



# COMMUNITY HEALTH NEEDS ASSESSMENT

Advancing Community Health and Well Being

## Full Health Indicators Report

### DEMOGRAPHICS

<b>Report Area:</b> Kingfisher County, OK				
<b>Demographics</b>	// Social & Economic Factors	// Physical Environment	// Clinical Care	// Health Behaviors // Health Outcomes
<ul style="list-style-type: none"> <li>■ Total Population</li> <li>■ Change in Total Population</li> <li>■ Male Population</li> <li>■ Female Population</li> <li>■ Family Households with Children</li> <li>■ Population Under Age 18</li> <li>■ Population Age 0-4</li> <li>■ Population Age 5-17</li> </ul>	<ul style="list-style-type: none"> <li>■ Population Age 18-64</li> <li>■ Population Age 18-24</li> <li>■ Population Age 25-34</li> <li>■ Population Age 35-44</li> <li>■ Population Age 45-54</li> <li>■ Population Age 55-64</li> <li>■ Population Age 65</li> <li>■ Median Age</li> </ul>	<ul style="list-style-type: none"> <li>■ Linguistically Isolated Population</li> <li>■ Population with Limited English Proficiency</li> <li>■ Population Geographic Mobility</li> <li>■ Foreign-Born Population</li> <li>■ Hispanic Population</li> <li>■ Urban and Rural Population</li> </ul>		

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.

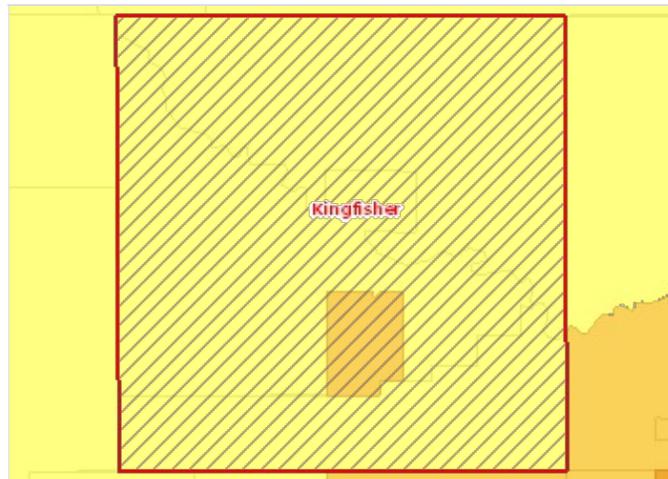
### Total Population

A total of 14,965 people live in the 897.92 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2008-12 5-year estimates. The population density for this area, estimated at 16.67 persons per square mile, is less than the national average population density of 87.89 persons per square mile.

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Kingfisher County, OK	14,965	897.92	16.67

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Oklahoma	3,749,005	68,576.80	54.67
United States	309,138,709	3,530,997.60	87.55

Data Source: US Census Bureau, [American Community Survey](#): 2008-12. Source geography: Tract.

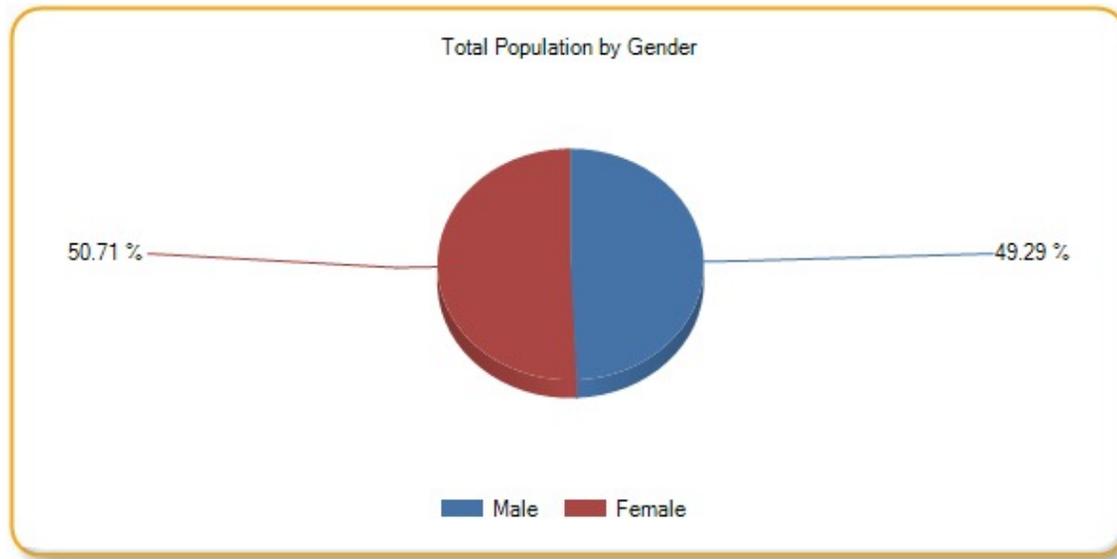


**Population, Density (Persons per Sq Mile) by Tract, ACS 2008-12**

- Over 5,000
- 1,001 - 5,000
- 501 - 1,000
- 51 - 500
- Under 51
- No Data or Data Suppressed
- Report Area

### Total Population by Gender

Report Area	Male	Female	Percent Male	Percent Female
Kingfisher County, OK	7,376	7,589	49.29%	50.71%
Oklahoma	1,855,637	1,893,368	49.50%	50.50%
United States	152,018,800	157,119,904	49.17%	50.83%

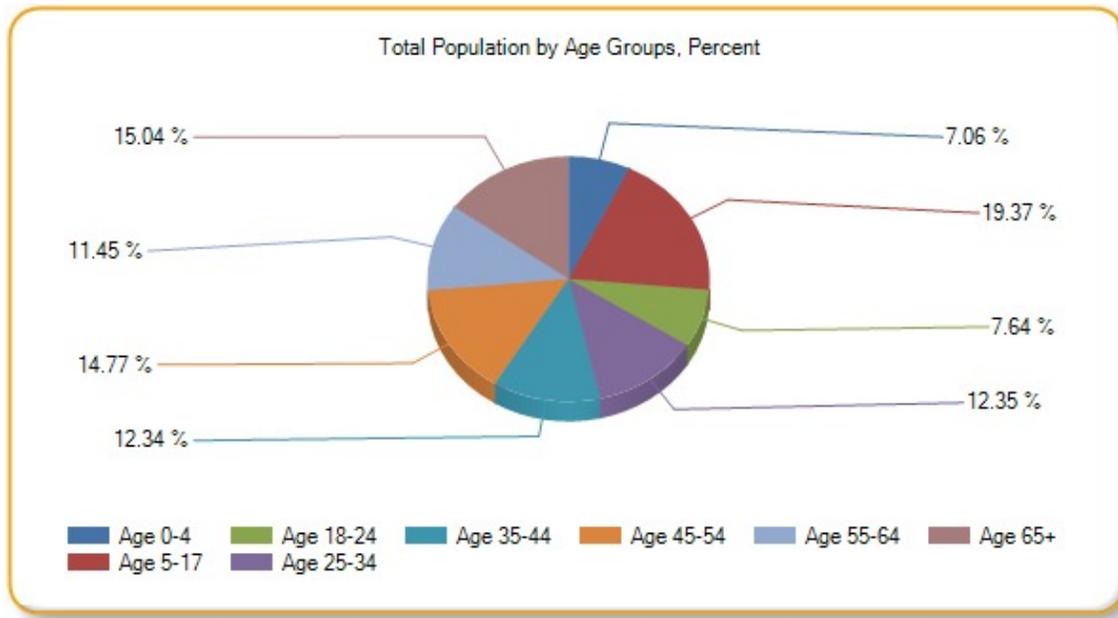


#### Total Population by Age Groups, Total

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65
Kingfisher County, OK	1,056	2,898	1,143	1,848	1,846	2,210	1,714	2,250
Oklahoma	261,232	665,520	383,932	503,582	463,734	519,577	441,608	509,820
United States	20,137,884	53,841,976	30,822,834	41,184,288	41,227,504	44,646,976	36,605,800	40,671,440

#### Total Population by Age Groups, Percent

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65
Kingfisher County, OK	7.06%	19.37%	7.64%	12.35%	12.34%	14.77%	11.45%	15.04%
Oklahoma	6.97%	17.75%	10.24%	13.43%	12.37%	13.86%	11.78%	13.60%
United States	6.51%	17.42%	9.97%	13.32%	13.34%	14.44%	11.84%	13.16%

