma	207,956	21,654	17,620	7,084	272	8,149	23,402
United States	13,212,571	2,515,100	180,004	1,219,617	41,125	873,137	591,513

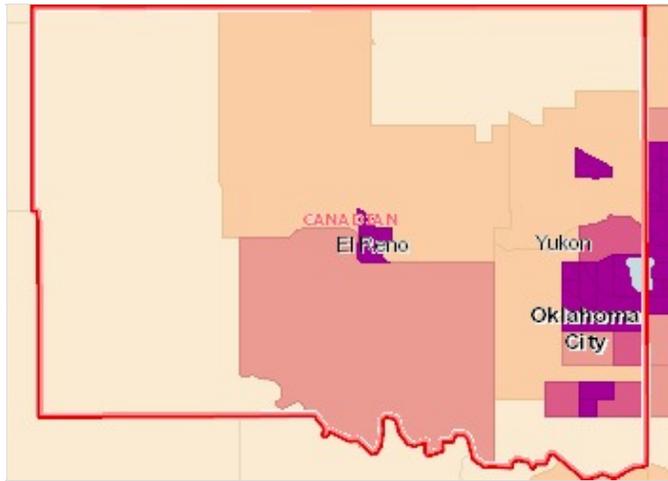


Urban and Rural Population

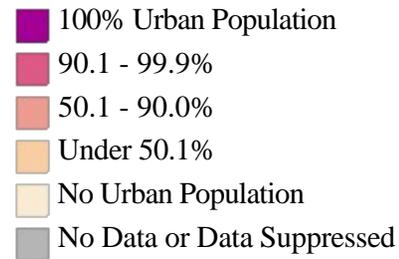
This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

Report Area	Total Population	Urban Population	Rural Population	Percent Urban	Percent Rural
Canadian County, Oklahoma	115,541	89,535	26,006	77.49%	22.51%
Oklahoma	3,751,351	2,485,029	1,266,322	66.24%	33.76%
United States	312,471,327	252,746,527	59,724,800	80.89%	19.11%

Data Source: [U.S. Census Bureau, 2000 Census of Population and Housing, Summary File 1](#); [U.S. Census Bureau, 2010 Census of Population and Housing, Summary File 1](#). Source geography: Tract.

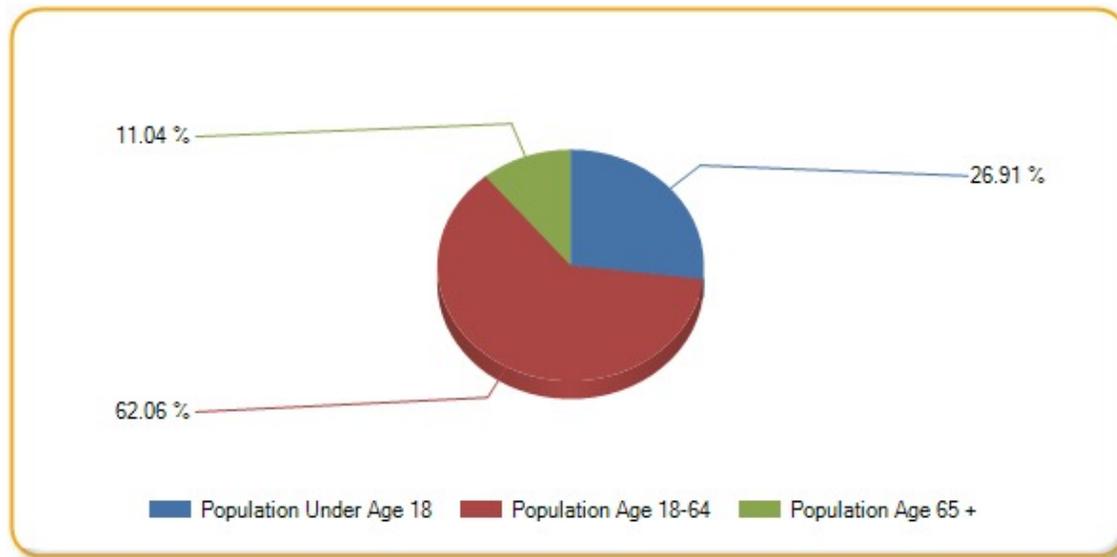


Urban Population, Percent by Tract, 2010



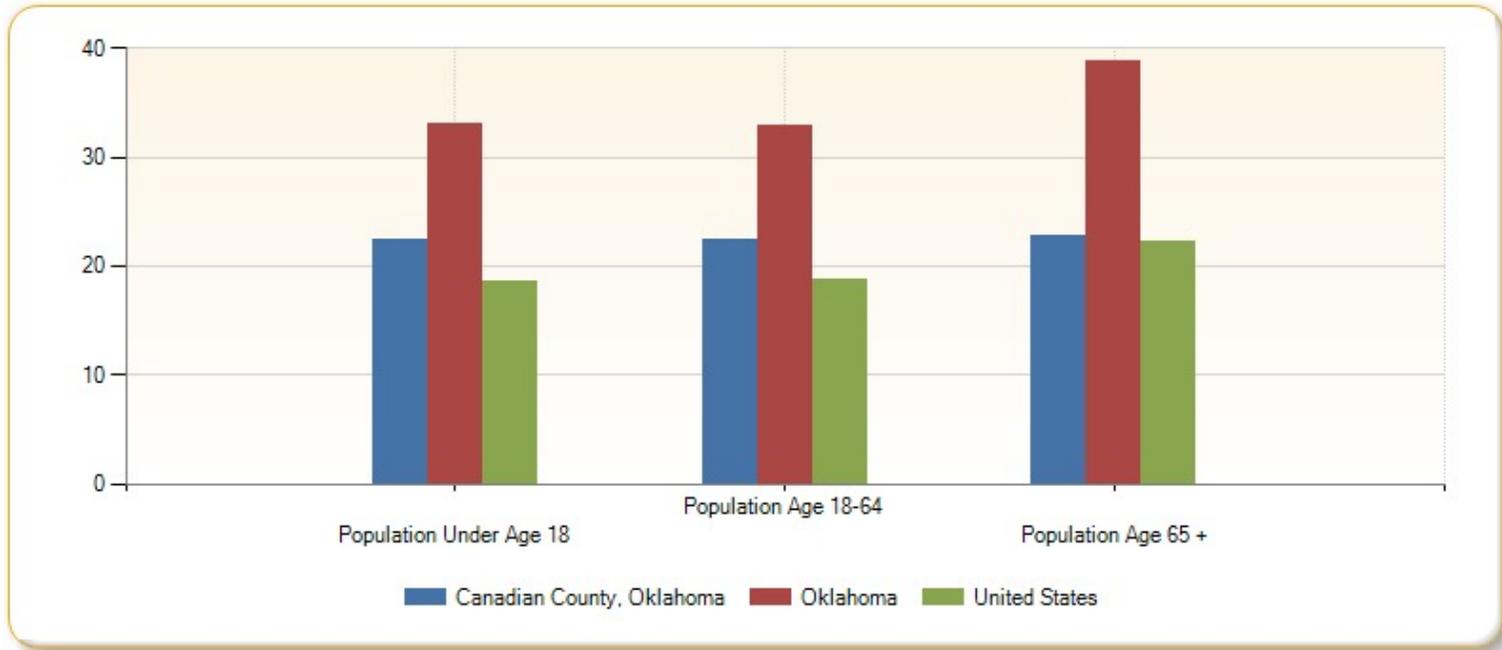
Rural Population, Total by Age Group

Report Area	Population Under Age 18	Population Age 18-64	Population Age 65
Canadian County, Oklahoma	6,997	16,139	2,870
Oklahoma	307,320	762,155	196,847
United States	13,907,394	36,734,957	9,082,449



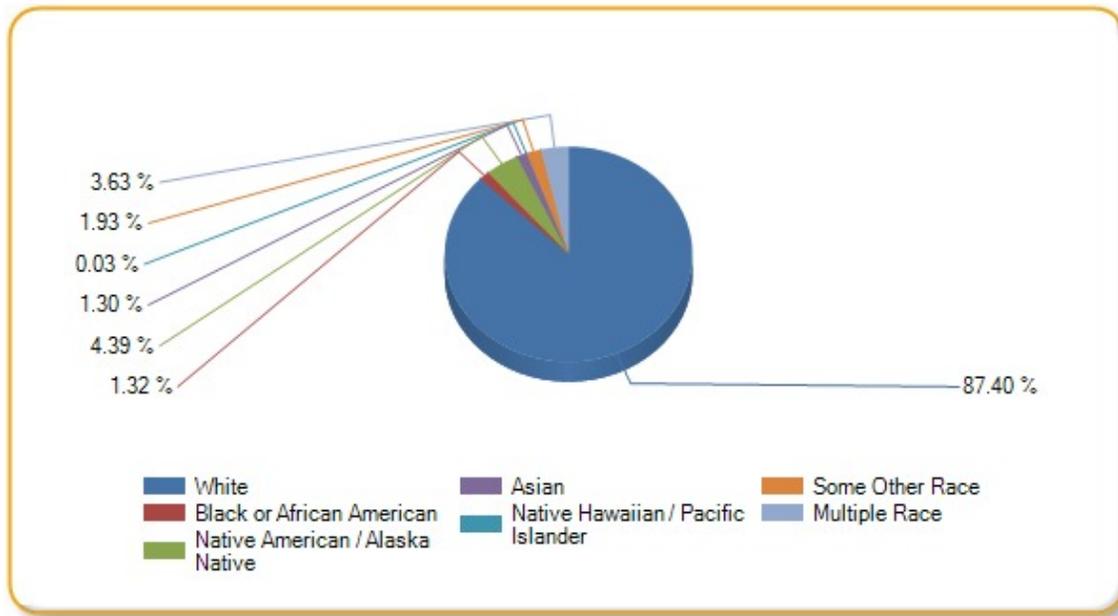
Rural Population, Percent by Age Group

Report Area	Population Under Age 18	Population Age 18-64	Population Age 65
Canadian County, Oklahoma	22.50%	22.46%	22.82%
Oklahoma	33.06%	32.92%	38.85%
United States	18.52%	18.69%	22.26%



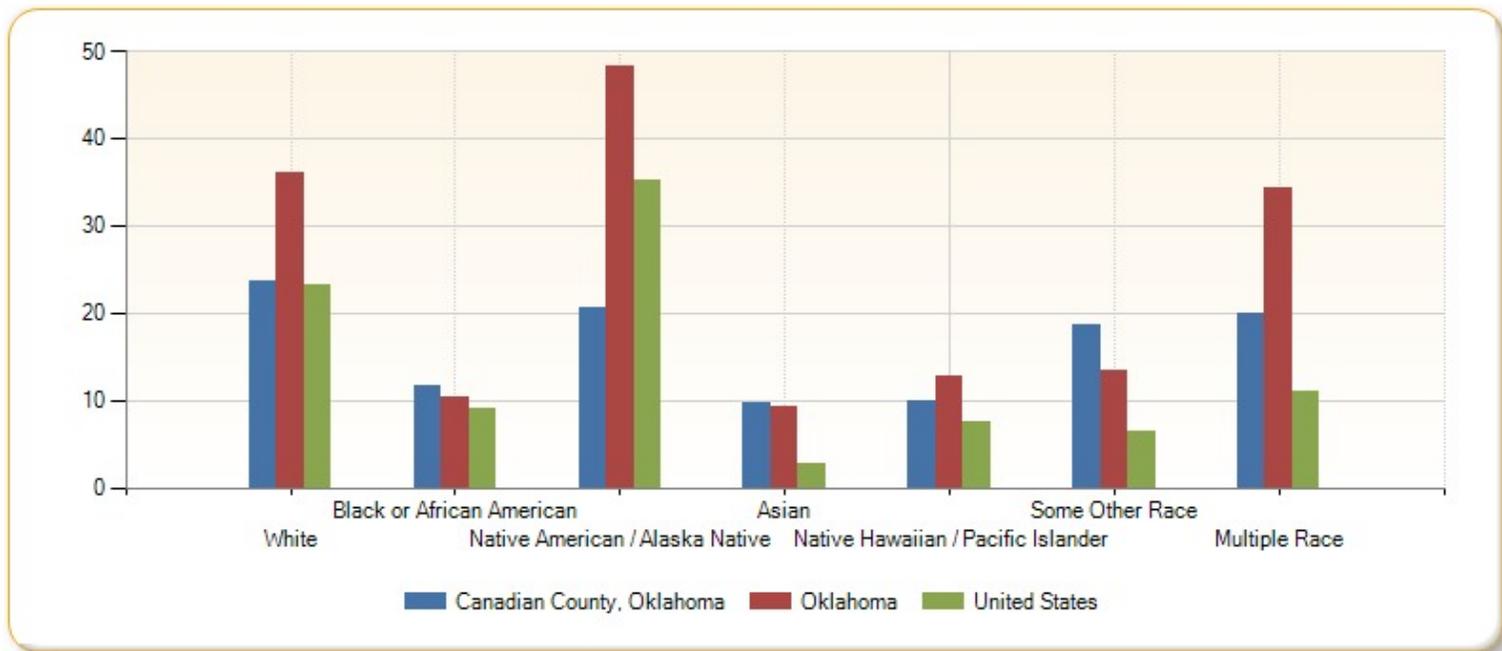
Rural Population, Total by Race Alone

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	22,730	344	1,141	337	7	503	944
Oklahoma	978,737	28,610	155,514	6,015	555	20,663	76,228
United States	52,457,879	3,533,008	1,043,048	399,200	40,683	1,242,870	1,008,112



Rural Population, Percent by Race Alone

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	23.66%	11.73%	20.56%	9.68%	10%	18.66%	19.87%
Oklahoma	36.16%	10.30%	48.34%	9.24%	12.70%	13.38%	34.44%
United States	23.17%	8.97%	35.33%	2.72%	7.53%	6.41%	11.04%



Social & Economic Factors

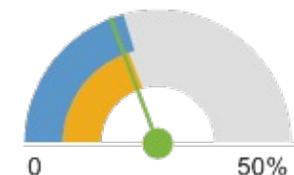
Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community’s ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.

Adequate Social or Emotional Support

This indicator reports the percentage of adults aged 18 and older who self-report that they receive insufficient social and emotional support all of most of the time. This indicator is relevant because social and emotional support is critical for navigating the challenges of daily life as well as for good mental health. Social and emotional support is also linked to educational achievement and economic stability.

Report Area	Total Population Age 18	Estimated Population Without Adequate Social / Emotional Support	Percent Population Without Adequate Social / Emotional Support
Canadian County, Oklahoma	80,304	15,499	19.30%
Oklahoma	2,762,318	560,751	20.30%
United States	229,932,154	48,120,965	20.93%

Percent Population Without Adequate Social / Emotional Support



Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2005-2011](#). Source geography: County.

- Canadian County, Oklahoma (19.30%)
- Oklahoma (20.30%)
- United States (20.93%)



Population Without Adequate Social or Emotional Support, Adults (Age 18), Percent by County, 2005-11

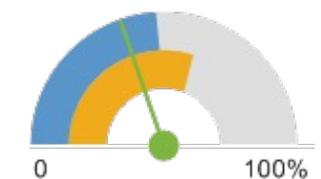
- Over 23.0%
- 19.1 - 23.0%
- 15.1 - 19.0%
- Under 15.1%
- No Data or Data Suppressed

Children Eligible for Free/Reduced Price Lunch

This indicator reports the percentage of public school students eligible for free or reduced price lunches. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Student Enrollment	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Canadian County, Oklahoma	23,051	9,119	39.56%
Oklahoma	661,189	400,260	60.54%
United States	49,692,766	24,021,069	48.34%

Percent Free/Reduced Price Lunch Eligible

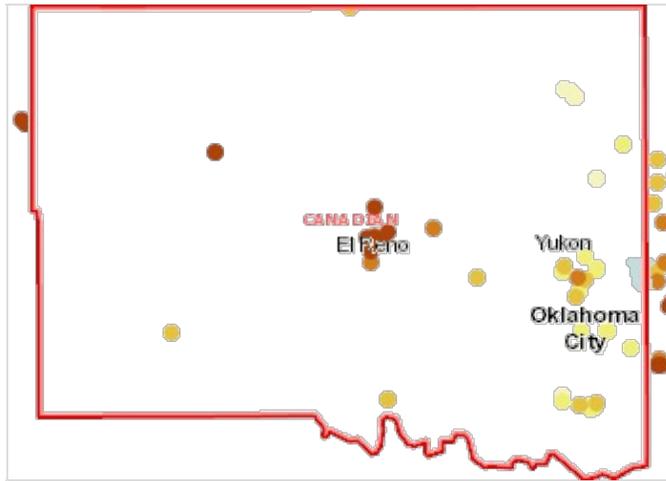


- Canadian County, Oklahoma (39.56%)
- Oklahoma (60.54%)
- United States (48.34%)

Note: This indicator is compared with the state average. No breakout data available.

Data Source: [U.S. Department of Education, National Center for Education Statistics \(NCES\), Common Core of Data, Public School Universe File, 2010-2011](#).

Source geography: Address.



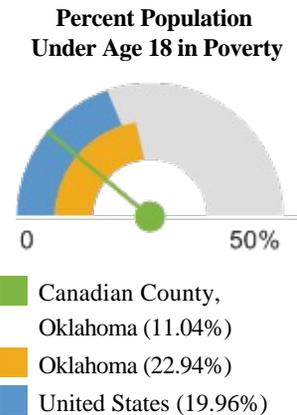
Students Eligible for Free or Reduced-Price Lunch, Percent by School, 2009-10

- Over 80.0%
- 60.1 - 80.0%
- 40.1 - 60.0%
- 20.1 - 40.0%
- Under 20.1%
- Not Reported

Children in Poverty

This indicator reports the percentage of children aged 0-17 living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

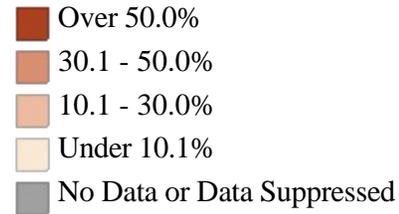
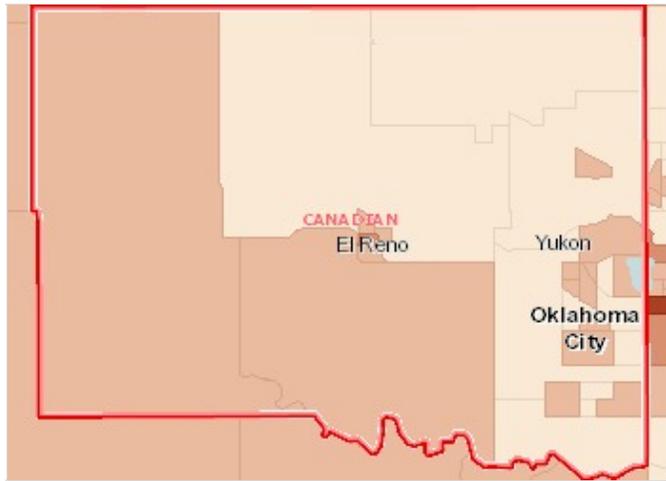
Report Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
Canadian County, Oklahoma	110,181	29,889	3,301	11.04%
Oklahoma	3,600,116	904,990	207,625	22.94%
United States	298,788,000	72,906,664	14,550,805	19.96%



Note: This indicator is compared with the state average.

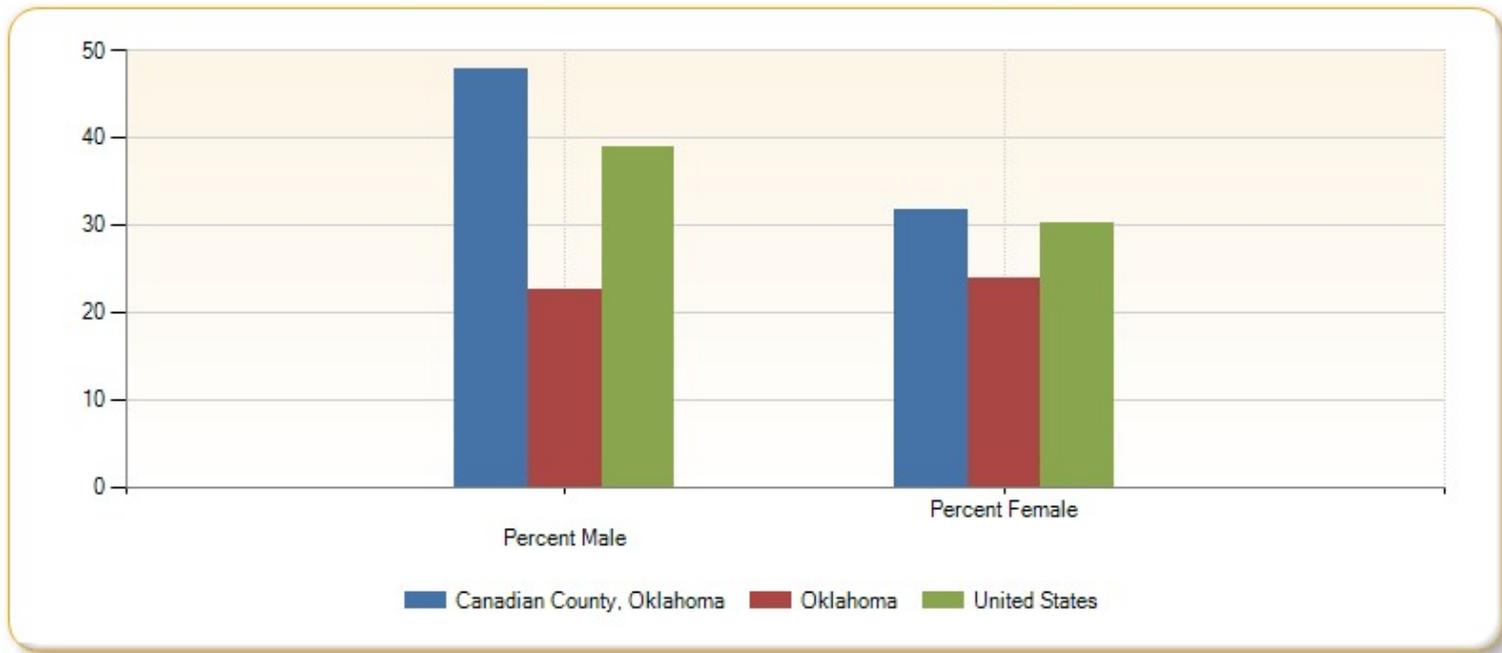
Data Source: U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates. Source geography: Tract.

Population Below the Poverty Level, Children (Age 0-17), Percent by Tract, 2007-11



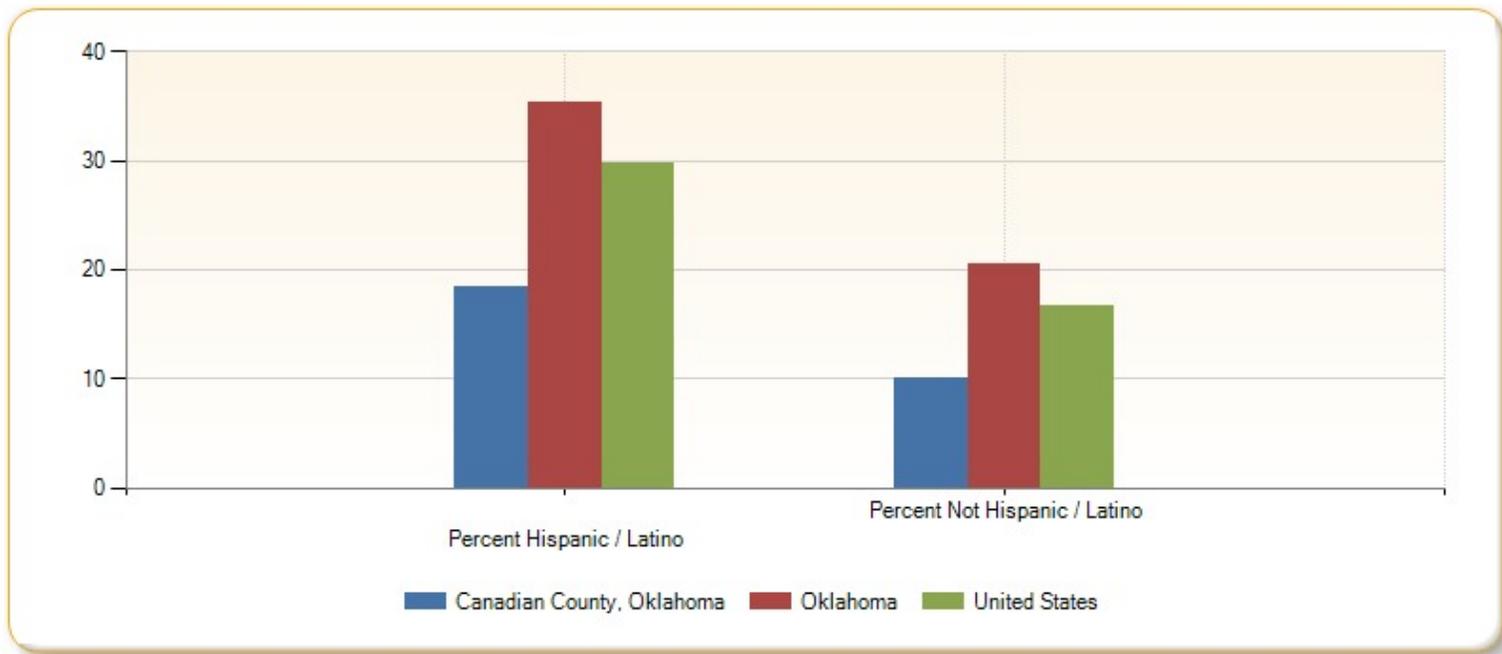
Children in Poverty by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Canadian County, Oklahoma	1,694	1,607	47.93%	31.65%
Oklahoma	105,340	102,285	22.63%	23.85%
United States	7,383,242	7,167,563	38.87%	30.18%



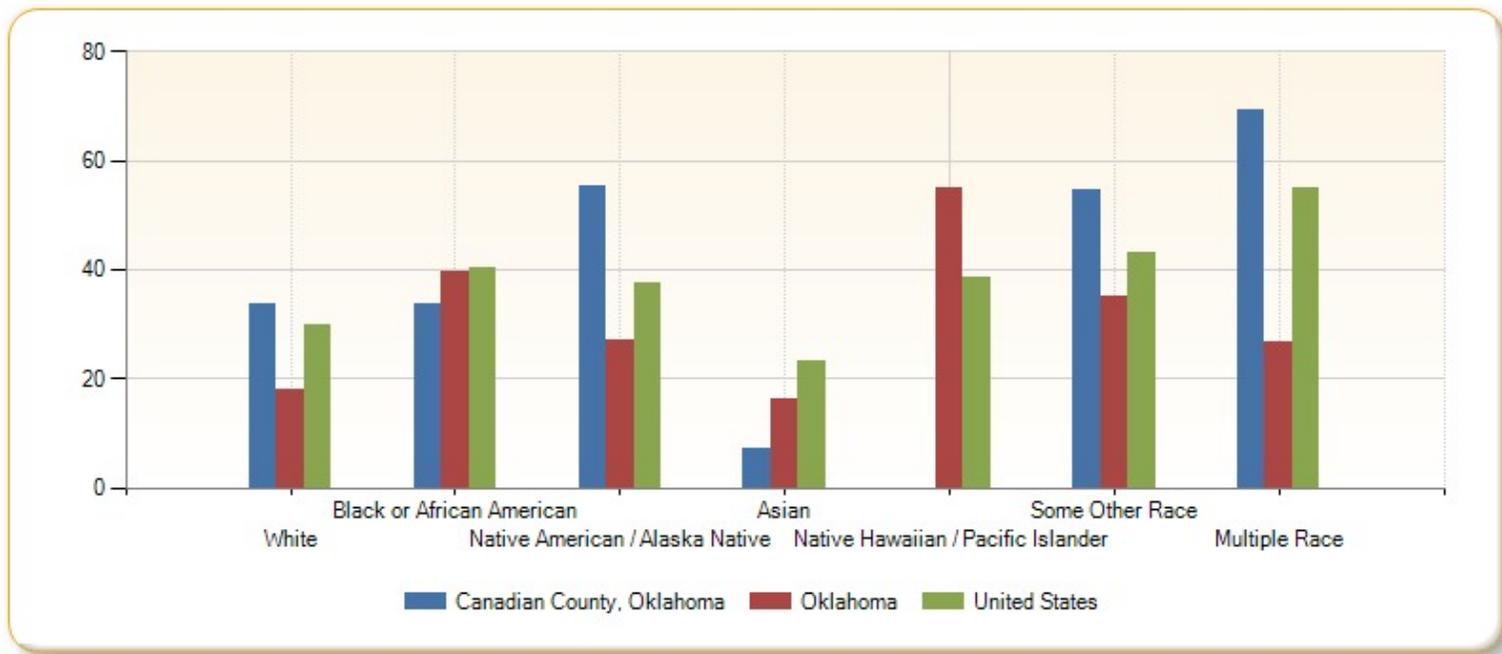
Children in Poverty by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Canadian County, Oklahoma	573	2,728	18.37%	10.01%
Oklahoma	44,666	162,959	35.26%	20.52%
United States	4,994,013	9,556,792	29.84%	16.68%



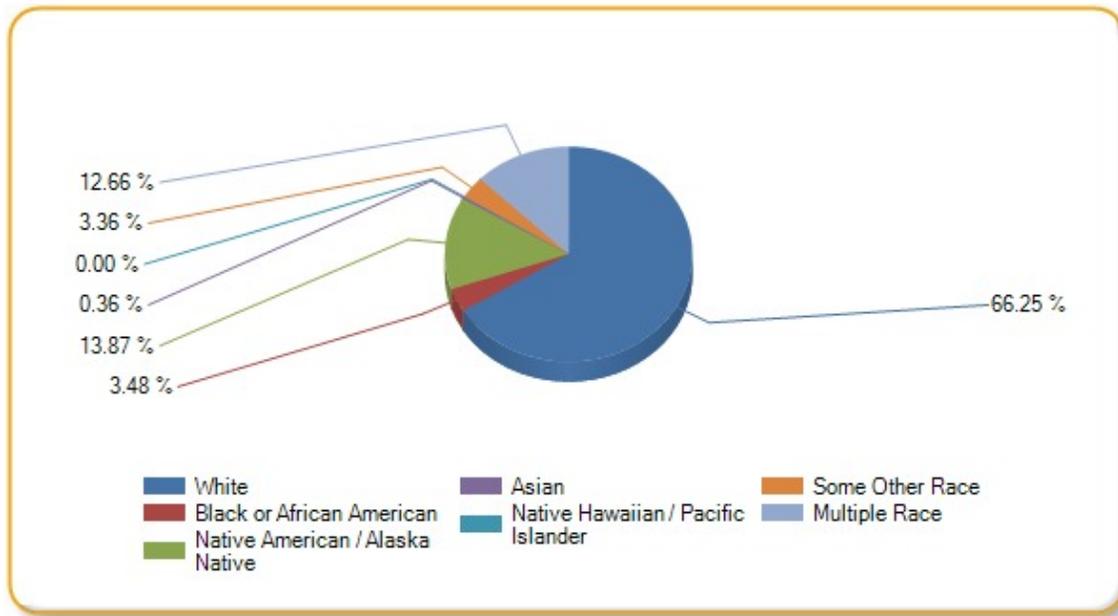
Children in Poverty by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	33.78%	33.82%	55.31%	7.32%	0%	54.68%	69.44%
Oklahoma	18.15%	39.64%	27%	16.14%	55.11%	35.22%	26.67%
United States	29.89%	40.20%	37.39%	23.26%	38.65%	43.09%	54.84%



Children in Poverty by Race Alone, Total

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	2,187	115	458	12	0	111	418
Oklahoma	106,940	30,899	22,921	2,347	760	12,383	31,375
United States	7,668,923	3,808,242	243,473	386,949	32,990	1,634,036	776,192



High School Graduation Rate

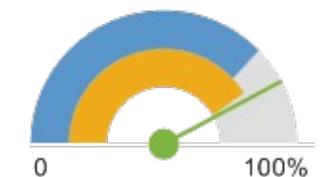
This indicator reports the average freshman graduate rate, which measures the percentage of students receiving their high school diploma within four years. This indicator is relevant because low levels of education are often linked to poverty and poor health.

Report Area	Average Freshman Base Enrollment	Estimated Number of Diplomas Issued	On-Time Graduation Rate
Canadian County, Oklahoma	1,543	1,306	84.60
Oklahoma	48,143	37,219	77.30
United States	4,024,345	3,039,015	75.50
HP 2020 Target			>82.4

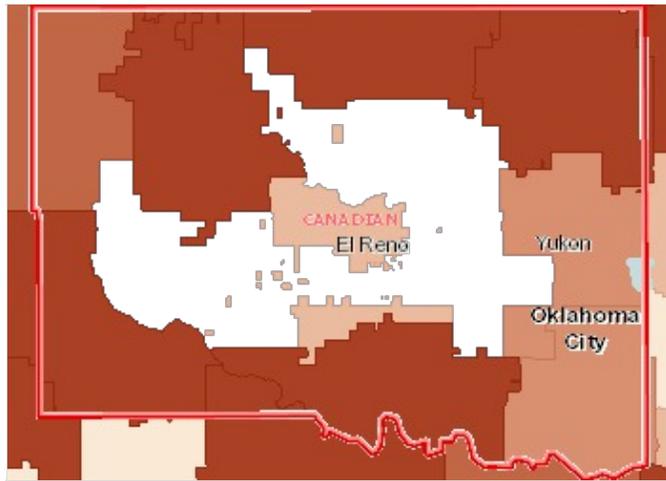
Note: This indicator is compared with the Healthy People 2020 Target. No breakout data available.

Data Source: [The University of Wisconsin, Population Health Institute, County Health Rankings, 2012](#) and the [U.S. Department of Education, National Center for Education Statistics \(NCES\), Common Core of Data, Public School Universe Survey Data, 2005-06, 2006-07 and 2007-08](#). Source geography: County.

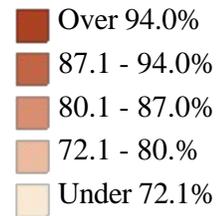
On-Time Graduation Rate



- Canadian County, Oklahoma (84.60%)
- HP 2020 Target (82.40%)
- United States (75.50%)



Average Freshman Graduation Rate , Percent by School District, 2008-09

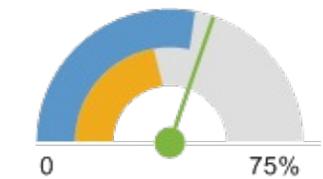


Income Over \$75,000 (Family)

This indicator reports the percentage of families with total annual income of \$75,000 or greater. Total income includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources.

Report Area	Total Families	Families with Income Over \$75,000	Percent Families with Income Over \$75,000
Canadian County, Oklahoma	31,287	14,276	45.63%
Oklahoma	957,898	324,054	33.83%
United States	76,507,232	32,303,920	42.22%

Percent Families with Income Over \$75,000

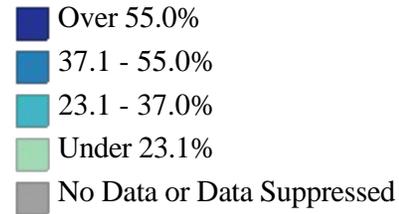
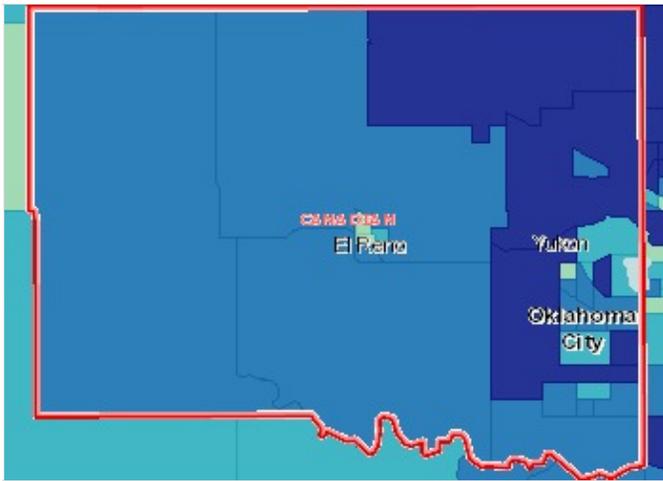


Note: This indicator is compared with the state average.

Data Source: U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates. Source geography: Tract.

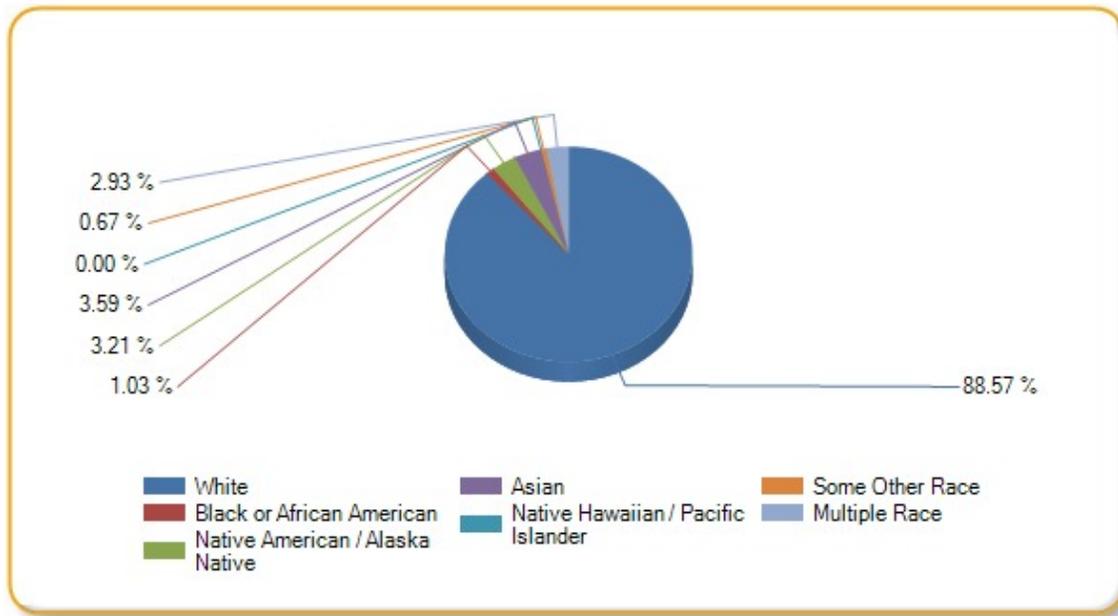
- Canadian County, Oklahoma (45.63%)
- Oklahoma (33.83%)
- United States (42.22%)

Family Households with Income Over \$75,000, Percent by Tract, 2007-11



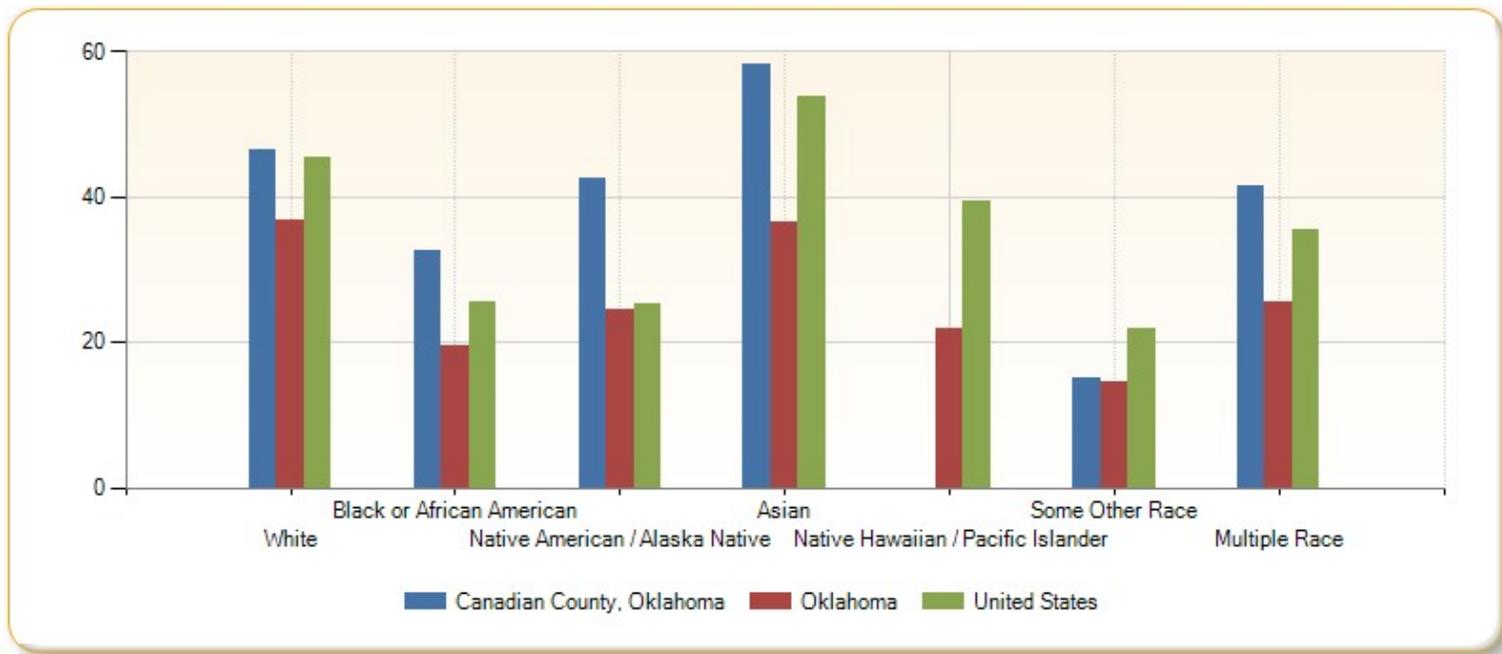
Families with Income Over \$75,000 by Race Alone, Total

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	12,644	147	458	513	0	96	418
Oklahoma	276,010	12,027	14,638	5,061	163	3,117	13,038
United States	26,929,456	2,231,572	140,909	1,821,191	40,998	726,510	413,283



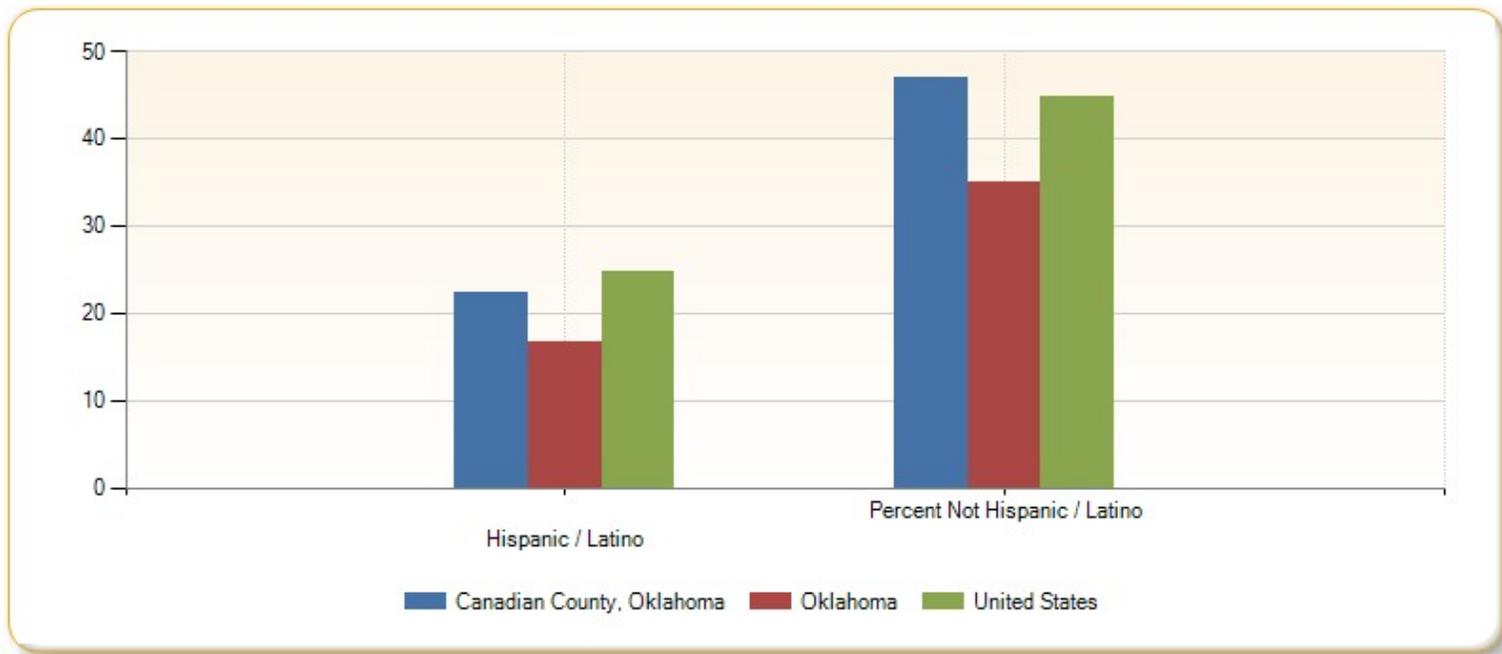
Families with Income Over \$75,000 by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	46.43%	32.52%	42.41%	58.30%	no data	15.17%	41.51%
Oklahoma	36.83%	19.51%	24.49%	36.53%	21.97%	14.45%	25.65%
United States	45.48%	25.51%	25.24%	53.74%	39.36%	21.84%	35.47%



Families with Income Over \$75,000 by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Canadian County, Oklahoma	378	13,898	22.38%	46.96%
Oklahoma	10,441	313,613	16.59%	35.04%
United States	2,527,897	29,776,023	24.72%	44.92%



Population in Poverty (100% FPL)

Poverty is considered a *key driver* of health status.

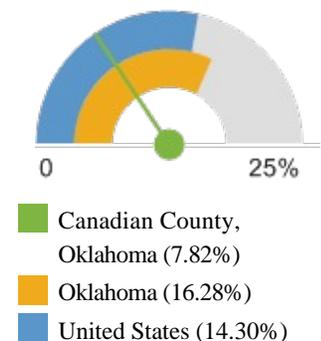
This indicator reports the percentage of the population living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

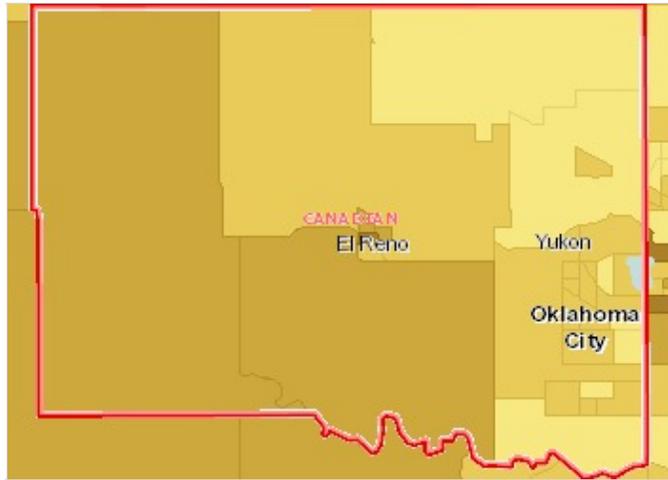
Report Area	Total Population	Population in Poverty	Percent Population in Poverty
Canadian County, Oklahoma	110,181	8,612	7.82%
Oklahoma	3,600,116	586,046	16.28%
United States	298,788,000	42,739,924	14.30%

Note: This indicator is compared with the state average.

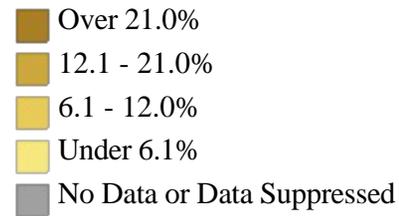
Data Source: [U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates](#). Source geography: Tract.

Percent Population in Poverty



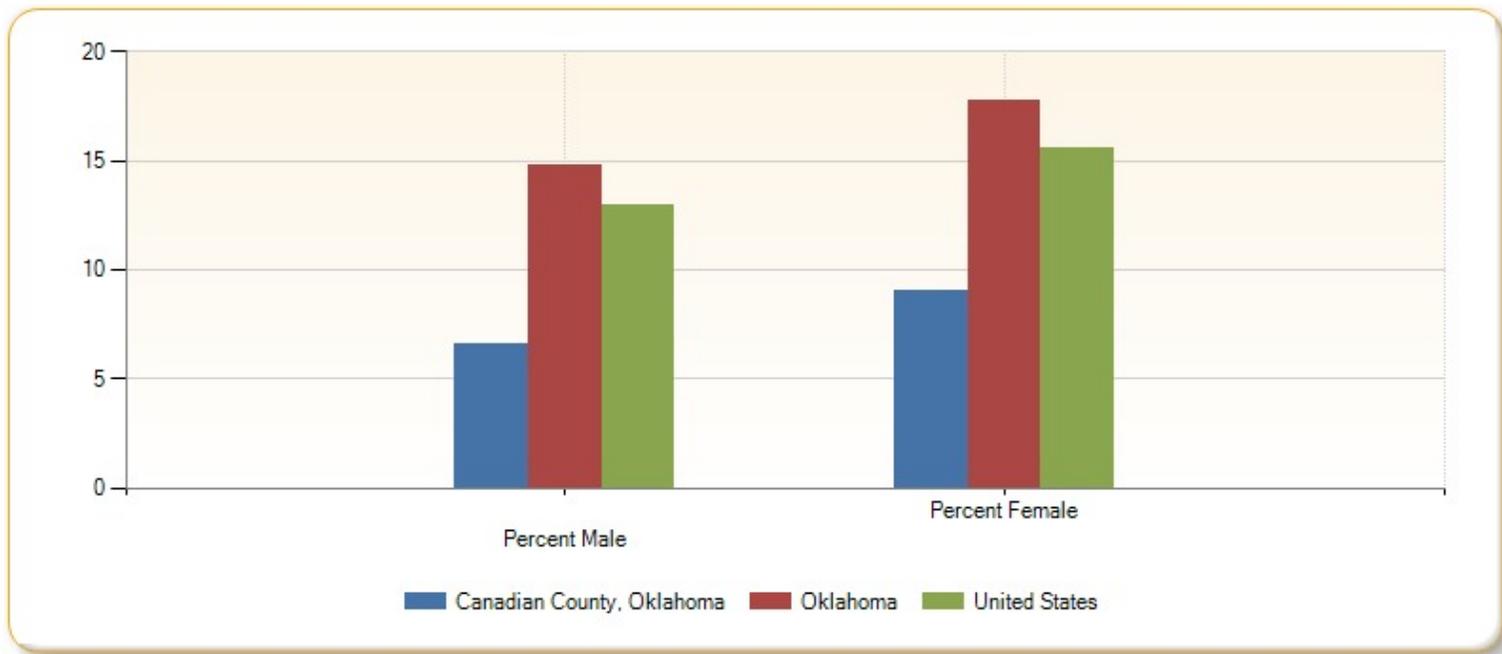


Population Below the Poverty Level, Percent by Tract, 2007-11



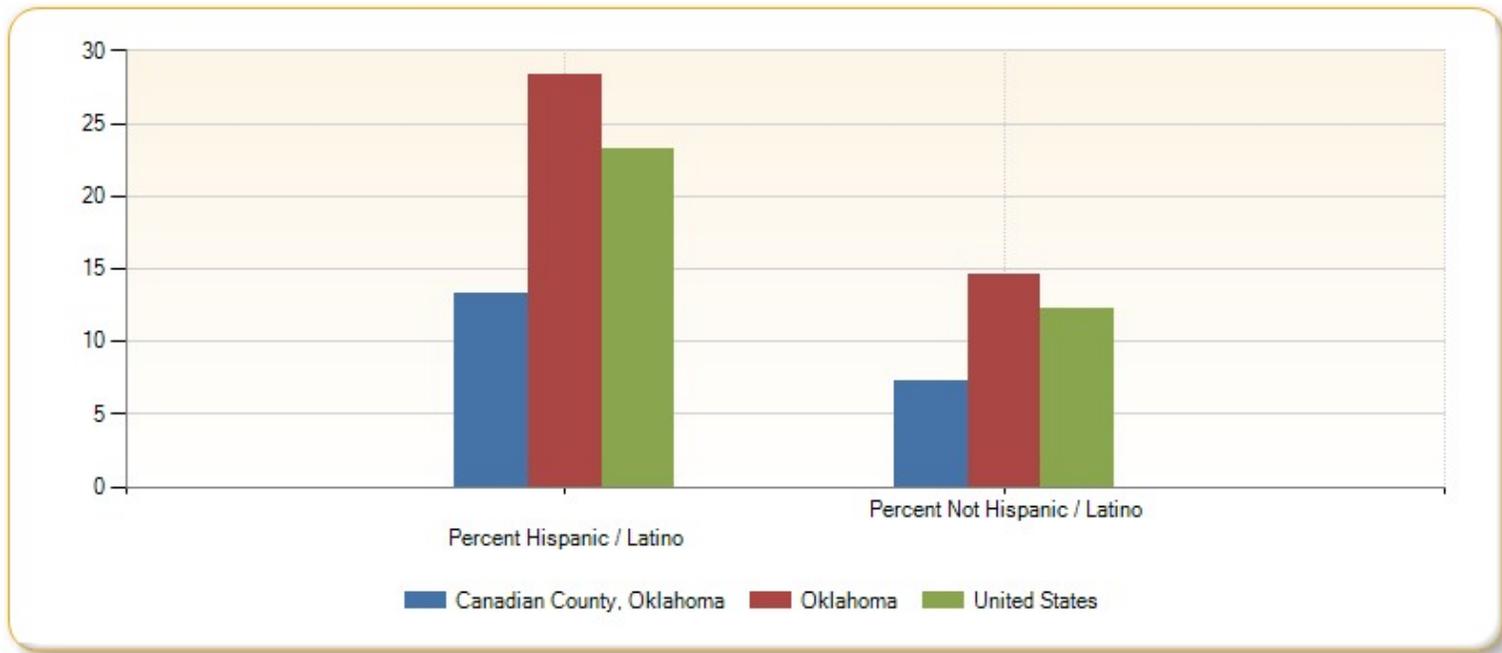
Population in Poverty by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Canadian County, Oklahoma	3,534	5,078	6.57%	9%
Oklahoma	261,172	324,874	14.79%	17.72%
United States	18,993,256	23,746,672	13%	15.55%



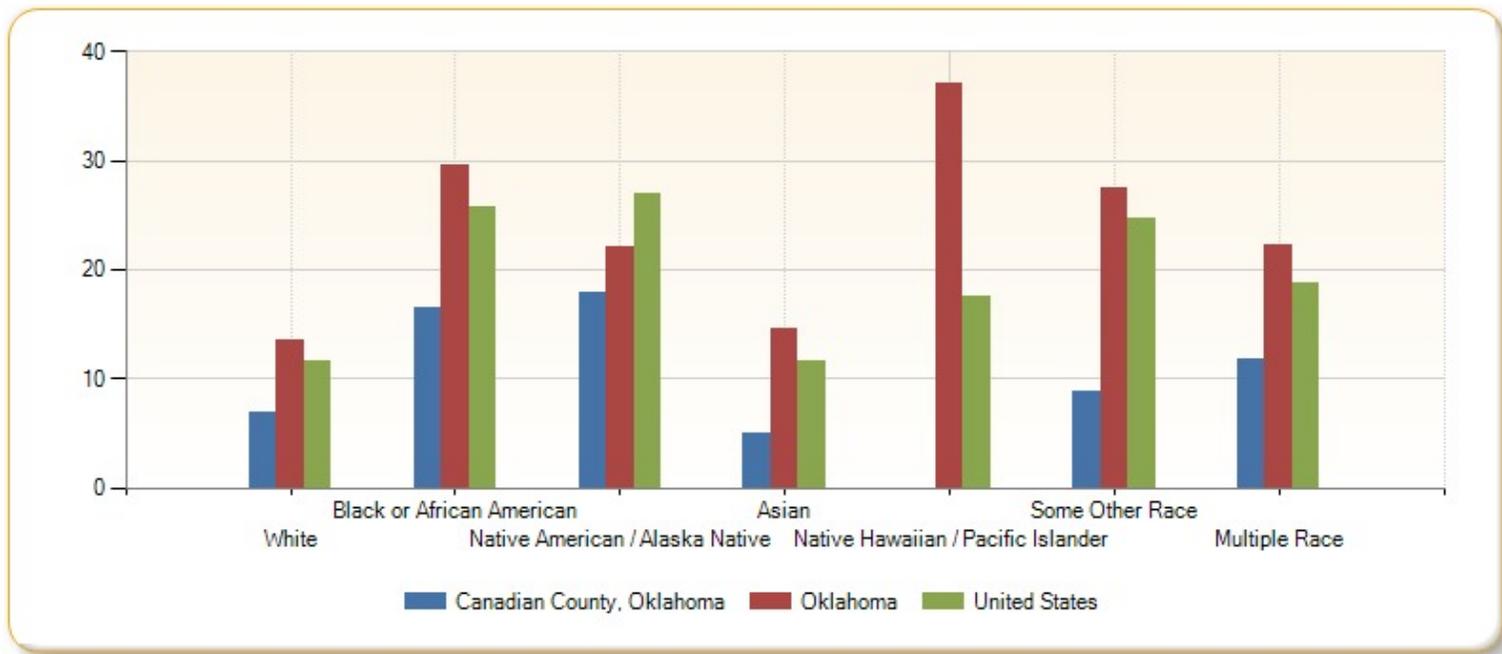
Population in Poverty by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Canadian County, Oklahoma	946	7,666	13.33%	7.23%
Oklahoma	87,596	498,450	28.37%	14.64%
United States	11,197,648	31,542,280	23.24%	12.21%



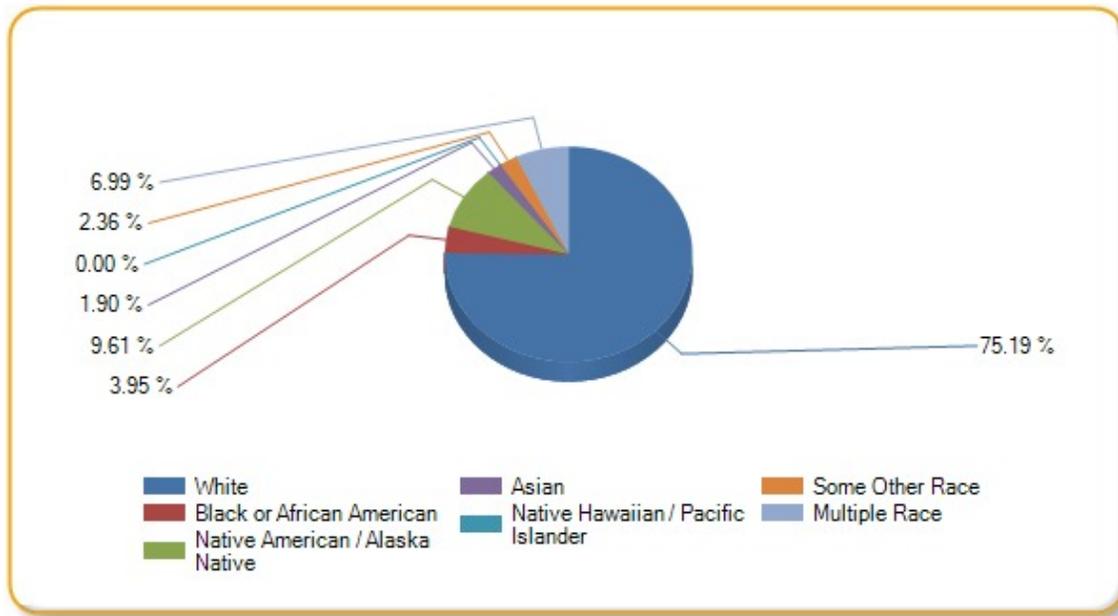
Population in Poverty by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	6.98%	16.50%	17.82%	4.92%	no data	8.77%	11.82%
Oklahoma	13.50%	29.53%	22.13%	14.51%	37%	27.47%	22.20%
United States	11.56%	25.81%	26.97%	11.69%	17.56%	24.64%	18.71%



Population in Poverty by Race Alone, Total

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	6,475	340	828	164	0	203	602
Oklahoma	360,217	74,431	55,559	8,972	1,536	25,786	59,545
United States	25,659,922	9,472,583	651,226	1,663,303	85,346	3,792,156	1,415,388



Population in Poverty (200% FPL)

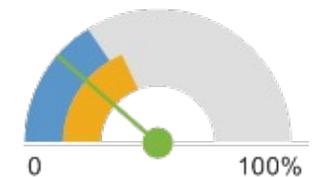
This indicator reports the percentage of the population living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population with Income at or Below 200% FPL	Percent Population with Income at or Below 200% FPL
Canadian County, Oklahoma	110,181	25,217	22.89%
Oklahoma	3,600,116	1,370,140	38.06%
United States	298,788,000	97,686,536	32.69%

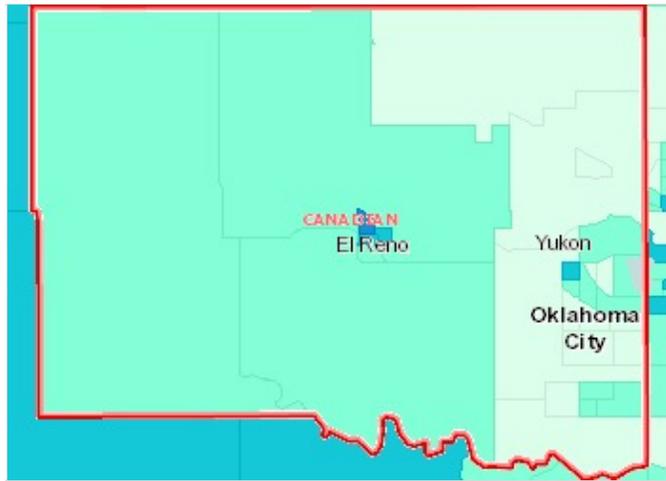
Note: This indicator is compared with the state average. No breakout data available.

Data Source: U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates. Source geography: Tract.

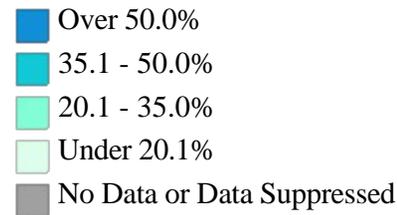
Percent Population with Income at or Below 200% FPL



- Canadian County, Oklahoma (22.89%)
- Oklahoma (38.06%)
- United States (32.69%)



Population Below 200% Poverty Level, Percent by Tract, 2007-11

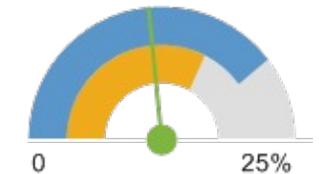


Population Receiving Medicaid

This indicator reports the percentage of the population that is enrolled in Medicaid. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Population (for Whom Insurance Status is Determined)	Population Receiving Medicaid	Percent Population Receiving Medicaid
Canadian County, Oklahoma	116,332	11,690	11.68%
Oklahoma	3,756,421	614,182	16.35%
United States	309,231,232	51,335,184	19.91%

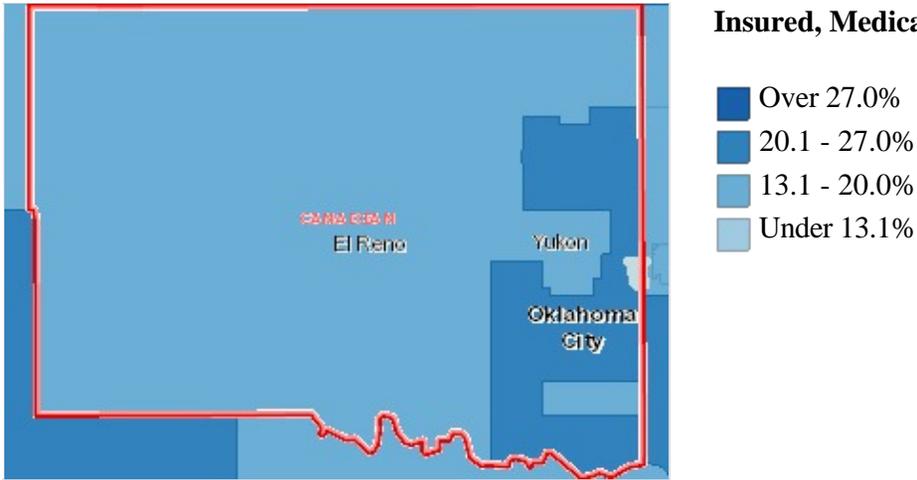
Percent Population Receiving Medicaid



Note: This indicator is compared with the state average.

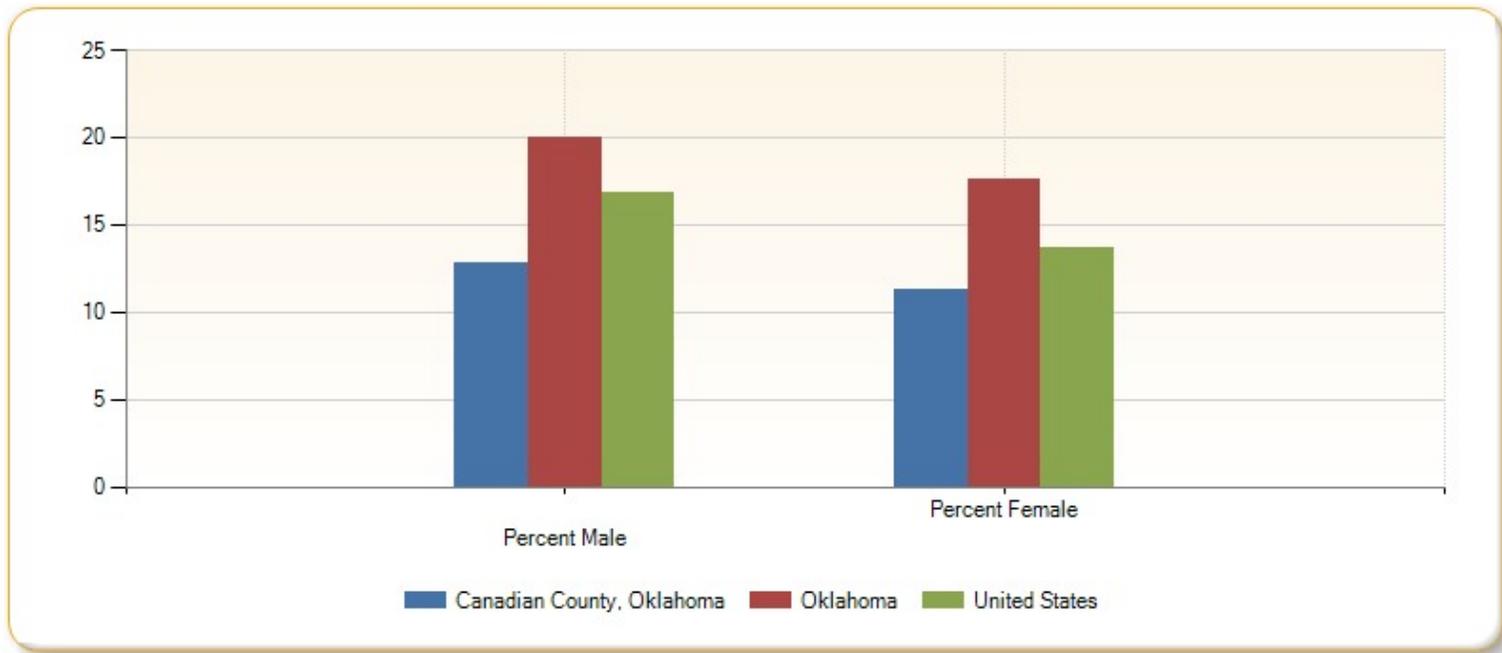
Data Source: [U.S. Census Bureau, 2008-2010 American Community Survey 3-Year Estimates](#). Source geography: PUMA.