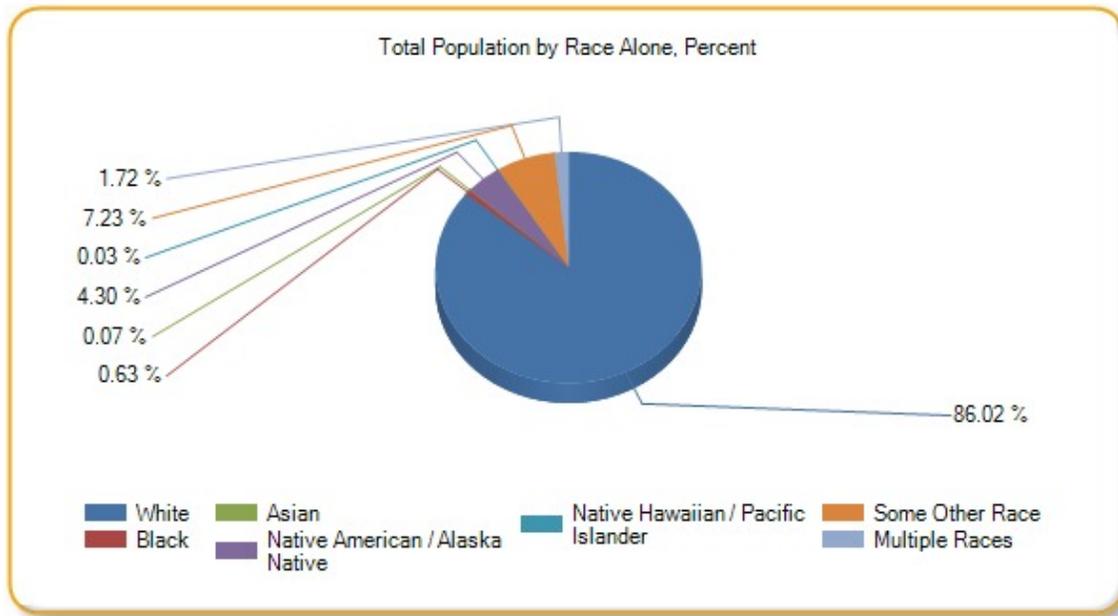


**Total Population by Race Alone, Total**

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Kingfisher County, OK	12,871	94	11	644	5	1,082	258
Oklahoma	2,766,297	270,993	65,643	261,060	4,271	93,100	287,641
United States	229,298,912	38,825,848	14,859,795	2,529,100	514,402	14,814,369	8,296,291

**Total Population by Race Alone, Percent**

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Kingfisher County, OK	86.01%	0.63%	0.07%	4.30%	0.03%	7.23%	1.72%
Oklahoma	73.79%	7.23%	1.75%	6.96%	0.11%	2.48%	7.67%
United States	74.17%	12.56%	4.81%	0.82%	0.17%	4.79%	2.68%

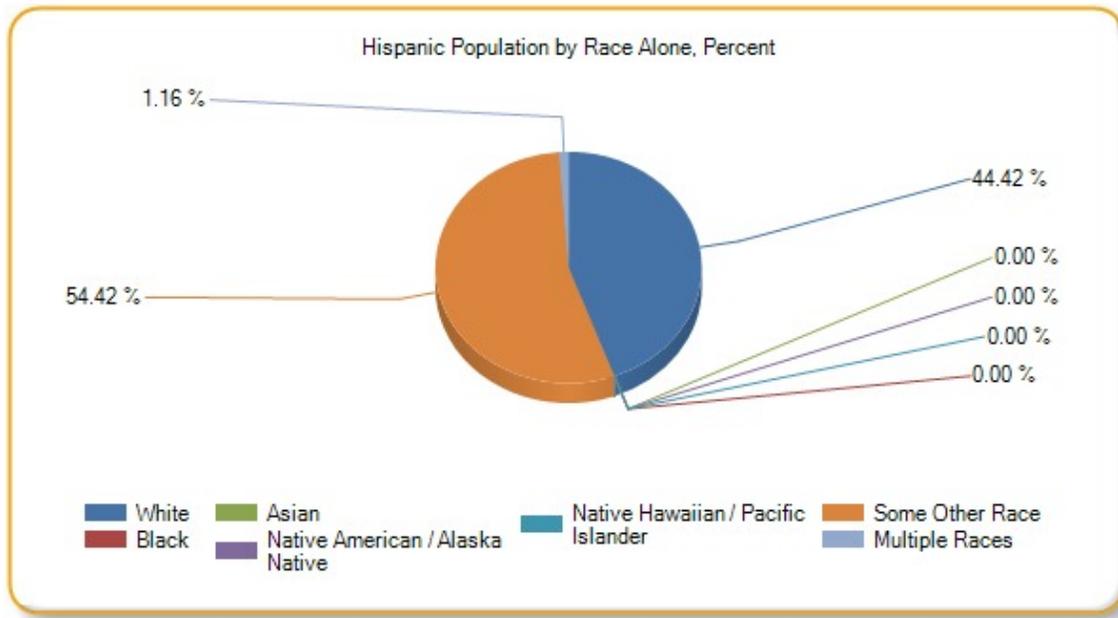


**Hispanic Population by Race Alone, Total**

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Kingfisher County, OK	883	0	0	0	0	1,082	23
Oklahoma	192,487	3,819	1,345	10,400	93	90,111	32,802
United States	32,394,938	1,039,257	167,001	478,334	34,339	14,198,178	2,233,228

**Hispanic Population by Race Alone, Percent**

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Kingfisher County, OK	44.42%	0%	0%	0%	0%	54.43%	1.16%
Oklahoma	58.14%	1.15%	0.41%	3.14%	0.03%	27.22%	9.91%
United States	64.09%	2.06%	0.33%	0.95%	0.07%	28.09%	4.42%

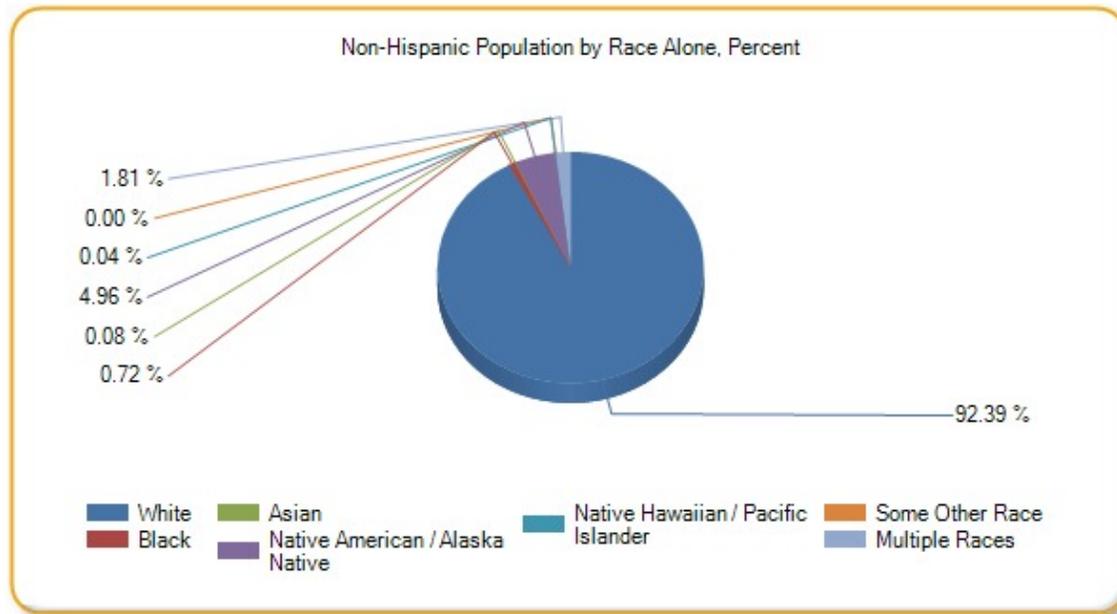


**Non-Hispanic Population by Race Alone, Total**

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Kingfisher County, OK	11,988	94	11	644	5	0	235
Oklahoma	2,573,810	267,174	64,298	250,660	4,178	2,989	254,839
United States	196,903,968	37,786,592	14,692,794	2,050,766	480,063	616,191	6,063,063

**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
Kingfisher County, OK	92.38%	0.72%	0.08%	4.96%	0.04%	0%	1.81%
Oklahoma	75.30%	7.82%	1.88%	7.33%	0.12%	0.09%	7.46%
United States	76.14%	14.61%	5.68%	0.79%	0.19%	0.24%	2.34%

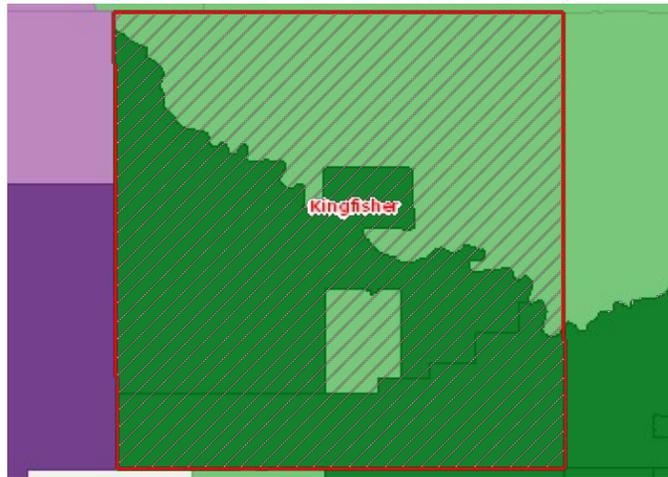


## Change in Total Population

According to the U.S. Census Bureau Decennial Census, between 2000 and 2010 the population in the report area grew by 1108 persons, a change of 7.96%. A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Report Area	Total Population, 2000 Census	Total Population, 2010 Census	Total Population Change, 2000-2010	Percent Population Change, 2000-2010
Kingfisher County, OK	13,926	15,034	1,108	7.96%
Oklahoma	3,450,647	3,751,351	300,704	8.71%
United States	280,421,907	307,745,539	27,323,632	9.74%

Data Source: US Census Bureau, [Decennial Census](#): 2000 - 2010. Source geography: Tract.

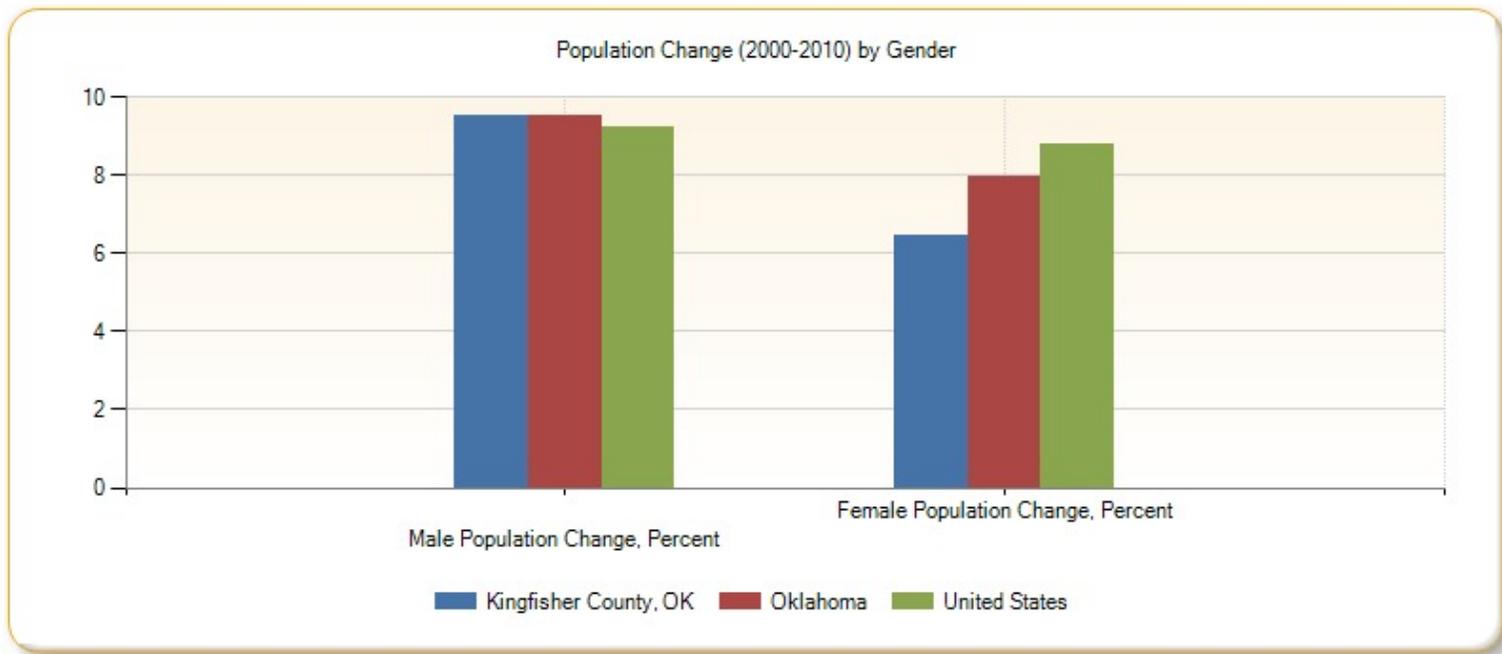


### Population Change, Percent by Tract, US Census 2000 - 2010

- Over 10.0% Increase ( )
- 1.0 - 10.0% Increase ( )
- Less Than 1.0% Change ( /- )
- 1.0 - 10.0% Decrease ( - )
- Over 10.0% Decrease ( - )
- No Population or No Data
- Report Area

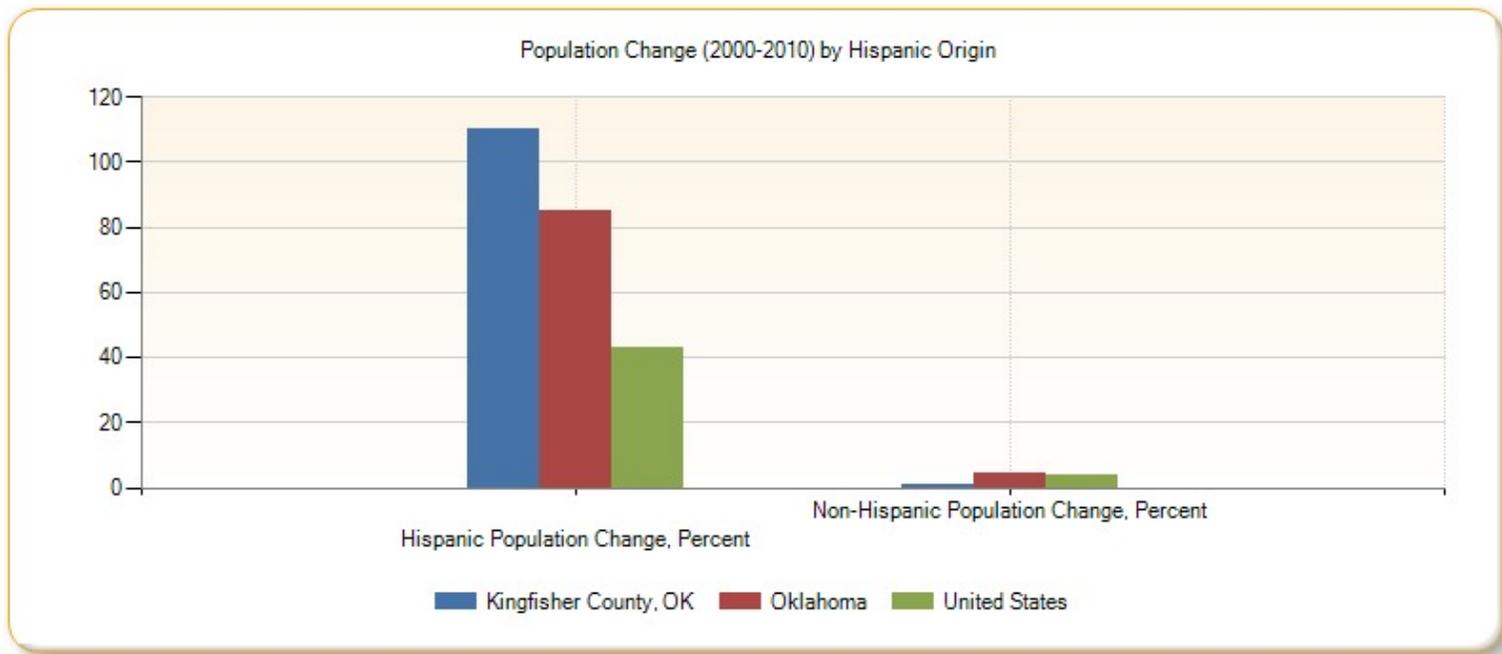
### Population Change (2000-2010) by Gender

Report Area	Male Population Change, Total	Male Population Change, Percent	Female Population Change, Total	Female Population Change, Percent
Kingfisher County, OK	646	9.52%	462	6.47%
Oklahoma	161,087	9.50%	139,617	7.96%
United States	12,757,602	9.24%	12,613,855	8.80%