Insured, Medicaid / Means-Tested Coverage, Percent by PUMA, 2009-11



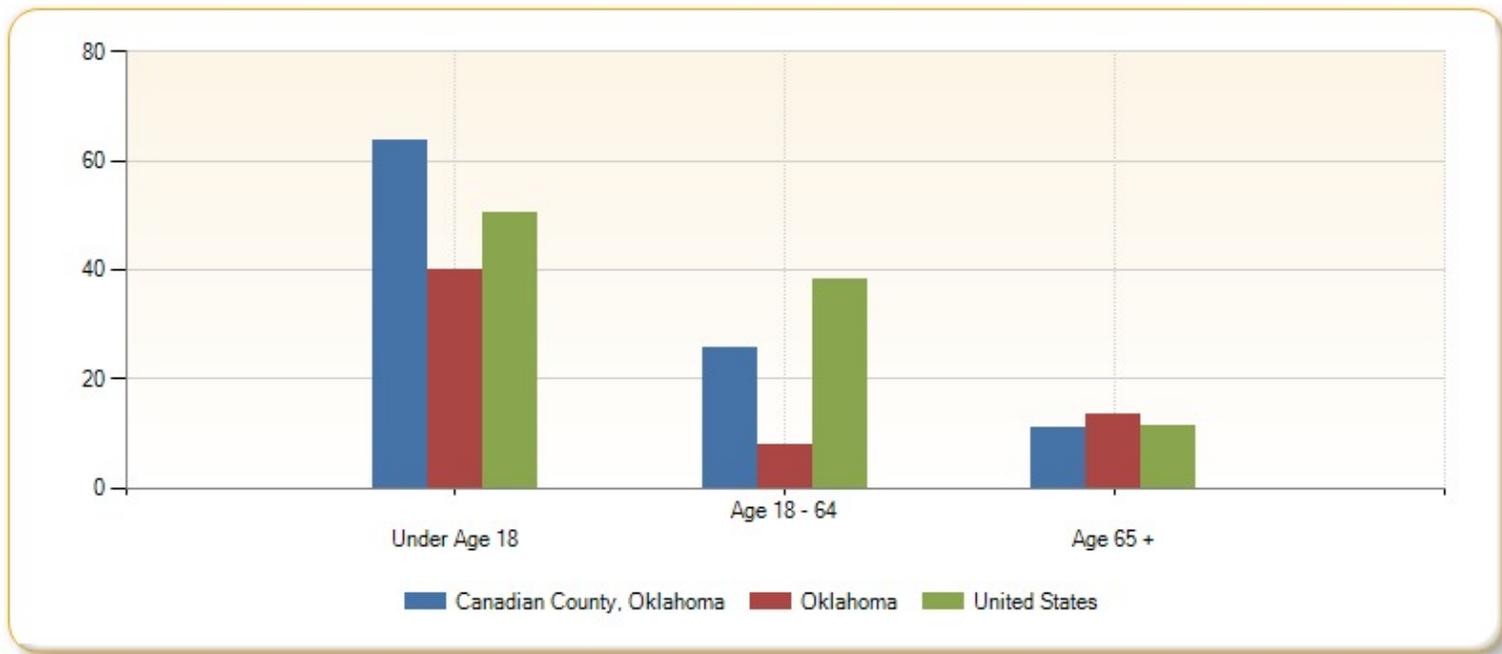
Population Receiving Medicaid by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Canadian County, Oklahoma	7,094	6,594	12.77%	11.32%
Oklahoma	359,783	330,184	20.03%	17.61%
United States	24,979,664	21,302,552	16.84%	13.68%



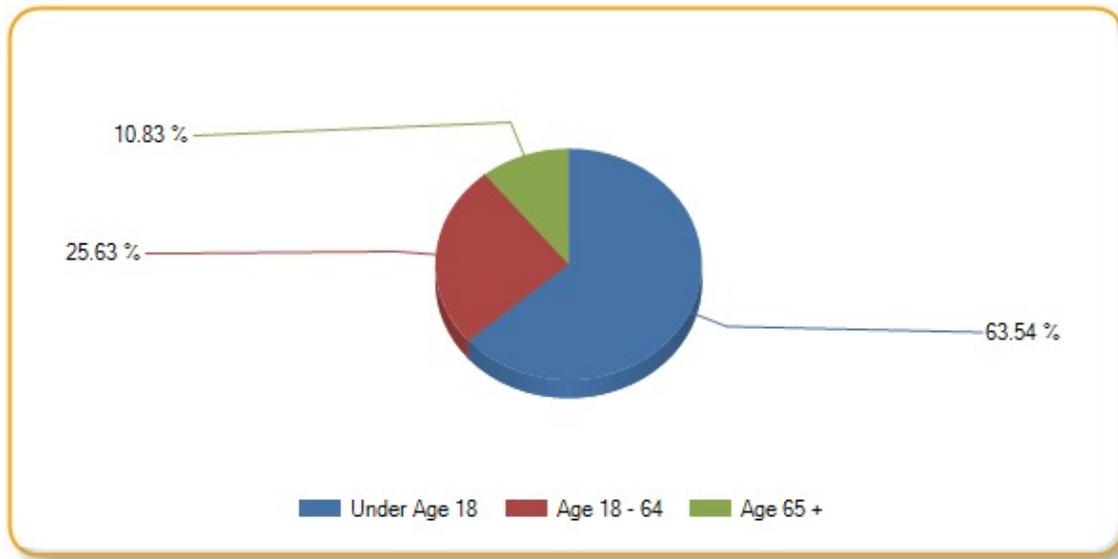
Population Receiving Medicaid by Age Group, Percent

Report Area	Under Age 18	Age 18 - 64	Age 65
Canadian County, Oklahoma	63.54%	25.63%	10.83%
Oklahoma	39.91%	7.92%	13.31%
United States	50.46%	38.20%	11.34%



Population Receiving Medicaid by Age Group, Total

Report Area	Under Age 18	Age 18 - 64	Age 65 +
Canadian County, Oklahoma	7,428	2,996	1,266
Oklahoma	370,453	178,382	65,347
United States	25,903,464	19,609,274	5,822,445



Population with Associate's Level Degree or Higher

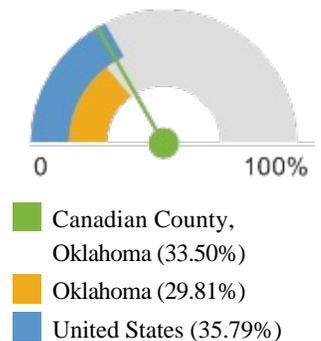
This indicator reports the percentage of the population aged 25 and older obtaining an Associate's level degree or higher. This indicator is relevant because educational attainment is a key driver of population health.

Report Area	Total Population Age 25	Population Age 25 with Associate's Degree or Higher	Percent Population Age 25 with Associate's Degree or Higher
Canadian County, Oklahoma	73,883	24,753	33.50%
Oklahoma	2,411,080	718,740	29.81%
United States	202,048,128	72,317,672	35.79%

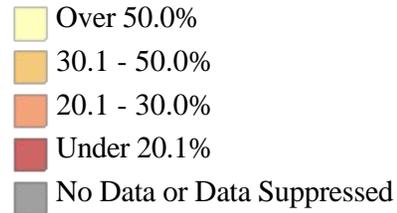
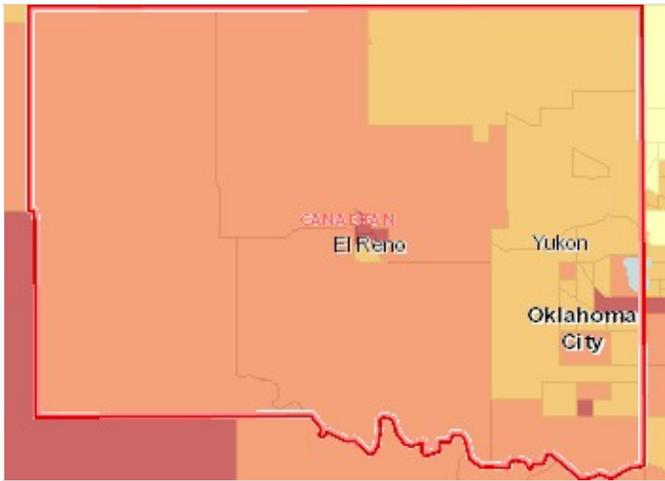
Note: This indicator is compared with the state average. No breakout data available.

Data Source: [U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates](#). Source geography: Tract.

Percent Population Age 25 with Associate's Degree or Higher



Population with an Associate Level Degree or Higher, Percent by Tract, 2007-11

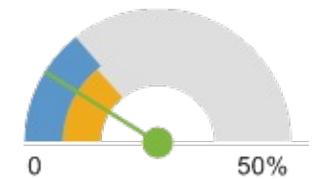


Population with No High School Diploma

This indicator reports the percentage of the population aged 25 and older without a high school diploma (or equivalency) or higher. This indicator is relevant educational attainment is a key driver of population health.

Report Area	Total Population Age 25	Population Age 25 with No High School Diploma	Percent Population Age 25 with No High School Diploma
Canadian County, Oklahoma	73,883	6,534	8.84%
Oklahoma	2,411,080	340,772	14.13%
United States	202,048,128	29,518,934	14.61%

Percent Population Age 25 with No High School Diploma

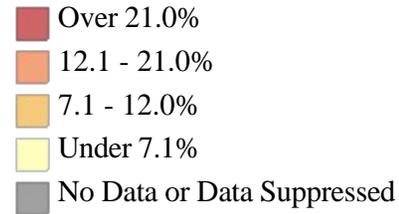
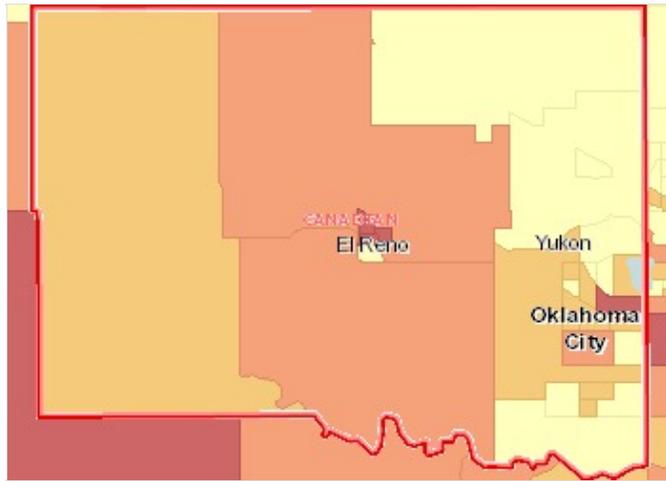


- Canadian County, Oklahoma (8.84%)
- Oklahoma (14.13%)
- United States (14.61%)

Note: This indicator is compared with the state average.

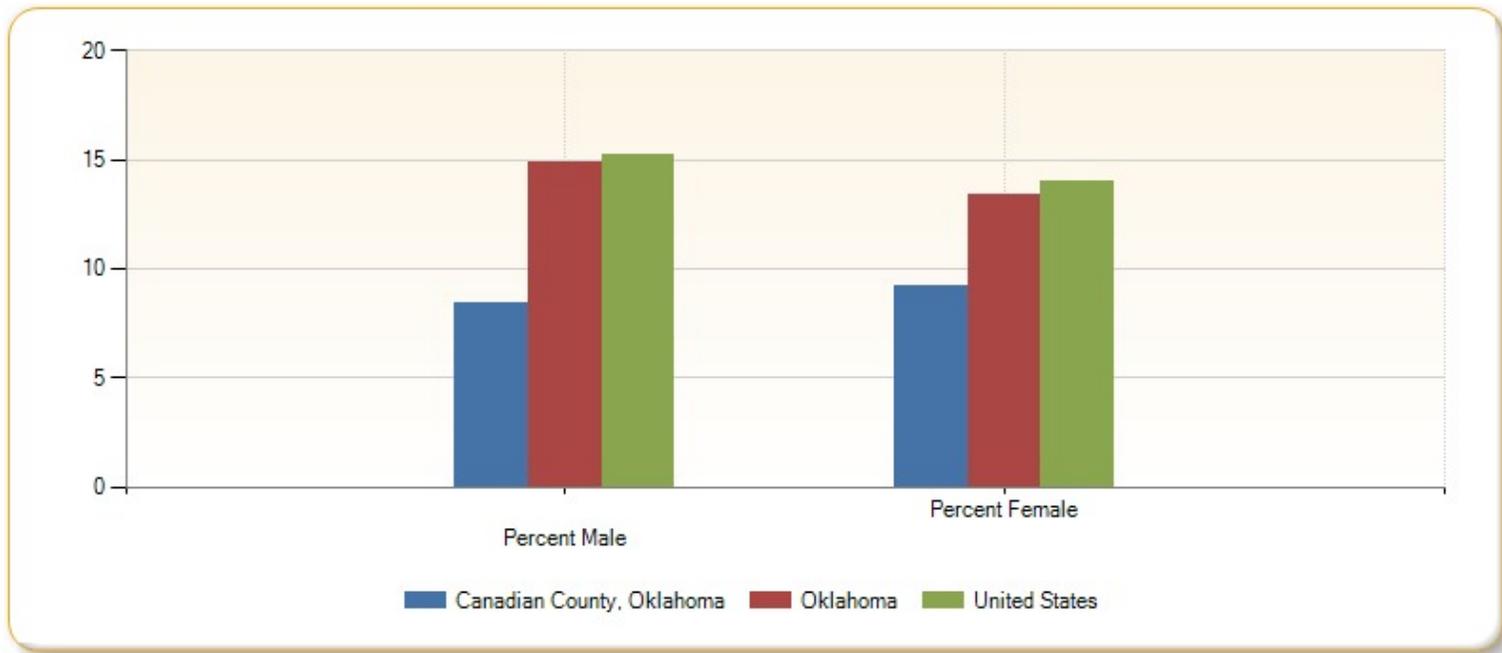
Data Source: U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates. Source geography: Tract.

Population with No High School Diploma, Percent by Tract, 2007-11



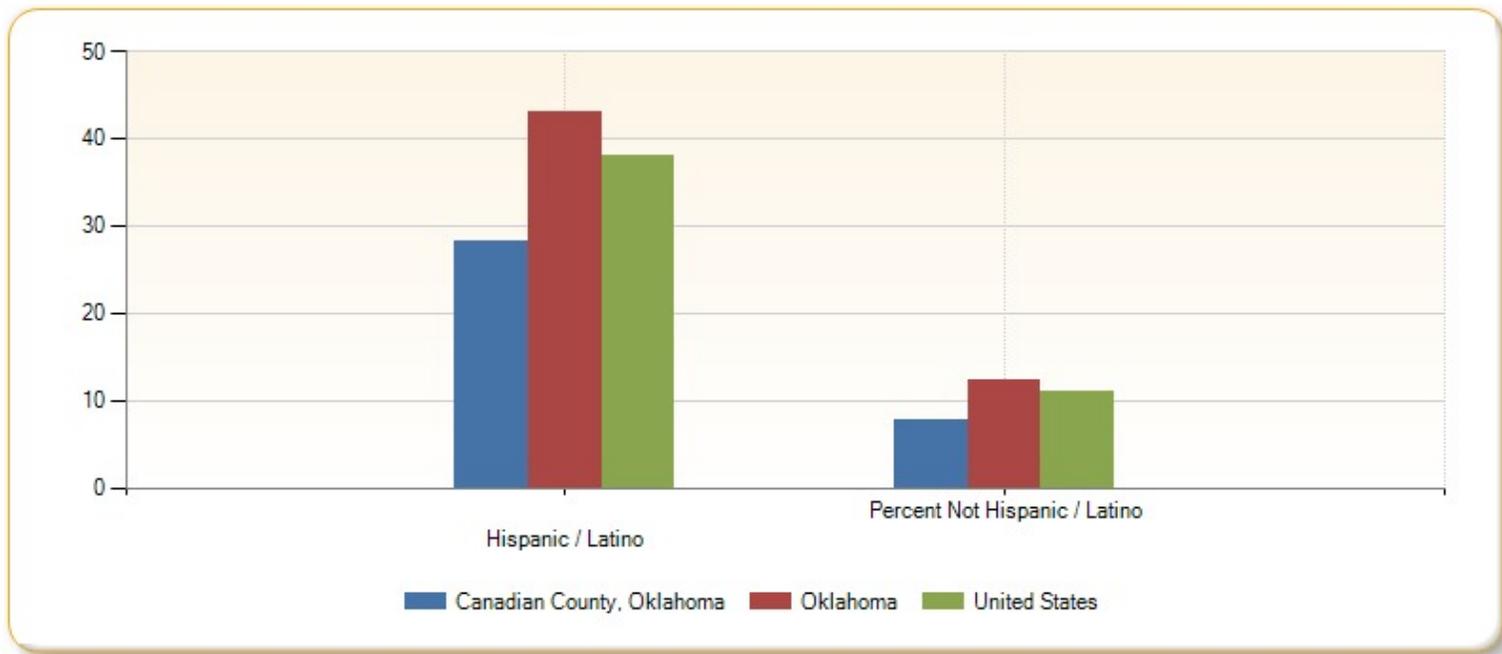
Population with No High School Diploma by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Canadian County, Oklahoma	3,060	3,474	8.46%	9.22%
Oklahoma	174,028	166,744	14.89%	13.43%
United States	14,843,338	14,675,597	15.27%	14%



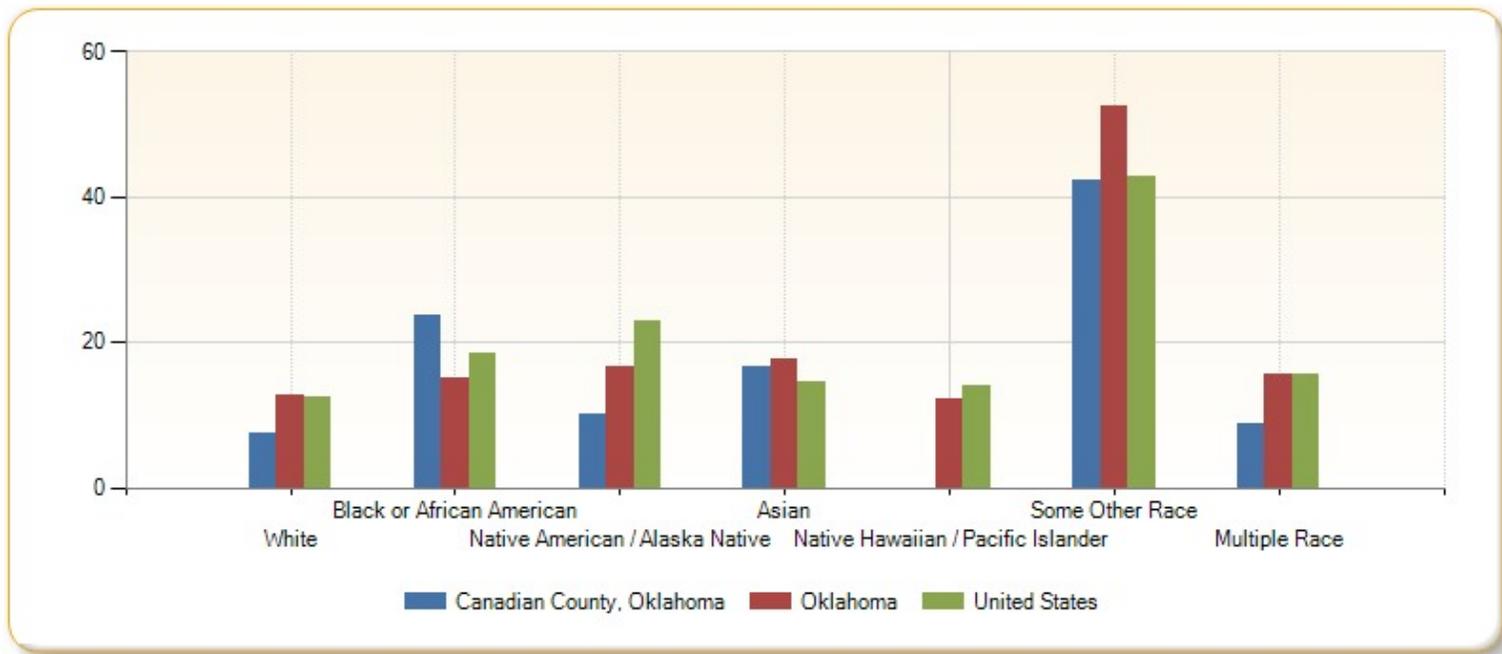
Population with No High School Diploma by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Canadian County, Oklahoma	1,024	5,510	28.31%	7.84%
Oklahoma	64,138	276,634	43.11%	12.23%
United States	10,052,322	19,466,613	37.97%	11.09%



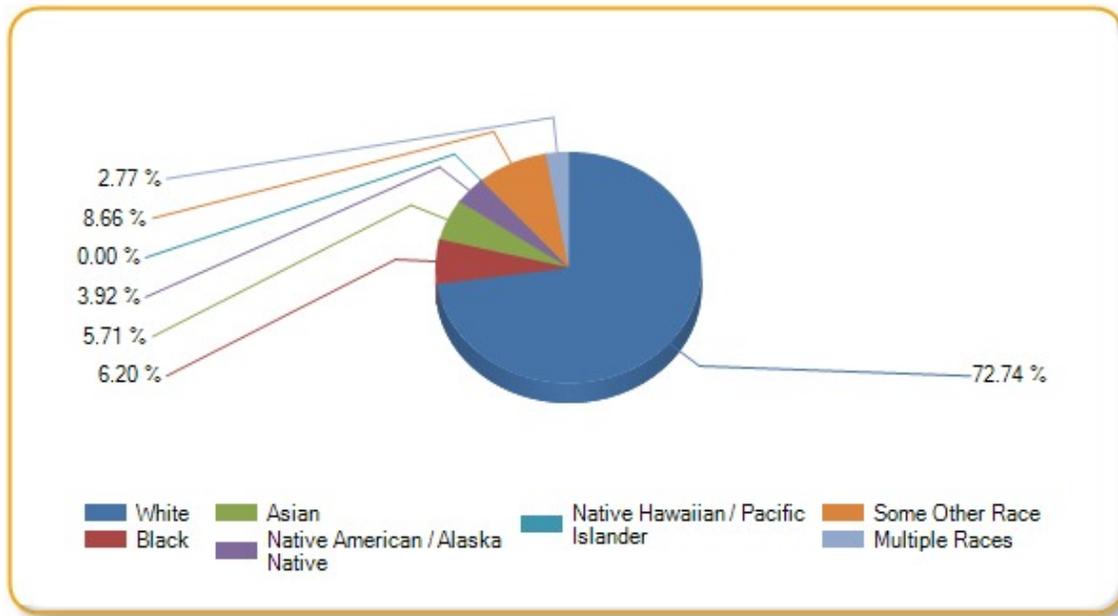
Population with No High School Diploma by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	7.43%	23.60%	10.09%	16.68%	0%	42.33%	8.79%
Oklahoma	12.73%	15.02%	16.50%	17.61%	12.14%	52.37%	15.49%
United States	12.40%	18.49%	22.81%	14.40%	14.04%	42.73%	15.58%



Population with No High School Diploma by Race Alone, Total

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Canadian County, Oklahoma	4,753	405	373	256	0	566	181
Oklahoma	240,672	23,755	7,121	23,745	262	25,651	19,566
United States	19,300,120	4,278,858	1,410,870	335,016	40,715	3,667,831	485,525



Teen Births

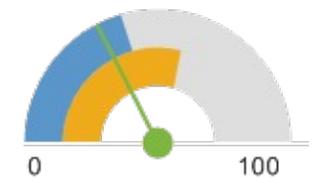
This indicator reports the rate of total births to women under the age of 15 - 19 per 1,000 female population age 15 - 19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Report Area	Female Population Age 15 - 19	Births to Mothers Age 15 - 19	Teen Birth Rate (Per 1,000 Births)
Canadian County, Oklahoma	25,071	880	35.10
Oklahoma	861,887	50,248	58.30
United States	72,071,117	2,969,330	41.20

Note: This indicator is compared with the state average.

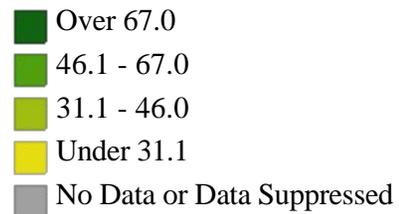
Data Source: [Centers for Disease Control and Prevention, National Vital Statistics Systems, 2003-2009](#). Accessed through the [Health Indicators Warehouse](#). Source geography: County.

Teen Birth Rate (Per 1,000 Births)



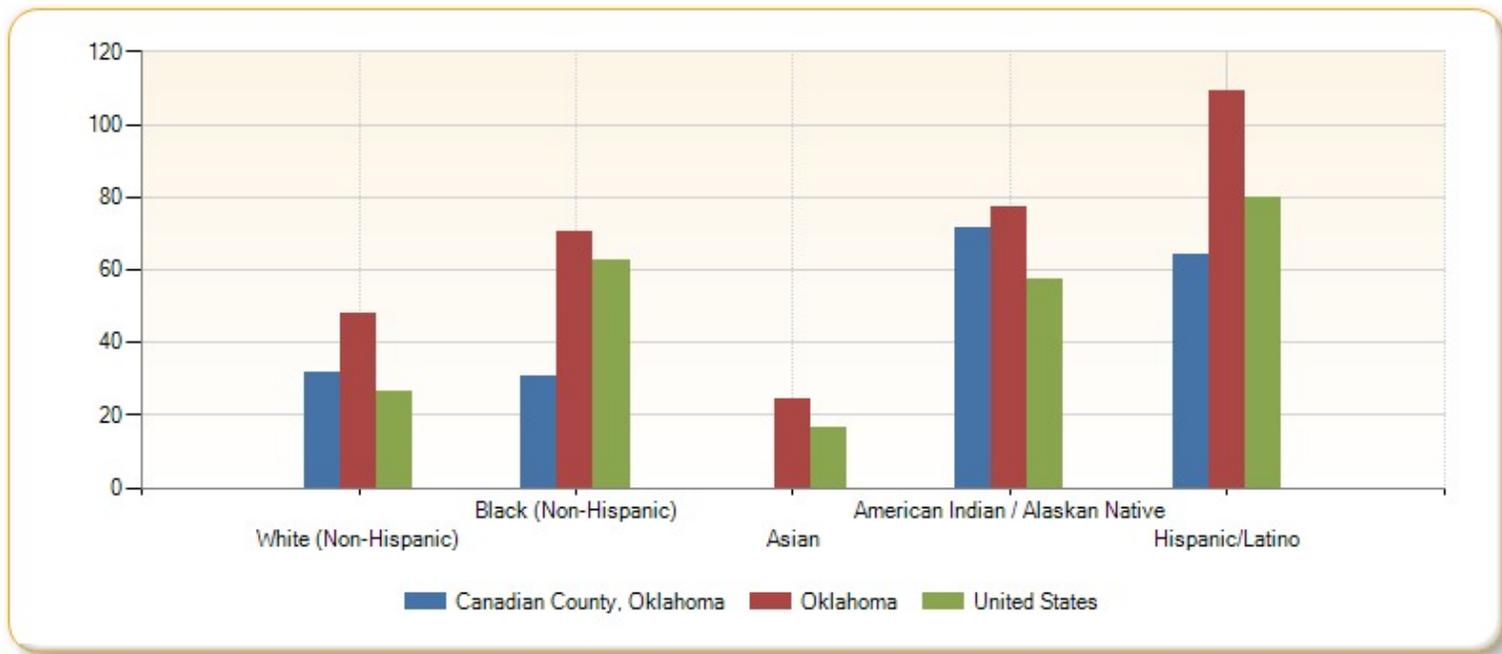
- Canadian County, Oklahoma (35.10)
- Oklahoma (58.30)
- United States (41.20)

Teen Births, Females (Age 15-19), Rate (Per 100,000 Pop.) by County, 2003-09



Teenage Girls by Race / Ethnicity, Birth Rate (Per 1,000 Births)

Report Area	White (Non-Hispanic)	Black (Non-Hispanic)	Asian	American Indian / Alaskan Native	Hispanic/Latino
Canadian County, Oklahoma	31.60	30.40	no data	71.50	64.20
Oklahoma	47.70	70.60	24.40	77	109.30
United States	26.30	62.40	16.70	57.50	79.70



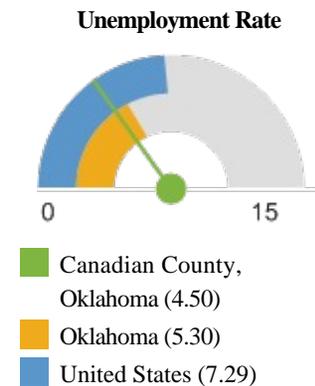
Unemployment Rate

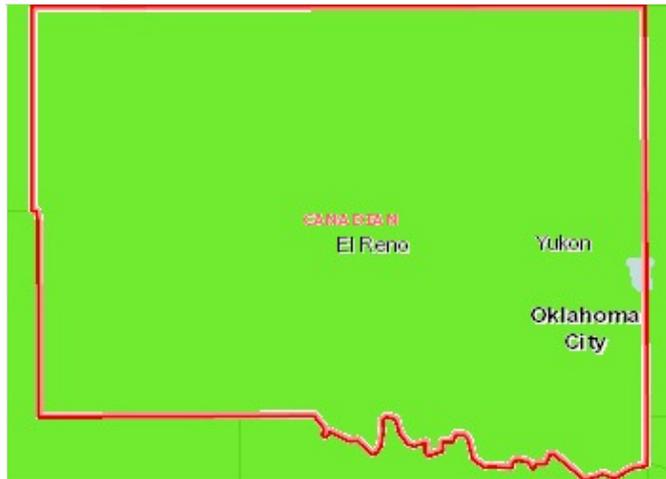
This indicator reports the percentage of the civilian noninstitutionalized population age 16 and older that is unemployed (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Canadian County, Oklahoma	59,539	56,846	2,693	4.50
Oklahoma	1,825,402	1,729,156	96,246	5.30
United States	1,071,701,624	993,590,308	78,111,316	7.29

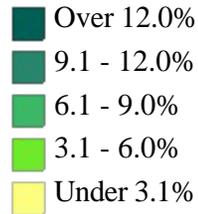
Note: This indicator is compared with the state average. No breakout data available.

Data Source: [U.S. Bureau of Labor Statistics, April 2013 Local Area Unemployment Statistics](#). Source geography: County.





Unemployment, Rate by County, 2013-May

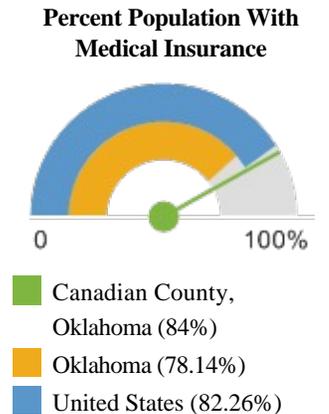


Uninsured Population (Adults)

The lack of health insurance is considered a *key driver* of health status.

This indicator reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

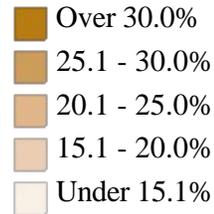
Report Area	Total Population Under Age 65	Population Without Medical Insurance	Percent Population Without Medical Insurance	Population with Medical Insurance	Percent Population With Medical Insurance
Canadian County, Oklahoma	101,929	16,326	16%	85,602	84%
Oklahoma	3,163,465	691,408	21.86%	2,472,057	78.14%
United States	262,403,381	46,556,803	17.74%	215,846,576	82.26%



Note: This indicator is compared with the state average. No breakout data available.

Data Source: U.S. Census Bureau, Small Area Health Insurance Estimates (SAHIE), 2010. Source geography: County.

Uninsured Population, Adults Age 18-64, Percent by County, 2010



Uninsured Population (Children)

The lack of health insurance is considered a *key driver* of health status.

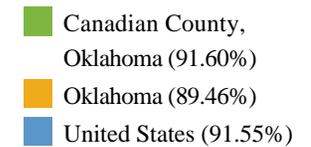
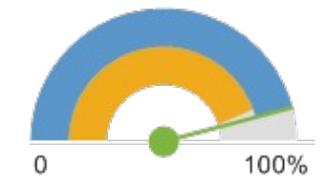
This indicator reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population Under Age 19	Population Without Medical Insurance	Percent Population Without Medical Insurance	Population with Medical Insurance	Percent Population With Medical Insurance
Canadian County, Oklahoma	32,524	2,747	8.40%	29,777	91.60%
Oklahoma	967,299	101,996	10.54%	865,303	89.46%
United States	76,968,561	6,505,941	8.45%	70,462,624	91.55%

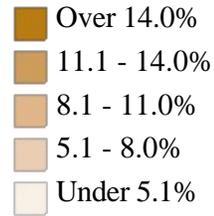
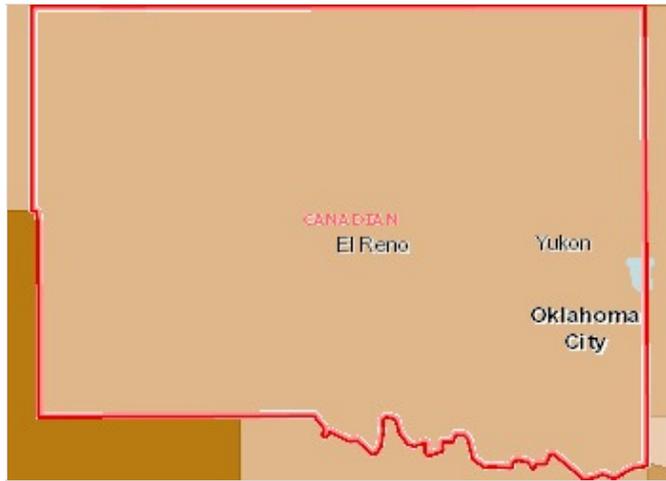
Note: This indicator is compared with the state average. No breakout data available.

Data Source: [U.S. Census Bureau, Small Area Health Insurance Estimates \(SAHIE\), 2010](#). Source geography: County.

Percent Population With Medical Insurance



Uninsured Population, Children Age 0-17, Percent by County, 2010

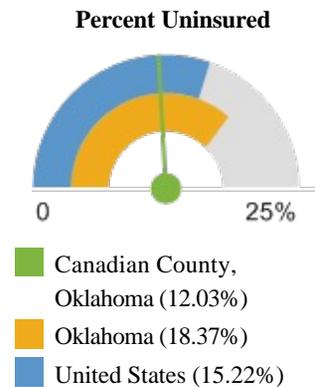


Uninsured Population (Total)

The lack of health insurance is considered a *key driver* of health status.

This indicator reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

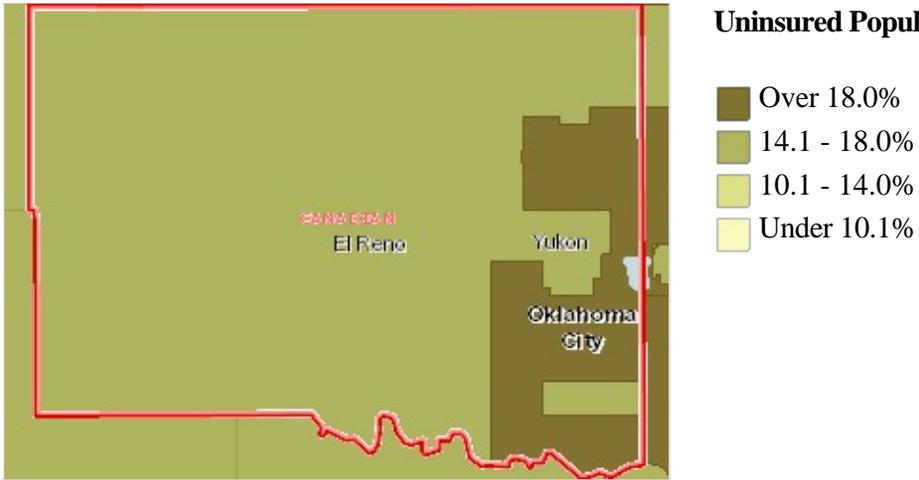
Report Area	Total Population (For Whom Insurance Status is Determined)	Number Uninsured	Percent Uninsured
Canadian County, Oklahoma	116,332	13,688	12.03%
Oklahoma	3,756,421	689,967	18.37%
United States	309,231,232	46,282,216	15.22%



Note: This indicator is compared with the state average.

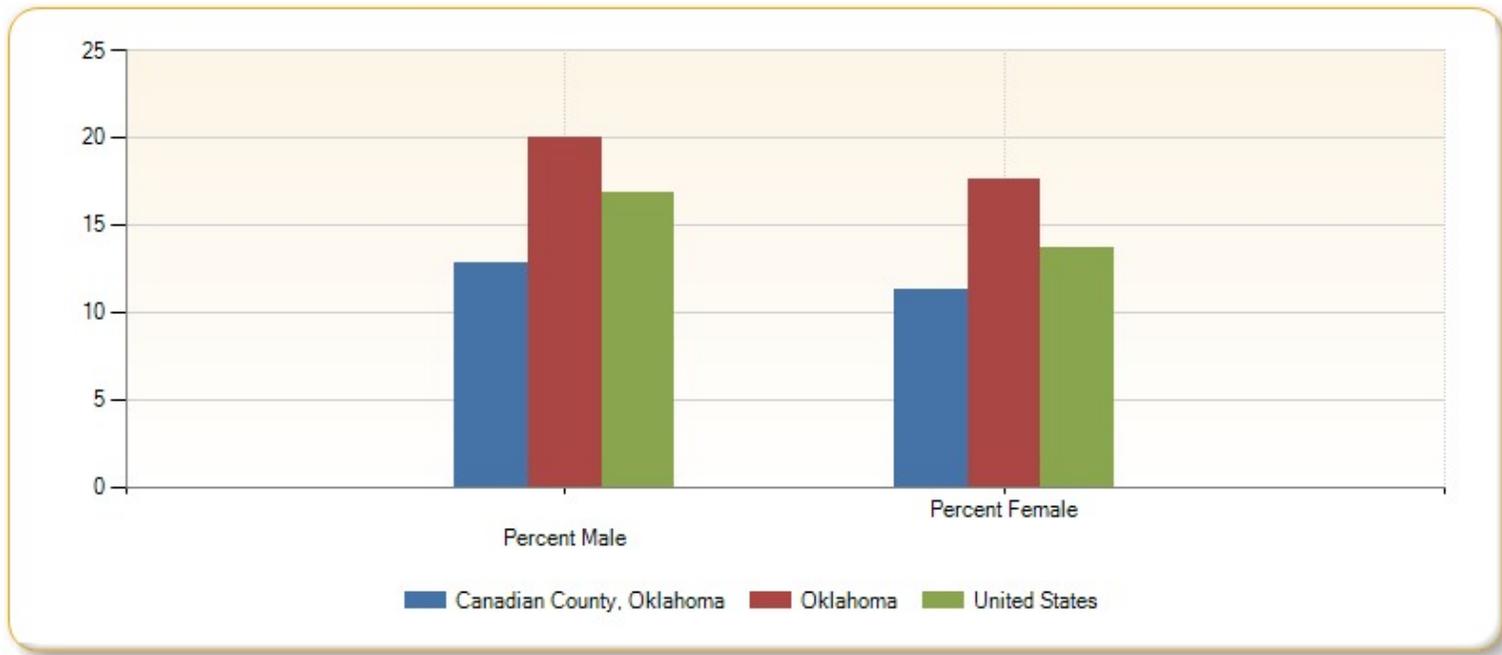
Data Source: U.S. Census Bureau, 2008-2010 American Community Survey 3-Year Estimates. Source geography: PUMA.

Uninsured Population, Percent by PUMA, 2009-11



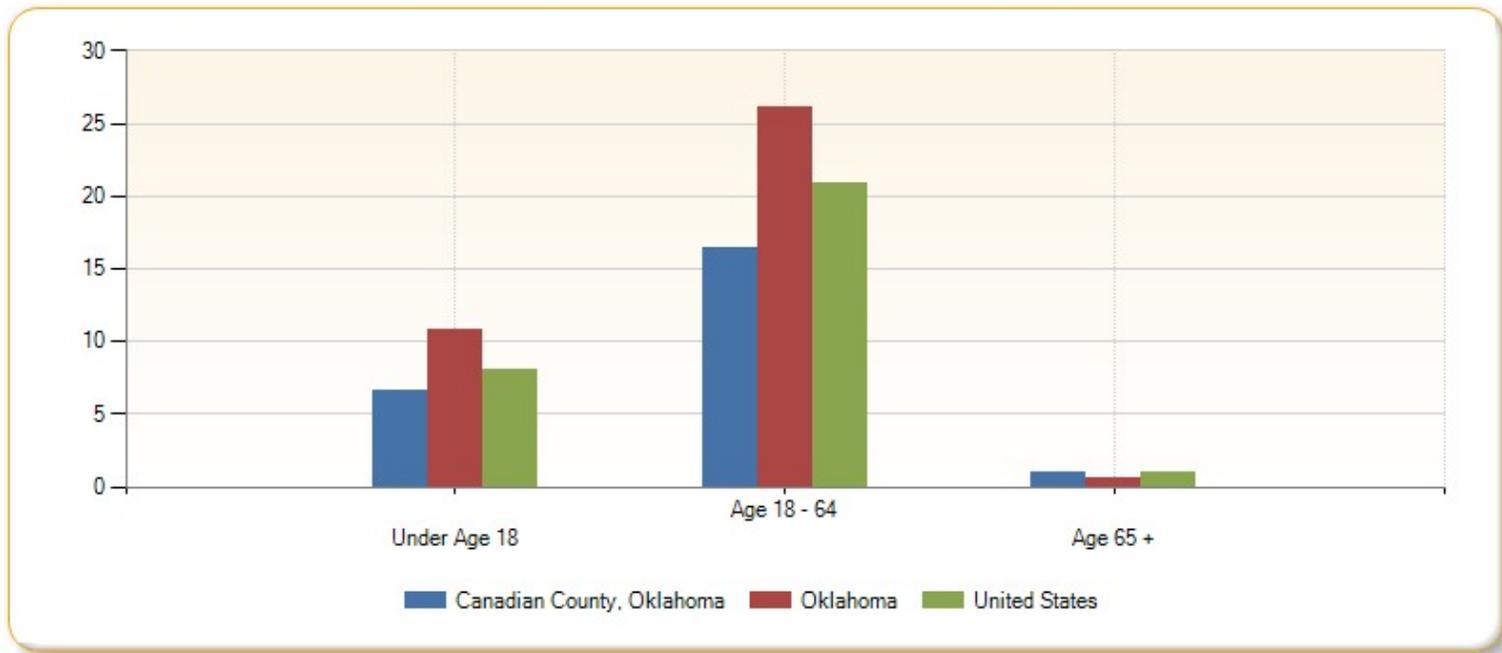
Uninsured Population by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Canadian County, Oklahoma	7,094	6,594	12.77%	11.32%
Oklahoma	359,783	330,184	20.03%	17.61%
United States	24,979,664	21,302,552	16.84%	13.68%



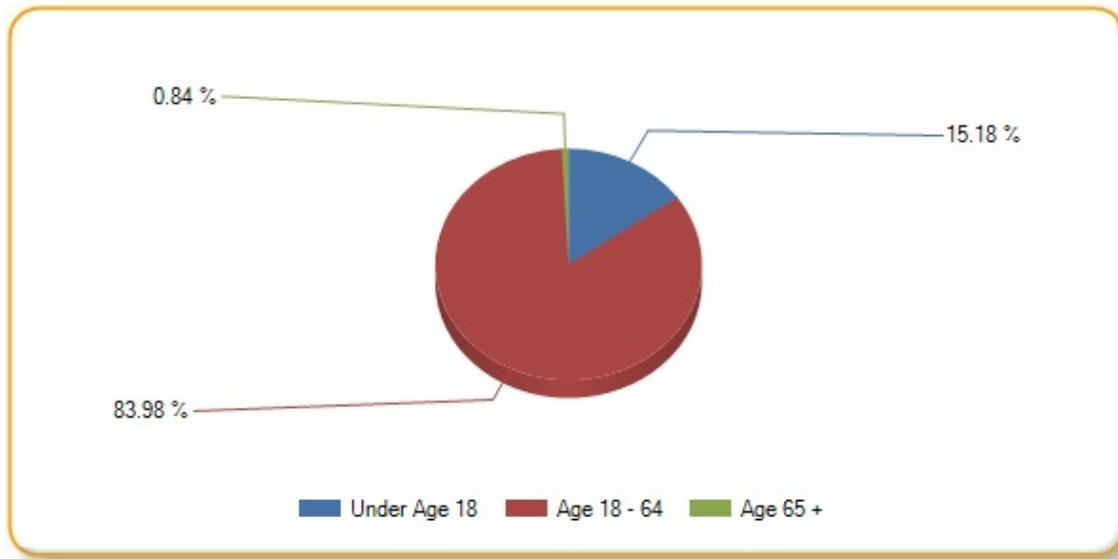
Uninsured Population by Age Group, Percent

Report Area	Under Age 18	Age 18 - 64	Age 65
Canadian County, Oklahoma	6.67%	16.38%	0.92%
Oklahoma	10.78%	26.06%	0.58%
United States	8.04%	20.92%	0.97%



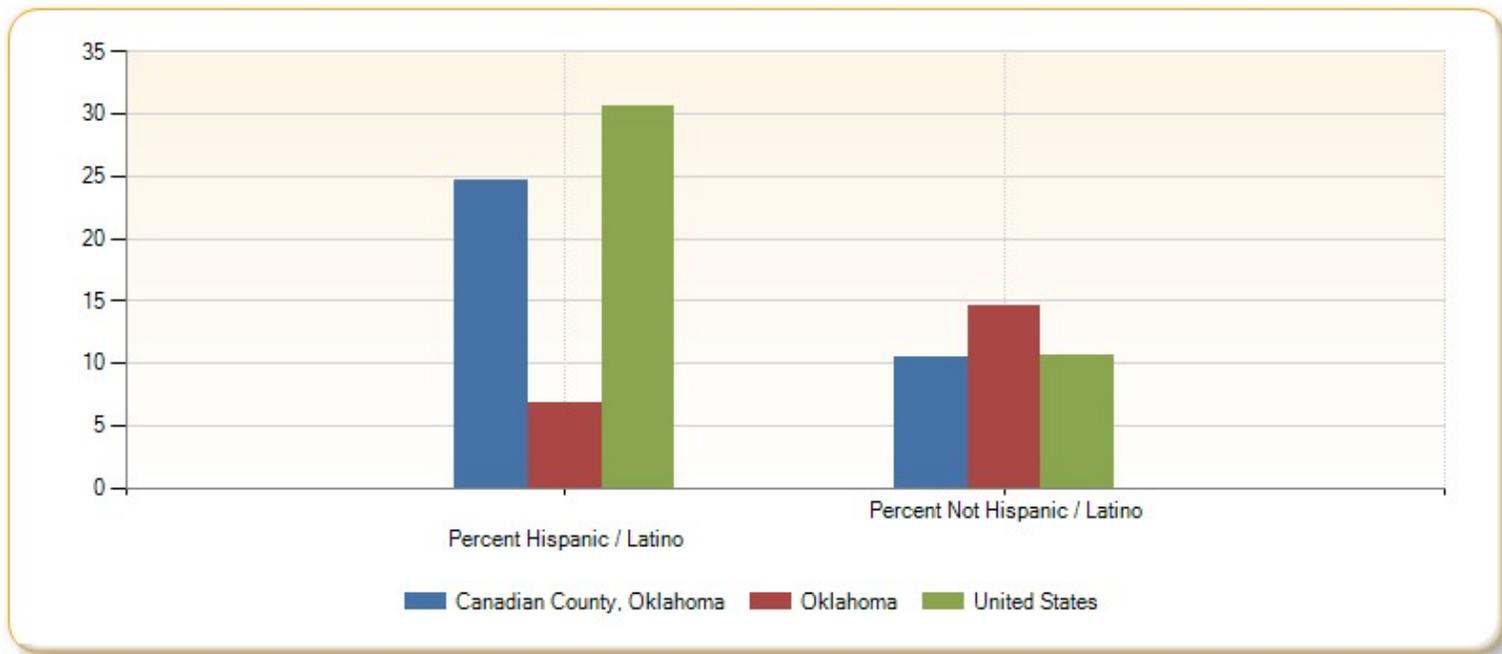
Uninsured Population by Age Group, Total

Report Area	Under Age 18	Age 18 - 64	Age 65 +
Canadian County, Oklahoma	2,078	11,495	115
Oklahoma	100,097	587,034	2,836
United States	5,940,027	39,963,048	379,139



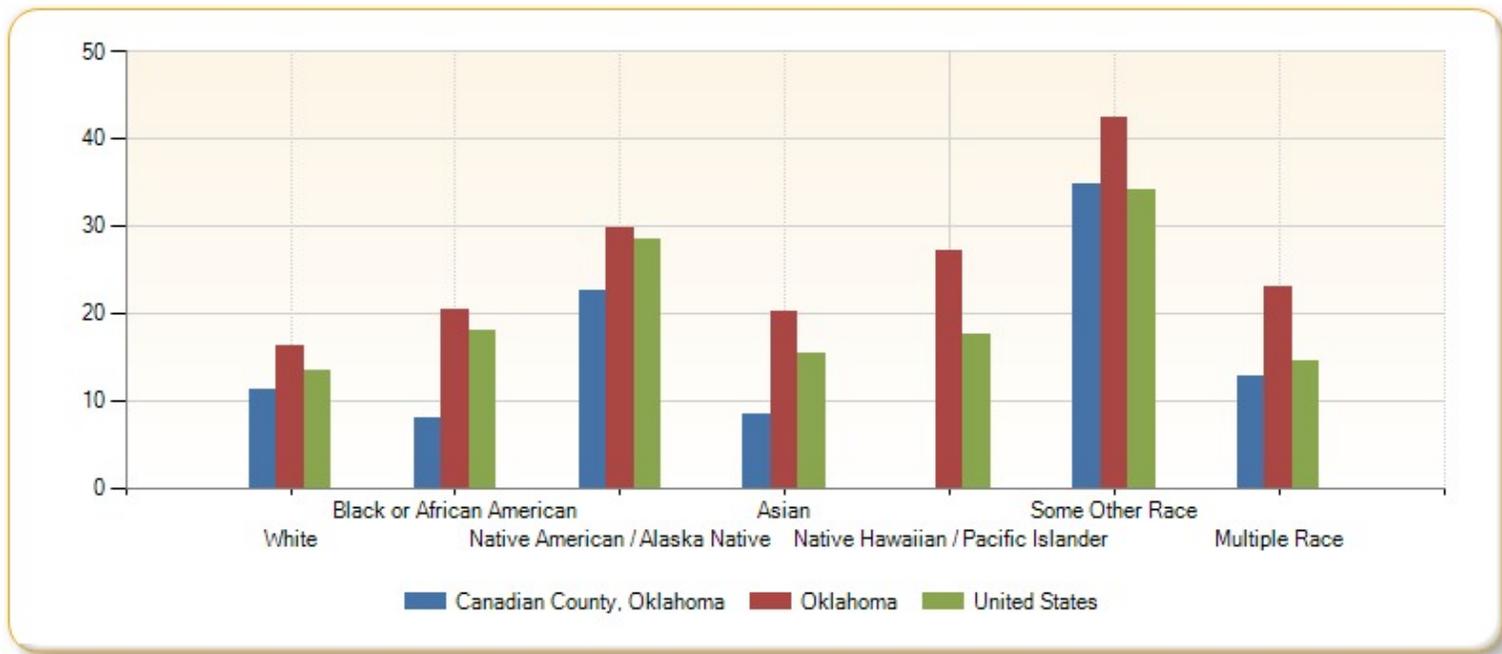
Uninsured Population by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Canadian County, Oklahoma	1,874	9,570	24.59%	10.49%
Oklahoma	126,443	368,581	6.74%	14.59%
United States	15,296,271	20,704,240	30.60%	10.67%



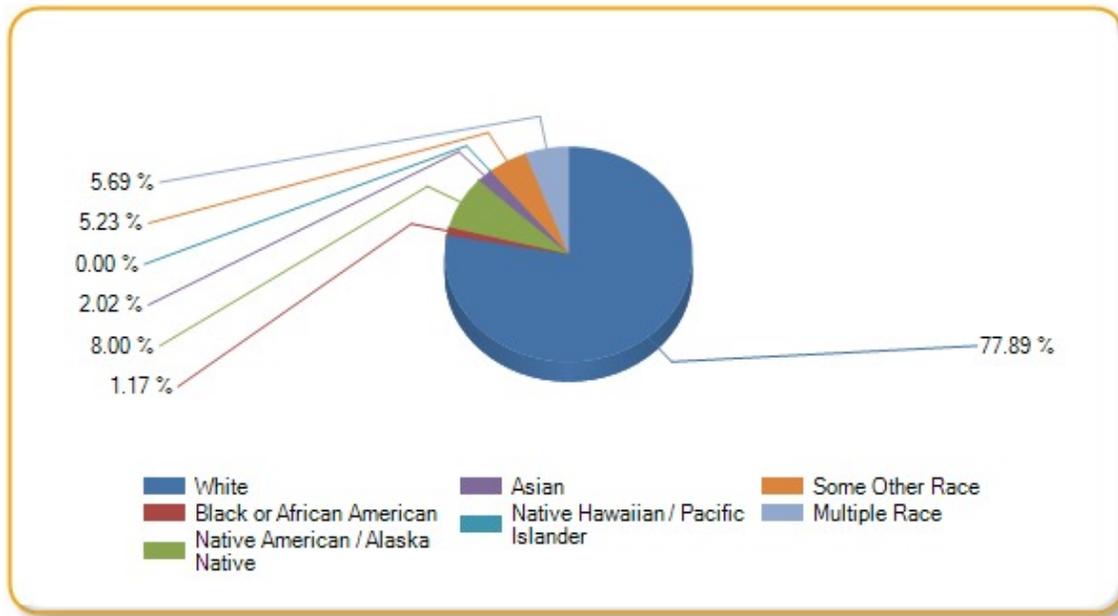
Uninsured Population by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	11.16%	8.02%	22.51%	8.48%	no data	34.79%	12.83%
Oklahoma	16.31%	20.35%	29.85%	20.20%	27.25%	42.53%	23.12%
United States	13.41%	17.91%	28.52%	15.31%	17.64%	34.17%	14.56%



Uninsured Population by Race Alone, Total

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	10,661	160	1,095	277	no data	716	779
Oklahoma	442,625	52,337	75,204	13,029	1,146	39,100	66,526
United States	30,305,332	6,713,197	702,862	2,253,155	87,509	5,036,274	1,183,883



Physical Environment

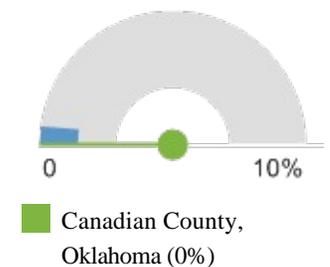
A community's health also is affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health.

Air Quality (Ozone)

This indicator reports the percentage of days per year with Ozone (O3) levels above the National Ambient Air Quality Standard of 75 parts per billion (ppb). Figures are calculated using data collected by monitoring stations and modeled to include census tracts where no monitoring stations exist. This indicator is relevant because poor air quality contributes to respiratory issues and overall poor health.

Report Area	Total Population	Average Daily Ambient Ozone Concentration	Number of Days Exceeding Emissions Standards	Percentage of Days Exceeding Standards, Crude Average	Percentage of Days Exceeding Standards, Pop. Adjusted Average
Canadian County, Oklahoma	115,541	41.27	0	0%	0%
Oklahoma	3,751,351	40.80	0.11	0.03%	0.03%
United States	312,471,327	38.98	1.59	0.44%	0.47%

Percentage of Days Exceeding Standards, Pop. Adjusted Average



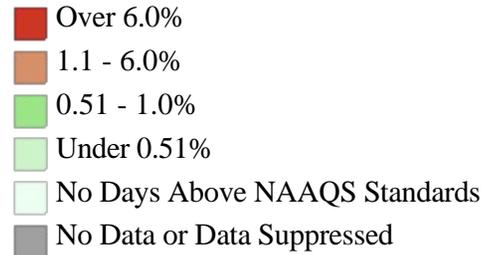
Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network, 2008](#). Source geography: Tract.

Oklahoma (0.03%)
United States (0.47%)



Days Above NAAQ Standards for Ozone (O3), Percent by Tract, 2008

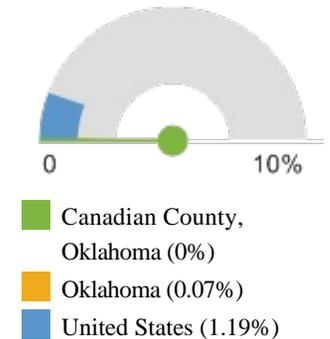


Air Quality (Particulate Matter 2.5)

This indicator reports the percentage of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard (35 micrograms per cubic meter) per year, calculated using data collected by monitoring stations and modeled to include counties where no monitoring stations occur. This indicator is relevant because poor air quality contributes to respiratory issues and overall poor health.

Report Area	Total Population	Average Daily Ambient Particulate Matter 2.5	Number of Days Exceeding Emissions Standards	Percentage of Days Exceeding Standards, Crude Average	Percentage of Days Exceeding Standards, Pop. Adjusted Average
Canadian County, Oklahoma	115,541	8.88	0	0%	0%
Oklahoma	3,751,351	9.17	0.26	0.07%	0.07%
United States	312,471,327	10.65	4.17	1.14%	1.19%

Percentage of Days Exceeding Standards, Pop. Adjusted Average



Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network, 2008](#). Source geography: Tract.



Days Above NAAQS Standards for Particulate Matter (PM 2.5), Percent by Tract, 2008

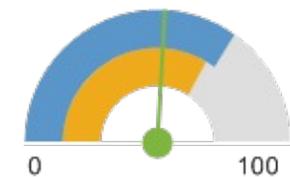
- Over 6.0%
- 1.1 - 6.0%
- 0.51 - 1.0%
- Under 0.51%
- No Days Above NAAQS Standards
- No Data or Data Suppressed

Fast Food Restaurant Access

This indicator reports the number of fast food restaurants per 100,000 population. Fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Report Area	Total Population	Number of Establishments	Establishment Rate per 100,000 Population
Canadian County, Oklahoma	115,541	60	51.93
Oklahoma	3,751,351	2,535	67.58
United States	308,745,538	216,243	70.04

Establishment Rate per 100,000 Population



- Canadian County, Oklahoma (51.93)
- Oklahoma (67.58)
- United States (70.04)

*Note: This indicator is compared with the state average. No breakout data available.
 Data Source: [U.S. Census Bureau, County Business Patterns, 2011](#). Source geography: County.*



Fast Food Restaurants, Rate (Per 100,000 Pop.) by County, 2011

- Over 100.0
- 75.1 - 100.0
- 50.1 - 75.0
- Under 50.1
- No Fast Food Restaurants

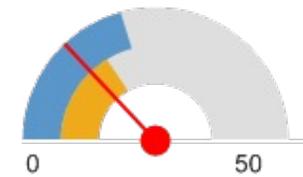
Grocery Store Access

This indicator reports the number of grocery stores per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Report Area	Total Population	Number of Establishments	Establishment Rate per 100,000 Population
Canadian County, Oklahoma	115,541	15	12.98
Oklahoma	3,751,351	623	16.61
United States	308,745,538	64,366	20.85

*Note: This indicator is compared with the state average. No breakout data available.
 Data Source: [U.S. Census Bureau, County Business Patterns, 2011](#). Source geography: County.*

Establishment Rate per 100,000 Population



- Canadian County, Oklahoma (12.98)
- Oklahoma (16.61)
- United States (20.85)



Grocery Stores and Supermarkets, Rate (Per 100,000 Pop.) by County, 2011

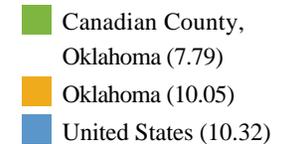
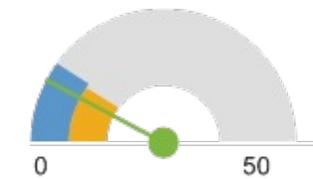


Liquor Store Access

This indicator reports the number of beer, wine, and liquor stores per 100,000 population, as defined by North American Industry Classification System (NAICS) Code 445310. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Report Area	Total Population	Number of Establishments	Establishment Rate per 100,000 Population
Canadian County, Oklahoma	115,541	9	7.79
Oklahoma	3,751,351	377	10.05
United States	308,745,538	31,876	10.32

Establishment Rate per 100,000 Population

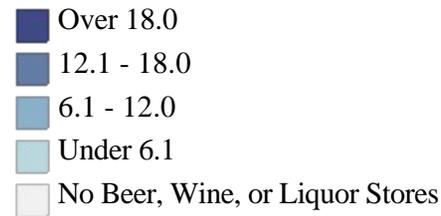


Note: This indicator is compared with the state average. No breakout data available.

Data Source: [U.S. Census Bureau, County Business Patterns, 2011](#). Source geography: County.



Beer, Wine and Liquor Stores, Rate (Per 100,000 Pop.) by County, 2011



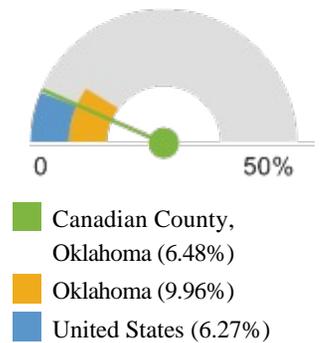
Low Income Population with Low Food Access

Report Area	Total Population	Low Income Population with Low Food Access	Percent Low Income Population with Low Food Access
Canadian County, Oklahoma	115,541	7,486	6.48%
Oklahoma	3,751,351	373,524	9.96%
United States	308,745,538	19,347,047	6.27%

Note: This indicator is compared with the state average. No breakout data available.

Data Source: [U.S. Department of Agriculture, Food Access Atlas, 2013](#). Source geography: Tract.

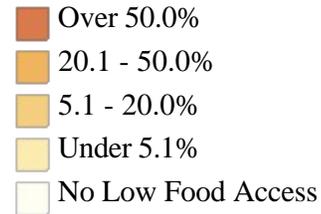
Percent Low Income Population with Low Food Access



- Canadian County, Oklahoma (6.48%)
- Oklahoma (9.96%)
- United States (6.27%)



Population with Limited Food Access, Low Income, Percent by Tract, 2010



Park Access

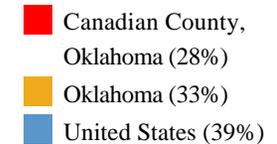
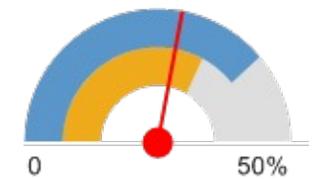
This indicator reports the percentage of population living within 1/2 mile of a park. This indicator is relevant because access to outdoor recreation encourages physical activity and other healthy behaviors.

Report Area	Total Population	Total Population Within 1/2 Mile of a Park	Percent Population Within 1/2 Mile of a Park
Canadian County, Oklahoma	115,541	32,351	28%
Oklahoma	3,751,351	1,253,010	33%
United States	312,732,537	120,503,664	39%

Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network, 2010](#). Source geography: County.

Percent Population Within 1/2 Mile of a Park





Population With Park Access (Within 1/2 Mile of a Park), Percent by County, 2010

- Over 32.0%
- 16.1 - 32.0%
- 6.1 - 16.0%
- Under 6.0%
- No Park Access

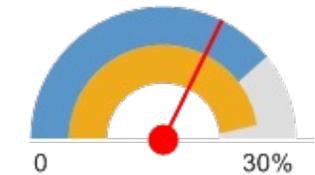
Population with Low Food Access

This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract (where a substantial number or share of residents has low access to a supermarket or large grocery store). This indicator is relevant because it highlights populations and geographies facing food insecurity.

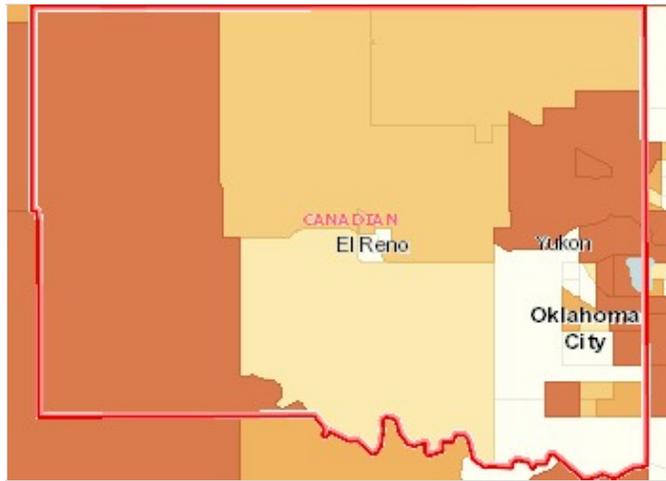
Report Area	Total Population	Population with Low Food Access	Percent Population with Low Food Access
Canadian County, Oklahoma	115,541	46,852	40.55%
Oklahoma	3,751,351	1,075,089	28.66%
United States	308,745,538	72,905,540	23.61%

*Note: This indicator is compared with the state average. No breakout data available.
 Data Source: [U.S. Department of Agriculture, Food Access Atlas, 2013](#). Source geography: Tract.*

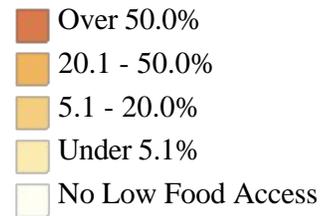
Percent Population with Low Food Access



- Canadian County, Oklahoma (40.55%)
- Oklahoma (28.66%)
- United States (23.61%)



Population with Limited Food Access, Percent by Tract, 2010

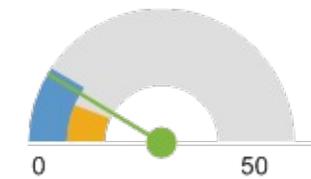


Recreation and Fitness Facility Access

This indicator reports the number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Report Area	Total Population	Number of Establishments	Establishment Rate per 100,000 Population
Canadian County, Oklahoma	115,541	10	8.65
Oklahoma	3,751,351	250	6.66
United States	308,745,538	29,506	9.56

Establishment Rate per 100,000 Population

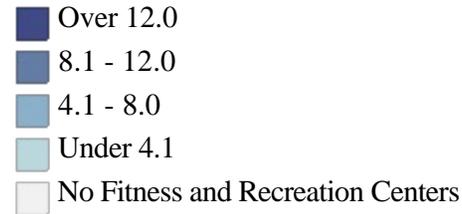


Note: This indicator is compared with the state average. No breakout data available.

Data Source: [U.S. Census Bureau, County Business Patterns, 2011](#). Source geography: County.



Recreation and Fitness Facilities, Rate (Per 100,000 Pop.) by County, 2011

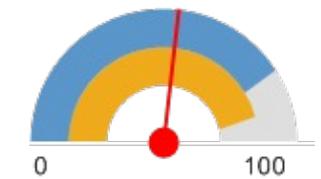


SNAP-Authorized Food Store Access

This indicator reports the number of SNAP-authorized food stores as a rate per 100,000 population. SNAP-authorized stores include grocery stores as well as supercenters, specialty food stores, and convenience stores that are authorized to accept SNAP (Supplemental Nutrition Assistance Program) benefits.

Report Area	Total Population	SNAP-Authorized Retailers	SNAP-Authorized Retailers, Rate per 100,000 Population
Canadian County, Oklahoma	119,492	64	53.56
Oklahoma	3,791,508	3,478	91.73
United States	311,449,532	255,511	82.04

SNAP-Authorized Retailers, Rate per 100,000 Population



Note: This indicator is compared with the state average. No breakout data available.

Data Source: [U.S. Department of Agriculture, Food Environment Atlas, 2012](#). Source geography: County.



SNAP-Authorized Stores, Rate (Per 100,000 Pop.) by County, 2011

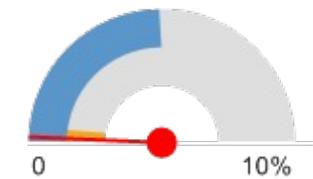
- Over 125.0
- 100.1 - 125.0
- 75.1 - 100.0
- Under 75.1
- No Data or Data Suppressed

Use of Public Transportation

This indicator reports the percentage of population using public transportation as their primary means of commute to work. Public transportation” includes buses or trolley buses, streetcars or trolley cars, subway or elevated rails, and ferryboats.

Report Area	Total Population Employed Age 16	Population Using Public Transit for Commute to Work	Population Using Public Transit for Commute to Work
Canadian County, Oklahoma	55,168	71	0.13
Oklahoma	1,668,821	7,880	0.47
United States	139,488,208	6,915,130	4.96

Population Using Public Transit for Commute to Work



- Canadian County, Oklahoma (0.13%)
- Oklahoma (0.47%)
- United States (4.96%)

Note: This indicator is compared with the state average. No breakout data available.

Data Source: [U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates](#). Source geography: County.