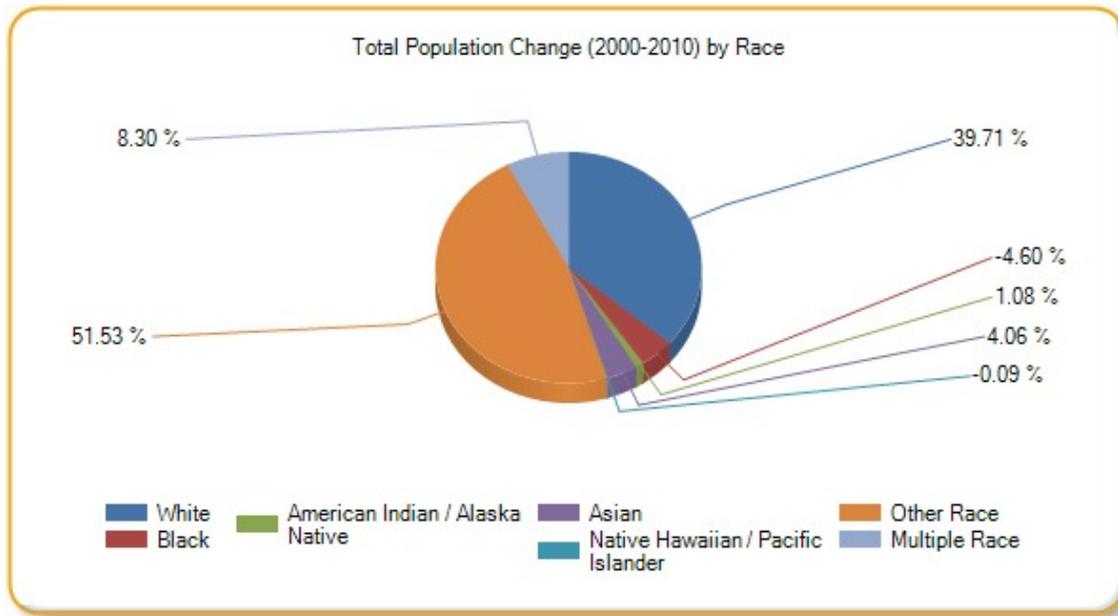
**Population Change (2000-2010) by Hispanic Origin**

Report Area	Hispanic Population Change, Total	Hispanic Population Change, Percent	Non-Hispanic Population Change, Total	Non-Hispanic Population Change, Percent
Kingfisher County, OK	1,061	110.41%	47	0.36%
Oklahoma	152,703	85.16%	148,001	4.52%
United States	15,098,149	42.70%	10,153,011	4.09%



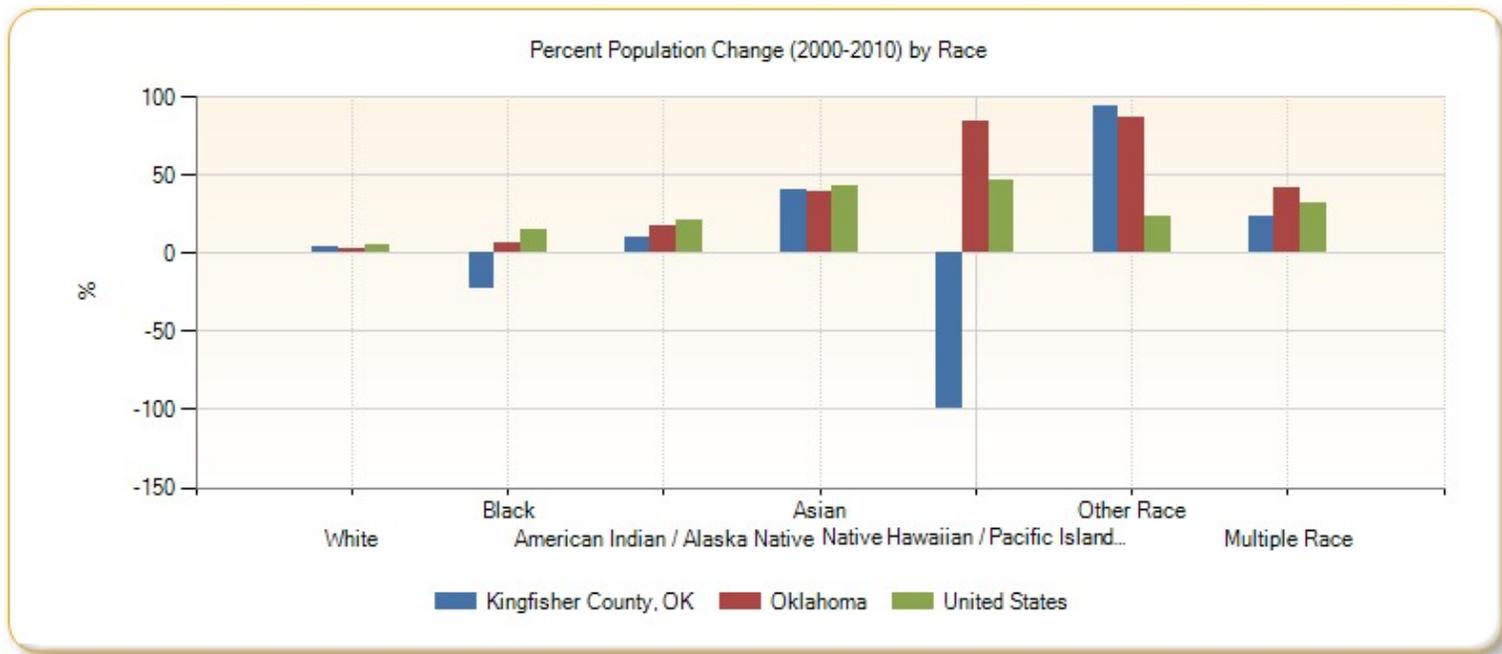
**Total Population Change (2000-2010) by Race**

Report Area	White	Black	American Indian / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Other Race	Multiple Race
Kingfisher County, OK	440	-51	12	45	-1	571	92
Oklahoma	78,418	16,676	48,457	18,309	1,997	71,511	65,336
United States	10,372,322	5,142,739	504,122	4,401,714	140,925	3,682,144	2,167,760



**Percent Population Change (2000-2010) by Race**

Report Area	White	Black	American Indian / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Other Race	Multiple Race
Kingfisher County, OK	3.59%	-23.08%	10.71%	40%	-100%	94.38%	24.08%
Oklahoma	2.98%	6.39%	17.73%	39.15%	84.19%	86.26%	41.89%
United States	4.89%	15.27%	21.65%	43.27%	47.12%	24.03%	32.16%



## Male Population

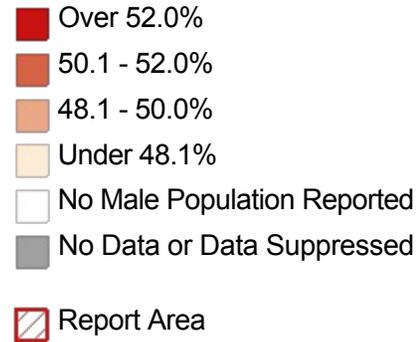
A total of 7,376 males resided in the report area according to the U.S. Census Bureau American Community Survey 2008-12 5-year estimates. Males represented 49.29% of the total population in the area, which was greater than the national average of 49.16%.

Report Area	Total Population	Male Population	Percent Male Population
Kingfisher County, OK	14,965	7,376	49.29%
Oklahoma	3,749,005	1,855,637	49.50%
United States	309,138,720	152,018,800	49.17%

Data Source: US Census Bureau, [American Community Survey](#): 2008-12. Source geography: Tract.