Workers Traveling to Work Using Public Transit, Percent by County, 2007-11



WIC-Authorized Food Store Access

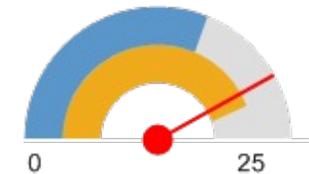
This indicator reports the number of food stores and other retail establishments per 100,000 population that are authorized to accept WIC Program (Special Supplemental Nutrition Program for Women, Infants, and Children) benefits and that carry designated WIC foods and food categories. This indicator is relevant because it provides a measure of food security and healthy food access for women and children in poverty as well as environmental influences on dietary behaviors.

Report Area	Total Population (2011 Estimate)	Number WIC-Authorized Food Stores	WIC-Authorized Food Store Rate (Per 100,000 Pop.)
Canadian County, Oklahoma	119,492	25	20.92
Oklahoma	3,814,128	850	22.20
United States	318,921,538	50,042	15.60

Note: This indicator is compared with the state average. No breakout data available.

Data Source: [U.S. Department of Agriculture, Food Environment Atlas, 2012](#). Source geography: County.

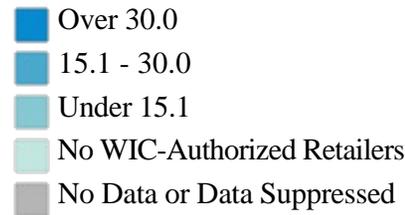
WIC-Authorized Food Store Rate (Per 100,000 Pop.)



- Canadian County, Oklahoma (20.92)
- Oklahoma (22.20)
- United States (15.60)



WIC-Authorized Stores, Rate (Per 100,000 Pop.) by County, 2011



Clinical Care

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsurance, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access.

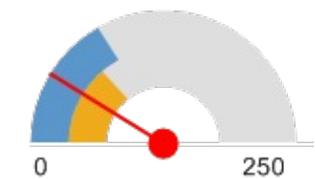
Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

Access to Primary Care

This indicator reports the number of primary care physicians per 100,000 population. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

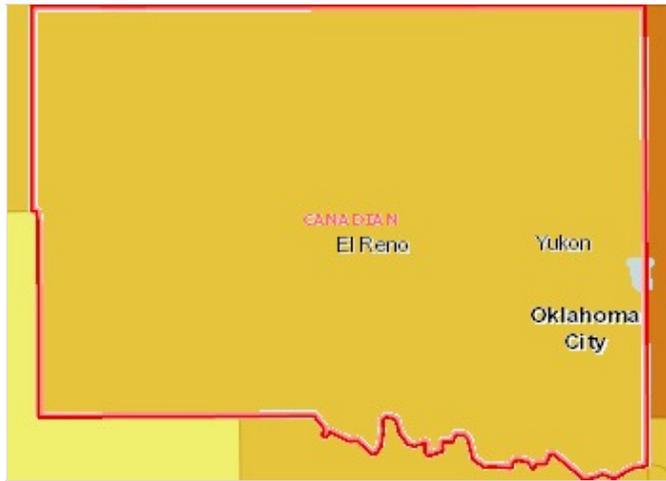
Report Area	Total Population	Total Primary Care Providers	Primary Care Provider Rate (Per 100,000 Pop.)
Canadian County, Oklahoma	115,541	51	44.14
Oklahoma	3,751,351	2,625	69.90
United States	312,471,327	264,897	84.70

Primary Care Provider Rate (Per 100,000 Pop.)

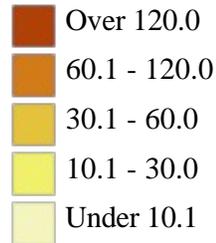


Note: This indicator is compared with the state average. No breakout data available.

Data Source: [U.S. Health Resources and Services Administration Area Resource File, 2011](#). Source geography: County.



Primary Care Facilities, Rate (Per 100,000 Pop.) by County, 2011

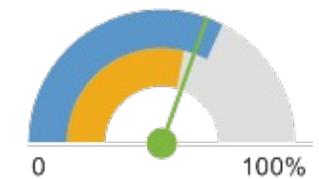


Breast Cancer Screening (Mammogram)

This indicator reports the percentage of female Medicare enrollees, age 67-69 or older, who have received one or more mammograms in the past two years. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Total Medicare Enrollees	Female Medicare Enrollees Age 67-69	Female Medicare Enrollees with Mammogram in Past 2 Years	Percent Female Medicare Enrollees with Mammogram in Past 2 Years
Canadian County, Oklahoma	8,665	762	464	61.02%
Oklahoma	380,066	33,191	19,214	57.89%
United States	51,875,184	4,218,820	2,757,677	65.37%

Percent Female Medicare Enrollees with Mammogram in Past 2 Years

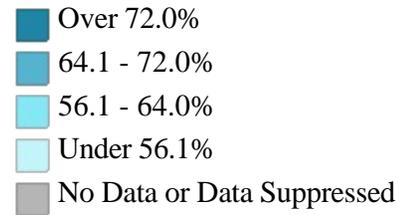


Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Dartmouth Atlas of Healthcare, Selected Measures of Primary Care Access and Quality, 2010](#). Source geography: County.



Patients with Mammogram in Past 2 Years, Percent of Female Medicare Enrollees, Age 67-69 by County, 2010

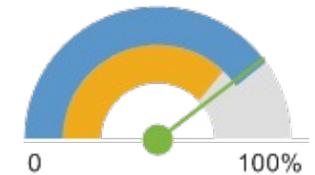


Cervical Cancer Screening (Pap Test)

This indicator reports the percentage of women aged 18 and older who self-report that they have had a Pap test in the past three years. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Female Population Age 18	Estimated Population with Regular Pap Test	Percent Population with Regular Pap Test
Canadian County, Oklahoma	38,674	30,630	79.20%
Oklahoma	160,509	120,061	74.80%
United States	94,071,886	75,649,213	80.42%

Percent Population with Regular Pap Test



Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010](#). Source geography: County.

Cervical Cancer Screening (Pap Test), Females Age 18 , Percent by County, 2004-10



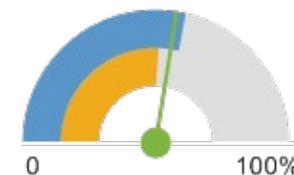
- Over 84.0%
- 80.1 - 84.0%
- 76.1 - 80.0%
- Under 76.1%
- No Data or Data Suppressed

Colon Cancer Screening (Sigmoid/Colonoscopy)

This indicator reports the percentage of adult men aged 50 and older who self-report that they have ever had a sigmoidoscopy or colonoscopy. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Male Population Age 50	Estimated Population Ever Screened for Colon Cancer	Percent Population Ever Screened for Colon Cancer
Canadian County, Oklahoma	14,146	7,780	55%
Oklahoma	513,036	259,596	50.60%
United States	41,994,838	24,124,869	57.45%

Percent Population Ever Screened for Colon Cancer



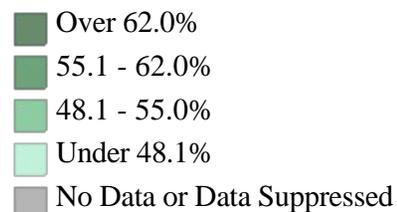
- Canadian County, Oklahoma (55%)
- Oklahoma (50.60%)
- United States (57.45%)

Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010](#). Source geography: County.



Colon Cancer Screening (Sigmoidoscopy / Colonoscopy), Adults Age 50 , Percent by County, 2004-10

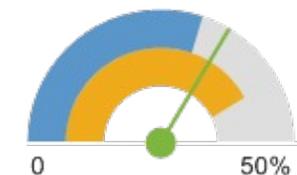


Dental Care Utilization (Adult)

This indicator reports the percentage of adults aged 18 and older who self-report that they have not visited a dentist, dental hygienist or dental clinic within the past year. This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Total Population (Age 18)	Total Adults Without Recent Dental Exam	Percent Adults with No Dental Exam
Canadian County, Oklahoma	80,304	27,019	33.65%
Oklahoma	2,793,624	1,181,932	42.31%
United States	235,375,690	70,965,788	30.15%

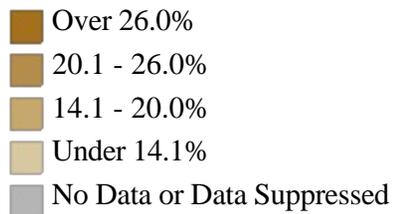
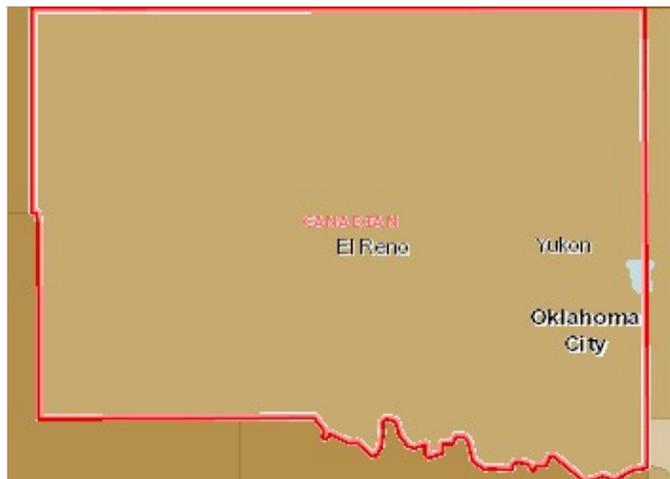
Percent Adults with No Dental Exam



Note: This indicator is compared with the state average.

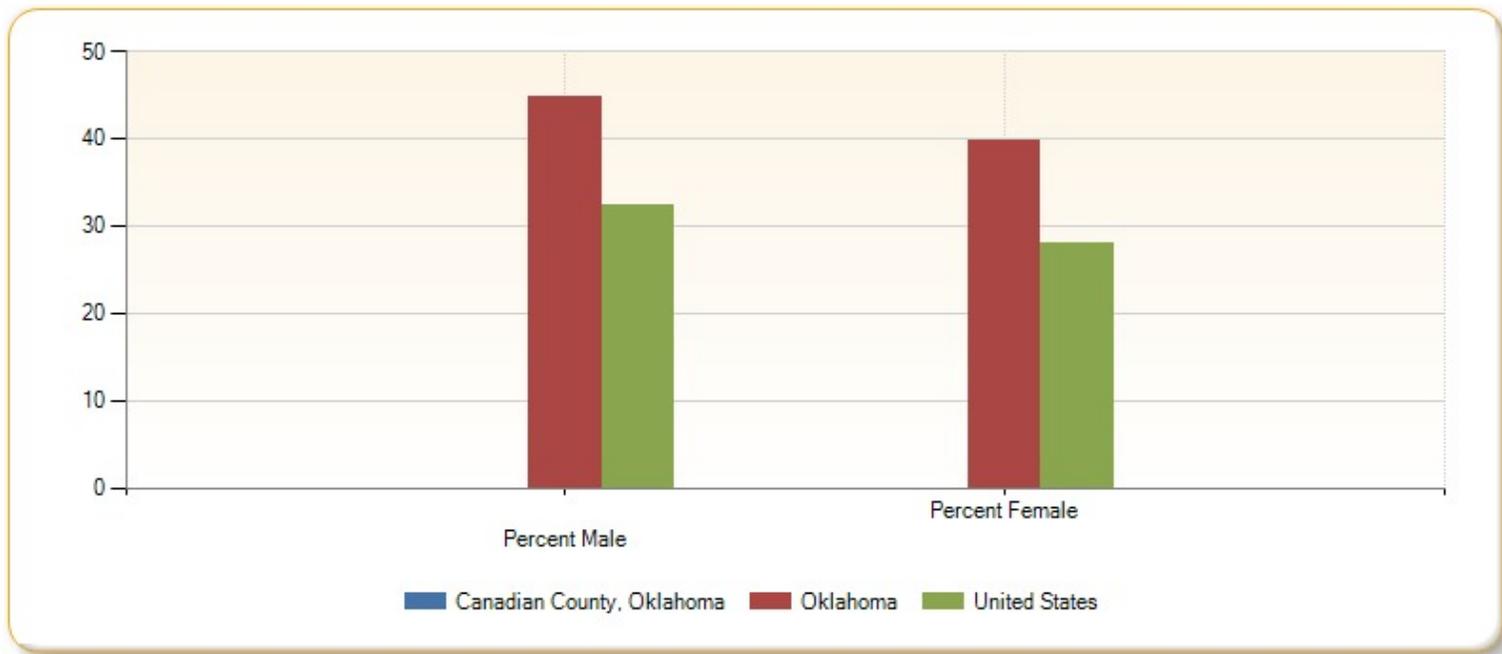
Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010](#). Source geography: County.

6 or More Permanent Teeth Removed, Adults (Age 18), Percent by County, 2006-10



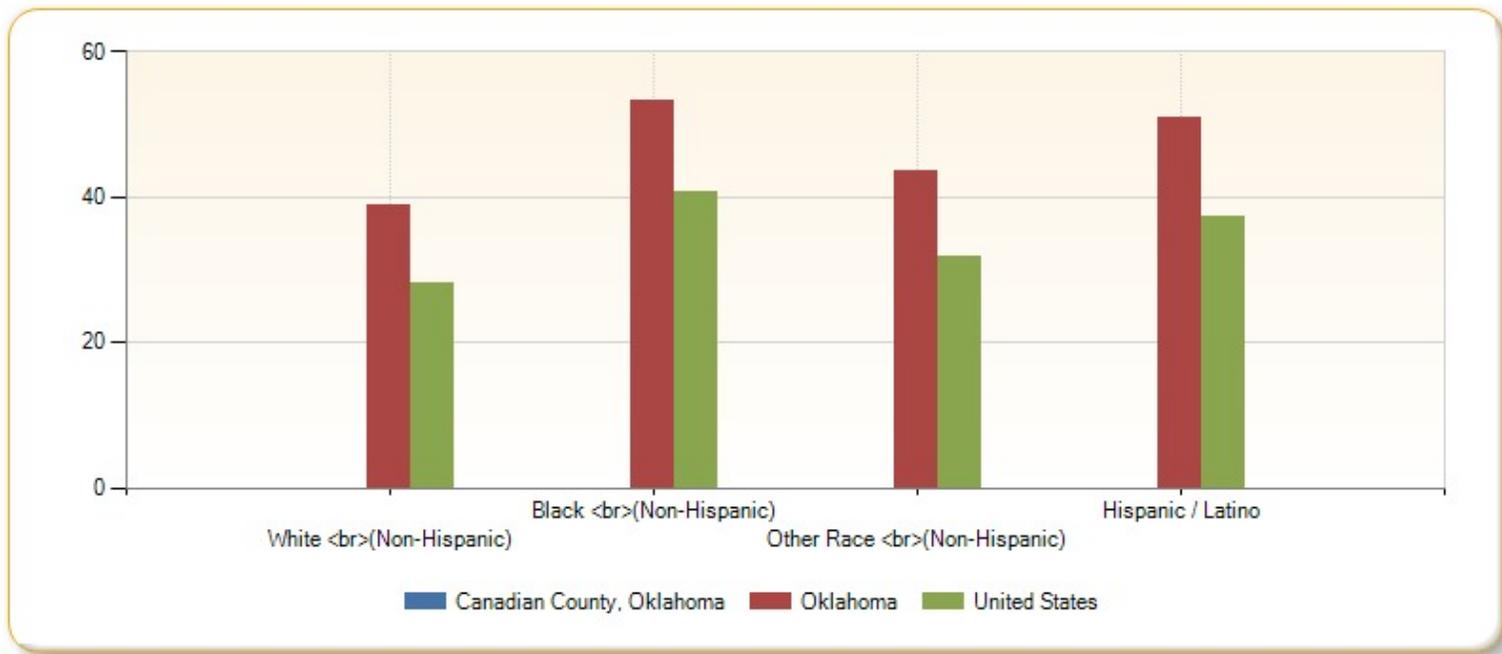
Adults Without Recent Dental Exam by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Canadian County, Oklahoma	no data	no data	no data	no data
Oklahoma	603,193	570,106	44.82%	39.92%
United States	36,311,042	34,083,921	32.30%	28.12%



Adults Without Recent Dental Exam by Race / Ethnicity, Percent

Report Area	White (Non-Hispanic)	Black (Non-Hispanic)	Other Race (Non-Hispanic)	Hispanic / Latino
Canadian County, Oklahoma	no data	no data	no data	no data
Oklahoma	38.82%	53.18%	43.63%	50.92%
United States	28.08%	40.65%	31.75%	37.39%

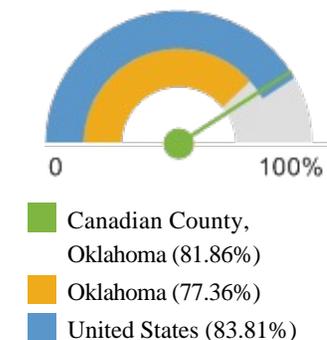


Diabetes Management (Hemoglobin A1c Test)

This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test which measures blood sugar levels, administered by a health care professional in the past year. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Total Medicare Enrollees	Medicare Enrollees with Diabetes	Medicare Enrollees with Diabetes with Annual Exam	Percent Medicare Enrollees with Diabetes with Annual Exam
Canadian County, Oklahoma	8,665	1,064	870	81.86%
Oklahoma	380,066	48,614	37,609	77.36%
United States	51,875,184	6,218,804	5,212,097	83.81%

Percent Medicare Enrollees with Diabetes with Annual Exam

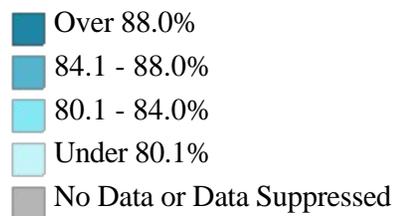


Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Dartmouth Atlas of Healthcare, Selected Measures of Primary Care Access and Quality, 2010](#). Source geography: County.



Patients with Annual HA1C Test (Diabetes), Percent of Medicare Enrollees with Diabetes by County, 2010



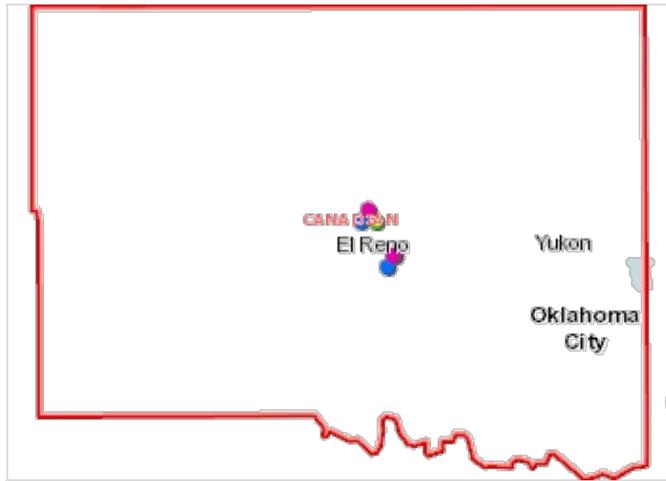
Facilities Designated as Health Professional Shortage Areas

This indicator reports the number and location of health care facilities designated as "Health Professional Shortage Areas" (HPSAs), defined as having shortages of primary medical care, dental or mental health providers. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Report Area	Primary Care Facilities	Mental Health Care Facilities	Dental Health Care Facilities	Total HPSA Facility Designations
Canadian County, Oklahoma	2	2	2	6
Oklahoma	98	97	87	282
United States	3,163	2,630	2,547	8,340

Note: No breakout data available.

Data Source: [U.S. Health Resources and Services Administration, Health Professional Shortage Area File, 2012](#). Source geography: Address.



Facilities Designated as HPSAs by Location, 2013-April

- Primary Care
- Mental Health
- Dental Care

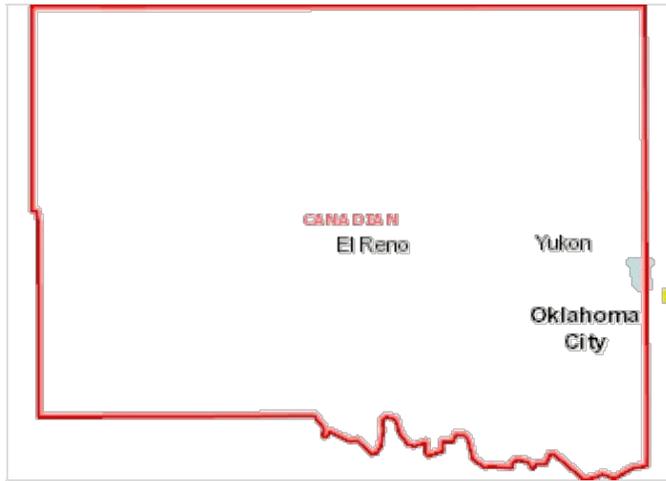
Federally Qualified Health Centers

This indicator reports the number of Federally Qualified Health Centers (FQHCs) in the community. This indicator is relevant because FQHCs are community assets that provide health care to vulnerable populations; they receive extra funding from the federal government to promote access to ambulatory care in areas designated as medically underserved.

Report Area	Total Population	Number of Federally Qualified Health Centers	Rate of Federally Qualified Health Centers per 100,000 Population
Canadian County, Oklahoma	115,541	0	0
Oklahoma	3,751,351	61	1.63
United States	312,471,327	5,402	1.73

Note: No breakout data available.

Data Source: [U.S. Health Resources and Services Administration, Centers for Medicare & Medicaid Services, Provider of Service File, 2012](#). Source geography: Address.



Federally Qualified Health Centers, Total 2012-Q4

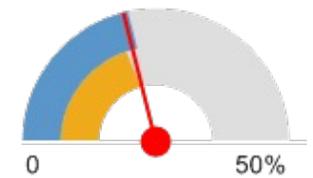
■ Federally Qualified Health Centers

High Blood Pressure Management

This indicator reports the percentage of adults aged 18 and older who self-report that they are not taking medication for their high blood pressure. This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. When considered with other indicators of poor health, this indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Total Population (Age 18)	Total Adults Not Taking Blood Pressure Medication (When Needed)	Percent Adults Not Taking Medication
Canadian County, Oklahoma	80,304	16,848	20.98%
Oklahoma	2,793,624	565,511	20.24%
United States	235,375,690	51,175,402	21.74%

Percent Adults Not Taking Medication

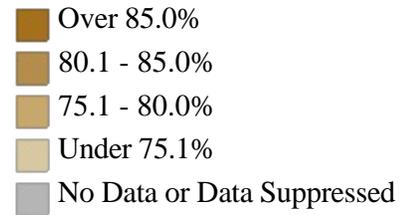


■ Canadian County, Oklahoma (20.98%)
 ■ Oklahoma (20.24%)
 ■ United States (21.74%)

Note: This indicator is compared with the state average.

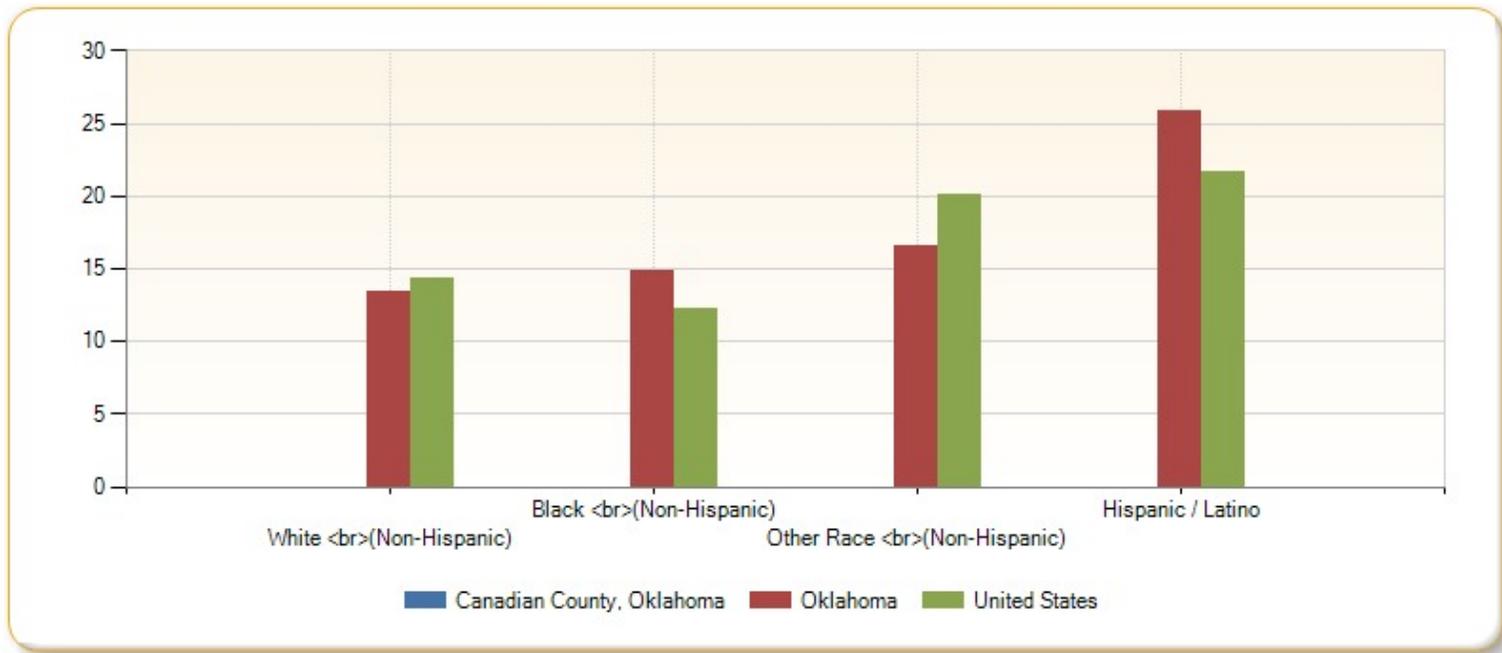
Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010](#). Source geography: County.

Population with High Blood Pressure Not Taking Medication, Adults (Age 18), Percent by County, 2006-10



Adults Not Taking Medicine for High Blood Pressure by Race / Ethnicity, Percent

Report Area	White (Non-Hispanic)	Black (Non-Hispanic)	Other Race (Non-Hispanic)	Hispanic / Latino
Canadian County, Oklahoma	no data	no data	no data	no data
Oklahoma	13.48%	14.91%	16.60%	25.79%
United States	14.31%	12.19%	20.10%	21.72%



HIV Screenings

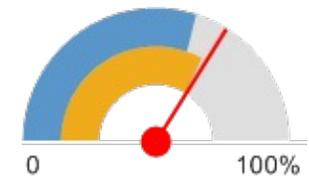
This indicator reports the percentage of adults age 18-70 who self-report that they have never been screened for HIV. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Total Population (Age 18)	Total Adults Never Screened	Percent Adults Never Screened
Canadian County, Oklahoma	80,304	54,389	67.73%
Oklahoma	2,793,624	1,856,156	66.44%
United States	235,375,690	141,358,484	60.06%

Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010](#). Source geography: County.

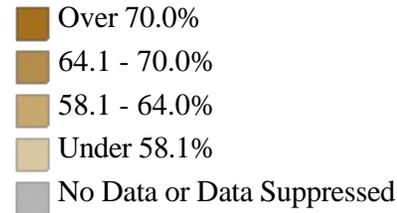
Percent Adults Never Screened



- Canadian County, Oklahoma (67.73%)
- Oklahoma (66.44%)
- United States (60.06%)



Population Never Screened for HIV / AIDS, Adults (Age 18), Percent by County, 2006-10

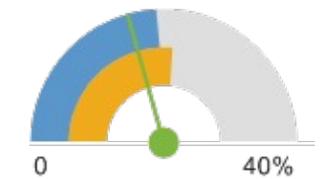


Lack of a Consistent Source of Primary Care

This indicator reports the percentage of adults aged 18 and older who self-report that they do not have at least one person who they think of as their personal doctor or health care provider. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits.

Report Area	Total Population (Age 18)	Total Adults Without Any Regular Doctor	Percent Adults Without Any Regular Doctor
Canadian County, Oklahoma	80,304	13,295	16.56%
Oklahoma	2,793,624	594,271	21.27%
United States	235,375,690	45,514,047	19.34%

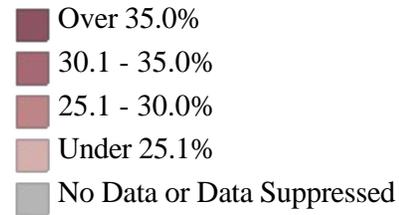
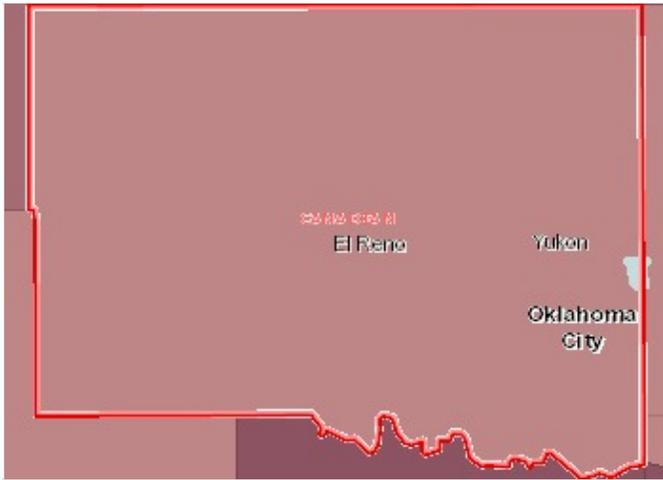
Percent Adults Without Any Regular Doctor



Note: This indicator is compared with the state average.

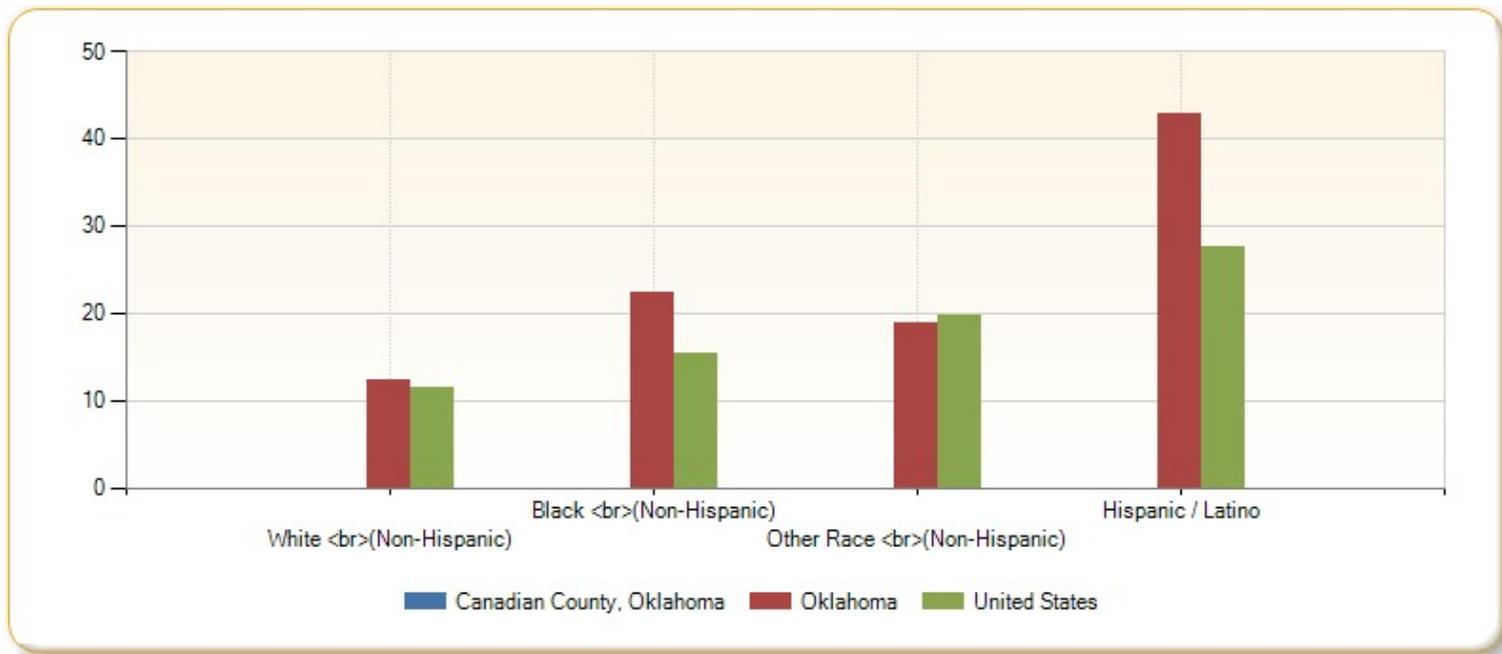
Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010](#). Source geography: County.

Population Without Consistent Source of Primary Care, Adults (Age 18), Percent by County, 2006-10



Adults Without a Consistent Source of Primary Care by Race / Ethnicity, Percent

Report Area	White (Non-Hispanic)	Black (Non-Hispanic)	Other Race (Non-Hispanic)	Hispanic / Latino
Canadian County, Oklahoma	no data	no data	no data	no data
Oklahoma	12.30%	22.34%	18.91%	42.82%
United States	11.53%	15.42%	19.64%	27.64%



Pneumonia Vaccinations (Age 65)

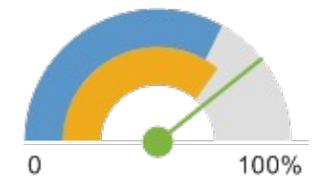
This indicator reports the percentage of adults aged 65 and older who self-report that they have ever received a pneumonia vaccine. This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Total Population Age 65	Estimated Population with Annual Pneumonia Vaccination	Percent Population with Annual Pneumonia Vaccination
Canadian County, Oklahoma	11,738	9,214	78.50%
Oklahoma	292,771	211,381	72.20%
United States	15,659,860	10,389,527	66.34%

Note: This indicator is compared with the state average. No breakout data available.

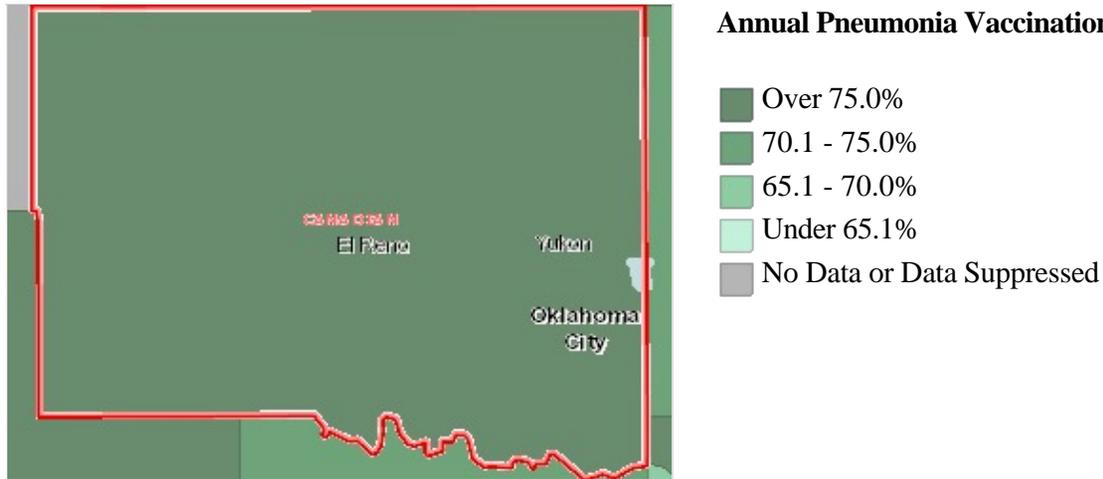
Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2005-2011](#). Source geography: County.

Percent Population with Annual Pneumonia Vaccination



- Canadian County, Oklahoma (78.50%)
- Oklahoma (72.20%)
- United States (66.34%)

Annual Pneumonia Vaccination, Adults (Age 65), Percent by County, 2005-11



Population Living in a Health Professional Shortage Area

This indicator reports the percentage of the population that is living in a geographic area designated as a "Health Professional Shortage Area" (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Report Area	Total Population	HPSA Designation Population	Underserved Population	Percent of Total Population Underserved	Percent of Designated Population Underserved
Canadian County, Oklahoma	115,541	0	0	0%	no data
Oklahoma	3,751,351	1,089,322	696,071	18.56%	63.90%
United States	312,471,327	63,421,548	38,748,460	12.40%	61.10%

Note: This indicator is compared with the state average. No breakout data available.

Data Source: [U.S. Health Resources and Services Administration Data Warehouse, Health Professional Shortage Area \(Components\), May 2013](#). Source geography: HPSA.



Health Professional Shortage Area Components, Percent Underserved (Primary Care) by Tract / County, May 2013

-  Population Group; 100% Underserved
-  Population Group; 50.1 - 99.9% Underserved
-  Population Group; Under 50.1% Underserved
-  Total Population; 100% Underserved
-  Total Population; 50.1 - 99.9% Underserved
-  Total Population; Under 50.1% Underserved

Preventable Hospital Events

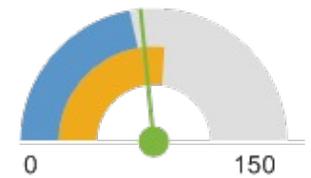
This indicator reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible “return on investment” from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

Report Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
Canadian County, Oklahoma	9,340	657	70.37
Oklahoma	403,277	32,649	80.96
United States	56,167,590	3,737,659	66.54

Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Dartmouth Atlas of Healthcare, Selected Measures of Primary Care Access and Quality, 2010](#). Source geography: County.

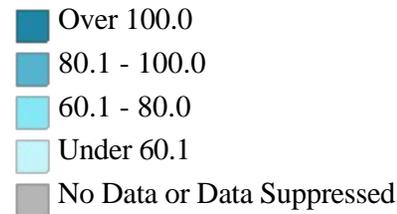
Ambulatory Care Sensitive Condition Discharge Rate



-  Canadian County, Oklahoma (70.37)
-  Oklahoma (80.96)
-  United States (66.54)



Ambulatory Care Sensitive Conditions, Rate (Per 1,000 Medicare Enrollees) by County, 2010



Health Behaviors

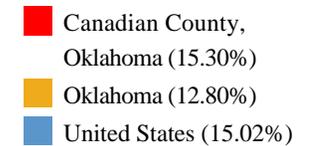
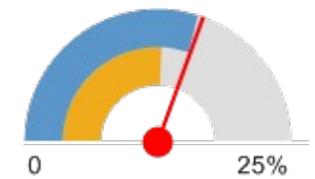
Health behaviors such as poor diet, a lack of exercise, and substance abuse contribute to poor health status.

Alcohol Consumption

This indicator reports the percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day for men and one drink per day for women). This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

Report Area	Total Population Age 18	Estimated Population Heavily Consuming Alcohol	Percent Population Heavily Consuming Alcohol
Canadian County, Oklahoma	80,304	12,287	15.30%
Oklahoma	1,744,190	223,256	12.80%
United States	89,135,163	13,385,866	15.02%

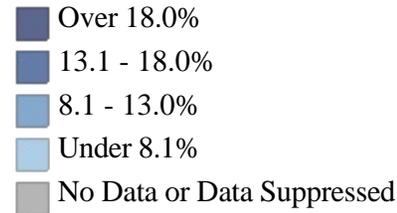
Percent Population Heavily Consuming Alcohol



Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2005-2011](#). Source geography: County.

Heavy Alcohol Consumption, Adults (Age 18), Percent by County, 2005-11



Alcohol Expenditures

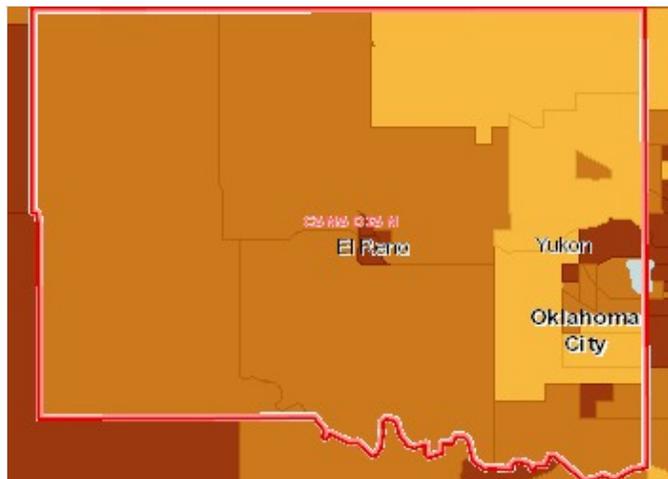
This indicator reports estimated expenditures for alcoholic beverages purchased at home, as a percentage of total household expenditures. This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

Report Area	Average Total Household Expenditures (USD)	Average Household Alcoholic Beverage Expenditures (USD)	Alcoholic Beverage Expenditures, County Rank (In-State)	Alcoholic Beverage Expenditures, County Percentile	Percent Alcoholic Beverage Expenditures
Canadian County, Oklahoma	no data	no data	5	6.49%	no data
Oklahoma	45,506	919	no data	no data	2.02%
United States	50,932	910	no data	no data	1.79%

Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Nielsen Claritas SiteReports, Consumer Buying Power, 2011](#). Source geography: Tract.

Alcoholic Beverage Expenditures, Ranked Percent of Total Expenditures by Tract, 2011



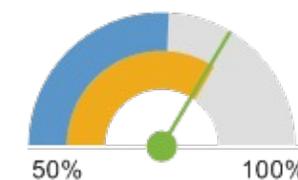
- Top 80th Percentile (Highest Expenditures)
- 60th - 80th Percentile
- 40th - 60th Percentile
- 20th - 40th Percentile
- Bottom 20th Percentile (Lowest Expenditures)
- No Data or Data Suppressed

Fruit/Vegetable Consumption

This indicator reports the percentage of adults aged 18 and older who self-report consuming less than 5 servings of fruits and vegetables each day. This indicator is relevant because current behaviors are determinants of future health, and because unhealthy eating habits may illustrate a cause of significant health issues, such as obesity and diabetes.

Report Area	Total Population Age 18	Estimated Population with Inadequate Fruit / Vegetable Consumption	Percent Population with Inadequate Fruit / Vegetable Consumption
Canadian County, Oklahoma	76,617	64,128	83.70%
Oklahoma	308,377	260,579	84.50%
United States	116,676,632	88,508,989	75.86%

Percent Population with Inadequate Fruit / Vegetable Consumption



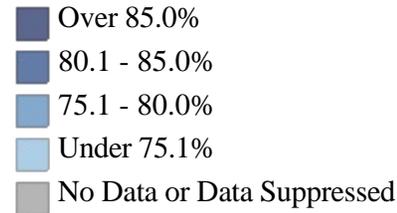
- Canadian County, Oklahoma (83.70%)
- Oklahoma (84.50%)
- United States (75.86%)

Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2005-2009](#). Source geography: County.



Inadequate Fruit/Vegetable Consumption, Adults (Age 18), Percent by County, 2005-09



Fruit/Vegetable Expenditures

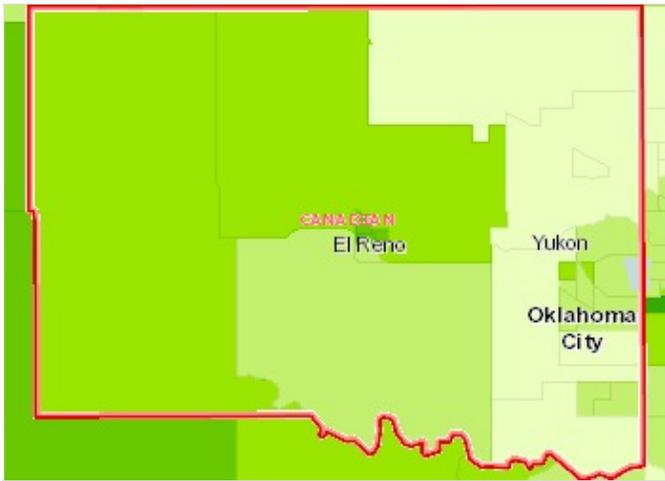
This indicator reports estimated expenditures for fruits and vegetables purchased for in-home consumption, as a percentage of total household expenditures. This indicator is relevant because current behaviors are determinants of future health, and because unhealthy eating habits may illustrate a cause of significant health issues, such as obesity and diabetes.

Report Area	Average Total Household Expenditures (USD)	Average Household Fruit / Vegetable Expenditures (USD)	Fruit / Vegetable Expenditures, County Rank (In-State)	Fruit / Vegetable Expenditures, County Percentile	Percent Fruit / Vegetable Expenditures
Canadian County, Oklahoma	no data	no data	5	6.49%	no data
Oklahoma	45,506	644	no data	no data	1.41%
United States	50,932	737	no data	no data	1.45%

Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Nielsen Claritas SiteReports, Consumer Buying Power, 2011](#). Source geography: Tract.

Fruit and Vegetable Expenditures, Ranked Percent of Total Expenditures by Tract, 2011



- Top 80th Percentile (Highest Expenditures)
- 60th - 80th Percentile
- 40th - 60th Percentile
- 20th - 40th Percentile
- Bottom 20th Percentile (Lowest Expenditures)
- No Data or Data Suppressed

Physical Inactivity (Adult)

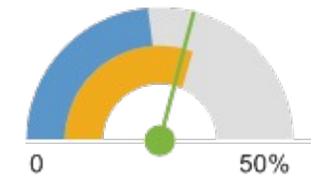
This indicator reports the percentage of adults aged 20 and older who self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

Report Area	Total Population Age 20	Population with no Leisure Time Physical Activity	Percent Population with no Leisure Time Physical Activity
Canadian County, Oklahoma	78,777	23,318	29.20%
Oklahoma	2,661,556	836,573	30.92%
United States	223,602,200	53,553,398	23.67%

Note: This indicator is compared with the state average.

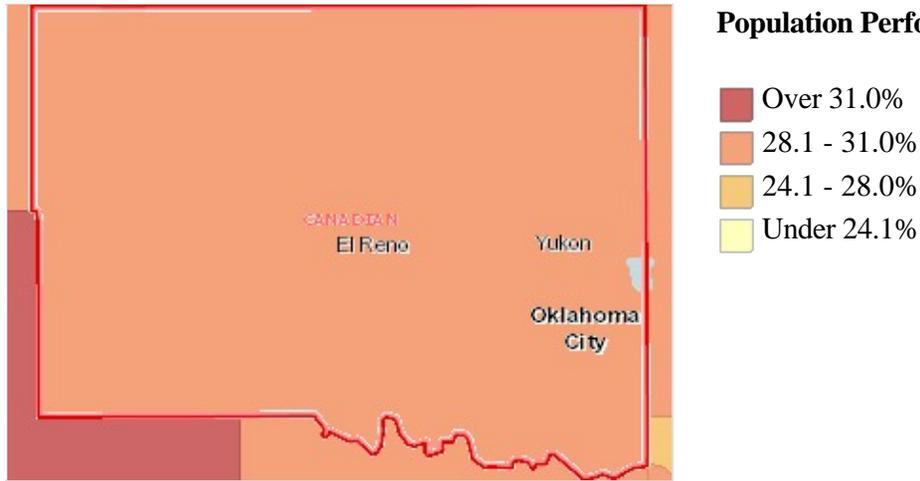
Data Source: [Centers for Disease Control and Prevention, National Diabetes Surveillance System, 2009](#). Source geography: County.

Percent Population with no Leisure Time Physical Activity



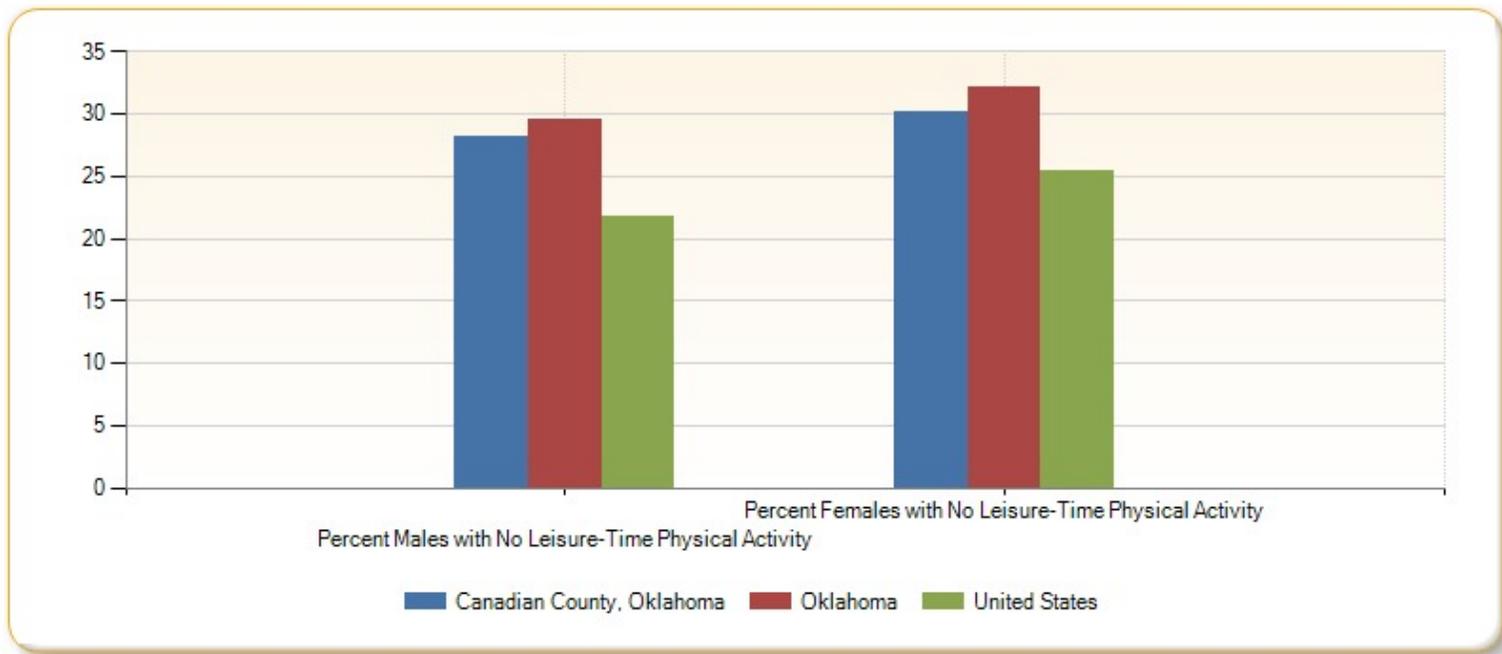
- Canadian County, Oklahoma (29.20%)
- Oklahoma (30.92%)
- United States (23.67%)

Population Performing No Physical Activity, Adults (Age 20), Percent by County, 2009



Adults with No Leisure-Time Physical Activity by Gender

Report Area	Total Males with No Leisure-Time Physical Activity	Percent Males with No Leisure-Time Physical Activity	Total Females with No Leisure-Time Physical Activity	Percent Females with No Leisure-Time Physical Activity
Canadian County, Oklahoma	11,077	28.20%	12,241	30.10%
Oklahoma	384,832	29.51%	451,741	32.16%
United States	23,736,266	21.73%	29,817,193	25.41%



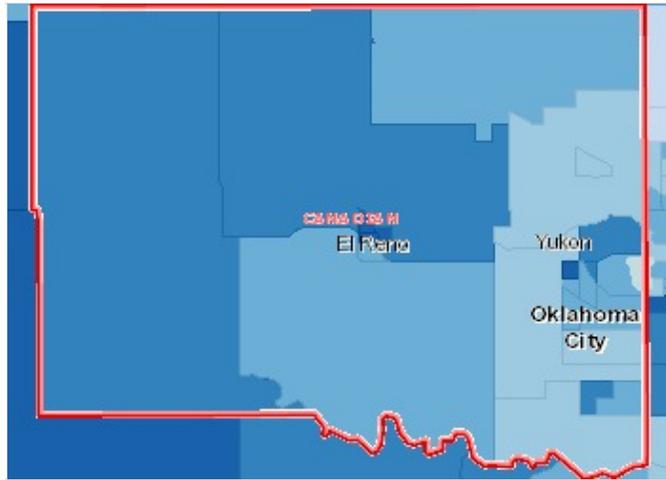
Soda Expenditures

This indicator reports soft drink consumption by census tract by estimating expenditures for carbonated beverages, as a percentage of total household expenditures. This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues such as diabetes and obesity.

Report Area	Average Total Household Expenditures (USD)	Average Household Soda Expenditures (USD)	Soda Expenditures, County Rank (In-State)	Soda Expenditures, County Percentile	Percent Soda Expenditures
Canadian County, Oklahoma	no data	no data	4	5.19%	no data
Oklahoma	45,506	258	no data	no data	0.57%
United States	50,932	252	no data	no data	0.49%

Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Nielsen Claritas SiteReports, Consumer Buying Power, 2011](#). Source geography: Tract.



Soda Expenditures, Ranked Percent of Total Expenditures by Tract, 2011

- Top 80th Percentile (Highest Expenditures)
- 60th - 80th Percentile
- 40th - 60th Percentile
- 20th - 40th Percentile
- Bottom 20th Percentile (Lowest Expenditures)
- No Data or Data Suppressed

Tobacco Expenditures

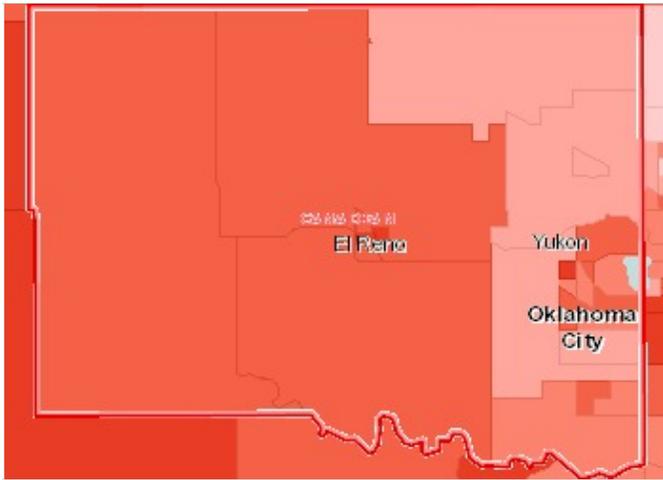
This indicator reports estimated expenditures for cigarettes, as a percentage of total household expenditures. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

Report Area	Average Total Household Expenditures (USD)	Average Household Cigarette Expenditures (USD)	Cigarette Expenditures, County Rank (In-State)	Cigarette Expenditures, County Percentile	Percent Cigarette Expenditures
Canadian County, Oklahoma	no data	no data	4	5.19%	no data
Oklahoma	45,506	910	no data	no data	2%
United States	50,932	810	no data	no data	1.59%

Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Nielsen Claritas SiteReports, Consumer Buying Power, 2011](#). Source geography: Tract.

Cigarette Expenditures, Ranked Percent of Total Expenditures by Tract, 2011



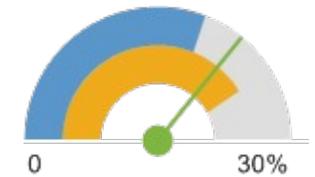
- Top 80th Percentile (Highest Expenditures)
- 60th - 80th Percentile
- 40th - 60th Percentile
- 20th - 40th Percentile
- Bottom 20th Percentile (Lowest Expenditures)
- No Data or Data Suppressed

Tobacco Usage (Current Smokers)

This indicator reports the percentage of adults aged 18 and older who self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

Report Area	Total Population Age 18	Estimated Population Regularly Smoking Cigarettes	Percent Estimated Population Regularly Smoking Cigarettes
Canadian County, Oklahoma	80,304	17,265	21.50%
Oklahoma	2,762,318	687,817	24.90%
United States	229,932,154	42,664,071	18.56%

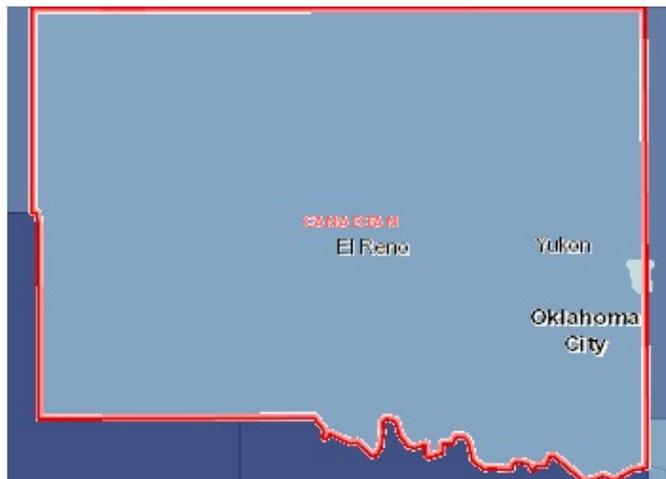
Percent Estimated Population Regularly Smoking Cigarettes



- Canadian County, Oklahoma (21.50%)
- Oklahoma (24.90%)
- United States (18.56%)

Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2005-2011](#). Source geography: County.



Smoking Cigarettes Some Days or Ever Day, Adults Age 18 , Percent by County, 2005-11

- Over 26.0%
- 22.1 - 26.0%
- 18.1 - 22.0%
- Under 18.1%
- No Data or Data Suppressed

Tobacco Usage (Former or Current Smokers)

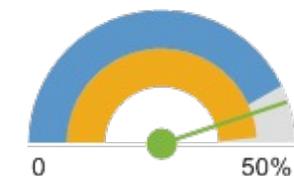
This indicator reports the percentage of adults smoking at least 100 cigarettes in his / her lifetimes.

Report Area	Total Population (Age 18)	Total Adults Ever Smoking 100 or More Cigarettes	Percent Adults Ever Smoking 100 or More Cigarettes
Canadian County, Oklahoma	80,304	36,019	44.85%
Oklahoma	2,793,624	1,370,689	49.06%
United States	235,375,690	101,180,961	42.99%

Note: This indicator is compared with the state average.

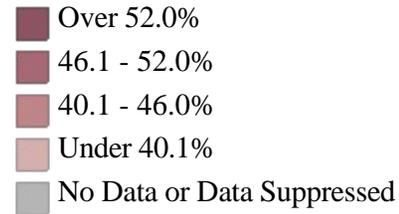
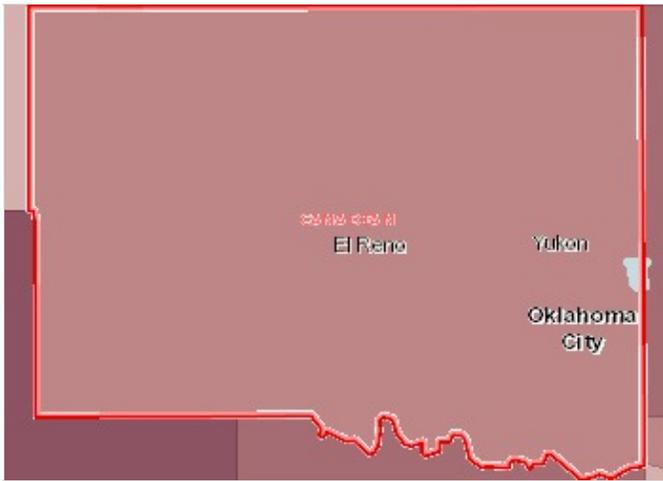
Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010](#). Source geography: County.

Percent Adults Ever Smoking 100 or More Cigarettes



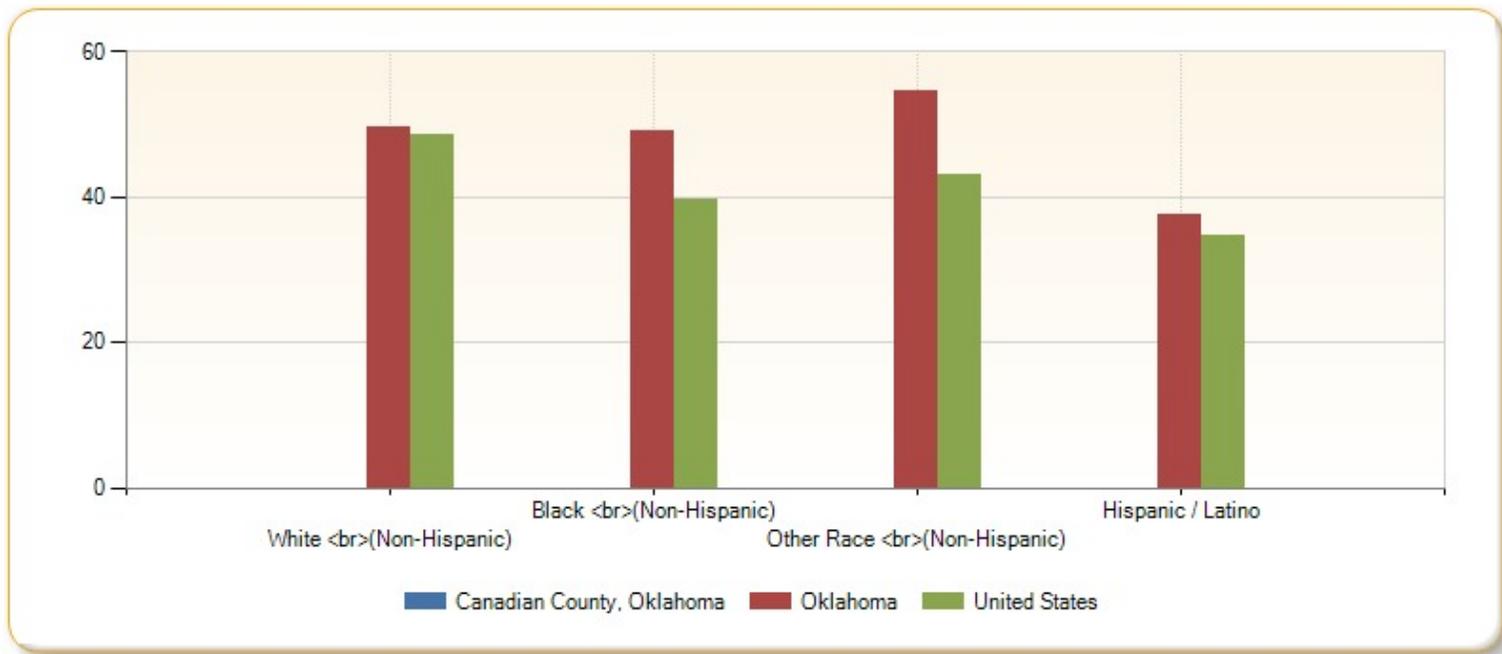
- Canadian County, Oklahoma (44.85%)
- Oklahoma (49.06%)
- United States (42.99%)

Population Ever Smoking > 99 Cigarettes, Adults (Age 18), Percent by County, 2006-10



Adults Ever Smoking 100 or More Cigarettes by Race / Ethnicity, Percent

Report Area	White (Non-Hispanic)	Black (Non-Hispanic)	Other Race (Non-Hispanic)	Hispanic / Latino
Canadian County, Oklahoma	no data	no data	no data	no data
Oklahoma	49.61%	49.18%	54.53%	37.54%
United States	48.55%	39.64%	42.94%	34.72%



Tobacco Usage (Quit Attempt)

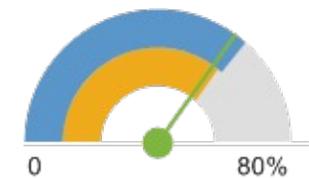
This indicator reports the percentage of adult smokers who attempted to quit smoking for at least 1 day in the past 1 year.

Report Area	Total Population (Age 18)	Total Smokers with Quit Attempt in Past 12 Months	Percent Smokers with Quit Attempt in Past 12 Months
Canadian County, Oklahoma	80,304	45,024	56.07%
Oklahoma	2,793,624	1,617,128	57.89%
United States	235,375,690	137,674,809	58.49%

Note: This indicator is compared with the state average.

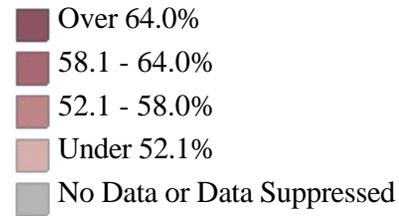
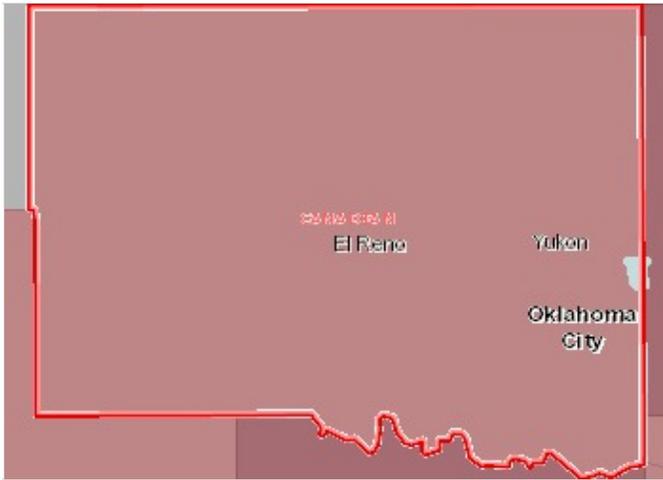
Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010](#). Source geography: County.

Percent Smokers with Quit Attempt in Past 12 Months



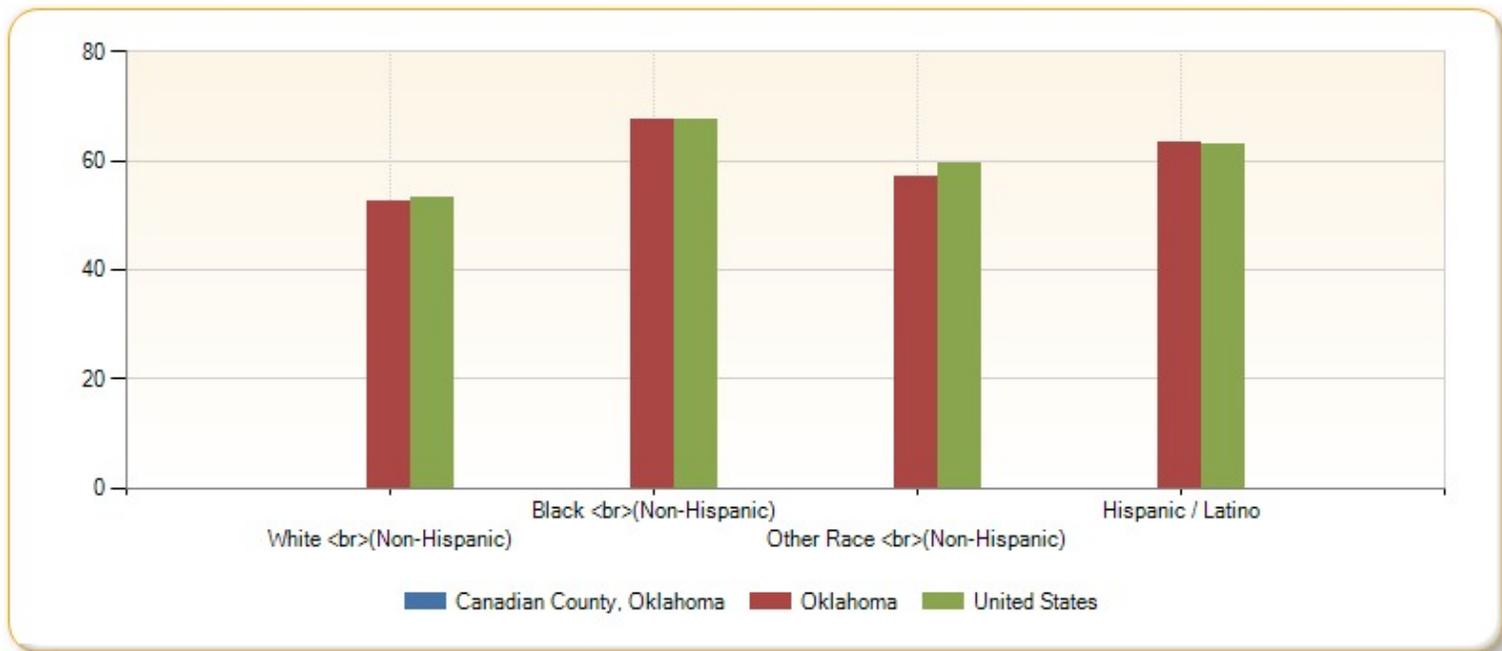
- Canadian County, Oklahoma (56.07%)
- Oklahoma (57.89%)
- United States (58.49%)

Smokers Who Quit / Attempted to Quit in Past 12 Months, Adults (Age 18), Percent by County, 2006-10



Adult Smokers with Quit Attempt in Past 1 Year by Race / Ethnicity, Percent

Report Area	White (Non-Hispanic)	Black (Non-Hispanic)	Other Race (Non-Hispanic)	Hispanic / Latino
Canadian County, Oklahoma	no data	no data	no data	no data
Oklahoma	52.50%	67.71%	57.14%	63.49%
United States	53.11%	67.44%	59.64%	62.98%



Health Outcomes

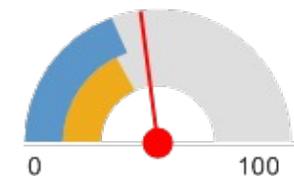
Measuring morbidity and mortality rates allows assessing linkages between social determinants of health and outcomes. By comparing, for example, the prevalence of certain chronic diseases to indicators in other categories (e.g., poor diet and exercise) with outcomes (e.g., high rates of obesity and diabetes), various causal relationships may emerge, allowing a better understanding of how certain community health needs may be addressed.

Accident Mortality

This indicator reports the rate of death due to unintentional injury (accident) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummairized for report areas from county level data, only where data is available. This indicator is relevant because accidents are a leading cause of death in the U.S.

Report Area	Total Population	Average Annual Deaths, 2006-2010	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate, Accident Mortality (Per 100,000 Pop.)
Canadian County, Oklahoma	109,675	46	42.12	45.71
Oklahoma	3,673,268	2,176	59.23	58.85
United States	303,844,430	121,217	39.89	39.07
HP 2020 Target				<= 36.0

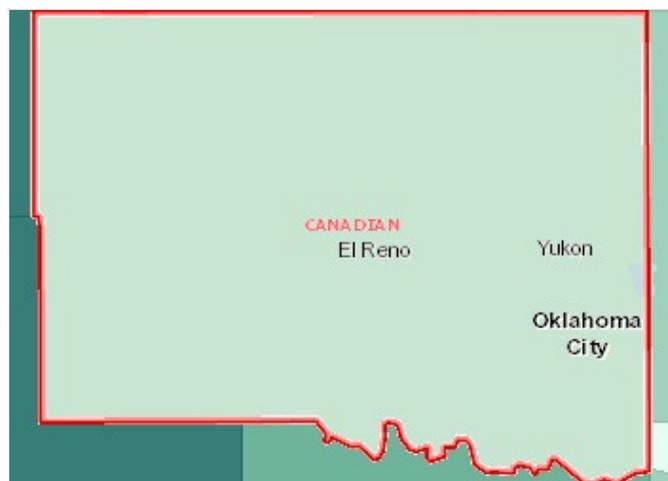
Age-Adjusted Death Rate, Accident Mortality (Per 100,000 Pop.)



- Canadian County, Oklahoma (45.71)
- HP 2020 Target (36)
- United States (39.07)

Note: This indicator is compared with the Healthy People 2020 Target.

Data Source: [Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010.](#) Accessed through [CDC WONDER](#). Source geography: County.

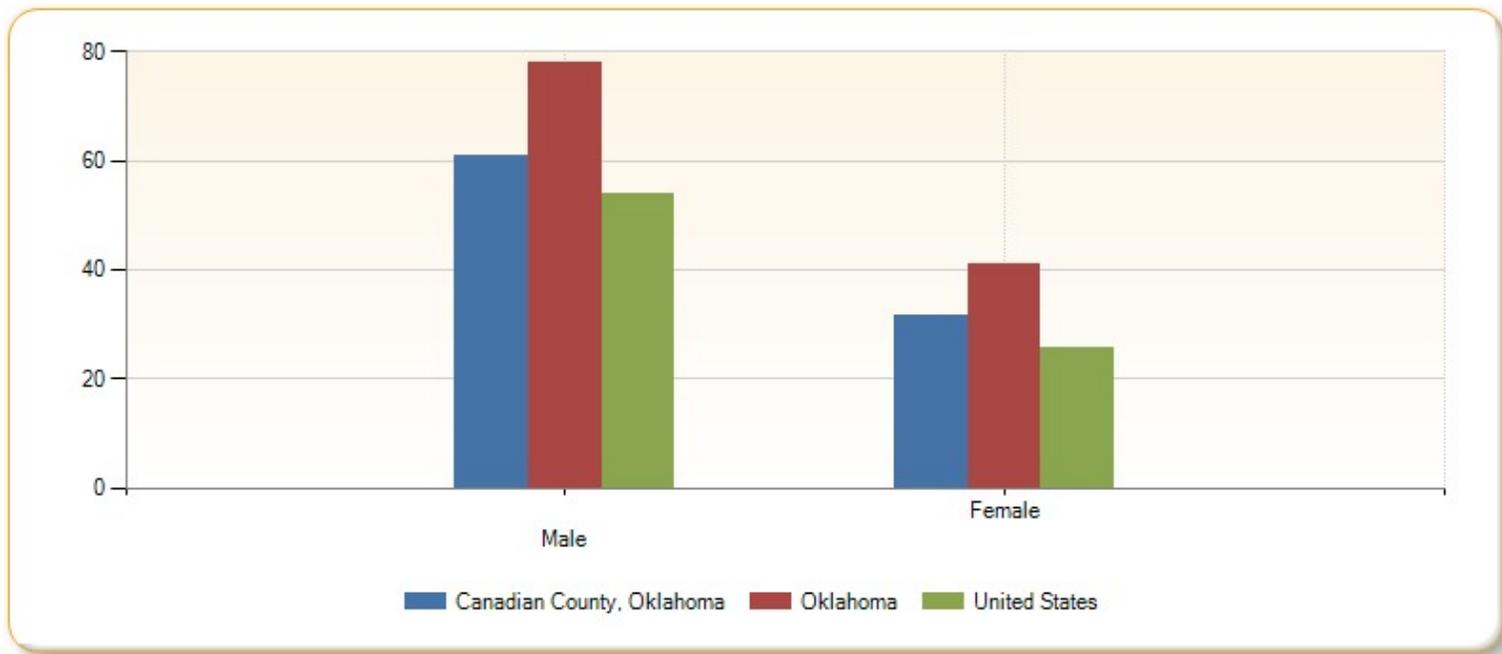


Unintentional Injury (Accident) Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, 2006-10

- Over 69.0
- 57.1 - 69.0
- 48.1 - 57.0
- 40.1 - 48.0
- Under 40.1
- No Data or Data Suppressed

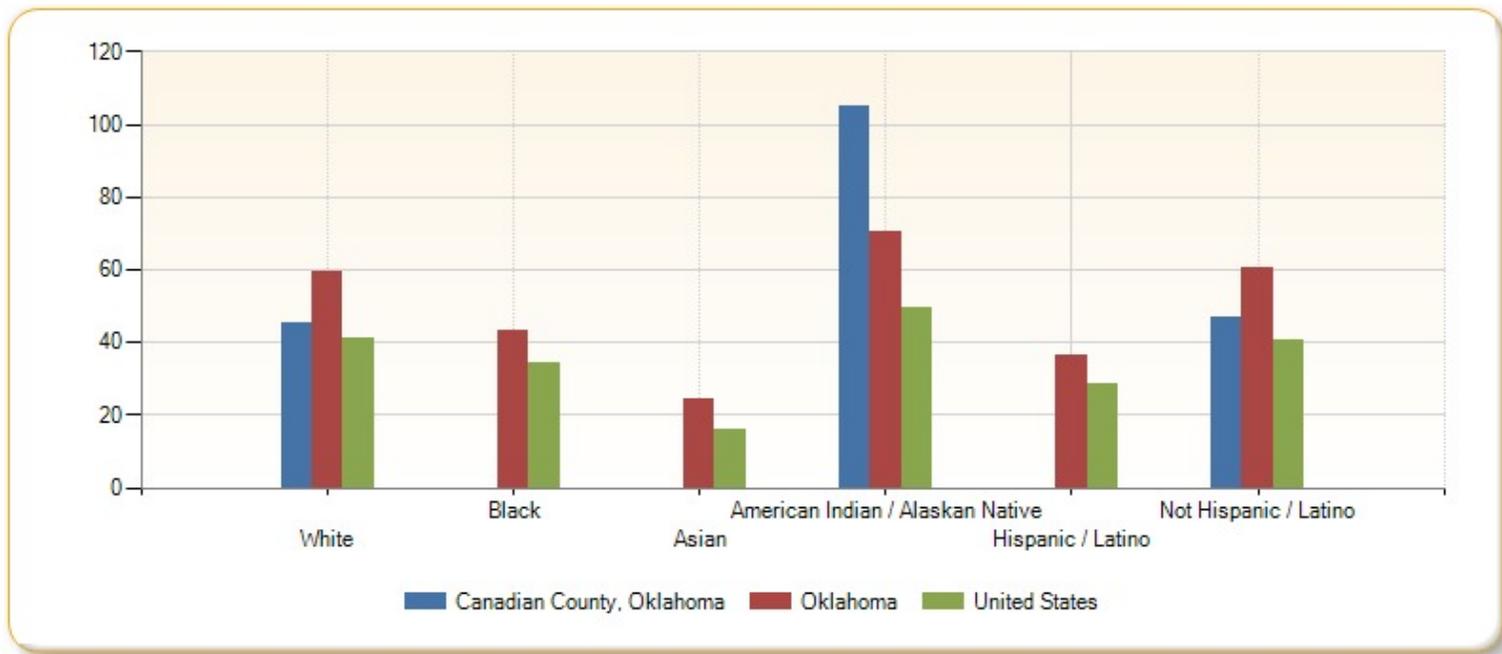
Population by Gender, Accident Mortality, Age-Adjusted Rate (Per 100,000 Pop.)

Report Area	Male	Female
Canadian County, Oklahoma	60.96	31.42
Oklahoma	77.99	40.91
United States	53.82	25.53



Population by Race / Ethnicity, Accident Mortality, Age-Adjusted Rate (Per 100,000 Pop.)

Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino	Not Hispanic / Latino
Canadian County, Oklahoma	45.25	no data	no data	104.97	no data	46.62
Oklahoma	59.65	43.06	24.20	70.38	36.20	60.50
United States	40.99	34.09	15.81	49.50	28.49	40.45



Asthma Prevalence

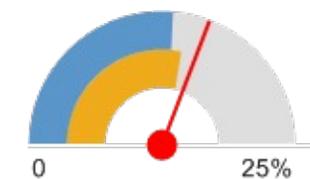
This indicator reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or other health professional that they had asthma. This indicator is relevant because asthma is a prevalent problem in the U.S. that is often exacerbated by poor environmental conditions.

Report Area	Total Population (Age 18)	Total Adults with Asthma	Percent Adults with Asthma
Canadian County, Oklahoma	80,304	12,372	15.41%
Oklahoma	2,793,624	396,977	14.21%
United States	235,375,690	31,061,484	13.20%

Note: This indicator is compared with the state average.

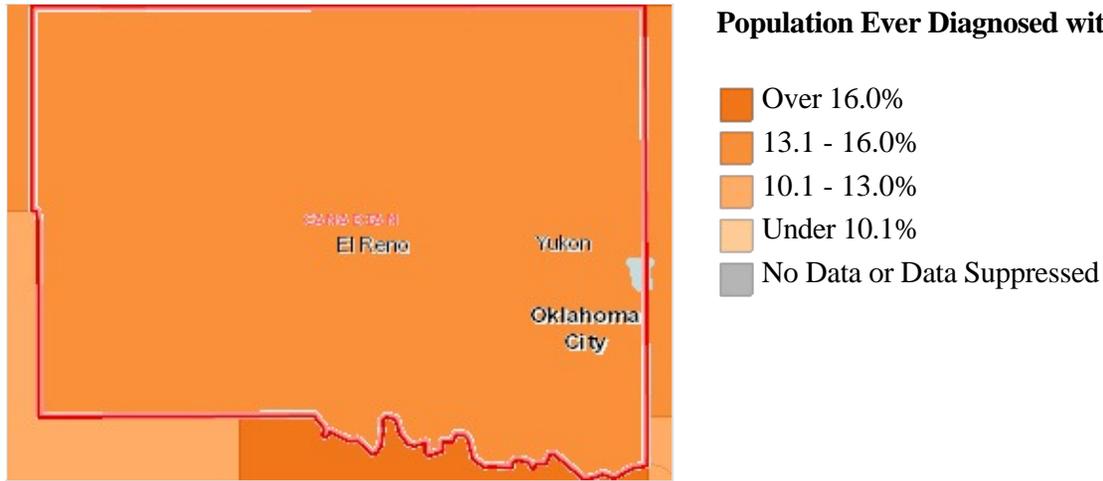
Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010](#). Source geography: County.

Percent Adults with Asthma



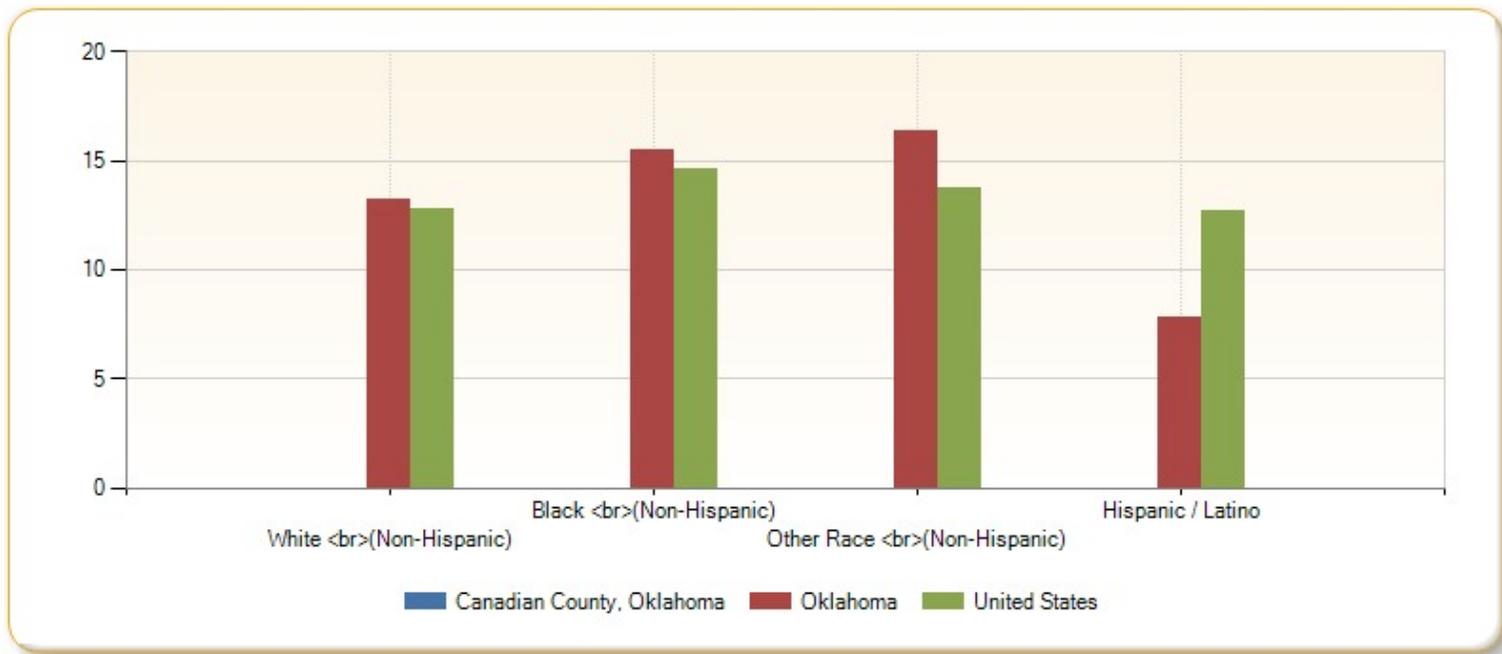
- Canadian County, Oklahoma (15.41%)
- Oklahoma (14.21%)
- United States (13.20%)

Population Ever Diagnosed with Asthma, Adults (Age 18), Percent by County, 2006-10



Adults Ever Diagnosed with Asthma by Race / Ethnicity, Percent

Report Area	White (Non-Hispanic)	Black (Non-Hispanic)	Other Race (Non-Hispanic)	Hispanic / Latino
Canadian County, Oklahoma	no data	no data	no data	no data
Oklahoma	13.22%	15.48%	16.32%	7.79%
United States	12.76%	14.65%	13.71%	12.73%



Breast Cancer Incidence

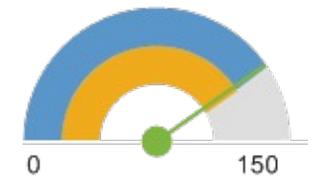
This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of females with breast cancer adjusted to 2000 U.S. standard population age groups (Under Age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Report Area	Total Population, ACS 2005-2009	Annual Cancer Incidence, 2005-2009 Average	Annual Incidence Rate, Breast Cancer (Per 100,000 Pop.)
Canadian County, Oklahoma	103,588	125	121
Oklahoma	3,610,073	4,473	123.90
United States	301,461,536	367,783	122

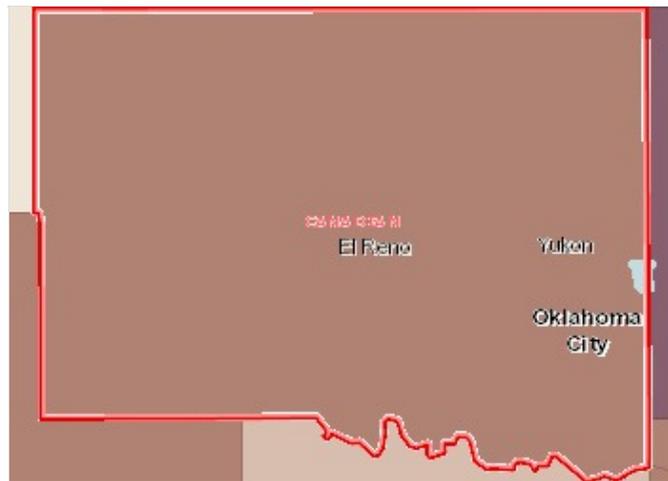
Note: This indicator is compared with the state average.

Data Source: [The Centers for Disease Control and Prevention, and the National Cancer Institute: State Cancer Profiles, 2005-2009](#). Source geography: County.

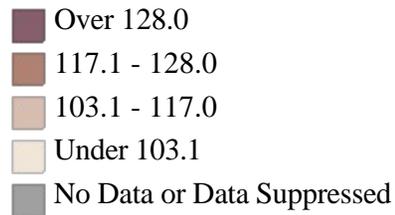
Annual Incidence Rate, Breast Cancer (Per 100,000 Pop.)



- Canadian County, Oklahoma (121)
- Oklahoma (123.90)
- United States (122)



Breast Cancer Incidence, Rate (Per 100,000 Pop.) by County, 2005-09

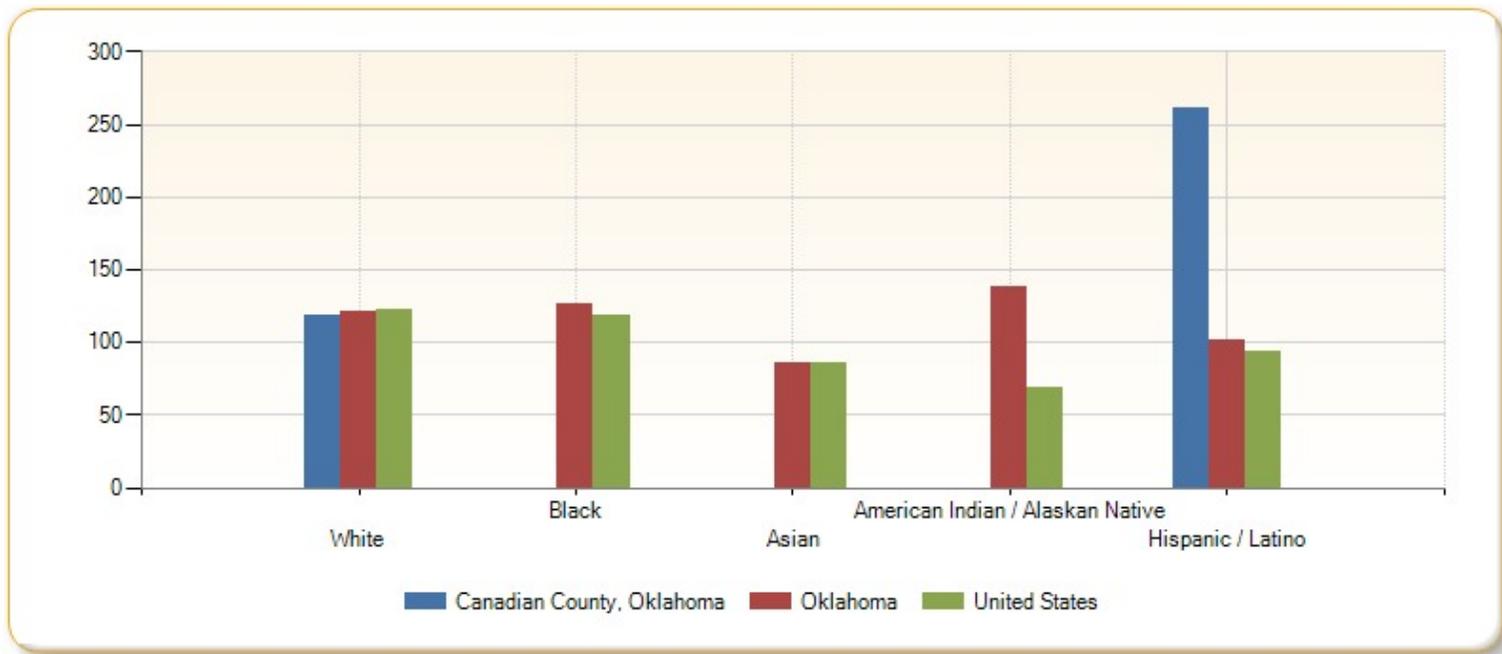


Population by Race / Ethnicity, New Breast Cancer Incidence (Count)

Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino
Canadian County, Oklahoma	104	no data	no data	no data	15
Oklahoma	3,306	334	50	329	277
United States	276,098	43,972	11,261	1,655	280,661

Population by Race / Ethnicity, Breast Cancer Incidence Rate (Per 100,000)

Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino
Canadian County, Oklahoma	118.40	no data	no data	no data	261.70
Oklahoma	121.50	126.20	86.20	137.60	101.80
United States	123	118	85.30	68.30	93.10

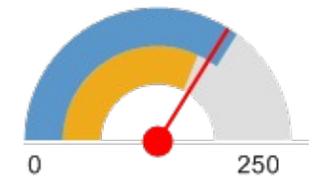


Cancer Mortality

This indicator reports the rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because cancer is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2006-2010	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate, Cancer Mortality (Per 100,000 Pop.)
Canadian County, Oklahoma	109,675	167	152.45	169.32
Oklahoma	3,673,268	7,669	208.78	193.41
United States	303,844,430	566,121	186.32	176.66
HP 2020 Target				<= 160.6

Age-Adjusted Death Rate, Cancer Mortality (Per 100,000 Pop.)

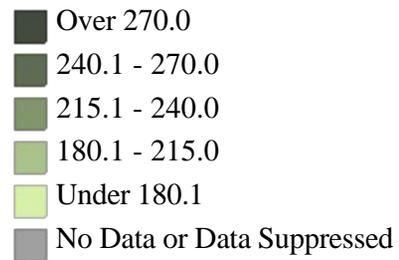


- Canadian County, Oklahoma (169.32)
- HP 2020 Target (160.60)
- United States (176.66)

Note: This indicator is compared with the Healthy People 2020 Target.

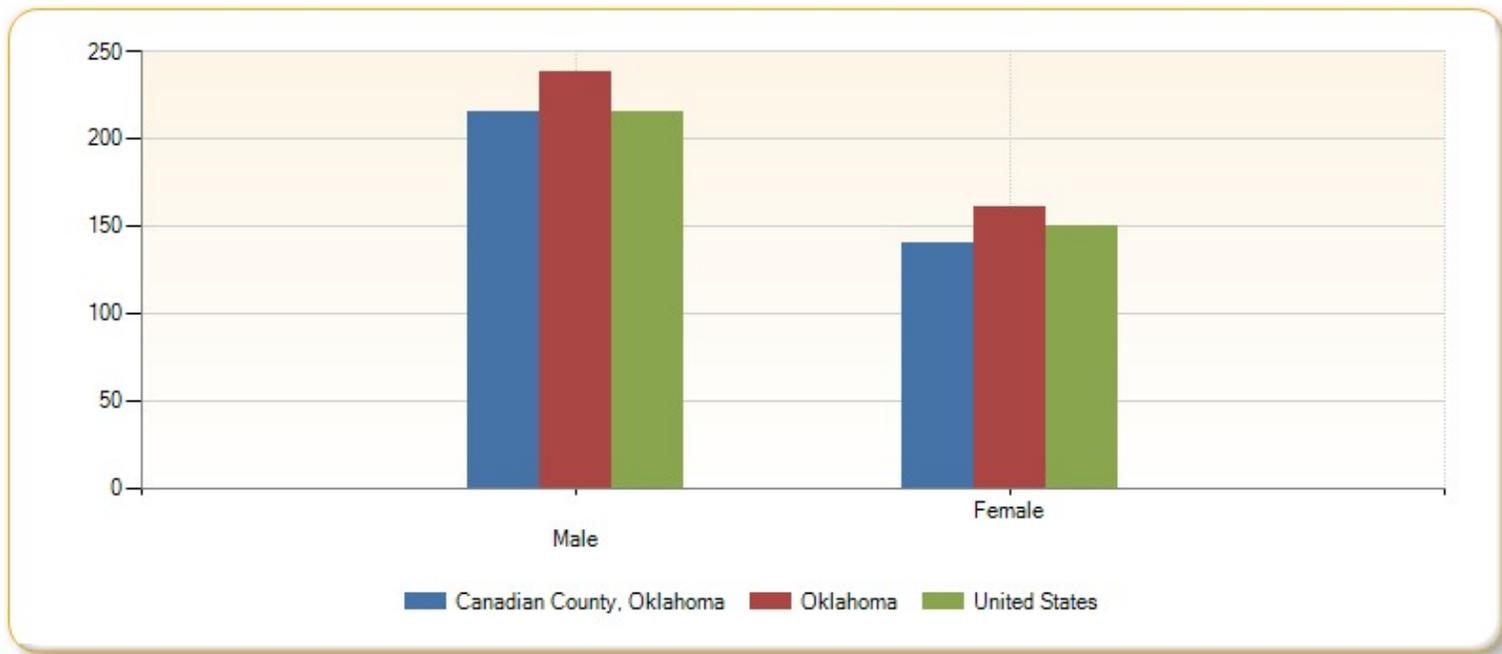
Data Source: [Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010.](#) Accessed through [CDC WONDER](#). Source geography: County.

Cancer Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, 2006-10



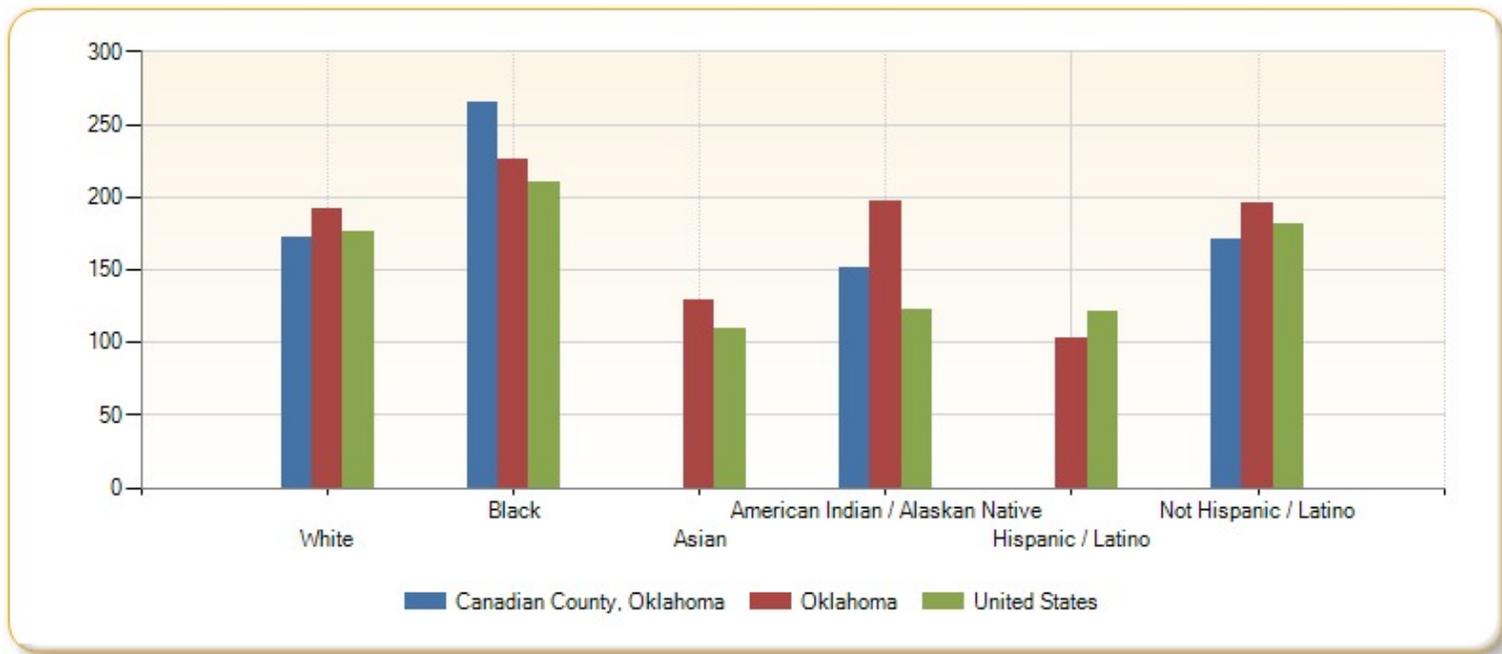
Population by Gender, Cancer Mortality, Age-Adjusted Rate (Per 100,000 Pop.)

Report Area	Male	Female
Canadian County, Oklahoma	214.97	140.24
Oklahoma	238.54	161.33
United States	215.04	150.05



Population by Race / Ethnicity, Cancer Mortality, Age-Adjusted Rate (Per 100,000 Pop.)

Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino	Not Hispanic / Latino
Canadian County, Oklahoma	172.11	264.61	no data	151.06	no data	171.17
Oklahoma	192.27	226.24	128.88	196.72	102.85	195.60
United States	176.12	209.70	108.72	122.20	121.09	180.92

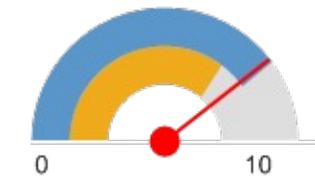


Cervical Cancer Incidence

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of females with cervical cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Report Area	Total Population, ACS 2005-2009	Annual Cancer Incidence, 2005-2009 Average	Annual Incidence Rate, Cervical Cancer (Per 100,000 Pop.)
Canadian County, Oklahoma	103,588	8	7.90
Oklahoma	3,610,073	361	9.90
United States	301,461,536	24,117	8
HP 2020 Target			<= 7.1

Annual Incidence Rate, Cervical Cancer (Per 100,000 Pop.)

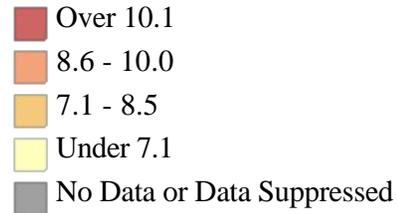


- Canadian County, Oklahoma (7.90)
- HP 2020 Target (7.10)
- United States (8)

Note: This indicator is compared with the Healthy People 2020 Target.

Data Source: [The Centers for Disease Control and Prevention, and the National Cancer Institute: State Cancer Profiles, 2005-2009](#). Source geography: County.

Cervical Cancer Incidence, Rate (Per 100,000 Pop.) by County, 2005-09

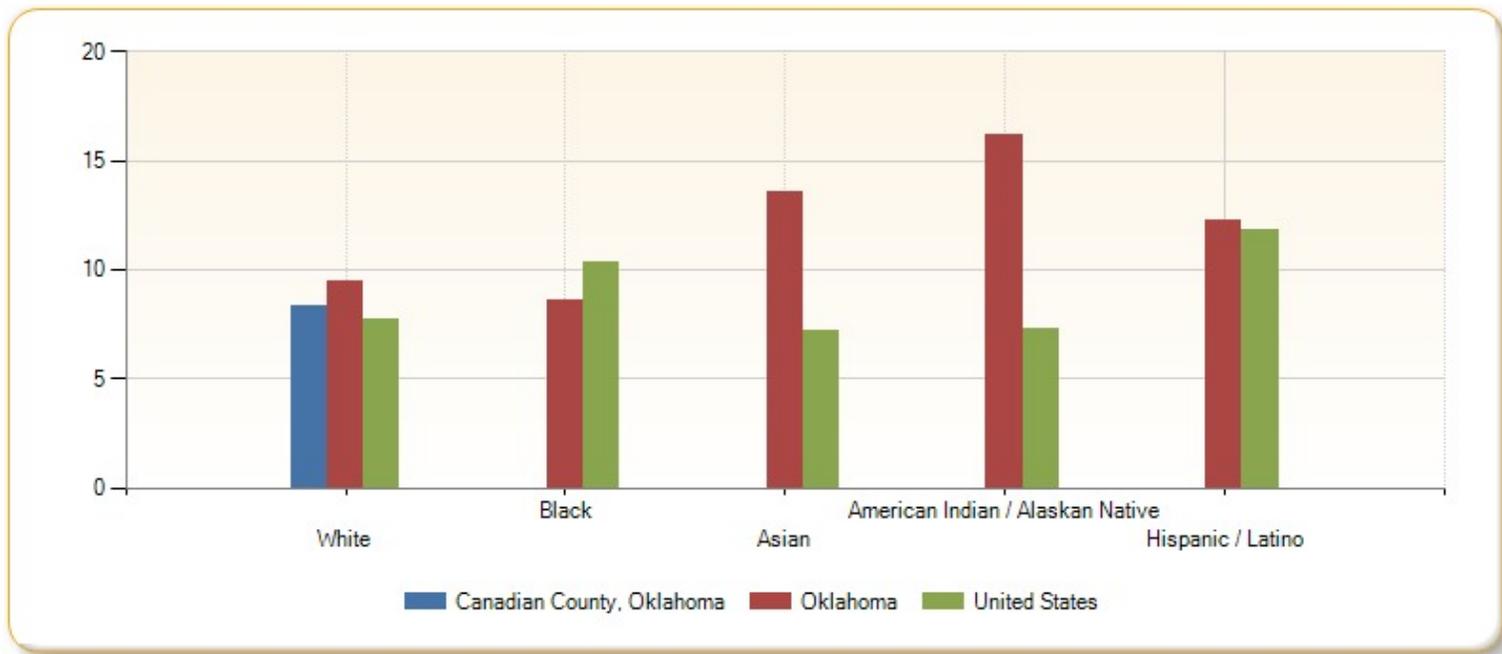


Population by Race / Ethnicity, New Cervical Cancer Incidence (Count)

Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino
Canadian County, Oklahoma	7	no data	no data	no data	no data
Oklahoma	258	23	8	39	34
United States	17,284	3,838	950	177	35,572

Population by Race / Ethnicity, Cervical Cancer Incidence Rate (Per 100,000)

Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino
Canadian County, Oklahoma	8.30	no data	no data	no data	no data
Oklahoma	9.50	8.60	13.60	16.20	12.30
United States	7.70	10.30	7.20	7.30	11.80



Chlamydia Incidence

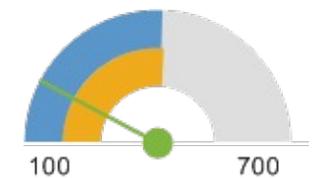
This indicator reports incidence rate of chlamydia cases per 100,000 population. This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Report Area	Total Population, 2010 Census	Reported Cases of Chlamydia	Chlamydia Rate (Per 100,000 Pop.)
Canadian County, Oklahoma	115,541	204	192.30
Oklahoma	3,751,351	15,022	412.73
United States	308,730,677	1,236,680	406.89

Note: This indicator is compared with the state average. No breakout data available.

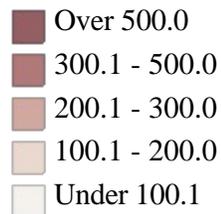
Data Source: [Centers for Disease Control and Prevention and the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2009](#). Source geography: County.

Chlamydia Rate (Per 100,000 Pop.)



- Canadian County, Oklahoma (192.30)
- Oklahoma (412.73)
- United States (406.89)

Chlamydia Infections, Rate (Per 100,000 Pop.) by County, 2010

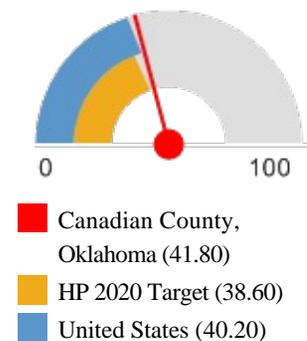


Colon and Rectum Cancer Incidence

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Report Area	Total Population, ACS 2005-2009	Annual Cancer Incidence, 2005-2009 Average	Annual Incidence Rate, Colon and Rectum Cancer (Per 100,000 Pop.)
Canadian County, Oklahoma	103,588	43	41.80
Oklahoma	3,610,073	1,744	48.30
United States	301,461,536	121,188	40.20
<u>HP 2020 Target</u>			<= 38.6

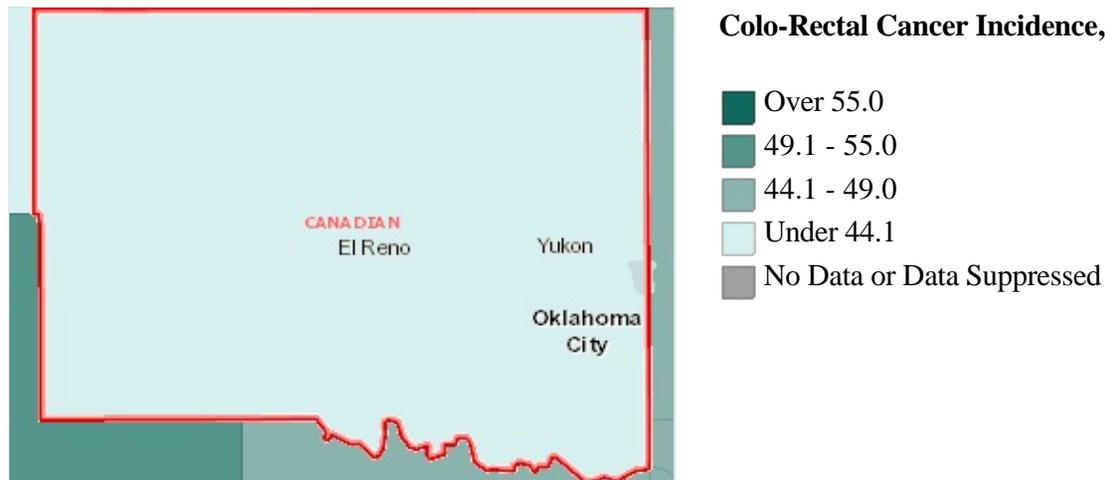
Annual Incidence Rate, Colon and Rectum Cancer (Per 100,000 Pop.)



Note: This indicator is compared with the Healthy People 2020 Target.

Data Source: [The Centers for Disease Control and Prevention, and the National Cancer Institute: State Cancer Profiles, 2005-2009](#). Source geography: County.

Colo-Rectal Cancer Incidence, Rate (Per 100,000 Pop.) by County, 2005-09

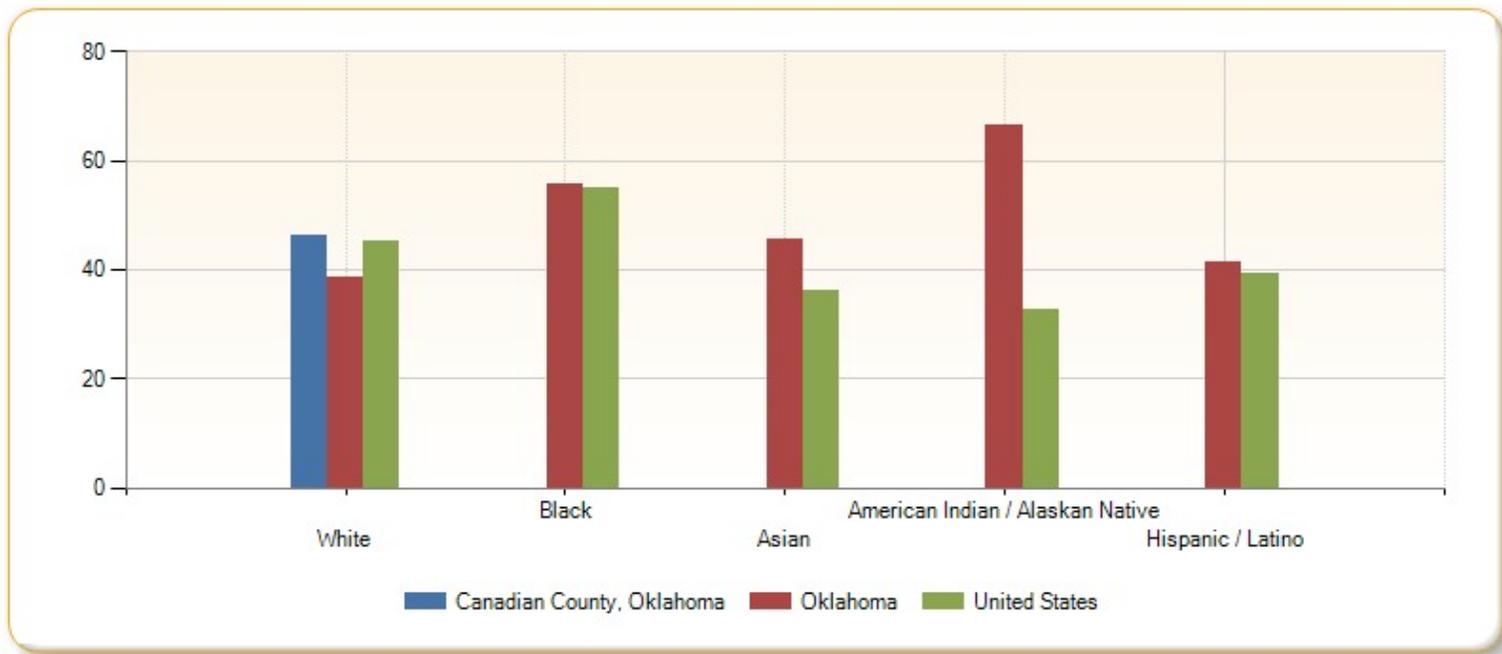


Population by Race / Ethnicity, New Colon and Rectum Cancer Incidence (Count)

Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino
Canadian County, Oklahoma	41	0	0	0	0
Oklahoma	1,045	147	26	159	113
United States	101,236	20,421	4,752	788	118,173

Population by Race / Ethnicity, Colon and Rectum Cancer Incidence Rate (Per 100,000)

Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino
Canadian County, Oklahoma	46.20	0	0	0	0
Oklahoma	38.40	55.60	45.50	66.40	41.50
United States	45.10	54.80	36	32.50	39.20



Diabetes Prevalence

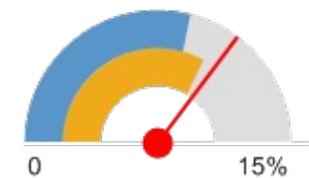
This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Total Population Age 20	Population with Diagnosed Diabetes	Percent Population with Diagnosed Diabetes
Canadian County, Oklahoma	78,609	8,647	10.60%
Oklahoma	2,666,239	283,302	9.96%
United States	223,653,607	20,615,282	8.72%

Note: This indicator is compared with the state average.

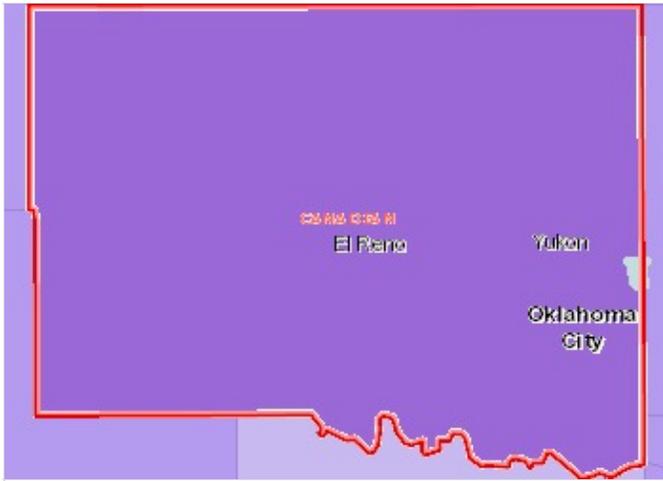
Data Source: [Centers for Disease Control and Prevention, National Diabetes Surveillance System, 2009](#). Source geography: County.

Percent Population with Diagnosed Diabetes



- Canadian County, Oklahoma (10.60%)
- Oklahoma (9.96%)
- United States (8.72%)

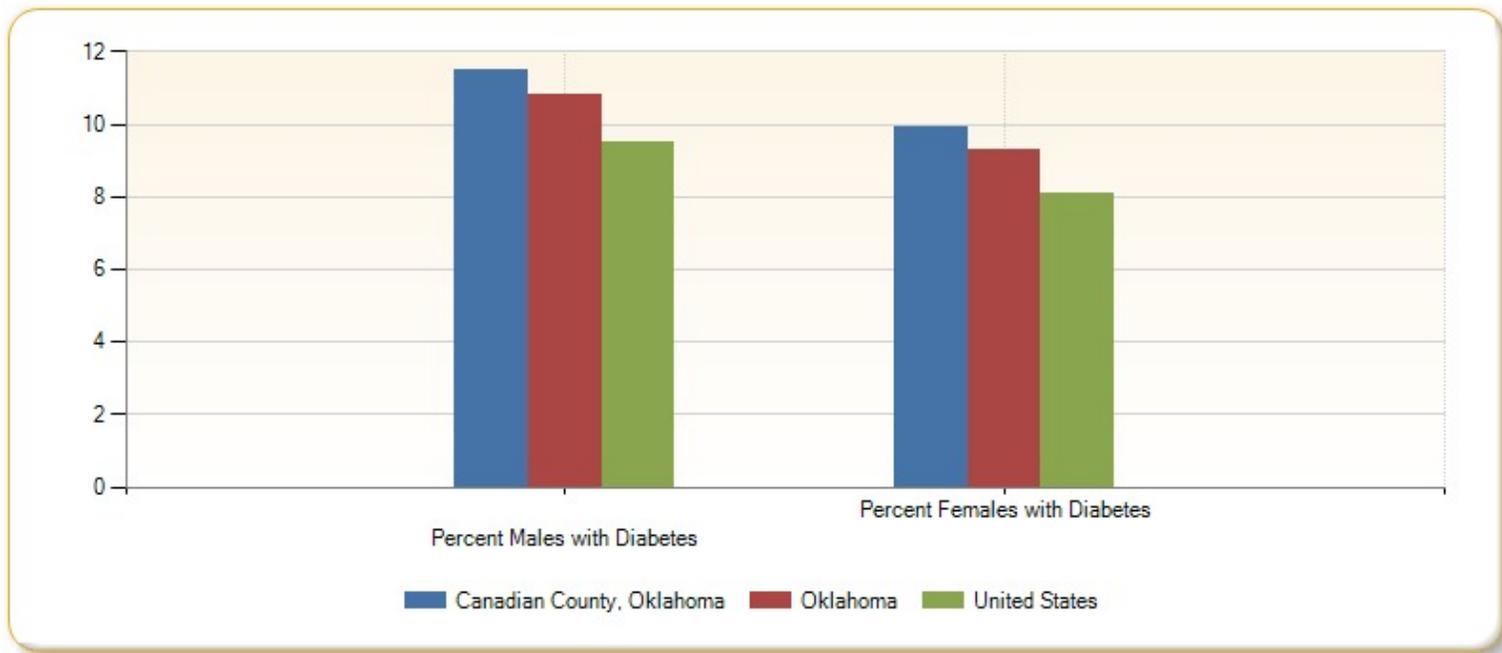
Population Diagnosed With Diabetes, Adults (Age 20), Percent by County, 2009



- Over 10.5%
- 9.1 - 10.5%
- 7.6 - 9.0%
- Under 7.6%

Adults Diagnosed with Diabetes by Gender

Report Area	Total Males with Diabetes	Percent Males with Diabetes	Total Females with Diabetes	Percent Females with Diabetes
Canadian County, Oklahoma	4,455	11.50%	4,192	9.90%
Oklahoma	143,598	10.82%	139,705	9.29%
United States	10,488,129	9.49%	10,127,138	8.08%



Gonorrhea Incidence

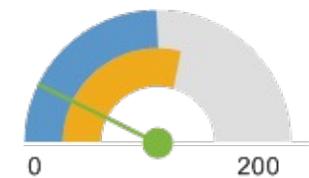
This indicator reports incidence rate of Gonorrhea cases per 100,000 population. This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Report Area	Population Age 18	Gonorrhea Infections	Gonorrhea Infection Rate (Per 100,000 Pop.)
Canadian County, Oklahoma	115,541	34	29.40
Oklahoma	3,751,351	4,369	116.46
United States	308,744,685	307,929	99.74

Note: This indicator is compared with the state average. No breakout data available.

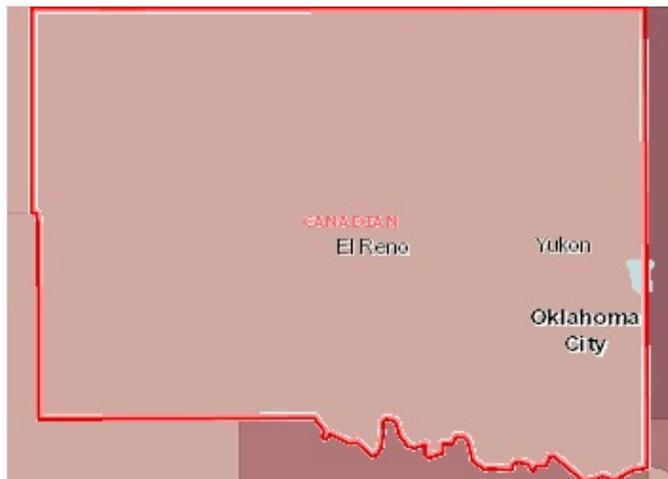
Data Source: [Centers for Disease Control and Prevention and the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2010](#). Source geography: County.

Gonorrhea Infection Rate (Per 100,000 Pop.)



- Canadian County, Oklahoma (29.40)
- Oklahoma (116.46)
- United States (99.74)

Gonorrhea Infections, Rate (Per 100,000 Pop.) by County, 2010



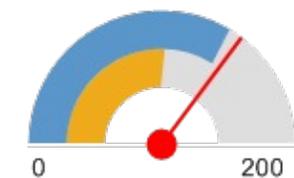
- Over 100.0
- 30.1 - 100.0
- 10.1 - 30.0
- Under 10.1
- No Cases

Heart Disease Mortality

This indicator reports the rate of death due to coronary heart disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because heart disease is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2006-2010	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate, Heart Disease Mortality (Per 100,000 Pop.)
Canadian County, Oklahoma	109,675	131	119.63	141.18
Oklahoma	3,673,268	6,867	186.93	176.07
United States	303,844,430	432,552	142.36	134.65
HP 2020 Target				<= 100.8

Age-Adjusted Death Rate, Heart Disease Mortality (Per 100,000 Pop.)

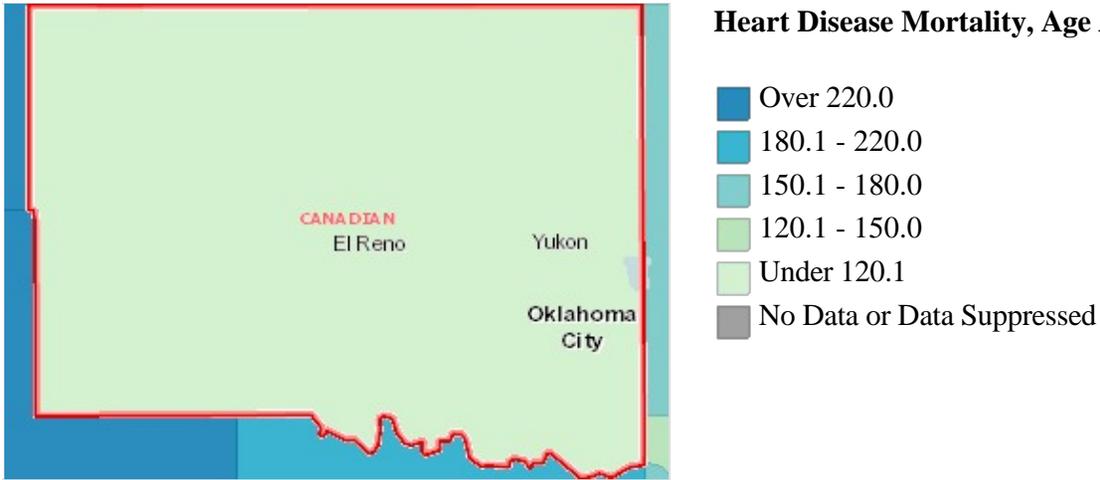


- Canadian County, Oklahoma (141.18)
- HP 2020 Target (100.80)
- United States (134.65)

Note: This indicator is compared with the Healthy People 2020 Target.

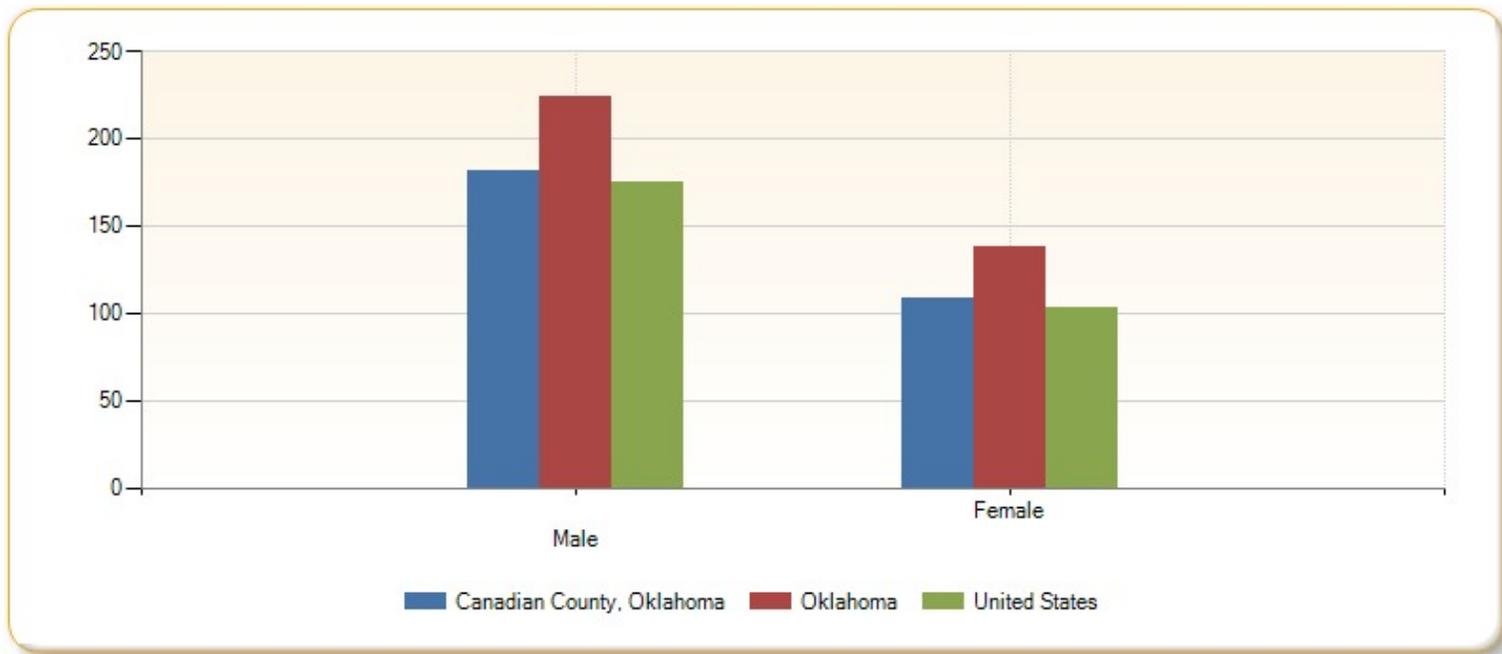
Data Source: [Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010.](#) Accessed through [CDC WONDER](#). Source geography: County.

Heart Disease Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, 2006-10



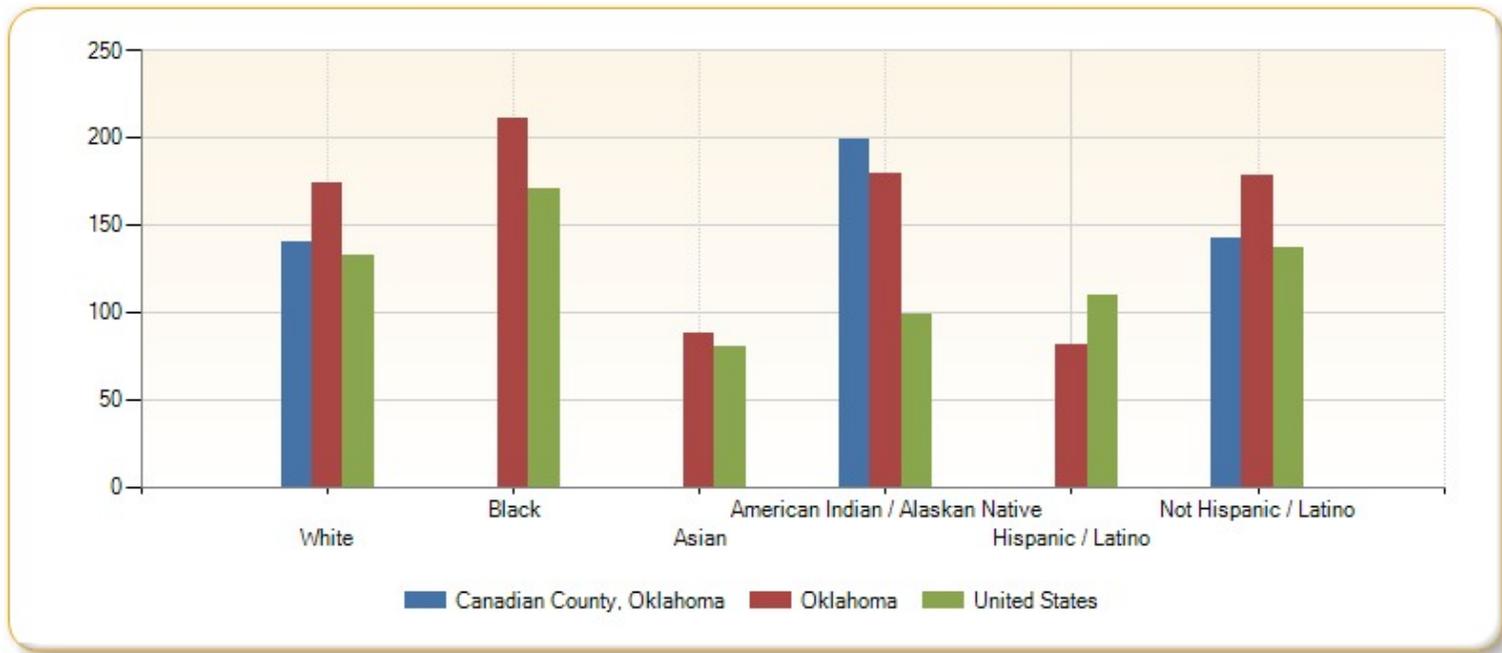
Population by Gender, Coronary Heart Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.)

Report Area	Male	Female
Canadian County, Oklahoma	182.14	108.40
Oklahoma	224.12	137.51
United States	175	103.44



Population by Race / Ethnicity, Coronary Heart Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.)

Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino	Not Hispanic / Latino
Canadian County, Oklahoma	139.98	no data	no data	199.17	no data	142.23
Oklahoma	174.42	211.41	87.85	179.02	80.77	178.12
United States	132.80	170.35	80.47	98.48	109.88	136.45



Heart Disease Prevalence

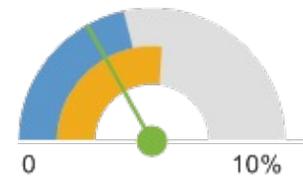
This indicator reports the percentage of adults aged 18 and older who have ever been told by a doctor that they have coronary heart disease or angina. This indicator is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks.

Report Area	Total Population (Age 18)	Total Adults with Heart Disease	Percent Adults with Heart Disease
Canadian County, Oklahoma	80,304	2,714	3.38%
Oklahoma	2,793,624	149,705	5.36%
United States	235,375,690	10,183,713	4.33%

Note: This indicator is compared with the state average.

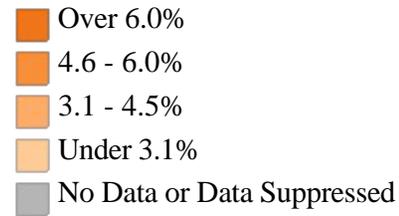
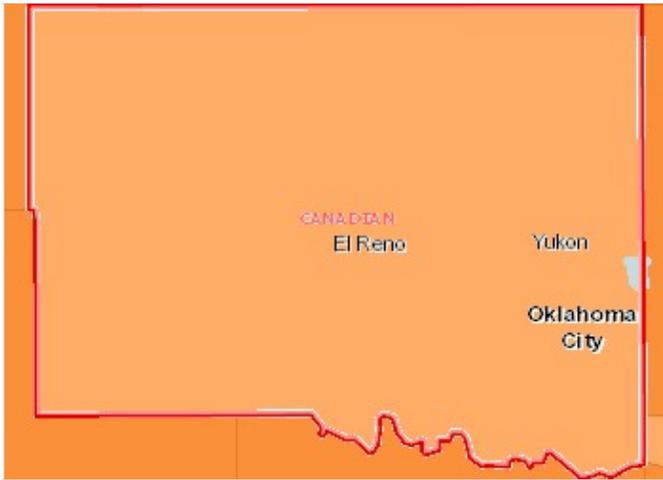
Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010](#). Source geography: County.

Percent Adults with Heart Disease



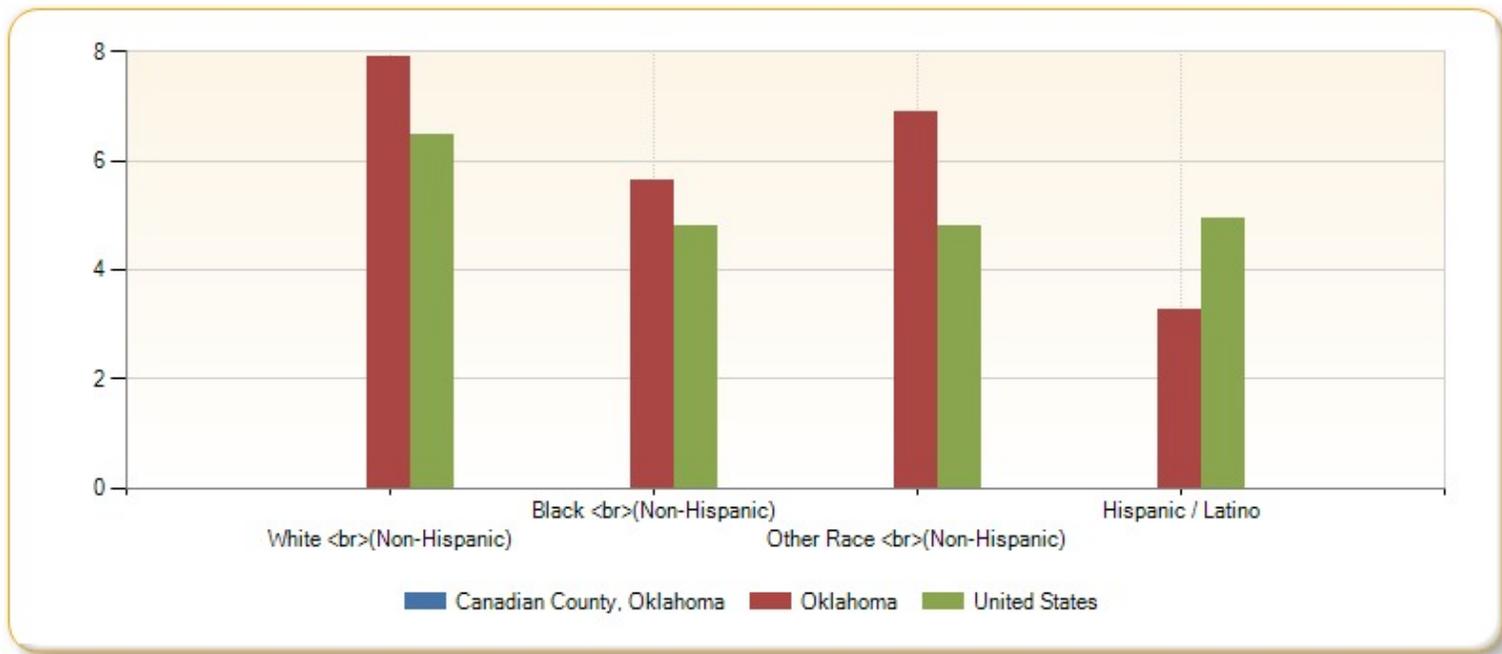
- Canadian County, Oklahoma (3.38%)
- Oklahoma (5.36%)
- United States (4.33%)

Population Ever Diagnosed with Angina or Heart Disease, Adults (Age 18), Percent by County, 2006-10



Adults Ever Diagnosed with Heart Disease by Race / Ethnicity, Percent

Report Area	White (Non-Hispanic)	Black (Non-Hispanic)	Other Race (Non-Hispanic)	Hispanic / Latino
Canadian County, Oklahoma	no data	no data	no data	no data
Oklahoma	7.91%	5.62%	6.91%	3.25%
United States	6.46%	4.81%	4.79%	4.95%



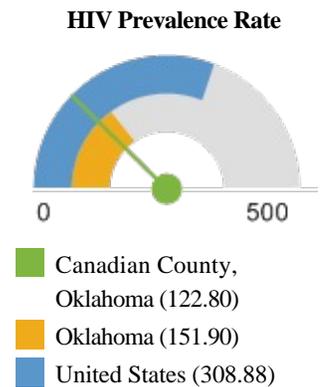
HIV Prevalence

This indicator reports prevalence rate of HIV per 100,000 population. This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

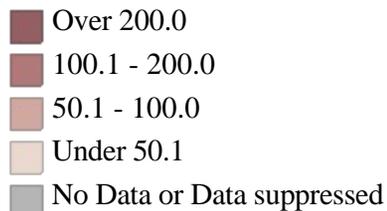
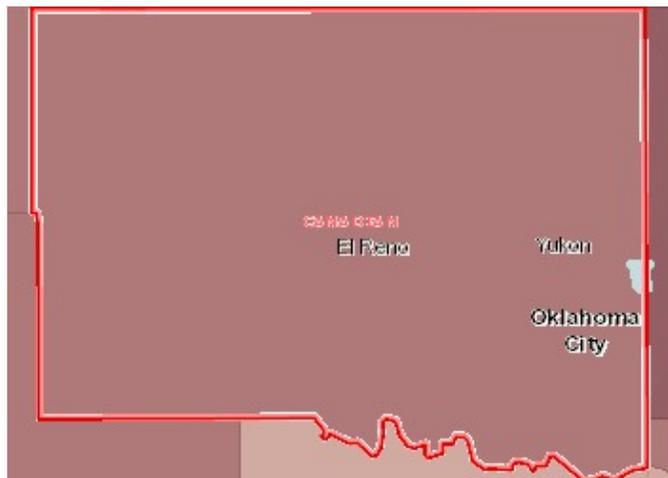
Report Area	Population Age 18	Population with HIV	HIV Prevalence Rate
Canadian County, Oklahoma	84,447	104	122.80
Oklahoma	2,821,685	4,286	151.90
United States	234,564,075	724,515	308.88

Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Centers for Disease Control and Prevention and the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2009](#). Source geography: County.



HIV Prevalence, Rate (Per 100,000 Pop.) by County, 2009

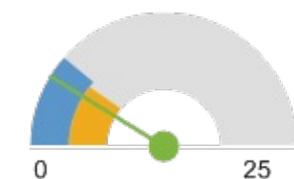


Homicide

This indicator reports the rate of death due to assault (homicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because homicide rate is a measure of poor community safety and is a leading cause of premature death.