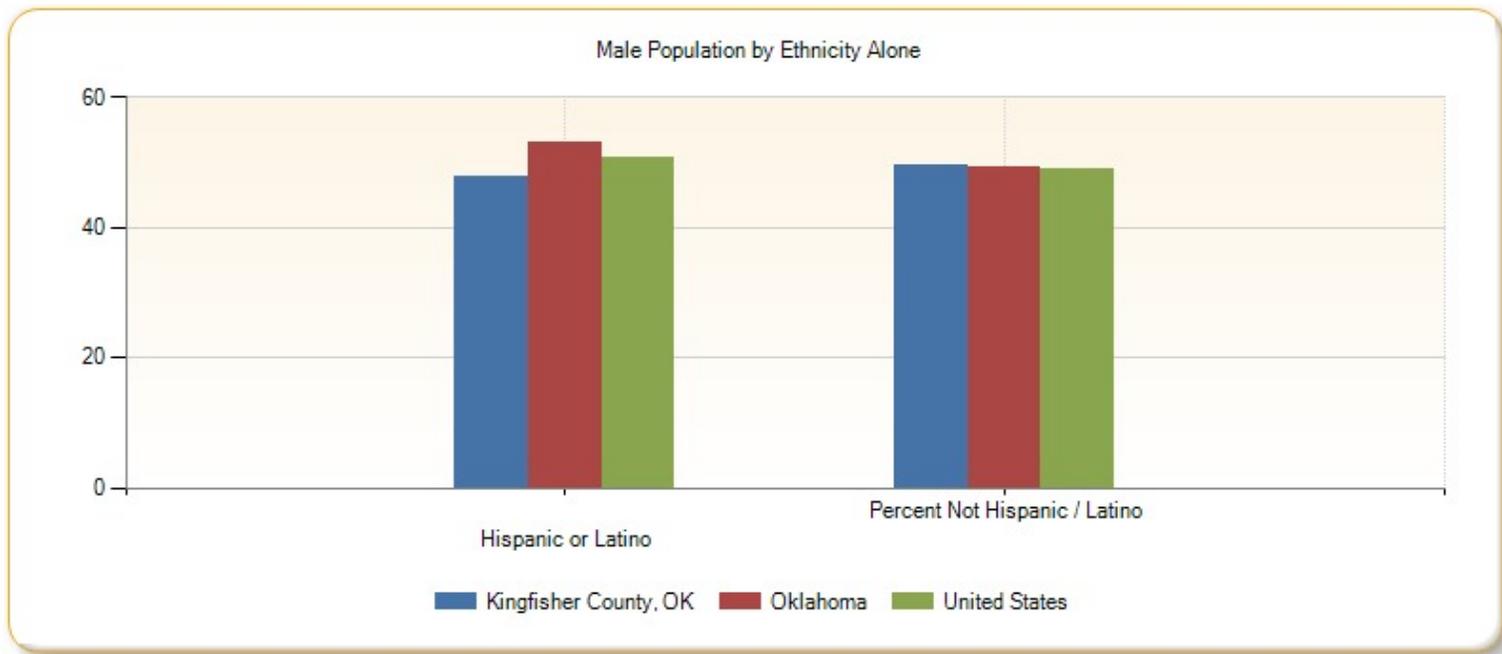


**Male Population, Percent by Tract, ACS 2008-12**



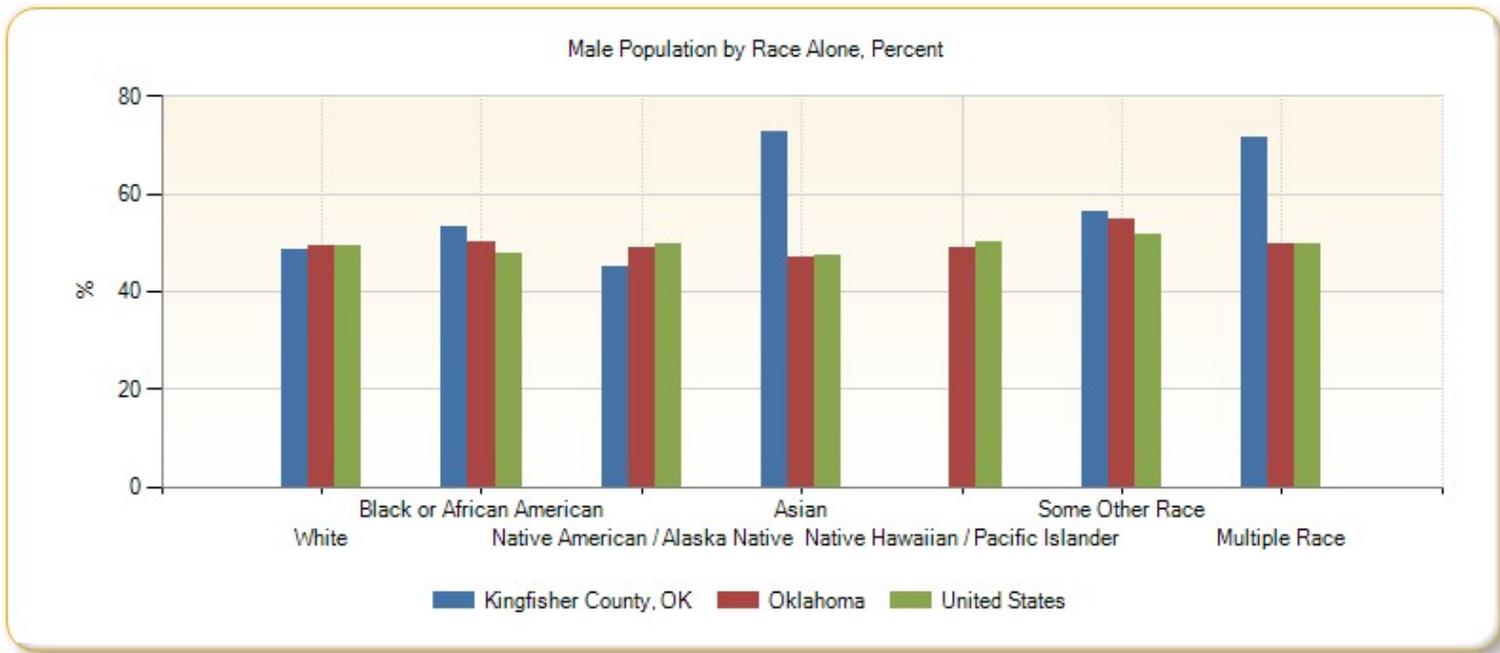
**Male Population by Ethnicity Alone**

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Kingfisher County, OK	948	6,428	47.69%	49.53%
Oklahoma	176,008	1,679,629	53.17%	49.14%
United States	25,669,464	126,349,336	50.79%	48.86%



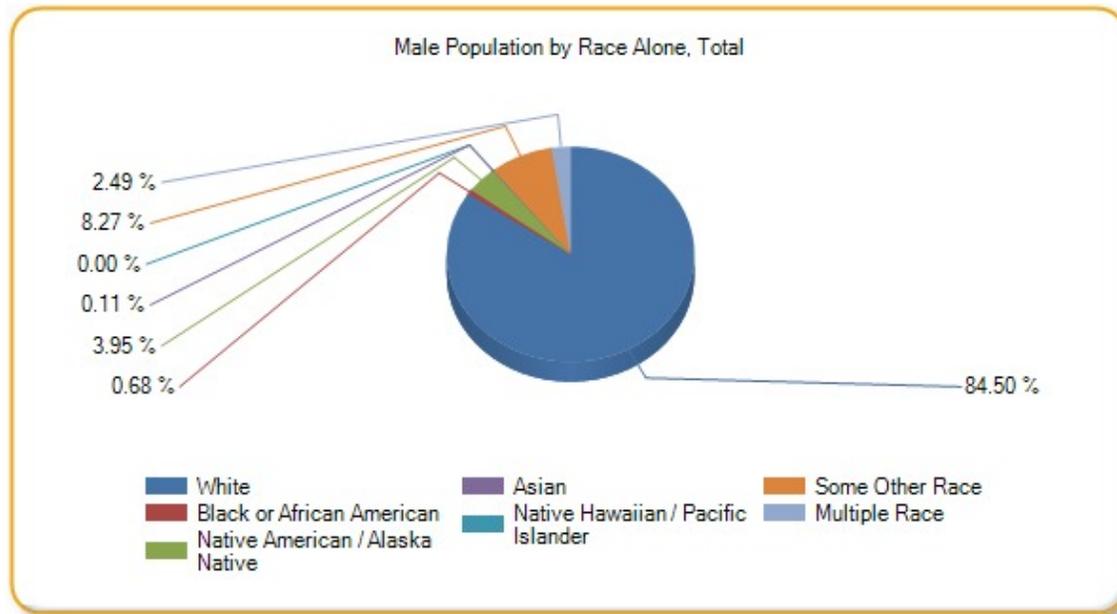
**Male Population by Race Alone, Percent**

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Kingfisher County, OK	48.43%	53.19%	45.19%	72.73%	0%	56.38%	71.32%
Oklahoma	49.38%	49.88%	48.98%	47.08%	48.77%	54.58%	49.64%
United States	49.35%	47.67%	49.75%	47.48%	50.10%	51.64%	49.77%



**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
Kingfisher County, OK	6,233	50	291	8	0	610	184
Oklahoma	1,366,026	135,165	127,860	30,907	2,083	50,814	142,782
United States	113,159,432	18,509,428	1,258,126	7,055,679	257,706	7,649,441	4,128,988

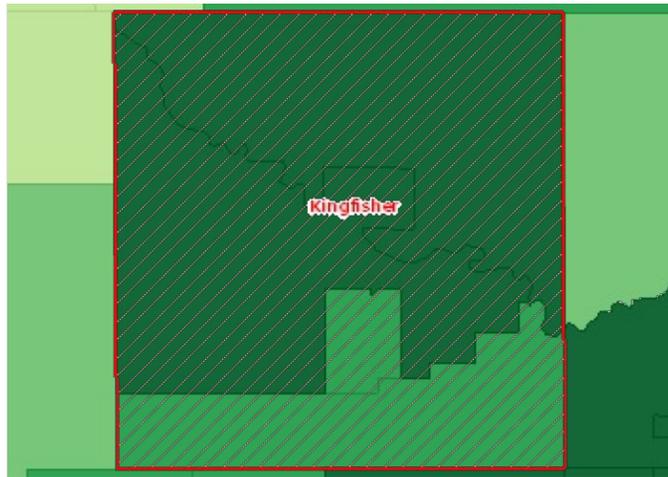


## Family Households with Children

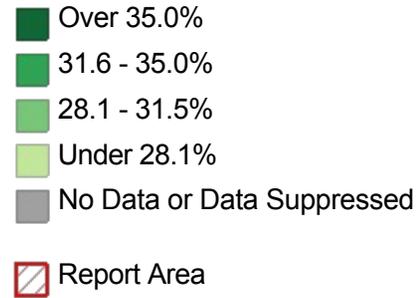
According to the most recent the American Community Survey estimates, 37.64% of all occupied households in the report area are family households with one or more child(ren) under the age of 18. A family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. A non-family households are any households occupied by the householder alone, or by the householder and one or more unrelated individuals.