Report Area	Total Population	Average Annual Deaths, 2006-2010	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate, Homicide (Per 100,000 Pop.)
Canadian County, Oklahoma	109,675	4	4.01	4.41
Oklahoma	3,673,268	234	6.36	6.45
United States	303,844,430	17,564	5.78	5.81
<u>HP 2020 Target</u>				<= 5.5

Age-Adjusted Death Rate, Homicide (Per 100,000 Pop.)

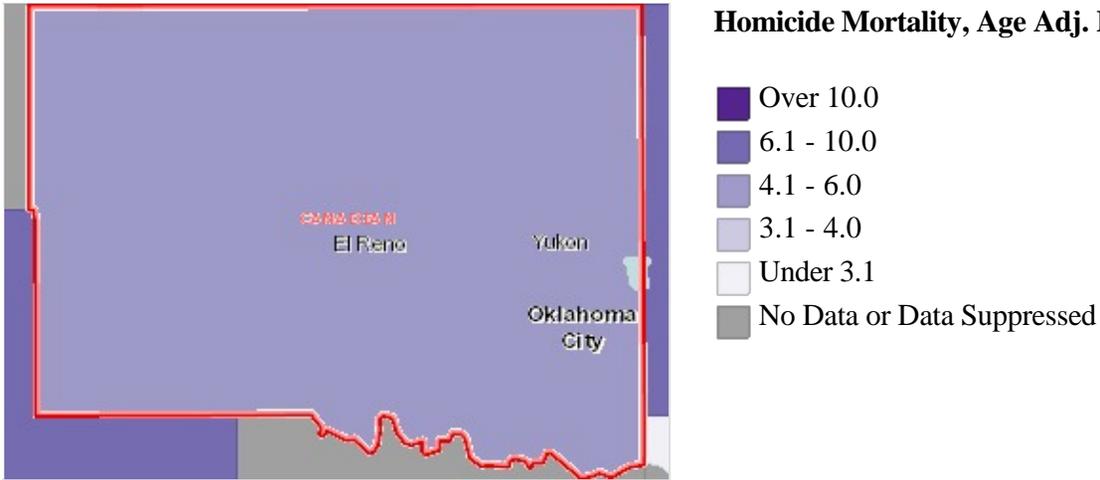


- Canadian County, Oklahoma (4.41)
- HP 2020 Target (5.50)
- United States (5.81)

Note: This indicator is compared with the Healthy People 2020 Target.

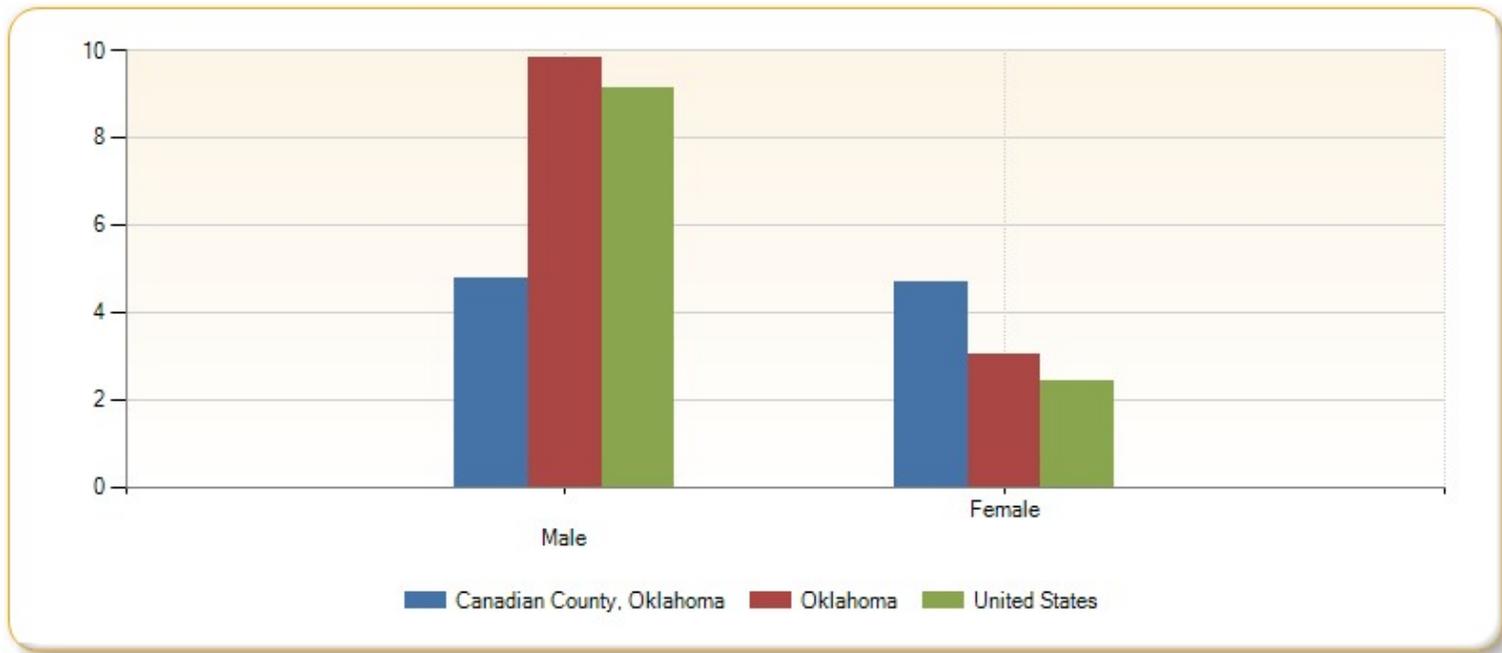
Data Source: [Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010.](#) Accessed through [CDC WONDER](#). Source geography: County.

Homicide Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, 2006-10



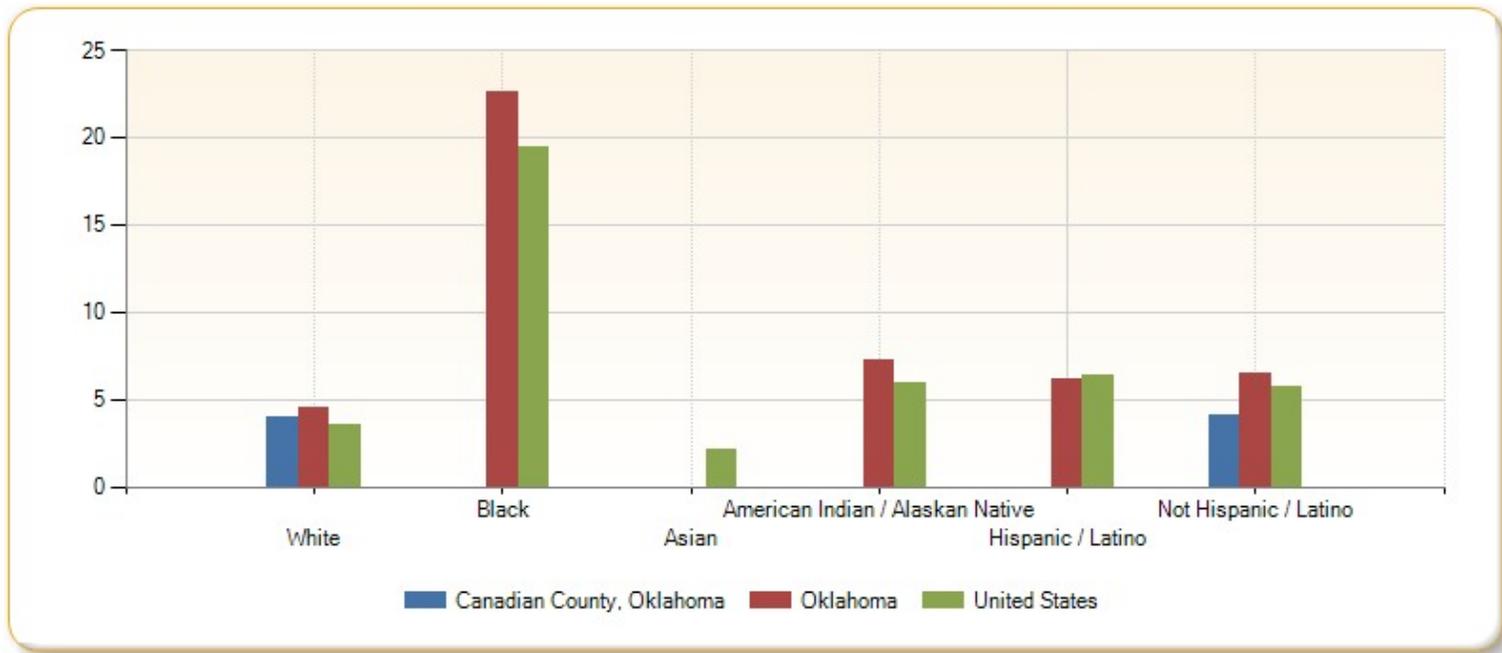
Population by Gender, Homicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.)

Report Area	Male	Female
Canadian County, Oklahoma	4.77	4.68
Oklahoma	9.82	3.02
United States	9.16	2.43



Population by Race / Ethnicity, Homicide, Age-Adjusted Rate (Per 100,000 Pop.)

Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino	Not Hispanic / Latino
Canadian County, Oklahoma	3.99	no data	no data	no data	no data	4.05
Oklahoma	4.58	22.61	no data	7.28	6.14	6.52
United States	3.58	19.50	2.16	5.98	6.33	5.68



Infant Mortality

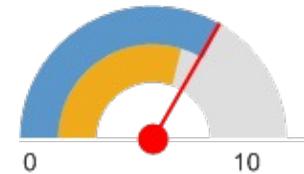
This indicator reports the rate of deaths to infants less than one year of age per 1,000 births. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

Report Area	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Canadian County, Oklahoma	9,922	66	6.65
Oklahoma	372,503	2,951	7.92
United States	58,600,996	393,074	6.71
<u>HP 2020 Target</u>			<= 6.0

Note: This indicator is compared with the Healthy People 2020 Target.

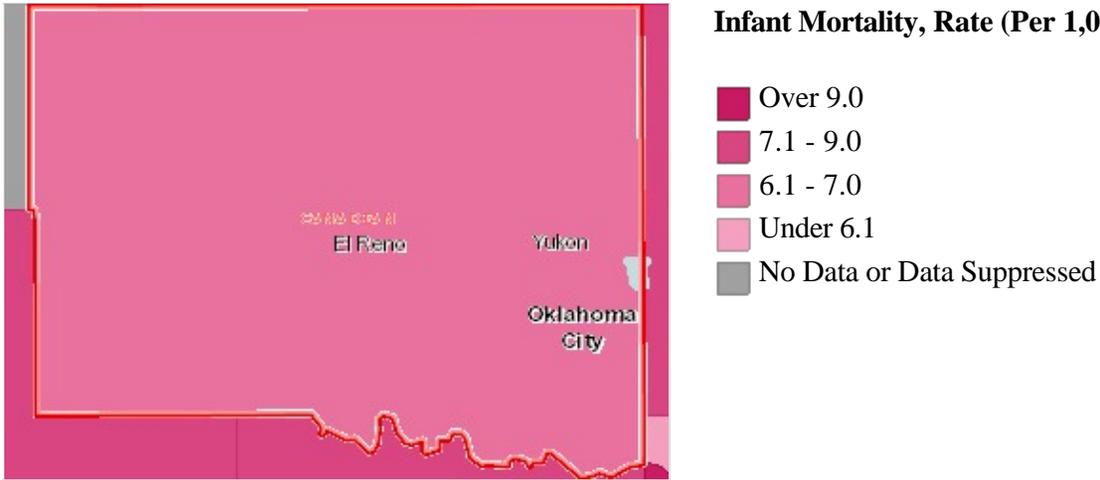
Data Source: [Centers for Disease Control and Prevention, National Vital Statistics System, 2003-2009](#). Source geography: County.

Infant Mortality Rate (Per 1,000 Births)



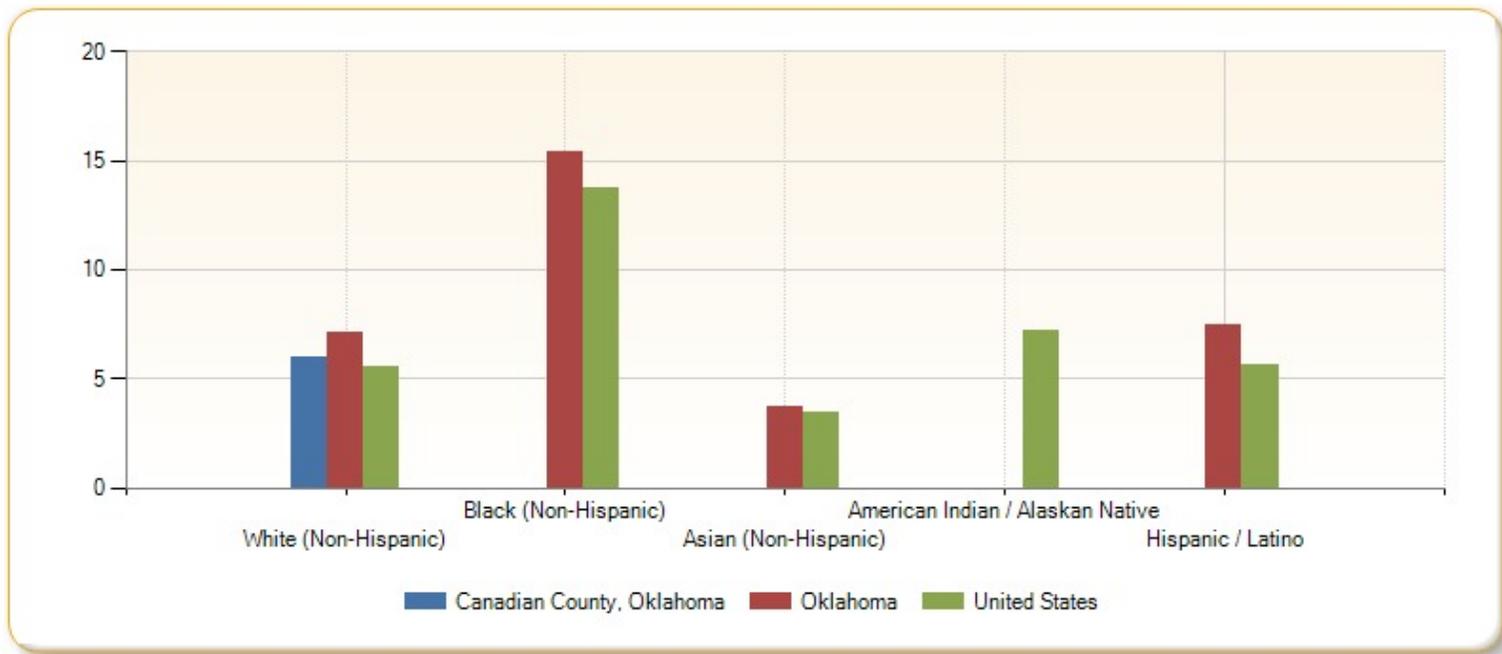
- Canadian County, Oklahoma (6.65)
- HP 2020 Target (6)
- United States (6.71)

Infant Mortality, Rate (Per 1,000 Live Births) by County, 2003-09



Population by Race / Ethnicity, Infant Mortality Rate (Per 1,000 Live Births)

Report Area	White (Non-Hispanic)	Black (Non-Hispanic)	Asian (Non-Hispanic)	American Indian / Alaskan Native	Hispanic / Latino
Canadian County, Oklahoma	6.01	no data	no data	no data	no data
Oklahoma	7.09	15.44	3.75	no data	7.43
United States	5.58	13.76	3.44	7.17	5.65



Low Birth Weight

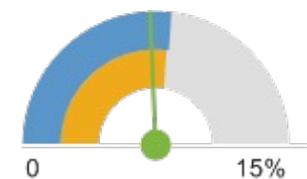
This indicator reports the percentage of total births that were low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Report Area	Total Births	Number Low Birth Weight (< 2500g)	Percent Low Birth Weight
Canadian County, Oklahoma	9,495	692	7.29%
Oklahoma	367,451	29,716	8.09%
United States	29,126,451	2,359,843	8.10%

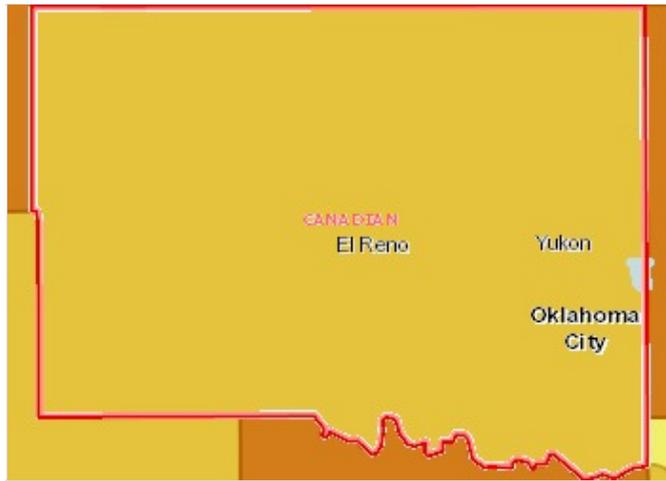
Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Centers for Disease Control and Prevention, National Vital Statistics Systems, 2003-2009](#). Accessed through the [Health Indicators Warehouse](#). Source geography: County.

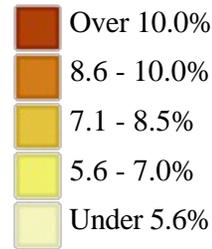
Percent Low Birth Weight



- Canadian County, Oklahoma (7.29%)
- Oklahoma (8.09%)
- United States (8.10%)



Low Birth Weight, Rate by County, 2002-08



Lung Cancer Incidence

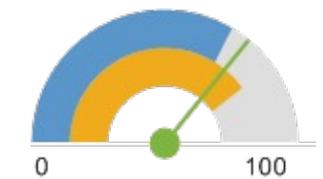
This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of lung cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Report Area	Total Population, ACS 2005-2009	Annual Cancer Incidence, 2005-2009 Average	Annual Incidence Rate, Lung Cancer (Per 100,000 Pop.)
Canadian County, Oklahoma	103,588	74	71.60
Oklahoma	3,610,073	2,910	80.60
United States	301,461,536	202,582	67.20

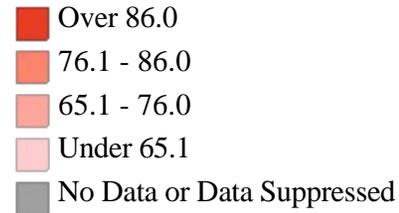
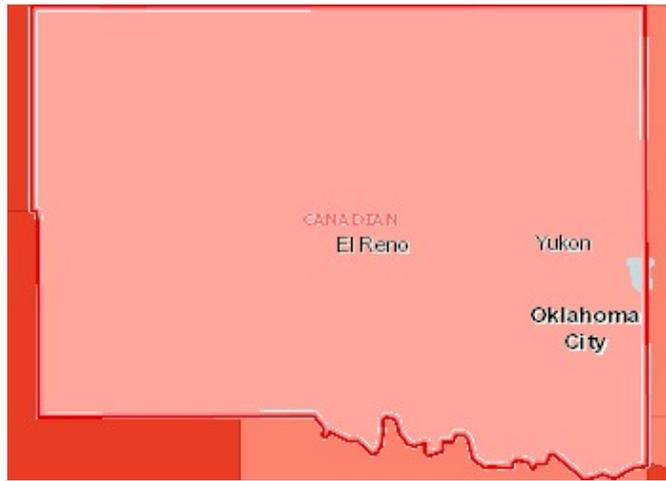
Note: This indicator is compared with the state average.

Data Source: [The Centers for Disease Control and Prevention, and the National Cancer Institute: State Cancer Profiles, 2005-2009](#). Source geography: County.

Annual Incidence Rate, Lung Cancer (Per 100,000 Pop.)



Lung Cancer Incidence, Rate (Per 100,000 Pop.) by County, 2005-09

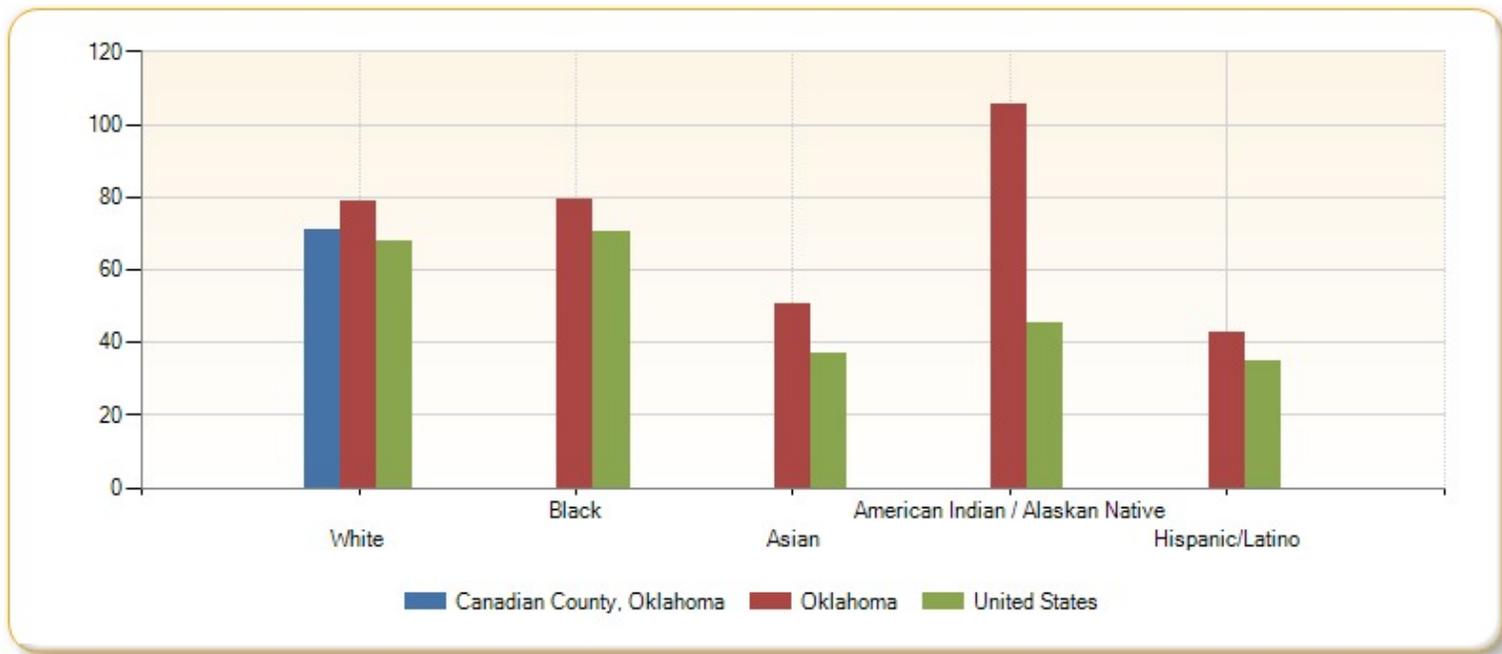


Population by Race / Ethnicity, New Lung Cancer Incidence (Count)

Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino
Canadian County, Oklahoma	63	no data	no data	no data	no data
Oklahoma	2,144	210	29	253	117
United States	152,415	26,309	4,884	1,093	104,607

Population by Race / Ethnicity, Lung Cancer Incidence Rate (Per 100,000)

Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino
Canadian County, Oklahoma	71	no data	no data	no data	no data
Oklahoma	78.80	79.20	50.70	105.60	42.90
United States	67.90	70.60	37	45.10	34.70

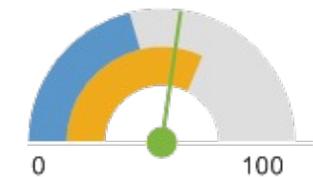


Lung Disease Mortality

This indicator reports the rate of death due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummairized for report areas from county level data, only where data is available. This indicator is relevant because lung disease is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2006-2010	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate, Lung Disease Mortality (Per 100,000 Pop.)
Canadian County, Oklahoma	109,675	50	45.95	54.47
Oklahoma	3,673,268	2,517	68.53	64.27
United States	303,844,430	133,806	44.04	42.40

Age-Adjusted Death Rate, Lung Disease Mortality (Per 100,000 Pop.)

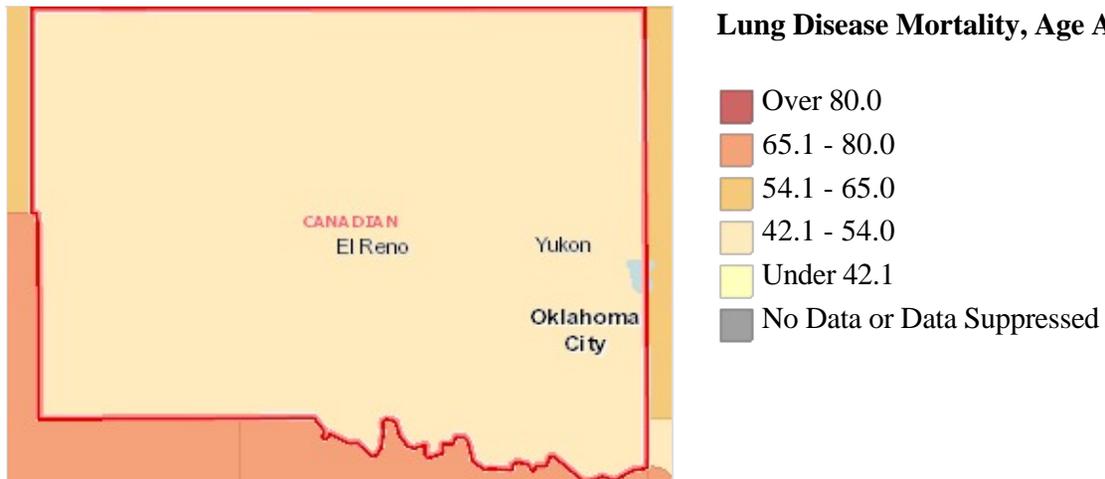


- Canadian County, Oklahoma (54.47)
- Oklahoma (64.27)
- United States (42.40)

Note: This indicator is compared with the state average.

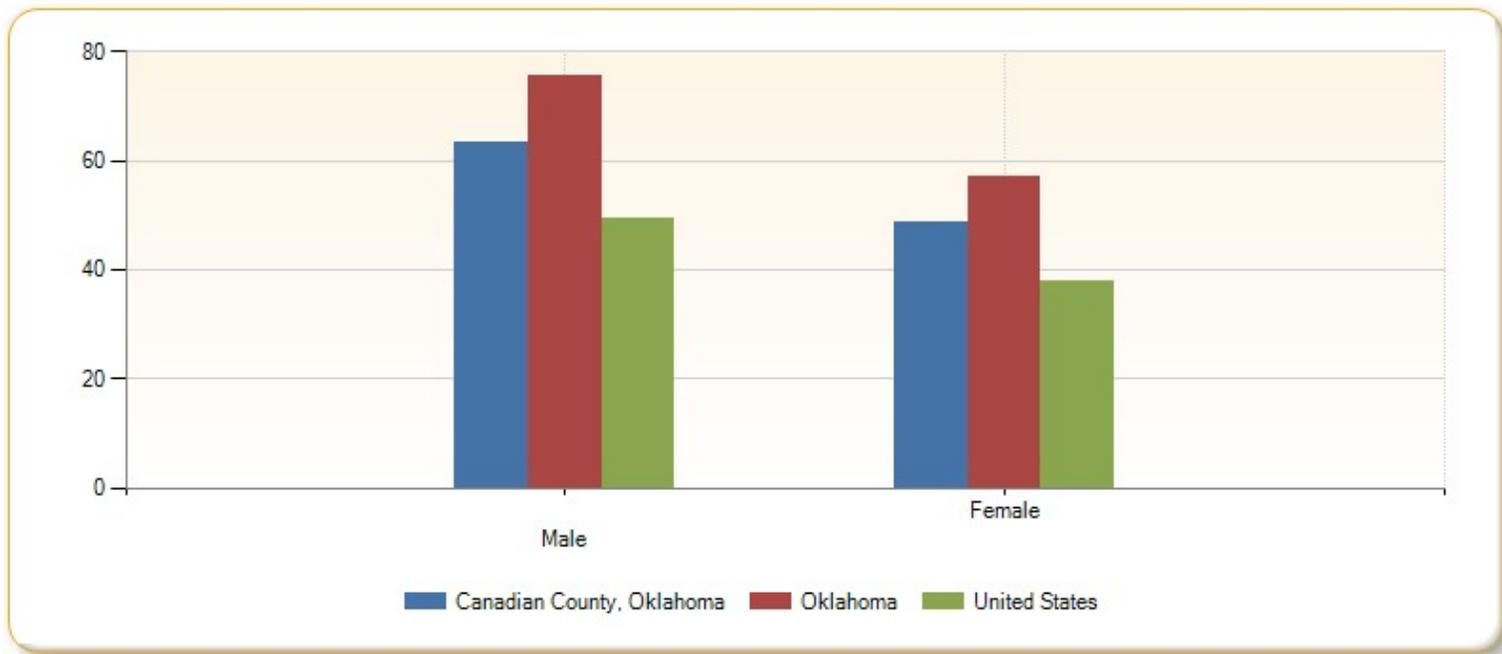
Data Source: [Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010](#). Accessed through [CDC WONDER](#). Source geography: County.

Lung Disease Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, 2006-10



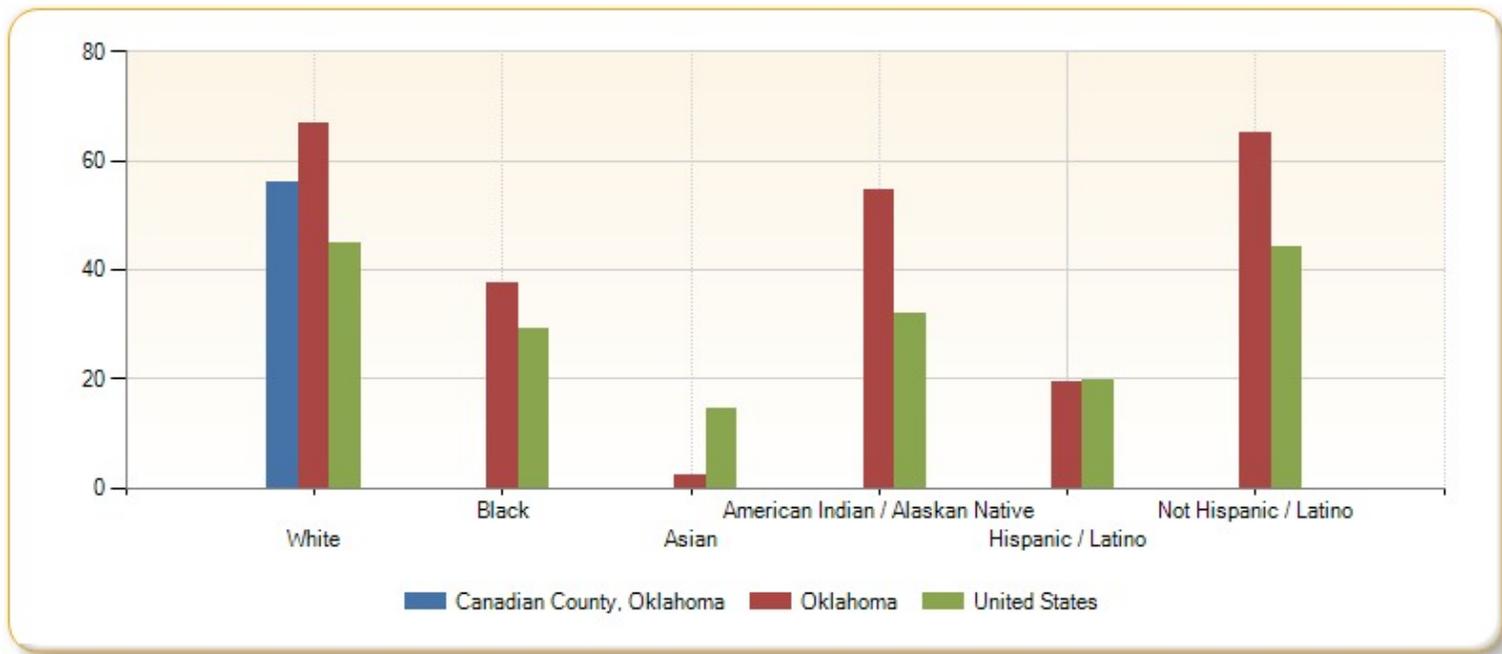
Population by Gender, Lung Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.)

Report Area	Male	Female
Canadian County, Oklahoma	63.20	48.83
Oklahoma	75.74	57.06
United States	49.56	37.82



Population by Race / Ethnicity, Lung Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.)

Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino	Not Hispanic / Latino
Canadian County, Oklahoma	56.01	no data	no data	no data	no data	no data
Oklahoma	66.73	37.68	2.35	54.62	19.28	65.26
United States	44.71	29.15	14.61	32.07	19.64	44

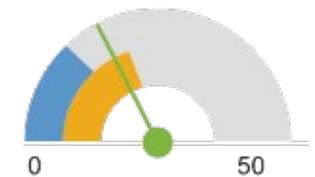


Motor Vehicle Crash Death

This indicator reports the rate of death due to motor vehicle crashes per 100,000 population, which include collisions with another motor vehicle, a nonmotorist, a fixed object, and a non-fixed object, an overturn, and any other non-collision. This indicator is relevant because motor vehicle crash deaths are preventable and they are a cause of premature death.

Report Area	Total Population	Annual Deaths, 2006-2010 Average	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate, Motor Vehicle Crash Death (Per 100,000 Pop.)
Canadian County, Oklahoma	109,675	19	16.96	17.44
Oklahoma	3,673,268	750	20.41	20.29
United States	303,844,430	40,120	13.20	13.04

Age-Adjusted Death Rate, Motor Vehicle Crash Death (Per 100,000 Pop.)



- Canadian County, Oklahoma (17.44)
- Oklahoma (20.29)
- United States (13.04)

Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010](#). Accessed through [CDC WONDER](#). Source geography: County.

Motor Vehicle Accident Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, 2006-10



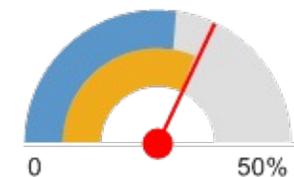
- Over 30.0
- 23.1 - 30.0
- 18.1 - 23.0
- 13.1 - 18.0
- Under 13.1
- No Data or Data Suppressed

Obesity (Adult)

This indicator reports the percentage of adults aged 20 and older who self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese). This indicator is relevant because excess weight is a prevalent problem in the U.S.; it indicates an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Total Population Age 20	Population with BMI > 30.0 (Obese)	Percent Population with BMI > 30.0 (Obese)
Canadian County, Oklahoma	78,735	25,589	32.10%
Oklahoma	2,663,778	839,797	31.56%
United States	223,576,989	61,460,308	27.35%

Percent Population with BMI > 30.0 (Obese)



- Canadian County, Oklahoma (32.10%)
- Oklahoma (31.56%)
- United States (27.35%)

Note: This indicator is compared with the state average.

Data Source: [Centers for Disease Control and Prevention, National Diabetes Surveillance System, 2009](#). Source geography: County.

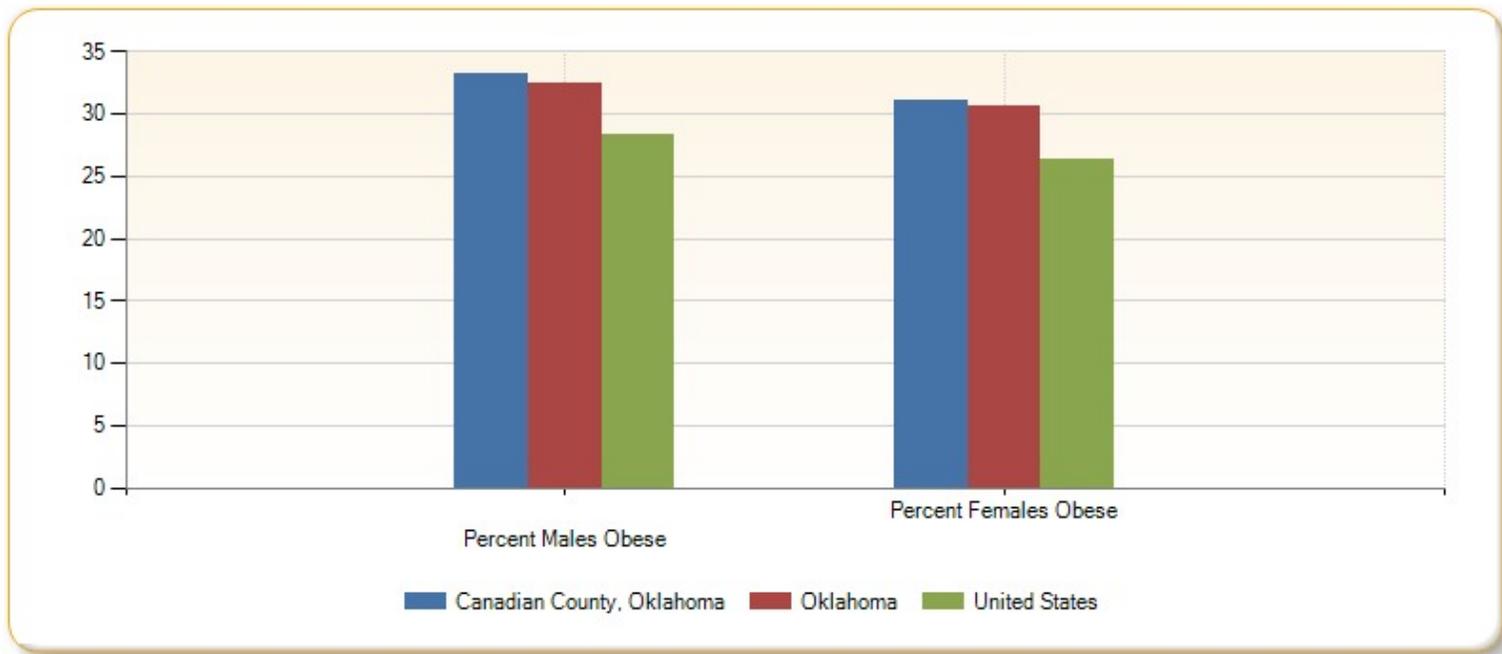
Population Obese (BMI >= 30), Adults (Age 20), Percent by County, 2009



- Over 33.0%
- 30.6 - 33.0%
- 28.1 - 30.5%
- Under 28.1%

Adult Obesity by Gender

Report Area	Total Males Obese	Percent Males Obese	Total Females Obese	Percent Females Obese
Canadian County, Oklahoma	13,127	33.20%	12,462	31%
Oklahoma	422,365	32.50%	417,429	30.62%
United States	31,008,901	28.30%	30,451,365	26.37%



Overweight (Adult)

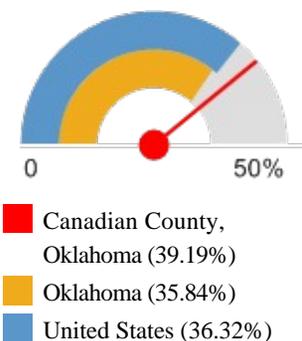
This indicator reports the percentage of adults aged 18 and older who self-report that they have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight). This indicator is relevant because excess weight is a prevalent problem in the U.S.; it indicates an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Total Population (Age 18)	Total Adults Overweight	Percent Adults Overweight
Canadian County, Oklahoma	80,304	31,473	39.19%
Oklahoma	2,793,624	1,001,316	35.84%
United States	235,375,690	85,495,735	36.32%

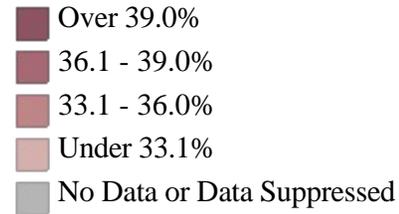
Note: This indicator is compared with the state average.

Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010](#). Source geography: County.

Percent Adults Overweight

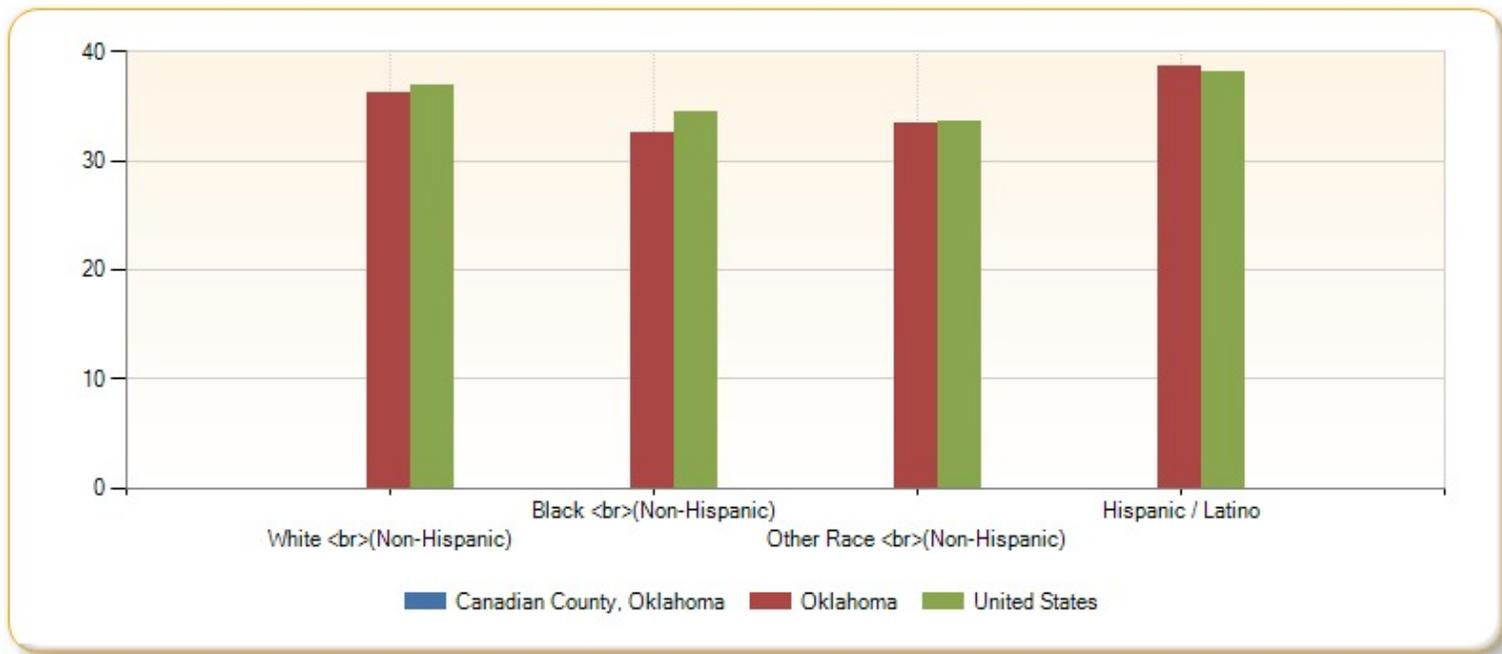


Population Overweight (BMI 25.0-29.9) , Adults (Age 18), Percent by County, 2006-10



Adults Overweight by Race / Ethnicity, Percent

Report Area	White (Non-Hispanic)	Black (Non-Hispanic)	Other Race (Non-Hispanic)	Hispanic / Latino
Canadian County, Oklahoma	no data	no data	no data	no data
Oklahoma	36.21%	32.57%	33.47%	38.60%
United States	36.86%	34.52%	33.65%	38.11%



Pedestrian Motor Vehicle Death

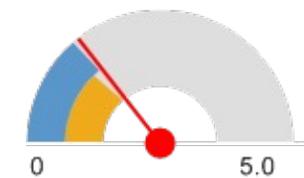
This indicator reports the rate of pedestrians killed by motor vehicles per 100,000 population. This indicator is relevant because pedestrian-motor vehicle crash deaths are preventable and they are a cause of premature death.

Report Area	Total Deaths, 2008-2010	Average Annual Deaths, 2008-2010	Average Annual Death Rate (Per 100,000 Pop.)
Canadian County, Oklahoma	5	1	1.44
Oklahoma	143	47	1.20
United States	12,750	4,250	1.38
HP 2020 Target			<= 1.3

Note: This indicator is compared with the Healthy People 2020 Target. No breakout data available.

Data Source: [National Highway Traffic Safety Administration, Fatality Analysis Reporting System, 2008-2010](#). Source geography: County.

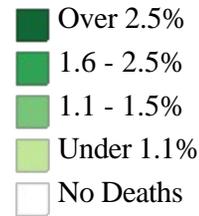
Average Annual Death Rate (Per 100,000 Pop.)



- Canadian County, Oklahoma (1.44)
- HP 2020 Target (1.30)
- United States (1.38)



Pedestrian Motor Vehicle Accident Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, 2008-10

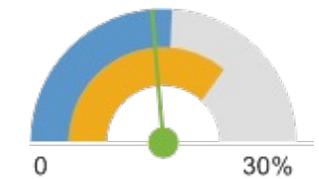


Poor Dental Health

This indicator reports the percentage of adults age 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection. This indicator is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services.

Report Area	Total Population (Age 18)	Total Adults with Poor Dental Health	Percent Adults with Poor Dental Health
Canadian County, Oklahoma	80,304	11,391	14.18%
Oklahoma	2,793,624	608,605	21.79%
United States	235,375,690	36,842,620	15.65%

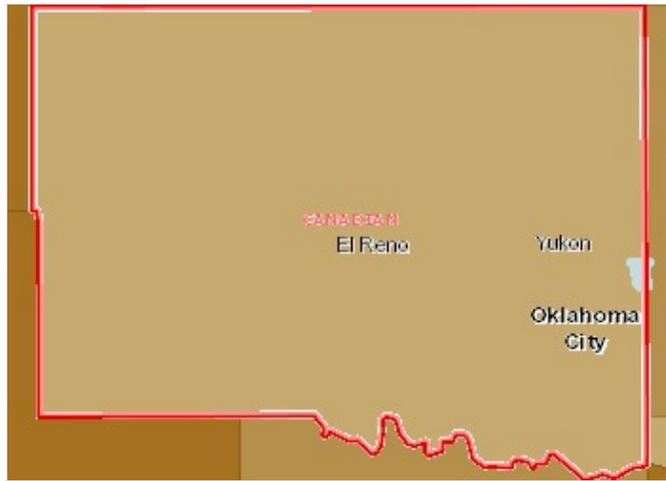
Percent Adults with Poor Dental Health



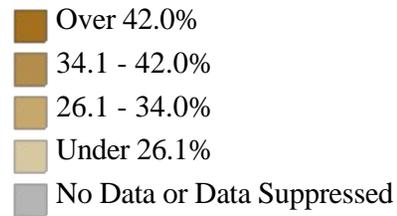
- Canadian County, Oklahoma (14.18%)
- Oklahoma (21.79%)
- United States (15.65%)

Note: This indicator is compared with the state average.

Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010](#). Source geography: County.

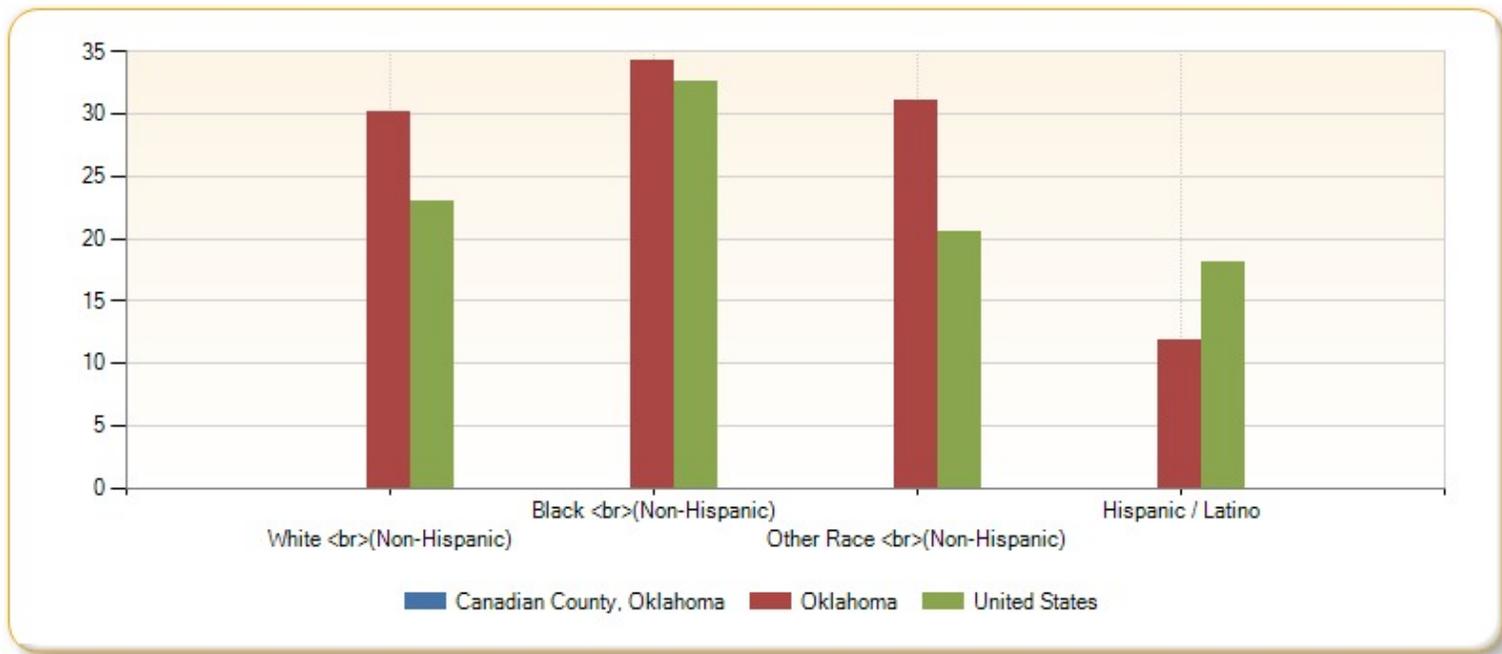


Population Without Dental Exam in Past 12 Months, Adults (Age 18), Percent by County, 2006-10



Adults with Poor Dental Health (6 Teeth Removed) by Race / Ethnicity, Percent

Report Area	White (Non-Hispanic)	Black (Non-Hispanic)	Other Race (Non-Hispanic)	Hispanic / Latino
Canadian County, Oklahoma	no data	no data	no data	no data
Oklahoma	30.16%	34.25%	31.08%	11.79%
United States	22.98%	32.63%	20.47%	18.05%



Poor General Health

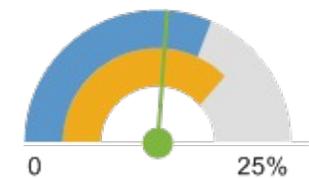
This indicator reports the percentage of adults age 18 and older who self-report having poor or fair health. This indicator is relevant because it is a measure of general poor health status.

Report Area	Total Population Age 18	Estimated Population with Poor or Fair Health	Percent Population with Poor or Fair Health
Canadian County, Oklahoma	80,304	10,520	13.10%
Oklahoma	2,762,318	522,078	18.90%
United States	229,932,154	36,429,871	15.84%

Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2005-2011](#). Source geography: County.

Percent Population with Poor or Fair Health



- Canadian County, Oklahoma (13.10%)
- Oklahoma (18.90%)
- United States (15.84%)



Population with Poor or Fair Health, Adults (Age 18), Percent by County, 2005-11

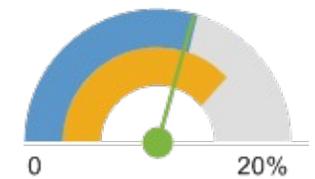
- Over 22.0%
- 16.1 - 22.0%
- 10.1 - 16.0%
- Under 10.1%
- No Data or Data Suppressed

Population with Any Disability

This indicator reports the percentage of the total civilian noninstitutionalized population with a disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Report Area	Population for Whom Disability Status Is Determined	Total Population with a Disability	Percent Population with a Disability
Canadian County, Oklahoma	116,332	13,361	11.74%
Oklahoma	3,756,421	575,623	15.32%
United States	309,231,232	36,499,048	12%

Percent Population with a Disability



- Canadian County, Oklahoma (11.74%)
- Oklahoma (15.32%)
- United States (12%)

Note: This indicator is compared with the state average.

Data Source: U.S. Census Bureau, 2008-2010 American Community Survey 3-Year Estimates. Source geography: PUMA.

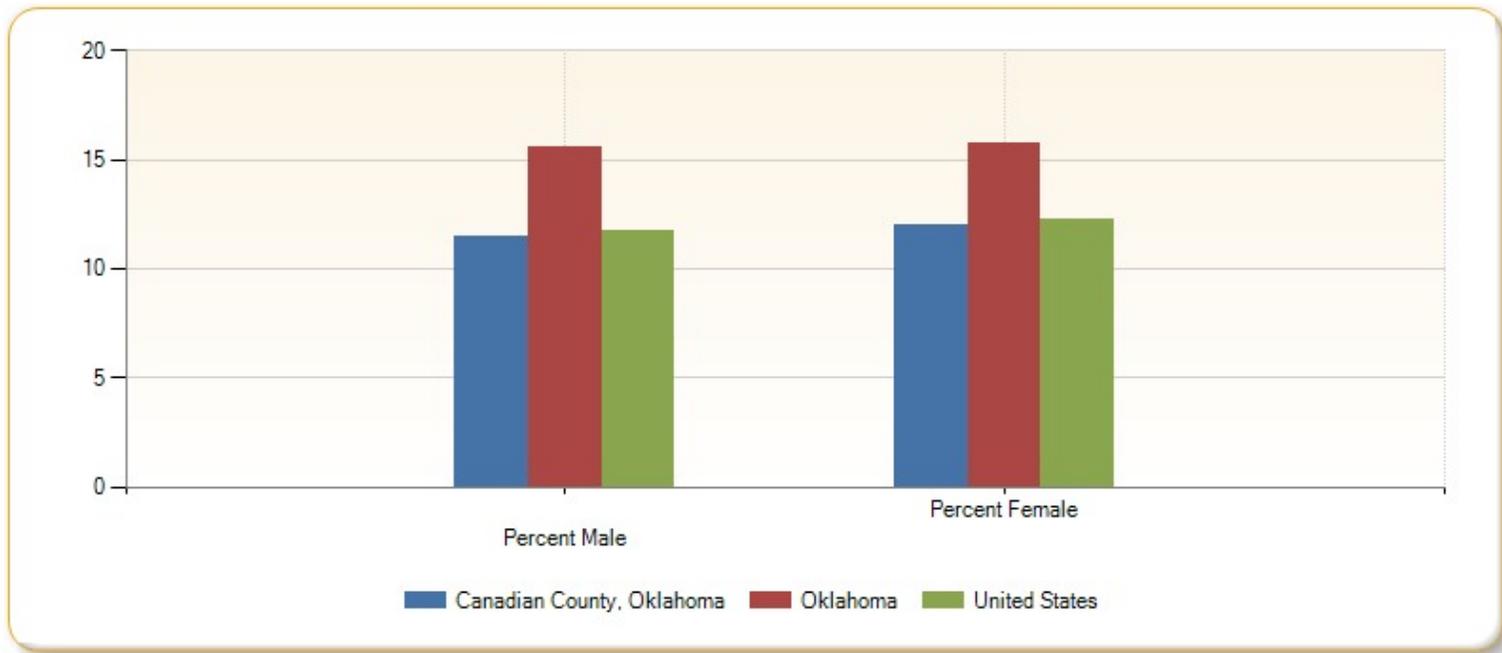
Disabled Population, Percent by PUMA, 2009-11



- Over 15.0%
- 12.1 - 15.0%
- 9.1 - 12.0%
- Under 9.1%

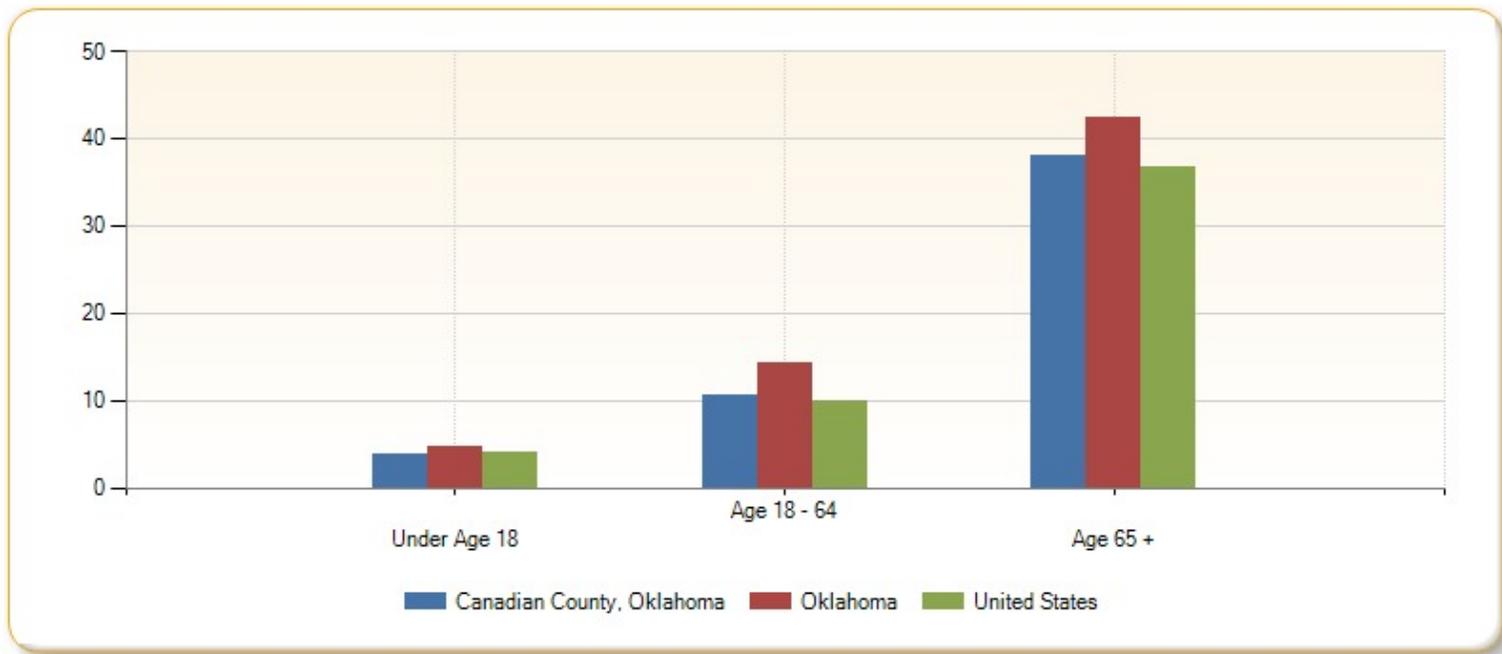
Population with Any Disability by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Canadian County, Oklahoma	6,393	6,968	11.51%	11.96%
Oklahoma	280,039	295,584	15.59%	15.76%
United States	17,413,242	19,085,806	11.74%	12.25%



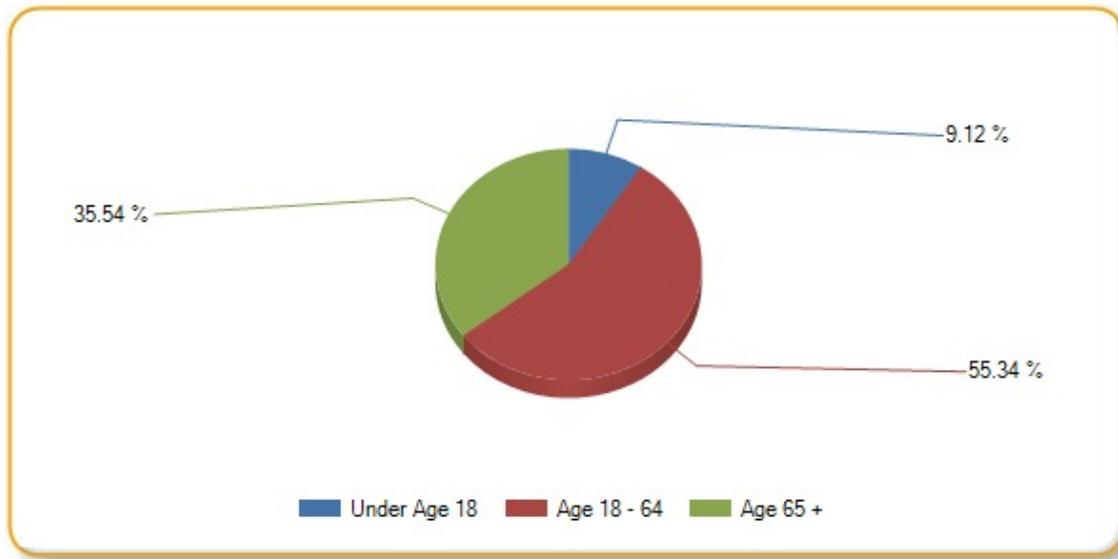
Population with Any Disability by Age Group, Percent

Report Area	Under Age 18	Age 18 - 64	Age 65
Canadian County, Oklahoma	3.91%	10.54%	38.08%
Oklahoma	4.70%	14.35%	42.52%
United States	3.98%	10.02%	36.79%



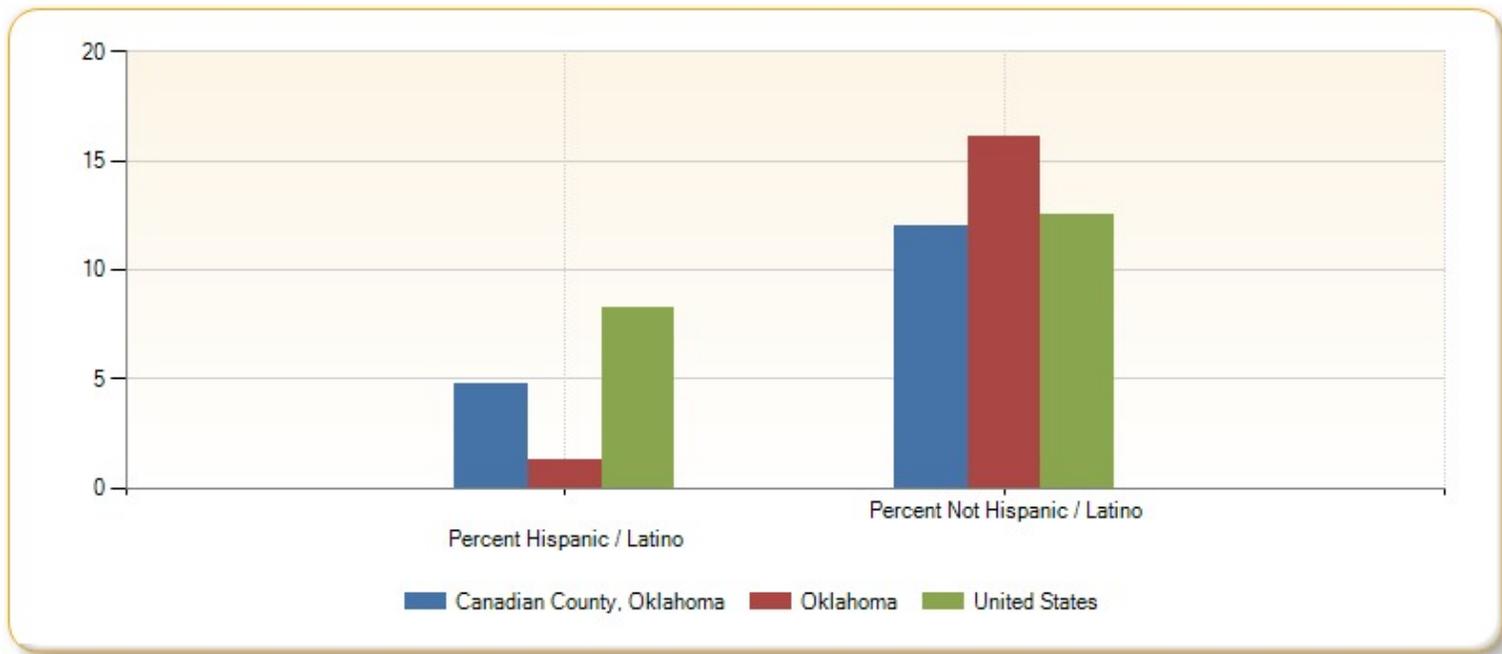
Population with Any Disability by Age Group, Total

Report Area	Under Age 18	Age 18 - 64	Age 65 +
Canadian County, Oklahoma	1,219	7,394	4,748
Oklahoma	43,623	323,228	208,772
United States	2,942,519	19,141,182	14,415,347



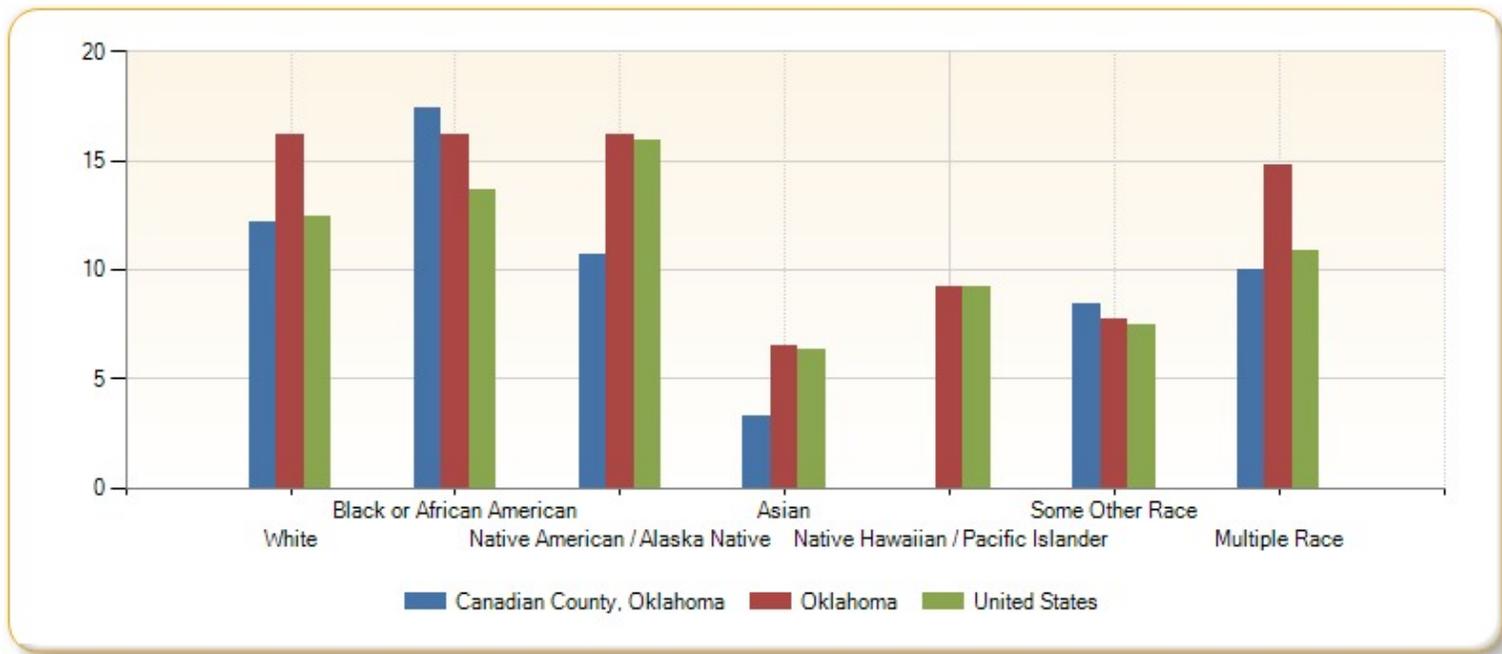
Population with Any Disability by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Canadian County, Oklahoma	360	13,001	4.72%	11.96%
Oklahoma	24,033	551,590	1.28%	16.08%
United States	4,113,926	32,385,122	8.23%	12.49%



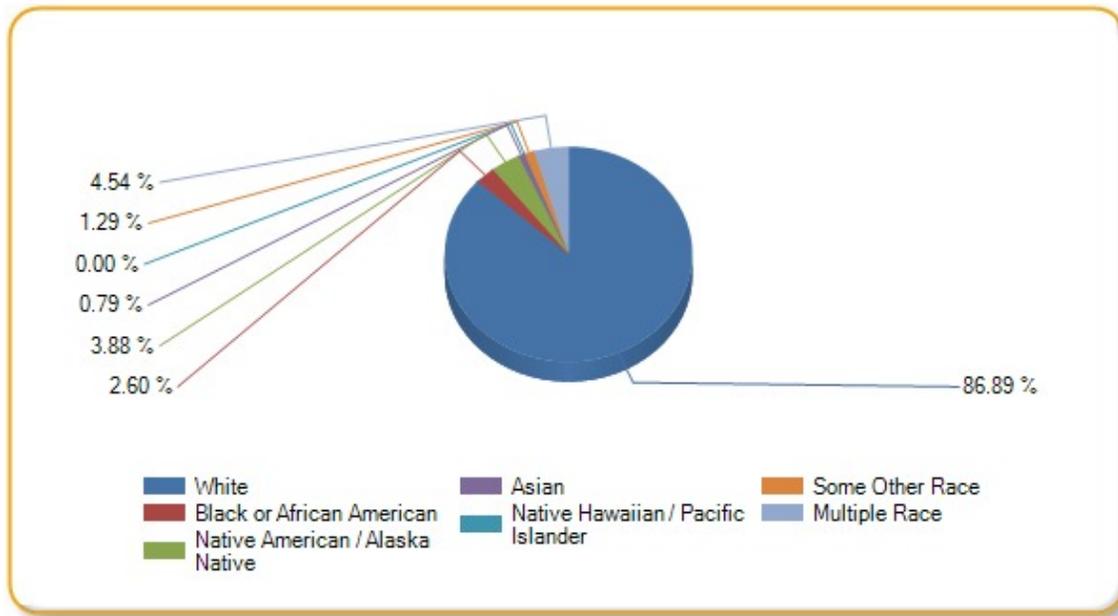
Population with Any Disability by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	12.15%	17.39%	10.65%	3.25%	no data	8.41%	9.99%
Oklahoma	16.17%	16.22%	16.20%	6.47%	9.20%	7.70%	14.80%
United States	12.40%	13.67%	15.96%	6.29%	9.17%	7.47%	10.90%



Population with Any Disability by Race Alone, Total

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Canadian County, Oklahoma	11,610	347	518	106	no data	173	607
Oklahoma	438,906	41,707	40,798	4,173	387	7,079	42,573
United States	28,021,996	5,125,302	393,242	926,212	45,489	1,100,118	886,689

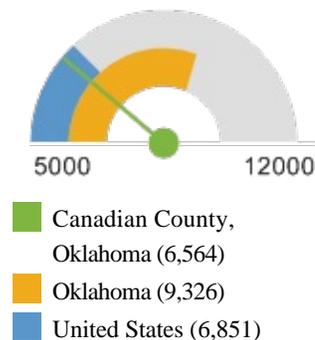


Premature Death

This indicator reports Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death, age-adjusted to the 2000 standard. YPLL measures premature death and is calculated by subtracting the age of death from the 75 year benchmark. This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status.