Report Area	Total Households	Total Family Households	Family Households with Children (Under Age 18)	Family Households with Children (Under Age 18), Percent of Total Households
Kingfisher County, OK	5,690	4,167	2,142	37.64%
Oklahoma	1,439,292	960,435	473,428	32.89%
United States	115,226,800	76,595,552	37,985,004	32.97%

Data Source: US Census Bureau, [American Community Survey](#): 2008-12. Source geography: Tract.

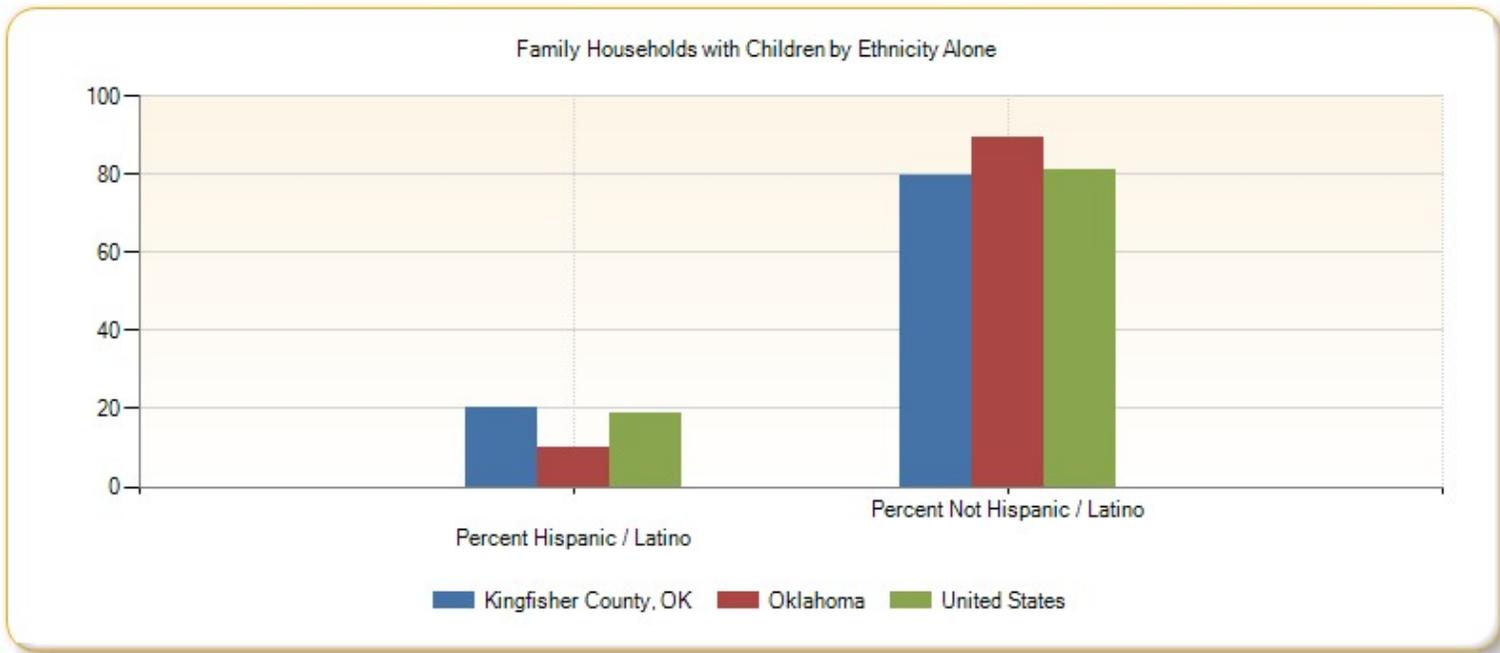


**Households with Children (Age 0-17), Percent by Tract, ACS 2008-12**



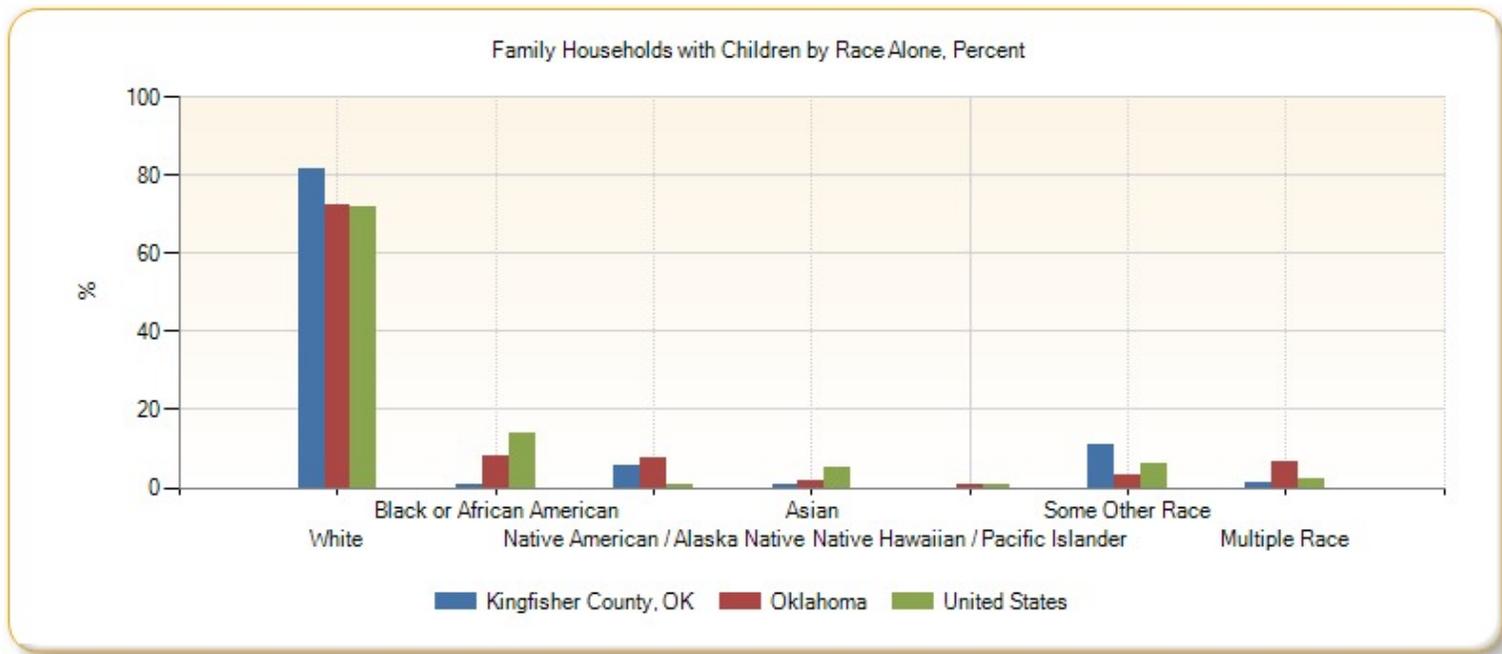
**Family Households with Children by Ethnicity Alone**

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Kingfisher County, OK	437	1,705	20.40%	79.60%
Oklahoma	47,774	423,336	10.09%	89.42%
United States	7,121,159	30,725,000	18.75%	80.89%



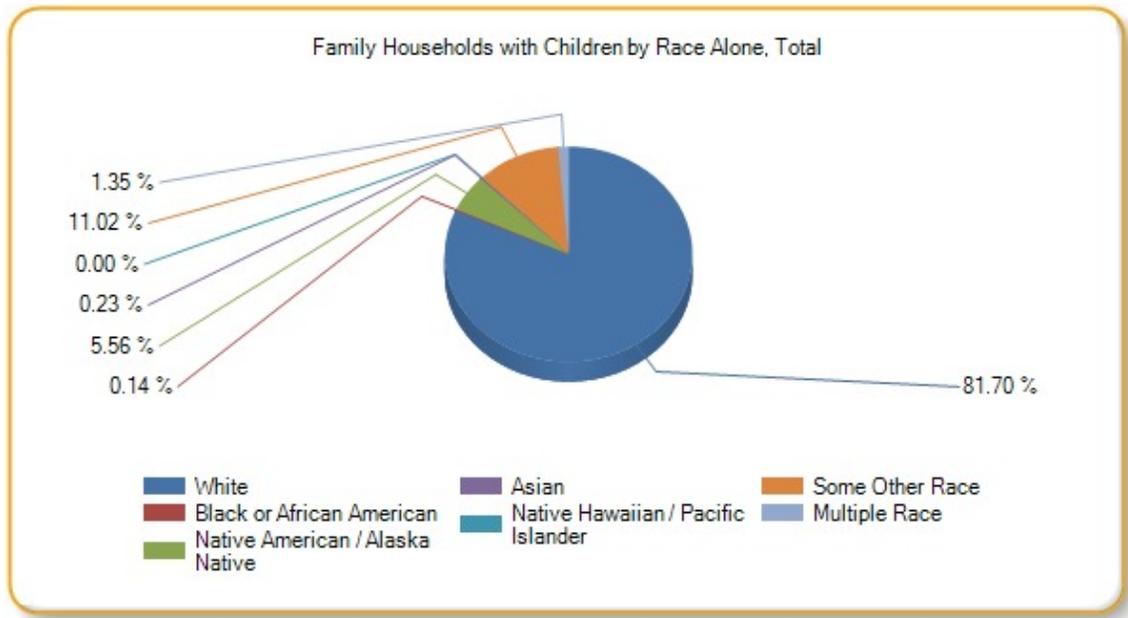
**Family Households with Children by Race Alone, Percent**

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Kingfisher County, OK	81.70%	0.14%	5.56%	0.23%	0%	11.02%	1.35%
Oklahoma	72.42%	8.13%	7.34%	1.77%	0.10%	3.24%	6.51%
United States	71.70%	13.99%	0.89%	5%	0.18%	5.88%	1.99%



**Family Households with Children 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
Kingfisher County, OK	1,750	3	119	5	0	236	29
Oklahoma	342,833	38,498	34,752	8,392	484	15,344	30,807
United States	27,236,656	5,313,832	338,480	1,899,678	69,815	2,231,804	755,898



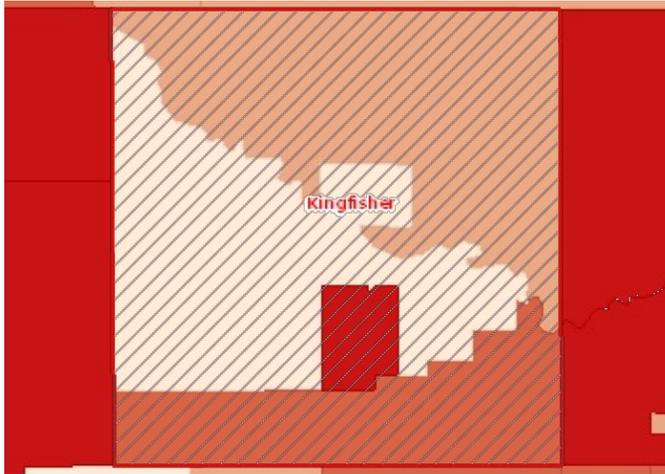
## Female Population

A total of 7,589 females resided in the report area according to the U.S. Census Bureau American Community Survey 2008-12 5-year estimates. Females represented 50.71% of the total population in the area, which was less than the national average of 50.84%.

Report Area	Total Population	Female Population	Percent Female Population
Kingfisher County, OK	14,965	7,589	50.71%
Oklahoma	3,749,005	1,893,368	50.50%
United States	309,138,720	157,119,904	50.83%

Data Source: US Census Bureau, [American Community Survey](#): 2008-12. Source geography: Tract.

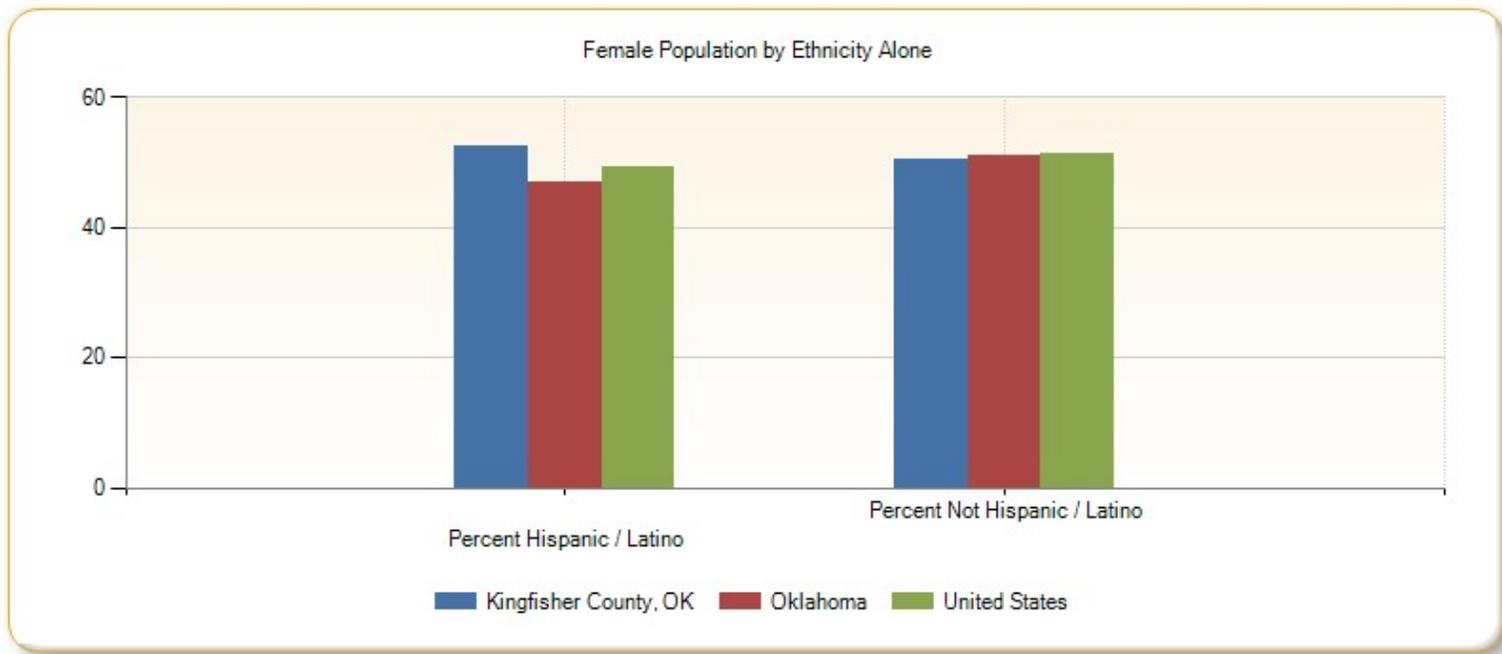
### Female Population, Percent by Tract, ACS 2008-12



- Over 52.0%
- 50.1 - 52.0%
- 48.1 - 50.0%
- Under 48.1%
- No Female Population Reported
- No Data or Data Suppressed
- Report Area