Report Area	Total Population, 2008-2010 Average	Total Premature Deaths, 2008-2010 Average	Total Years of Potential Life Lost, 2008-2010 Average	Years of Potential Life Lost, Rate per 100,000 Population
Canadian County, Oklahoma	119,492	379	7,845	6,564
Oklahoma	3,791,508	17,584	353,613	9,326
United States	311,616,188	1,074,667	21,327,690	6,851

Years of Potential Life Lost, Rate per 100,000 Population



Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Centers for Disease Control and Prevention, National Vital Statistics System, 2008-2010 \(As Reported in the 2013 County Health Rankings\)](#). Source geography: County.



Premature Deaths, Years Lost Rate (Per 100,000 Pop.) by County, 2008-10

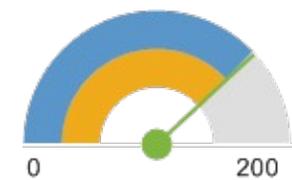
- Over 10,000
- 8,001 - 10,000
- 6,001 - 8,000
- Under 6,000
- No Data or Data Suppressed

Prostate Cancer Incidence

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of males with prostate cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Report Area	Total Population, ACS 2005-2009	Annual Cancer Incidence, 2005-2009 Average	Annual Incidence Rate, Prostate Cancer (Per 100,000 Pop.)
Canadian County, Oklahoma	103,588	158	152.60
Oklahoma	3,610,073	5,530	153.10
United States	301,461,536	456,412	151.40

Annual Incidence Rate, Prostate Cancer (Per 100,000 Pop.)



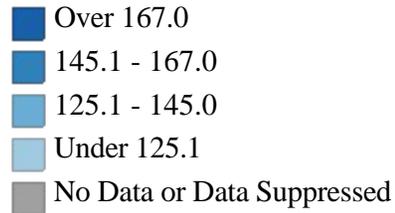
- Canadian County, Oklahoma (152.60)
- Oklahoma (153.10)
- United States (151.40)

Note: This indicator is compared with the state average.

Data Source: [The Centers for Disease Control and Prevention, and the National Cancer Institute: State Cancer Profiles, 2005-2009](#). Source geography: County.



Prostate Cancer Incidence, Rate (Per 100,000 Pop.) by County, 2005-09

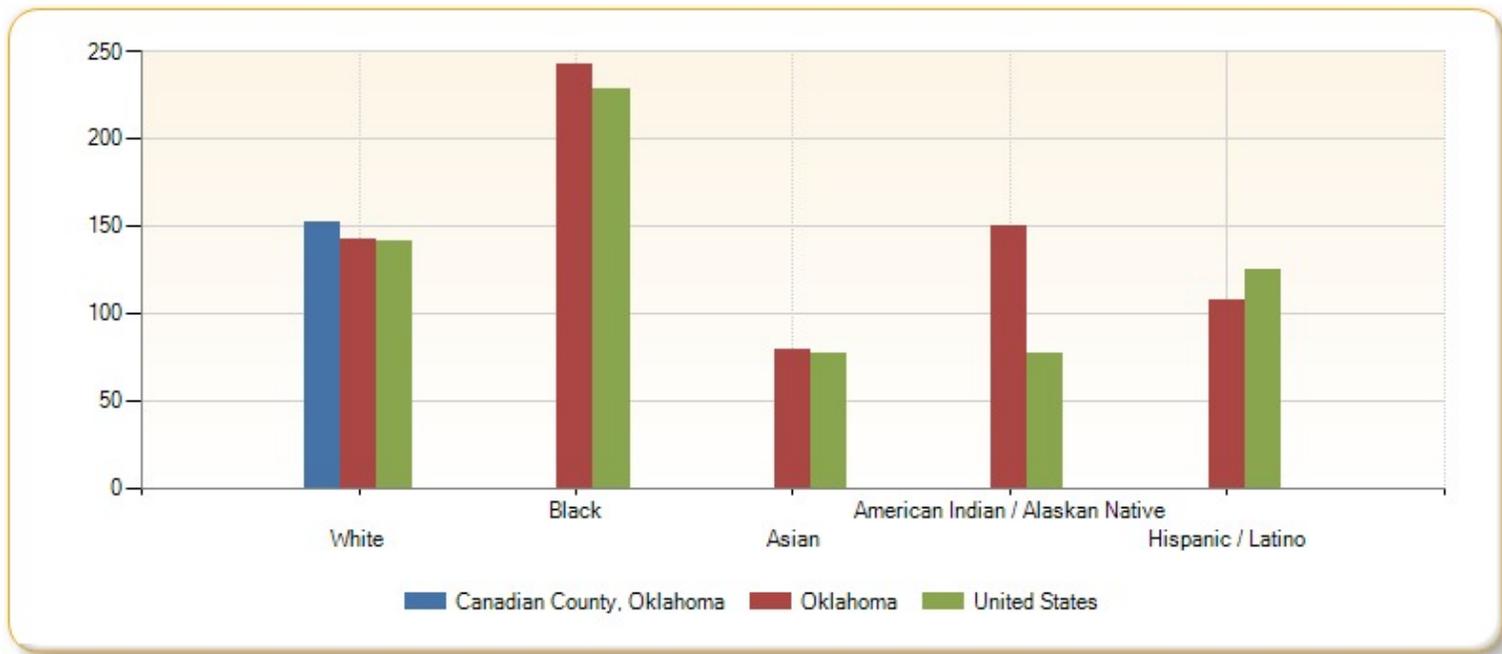


Population by Race / Ethnicity, New Prostate Cancer Incidence (Count)

Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino
Canadian County, Oklahoma	134	no data	no data	no data	no data
Oklahoma	3,871	643	45	358	293
United States	316,053	85,187	10,151	1,861	375,018

Population by Race / Ethnicity, Prostate Cancer Incidence Rate (Per 100,000)

Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino
Canadian County, Oklahoma	152.30	no data	no data	no data	no data
Oklahoma	142.30	243.10	78.80	149.80	107.70
United States	140.80	228.60	76.90	76.80	124.40

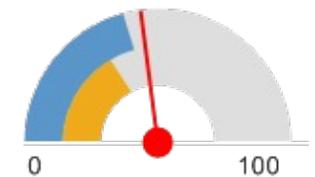


Stroke Mortality

This indicator reports the rate of death due to cerebrovascular disease (stroke) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because stroke is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2006-2010	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate, Stroke Mortality (Per 100,000 Pop.)
Canadian County, Oklahoma	109,675	41	37.38	46.10
Oklahoma	3,673,268	2,046	55.71	53.13
United States	303,844,430	133,107	43.81	41.78
HP 2020 Target				<= 33.8

Age-Adjusted Death Rate, Stroke Mortality (Per 100,000 Pop.)

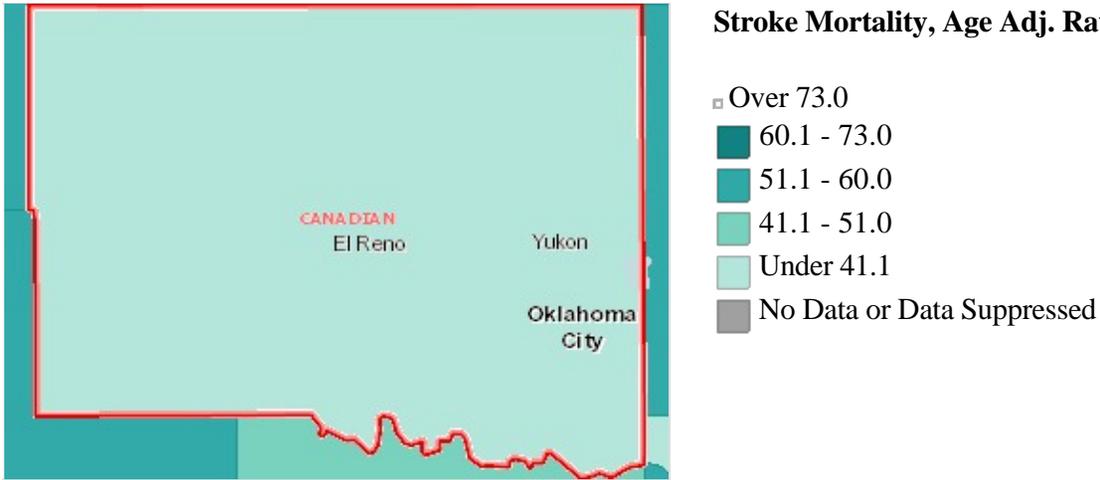


- Canadian County, Oklahoma (46.10)
- HP 2020 Target (33.80)
- United States (41.78)

Note: This indicator is compared with the Healthy People 2020 Target.

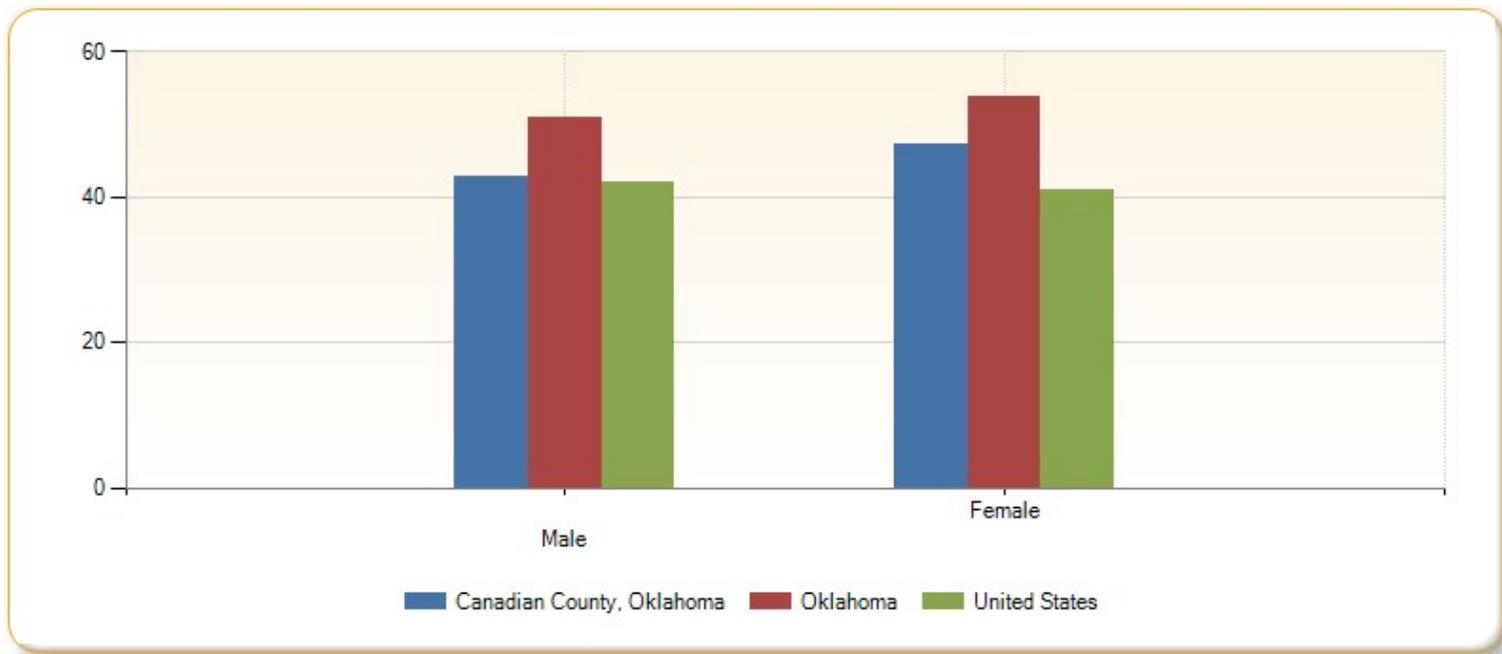
Data Source: [Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010](#). Accessed through [CDC WONDER](#). Source geography: County.

Stroke Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, 2006-10



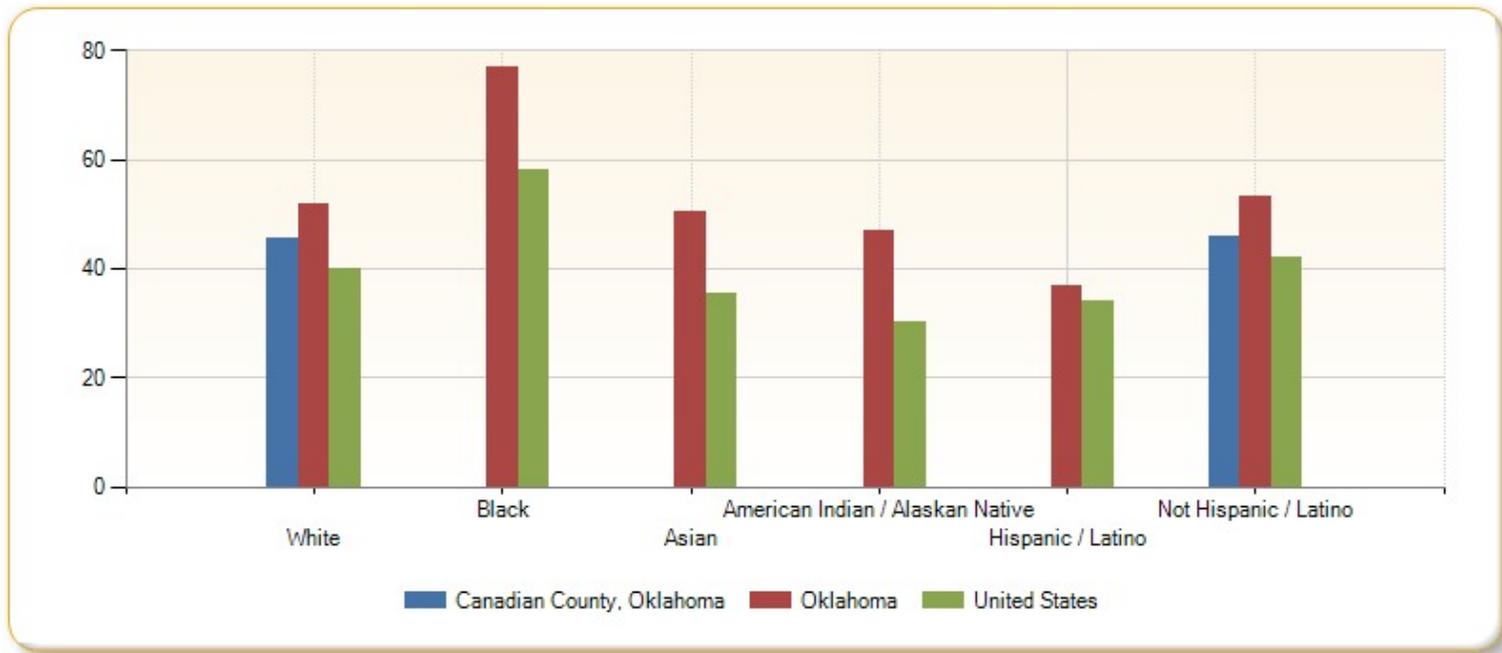
Population by Gender, Stroke Mortality, Age-Adjusted Rate (Per 100,000 Pop.)

Report Area	Male	Female
Canadian County, Oklahoma	42.84	47.32
Oklahoma	50.92	53.77
United States	41.95	40.96



Population by Race / Ethnicity, Stroke Mortality, Age-Adjusted Rate (Per 100,000 Pop.)

Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino	Not Hispanic / Latino
Canadian County, Oklahoma	45.58	no data	no data	no data	no data	45.78
Oklahoma	51.90	77.04	50.54	47.02	36.94	53.33
United States	40.10	57.97	35.27	30.36	34.20	42.14

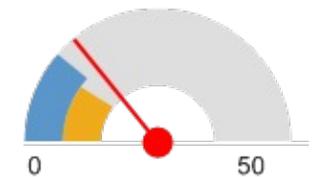


Suicide

This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because suicide is an indicator of poor mental health.

Report Area	Total Population	Average Annual Deaths, 2006-2010	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate, Suicide (Per 100,000 Pop.)
Canadian County, Oklahoma	109,675	15	13.31	14.05
Oklahoma	3,673,268	566	15.40	15.44
United States	303,844,430	35,841	11.80	11.57
HP 2020 Target				<= 10.2

Age-Adjusted Death Rate, Suicide (Per 100,000 Pop.)

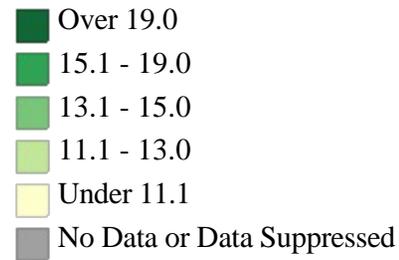
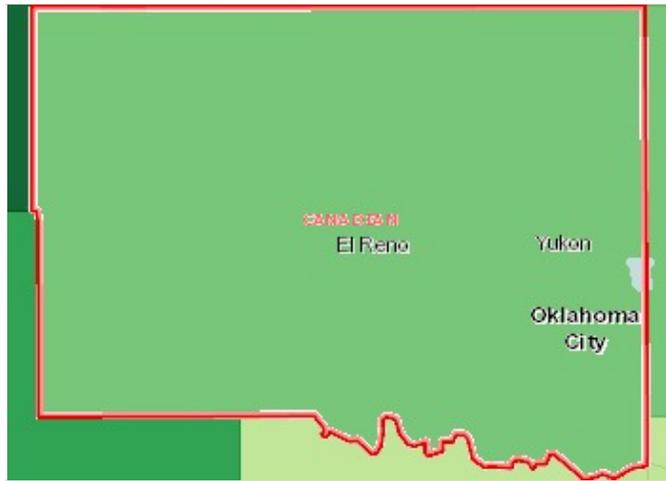


- Canadian County, Oklahoma (14.05)
- HP 2020 Target (10.20)
- United States (11.57)

Note: This indicator is compared with the Healthy People 2020 Target.

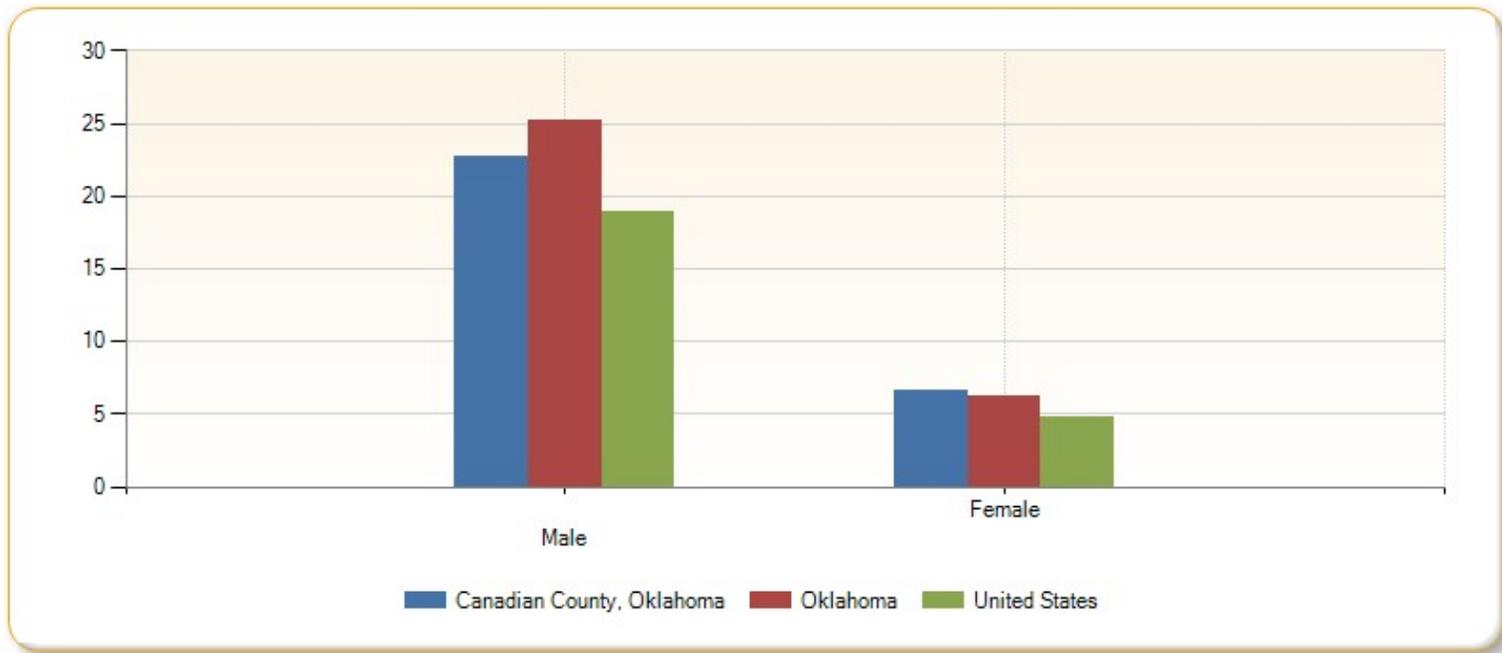
Data Source: [Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010.](#) Accessed through [CDC WONDER](#). Source geography: County.

Suicide Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, 2006-10



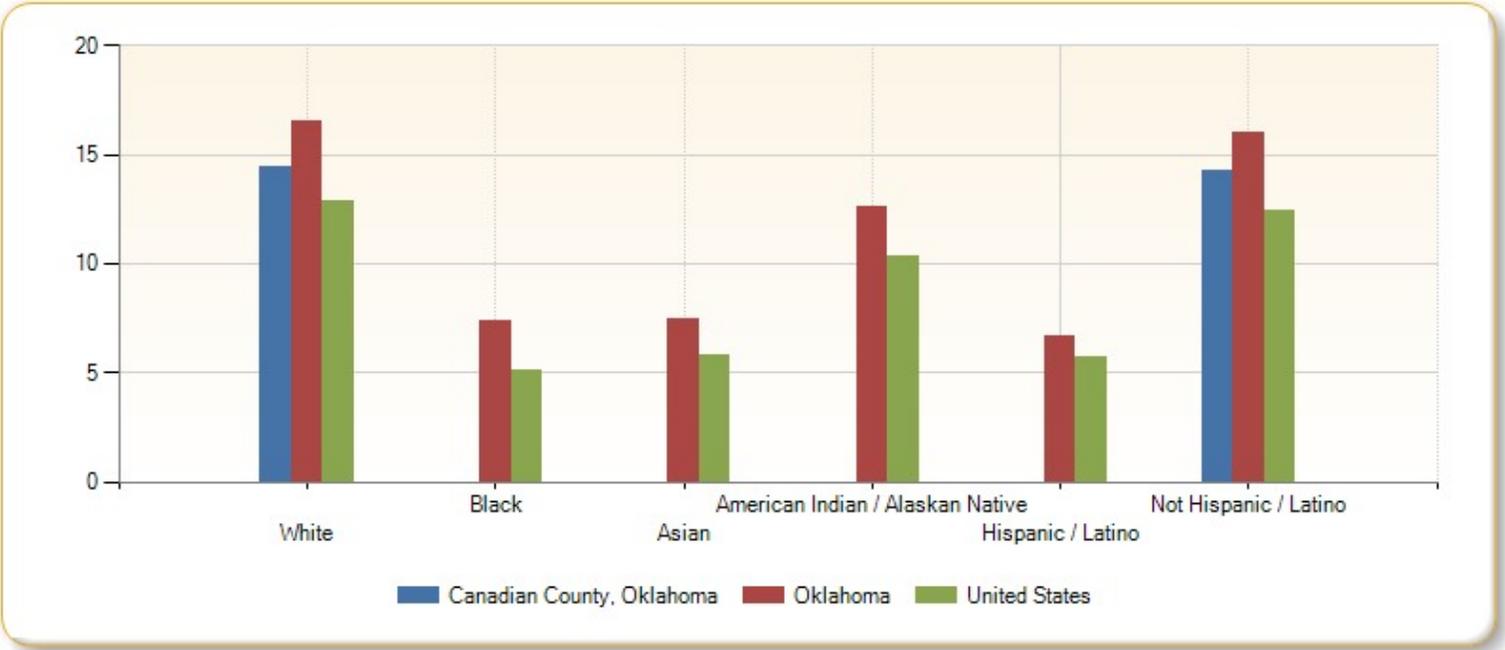
Population by Gender, Suicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.)

Report Area	Male	Female
Canadian County, Oklahoma	22.71	6.55
Oklahoma	25.25	6.16
United States	18.96	4.77



Population by Race / Ethnicity, Suicide, Age-Adjusted Rate (Per 100,000 Pop.)

Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino	Not Hispanic / Latino
Canadian County, Oklahoma	14.42	no data	no data	no data	no data	14.23
Oklahoma	16.56	7.35	7.46	12.58	6.71	16.04
United States	12.89	5.11	5.80	10.30	5.71	12.44



FOOTNOTES

Total Population

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year, and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: [U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data \(2008\)](#).

For more information about this source, including data collection methodology and definitions, refer to the [American Community Survey](#) website.

Methodology

Population counts for demographic groups and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2007-2011. Mapped data are summarized to 2010 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

$$\text{Percentage} = [\text{Subgroup Population}] / [\text{Total Population}] * 100$$

For more information on the data reported in the American Community Survey, please see the complete [American Community Survey 2011 Subject Definitions](#).

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories in the American Community Survey (ACS) based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Indicator race and ethnicity statistics are generated from self-identified survey responses. Using the OMB standard, the available race categories in the ACS are: White, Black, American Indian/Alaskan Native, Asian, and Other. An ACS survey respondent may identify as one race alone, or may choose multiple races. Respondents selecting multiple categories are racially identified as "Two or More Races". The minimum ethnicity categories are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. Total population counts are reported in the ACS public use files by combined race and ethnicity; social and economic data are reported by race or ethnicity alone.

Data Limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations have age and sex distributions that are very different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on demographic distribution. This is particularly true for areas with a substantial GQ population (like areas with military bases, colleges, or jails).

Male Population

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year, and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: [U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data \(2008\)](#).

For more information about this source, including data collection methodology and definitions, refer to the [American Community Survey](#) website.

Methodology

Population counts for demographic groups and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2007-2011. Mapped data are summarized to 2010 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

$$\text{Percentage} = [\text{Subgroup Population}] / [\text{Total Population}] * 100$$

For more information on the data reported in the American Community Survey, please see the complete [American Community Survey 2011 Subject Definitions](#).

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories in the American Community Survey (ACS) based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Indicator race and ethnicity statistics are generated from self-identified survey responses. Using the OMB standard, the available race categories in the ACS are: White, Black, American Indian/Alaskan Native, Asian, and Other. An ACS survey respondent may identify as one race alone, or may choose multiple races. Respondents selecting multiple categories are racially identified as "Two or More Races". The minimum ethnicity categories are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. All social and economic data are reported in the ACS public use files by race alone, ethnicity alone, and for the white non-Hispanic population.

Data Limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations have age and sex distributions that are very different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on demographic distribution. This is particularly true for areas with a substantial GQ population (like areas with military bases, colleges, or jails).

Female Population

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year, and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: [U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data \(2008\)](#).

For more information about this source, including data collection methodology and definitions, refer to the [American Community Survey](#) website.

Methodology

Population counts for demographic groups and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2007-2011. Mapped data are summarized to 2010 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

$$\text{Percentage} = [\text{Subgroup Population}] / [\text{Total Population}] * 100$$

For more information on the data reported in the American Community Survey, please see the complete [American Community Survey 2011 Subject Definitions](#).

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories in the American Community Survey (ACS) based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Indicator race and ethnicity statistics are generated from self-identified survey responses. Using the OMB standard, the available race categories in the ACS are: White, Black, American Indian/Alaskan Native, Asian, and Other. An ACS survey respondent may identify as one race alone, or may choose multiple races. Respondents selecting multiple categories are racially identified as "Two or More Races". The minimum ethnicity categories are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. All social and economic data are reported in the ACS public use files by race alone, ethnicity alone, and for the white non-Hispanic population.

Data Limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations have age and sex distributions that are very different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on demographic distribution. This is particularly true for areas with a substantial GQ population (like areas with military bases, colleges, or jails).

Median Age

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form

decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year, and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: [U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data \(2008\)](#).

For more information about this source, including data collection methodology and definitions, refer to the [American Community Survey](#) website.

Methodology

Median age data acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2007-2011. Data are summarized by the U.S. Census Bureau to 2010 census tract boundaries. Data provided by the census are area estimates; as a median, this indicator cannot be resummarized or recalculated.

For more information on the data reported in the American Community Survey, please see the complete [American Community Survey 2010 Subject Definitions](#).

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories in the American Community Survey (ACS) based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Indicator race and ethnicity statistics are generated from self-identified survey responses. Using the OMB standard, the available race categories in the ACS are: White, Black, American Indian/Alaskan Native, Asian, and Other. An ACS survey respondent may identify as one race alone, or may choose multiple races. Respondents selecting multiple categories are racially identified as "Two or More Races". The minimum ethnicity categories are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. All social and economic data are reported in the ACS public use files by race alone, ethnicity alone, and for the white non-Hispanic population.

Data Limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations have age and sex distributions that are very different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on demographic distribution. This is particularly true for areas with a substantial GQ population (like areas with military bases, colleges, or jails).

Population Under Age 18

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year, and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: [U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data \(2008\).](#)

For more information about this source, including data collection methodology and definitions, refer to the [American Community Survey](#) website.

Methodology

Population counts for demographic groups and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2007-2011. Mapped data are summarized to 2010 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

$$\text{Percentage} = [\text{Subgroup Population}] / [\text{Total Population}] * 100$$

For more information on the data reported in the American Community Survey, please see the complete [American Community Survey 2011 Subject Definitions](#).

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories in the American Community Survey (ACS) based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Indicator race and ethnicity statistics are generated from self-identified survey responses. Using the OMB standard, the available race categories in the ACS are: White, Black, American Indian/Alaskan Native, Asian, and Other. An ACS survey respondent may identify as one race alone, or may choose multiple races. Respondents selecting multiple categories are racially identified as "Two or More Races". The minimum ethnicity categories are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. All social and economic data are reported in the ACS public use files by race alone, ethnicity alone, and for the white non-Hispanic population.

Data Limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations have age and sex distributions that are very different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on demographic distribution. This is particularly true for areas with a substantial GQ population (like areas with military bases, colleges, or jails).

Population Age 0-4

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year, and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: [U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data \(2008\).](#)

For more information about this source, including data collection methodology and definitions, refer to the [American Community Survey](#) website.

Methodology

Population counts for demographic groups and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2007-2011. Mapped data are summarized to 2010 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

$$\text{Percentage} = \frac{[\text{Subgroup Population}]}{[\text{Total Population}]} * 100$$

For more information on the data reported in the American Community Survey, please see the complete [American Community Survey 2011 Subject Definitions](#).

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories in the American Community Survey (ACS) based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Indicator race and ethnicity statistics are generated from self-identified survey responses. Using the OMB standard, the available race categories in the ACS are: White, Black, American Indian/Alaskan Native, Asian, and Other. An ACS survey respondent may identify as one race alone, or may choose multiple races. Respondents selecting multiple categories are racially identified as "Two or More Races". The minimum ethnicity categories are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. All social and economic data are reported in the ACS public use files by race alone, ethnicity alone, and for the white non-Hispanic population.

Data Limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations have age and sex distributions that are very different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on demographic distribution. This is particularly true for areas with a substantial GQ population (like areas with military bases, colleges, or jails).

Population Age 18-64

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year, and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: [U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data \(2008\)](#).

For more information about this source, including data collection methodology and definitions, refer to the [American Community Survey](#) website.

Methodology

Population counts for demographic groups and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2007-2011. Mapped data are summarized to 2010 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

$$\text{Percentage} = [\text{Subgroup Population}] / [\text{Total Population}] * 100$$

For more information on the data reported in the American Community Survey, please see the complete [American Community Survey 2011 Subject Definitions](#).

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories in the American Community Survey (ACS) based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Indicator race and ethnicity statistics are generated from self-identified survey responses. Using the OMB standard, the available race categories in the ACS are: White, Black, American Indian/Alaskan Native, Asian, and Other. An ACS survey respondent may identify as one race alone, or may choose multiple races. Respondents selecting multiple categories are racially identified as "Two or More Races". The minimum ethnicity categories are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. All social and economic data are reported in the ACS public use files by race alone, ethnicity alone, and for the white non-Hispanic population.

Data Limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations have age and sex distributions that are very different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on demographic distribution. This is particularly true for areas with a substantial GQ population (like areas with military bases, colleges, or jails).

Population Age 5-17

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year, and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: [U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data \(2008\)](#).

For more information about this source, including data collection methodology and definitions, refer to the [American Community Survey](#) website.

Methodology

Population counts for demographic groups and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2007-2011. Mapped data are summarized to 2010 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

$$\text{Percentage} = [\text{Subgroup Population}] / [\text{Total Population}] * 100$$

For more information on the data reported in the American Community Survey, please see the complete [American Community Survey 2011 Subject Definitions](#).

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories in the American Community Survey (ACS) based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Indicator race and ethnicity statistics are generated from self-identified survey responses. Using the OMB standard, the available race categories in the ACS are: White, Black, American Indian/Alaskan Native, Asian, and Other. An ACS survey respondent may identify as one race alone, or may choose multiple races. Respondents selecting multiple categories are racially identified as “Two or More Races”. The minimum ethnicity categories are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. All social and economic data are reported in the ACS public use files by race alone, ethnicity alone, and for the white non-Hispanic population.

Data Limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations have age and sex distributions that are very different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on demographic distribution. This is particularly true for areas with a substantial GQ population (like areas with military bases, colleges, or jails).

Population Age 65

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year, and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: [U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data \(2008\)](#).

For more information about this source, including data collection methodology and definitions, refer to the [American Community Survey](#) website.

Methodology

Population counts for demographic groups and total area population data are acquired from the U.S. Census Bureau’s American Community Survey. Data represent estimates for the 5 year period 2007-2011. Mapped data are summarized to 2010 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

$$\text{Percentage} = [\text{Subgroup Population}] / [\text{Total Population}] * 100$$

For more information on the data reported in the American Community Survey, please see the complete [American Community Survey 2011 Subject](#)

[Definitions.](#)

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories in the American Community Survey (ACS) based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Indicator race and ethnicity statistics are generated from self-identified survey responses. Using the OMB standard, the available race categories in the ACS are: White, Black, American Indian/Alaskan Native, Asian, and Other. An ACS survey respondent may identify as one race alone, or may choose multiple races. Respondents selecting multiple categories are racially identified as “Two or More Races”. The minimum ethnicity categories are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. All social and economic data are reported in the ACS public use files by race alone, ethnicity alone, and for the white non-Hispanic population.

Data Limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations have age and sex distributions that are very different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on demographic distribution. This is particularly true for areas with a substantial GQ population (like areas with military bases, colleges, or jails).

Population Age 18-24

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year, and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: [U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data \(2008\).](#)

For more information about this source, including data collection methodology and definitions, refer to the [American Community Survey](#) website.

Methodology

Population counts for demographic groups and total area population data are acquired from the U.S. Census Bureau’s American Community Survey. Data represent estimates for the 5 year period 2007-2011. Mapped data are summarized to 2010 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

$$\text{Percentage} = \frac{[\text{Subgroup Population}]}{[\text{Total Population}]} * 100$$

For more information on the data reported in the American Community Survey, please see the complete [American Community Survey 2011 Subject Definitions.](#)

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories in the American Community Survey (ACS) based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Indicator race and ethnicity statistics are generated from self-identified survey responses. Using the OMB standard, the available race categories in the ACS are: White, Black, American Indian/Alaskan Native, Asian, and Other. An ACS survey respondent may identify as one race alone, or may choose multiple races. Respondents selecting multiple categories are racially identified as “Two or More Races”. The minimum ethnicity categories are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. All social and economic data are reported in the ACS public use files by race alone, ethnicity alone, and for the white non-Hispanic population.

Data Limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations have age and sex distributions that are very different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on demographic distribution. This is particularly true for areas with a substantial GQ population (like areas with military bases, colleges, or jails).

Hispanic Population

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year, and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: [U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data \(2008\)](#).

For more information about this source, including data collection methodology and definitions, refer to the [American Community Survey](#) website.

Methodology

Population counts for demographic groups and total area population data are acquired from the U.S. Census Bureau’s American Community Survey. Data represent estimates for the 5 year period 2007-2011. Mapped data are summarized to 2010 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

$$\text{Percentage} = [\text{Subgroup Population}] / [\text{Total Population}] * 100$$

For more information on the data reported in the American Community Survey, please see the complete [American Community Survey 2011 Subject Definitions](#).

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories in the American Community Survey (ACS) based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Indicator race and ethnicity statistics are generated from self-identified survey responses. Using the

OMB standard, the available race categories in the ACS are: White, Black, American Indian/Alaskan Native, Asian, and Other. An ACS survey respondent may identify as one race alone, or may choose multiple races. Respondents selecting multiple categories are racially identified as “Two or More Races”. The minimum ethnicity categories are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. All social and economic data are reported in the ACS public use files by race alone, ethnicity alone, and for the white non-Hispanic population.

Data Limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations have age and sex distributions that are very different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on demographic distribution. This is particularly true for areas with a substantial GQ population (like areas with military bases, colleges, or jails).

Population Age 25-34

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year, and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: [U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data \(2008\).](#)

For more information about this source, including data collection methodology and definitions, refer to the [American Community Survey](#) website.

Methodology

Population counts for demographic groups and total area population data are acquired from the U.S. Census Bureau’s American Community Survey. Data represent estimates for the 5 year period 2007-2011. Mapped data are summarized to 2010 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

$$\text{Percentage} = [\text{Subgroup Population}] / [\text{Total Population}] * 100$$

For more information on the data reported in the American Community Survey, please see the complete [American Community Survey 2011 Subject Definitions](#).

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories in the American Community Survey (ACS) based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Indicator race and ethnicity statistics are generated from self-identified survey responses. Using the OMB standard, the available race categories in the ACS are: White, Black, American Indian/Alaskan Native, Asian, and Other. An ACS survey respondent may identify as one race alone, or may choose multiple races. Respondents selecting multiple categories are racially identified as “Two or More Races”. The minimum ethnicity categories are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. All social and economic data are

reported in the ACS public use files by race alone, ethnicity alone, and for the white non-Hispanic population.

Data Limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations have age and sex distributions that are very different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on demographic distribution. This is particularly true for areas with a substantial GQ population (like areas with military bases, colleges, or jails).

Population Age 35-44

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year, and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: [U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data \(2008\)](#).

For more information about this source, including data collection methodology and definitions, refer to the [American Community Survey](#) website.

Methodology

Population counts for demographic groups and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2007-2011. Mapped data are summarized to 2010 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

$$\text{Percentage} = [\text{Subgroup Population}] / [\text{Total Population}] * 100$$

For more information on the data reported in the American Community Survey, please see the complete [American Community Survey 2011 Subject Definitions](#).

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories in the American Community Survey (ACS) based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Indicator race and ethnicity statistics are generated from self-identified survey responses. Using the OMB standard, the available race categories in the ACS are: White, Black, American Indian/Alaskan Native, Asian, and Other. An ACS survey respondent may identify as one race alone, or may choose multiple races. Respondents selecting multiple categories are racially identified as "Two or More Races". The minimum ethnicity categories are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. All social and economic data are reported in the ACS public use files by race alone, ethnicity alone, and for the white non-Hispanic population.

Data Limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations have age and sex distributions that are very different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on demographic distribution. This is particularly true for areas with a substantial GQ population (like areas with military bases, colleges, or jails).

Population Age 45-54

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year, and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: [U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data \(2008\)](#).

For more information about this source, including data collection methodology and definitions, refer to the [American Community Survey](#) website.

Methodology

Population counts for demographic groups and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2007-2011. Mapped data are summarized to 2010 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

$$\text{Percentage} = [\text{Subgroup Population}] / [\text{Total Population}] * 100$$

For more information on the data reported in the American Community Survey, please see the complete [American Community Survey 2011 Subject Definitions](#).

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories in the American Community Survey (ACS) based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Indicator race and ethnicity statistics are generated from self-identified survey responses. Using the OMB standard, the available race categories in the ACS are: White, Black, American Indian/Alaskan Native, Asian, and Other. An ACS survey respondent may identify as one race alone, or may choose multiple races. Respondents selecting multiple categories are racially identified as "Two or More Races". The minimum ethnicity categories are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. All social and economic data are reported in the ACS public use files by race alone, ethnicity alone, and for the white non-Hispanic population.

Data Limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations have age and sex distributions that are very different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on demographic distribution. This is particularly true for areas with a substantial GQ population (like areas with military bases, colleges, or jails).

Population Age 55-64

Data Background

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Methodology

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Data Limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations have age and sex distributions that are very different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on demographic distribution. This is particularly true for areas with a substantial GQ population (like areas with military bases, colleges, or jails).

Foreign-Born Population

Data Background

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Methodology

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Notes

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Population with Limited English Proficiency

Data Background

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Methodology

Population counts for demographic groups and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2007-2011. Mapped data are summarized to 2010 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

$$\text{Percentage} = [\text{Subgroup Population}] / [\text{Total Population}] * 100$$

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Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories in the American Community Survey (ACS) based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Indicator race and ethnicity statistics are generated from self-identified survey responses. Using the OMB standard, the available race categories in the ACS are: White, Black, American Indian/Alaskan Native, Asian, and Other. An ACS survey respondent may identify as one race alone, or may choose multiple races. Respondents selecting multiple categories are racially identified as "Two or More Races". The minimum ethnicity categories are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. All social and economic data are reported in the ACS public use files by race alone, ethnicity alone, and for the white non-Hispanic population.

Data Limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. The part of the group quarters population in the language universe (for example, people living in group homes or those living in agriculture workers' dormitories) may have different levels of English proficiency than the general population. Direct comparisons of the data would likely result in erroneous conclusions about the English language proficiency of all people living in the area.

Linguistically Isolated Households

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year, and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: [U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data \(2008\).](#)

For more information about this source, including data collection methodology and definitions, refer to the [American Community Survey](#) website.

Methodology

Population counts for demographic groups and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2007-2011. Mapped data are summarized to 2010 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

$$\text{Percentage} = \frac{[\text{Subgroup Population}]}{[\text{Total Population}]} * 100$$

For more information on the data reported in the American Community Survey, please see the complete [American Community Survey 2011 Subject Definitions](#).

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories in the American Community Survey (ACS) based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Indicator race and ethnicity statistics are generated from self-identified survey responses. Using the OMB standard, the available race categories in the ACS are: White, Black, American Indian/Alaskan Native, Asian, and Other. An ACS survey respondent may identify as one race alone, or may choose multiple races. Respondents selecting multiple categories are racially identified as "Two or More Races". The minimum ethnicity categories are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. All social and economic data are reported in the ACS public use files by race alone, ethnicity alone, and for the white non-Hispanic population.

Data Limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. The part of the group quarters population in the language universe (for example, people living in group homes or those living in agriculture workers' dormitories) may have different levels of English proficiency than the general population. Direct comparisons of the data would likely result in erroneous conclusions about the English language proficiency of all people living in the area.

Population Geographic Mobility

Data Background

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Citation: [U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data \(2008\)](#).

For more information about this source, including data collection methodology and definitions, refer to the [American Community Survey](#) website.

Methodology

Population counts for demographic groups and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2007-2011. Data are summarized to 2010 census tract boundaries. Area demographic statistics are measured as a percentage of the total population using the following formula:

$$\text{Percentage} = [\text{Subgroup Population}] / [\text{Total Population}] * 100$$

For more information on the specific data elements reported in the American Community Survey, please see the complete [American Community Survey 2011 Subject Definitions](#).

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories in the American Community Survey (ACS) based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Indicator race and ethnicity statistics are generated from self-identified survey responses. Using the OMB standard, the available race categories in the ACS are: White, Black, American Indian/Alaskan Native, Asian, and Other. An ACS survey respondent may identify as one race alone, or may choose multiple races. Respondents selecting multiple categories are racially identified as "Two or More Races". The minimum ethnicity categories are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. All social and economic data are reported in the ACS public use files by race alone, ethnicity alone, and for the white non-Hispanic population.

Urban and Rural Population

Data Background

The U.S. Census counts every resident in the United States. It is mandated by Article I, Section 2 of the Constitution and takes place every 10 years. The census collects information about the age, sex, race, and ethnicity of every person in the United States. The data collected by the decennial census determine the number of seats each state has in the U.S. House of Representatives and is also used to distribute billions in federal funds to local communities. For more information about this source, refer to the [United States Census 2010](#) website.

Methodology

Data are from the US 2010 Decennial Census, which provides urban and rural attributes for all geographic areas. by the 2010 Census definition, urban areas are comprised of a densely settled core of census tracts and/or census blocks that meet minimum population density requirements and/or land use requirements. The Census Bureau identifies two types of urban areas:

- Urbanized Areas (UAs) of 50,000 or more people;
- Urban Clusters (UCs) of at least 2,500 and less than 50,000 people.

To qualify as an urban area, the territory identified according to criteria must encompass at least 2,500 people, at least 1,500 of which reside outside institutional group quarters. Areas adjacent to urban areas and cores are also designated as urban when they are non-residential, but contain urban land uses, or when they contain low population, but link outlying densely settled territory with the densely settled core.

"Rural" areas consist of all territory, population, and housing units located outside UAs and UCs. Geographic entities, such as metropolitan areas, counties, minor civil divisions, places, and census tracts, often contain both urban and rural territory, population, and housing units. Indicator data tables display the percentage of population in areas designated either urban or rural based on the following formula:

$$\text{Percentage} = [\text{Urban or Rural Population}] / [\text{Total Population}] * 100$$

For more information, please visit the US Census Bureau's [2010 Urban and Rural Classification](#) web page.

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories in the US Decennial Census based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Indicator race and ethnicity statistics are generated from self-identified survey responses. Using the OMB standard, the available race categories in the 2010 Census are: White, Black, American Indian/Alaskan Native, Asian, and Other. An ACS survey respondent may identify as one race alone, or may choose multiple races. Respondents selecting multiple categories are racially identified as “Two or More Races”. The minimum ethnicity categories are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity.

Adequate Social or Emotional Support

Data Background

The Behavioral Risk Factor Surveillance System (BRFSS) is

“... a collaborative project of the Centers for Disease Control and Prevention (CDC) and U.S. states and territories. The BRFSS, administered and supported by CDC's Behavioral Risk Factor Surveillance Branch, is an ongoing data collection program designed to measure behavioral risk factors for the adult population (18 years of age or older) living in households.”

Citation: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. [Overview: BRFSS 2010](#).

The health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS survey data are analyzed by the CDC's National Center for Health Statistics (NCHS). Annual risk factor prevalence data are released for those geographic areas with 50 or more survey results and 10,000 or more total population (50 States, 170 Cities and Counties) in order to maintain the accuracy and confidentiality of the data. Multi-year estimates are produced by the NCHS to expand the coverage of data to approximately 2500 counties. These estimates are maintained in the [Health Indicator Warehouse](#), the official repository of the nation's health data.

For more information on the BRFSS survey methods, or to obtain a copy of the survey questionnaires, please visit [the Behavioral Risk Factor Surveillance System](#) home page.

Methodology

Indicator percentages are acquired for years 2005-2011 from Behavioral Risk Factor Surveillance System (BRFSS) prevalence data, which is housed in the Health Indicator Warehouse. Percentages are generated based on the valid responses to the following question:

"How often do you get the social and emotional support you need?"

This indicator represents the percentage of those persons who answered that they do not receive adequate social/emotional support all or most of the time. Percentages are age-adjusted and only pertain to the non-institutionalized population aged 18 and up. Population numerators (number of adults) are not provided in the Health Indicator Warehouse data tables and were generated using the following formula:

$$[\text{Persons with Inadequate Support}] = ([\text{Indicator Percentage}] / 100) * [\text{Total Population}] .$$

Adult population figures used in the data tables are acquired from the American Community Survey (ACS) 2006-2010 five year estimates. Additional detailed information about the BRFSS, including questionnaires, data collection procedures, and [data processing methodologies](#) are available on the BRFSS web site. For additional information about the multi-year estimates, please visit the [Health Indicator Warehouse](#).

Notes

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Data Suppression

Suppression is used to avoid misinterpretation when rates are unstable. Data is suppressed when the total number of persons sampled (for each geographic area / population group combination) over the survey period is less than 50, or when the standard error of the estimate exceeds 10% of the calculated value.

Children Eligible for Free/Reduced Price Lunch

Data Background

The National Center for Education Statistics (NCES) is the primary federal entity for collecting, analyzing, and reporting data related to education in the United States and other nations. It fulfills a congressional mandate to collect, collate, analyze, and report full and complete statistics on the condition of education in the United States; conduct and publish reports and specialized analyses of the meaning and significance of such statistics; assist state and local education agencies in improving their statistical systems; and review and report on education activities in foreign countries.

Citation: [Documentation to the NCES Common Core of Data Public Elementary/Secondary School Universe Survey \(2011\)](#).

The National Center for Education Statistics releases a dataset containing detailed information about every public school in the United States in their annual Common Core of Data (CCD) files. The information from which this data is compiled is supplied by state education agency officials. The CCD reports information about both schools and school districts, including name, address, and phone number; descriptive information about students and staff demographics; and fiscal data, including revenues and current expenditures.

For more information, please visit the [Common Core of Data](#) web page.

Methodology

Total student counts and counts for students eligible for free and reduced price lunches are acquired for the school year 2009-2010 from the NCES Common Core of Data Public School Universe Survey. Percent student eligibility is calculated using the following formula :

$$\text{Percentage} = [\text{Eligible Students}] / [\text{Total Student Enrollment}] * 100.$$

Point locations for schools are obtained by selecting the local address for each school in the public school universe file. Addresses are loaded into the Google Geocoding API service, which matches each record to a known address, and returns the corresponding point location coordinates.

Notes

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic

level, or from a local source.

Children in Poverty

Data Background

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Data Limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. The part of the group quarters population in the poverty universe (for example, people living in group homes or those living in agriculture workers' dormitories) is many times more likely to be in poverty than people living in households. Direct comparisons of the data would likely result in erroneous conclusions about changes in the poverty status of all people in the poverty universe.

High School Graduation Rate

Data Background

The National Center for Education Statistics (NCES) is the primary federal entity for collecting, analyzing, and reporting data related to education in the United States and other nations. It fulfills a congressional mandate to collect, collate, analyze, and report full and complete statistics on the condition of education in the United States; conduct and publish reports and specialized analyses of the meaning and significance of such statistics; assist state and local education agencies in improving their statistical systems; and review and report on education activities in foreign countries.

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For more information, please visit the [Common Core of Data](#) web page.

Methodology

Graduation rates are acquired for all US counties from the 2012 County Health Rankings (CHR). The 2011 County Health Rankings (CHR) used graduation rates calculated from the National Center for Education Statistics (NCES) using an estimated cohort. This measure is generally known as the Averaged Freshman Graduation Rate (AFGR). Starting in 2012, CHR reports cohort graduation rates collected from State Department of Education websites. These rates are an improvement over the AFGR rates previously reported due to student-level outcomes tracking that accounts better for transfers, early and late completers. For 12 states, CHR continues to use NCES-based AFGRs. These states are: AL, AK, AR, CT, HI, ID, MT, NJ, ND, OK, SD and TN.

Total freshmen cohorts were compiled for all counties from school-level data, provided by NCES for academic years 2005-06 through 2007-08. Using the graduation rates from the 2012 CHR and these class sizes, the number of graduates* was estimated for each county. On-time graduation rate, or average freshman graduation rate, is re-calculated for unique service areas and aggregated county groupings using the following formula:

$$\text{Graduation Rate} = [\text{Estimated Number of Graduates}] / [\text{Average Base Freshman Enrollment}] * 100.$$

*Average freshman graduation rate is a measure of on-time graduation only. It does not include 5th year high school completers, or high-school equivalency completers such as GED recipients. For more information on average freshman graduation rates, please review the information on page 4 of the [NCES Common Core of Data Public-Use Local Education Agency Dropout and Completion Data File](#)

Notes

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Income Over \$75,000 (Family)

Data Background

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social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year, and five-year estimates are also released each year for additional areas based on minimum population thresholds.

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Notes

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Population in Poverty (100% FPL)

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year, and five-year estimates are also released each year for additional areas based on minimum population thresholds.

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Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories in the American Community Survey (ACS) based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Indicator race and ethnicity statistics are generated from self-identified survey responses. Using the OMB standard, the available race categories in the ACS are: White, Black, American Indian/Alaskan Native, Asian, and Other. An ACS survey respondent may identify as one race alone, or may choose multiple races. Respondents selecting multiple categories are racially identified as "Two or More Races". The minimum ethnicity categories are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. All social and economic data are reported in the ACS public use files by race alone, ethnicity alone, and for the white non-Hispanic population.

Data Limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. The part of the group quarters population in the poverty universe (for example, people living in group homes or those living in agriculture workers' dormitories) is many times more likely to be in poverty than people living in households. Direct comparisons of the data would likely result in erroneous conclusions about changes in the poverty status of all people in the poverty universe.

Population in Poverty (200% FPL)

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year, and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: [U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data \(2008\)](#).

For more information about this source, including data collection methodology and definitions, refer to the [American Community Survey](#) website.

Methodology

Population counts for demographic groups and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2007-2011. Mapped data are summarized to 2010 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

$$\text{Percentage} = [\text{Subgroup Population}] / [\text{Total Population}] * 100$$

For more information on the data reported in the American Community Survey, please see the complete [American Community Survey 2011 Subject Definitions](#).

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories in the American Community Survey (ACS) based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Indicator race and ethnicity statistics are generated from self-identified survey responses. Using the OMB standard, the available race categories in the ACS are: White, Black, American Indian/Alaskan Native, Asian, and Other. An ACS survey respondent may identify as one race alone, or may choose multiple races. Respondents selecting multiple categories are racially identified as "Two or More Races". The minimum ethnicity categories are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. All social and economic data are reported in the ACS public use files by race alone, ethnicity alone, and for the white non-Hispanic population.

Data Limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. The part of the group quarters population in the poverty universe (for example, people living in group homes or those living in agriculture workers' dormitories) is many times more likely to be in poverty than people living in households. Direct comparisons of the data would likely result in erroneous conclusions about changes in the poverty status of all people in the poverty universe.

Population Receiving Medicaid

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year, and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: [U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data \(2008\)](#).

For more information about this source, including data collection methodology and definitions, refer to the [American Community Survey](#) website.

Methodology

Population counts for socio-economic groups and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 3 year period 2009-2011. Data are summarized to 2010 Public Use Micro Area (PUMA) boundaries. Health insurance coverage status is classified in the ACS according to yes/no responses to questions (16a - 16h) representing eight categories of health insurance, including: Employer-

based, Directly-purchased, Medicare, Medicaid/Medical Assistance, TRICARE, VA health care, Indian Health Service, and Other. An eligibility edit was applied to give Medicaid, Medicare, and TRICARE coverage to individuals based on program eligibility rules. People were considered insured if they reported at least one "yes" to Questions 16a - 16f. Indicator statistics are measured as a percentage of the total population using the following formula:

$$\text{Percentage} = [\text{Subgroup Population}] / [\text{Total Population}] * 100$$

For more information on the data reported in the American Community Survey, please see the complete [American Community Survey 2010 Subject Definitions](#).

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories in the American Community Survey (ACS) based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Indicator race and ethnicity statistics are generated from self-identified survey responses. Using the OMB standard, the available race categories in the ACS are: White, Black, American Indian/Alaskan Native, Asian, and Other. An ACS survey respondent may identify as one race alone, or may choose multiple races. Respondents selecting multiple categories are racially identified as "Two or More Races". The minimum ethnicity categories are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. All social and economic data are reported in the ACS public use files by race alone, ethnicity alone, and for the white non-Hispanic population.

Data Limitations

The population 'universe' for most health insurance coverage estimates is the civilian noninstitutionalized population, which excludes active-duty military personnel and the population living in correctional facilities and nursing homes. Some noninstitutionalized group quarters (GQ) populations have health insurance coverage distributions that are different from the household population (e.g., the prevalence of private health insurance among residents of college dormitories is higher than the household population). The proportion of the universe that is in the noninstitutionalized GQ populations could therefore have a noticeable impact on estimates of the health insurance coverage. Institutionalized GQ populations may also have health insurance coverage distributions that are different from the civilian noninstitutionalized population, the distributions in the published tables may differ slightly from how they would look if the total population were represented.

Population with Associate's Level Degree or Higher

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year, and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: [U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data \(2008\)](#).

For more information about this source, including data collection methodology and definitions, refer to the [American Community Survey](#) website.

Methodology

Population counts for demographic groups and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2007-2011. Mapped data are summarized to 2010 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

$$\text{Percentage} = [\text{Subgroup Population}] / [\text{Total Population}] * 100$$

For more information on the data reported in the American Community Survey, please see the complete [American Community Survey 2011 Subject Definitions](#).

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories in the American Community Survey (ACS) based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Indicator race and ethnicity statistics are generated from self-identified survey responses. Using the OMB standard, the available race categories in the ACS are: White, Black, American Indian/Alaskan Native, Asian, and Other. An ACS survey respondent may identify as one race alone, or may choose multiple races. Respondents selecting multiple categories are racially identified as "Two or More Races". The minimum ethnicity categories are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. All social and economic data are reported in the ACS public use files by race alone, ethnicity alone, and for the white non-Hispanic population.

Data Limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations may have educational attainment distributions that are different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on the educational attainment distribution. This is particularly true for areas with a substantial GQ population.

Population with No High School Diploma

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year, and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: [U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data \(2008\)](#).

For more information about this source, including data collection methodology and definitions, refer to the [American Community Survey](#) website.

Methodology

Population counts for demographic groups and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2007-2011. Mapped data are summarized to 2010 census tract boundaries. Area demographic statistics are

measured as a percentage of the total population based on the following formula:

$$\text{Percentage} = [\text{Subgroup Population}] / [\text{Total Population}] * 100$$

For more information on the data reported in the American Community Survey, please see the complete [American Community Survey 2011 Subject Definitions](#).

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories in the American Community Survey (ACS) based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Indicator race and ethnicity statistics are generated from self-identified survey responses. Using the OMB standard, the available race categories in the ACS are: White, Black, American Indian/Alaskan Native, Asian, and Other. An ACS survey respondent may identify as one race alone, or may choose multiple races. Respondents selecting multiple categories are racially identified as “Two or More Races”. The minimum ethnicity categories are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. All social and economic data are reported in the ACS public use files by race alone, ethnicity alone, and for the white non-Hispanic population.

Data Limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations may have educational attainment distributions that are different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on the educational attainment distribution. This is particularly true for areas with a substantial GQ population.

Teen Births

Data Background

The Division of Vital Statistics is a branch of the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) responsible for maintaining birth and death records for the nation. Data are compiled for the National Vital Statistics System (NVSS) through a joint effort between the NCHS and various state and local health agencies, who are responsible for registering vital events – births, deaths, marriages, divorces, and fetal deaths. NVSS statistics are released annually in various data warehouses, including [CDC WONDER](#), [VitalStats](#), and the [Health Indicator Warehouse](#).

Methodology

Counts for this indicator represent the annual average births over the 7-year period 2003-2009. Original data was tabulated by the CDC based on information reported on each birth certificate. Rates represent the number of births per 1,000 female population based on the following formula:

$$\text{Rate} = [\text{Births to Mothers Age 15-19}] / [\text{Female Population Age 15-19}] * 1,000$$

Data was acquired from the Health Indicators Warehouse. For more information about this source, including data inclusion requirements and subject definitions, please visit the [Health Indicator Warehouse indicator page](#) or refer to the NVSS [natality public use file documentation](#).

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories by state vital statistics registries based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. All mortality statistics from the CDC WONDER databases are available by race alone (White, Black, American Indian/AK Native, and Asian) ethnicity alone (Hispanic, Non-Hispanic), or by combined race and ethnicity. Data is reported separately for race alone and for

ethnicity alone in order to maintain large enough sample sizes for the inclusion of small counties in the disaggregated data tables.

Unemployment Rate

Data Background

The Bureau of Labor Statistics (BLS) is the principal Federal agency responsible for measuring labor market activity, working conditions, and price changes in the economy. Its mission is to collect, analyze, and disseminate essential economic information to support public and private decision-making. As an independent statistical agency, BLS serves its diverse user communities by providing products and services that are objective, timely, accurate, and relevant.

Methodology

Unemployment statistics are downloaded from the US Bureau of Labor Statistics (BLS) Local Area Unemployment Statistics (LAUS) database. The LAUS is dataset consists of modeled unemployment estimates. It is described by the BLS as follows:

The concepts and definitions underlying LAUS data come from the Current Population Survey (CPS), the household survey that is the official measure of the labor force for the nation. State monthly model estimates are controlled in "real time" to sum to national monthly labor force estimates from the CPS. These models combine current and historical data from the CPS, the Current Employment Statistics (CES) program, and State unemployment insurance (UI) systems. Estimates for seven large areas and their respective balances of State are also model-based. Estimates for the remainder of the substate labor market areas are produced through a building-block approach known as the "Handbook method." This procedure also uses data from several sources, including the CPS, the CES program, State UI systems, and the decennial census, to create estimates that are adjusted to the statewide measures of employment and unemployment. Below the labor market area level, estimates are prepared using disaggregation techniques based on inputs from the decennial census, annual population estimates, and current UI data.

From the LAUS estimates, unemployment is recalculated as follows:

$$\text{Unemployment Rate} = [\text{Total Unemployed}] / [\text{Total Labor Force}] * 100$$

For more information, please visit the Bureau of Labor Statistics [Local Area Unemployment Statistics](#) web page.

Notes

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Uninsured Population (Adults)

Data Background

The Small Area Health Insurance Estimates (SAHIE) program was created to develop model-based estimates of health insurance coverage for counties and states. It is currently the only dataset providing complete health-insurance coverage estimates at the county level. The models predict county level insurance

estimates for total populations, as well as population groups defined by age, sex, race and income.

The SAHIE program models health insurance coverage by combining survey data with population estimates and administrative records. SAHIE estimates are a product of the US Census Bureau with funding from the Centers for Disease Control and Prevention.

The SAHIE health insurance models use data from the following sources:

- *American Community Survey*
- *Internal Revenue Service: Federal Tax Returns*
- *Supplemental Nutrition Assistance Program (SNAP): Participation Records*
- *County Business Patterns*
- *Medicaid and Children's Health Insurance Program (CHIP): Participation Records*
- *US Census 2010*

Methodology

Counts of the number of persons without medical insurance are modeled for the Small Area Income and Health Insurance Estimates (SAHIE) datasets by the Census Bureau using both survey and census data. In this reporting platform, indicator percentages are summarized from the SAHIE estimates based on the following formula:

$$\text{Percentage} = \text{SUM} [\text{Uninsured Population}] / \text{SUM} [\text{Total Population}] * 100$$

For more information about the data used in these estimates, please visit the [Small Area Health Insurance Estimates](#) website and view the provided [Data Inputs](#) page.

Notes

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Uninsured Population (Children)

Data Background

The Small Area Health Insurance Estimates (SAHIE) program was created to develop model-based estimates of health insurance coverage for counties and states. It is currently the only dataset providing complete health-insurance coverage estimates at the county level. The models predict county level insurance estimates for total populations, as well as population groups defined by age, sex, race and income.

The SAHIE program models health insurance coverage by combining survey data with population estimates and administrative records. SAHIE estimates are a product of the US Census Bureau with funding from the Centers for Disease Control and Prevention.

The SAHIE health insurance models use data from the following sources:

- *American Community Survey*

- *Internal Revenue Service: Federal Tax Returns*
- *Supplemental Nutrition Assistance Program (SNAP): Participation Records*
- *County Business Patterns*
- *Medicaid and Children's Health Insurance Program (CHIP): Participation Records*
- *US Census 2010*

Methodology

Counts of the number of persons without medical insurance are modeled for the Small Area Income and Health Insurance Estimates (SAHIE) datasets by the Census Bureau using both survey and census data. In this reporting platform, indicator percentages are summarized from the SAHIE estimates based on the following formula:

$$\text{Percentage} = \text{SUM} [\text{Uninsured Population}] / \text{SUM} [\text{Total Population}] * 100$$

For more information about the data used in these estimates, please visit the [Small Area Health Insurance Estimates](#) website and view the provided [Data Inputs](#) page.

Notes

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Uninsured Population (Total)

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year, and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: [U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data \(2008\).](#)

For more information about this source, including data collection methodology and definitions, refer to the [American Community Survey](#) website.

Methodology

Population counts for socio-economic groups and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 3 year period 2009-2011. Data are summarized to 2010 Public Use Micro Area (PUMA) boundaries. Health insurance coverage status is classified in the ACS according to yes/no responses to questions (16a - 16h) representing eight categories of health insurance, including: Employer-based, Directly-purchased, Medicare, Medicaid/Medical Assistance, TRICARE, VA health care, Indian Health Service, and Other. An eligibility edit was

applied to give Medicaid, Medicare, and TRICARE coverage to individuals based on program eligibility rules. People were considered insured if they reported at least one "yes" to Questions 16a - 16f. Indicator statistics are measured as a percentage of the total population using the following formula:

$$\text{Percentage} = [\text{Subgroup Population}] / [\text{Total Population}] * 100$$

For more information on the data reported in the American Community Survey, please see the complete [American Community Survey 2010 Subject Definitions](#).

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories in the American Community Survey (ACS) based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Indicator race and ethnicity statistics are generated from self-identified survey responses. Using the OMB standard, the available race categories in the ACS are: White, Black, American Indian/Alaskan Native, Asian, and Other. An ACS survey respondent may identify as one race alone, or may choose multiple races. Respondents selecting multiple categories are racially identified as "Two or More Races". The minimum ethnicity categories are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. All social and economic data are reported in the ACS public use files by race alone, ethnicity alone, and for the white non-Hispanic population.

Data Limitations

The population 'universe' for most health insurance coverage estimates is the civilian noninstitutionalized population, which excludes active-duty military personnel and the population living in correctional facilities and nursing homes. Some noninstitutionalized group quarters (GQ) populations have health insurance coverage distributions that are different from the household population (e.g., the prevalence of private health insurance among residents of college dormitories is higher than the household population). The proportion of the universe that is in the noninstitutionalized GQ populations could therefore have a noticeable impact on estimates of the health insurance coverage. Institutionalized GQ populations may also have health insurance coverage distributions that are different from the civilian noninstitutionalized population, the distributions in the published tables may differ slightly from how they would look if the total population were represented.

Air Quality (Ozone)

Data Background

The National Environmental Public Health Tracking Network (Tracking Network) is a system of integrated health, exposure, and hazard information and data from a variety of national, state, and city sources.

Methodology

Indicator data are acquired from the Centers for Disease Control and Prevention (CDC) and Environmental Protection Agency (EPA) National Environmental Public Health Tracking Network (NEPHTN) Air Quality Data web page. Utilized data includes the EPA's daily Ozone concentration estimates, a Hierarchical Bayesian Space Time Modeling System (HBM) coverage for the contiguous U.S., presented as centroid-coordinates representing a 12 x 12 km grid. Data was extracted for each coordinate, including:

$$\text{Average Ozone Concentration} = \text{SUM} [\text{Concentration}] / 365$$

$$\text{Number of Days Above Regulatory Standard}^* = \text{COUNT} [\text{Days Where Ozone} > 75]$$

Coordinates were converted to raster and all data was summarized by US census tracts (2010). Final data includes the average annual Ozone concentration, as well as the number and percentage of days where Ozone concentrations exceed air quality standards. For more information about the data used in these

estimates, please visit the EPA's [Air Quality Data](#) resource page.

Notes

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator.

Air Quality (Particulate Matter 2.5)

Data Background

The National Environmental Public Health Tracking Network (Tracking Network) is a system of integrated health, exposure, and hazard information and data from a variety of national, state, and city sources.

Methodology

Indicator data are acquired from the Centers for Disease Control and Prevention (CDC) and Environmental Protection Agency (EPA) National Environmental Public Health Tracking Network (NEPHTN) Air Quality Data web page. Utilized data includes the EPA's daily Ozone concentration estimates, a Hierarchical Bayesian Space Time Modeling System (HBM) coverage for the contiguous U.S., presented as centroid-coordinates representing a 12 x 12 km grid. Data was extracted for each coordinate, including:

Average Ozone Concentration = SUM [Concentration] / 365

Number of Days Above Regulatory Standard* = COUNT [Days Where Ozone > 75]

Coordinates were converted to raster and all data was summarized by US census tracts (2010). Final data includes the average annual Ozone concentration, as well as the number and percentage of days where Ozone concentrations exceed air quality standards. For more information about the data used in these estimates, please visit the EPA's [Air Quality Data](#) resource page.

Notes

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator.

Fast Food Restaurant Access

Data Background

County Business Patterns (CBP) is an annual series that provides sub-national economic data by industry. Data for establishments are presented by geographic area, 6-digit NAICS industry, legal form of organization (U.S. and state only), and employment size class. Information is available on the number of establishments, employment during the week of March 12, first quarter payroll, and annual payroll. ZIP Code Business Patterns data are available shortly after the release of County Business Patterns. It provides the number of establishments by employment-size classes by detailed industry in the U.S.

County Business Patterns basic data items are extracted from the Business Register (BR), a database of all known single and multi-establishment employer companies maintained and updated by the U.S. Census Bureau. The BR contains the most complete, current, and consistent data for business establishments.

The annual Company Organization Survey provides individual establishment data for multi-establishment companies. Data for single-establishment companies are obtained from various Census Bureau programs, such as the Economic Census, Annual Survey of Manufactures and Current Business Surveys, as well as from administrative record sources.

Citation: [U.S. Census Bureau: County Business Patterns \(2012\)](#).

For more information about this source, including data collection methodology and definitions, refer to the [County Business Patterns](#)

Methodology

Population figures are acquired for this indicator from the U.S. Census Bureau, 2010 Decennial Census, Summary File 1. Industry counts are acquired from the U.S. Census Bureau, County Business Patterns (2010) data file. Industries are stratified based on the North American Industry Classification System (NAICS) a coding system used by Federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy. Establishment rates for each county are derived using the following formula:

$$\text{Rate} = [\text{Establishment Count}] / [\text{Population}] * 100,000$$

The specific codes used indicators reported from the Census Bureau's County Business Patterns (CBP) are listed below.

- Grocery stores and supermarkets: 445110 and 445230
Grocery stores are establishments engaged in selling a "general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry". Examples include supermarkets, commissaries and food stores. Convenience stores are excluded. Fruit and vegetable grocers are those locations "primarily engaged in retailing fresh fruits and vegetables". Examples include permanent produce stands and fruit or vegetable markets.
- Fast food restaurants: 722211
Any "limited service" establishments where the customer typically orders or selects items and pay before eating. Establishments may include carryout restaurants, delicatessens, drive-ins, pizza delivery shops, sandwich shops, and other fast food restaurants
- Alcoholic beverage retailers: 445310
Establishments engaged in "retailing packaged alcoholic beverages, such as ale, beer, wine, and liquor". Bars and other venues serving alcoholic beverages intended for immediate consumption on the premises are not included.
- Recreational Facilities: 713940
Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities". Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

A complete list of NAICS codes and definitions is available using the NAICS Association's [free lookup service](#).

Notes

Data Limitations

1.Data are reported based on the primary NAICS code of the establishment. By definition, the primary NAICS code should reflect 50% or more of the establishment's activity. This definition may exclude some establishments from a particular industry classification. For example, a convenience store which also sells liquor may be classified only as a convenience store (445120) and not a beer, wine and liquor store (445310).

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator.

Grocery Store Access

Data Background

County Business Patterns (CBP) is an annual series that provides sub-national economic data by industry. Data for establishments are presented by geographic area, 6-digit NAICS industry, legal form of organization (U.S. and state only), and employment size class. Information is available on the number of establishments, employment during the week of March 12, first quarter payroll, and annual payroll. ZIP Code Business Patterns data are available shortly after the release of County Business Patterns. It provides the number of establishments by employment-size classes by detailed industry in the U.S.

County Business Patterns basic data items are extracted from the Business Register (BR), a database of all known single and multi-establishment employer companies maintained and updated by the U.S. Census Bureau. The BR contains the most complete, current, and consistent data for business establishments. The annual Company Organization Survey provides individual establishment data for multi-establishment companies. Data for single-establishment companies are obtained from various Census Bureau programs, such as the Economic Census, Annual Survey of Manufactures and Current Business Surveys, as well as from administrative record sources.

Citation: [U.S. Census Bureau: County Business Patterns \(2012\)](#).

For more information about this source, including data collection methodology and definitions, refer to the [County Business Patterns](#)

Methodology

Population figures are acquired for this indicator from the U.S. Census Bureau, 2010 Decennial Census, Summary File 1. Industry counts are acquired from the U.S. Census Bureau, County Business Patterns (2010) data file. Industries are stratified based on the North American Industry Classification System (NAICS) a coding system used by Federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy. Establishment rates for each county are derived using the following formula:

$$\text{Rate} = [\text{Establishment Count}] / [\text{Population}] * 100,000$$

The specific codes used indicators reported from the Census Bureau's County Business Patterns (CBP) are listed below.

- Grocery stores and supermarkets: 445110 and 445230
Grocery stores are establishments engaged in selling a "general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry". Examples include supermarkets, commissaries and food stores. Convenience stores are excluded. Fruit and vegetable grocers are those locations "primarily engaged in retailing fresh fruits and vegetables". Examples include permanent produce stands and fruit or vegetable markets.
- Fast food restaurants: 722211
Any "limited service" establishments where the customer typically orders or selects items and pay before eating. Establishments may include carryout restaurants, delicatessens, drive-ins, pizza delivery shops, sandwich shops, and other fast food restaurants
- Alcoholic beverage retailers: 445310
Establishments engaged in "retailing packaged alcoholic beverages, such as ale, beer, wine, and liquor". Bars and other venues serving alcoholic beverages intended for immediate consumption on the premises are not included.

- Recreational Facilities: 713940

Establishments engaged in operating facilities which offer “exercise and other active physical fitness conditioning or recreational sports activities”. Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

A complete list of NAICS codes and definitions is available using the NAICS Association’s [free lookup service](#).

Notes

Data Limitations

1.Data are reported based on the primary NAICS code of the establishment. By definition, the primary NAICS code should reflect 50% or more of the establishment's activity. This definition may exclude some establishments from a particular industry classification. For example, a convenience store which also sells liquor may be classified only as a convenience store (445120) and not a beer, wine and liquor store (445310).

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator.

Liquor Store Access

Data Background

County Business Patterns (CBP) is an annual series that provides sub-national economic data by industry. Data for establishments are presented by geographic area, 6-digit NAICS industry, legal form of organization (U.S. and state only), and employment size class. Information is available on the number of establishments, employment during the week of March 12, first quarter payroll, and annual payroll. ZIP Code Business Patterns data are available shortly after the release of County Business Patterns. It provides the number of establishments by employment-size classes by detailed industry in the U.S.

County Business Patterns basic data items are extracted from the Business Register (BR), a database of all known single and multi-establishment employer companies maintained and updated by the U.S. Census Bureau. The BR contains the most complete, current, and consistent data for business establishments. The annual Company Organization Survey provides individual establishment data for multi-establishment companies. Data for single-establishment companies are obtained from various Census Bureau programs, such as the Economic Census, Annual Survey of Manufactures and Current Business Surveys, as well as from administrative record sources.

Citation: [U.S. Census Bureau: County Business Patterns \(2012\)](#).

For more information about this source, including data collection methodology and definitions, refer to the [County Business Patterns](#)

Methodology

Population figures are acquired for this indicator from the U.S. Census Bureau, 2010 Decennial Census, Summary File 1. Industry counts are acquired from the U.S. Census Bureau, County Business Patterns (2010) data file. Industries are stratified based on the North American Industry Classification System (NAICS) a coding system used by Federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy. Establishment rates for each county are derived using the following formula:

$$\text{Rate} = [\text{Establishment Count}] / [\text{Population}] * 100,000$$

The specific codes used indicators reported from the Census Bureau's County Business Patterns (CBP) are listed below.

- Grocery stores and supermarkets: 445110 and 445230
Grocery stores are establishments engaged in selling a "general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry". Examples include supermarkets, commissaries and food stores. Convenience stores are excluded. Fruit and vegetable grocers are those locations "primarily engaged in retailing fresh fruits and vegetables". Examples include permanent produce stands and fruit or vegetable markets.
- Fast food restaurants: 722211
Any "limited service" establishments where the customer typically orders or selects items and pay before eating. Establishments may include carryout restaurants, delicatessens, drive-ins, pizza delivery shops, sandwich shops, and other fast food restaurants
- Alcoholic beverage retailers: 445310
Establishments engaged in "retailing packaged alcoholic beverages, such as ale, beer, wine, and liquor". Bars and other venues serving alcoholic beverages intended for immediate consumption on the premises are not included.
- Recreational Facilities: 713940
Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities". Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

A complete list of NAICS codes and definitions is available using the NAICS Association's [free lookup service](#).

Notes

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator.

Data Limitations

- 1.Data are reported based on the primary NAICS code of the establishment. By definition, the primary NAICS code should reflect 50% or more of the establishment's activity. This definition may exclude some establishments from a particular industry classification. For example, a convenience store which also sells liquor may be classified only as a convenience store (445120) and not a beer, wine and liquor store (445310).
- 2.State laws regarding the retail sale of alcoholic beverages vary. Use caution when comparing data across States.

Low Income Population with Low Food Access

Data Background

The Food Access Research Atlas (FARA) presents a spatial overview of food access indicators for populations using different measures of supermarket accessibility. The FARA is a compliment to the USDA's [Food Environment Atlas](#), which houses county-level food related data. The FARA provides census-tract level detail of the food access measures, including food desert census tracts. Estimates in the Food Access Research Atlas draw from various sources, including the 2010 STARS list of supermarkets, the Supplemental Nutrition Assistance Program (SNAP) Retailer Directory, the 2010 Decennial Census, and the 2006-10 American Community Survey.

For more information about this source, including the methodology and data definitions please visit the [Food Access Research Atlas](#) web page.

Methodology

Census tract-level data was acquired from the USDA Food Access Research Atlas (FARA) and aggregated to generate county and state-level estimates.

The FARA hosts data derived through the analysis of multiple sources. First, a directory of supermarkets and large grocery stores within the United States, including Alaska and Hawaii, was derived from merging the 2010 STARS directory of stores authorized to accept SNAP benefits and the 2010 Trade Dimensions TDLinX directory of stores. Stores met the definition of a supermarket or large grocery store if they reported at least \$2 million in annual sales and contained all the major food departments found in a traditional supermarket, including fresh meat and poultry, dairy, dry and packaged foods, and frozen foods. The combined list of supermarkets and large grocery stores was converted into a GIS-usable format by geocoding the street address into store-point locations. Population data are reported at the block level from the 2010 Census of Population and Housing, while data on income are drawn at the block group-level from the 2006-10 American Community Survey. Distance to nearest supermarket was determined for population blocks. Blocks were determined to be "low-access" based on the distance of the block centroid to the nearest grocery store. For blocks within urban census tracts, the low-access cut off was 1 mile; for blocks within rural census tracts, the cut off was 10 miles. Rural or urban status is designated by the Census Bureau's Urban Area definition. Low-income is defined as annual family income of less than or equal to 200 percent of the Federal poverty threshold given family size.

For more information, please refer to the [Food Access Research Atlas Documentation](#).

Notes

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Park Access

Data Background

The National Environmental Public Health Tracking Network (Tracking Network) is a system of integrated health, exposure, and hazard information and data from a variety of national, state, and city sources.

Population with Low Food Access

Data Background

The Food Access Research Atlas (FARA) presents a spatial overview of food access indicators for populations using different measures of supermarket accessibility. The FARA is a complement to the USDA's [Food Environment Atlas](#), which houses county-level food related data. The FARA provides census-tract level detail of the food access measures, including food desert census tracts. Estimates in the Food Access Research Atlas draw from various sources, including the 2010 STARS list of supermarkets, the Supplemental Nutrition Assistance Program (SNAP) Retailer Directory, the 2010 Decennial Census, and the 2006-10 American Community Survey.

For more information about this source, including the methodology and data definitions please visit the [Food Access Research Atlas](#) web page.

Methodology

Census tract-level data was acquired from the USDA Food Access Research Atlas (FARA) and aggregated to generate county and state-level estimates.

The FARA hosts data derived through the analysis of multiple sources. First, a directory of supermarkets and large grocery stores within the United States, including Alaska and Hawaii, was derived from merging the 2010 STARS directory of stores authorized to accept SNAP benefits and the 2010 Trade Dimensions TDLinx directory of stores. Stores met the definition of a supermarket or large grocery store if they reported at least \$2 million in annual sales and contained all the major food departments found in a traditional supermarket, including fresh meat and poultry, dairy, dry and packaged foods, and frozen foods. The combined list of supermarkets and large grocery stores was converted into a GIS-usable format by geocoding the street address into store-point locations. Population data are reported at the block level from the 2010 Census of Population and Housing, while data on income are drawn at the block group-level from the 2006-10 American Community Survey. Distance to nearest supermarket was determined for population blocks. Blocks were determined to be "low-access" based on the distance of the block centroid to the nearest grocery store. For blocks within urban census tracts, the low-access cut off was 1 mile; for blocks within rural census tracts, the cut off was 10 miles. Rural or urban status is designated by the Census Bureau's Urban Area definition. Low-income is defined as annual family income of less than or equal to 200 percent of the Federal poverty threshold given family size.

For more information, please refer to the [Food Access Research Atlas Documentation](#).

Notes

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Recreation and Fitness Facility Access

Data Background

County Business Patterns (CBP) is an annual series that provides sub-national economic data by industry. Data for establishments are presented by geographic area, 6-digit NAICS industry, legal form of organization (U.S. and state only), and employment size class. Information is available on the number of establishments, employment during the week of March 12, first quarter payroll, and annual payroll. ZIP Code Business Patterns data are available shortly after the release of County Business Patterns. It provides the number of establishments by employment-size classes by detailed industry in the U.S.

County Business Patterns basic data items are extracted from the Business Register (BR), a database of all known single and multi-establishment employer companies maintained and updated by the U.S. Census Bureau. The BR contains the most complete, current, and consistent data for business establishments. The annual Company Organization Survey provides individual establishment data for multi-establishment companies. Data for single-establishment companies are obtained from various Census Bureau programs, such as the Economic Census, Annual Survey of Manufactures and Current Business Surveys, as well as from administrative record sources.

Citation: [U.S. Census Bureau: County Business Patterns \(2012\)](#).

For more information about this source, including data collection methodology and definitions, refer to the [County Business Patterns](#)

Methodology

Population figures are acquired for this indicator from the U.S. Census Bureau, 2010 Decennial Census, Summary File 1. Industry counts are acquired from the

U.S. Census Bureau, County Business Patterns (2010) data file. Industries are stratified based on the North American Industry Classification System (NAICS) a coding system used by Federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy. Establishment rates for each county are derived using the following formula:

$$\text{Rate} = [\text{Establishment Count}] / [\text{Population}] * 100,000$$

The specific codes used indicators reported from the Census Bureau's County Business Patterns (CBP) are listed below.

- Grocery stores and supermarkets: 445110 and 445230
Grocery stores are establishments engaged in selling a "general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry". Examples include supermarkets, commissaries and food stores. Convenience stores are excluded. Fruit and vegetable grocers are those locations "primarily engaged in retailing fresh fruits and vegetables". Examples include permanent produce stands and fruit or vegetable markets.
- Fast food restaurants: 722211
Any "limited service" establishments where the customer typically orders or selects items and pay before eating. Establishments may include carryout restaurants, delicatessens, drive-ins, pizza delivery shops, sandwich shops, and other fast food restaurants
- Alcoholic beverage retailers: 445310
Establishments engaged in "retailing packaged alcoholic beverages, such as ale, beer, wine, and liquor". Bars and other venues serving alcoholic beverages intended for immediate consumption on the premises are not included.
- Recreational Facilities: 713940
Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities". Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

A complete list of NAICS codes and definitions is available using the NAICS Association's [free lookup service](#).

Notes

Data Limitations

1.Data are reported based on the primary NAICS code of the establishment. By definition, the primary NAICS code should reflect 50% or more of the establishment's activity. This definition may exclude some establishments from a particular industry classification. For example, a convenience store which also sells liquor may be classified only as a convenience store (445120) and not a beer, wine and liquor store (445310).

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator.

SNAP-Authorized Food Store Access

Data Background

The Food Environment Atlas provides access to the majority of the food-related datasets of the U.S. Department of Agriculture (USDA) Economic Research Service (ERS). The ERS performs research about food security in U.S. households and communities, and provides data access to national, state, and local statistics from its analysis. The ERS draws from various sources to measure population food security, including internal USDA databases (the Supplemental Nutrition Assistance Program (SNAP) Retailer Directory, the National Farmers Market Directory, the Census of Agriculture, the Quarterly Food-At-Home Price Database) and data from other federal programs like the Decennial Census and the Behavioral Risk Factor Surveillance System.

For more information about this source, please visit the [Food Environment Atlas](#) .

Methodology

County-level data was acquired from the USDA Food Environmental Atlas (FEA).

The FEA reports SNAP-Authorized retailers as a rate per 1,000 population. The FEA acquires store data are from USDA's Food and Nutrition Service, SNAP Benefits Redemption Division. The FEA acquires population data from the U.S. Census Bureau [program. This CHNA indicator is represented as a rate per 100,000 population based on the following formula:](#)

$$\text{Rate} = [\text{SNAP-Authorized Retailers}] / [\text{Total Population}] * 100,000$$

[For more information, please refer to the Food Environmental Atlas Documentation.](#)

Notes

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator.

Use of Public Transportation

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year, and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: [U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data \(2008\).](#)

For more information about this source, including data collection methodology and definitions, refer to the [American Community Survey](#) website.

Methodology

Population counts for demographic groups and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2007-2011. Data are summarized to 2010 census tract boundaries. Area demographic statistics are measured as a percentage of the total population using the following formula:

$$\text{Percentage} = [\text{Subgroup Population}] / [\text{Total Population}] * 100$$

For more information on the specific data elements reported in the American Community Survey, please see the complete [American Community Survey 2011 Subject Definitions](#).

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories in the American Community Survey (ACS) based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Indicator race and ethnicity statistics are generated from self-identified survey responses. Using the OMB standard, the available race categories in the ACS are: White, Black, American Indian/Alaskan Native, Asian, and Other. An ACS survey respondent may identify as one race alone, or may choose multiple races. Respondents selecting multiple categories are racially identified as “Two or More Races”. The minimum ethnicity categories are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. All social and economic data are reported in the ACS public use files by race alone, ethnicity alone, and for the white non-Hispanic population.

WIC-Authorized Food Store Access

Data Background

The Food Environment Atlas provides access to the majority of the food-related datasets of the U.S. Department of Agriculture (USDA) Economic Research Service (ERS). The ERS performs research about food security in U.S. households and communities, and provides data access to national, state, and local statistics from its analysis. The ERS draws from various sources to measure population food security, including internal USDA databases (the Supplemental Nutrition Assistance Program (SNAP) Retailer Directory, the National Farmers Market Directory, the Census of Agriculture, the Quarterly Food-At-Home Price Database) and data from other federal programs like the Decennial Census and the Behavioral Risk Factor Surveillance System.

For more information about this source, please visit the [Food Environment Atlas](#).

Methodology

County-level data was acquired from the USDA Food Environmental Atlas (FEA).

The FEA reports WIC-Authorized retailers as a rate per 1,000 population. The FEA reports WIC-store data from USDA's Food and Nutrition Service, Supplemental Food Programs Division, Program Analysis and Monitoring Branch. Population data are from the [U.S. Census Bureau Population Estimates](#). WIC-store access rates for each county are derived using the following formula:

$$\text{Rate} = [\text{Establishment Count}] / [\text{Population}] * 100,000$$

. For more information, please refer to the [Food Environmental Atlas Documentation](#).

Notes

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator.

Access to Primary Care

Data Background

The Area Resource File (ARF) is a database of information about the U.S. health care system, maintained and released annually by the U.S. Health and Human Services (HHS) Health Resources and Services Administration (HRSA). The ARF contains more than 6,000 variables, aggregated for each of the nation's counties. The ARF contains information on health facilities, health professions, health status, economic activity, health training programs, measures of resource scarcity, and socioeconomic and environmental characteristics. In addition, the basic file contains geographic codes and descriptors which enable it to be linked

to many other files and to aggregate counties into various geographic groupings.

The ARF integrates data from numerous primary data sources including: the American Hospital Association, the American Medical Association, the American Dental Association, the American Osteopathic Association, the Bureau of the Census, the Centers for Medicare and Medicaid Services (formerly Health Care Financing Administration), Bureau of Labor Statistics, National Center for Health Statistics and the Veteran's Administration.

For more information, please visit HRSA's [Area Resource File](#) website.

Methodology

Counts of primary care providers are acquired from the Health Resources and Services Administration (HRSA) 2011 [Area Resource File](#), and population data from the U.S. Census Bureau 2010 decennial census. Primary care provider rates are then calculated using the following formula:

$$\text{Provider Rate} = [\text{Number of Primary Care Physicians}] / [\text{Total Population}] * 100,000$$

For more information and to view the original data used for this calculation, please visit the HRSA [Area Resource File](#) website.

Notes

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator.

Breast Cancer Screening (Mammogram)

Data Background

The Dartmouth Atlas of Healthcare is an online repository of health data and maps based on information included in the massive Medicare database maintained by the Center for Medicare and Medicaid Services (CMS). The project uses Medicare claims data in conjunction with other demographic data to provide information and analysis about national, regional, and local markets, as well as hospitals and their affiliated physicians. The Dartmouth Atlas of Health Care is produced and maintained by The Dartmouth Institute for Health Policy and Clinical Practice.

For more information about this source, including methodologies and definitions, refer to the [Dartmouth Atlas of Healthcare](#) website.

Methodology

The Dartmouth Institute analyzes data drawn from enrollment and claims files from the Medicare program. Analysis is restricted to the fee-for-service population over age 65; HMO patients are not included. Indicator data tables express the proportion of Medicare Part B patients screened for medical conditions based on the following formula:

$$\text{Percentage} = [\text{Number Screened}] / [\text{Total Patients}] * 100$$

When appropriate, statistical adjustments are carried out to account for differences in age, race and sex.

Access to the complete methodology is available in the Dartmouth Institute's [Report of the Dartmouth Atlas Project](#).

Cervical Cancer Screening (Pap Test)

Data Background

The Behavioral Risk Factor Surveillance System (BRFSS) is

“... a collaborative project of the Centers for Disease Control and Prevention (CDC) and U.S. states and territories. The BRFSS, administered and supported by CDC's Behavioral Risk Factor Surveillance Branch, is an ongoing data collection program designed to measure behavioral risk factors for the adult population (18 years of age or older) living in households.”

Citation: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. [Overview: BRFSS 2010](#).

The health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS survey data are analyzed by the CDC's National Center for Health Statistics (NCHS). Annual risk factor prevalence data are released for those geographic areas with 50 or more survey results and 10,000 or more total population (50 States, 170 Cities and Counties) in order to maintain the accuracy and confidentiality of the data. Multi-year estimates are produced by the NCHS to expand the coverage of data to approximately 2500 counties. These estimates are maintained in the [Health Indicator Warehouse](#), the official repository of the nation's health data.

For more information on the BRFSS survey methods, or to obtain a copy of the survey questionnaires, please visit [the Behavioral Risk Factor Surveillance System](#) home page.

Methodology

Indicator percentages are acquired for years 2004-2010 from Behavioral Risk Factor Surveillance System (BRFSS) prevalence data, which is housed in the Health Indicator Warehouse. Percentages are generated based on the valid responses to the following questions:

"A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?"

Respondents are considered to have had a Pap test if they answer that they had ever had a test. Percentages are age-adjusted and only pertain to the non-institutionalized female population aged 18 and up. Population numerators (number of adults) are not provided in the Health Indicator Warehouse data tables and were generated using the following formula:

$$[\text{Persons having a Pap test}] = ([\text{Indicator Percentage}] / 100) * [\text{Total Population}] .$$

Adult population figures used in the data tables are acquired from the American Community Survey (ACS) 2006-2010 five year estimates. Additional detailed information about the BRFSS, including questionnaires, data collection procedures, and [data processing methodologies](#) are available on the BRFSS web site. For additional information about the multi-year estimates, please visit the [Health Indicator Warehouse](#).

Notes

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Data Suppression

Suppression is used to avoid misinterpretation when rates are unstable. Data is suppressed when the total number of persons sampled (for each geographic area

/ population group combination) over the survey period is less than 50, or when the standard error of the estimate exceeds 10% of the calculated value.

Colon Cancer Screening (Sigmoid/Colonoscopy)

Data Background

The Behavioral Risk Factor Surveillance System (BRFSS) is

“... a collaborative project of the Centers for Disease Control and Prevention (CDC) and U.S. states and territories. The BRFSS, administered and supported by CDC's Behavioral Risk Factor Surveillance Branch, is an ongoing data collection program designed to measure behavioral risk factors for the adult population (18 years of age or older) living in households.”

Citation: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. [Overview: BRFSS 2010](#).

The health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS survey data are analyzed by the CDC's National Center for Health Statistics (NCHS). Annual risk factor prevalence data are released for those geographic areas with 50 or more survey results and 10,000 or more total population (50 States, 170 Cities and Counties) in order to maintain the accuracy and confidentiality of the data. Multi-year estimates are produced by the NCHS to expand the coverage of data to approximately 2500 counties. These estimates are maintained in the [Health Indicator Warehouse](#), the official repository of the nation's health data.

For more information on the BRFSS survey methods, or to obtain a copy of the survey questionnaires, please visit [the Behavioral Risk Factor Surveillance System](#) home page.

Methodology

Indicator percentages are acquired for years 2004-2010 from Behavioral Risk Factor Surveillance System (BRFSS) prevalence data, which is housed in the Health Indicator Warehouse. Percentages are generated based on the valid responses to the following questions:

"Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? How long has it been since you had your last sigmoidoscopy or colonoscopy?"

Respondents are considered to have had a Sigmoidoscopy/Colonoscopy if they answer that they had ever had a test. Percentages are age-adjusted and only pertain to the non-institutionalized population aged 50 and up. Population numerators (number of adults) are not provided in the Health Indicator Warehouse data tables and were generated using the following formula:

$$\text{[Persons having a Sigmoidoscopy/Colonoscopy]} = (\text{[Indicator Percentage]} / 100) * \text{[Total Population]} .$$

Adult population figures used in the data tables are acquired from the American Community Survey (ACS) 2006-2010 five year estimates. Additional detailed information about the BRFSS, including questionnaires, data collection procedures, and [data processing methodologies](#) are available on the BRFSS web site. For additional information about the multi-year estimates, please visit the [Health Indicator Warehouse](#).

Notes

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Data Suppression

Suppression is used to avoid misinterpretation when rates are unstable. Data is suppressed when the total number of persons sampled (for each geographic area / population group combination) over the survey period is less than 50, or when the standard error of the estimate exceeds 10% of the calculated value.

Dental Care Utilization (Adult)

Data Background

The Behavioral Risk Factor Surveillance System (BRFSS) is

“... a collaborative project of the Centers for Disease Control and Prevention (CDC) and U.S. states and territories. The BRFSS, administered and supported by CDC's Behavioral Risk Factor Surveillance Branch, is an ongoing data collection program designed to measure behavioral risk factors for the adult population (18 years of age or older) living in households.”

Citation: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. [Overview: BRFSS 2010](#).

The health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publically available and maintained on the CDC's BRFSS [Annual Survey Data](#) web page.

For more information on the BRFSS survey methods, or to obtain a copy of the survey questionnaires, please visit [the Behavioral Risk Factor Surveillance System](#) home page.

Methodology

Indicator percentages are acquired from analysis of annual survey data from the Behavioral Risk Factor Surveillance System (BRFSS) for years 2006-2010. Percentages are generated based on valid responses to the following questions:

> "How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists." and "How long has it been since you had your teeth cleaned by a dentist or dental hygienist?" This indicator represents the percentage of respondents who indicated that they had not seen any dentist or dental hygienist within the past year. Data only pertain to the non-institutionalized population aged 18 and up and are weighted to reflect the total county population, including non-respondents, using the methods described in the BRFSS Comparability of Data documentation. Population numerators (estimated number of adults exercising each risk behavior) are not provided in the annual survey data and were generated for the data tables using the following formula:

$$\text{Adults Without Recent Dental Exam} = ([\text{Indicator Percentage}] / 100) * [\text{Total Population}] .$$

The population figures used for these estimates are acquired from the American Community Survey (ACS) 2006-2010 five year estimates.

Additional detailed information about the BRFSS, including questionnaires, data collection procedures, and [data processing methodologies](#) are available on the Behavioral Risk Factor Surveillance System home page.

Notes

Data Suppression

Suppression is used to avoid misinterpretation when rates are unstable. Data is suppressed when the total number of persons sampled (for each geographic area / population group combination) over the survey period is less than 20. Data are unreliable when the total number of persons sampled over the survey period is less than 50. Confidence intervals are available when exploring the data through the map viewer.

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories in the Behavioral Risk Factor Surveillance System (BRFSS) interview surveys based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Before the raw survey data files are released, self-identified race and ethnicity variables are recoded by National Center for Health Statistics (NCHS) analysts into the following categories: White, Non-Hispanic; Black, Non-Hispanic; Multiple Race, Non-Hispanic; Other Race, Non-Hispanic; and Hispanic or Latino. Due to sample size constraints, race and ethnicity statistics are only reported at the state and national levels.

Diabetes Management (Hemoglobin A1c Test)

Data Background

The Dartmouth Atlas of Healthcare is an online repository of health data and maps based on information included in the massive Medicare database maintained by the Center for Medicare and Medicaid Services (CMS). The project uses Medicare claims data in conjunction with other demographic data to provide information and analysis about national, regional, and local markets, as well as hospitals and their affiliated physicians. The Dartmouth Atlas of Health Care is produced and maintained by The Dartmouth Institute for Health Policy and Clinical Practice.

For more information about this source, including methodologies and definitions, refer to the [Dartmouth Atlas of Healthcare](#) website.

Methodology

The Dartmouth Institute analyzes data drawn from enrollment and claims files from the Medicare program. Analysis is restricted to the fee-for-service population over age 65; HMO patients are not included. Indicator data tables express the proportion of Medicare Part B patients screened for medical conditions based on the following formula:

$$\text{Percentage} = \frac{[\text{Number Screened}]}{[\text{Total Patients}]} * 100$$

When appropriate, statistical adjustments are carried out to account for differences in age, race and sex.

Access to the complete methodology is available in the Dartmouth Institute's [Report of the Dartmouth Atlas Project](#).

Facilities Designated as Health Professional Shortage Areas

Data Background

Health Professional Shortage Areas (HPSAs) are designated by the US Health Resources and Services Administration (HRSA) as having shortages of primary medical care, dental or mental health providers. HPSAs may refer to an entire geographic area (a county or service area), a demographic group within a

geographic area (low income population) or an institution (comprehensive health center, federally qualified health center or other public facility).

HPSAs are designated using several criteria, depending on the type of designation. For example, a HPSA may be designated on the basis that medical professionals in contiguous areas are over-utilized, excessively distant, or inaccessible to the population under consideration. HPSAs are also designated based on population-to-clinician ratios. This ratio is usually 3,500 to 1 for primary care, 5,000 to 1 for dental health care, and 30,000 to 1 for mental health care. All Federally Qualified Health Centers and Rural Health Clinics that provide access to care, regardless of patient ability to pay, receive automatic facility HPSA designation.

HPSAs are updated on a continuous basis through the US Health and Human Services (HHS) Health Resources and Services Administration (HRSA) GIS data warehouse. For more information about HPSAs, please visit the HRSA [Health Professional Shortage Area \(HPSA\)](#) web page.

Methodology

Health Professional Shortage Area (HPSA) facility files were acquired from the US Health Resources and Services Administration (HRSA) GIS data warehouse. The point locations of these institutions, along with their designation type, were intersected with geographic areas to provide a count of the total number of facilities in an area.

Notes

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Federally Qualified Health Centers

Data Background

Providers of Service (POS) data is compiled quarterly by Research and Planning Consultants, LP (RPC) for the Centers for Medicare and Medicaid Services (CMS). The Provider of Services (POS) Extract is created from the QIES (Quality Improvement Evaluation System) database. These data include provider number, name, and address and characterize the participating institutional providers. The data are collected through the Centers for Medicare & Medicaid Services (CMS) Regional Offices. The file contains an individual record for each Medicare-approved provider and is updated quarterly.

Methodology

Addresses for all active federally qualified health centers (FQHCs) were acquired from the Centers for Medicare and Medicaid Services (CMS) Providers of Service (POS) data file. FQHC addresses were geocoded using the Google Geocoding API to obtain the coordinates (point-location) of each facility. The resulting point location file was intersected with standard geographic areas (tracts, counties, and states) to generate a count of the total FQHCs in each area.

Notes

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator.

High Blood Pressure Management

Data Background

The Behavioral Risk Factor Surveillance System (BRFSS) is

“... a collaborative project of the Centers for Disease Control and Prevention (CDC) and U.S. states and territories. The BRFSS, administered and supported by CDC's Behavioral Risk Factor Surveillance Branch, is an ongoing data collection program designed to measure behavioral risk factors for the adult population (18 years of age or older) living in households.”

Citation: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. [Overview: BRFSS 2010](#).

The health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publically available and maintained on the CDC's BRFSS [Annual Survey Data](#) web page.

For more information on the BRFSS survey methods, or to obtain a copy of the survey questionnaires, please visit [the Behavioral Risk Factor Surveillance System](#) home page.

Methodology

Indicator percentages are acquired from analysis of annual survey data from the Behavioral Risk Factor Surveillance System (BRFSS) for years 2006-2010. Percentages are generated based on valid responses to the following questions:

"Have you EVER been told by a doctor, nurse or other health professional that you have high blood pressure?" and "Are you currently taking medicine for your high blood pressure?"

This indicator represents the percentage of those persons who answered that 'yes' they have high blood pressure who also answered 'no', that they are not currently taking medication to control it. Data only pertain to the non-institutionalized population aged 18 and up and are weighted to reflect the total county population, including non-respondents, using the methods described in the BRFSS Comparability of Data documentation. Population numerators (estimated number of adults exercising each risk behavior) are not provided in the annual survey data and were generated for the data tables using the following formula:

$$\text{Adults Not Taking Blood Pressure Medication} = ([\text{Indicator Percentage}] / 100) * [\text{Total Adult Population}]$$

The population figures used for these estimates are acquired from the American Community Survey (ACS) 2006-2010 five year estimates.

Additional detailed information about the BRFSS, including questionnaires, data collection procedures, and [data processing methodologies](#) are available on the Behavioral Risk Factor Surveillance System home page.

Notes

Data Suppression

Suppression is used to avoid misinterpretation when rates are unstable. Data is suppressed when the total number of persons sampled (for each geographic area / population group combination) over the survey period is less than 20. Data are unreliable when the total number of persons sampled over the survey period is less than 50. Confidence intervals are available when exploring the data through the map viewer.

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories in the Behavioral Risk Factor Surveillance System (BRFSS) interview surveys based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Before the raw survey data files are released, self-identified race and ethnicity variables are recoded by National Center for Health Statistics (NCHS) analysts into the following categories: White, Non-Hispanic; Black, Non-Hispanic; Multiple Race, Non-Hispanic; Other Race, Non-Hispanic; and Hispanic or Latino. Due to sample size constraints, race and ethnicity statistics are only reported at the state and national levels.

HIV Screenings

Data Background

The Behavioral Risk Factor Surveillance System (BRFSS) is

“... a collaborative project of the Centers for Disease Control and Prevention (CDC) and U.S. states and territories. The BRFSS, administered and supported by CDC's Behavioral Risk Factor Surveillance Branch, is an ongoing data collection program designed to measure behavioral risk factors for the adult population (18 years of age or older) living in households.”

Citation: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. [Overview: BRFSS 2010](#).

The health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publically available and maintained on the CDC's BRFSS [Annual Survey Data](#) web page.

For more information on the BRFSS survey methods, or to obtain a copy of the survey questionnaires, please visit [the Behavioral Risk Factor Surveillance System](#) home page.

Methodology

Indicator percentages are acquired from analysis of annual survey data from the Behavioral Risk Factor Surveillance System (BRFSS) for years 2006-2010. Percentages are generated based on valid responses to the following question:

"Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth."

This indicator represents the percentage of those persons who answered “no”, indicating that they have never been tested for HIV/AIDS. Data only pertain to the non-institutionalized population aged 18 and up and are weighted to reflect the total county population, including non-respondents, using the methods described in the BRFSS Comparability of Data documentation. Population numerators (estimated number of adults exercising each risk behavior) are not provided in the annual survey data and were generated for the data tables using the following formula:

$$\text{Adults Never Tested for HIV/AIDS} = ([\text{Indicator Percentage}] / 100) * [\text{Total Adult Population}]$$

The population figures used for these estimates are acquired from the American Community Survey (ACS) 2006-2010 five year estimates.

Additional detailed information about the BRFSS, including questionnaires, data collection procedures, and [data processing methodologies](#) are available on the Behavioral Risk Factor Surveillance System home page.

Notes

Data Suppression

Suppression is used to avoid misinterpretation when rates are unstable. Data is suppressed when the total number of persons sampled (for each geographic area / population group combination) over the survey period is less than 20. Data are unreliable when the total number of persons sampled over the survey period is less than 50. Confidence intervals are available when exploring the data through the map viewer.

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories in the Behavioral Risk Factor Surveillance System (BRFSS) interview surveys based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Before the raw survey data files are released, self-identified race and ethnicity variables are recoded by National Center for Health Statistics (NCHS) analysts into the following categories: White, Non-Hispanic; Black, Non-Hispanic; Multiple Race, Non-Hispanic; Other Race, Non-Hispanic; and Hispanic or Latino. Due to sample size constraints, race and ethnicity statistics are only reported at the state and national levels.

Lack of a Consistent Source of Primary Care

Data Background

The Behavioral Risk Factor Surveillance System (BRFSS) is

“... a collaborative project of the Centers for Disease Control and Prevention (CDC) and U.S. states and territories. The BRFSS, administered and supported by CDC's Behavioral Risk Factor Surveillance Branch, is an ongoing data collection program designed to measure behavioral risk factors for the adult population (18 years of age or older) living in households.”

Citation: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. [Overview: BRFSS 2010](#).

The health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publically available and maintained on the CDC's BRFSS [Annual Survey Data](#) web page.

For more information on the BRFSS survey methods, or to obtain a copy of the survey questionnaires, please visit [the Behavioral Risk Factor Surveillance System](#) home page.

Methodology

Indicator percentages are acquired from analysis of annual survey data from the Behavioral Risk Factor Surveillance System (BRFSS) for years 2006-2010. Percentages are generated based on valid responses to the following questions:

" Do you have one person you think of as your personal doctor or health care provider? (If "No" ask "Is there more than one or is there no person who you think of as your personal doctor or health care provider?")"

This indicator represents the percentage of those persons who answered “no” to both parts of the question, indicating that they do not see any regular doctor. Data only pertain to the non-institutionalized population aged 18 and up and are weighted to reflect the total county population, including non-respondents, using the methods described in the BRFSS Comparability of Data documentation. Population numerators (estimated number of adults exercising each risk behavior) are not provided in the annual survey data and were generated for the data tables using the following formula:

Adults Without Any Regular Doctor = ([Indicator Percentage] / 100) * [Total Adult Population]

The population figures used for these estimates are acquired from the American Community Survey (ACS) 2006-2010 five year estimates.

Additional detailed information about the BRFSS, including questionnaires, data collection procedures, and [data processing methodologies](#) are available on the Behavioral Risk Factor Surveillance System home page.

Notes

Data Suppression

Suppression is used to avoid misinterpretation when rates are unstable. Data is suppressed when the total number of persons sampled (for each geographic area / population group combination) over the survey period is less than 20. Data are unreliable when the total number of persons sampled over the survey period is less than 50. Confidence intervals are available when exploring the data through the map viewer.

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories in the Behavioral Risk Factor Surveillance System (BRFSS) interview surveys based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Before the raw survey data files are released, self-identified race and ethnicity variables are recoded by National Center for Health Statistics (NCHS) analysts into the following categories: White, Non-Hispanic; Black, Non-Hispanic; Multiple Race, Non-Hispanic; Other Race, Non-Hispanic; and Hispanic or Latino. Due to sample size constraints, race and ethnicity statistics are only reported at the state and national levels.

Pneumonia Vaccinations (Age 65)

Data Background

The Behavioral Risk Factor Surveillance System (BRFSS) is

“... a collaborative project of the Centers for Disease Control and Prevention (CDC) and U.S. states and territories. The BRFSS, administered and supported by CDC's Behavioral Risk Factor Surveillance Branch, is an ongoing data collection program designed to measure behavioral risk factors for the adult population (18 years of age or older) living in households.”

Citation: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. [Overview: BRFSS 2010](#).

The health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS survey data are analyzed by the CDC's National Center for Health Statistics (NCHS). Annual risk factor prevalence data are released for those geographic areas with 50 or more survey results and 10,000 or more total population (50 States, 170 Cities and Counties) in order to maintain the accuracy and confidentiality of the data. Multi-year estimates are produced by the NCHS to expand the coverage of data to approximately 2500 counties. These estimates are maintained in the [Health Indicator Warehouse](#), the official repository of the nation's health data.

For more information on the BRFSS survey methods, or to obtain a copy of the survey questionnaires, please visit [the Behavioral Risk Factor Surveillance System](#) home page.

Methodology

Indicator percentages are acquired for years 2005-2011 from Behavioral Risk Factor Surveillance System (BRFSS) prevalence data, which is housed in the Health Indicator Warehouse. Percentages are generated based on the valid responses to the following questions:

"Have you EVER had a pneumonia shot? A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?"

Respondents are considered to have had a pneumonia vaccination if they answer that they had ever had a vaccine. Percentages are age-adjusted and only pertain to the non-institutionalized population aged 65 and up. Population numerators (number of adults) are not provided in the Health Indicator Warehouse data tables and were generated using the following formula:

$$[\text{Persons having a Pneumonia vaccination}] = ([\text{Indicator Percentage}] / 100) * [\text{Total Population}] .$$

Adult population figures used in the data tables are acquired from the American Community Survey (ACS) 2006-2010 five year estimates. Additional detailed information about the BRFSS, including questionnaires, data collection procedures, and [data processing methodologies](#) are available on the BRFSS web site. For additional information about the multi-year estimates, please visit the [Health Indicator Warehouse](#).

Notes

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Data Suppression

Suppression is used to avoid misinterpretation when rates are unstable. Data is suppressed when the total number of persons sampled (for each geographic area / population group combination) over the survey period is less than 50, or when the standard error of the estimate exceeds 10% of the calculated value.

Population Living in a Health Professional Shortage Area

Data Background

Health Professional Shortage Areas (HPSAs) are designated by the US Health Resources and Services Administration (HRSA) as having shortages of primary medical care, dental or mental health providers. HPSAs may refer to an entire geographic area (a county or service area), a demographic group within a geographic area (low income population) or an institution (comprehensive health center, federally qualified health center or other public facility).

HPSAs are designated using several criteria, depending on the type of designation. For example, a HPSA may be designated on the basis that medical professionals in contiguous areas are over-utilized, excessively distant, or inaccessible to the population under consideration. HPSAs are also designated based on population-to-clinician ratios. This ratio is usually 3,500 to 1 for primary care, 5,000 to 1 for dental health care, and 30,000 to 1 for mental health care. All Federally Qualified Health Centers and Rural Health Clinics that provide access to care, regardless of patient ability to pay, receive automatic facility HPSA designation.

HPSAs are updated on a continuous basis through the US Health and Human Services (HHS) Health Resources and Services Administration (HRSA) GIS data warehouse. For more information about HPSAs, please visit the HRSA [Health Professional Shortage Area \(HPSA\)](#) web page.

Methodology

Health Professional Shortage Area (HPSA) boundary files were acquired from the US Health Resources and Services Administration (HRSA) GIS data warehouse. Data from HRSA contained estimates of the total designation population, and the population underserved in each service area. Total designation populations vary based on HPSA designation, and may refer to the total area population, or the population of a specific demographic (income, racial, ethnic) group. Population figures provided by HRSA represent the estimate at the time of last designation update, which in some cases is as early as 2008. The percentage of population underserved is based on the following formula:

$$\text{Percentage} = [\text{Underserved Population}] / [\text{Total Designation Population}] * 100$$

For additional information, including designation procedures and access to the original data, please visit the HRSA [Health Professional Shortage Area \(HPSA\)](#) web page.

Notes

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Preventable Hospital Events

Data Background

The Dartmouth Atlas of Healthcare is an online repository of health data and maps based on information included in the massive Medicare database maintained by the Center for Medicare and Medicaid Services (CMS). The project uses Medicare claims data in conjunction with other demographic data to provide information and analysis about national, regional, and local markets, as well as hospitals and their affiliated physicians. The Dartmouth Atlas of Health Care is produced and maintained by The Dartmouth Institute for Health Policy and Clinical Practice.

For more information about this source, including methodologies and definitions, refer to the [Dartmouth Atlas of Healthcare](#) website.

Methodology

The Dartmouth Institute analyzes data drawn from enrollment and claims files from the Medicare program. Analysis is restricted to the fee-for-service population over age 65; HMO patients are not included. Indicator data tables express the rate of Medicare Part A patients discharged from the hospital for preventable / ambulatory care sensitive (ACS) conditions like asthma, diabetes, pneumonia, or COPD, based on the following formula:

$$\text{Rate} = [\text{ACS Condition Discharges}] / [\text{Total Patients}] * 10,000$$

When appropriate, statistical adjustments are carried out to account for differences in age, race and sex.

Access to the complete methodology is available in the Dartmouth Institute's [Report of the Dartmouth Atlas Project](#) .

Alcohol Consumption

Data Background

The Behavioral Risk Factor Surveillance System (BRFSS) is

“... a collaborative project of the Centers for Disease Control and Prevention (CDC) and U.S. states and territories. The BRFSS, administered and supported by CDC's Behavioral Risk Factor Surveillance Branch, is an ongoing data collection program designed to measure behavioral risk

factors for the adult population (18 years of age or older) living in households.”

Citation: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. [Overview: BRFSS 2010](#).

The health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS survey data are analyzed by the CDC’s National Center for Health Statistics (NCHS). Annual risk factor prevalence data are released for those geographic areas with 50 or more survey results and 10,000 or more total population (50 States, 170 Cities and Counties) in order to maintain the accuracy and confidentiality of the data. Multi-year estimates are produced by the NCHS to expand the coverage of data to approximately 2500 counties. These estimates are maintained in the [Health Indicator Warehouse](#), the official repository of the nation’s health data.

For more information on the BRFSS survey methods, or to obtain a copy of the survey questionnaires, please visit [the Behavioral Risk Factor Surveillance System](#) home page.

Methodology

Indicator percentages are acquired for years 2005-2011 from Behavioral Risk Factor Surveillance System (BRFSS) prevalence data, which is housed in the Health Indicator Warehouse. Percentages are generated based on the valid responses to the following question:

"One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?"

Respondents are considered heavy drinkers if they were male and reported having more than 2 drinks per day, or females that reported having more than 1 drink per day. Percentages are age-adjusted and only pertain to the non-institutionalized population aged 18 and up. Population numerators (number of adults) are not provided in the Health Indicator Warehouse data tables and were generated using the following formula:

$$[\text{Heavy Drinkers}] = ([\text{Indicator Percentage}] / 100) * [\text{Total Population}] .$$

Adult population figures used in the data tables are acquired from the American Community Survey (ACS) 2006-2010 five year estimates. Additional detailed information about the BRFSS, including questionnaires, data collection procedures, and [data processing methodologies](#) are available on the BRFSS web site. For additional information about the multi-year estimates, please visit the [Health Indicator Warehouse](#).

Notes

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Data Suppression

Suppression is used to avoid misinterpretation when rates are unstable. Data is suppressed when the total number of persons sampled (for each geographic area / population group combination) over the survey period is less than 50, or when the standard error of the estimate exceeds 10% of the calculated value.

Alcohol Expenditures

Data Background

Nielsen is a publically held information company and a primary supplier of consumer spending data around the world, using both statistical analysis and field sampling techniques to produce accurate and timely information. Published annually, SiteReports provide market analysis to Nielsen customers at multiple geographic levels, spanning a wide range of topics including population demographics, household spending, and market potential. The SiteReports Consumer Buying Power (CBP) database is created using statistical models estimated from the Bureau of Labor Statistics' Consumer Expenditure Surveys (CEX). This survey provides information on the buying habits of American consumers, including expenditures, income, and other characteristics of the consumer unit (families and single consumers). The Consumer Expenditure Survey consists of two surveys: the quarterly Interview survey and the weekly Diary Survey. The surveys target the total non-institutionalized population (urban and rural) of the United States. The data is collected from the independent quarterly interview and weekly diary surveys of approximately 7,500 sample households. Each survey has its own independent sample, and each collects data on household income and socioeconomic characteristics. The current Nielsen Consumer Buying Power data uses a rolling five years of data from the Consumer Expenditure Survey, administered from 2005 through 2009. In addition to this data, the Nielsen Consumer Buying Power database also incorporates information from the following sources:

- Nielsen Demographic Update
- Nielsen Cartographics
- U.S. Census Bureau: Census of Retail Trade

For more information, please visit the [Nielsen SiteReports](#) website.

Methodology

Census tract level average and aggregated total household expenditures and category expenditures were acquired from the 2011 Nielsen *Consumer Buying Power (CBP)* SiteReports. Percent expenditures were calculated from aggregate area expenditures using the following formula:

$$\text{Percent Expenditures} = [\text{Category Expenditures}] / [\text{Total Area Expenditures}] * 100$$

Tract-level estimates are proprietary Nielsen data restricted from public distribution and subject to terms of use agreements. Indicator data tables contain allocation summaries and thus comply with Nielsen's definition of "output" and are available for public consumption. To generate acceptable map "output", percent expenditures were sorted and ranked; quintiles were assigned to each tract based on national rank and symbolized within the map. Additional attributes include each tract's within-state rank and quintile. Definitions for food-at-home categories used for consumer spending indicators are based on categories in the BLS Consumer Expenditure Survey (CEX), and are listed below.

- *Soft drinks: Soft drink expenditures included in this category are any non-alcoholic carbonated beverages purchased for consumption at home. Soft drinks purchased at restaurants and other dining establishments are not included.*
- *Alcoholic beverages: Alcohol expenditures included in this category are any beer, wine, and liquor purchased for consumption at home. Alcohol purchased at restaurants and bars is not included.*
- *Fruit and vegetables: Fruit and vegetables expenditures included in this category are all fresh, frozen and canned fruits and vegetables purchased for consumption at home.*
- *Tobacco: Tobacco expenditures included in this category are cigarettes only; cigars and other tobacco products are not included.*

Further details about the analysis used by Nielsen group can be found in the [Consumer Buying Power Methodology](#).

Notes

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator.

Fruit/Vegetable Consumption

Data Background

The Behavioral Risk Factor Surveillance System (BRFSS) is

“... a collaborative project of the Centers for Disease Control and Prevention (CDC) and U.S. states and territories. The BRFSS, administered and supported by CDC's Behavioral Risk Factor Surveillance Branch, is an ongoing data collection program designed to measure behavioral risk factors for the adult population (18 years of age or older) living in households.”

Citation: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. [Overview: BRFSS 2010](#).

The health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS survey data are analyzed by the CDC's National Center for Health Statistics (NCHS). Annual risk factor prevalence data are released for those geographic areas with 50 or more survey results and 10,000 or more total population (50 States, 170 Cities and Counties) in order to maintain the accuracy and confidentiality of the data. Multi-year estimates are produced by the NCHS to expand the coverage of data to approximately 2500 counties. These estimates are maintained in the [Health Indicator Warehouse](#), the official repository of the nation's health data.

For more information on the BRFSS survey methods, or to obtain a copy of the survey questionnaires, please visit [the Behavioral Risk Factor Surveillance System](#) home page.

Methodology

Indicator percentages are acquired for years 2005-2009 from Behavioral Risk Factor Surveillance System (BRFSS) prevalence data, which is housed in the Health Indicator Warehouse. Data are based on the percentage of respondents who report regularly consuming five or more servings of fruits or vegetables each week. Fried potatoes and chips are excluded. Percentages are age-adjusted and only pertain to the non-institutionalized population aged 18 and up. Population numerators (number of adults consuming 5 servings) are not provided in the Health Indicator Warehouse data tables and were generated using the following formula:

$$[\text{Population Consuming 5 Servings}] = ([\text{Indicator Percentage}] / 100) * [\text{Total Population}].$$

Adult population figures used in the data tables are acquired from the American Community Survey (ACS) 2006-2010 five year estimates. Additional detailed information about the BRFSS, including questionnaires, data collection procedures, and [data processing methodologies](#) are available on the BRFSS web site. For additional information about the multi-year estimates, please visit the [Health Indicator Warehouse](#).

Notes

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Data Suppression

Suppression is used to avoid misinterpretation when rates are unstable. Data is suppressed when the total number of persons sampled (for each geographic area / population group combination) over the survey period is less than 50, or when the standard error of the estimate exceeds 10% of the calculated value.

Fruit/Vegetable Expenditures

Data Background

Nielsen is a publically held information company and a primary supplier of consumer spending data around the world, using both statistical analysis and field sampling techniques to produce accurate and timely information. Published annually, SiteReports provide market analysis to Nielsen customers at multiple geographic levels, spanning a wide range of topics including population demographics, household spending, and market potential. The SiteReports Consumer Buying Power (CBP) database is created using statistical models estimated from the Bureau of Labor Statistics' Consumer Expenditure Surveys (CEX). This survey provides information on the buying habits of American consumers, including expenditures, income, and other characteristics of the consumer unit (families and single consumers). The Consumer Expenditure Survey consists of two surveys: the quarterly Interview survey and the weekly Diary Survey. The surveys target the total non-institutionalized population (urban and rural) of the United States. The data is collected from the independent quarterly interview and weekly diary surveys of approximately 7,500 sample households. Each survey has its own independent sample, and each collects data on household income and socioeconomic characteristics. The current Nielsen Consumer Buying Power data uses a rolling five years of data from the Consumer Expenditure Survey, administered from 2005 through 2009. In addition to this data, the Nielsen Consumer Buying Power database also incorporates information from the following sources:

- Nielsen Demographic Update
- Nielsen Cartographics
- U.S. Census Bureau: Census of Retail Trade

For more information, please visit the [Nielsen SiteReports](#) website.

Methodology

Census tract level average and aggregated total household expenditures and category expenditures were acquired from the 2011 Nielsen *Consumer Buying Power (CBP)* SiteReports. Percent expenditures were calculated from aggregate area expenditures using the following formula:

$$\text{Percent Expenditures} = [\text{Category Expenditures}] / [\text{Total Area Expenditures}] * 100$$

Tract-level estimates are proprietary Nielsen data restricted from public distribution and subject to terms of use agreements. Indicator data tables contain allocation summaries and thus comply with Nielsen's definition of "output" and are available for public consumption. To generate acceptable map "output", percent expenditures were sorted and ranked; quintiles were assigned to each tract based on national rank and symbolized within the map. Additional attributes include each tract's within-state rank and quintile. Definitions for food-at-home categories used for consumer spending indicators are based on categories in the BLS Consumer Expenditure Survey (CEX), and are listed below.

- Soft drinks: *Soft drink expenditures included in this category are any non-alcoholic carbonated beverages purchased for consumption at home. Soft drinks purchased at restaurants and other dining establishments are not included.*
- Alcoholic beverages: *Alcohol expenditures included in this category are any beer, wine, and liquor purchased for consumption at home. Alcohol purchased at restaurants and bars is not included.*

- Fruit and vegetables: *Fruit and vegetables expenditures included in this category are all fresh, frozen and canned fruits and vegetables purchased for consumption at home.*
- Tobacco: *Tobacco expenditures included in this category are cigarettes only; cigars and other tobacco products are not included.*

Further details about the analysis used by Nielsen group can be found in the [Consumer Buying Power Methodology](#).

Notes

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator.

Physical Inactivity (Adult)

Data Background

The Centers for Disease Control and Prevention's National Center for Chronic Disease Prevention and Health Promotion monitors the health of the Nation and produces publically available data to promote general health. The division maintains the Diabetes Data and Trends data system, which includes the National Diabetes Fact Sheet and the National Diabetes Surveillance System. These programs provide resources documenting the public health burden of diabetes and its complications in the United States. The surveillance system also includes county-level estimates of diagnosed diabetes and selected risk factors for all U.S. counties to help target and optimize the resources for diabetes control and prevention.

Citation: [Centers for Disease Control and Prevention, Diabetes Data & Trends: Frequently Asked Questions \(FAQ\). \(2012\).](#)

Methodology

Data for total population and estimated obese population data are acquired from the County Level Estimates of Diagnosed Diabetes, a service of the Centers for Disease Control and Prevention's National Diabetes Surveillance Program. Diabetes and other risk factor prevalence is estimated using the following formula:

$$\text{Percent Prevalence} = [\text{Risk Factor Population}] / [\text{Total Population}] * 100.$$

All data are estimates modeled by the CDC using the methods described below:

The National Diabetes Surveillance system produces data estimating the prevalence of diagnosed diabetes and population obesity by county using data from [CDC's Behavioral Risk Factor Surveillance System](#) (BRFSS) and data from the [U.S. Census Bureau's Population Estimates Program](#). The BRFSS is an ongoing, monthly, state-based telephone survey of the adult population. The survey provides state-specific information on behavioral risk factors and preventive health practices. Respondents were considered to have diabetes if they responded "yes" to the question, "Has a doctor ever told you that you have diabetes?" Women who indicated that they only had diabetes during pregnancy were not considered to have diabetes. Respondents were considered obese if their body mass index was 30 or greater. Body mass index (weight [kg]/height [m]²) was derived from self-report of height and weight. Respondents were considered to be physically inactive if they answered "no" to the question, "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"

Three years of data were used to improve the precision of the year-specific county-level estimates of diagnosed diabetes and selected risk factors. For example, 2003, 2004, and 2005 were used for the 2004 estimate and 2004, 2005, and 2006 were used for the 2005 estimate. Estimates were restricted to adults 20 years of age or older to be consistent with population estimates from the U.S. Census Bureau. The U.S. Census Bureau provides year-specific county population estimates by demographic

characteristics—age, sex, race, and Hispanic origin. .

The county-level estimates were based on indirect model-dependent estimates. The model-dependent approach employs a statistical model that “borrows strength” in making an estimate for one county from BRFSS data collected in other counties. Bayesian multilevel modeling techniques were used to obtain these estimates. Separate models were developed for each of the four census regions: West, Midwest, Northeast and South. Multilevel Poisson regression models with random effects of demographic variables (age 20–44, 45–64, 65 ; race; sex) at the county-level were developed. State was included as a county-level covariate.

Citation: [Centers for Disease Control and Prevention, Diabetes Data & Trends: Frequently Asked Questions \(FAQ\). \(2012\).](#)

Rates were age adjusted by the CDC for the following three age groups: 20-44, 45-64, 65 . Additional information, including the complete methodology and data definitions, can be found at the CDC’s [Diabetes Data and Trends](#) website.

Notes

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Soda Expenditures

Data Background

Nielsen is a publically held information company and a primary supplier of consumer spending data around the world, using both statistical analysis and field sampling techniques to produce accurate and timely information. Published annually, SiteReports provide market analysis to Nielsen customers at multiple geographic levels, spanning a wide range of topics including population demographics, household spending, and market potential. The SiteReports Consumer Buying Power (CBP) database is created using statistical models estimated from the Bureau of Labor Statistics' Consumer Expenditure Surveys (CEX). This survey provides information on the buying habits of American consumers, including expenditures, income, and other characteristics of the consumer unit (families and single consumers). The Consumer Expenditure Survey consists of two surveys: the quarterly Interview survey and the weekly Diary Survey. The surveys target the total non-institutionalized population (urban and rural) of the United States. The data is collected from the independent quarterly interview and weekly diary surveys of approximately 7,500 sample households. Each survey has its own independent sample, and each collects data on household income and socioeconomic characteristics. The current Nielsen Consumer Buying Power data uses a rolling five years of data from the Consumer Expenditure Survey, administered from 2005 through 2009. In addition to this data, the Nielsen Consumer Buying Power database also incorporates information from the following sources:

- Nielsen Demographic Update
- Nielsen Cartographics
- U.S. Census Bureau: Census of Retail Trade

For more information, please visit the [Nielsen SiteReports](#) website.

Methodology

Census tract level average and aggregated total household expenditures and category expenditures were acquired from the 2011 Nielsen *Consumer Buying Power (CBP)* SiteReports. Percent expenditures were calculated from aggregate area expenditures using the following formula:

$$\text{Percent Expenditures} = [\text{Category Expenditures}] / [\text{Total Area Expenditures}] * 100$$

Tract-level estimates are proprietary Nielsen data restricted from public distribution and subject to terms of use agreements. Indicator data tables contain allocation summaries and thus comply with Nielsen's definition of "output" and are available for public consumption. To generate acceptable map "output", percent expenditures were sorted and ranked; quintiles were assigned to each tract based on national rank and symbolized within the map. Additional attributes include each tract's within-state rank and quintile. Definitions for food-at-home categories used for consumer spending indicators are based on categories in the BLS Consumer Expenditure Survey (CEX), and are listed below.

- *Soft drinks: Soft drink expenditures included in this category are any non-alcoholic carbonated beverages purchased for consumption at home. Soft drinks purchased at restaurants and other dining establishments are not included.*
- *Alcoholic beverages: Alcohol expenditures included in this category are any beer, wine, and liquor purchased for consumption at home. Alcohol purchased at restaurants and bars is not included.*
- *Fruit and vegetables: Fruit and vegetables expenditures included in this category are all fresh, frozen and canned fruits and vegetables purchased for consumption at home.*
- *Tobacco: Tobacco expenditures included in this category are cigarettes only; cigars and other tobacco products are not included.*

Further details about the analysis used by Nielsen group can be found in the [Consumer Buying Power Methodology](#).

Notes

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator.

Tobacco Expenditures

Data Background

Nielsen is a publically held information company and a primary supplier of consumer spending data around the world, using both statistical analysis and field sampling techniques to produce accurate and timely information. Published annually, SiteReports provide market analysis to Nielsen customers at multiple geographic levels, spanning a wide range of topics including population demographics, household spending, and market potential. The SiteReports Consumer Buying Power (CBP) database is created using statistical models estimated from the Bureau of Labor Statistics' Consumer Expenditure Surveys (CEX). This survey provides information on the buying habits of American consumers, including expenditures, income, and other characteristics of the consumer unit (families and single consumers). The Consumer Expenditure Survey consists of two surveys: the quarterly Interview survey and the weekly Diary Survey. The surveys target the total non-institutionalized population (urban and rural) of the United States. The data is collected from the independent quarterly interview and weekly diary surveys of approximately 7,500 sample households. Each survey has its own independent sample, and each collects data on household income and socioeconomic characteristics. The current Nielsen Consumer Buying Power data uses a rolling five years of data from the Consumer Expenditure Survey, administered from 2005 through 2009. In addition to this data, the Nielsen Consumer Buying Power database also incorporates information from the following sources:

- Nielsen Demographic Update
- Nielsen Cartographics
- U.S. Census Bureau: Census of Retail Trade

For more information, please visit the [Nielsen SiteReports](#) website.

Methodology

Census tract level average and aggregated total household expenditures and category expenditures were acquired from the 2011 Nielsen *Consumer Buying Power (CBP) SiteReports*. Percent expenditures were calculated from aggregate area expenditures using the following formula:

$$\text{Percent Expenditures} = [\text{Category Expenditures}] / [\text{Total Area Expenditures}] * 100$$

Tract-level estimates are proprietary Nielsen data restricted from public distribution and subject to terms of use agreements. Indicator data tables contain allocation summaries and thus comply with Nielsen's definition of "output" and are available for public consumption. To generate acceptable map "output", percent expenditures were sorted and ranked; quintiles were assigned to each tract based on national rank and symbolized within the map. Additional attributes include each tract's within-state rank and quintile. Definitions for food-at-home categories used for consumer spending indicators are based on categories in the BLS Consumer Expenditure Survey (CEX), and are listed below.

- **Soft drinks:** *Soft drink expenditures included in this category are any non-alcoholic carbonated beverages purchased for consumption at home. Soft drinks purchased at restaurants and other dining establishments are not included.*
- **Alcoholic beverages:** *Alcohol expenditures included in this category are any beer, wine, and liquor purchased for consumption at home. Alcohol purchased at restaurants and bars is not included.*
- **Fruit and vegetables:** *Fruit and vegetables expenditures included in this category are all fresh, frozen and canned fruits and vegetables purchased for consumption at home.*
- **Tobacco:** *Tobacco expenditures included in this category are cigarettes only; cigars and other tobacco products are not included.*

Further details about the analysis used by Nielsen group can be found in the [Consumer Buying Power Methodology](#).

Notes

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator.

Tobacco Usage (Current Smokers)

Data Background

The Behavioral Risk Factor Surveillance System (BRFSS) is

“... a collaborative project of the Centers for Disease Control and Prevention (CDC) and U.S. states and territories. The BRFSS, administered and supported by CDC's Behavioral Risk Factor Surveillance Branch, is an ongoing data collection program designed to measure behavioral risk factors for the adult population (18 years of age or older) living in households.”

Citation: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. [Overview: BRFSS 2010](#).

The health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS survey data are analyzed by the CDC's National Center for Health Statistics (NCHS). Annual risk factor prevalence data are released for those geographic areas with 50 or more survey results and

10,000 or more total population (50 States, 170 Cities and Counties) in order to maintain the accuracy and confidentiality of the data. Multi-year estimates are produced by the NCHS to expand the coverage of data to approximately 2500 counties. These estimates are maintained in the [Health Indicator Warehouse](#), the official repository of the nation's health data.

For more information on the BRFSS survey methods, or to obtain a copy of the survey questionnaires, please visit [the Behavioral Risk Factor Surveillance System](#) home page.

Methodology

Indicator percentages are acquired for years 2005-2011 from Behavioral Risk Factor Surveillance System (BRFSS) prevalence data, which is housed in the Health Indicator Warehouse. Data are based on the percentage of respondents answering the following question:

"Do you now smoke cigarettes every day, some days, or not at all?"

Respondents are considered smokers if they reported smoking every day or some days. Percentages are age-adjusted and only pertain to the non-institutionalized population aged 18 and up. Population numerators (number of adult smokers) are not provided in the Health Indicator Warehouse data tables and were generated using the following formula:

$$[\text{Adults Smokers}] = ([\text{Indicator Percentage}] / 100) * [\text{Total Population}] .$$

Adult population figures used in the data tables are acquired from the American Community Survey (ACS) 2006-2010 five year estimates. Additional detailed information about the BRFSS, including questionnaires, data collection procedures, and [data processing methodologies](#) are available on the BRFSS web site. For additional information about the multi-year estimates, please visit the [Health Indicator Warehouse](#).

Notes

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Data Suppression

Suppression is used to avoid misinterpretation when rates are unstable. Data is suppressed when the total number of persons sampled (for each geographic area / population group combination) over the survey period is less than 50, or when the standard error of the estimate exceeds 10% of the calculated value.

Tobacco Usage (Former or Current Smokers)

Data Background

The Behavioral Risk Factor Surveillance System (BRFSS) is

“... a collaborative project of the Centers for Disease Control and Prevention (CDC) and U.S. states and territories. The BRFSS, administered and supported by CDC's Behavioral Risk Factor Surveillance Branch, is an ongoing data collection program designed to measure behavioral risk factors for the adult population (18 years of age or older) living in households.”

Citation: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. [Overview: BRFSS 2010](#).

The health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publically available and maintained on the CDC's BRFSS [Annual Survey Data](#) web page.

For more information on the BRFSS survey methods, or to obtain a copy of the survey questionnaires, please visit [the Behavioral Risk Factor Surveillance System](#) home page.

Methodology

Indicator percentages are acquired from analysis of annual survey data from the Behavioral Risk Factor Surveillance System (BRFSS) for years 2006-2010. Percentages are generated based on valid responses to the following questions:

"Do you have one person you think of as your personal doctor or health care provider? (If "No" ask "Is there more than one or is there no person who you think of as your personal doctor or health care provider?")"

This indicator represents the percentage of those persons who answered "no" to both parts of the question, indicating that they do not see any regular doctor. Data only pertain to the non-institutionalized population aged 18 and up and are weighted to reflect the total county population, including non-respondents, using the methods described in the BRFSS Comparability of Data documentation. Population numerators (estimated number of adults exercising each risk behavior) are not provided in the annual survey data and were generated for the data tables using the following formula:

$$\text{Adults Without Any Regular Doctor} = ([\text{Indicator Percentage}] / 100) * [\text{Total Adult Population}]$$

The population figures used for these estimates are acquired from the American Community Survey (ACS) 2006-2010 five year estimates.

Additional detailed information about the BRFSS, including questionnaires, data collection procedures, and [data processing methodologies](#) are available on the Behavioral Risk Factor Surveillance System home page.

Notes

Data Suppression

Suppression is used to avoid misinterpretation when rates are unstable. Data is suppressed when the total number of persons sampled (for each geographic area / population group combination) over the survey period is less than 20. Data are unreliable when the total number of persons sampled over the survey period is less than 50. Confidence intervals are available when exploring the data through the map viewer.

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories in the Behavioral Risk Factor Surveillance System (BRFSS) interview surveys based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Before the raw survey data files are released, self-identified race and ethnicity variables are recoded by National Center for Health Statistics (NCHS) analysts into the following categories: White, Non-Hispanic; Black, Non-Hispanic; Multiple Race, Non-Hispanic; Other Race, Non-Hispanic; and Hispanic or Latino. Due to sample size constraints, race and ethnicity statistics are only reported at the state and national levels.

Tobacco Usage (Quit Attempt)

Data Background

The Behavioral Risk Factor Surveillance System (BRFSS) is

“... a collaborative project of the Centers for Disease Control and Prevention (CDC) and U.S. states and territories. The BRFSS, administered and supported by CDC's Behavioral Risk Factor Surveillance Branch, is an ongoing data collection program designed to measure behavioral risk factors for the adult population (18 years of age or older) living in households.”

Citation: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. [Overview: BRFSS 2010](#).

The health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publically available and maintained on the CDC's BRFSS [Annual Survey Data](#) web page.

For more information on the BRFSS survey methods, or to obtain a copy of the survey questionnaires, please visit [the Behavioral Risk Factor Surveillance System](#) home page.

Methodology

Indicator percentages are acquired from analysis of annual survey data from the Behavioral Risk Factor Surveillance System (BRFSS) for years 2006-2010. Percentages are generated based on valid responses to the following questions:

"Do you have one person you think of as your personal doctor or health care provider? (If "No" ask "Is there more than one or is there no person who you think of as your personal doctor or health care provider?")"

This indicator represents the percentage of those persons who answered “no” to both parts of the question, indicating that they do not see any regular doctor. Data only pertain to the non-institutionalized population aged 18 and up and are weighted to reflect the total county population, including non-respondents, using the methods described in the BRFSS Comparability of Data documentation. Population numerators (estimated number of adults exercising each risk behavior) are not provided in the annual survey data and were generated for the data tables using the following formula:

$$\text{Adults Without Any Regular Doctor} = ([\text{Indicator Percentage}] / 100) * [\text{Total Adult Population}]$$

The population figures used for these estimates are acquired from the American Community Survey (ACS) 2006-2010 five year estimates.

Additional detailed information about the BRFSS, including questionnaires, data collection procedures, and [data processing methodologies](#) are available on the Behavioral Risk Factor Surveillance System home page.

Notes

Data Suppression

Suppression is used to avoid misinterpretation when rates are unstable. Data is suppressed when the total number of persons sampled (for each geographic area / population group combination) over the survey period is less than 20. Data are unreliable when the total number of persons sampled over the survey period is less than 50. Confidence intervals are available when exploring the data through the map viewer.

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories in the Behavioral Risk Factor Surveillance System (BRFSS) interview surveys based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Before the raw survey data files are released, self-identified race

and ethnicity variables are recoded by National Center for Health Statistics (NCHS) analysts into the following categories: White, Non-Hispanic; Black, Non-Hispanic; Multiple Race, Non-Hispanic; Other Race, Non-Hispanic; and Hispanic or Latino. Due to sample size constraints, race and ethnicity statistics are only reported at the state and national levels.

Accident Mortality

Data Background

The Division of Vital Statistics is a branch of the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) responsible for maintaining birth and death records for the nation. Data are compiled for the National Vital Statistics System (NVSS) through a joint effort between the NCHS and various state and local health agencies, who are responsible for registering vital events – births, deaths, marriages, divorces, and fetal deaths. NVSS statistics are released annually in various data warehouses, including [CDC WONDER](#), [VitalStats](#), and the [Health Indicator Warehouse](#).

Methodology

County population figures and death statistics are acquired using CDC WONDER from the Underlying Cause of Death database. Conditions were queried for years 2006-2010 based on a selection of codes from the International Classification of Diseases (ICD), Version 10. The ICD-10 is the current global health information standard for mortality and morbidity statistics. The ICD has been maintained by the World Health Organization since its conception in 1948. A searchable, detailed list of current ICD-10 Codes (Version 2010) is available from the [World Health Organization](#).

Mortality rates were acquired from the source age-adjusted to the year 2000 U.S. standard. To recalculate age-adjusted mortality rates for unique service areas and aggregated county groupings, the following formula was used:

$$\text{Mortality Rate} = [\text{SUM}(\text{Total Population}) * ((\text{Age-Adjusted Rate})/100,000)] / [\text{SUM}(\text{Total Population})] * 100,000.$$

The specific codes used for reported mortality indicators are listed below.

- Assault (homicide): U01-U02, X85-Y09, Y87.1
- Cerebrovascular disease (stroke): I60-I69
- Coronary heart disease: I11, I20-I25
- Chronic lower respiratory disease: J40-J47
- Intentional self-harm (suicide): X60-X84, Y870
- Malignant neoplasm (cancer): C00-C97
- Unintentional injury (accident): V01-X59, Y85-Y86

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories by state vital statistics registries based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. All mortality statistics from the CDC WONDER databases are available by race alone (White, Black, Amer. Indian/AK Native, and Asian) ethnicity alone (Hispanic, Non-Hispanic), or by combined race and ethnicity. Data is reported separately for race alone and for ethnicity alone in order to maintain large enough sample sizes for the inclusion of small counties in the disaggregated data tables.

Data Suppression

Suppression is used to avoid misinterpretation when rates are unstable. Data is suppressed when the total number of cases is less than 10 (for each county/cause

of death/population group) over the time period monitored. Rates should be considered unreliable when calculated with a numerator (number of cases) less than 20.

Asthma Prevalence

Data Background

The Behavioral Risk Factor Surveillance System (BRFSS) is

“... a collaborative project of the Centers for Disease Control and Prevention (CDC) and U.S. states and territories. The BRFSS, administered and supported by CDC's Behavioral Risk Factor Surveillance Branch, is an ongoing data collection program designed to measure behavioral risk factors for the adult population (18 years of age or older) living in households.”

Citation: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. [Overview: BRFSS 2010](#).

The health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publically available and maintained on the CDC's BRFSS [Annual Survey Data](#) web page.

For more information on the BRFSS survey methods, or to obtain a copy of the survey questionnaires, please visit [the Behavioral Risk Factor Surveillance System](#) home page.

Methodology

Indicator percentages are acquired from analysis of annual survey data from the Behavioral Risk Factor Surveillance System (BRFSS) for years 2006-2010. Percentages are generated based on valid responses to the following questions:

"Have you ever been told by a doctor, nurse, or health professional that you have Asthma?"

This indicator represents the percentage of those persons who answered “yes”. Data only pertain to the non-institutionalized population aged 18 and up and are weighted to reflect the total county population, including non-respondents, using the methods described in the BRFSS Comparability of Data documentation. Population numerators (estimated number of adults exercising each risk behavior) are not provided in the annual survey data and were generated for the data tables using the following formula:

$$\text{Adults Diagnosed with Asthma} = ([\text{Indicator Percentage}] / 100) * [\text{Total Population}] .$$

The population figures used for these estimates are acquired from the American Community Survey (ACS) 2006-2010 five year estimates.

Additional detailed information about the BRFSS, including questionnaires, data collection procedures, and [data processing methodologies](#) are available on the Behavioral Risk Factor Surveillance System home page.

Notes

Data Suppression

Suppression is used to avoid misinterpretation when rates are unstable. Data is suppressed when the total number of persons sampled (for each geographic area

/ population group combination) over the survey period is less than 20. Data are unreliable when the total number of persons sampled over the survey period is less than 50. Confidence intervals are available when exploring the data through the map viewer.

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories in the Behavioral Risk Factor Surveillance System (BRFSS) interview surveys based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Before the raw survey data files are released, self-identified race and ethnicity variables are recoded by National Center for Health Statistics (NCHS) analysts into the following categories: White, Non-Hispanic; Black, Non-Hispanic; Multiple Race, Non-Hispanic; Other Race, Non-Hispanic; and Hispanic or Latino. Due to sample size constraints, race and ethnicity statistics are only reported at the state and national levels.

Breast Cancer Incidence

Data Background

The State Cancer Profiles website provides statistics to help guide and prioritize cancer control activities at the state and local levels. State Cancer Profiles are a collaborative effort of the National Cancer Institute (NCI) and the Centers for Disease Control and Prevention (CDC). The incidence rates tables accessed through the State Cancer Profiles web site provide incidence statistics compiled from state and local cancer registries. Statistics are available for those states with cancer registries whose data have met the criteria required for inclusion in the US Cancer Statistics. Data is provided for use in assessing the burden and risk for a major cancer site for the US overall or for a selected state and its counties.

State-based cancer registries are data systems that collect, manage, and analyze data about cancer cases and cancer deaths. In each state, medical facilities (including hospitals, physicians' offices, therapeutic radiation facilities, freestanding surgical centers, and pathology laboratories) report these data to a central cancer registry. State cancer registries receive funding and program guidance through the CDC's National Program of Cancer Registries and the National Cancer Institute's Surveillance, Epidemiology and End Results (SEER) program.

For more information, please visit the [State Cancer Profiles](#) website.

Methodology

Annual incidence rates are acquired for all US states and counties as an average for years 2005-2009 from the [State Cancer Profiles: Incidence Rates](#) data tables. Incidence rates provided from this source are age adjusted to the 2000 US standard population. In order to perform aggregate (multi-county or service area) estimates with the data provided, adjusted cancer incidence rates are back-calculated using the following formula:

$$\text{SUM}([\text{Age-Adjusted Rate}/100,000] * \text{SUM}[\text{Total Population}]) / \text{SUM}[\text{Total Population}] * 100,000.$$

In compliance with the State Cancer Profiles methodology, population figures are acquired from the U.S. Census Bureau American Community Survey.

The new case counts used to generate the State Cancer Profiles data tables are provided by the National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS), the Centers for Disease Control and Prevention, and by the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program. For more information about the State Cancer Profiles data, including age-adjustment and data suppression, please visit the [SEER*Stat](#) website.

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories by state cancer registries based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. All cancer statistics from the State Cancer Profiles database are reported by race alone (White, Black, Amer. Indian/AK Native, and Asian) ethnicity alone (Hispanic), and for the white Hispanic and white non-Hispanic population.

Data Suppression

Suppression is used to avoid misinterpretation when rates are unstable. Data is suppressed when the number of cases is less than 16 (for each county/cancer/population group combination) over the time period monitored. In addition, because of the impact on Louisiana's population in 2005 due to Hurricanes Katrina/Rita, the cases diagnosed in Louisiana during that period (July - December 2005) are excluded. The count has been suppressed due to data consistency issues.

Cancer Mortality

Data Background

The Division of Vital Statistics is a branch of the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) responsible for maintaining birth and death records for the nation. Data are compiled for the National Vital Statistics System (NVSS) through a joint effort between the NCHS and various state and local health agencies, who are responsible for registering vital events – births, deaths, marriages, divorces, and fetal deaths. NVSS statistics are released annually in various data warehouses, including [CDC WONDER](#), [VitalStats](#), and the [Health Indicator Warehouse](#).

Methodology

County population figures and death statistics are acquired using CDC WONDER from the Underlying Cause of Death database. Conditions were queried for years 2006-2010 based on a selection of codes from the International Classification of Diseases (ICD), Version 10. The ICD-10 is the current global health information standard for mortality and morbidity statistics. The ICD has been maintained by the World Health Organization since its conception in 1948. A searchable, detailed list of current ICD-10 Codes (Version 2010) is available from the [World Health Organization](#).

Mortality rates were acquired from the source age-adjusted to the year 2000 U.S. standard. To recalculate age-adjusted mortality rates for unique service areas and aggregated county groupings, the following formula was used:

$$\text{Mortality Rate} = [\text{SUM}(\text{Total Population}) * ((\text{Age-Adjusted Rate})/100,000)] / [\text{SUM}(\text{Total Population})] * 100,000.$$

The specific codes used for reported mortality indicators are listed below.

- Assault (homicide): U01-U02, X85-Y09, Y87.1
- Cerebrovascular disease (stroke): I60-I69
- Coronary heart disease: I11, I20-I25
- Chronic lower respiratory disease: J40-J47
- Intentional self-harm (suicide): X60-X84, Y870
- Malignant neoplasm (cancer): C00-C97
- Unintentional injury (accident): V01-X59, Y85-Y86

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories by state vital statistics registries based on methods established by the U.S. Office

of Management and Budget (OMB) in 1997. All mortality statistics from the CDC WONDER databases are available by race alone (White, Black, Amer. Indian/AK Native, and Asian) ethnicity alone (Hispanic, Non-Hispanic), or by combined race and ethnicity. Data is reported separately for race alone and for ethnicity alone in order to maintain large enough sample sizes for the inclusion of small counties in the disaggregated data tables.

Data Suppression

Suppression is used to avoid misinterpretation when rates are unstable. Data is suppressed when the total number of cases is less than 10 (for each county/cause of death/population group) over the time period monitored. Rates should be considered unreliable when calculated with a numerator (number of cases) less than 20.

Cervical Cancer Incidence

Data Background

The State Cancer Profiles website provides statistics to help guide and prioritize cancer control activities at the state and local levels. State Cancer Profiles are a collaborative effort of the National Cancer Institute (NCI) and the Centers for Disease Control and Prevention (CDC). The incidence rates tables accessed through the State Cancer Profiles web site provide incidence statistics compiled from state and local cancer registries. Statistics are available for those states with cancer registries whose data have met the criteria required for inclusion in the US Cancer Statistics. Data is provided for use in assessing the burden and risk for a major cancer site for the US overall or for a selected state and its counties.

State-based cancer registries are data systems that collect, manage, and analyze data about cancer cases and cancer deaths. In each state, medical facilities (including hospitals, physicians' offices, therapeutic radiation facilities, freestanding surgical centers, and pathology laboratories) report these data to a central cancer registry. State cancer registries receive funding and program guidance through the CDC's National Program of Cancer Registries and the National Cancer Institute's Surveillance, Epidemiology and End Results (SEER) program.

For more information, please visit the [State Cancer Profiles](#) website.

Methodology

Annual incidence rates are acquired for all US states and counties as an average for years 2005-2009 from the [State Cancer Profiles: Incidence Rates](#) data tables. Incidence rates provided from this source are age adjusted to the 2000 US standard population. In order to perform aggregate (multi-county or service area) estimates with the data provided, adjusted cancer incidence rates are back-calculated using the following formula:

$$\text{SUM}([\text{Age-Adjusted Rate}/100,000] * \text{SUM}[\text{Total Population}]) / \text{SUM}[\text{Total Population}] * 100,000.$$

In compliance with the State Cancer Profiles methodology, population figures are acquired from the U.S. Census Bureau American Community Survey.

The new case counts used to generate the State Cancer Profiles data tables are provided by the National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS), the Centers for Disease Control and Prevention, and by the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program. For more information about the State Cancer Profiles data, including age-adjustment and data suppression, please visit the [SEER*Stat](#) website.

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories by state cancer registries based on methods established by the U.S. Office of

Management and Budget (OMB) in 1997. All cancer statistics from the State Cancer Profiles database are reported by race alone (White, Black, Amer. Indian/AK Native, and Asian) ethnicity alone (Hispanic), and for the white Hispanic and white non-Hispanic population.

Data Suppression

Suppression is used to avoid misinterpretation when rates are unstable. Data is suppressed when the number of cases is less than 16 (for each county/cancer/population group combination) over the time period monitored. In addition, because of the impact on Louisiana's population in 2005 due to Hurricanes Katrina/Rita, the cases diagnosed in Louisiana during that period (July - December 2005) are excluded. The count has been suppressed due to data consistency issues.

Chlamydia Incidence

Data Background

The National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Disease (STD), and Tuberculosis (TB) Prevention (NCHHSTP) is the branch of the Centers for Disease Control and Prevention (CDC) responsible for public health surveillance, prevention research, and programs to prevent and control HIV and AIDS, other STDs, viral hepatitis, and TB. NCHHSTP developed a set of indicators to monitor the prevalence and track its progress toward ending these diseases in each state, and regularly reports its progress. The NCHHSTEP program includes data from new patient case reports from 56 areas (all 50 states, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands).

Methodology

Cases of a given STD refer to confirmed diagnoses during a given time period. For example, the 2010 data on gonorrhea infection would include persons with laboratory-confirmed infection diagnosed between January 1, 2010 and December 31, 2010, and reported to CDC through June 8, 2011. Rates per 100,000 population were calculated for each STD. The population denominators used to compute these rates for the 50 states and the District of Columbia were based on the National Center for Health Statistics (NCHS) bridged-race population counts for the 2000–2010. These estimates are a modification of the U.S. Census Bureau population estimates in which the 31 race categories used by the Census Bureau are bridged into the five race/ethnicity groups that have been historically used to report race data for STD cases. Each rate was calculated by dividing the number of cases for the calendar year by the population for that calendar year and then multiplying the number by 100,000.

For more information, visit the [NCHHSTP Atlas](#) and click on the “About these data and footnotes” link.

Notes

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Colon and Rectum Cancer Incidence

Data Background

The State Cancer Profiles website provides statistics to help guide and prioritize cancer control activities at the state and local levels. State Cancer Profiles are a collaborative effort of the National Cancer Institute (NCI) and the Centers for Disease Control and Prevention (CDC). The incidence rates tables accessed through the State Cancer Profiles web site provide incidence statistics compiled from state and local cancer registries. Statistics are available for those states

with cancer registries whose data have met the criteria required for inclusion in the US Cancer Statistics. Data is provided for use in assessing the burden and risk for a major cancer site for the US overall or for a selected state and its counties.

State-based cancer registries are data systems that collect, manage, and analyze data about cancer cases and cancer deaths. In each state, medical facilities (including hospitals, physicians' offices, therapeutic radiation facilities, freestanding surgical centers, and pathology laboratories) report these data to a central cancer registry. State cancer registries receive funding and program guidance through the CDC's National Program of Cancer Registries and the National Cancer Institute's Surveillance, Epidemiology and End Results (SEER) program.

For more information, please visit the [State Cancer Profiles](#) website.

Methodology

Annual incidence rates are acquired for all US states and counties as an average for years 2005-2009 from the [State Cancer Profiles: Incidence Rates](#) data tables. Incidence rates provided from this source are age adjusted to the 2000 US standard population. In order to perform aggregate (multi-county or service area) estimates with the data provided, adjusted cancer incidence rates are back-calculated using the following formula:

$$\text{SUM}([\text{Age-Adjusted Rate}/100,000] * \text{SUM}[\text{Total Population}]) / \text{SUM}[\text{Total Population}] * 100,000.$$

In compliance with the State Cancer Profiles methodology, population figures are acquired from the U.S. Census Bureau American Community Survey.

The new case counts used to generate the State Cancer Profiles data tables are provided by the National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS), the Centers for Disease Control and Prevention, and by the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program. For more information about the State Cancer Profiles data, including age-adjustment and data suppression, please visit the [SEER*Stat](#) website.

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories by state cancer registries based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. All cancer statistics from the State Cancer Profiles database are reported by race alone (White, Black, Amer. Indian/AK Native, and Asian) ethnicity alone (Hispanic), and for the white Hispanic and white non-Hispanic population.

Data Suppression

Suppression is used to avoid misinterpretation when rates are unstable. Data is suppressed when the number of cases is less than 16 (for each county/cancer/population group combination) over the time period monitored. In addition, because of the impact on Louisiana's population in 2005 due to Hurricanes Katrina/Rita, the cases diagnosed in Louisiana during that period (July - December 2005) are excluded. The count has been suppressed due to data consistency issues.

Diabetes Prevalence

Data Background

The Centers for Disease Control and Prevention's National Center for Chronic Disease Prevention and Health Promotion monitors the health of the Nation and produces publically available data to promote general health. The division maintains the Diabetes Data and Trends data system, which includes the National Diabetes Fact Sheet and the National Diabetes Surveillance System. These programs provide resources documenting the public health burden of diabetes and

its complications in the United States. The surveillance system also includes county-level estimates of diagnosed diabetes and selected risk factors for all U.S. counties to help target and optimize the resources for diabetes control and prevention.

Citation: [Centers for Disease Control and Prevention, Diabetes Data & Trends: Frequently Asked Questions \(FAQ\). \(2012\).](#)

Methodology

Data for total population and estimated obese population data are acquired from the County Level Estimates of Diagnosed Diabetes, a service of the Centers for Disease Control and Prevention's National Diabetes Surveillance Program. Diabetes and other risk factor prevalence is estimated using the following formula:

$$\text{Percent Prevalence} = [\text{Risk Factor Population}] / [\text{Total Population}] * 100.$$

All data are estimates modeled by the CDC using the methods described below:

The National Diabetes Surveillance system produces data estimating the prevalence of diagnosed diabetes and population obesity by county using data from [CDC's Behavioral Risk Factor Surveillance System](#) (BRFSS) and data from the [U.S. Census Bureau's Population Estimates Program](#). The BRFSS is an ongoing, monthly, state-based telephone survey of the adult population. The survey provides state-specific information on behavioral risk factors and preventive health practices. Respondents were considered to have diabetes if they responded "yes" to the question, "Has a doctor ever told you that you have diabetes?" Women who indicated that they only had diabetes during pregnancy were not considered to have diabetes. Respondents were considered obese if their body mass index was 30 or greater. Body mass index (weight [kg]/height [m]²) was derived from self-report of height and weight. Respondents were considered to be physically inactive if they answered "no" to the question, "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"

Three years of data were used to improve the precision of the year-specific county-level estimates of diagnosed diabetes and selected risk factors. For example, 2003, 2004, and 2005 were used for the 2004 estimate and 2004, 2005, and 2006 were used for the 2005 estimate. Estimates were restricted to adults 20 years of age or older to be consistent with population estimates from the U.S. Census Bureau. The U.S. Census Bureau provides year-specific county population estimates by demographic characteristics—age, sex, race, and Hispanic origin. .

The county-level estimates were based on indirect model-dependent estimates. The model-dependent approach employs a statistical model that “borrows strength” in making an estimate for one county from BRFSS data collected in other counties. Bayesian multilevel modeling techniques were used to obtain these estimates. Separate models were developed for each of the four census regions: West, Midwest, Northeast and South. Multilevel Poisson regression models with random effects of demographic variables (age 20–44, 45–64, 65 ; race; sex) at the county-level were developed. State was included as a county-level covariate.

Citation: [Centers for Disease Control and Prevention, Diabetes Data & Trends: Frequently Asked Questions \(FAQ\). \(2012\).](#)

Rates were age adjusted by the CDC for the following three age groups: 20-44, 45-64, 65 . Additional information, including the complete methodology and data definitions, can be found at the CDC's [Diabetes Data and Trends](#) website.

Notes

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Gonorrhea Incidence

Data Background

The National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Disease (STD), and Tuberculosis (TB) Prevention (NCHHSTP) is the branch of the Centers for Disease Control and Prevention (CDC) responsible for public health surveillance, prevention research, and programs to prevent and control HIV and AIDS, other STDs, viral hepatitis, and TB. NCHHSTP developed a set of indicators to monitor the prevalence and track its progress toward ending these diseases in each state, and regularly reports its progress. The NCHHSTEP program includes data from new patient case reports from 56 areas (all 50 states, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands).

Methodology

Cases of a given STD refer to confirmed diagnoses during a given time period. For example, the 2010 data on gonorrhea infection would include persons with laboratory-confirmed infection diagnosed between January 1, 2010 and December 31, 2010, and reported to CDC through June 8, 2011. Rates per 100,000 population were calculated for each STD. The population denominators used to compute these rates for the 50 states and the District of Columbia were based on the National Center for Health Statistics (NCHS) bridged-race population counts for the 2000–2010. These estimates are a modification of the U.S. Census Bureau population estimates in which the 31 race categories used by the Census Bureau are bridged into the five race/ethnicity groups that have been historically used to report race data for STD cases. Each rate was calculated by dividing the number of cases for the calendar year by the population for that calendar year and then multiplying the number by 100,000.

For more information, visit the [NCHHSTP Atlas](#) and click on the “About these data and footnotes” link.

Notes

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Heart Disease Mortality

Data Background

The Division of Vital Statistics is a branch of the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) responsible for maintaining birth and death records for the nation. Data are compiled for the National Vital Statistics System (NVSS) through a joint effort between the NCHS and various state and local health agencies, who are responsible for registering vital events – births, deaths, marriages, divorces, and fetal deaths. NVSS statistics are released annually in various data warehouses, including [CDC WONDER](#), [VitalStats](#), and the [Health Indicator Warehouse](#).

Methodology

County population figures and death statistics are acquired using CDC WONDER from the Underlying Cause of Death database. Conditions were queried for years 2006-2010 based on a selection of codes from the International Classification of Diseases (ICD), Version 10. The ICD-10 is the current global health information standard for mortality and morbidity statistics. The ICD has been maintained by the World Health Organization since its conception in 1948. A searchable, detailed list of current ICD-10 Codes (Version 2010) is available from the [World Health Organization](#).

Mortality rates were acquired from the source age-adjusted to the year 2000 U.S. standard. To recalculate age-adjusted mortality rates for unique service areas and aggregated county groupings, the following formula was used:

$$\text{Mortality Rate} = [\text{SUM}(\text{Total Population}) * ((\text{Age-Adjusted Rate})/100,000)] / [\text{SUM}(\text{Total Population})] * 100,000.$$

The specific codes used for reported mortality indicators are listed below.

- Assault (homicide): U01-U02, X85-Y09, Y87.1
- Cerebrovascular disease (stroke): I60-I69
- Coronary heart disease: I11, I20-I25
- Chronic lower respiratory disease: J40-J47
- Intentional self-harm (suicide): X60-X84, Y870
- Malignant neoplasm (cancer): C00-C97
- Unintentional injury (accident): V01-X59, Y85-Y86

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories by state vital statistics registries based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. All mortality statistics from the CDC WONDER databases are available by race alone (White, Black, Amer. Indian/AK Native, and Asian) ethnicity alone (Hispanic, Non-Hispanic), or by combined race and ethnicity. Data is reported separately for race alone and for ethnicity alone in order to maintain large enough sample sizes for the inclusion of small counties in the disaggregated data tables.

Data Suppression

Suppression is used to avoid misinterpretation when rates are unstable. Data is suppressed when the total number of cases is less than 10 (for each county/cause of death/population group) over the time period monitored. Rates should be considered unreliable when calculated with a numerator (number of cases) less than 20.

Heart Disease Prevalence

Data Background

The Behavioral Risk Factor Surveillance System (BRFSS) is

“... a collaborative project of the Centers for Disease Control and Prevention (CDC) and U.S. states and territories. The BRFSS, administered and supported by CDC's Behavioral Risk Factor Surveillance Branch, is an ongoing data collection program designed to measure behavioral risk factors for the adult population (18 years of age or older) living in households.”

Citation: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. [Overview: BRFSS 2010](#).

The health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publically available and maintained on the CDC's BRFSS [Annual Survey Data](#) web page.

For more information on the BRFSS survey methods, or to obtain a copy of the survey questionnaires, please visit [the Behavioral Risk Factor Surveillance](#)

[System](#) home page.

Methodology

Indicator percentages are acquired from analysis of annual survey data from the Behavioral Risk Factor Surveillance System (BRFSS) for years 2006-2010. Percentages are generated based on valid responses to the following questions:

" Has a doctor, nurse, or other health professional ever told you that you had any of the following:

-Ever told you had a heart attack, also called myocardial infarction?

-Ever told you had angina or coronary heart disease?

- Ever told you had a stroke?"

This indicator represents the percentage of those persons who answered that "yes", they have been diagnosed with angina or coronary heart disease. Data only pertain to the non-institutionalized population aged 18 and up and are weighted to reflect the total county population, including non-respondents, using the methods described in the BRFSS Comparability of Data documentation. Population numerators (estimated number of adults exercising each risk behavior) are not provided in the annual survey data and were generated for the data tables using the following formula:

$$\text{Adults Diagnosed with Heart Disease} = ([\text{Indicator Percentage}] / 100) * [\text{Total Population}] .$$

The population figures used for these estimates are acquired from the American Community Survey (ACS) 2006-2010 five year estimates.

Additional detailed information about the BRFSS, including questionnaires, data collection procedures, and [data processing methodologies](#) are available on the Behavioral Risk Factor Surveillance System home page.

Notes

Data Suppression

Suppression is used to avoid misinterpretation when rates are unstable. Data is suppressed when the total number of persons sampled (for each geographic area / population group combination) over the survey period is less than 20. Data are unreliable when the total number of persons sampled over the survey period is less than 50. Confidence intervals are available when exploring the data through the map viewer.

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories in the Behavioral Risk Factor Surveillance System (BRFSS) interview surveys based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Before the raw survey data files are released, self-identified race and ethnicity variables are recoded by National Center for Health Statistics (NCHS) analysts into the following categories: White, Non-Hispanic; Black, Non-Hispanic; Multiple Race, Non-Hispanic; Other Race, Non-Hispanic; and Hispanic or Latino. Due to sample size constraints, race and ethnicity statistics are only reported at the state and national levels.

HIV Prevalence

Data Background

The National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Disease (STD), and Tuberculosis (TB) Prevention (NCHHSTP) is the branch of the Centers for Disease Control and Prevention (CDC) responsible for public health surveillance, prevention research, and programs to prevent and control HIV and AIDS, other STDs, viral hepatitis, and TB. NCHHSTP developed a set of indicators to monitor the prevalence and track its progress toward ending these diseases in each state, and regularly reports its progress. The NCHHSTEP program includes data from new patient case reports from 56 areas (all 50 states, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands).

Methodology

Cases of a given STD refer to confirmed diagnoses during a given time period. For example, the 2010 data on gonorrhea infection would include persons with laboratory-confirmed infection diagnosed between January 1, 2010 and December 31, 2010, and reported to CDC through June 8, 2011. Rates per 100,000 population were calculated for each STD. The population denominators used to compute these rates for the 50 states and the District of Columbia were based on the National Center for Health Statistics (NCHS) bridged-race population counts for the 2000–2010. These estimates are a modification of the U.S. Census Bureau population estimates in which the 31 race categories used by the Census Bureau are bridged into the five race/ethnicity groups that have been historically used to report race data for STD cases. Each rate was calculated by dividing the number of cases for the calendar year by the population for that calendar year and then multiplying the number by 100,000.

For more information, visit the [NCHHSTP Atlas](#) and click on the “About these data and footnotes” link.

Notes

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Homicide

Data Background

The Division of Vital Statistics is a branch of the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) responsible for maintaining birth and death records for the nation. Data are compiled for the National Vital Statistics System (NVSS) through a joint effort between the NCHS and various state and local health agencies, who are responsible for registering vital events – births, deaths, marriages, divorces, and fetal deaths. NVSS statistics are released annually in various data warehouses, including [CDC WONDER](#), [VitalStats](#), and the [Health Indicator Warehouse](#).

Methodology

County population figures and death statistics are acquired using CDC WONDER from the Underlying Cause of Death database. Conditions were queried for years 2006–2010 based on a selection of codes from the International Classification of Diseases (ICD), Version 10. The ICD-10 is the current global health information standard for mortality and morbidity statistics. The ICD has been maintained by the World Health Organization since its conception in 1948. A searchable, detailed list of current ICD-10 Codes (Version 2010) is available from the [World Health Organization](#).

Mortality rates were acquired from the source age-adjusted to the year 2000 U.S. standard. To recalculate age-adjusted mortality rates for unique service areas and aggregated county groupings, the following formula was used:

$$\text{Mortality Rate} = [\text{SUM}(\text{Total Population}) * ((\text{Age-Adjusted Rate})/100,000)] / [\text{SUM}(\text{Total Population})] * 100,000.$$

The specific codes used for reported mortality indicators are listed below.

- Assault (homicide): U01-U02, X85-Y09, Y87.1
- Cerebrovascular disease (stroke): I60-I69
- Coronary heart disease: I11, I20-I25
- Chronic lower respiratory disease: J40-J47

- Intentional self-harm (suicide): X60-X84, Y870
- Malignant neoplasm (cancer): C00-C97
- Unintentional injury (accident): V01-X59, Y85-Y86

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories by state vital statistics registries based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. All mortality statistics from the CDC WONDER databases are available by race alone (White, Black, Amer. Indian/AK Native, and Asian) ethnicity alone (Hispanic, Non-Hispanic), or by combined race and ethnicity. Data is reported separately for race alone and for ethnicity alone in order to maintain large enough sample sizes for the inclusion of small counties in the disaggregated data tables.

Data Suppression

Suppression is used to avoid misinterpretation when rates are unstable. Data is suppressed when the total number of cases is less than 10 (for each county/cause of death/population group) over the time period monitored. Rates should be considered unreliable when calculated with a numerator (number of cases) less than 20.

Infant Mortality

Data Background

The Division of Vital Statistics is a branch of the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) responsible for maintaining birth and death records for the nation. Data are compiled for the National Vital Statistics System (NVSS) through a joint effort between the NCHS and various state and local health agencies, who are responsible for registering vital events – births, deaths, marriages, divorces, and fetal deaths. NVSS statistics are released annually in various data warehouses, including [CDC WONDER](#), [VitalStats](#), and the [Health Indicator Warehouse](#).

Methodology

Counts for this indicator represent the annual average births and deaths over the 7-year period 2003-2009. Original data was tabulated by the CDC based on information reported on birth and death certificates. Rates represent the number of deaths to infants under age 1 per 1,000 total live births, based on the following formula:

$$\text{Rate} = [\text{Total Deaths Under Age 1}] / [\text{Total Births}] * 1,000$$

Data are not linked (birth and death certificates have not been matched) and thus this indicator does not account for population migration. Mortality data was acquired from the CDC WONDER query system. Birth tabulations were acquired from the Health Indicators Warehouse. For more information, about these sources, including data inclusion requirements and subject definitions, please visit the [Health Indicator Warehouse indicator page](#) or refer to the [CDC WONDER Underlying Cause of Death documentation](#).

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories by state vital statistics registries based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. All mortality statistics from the CDC WONDER databases are available by race alone (White, Black, Amer. Indian/AK Native, and Asian) ethnicity alone (Hispanic, Non-Hispanic), or by combined race and ethnicity. Data is reported separately for race alone and for ethnicity alone in order to maintain large enough sample sizes for the inclusion of small counties in the disaggregated data tables.

Low Birth Weight

Data Background

The Division of Vital Statistics is a branch of the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) responsible for maintaining birth and death records for the nation. Data are compiled for the National Vital Statistics System (NVSS) through a joint effort between the NCHS and various state and local health agencies, who are responsible for registering vital events – births, deaths, marriages, divorces, and fetal deaths. NVSS statistics are released annually in various data warehouses, including [CDC WONDER](#), [VitalStats](#), and the [Health Indicator Warehouse](#).

Methodology

Counts for this indicator represent the annual average births over the 7-year period 2003-2009. Original data was tabulated by the CDC based on information reported on each birth certificate. Rates represent the number of births weighing less than 2,500 grams per 100 live births based on the following formula:

$$\text{Rate} = [\text{Births Weighing} < 2500\text{g}] / [\text{Total Births}] * 100$$

Data was acquired from the Health Indicators Warehouse. For more information about this source, including data inclusion requirements and subject definitions, please visit the [Health Indicator Warehouse indicator page](#) or refer to the NVSS [natality public use file documentation](#).

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories by state vital statistics registries based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. All mortality statistics from the CDC WONDER databases are available by race alone (White, Black, Amer. Indian/AK Native, and Asian) ethnicity alone (Hispanic, Non-Hispanic), or by combined race and ethnicity. Data is reported separately for race alone and for ethnicity alone in order to maintain large enough sample sizes for the inclusion of small counties in the disaggregated data tables.

Lung Cancer Incidence

Data Background

The State Cancer Profiles website provides statistics to help guide and prioritize cancer control activities at the state and local levels. State Cancer Profiles are a collaborative effort of the National Cancer Institute (NCI) and the Centers for Disease Control and Prevention (CDC). The incidence rates tables accessed through the State Cancer Profiles web site provide incidence statistics compiled from state and local cancer registries. Statistics are available for those states with cancer registries whose data have met the criteria required for inclusion in the US Cancer Statistics. Data is provided for use in assessing the burden and risk for a major cancer site for the US overall or for a selected state and its counties.

State-based cancer registries are data systems that collect, manage, and analyze data about cancer cases and cancer deaths. In each state, medical facilities (including hospitals, physicians' offices, therapeutic radiation facilities, freestanding surgical centers, and pathology laboratories) report these data to a central cancer registry. State cancer registries receive funding and program guidance through the CDC's National Program of Cancer Registries and the National Cancer Institute's Surveillance, Epidemiology and End Results (SEER) program.

For more information, please visit the [State Cancer Profiles](#) website.

Methodology

Annual incidence rates are acquired for all US states and counties as an average for years 2005-2009 from the [State Cancer Profiles: Incidence Rates](#) data tables. Incidence rates provided from this source are age adjusted to the 2000 US standard population. In order to perform aggregate (multi-county or service area) estimates with the data provided, adjusted cancer incidence rates are back-calculated using the following formula:

$$\text{SUM}([\text{Age-Adjusted Rate}/100,000] * \text{SUM}[\text{Total Population}]) / \text{SUM}[\text{Total Population}] * 100,000.$$

In compliance with the State Cancer Profiles methodology, population figures are acquired from the U.S. Census Bureau American Community Survey.

The new case counts used to generate the State Cancer Profiles data tables are provided by the National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS), the Centers for Disease Control and Prevention, and by the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program. For more information about the State Cancer Profiles data, including age-adjustment and data suppression, please visit the [SEER*Stat](#) website.

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories by state cancer registries based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. All cancer statistics from the State Cancer Profiles database are reported by race alone (White, Black, Amer. Indian/AK Native, and Asian) ethnicity alone (Hispanic), and for the white Hispanic and white non-Hispanic population.

Data Suppression

Suppression is used to avoid misinterpretation when rates are unstable. Data is suppressed when the number of cases is less than 16 (for each county/cancer/population group combination) over the time period monitored. In addition, because of the impact on Louisiana's population in 2005 due to Hurricanes Katrina/Rita, the cases diagnosed in Louisiana during that period (July - December 2005) are excluded. The count has been suppressed due to data consistency issues.

Lung Disease Mortality

Data Background

The Division of Vital Statistics is a branch of the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) responsible for maintaining birth and death records for the nation. Data are compiled for the National Vital Statistics System (NVSS) through a joint effort between the NCHS and various state and local health agencies, who are responsible for registering vital events – births, deaths, marriages, divorces, and fetal deaths. NVSS statistics are released annually in various data warehouses, including [CDC WONDER](#), [VitalStats](#), and the [Health Indicator Warehouse](#).

Methodology

County population figures and death statistics are acquired using CDC WONDER from the Underlying Cause of Death database. Conditions were queried for years 2006-2010 based on a selection of codes from the International Classification of Diseases (ICD), Version 10. The ICD-10 is the current global health information standard for mortality and morbidity statistics. The ICD has been maintained by the World Health Organization since its conception in 1948. A searchable, detailed list of current ICD-10 Codes (Version 2010) is available from the [World Health Organization](#).

Mortality rates were acquired from the source age-adjusted to the year 2000 U.S. standard. To recalculate age-adjusted mortality rates for unique service areas and aggregated county groupings, the following formula was used:

$$\text{Mortality Rate} = [\text{SUM}(\text{Total Population}) * ((\text{Age-Adjusted Rate})/100,000)] / [\text{SUM}(\text{Total Population})] * 100,000.$$

The specific codes used for reported mortality indicators are listed below.

- Assault (homicide): U01-U02, X85-Y09, Y87.1
- Cerebrovascular disease (stroke): I60-I69
- Coronary heart disease: I11, I20-I25
- Chronic lower respiratory disease: J40-J47
- Intentional self-harm (suicide): X60-X84, Y870
- Malignant neoplasm (cancer): C00-C97
- Unintentional injury (accident): V01-X59, Y85-Y86

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories by state vital statistics registries based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. All mortality statistics from the CDC WONDER databases are available by race alone (White, Black, Amer. Indian/AK Native, and Asian) ethnicity alone (Hispanic, Non-Hispanic), or by combined race and ethnicity. Data is reported separately for race alone and for ethnicity alone in order to maintain large enough sample sizes for the inclusion of small counties in the disaggregated data tables.

Data Suppression

Suppression is used to avoid misinterpretation when rates are unstable. Data is suppressed when the total number of cases is less than 10 (for each county/cause of death/population group) over the time period monitored. Rates should be considered unreliable when calculated with a numerator (number of cases) less than 20.

Motor Vehicle Crash Death

Data Background

The Division of Vital Statistics is a branch of the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) responsible for maintaining birth and death records for the nation. Data are compiled for the National Vital Statistics System (NVSS) through a joint effort between the NCHS and various state and local health agencies, who are responsible for registering vital events – births, deaths, marriages, divorces, and fetal deaths. NVSS statistics are released annually in various data warehouses, including [CDC WONDER](#), [VitalStats](#), and the [Health Indicator Warehouse](#).

Methodology

County population figures and death statistics are acquired using CDC WONDER from the Underlying Cause of Death database. Conditions were queried for years 2006-2010 based on a selection of codes from the International Classification of Diseases (ICD), Version 10. The ICD-10 is the current global health information standard for mortality and morbidity statistics. The ICD has been maintained by the World Health Organization since its conception in 1948. A searchable, detailed list of current ICD-10 Codes (Version 2010) is available from the [World Health Organization](#).

Mortality rates were acquired from the source age-adjusted to the year 2000 U.S. standard. To recalculate age-adjusted mortality rates for unique service areas and aggregated county groupings, the following formula was used:

$$\text{Mortality Rate} = [\text{SUM}(\text{Total Population}) * ((\text{Age-Adjusted Rate})/100,000)] / [\text{SUM}(\text{Total Population})] * 100,000.$$

The specific codes used for reported mortality indicators are listed below.

- Assault (homicide): U01-U02, X85-Y09, Y87.1
- Cerebrovascular disease (stroke): I60-I69
- Coronary heart disease: I11, I20-I25
- Chronic lower respiratory disease: J40-J47
- Intentional self-harm (suicide): X60-X84, Y870
- Malignant neoplasm (cancer): C00-C97
- Unintentional injury (accident): V01-X59, Y85-Y86

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories by state vital statistics registries based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. All mortality statistics from the CDC WONDER databases are available by race alone (White, Black, Amer. Indian/AK Native, and Asian) ethnicity alone (Hispanic, Non-Hispanic), or by combined race and ethnicity. Data is reported separately for race alone and for ethnicity alone in order to maintain large enough sample sizes for the inclusion of small counties in the disaggregated data tables.

Data Suppression

Suppression is used to avoid misinterpretation when rates are unstable. Data is suppressed when the total number of cases is less than 10 (for each county/cause of death/population group) over the time period monitored. Rates should be considered unreliable when calculated with a numerator (number of cases) less than 20.

Obesity (Adult)

Data Background

The Centers for Disease Control and Prevention's National Center for Chronic Disease Prevention and Health Promotion monitors the health of the Nation and produces publically available data to promote general health. The division maintains the Diabetes Data and Trends data system, which includes the National Diabetes Fact Sheet and the National Diabetes Surveillance System. These programs provide resources documenting the public health burden of diabetes and its complications in the United States. The surveillance system also includes county-level estimates of diagnosed diabetes and selected risk factors for all U.S. counties to help target and optimize the resources for diabetes control and prevention.

Citation: [Centers for Disease Control and Prevention, Diabetes Data & Trends: Frequently Asked Questions \(FAQ\). \(2012\).](#)

Methodology

Data for total population and estimated obese population data are acquired from the County Level Estimates of Diagnosed Diabetes, a service of the Centers for Disease Control and Prevention's National Diabetes Surveillance Program. Diabetes and other risk factor prevalence is estimated using the following formula:

$$\text{Percent Prevalence} = [\text{Risk Factor Population}] / [\text{Total Population}] * 100.$$

All data are estimates modeled by the CDC using the methods described below:

The National Diabetes Surveillance system produces data estimating the prevalence of diagnosed diabetes and population obesity by county using data from [CDC's Behavioral Risk Factor Surveillance System](#) (BRFSS) and data from the [U.S. Census Bureau's Population Estimates Program](#). The BRFSS is an ongoing, monthly, state-based telephone survey of the adult population. The survey provides state-specific information on behavioral risk factors and preventive health practices. Respondents were considered to have diabetes if they responded "yes" to the question, "Has a doctor ever told you that you have diabetes?" Women who indicated that they only had diabetes during pregnancy were not considered to have diabetes. Respondents were considered obese if their body mass index was 30 or greater. Body mass index (weight [kg]/height [m]²) was derived from self-report of height and weight. Respondents were considered to be physically inactive if they answered "no" to the question, "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"

Three years of data were used to improve the precision of the year-specific county-level estimates of diagnosed diabetes and selected risk factors. For example, 2003, 2004, and 2005 were used for the 2004 estimate and 2004, 2005, and 2006 were used for the 2005 estimate. Estimates were restricted to adults 20 years of age or older to be consistent with population estimates from the U.S. Census Bureau. The U.S. Census Bureau provides year-specific county population estimates by demographic characteristics—age, sex, race, and Hispanic origin. .

The county-level estimates were based on indirect model-dependent estimates. The model-dependent approach employs a statistical model that “borrows strength” in making an estimate for one county from BRFSS data collected in other counties. Bayesian multilevel modeling techniques were used to obtain these estimates. Separate models were developed for each of the four census regions: West, Midwest, Northeast and South. Multilevel Poisson regression models with random effects of demographic variables (age 20–44, 45–64, 65 ; race; sex) at the county-level were developed. State was included as a county-level covariate.

Citation: [Centers for Disease Control and Prevention, Diabetes Data & Trends: Frequently Asked Questions \(FAQ\). \(2012\).](#)

Rates were age adjusted by the CDC for the following three age groups: 20-44, 45-64, 65 . Additional information, including the complete methodology and data definitions, can be found at the CDC's [Diabetes Data and Trends](#) website.

Notes

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Overweight (Adult)

Data Background

The Behavioral Risk Factor Surveillance System (BRFSS) is

“... a collaborative project of the Centers for Disease Control and Prevention (CDC) and U.S. states and territories. The BRFSS, administered and supported by CDC's Behavioral Risk Factor Surveillance Branch, is an ongoing data collection program designed to measure behavioral risk factors for the adult population (18 years of age or older) living in households. ”

Citation: [Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. Overview: BRFSS 2010.](#)

The health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publically available and

maintained on the CDC's BRFSS [Annual Survey Data](#) web page.

For more information on the BRFSS survey methods, or to obtain a copy of the survey questionnaires, please visit [the Behavioral Risk Factor Surveillance System](#) home page.

Methodology

Indicator percentages are acquired from analysis of annual survey data from the Behavioral Risk Factor Surveillance System (BRFSS) for years 2006-2010. Percentages are generated based on valid responses to the following questions:

"About how much do you weigh without shoes?" and "About how tall are you without shoes?"

These responses were combined to determine a respondent's Body Mass Index (BMI). BMI is calculated as weight in kilograms divided by height in meters squared. Persons with a BMI from 25.0-29.9 are considered overweight.

Data only pertain to the non-institutionalized population aged 18 and up and are weighted to reflect the total county population, including non-respondents, using the methods described in the BRFSS Comparability of Data documentation. Population numerators (estimated number of adults exercising each risk behavior) are not provided in the annual survey data and were generated for the data tables using the following formula:

$$\text{Adults Overweight} = ([\text{Indicator Percentage}] / 100) * [\text{Total Population}] .$$

The population figures used for these estimates are acquired from the American Community Survey (ACS) 2006-2010 five year estimates.

Additional detailed information about the BRFSS, including questionnaires, data collection procedures, and [data processing methodologies](#) are available on the Behavioral Risk Factor Surveillance System home page.

Notes

Data Suppression

Suppression is used to avoid misinterpretation when rates are unstable. Data is suppressed when the total number of persons sampled (for each geographic area / population group combination) over the survey period is less than 20. Data are unreliable when the total number of persons sampled over the survey period is less than 50. Confidence intervals are available when exploring the data through the map viewer.

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories in the Behavioral Risk Factor Surveillance System (BRFSS) interview surveys based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Before the raw survey data files are released, self-identified race and ethnicity variables are recoded by National Center for Health Statistics (NCHS) analysts into the following categories: White, Non-Hispanic; Black, Non-Hispanic; Multiple Race, Non-Hispanic; Other Race, Non-Hispanic; and Hispanic or Latino. Due to sample size constraints, race and ethnicity statistics are only reported at the state and national levels.

Pedestrian Motor Vehicle Death

Data Background

The National Highway Traffic Safety Administration (NHTSA) is a branch of the Department of Transportation and is dedicated to achieving the highest standards of excellence in motor vehicle and highway safety. The NHTSA is responsible for enforcing Federal Motor Vehicle Safety Standards as well as regulations for motor vehicle theft resistance and fuel economy. With the help of various reporting systems, the NHTSA provides annual reports and data

releases on transportation related fatalities, crash statistics, driver registration, and other information.

Methodology

Crash-related data was acquired using the Fatality Analysis Reporting System (FARS) web-based query tool. Fatalities for non-vehicle occupants (pedestrians) were aggregated by county for years 2008-2010 to obtain a total fatality count. Pedestrian death figures do not include fatalities to bicyclists or persons on personal conveyances (scooters, skateboards). Three years of data were averaged to produce an annual fatality figure for each county ($[\text{Total Deaths}] / 3$). Population data was acquired from the U.S. Census Bureau's 2010 decennial census. Motor-vehicle mortality rates are reported as the average annual fatalities per 100,000 population using the following formula:

$$\text{Mortality Rate} = [\text{Average Annual Deaths}] / [\text{Total Population}] * 100,000.$$

Original motor vehicle crash data may be accessed using the [FARS query tool](#).

Poor Dental Health

Data Background

The Behavioral Risk Factor Surveillance System (BRFSS) is

“... a collaborative project of the Centers for Disease Control and Prevention (CDC) and U.S. states and territories. The BRFSS, administered and supported by CDC's Behavioral Risk Factor Surveillance Branch, is an ongoing data collection program designed to measure behavioral risk factors for the adult population (18 years of age or older) living in households.”

Citation: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. [Overview: BRFSS 2010](#).

The health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publically available and maintained on the CDC's BRFSS [Annual Survey Data](#) web page.

For more information on the BRFSS survey methods, or to obtain a copy of the survey questionnaires, please visit [the Behavioral Risk Factor Surveillance System](#) home page.

Methodology

Indicator percentages are acquired from analysis of annual survey data from the Behavioral Risk Factor Surveillance System (BRFSS) for years 2006-2010. Percentages are generated based on valid responses to the following questions:

> “How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics. (If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth).”

This indicator represents the percentage of respondents who indicated that they had 6 or more, including all of their permanent teeth extracted. Data only pertain to the non-institutionalized population aged 18 and up and are weighted to reflect the total county population, including non-respondents, using the methods described in the BRFSS Comparability of Data documentation. Population numerators (estimated number of adults exercising each risk behavior) are not provided in the annual survey data and were generated for the data tables using the following formula:

$$\text{Adults Poor Dental Health} = ([\text{Indicator Percentage}] / 100) * [\text{Total Population}] .$$

The population figures used for these estimates are acquired from the American Community Survey (ACS) 2006-2010 five year estimates.

Additional detailed information about the BRFSS, including questionnaires, data collection procedures, and [data processing methodologies](#) are available on the BRFSS web site.

Notes

Data Suppression

Suppression is used to avoid misinterpretation when rates are unstable. Data is suppressed when the total number of persons sampled (for each geographic area / population group combination) over the survey period is less than 20. Data are unreliable when the total number of persons sampled over the survey period is less than 50. Confidence intervals are available when exploring the data through the map viewer.

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories in the Behavioral Risk Factor Surveillance System (BRFSS) interview surveys based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Before the raw survey data files are released, self-identified race and ethnicity variables are recoded by National Center for Health Statistics (NCHS) analysts into the following categories: White, Non-Hispanic; Black, Non-Hispanic; Multiple Race, Non-Hispanic; Other Race, Non-Hispanic; and Hispanic or Latino. Due to sample size constraints, race and ethnicity statistics are only reported at the state and national levels.

Poor General Health

Data Background

The Behavioral Risk Factor Surveillance System (BRFSS) is

“... a collaborative project of the Centers for Disease Control and Prevention (CDC) and U.S. states and territories. The BRFSS, administered and supported by CDC's Behavioral Risk Factor Surveillance Branch, is an ongoing data collection program designed to measure behavioral risk factors for the adult population (18 years of age or older) living in households.”

Citation: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. [Overview: BRFSS 2010](#).

The health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS survey data are analyzed by the CDC's National Center for Health Statistics (NCHS). Annual risk factor prevalence data are released for those geographic areas with 50 or more survey results and 10,000 or more total population (50 States, 170 Cities and Counties) in order to maintain the accuracy and confidentiality of the data. Multi-year estimates are produced by the NCHS to expand the coverage of data to approximately 2500 counties. These estimates are maintained in the [Health Indicator Warehouse](#), the official repository of the nation's health data.

For more information on the BRFSS survey methods, or to obtain a copy of the survey questionnaires, please visit [the Behavioral Risk Factor Surveillance System](#) home page.

Methodology

Indicator percentages are acquired for years 2005-2011 from Behavioral Risk Factor Surveillance System (BRFSS) prevalence data, which is housed in the Health Indicator Warehouse. Percentages are generated based on the valid responses to the following questions:

"Would you say that in general your health is - Excellent, Very Good, Good, Fair, or Poor?"

Respondents that indicated they had poor overall health are included in the count. Percentages are age-adjusted and only pertain to the non-institutionalized population over age 18. Population numerators (number of adults) are not provided in the Health Indicator Warehouse data tables and were generated using the following formula:

$$[\text{Persons with Poor Health}] = ([\text{Indicator Percentage}] / 100) * [\text{Total Population}] .$$

Adult population figures used in the data tables are acquired from the American Community Survey (ACS) 2006-2010 five year estimates. Additional detailed information about the BRFSS, including questionnaires, data collection procedures, and [data processing methodologies](#) are available on the BRFSS web site. For additional information about the multi-year estimates, please visit the [Health Indicator Warehouse](#).

Notes

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Data Suppression

Suppression is used to avoid misinterpretation when rates are unstable. Data is suppressed when the total number of persons sampled (for each geographic area / population group combination) over the survey period is less than 50, or when the standard error of the estimate exceeds 10% of the calculated value.

Population with Any Disability

Data Background

The American Community Survey (ACS) is a nationwide, continuous survey designed to provide communities with reliable and timely demographic, housing, social, and economic data. The ACS samples nearly 3 million addresses each year, resulting in nearly 2 million final interviews. The ACS replaces the long-form decennial census; however, the number of household surveys reported annually for the ACS is significantly less than the number reported in the long-form decennial census. As a result, the ACS combines detailed population and housing data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. Negotiating between timeliness and accuracy, the ACS annually releases current, one-year estimates for geographic areas with large populations; three-year, and five-year estimates are also released each year for additional areas based on minimum population thresholds.

Citation: [U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data \(2008\)](#).

For more information about this source, including data collection methodology and definitions, refer to the [American Community Survey](#) website.

Methodology

Counts for population subgroups and total area population data are acquired from the U.S. Census Bureau's American Community Survey (ACS). Data represent estimates for the 5 year period 2006-2010. Data are summarized to 2010 census tract boundaries. Disability status is classified in the ACS according

to yes/no responses to questions (17 - 19) about specific physical (hearing, vision, ambulatory) and cognitive statuses, and any other status which, if present, would make living in the absence of accommodations difficult or impossible. Indicator statistics are measured as a percentage of the total non-institutionalized population using the following formula:

$$\text{Percentage} = [\text{Subgroup Population}] / [\text{Total Population}] * 100$$

For more information on the data reported in the American Community Survey, please see the complete [American Community Survey 2010 Subject Definitions](#).

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories in the American Community Survey (ACS) based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Indicator race and ethnicity statistics are generated from self-identified survey responses. Using the OMB standard, the available race categories in the ACS are: White, Black, American Indian/Alaskan Native, Asian, and Other. An ACS survey respondent may identify as one race alone, or may choose multiple races. Respondents selecting multiple categories are racially identified as “Two or More Races”. The minimum ethnicity categories are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. All social and economic data are reported in the ACS public use files by race alone, ethnicity alone, and for the white non-Hispanic population.

Data Limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations have age and sex distributions that are very different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on demographic distribution. This is particularly true for areas with a substantial GQ population (like areas with military bases, colleges, or jails).

Premature Death

Data Background

The County Health Rankings (CHR) is a data service of the [University of Wisconsin Population Health Institute](#) which measures the health of nearly all counties in the nation and ranks them within states. CHR has been published for the nation's counties annually since 2010, expanding on similar work specific to Wisconsin since 2003. Rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights. County Health Rankings is a free public service, providing their wealth of their rankings and source data to the public for download.

For more information and to explore the original data, please visit the [County Health Rankings](#) website.

Methodology

Years of potential life lost (YPLL) data was acquired from the University of Wisconsin's County Health Rankings (CHR). Potential life lost is defined by CHR as a death occurring before the age of 75. CHR uses 2008 - 2010 three year averages from the [National Vital Statistic System](#) (NVSS) as the basis for their calculation. NVSS data is compiled from state death records and maintained by the Centers for Disease Control and Prevention. Age-stratified NVSS data is used to calculate the total years of potential life lost to all persons under age 75, by county, using the following formula:

$$\text{YPLL} = [75 * (\text{Number of Deaths Under Age 75})] - [\text{SUM} (\text{Age at Death})]$$

To further illustrate, a person dying at age 50 would contribute 25 years of life lost to the YPLL index. YPLL is age-adjusted to the 2000 U.S. population to

allow comparison between counties and is reported as a rate per 100,000 people. For more information, please review the County Health Rankings [Premature Death](#) indicator information.

Notes

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Prostate Cancer Incidence

Data Background

The State Cancer Profiles website provides statistics to help guide and prioritize cancer control activities at the state and local levels. State Cancer Profiles are a collaborative effort of the National Cancer Institute (NCI) and the Centers for Disease Control and Prevention (CDC). The incidence rates tables accessed through the State Cancer Profiles web site provide incidence statistics compiled from state and local cancer registries. Statistics are available for those states with cancer registries whose data have met the criteria required for inclusion in the US Cancer Statistics. Data is provided for use in assessing the burden and risk for a major cancer site for the US overall or for a selected state and its counties.

State-based cancer registries are data systems that collect, manage, and analyze data about cancer cases and cancer deaths. In each state, medical facilities (including hospitals, physicians' offices, therapeutic radiation facilities, freestanding surgical centers, and pathology laboratories) report these data to a central cancer registry. State cancer registries receive funding and program guidance through the CDC's National Program of Cancer Registries and the National Cancer Institute's Surveillance, Epidemiology and End Results (SEER) program.

For more information, please visit the [State Cancer Profiles](#) website.

Methodology

Annual incidence rates are acquired for all US states and counties as an average for years 2005-2009 from the [State Cancer Profiles: Incidence Rates](#) data tables. Incidence rates provided from this source are age adjusted to the 2000 US standard population. In order to perform aggregate (multi-county or service area) estimates with the data provided, adjusted cancer incidence rates are back-calculated using the following formula:

$$\text{SUM}([\text{Age-Adjusted Rate}/100,000] * \text{SUM}[\text{Total Population}]) / \text{SUM}[\text{Total Population}] * 100,000.$$

In compliance with the State Cancer Profiles methodology, population figures are acquired from the U.S. Census Bureau American Community Survey.

The new case counts used to generate the State Cancer Profiles data tables are provided by the National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS), the Centers for Disease Control and Prevention, and by the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program. For more information about the State Cancer Profiles data, including age-adjustment and data suppression, please visit the [SEER*Stat](#) website.

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories by state cancer registries based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. All cancer statistics from the State Cancer Profiles database are reported by race alone (White, Black, Amer.

Indian/AK Native, and Asian) ethnicity alone (Hispanic), and for the white Hispanic and white non-Hispanic population.

Data Suppression

Suppression is used to avoid misinterpretation when rates are unstable. Data is suppressed when the number of cases is less than 16 (for each county/cancer/population group combination) over the time period monitored. In addition, because of the impact on Louisiana's population in 2005 due to Hurricanes Katrina/Rita, the cases diagnosed in Louisiana during that period (July - December 2005) are excluded. The count has been suppressed due to data consistency issues.

Stroke Mortality

Data Background

The Division of Vital Statistics is a branch of the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) responsible for maintaining birth and death records for the nation. Data are compiled for the National Vital Statistics System (NVSS) through a joint effort between the NCHS and various state and local health agencies, who are responsible for registering vital events – births, deaths, marriages, divorces, and fetal deaths. NVSS statistics are released annually in various data warehouses, including [CDC WONDER](#), [VitalStats](#), and the [Health Indicator Warehouse](#).

Methodology

County population figures and death statistics are acquired using CDC WONDER from the Underlying Cause of Death database. Conditions were queried for years 2006-2010 based on a selection of codes from the International Classification of Diseases (ICD), Version 10. The ICD-10 is the current global health information standard for mortality and morbidity statistics. The ICD has been maintained by the World Health Organization since its conception in 1948. A searchable, detailed list of current ICD-10 Codes (Version 2010) is available from the [World Health Organization](#).

Mortality rates were acquired from the source age-adjusted to the year 2000 U.S. standard. To recalculate age-adjusted mortality rates for unique service areas and aggregated county groupings, the following formula was used:

$$\text{Mortality Rate} = [\text{SUM}(\text{Total Population}) * ((\text{Age-Adjusted Rate})/100,000)] / [\text{SUM}(\text{Total Population})] * 100,000.$$

The specific codes used for reported mortality indicators are listed below.

- Assault (homicide): U01-U02, X85-Y09, Y87.1
- Cerebrovascular disease (stroke): I60-I69
- Coronary heart disease: I11, I20-I25
- Chronic lower respiratory disease: J40-J47
- Intentional self-harm (suicide): X60-X84, Y870
- Malignant neoplasm (cancer): C00-C97
- Unintentional injury (accident): V01-X59, Y85-Y86

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories by state vital statistics registries based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. All mortality statistics from the CDC WONDER databases are available by race alone (White, Black, Amer. Indian/AK Native, and Asian) ethnicity alone (Hispanic, Non-Hispanic), or by combined race and ethnicity. Data is reported separately for race alone and for

ethnicity alone in order to maintain large enough sample sizes for the inclusion of small counties in the disaggregated data tables.

Data Suppression

Suppression is used to avoid misinterpretation when rates are unstable. Data is suppressed when the total number of cases is less than 10 (for each county/cause of death/population group) over the time period monitored. Rates should be considered unreliable when calculated with a numerator (number of cases) less than 20.

Suicide

Data Background

The Division of Vital Statistics is a branch of the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) responsible for maintaining birth and death records for the nation. Data are compiled for the National Vital Statistics System (NVSS) through a joint effort between the NCHS and various state and local health agencies, who are responsible for registering vital events – births, deaths, marriages, divorces, and fetal deaths. NVSS statistics are released annually in various data warehouses, including [CDC WONDER](#), [VitalStats](#), and the [Health Indicator Warehouse](#).

Methodology

County population figures and death statistics are acquired using CDC WONDER from the Underlying Cause of Death database. Conditions were queried for years 2006-2010 based on a selection of codes from the International Classification of Diseases (ICD), Version 10. The ICD-10 is the current global health information standard for mortality and morbidity statistics. The ICD has been maintained by the World Health Organization since its conception in 1948. A searchable, detailed list of current ICD-10 Codes (Version 2010) is available from the [World Health Organization](#).

Mortality rates were acquired from the source age-adjusted to the year 2000 U.S. standard. To recalculate age-adjusted mortality rates for unique service areas and aggregated county groupings, the following formula was used:

$$\text{Mortality Rate} = [\text{SUM}(\text{Total Population}) * ((\text{Age-Adjusted Rate})/100,000)] / [\text{SUM}(\text{Total Population})] * 100,000.$$

The specific codes used for reported mortality indicators are listed below.

- Assault (homicide): U01-U02, X85-Y09, Y87.1
- Cerebrovascular disease (stroke): I60-I69
- Coronary heart disease: I11, I20-I25
- Chronic lower respiratory disease: J40-J47
- Intentional self-harm (suicide): X60-X84, Y870
- Malignant neoplasm (cancer): C00-C97
- Unintentional injury (accident): V01-X59, Y85-Y86

Notes

Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories by state vital statistics registries based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. All mortality statistics from the CDC WONDER databases are available by race alone (White, Black, Amer. Indian/AK Native, and Asian) ethnicity alone (Hispanic, Non-Hispanic), or by combined race and ethnicity. Data is reported separately for race alone and for ethnicity alone in order to maintain large enough sample sizes for the inclusion of small counties in the disaggregated data tables.

Data Suppression

Suppression is used to avoid misinterpretation when rates are unstable. Data is suppressed when the total number of cases is less than 10 (for each county/cause of death/population group) over the time period monitored. Rates should be considered unreliable when calculated with a numerator (number of cases) less than 20.

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