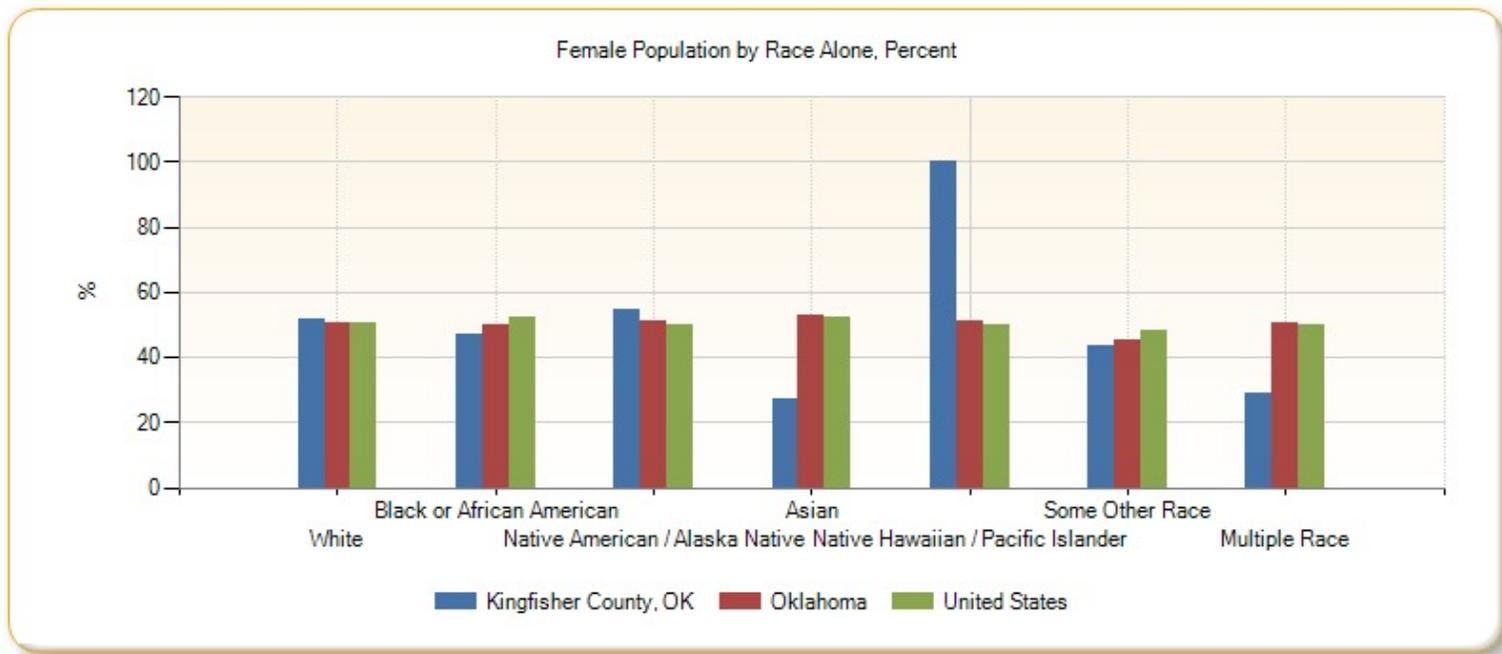
### Female Population by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Kingfisher County, OK	1,040	6,549	52.31%	50.47%
Oklahoma	155,049	1,738,319	46.83%	50.86%
United States	24,875,812	132,244,096	49.21%	51.14%



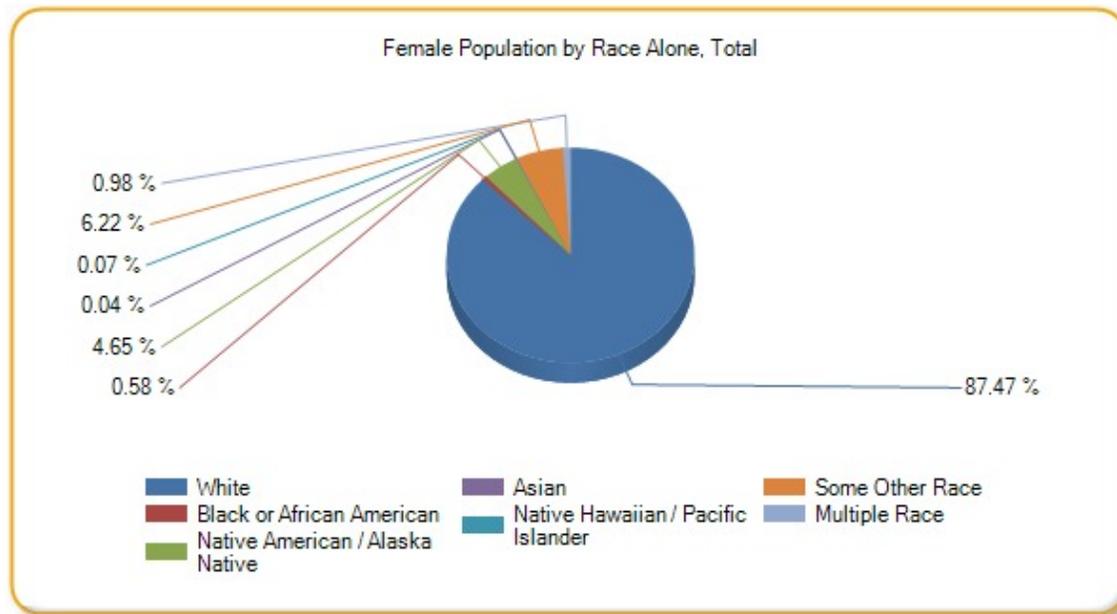
**Female Population by Race Alone, Percent**

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Kingfisher County, OK	51.57%	46.81%	54.81%	27.27%	100%	43.62%	28.68%
Oklahoma	50.62%	50.12%	51.02%	52.92%	51.23%	45.42%	50.36%
United States	50.65%	52.33%	50.25%	52.52%	49.90%	48.36%	50.23%



**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
Kingfisher County, OK	6,638	44	353	3	5	472	74
Oklahoma	1,400,271	135,828	133,200	34,736	2,188	42,286	144,859
United States	116,139,472	20,316,420	1,270,974	7,804,116	256,696	7,164,928	4,167,303



## 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
Kingfisher County, OK	14,965	3,954	26.42%
Oklahoma	3,749,005	926,752	24.72%
United States	309,138,720	73,979,856	23.93%

Data Source: US Census Bureau, [American Community Survey](#): 2008-12. Source geography: Tract.

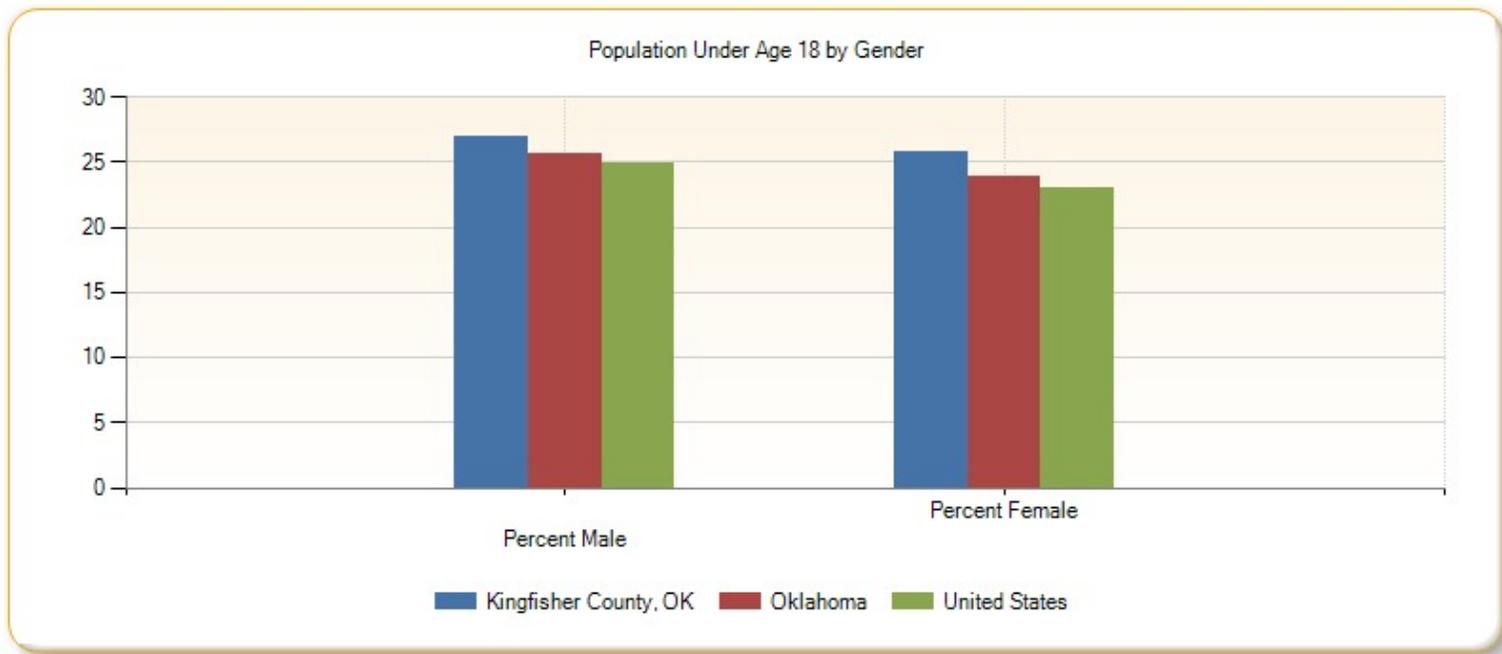


**Population Age 0-17, Percent by Tract, ACS 2008-12**

- Over 26.0%
- 23.1 - 26.0%
- 20.1 - 23.0%
- Under 20.1%
- No Data or Data Suppressed
- Report Area

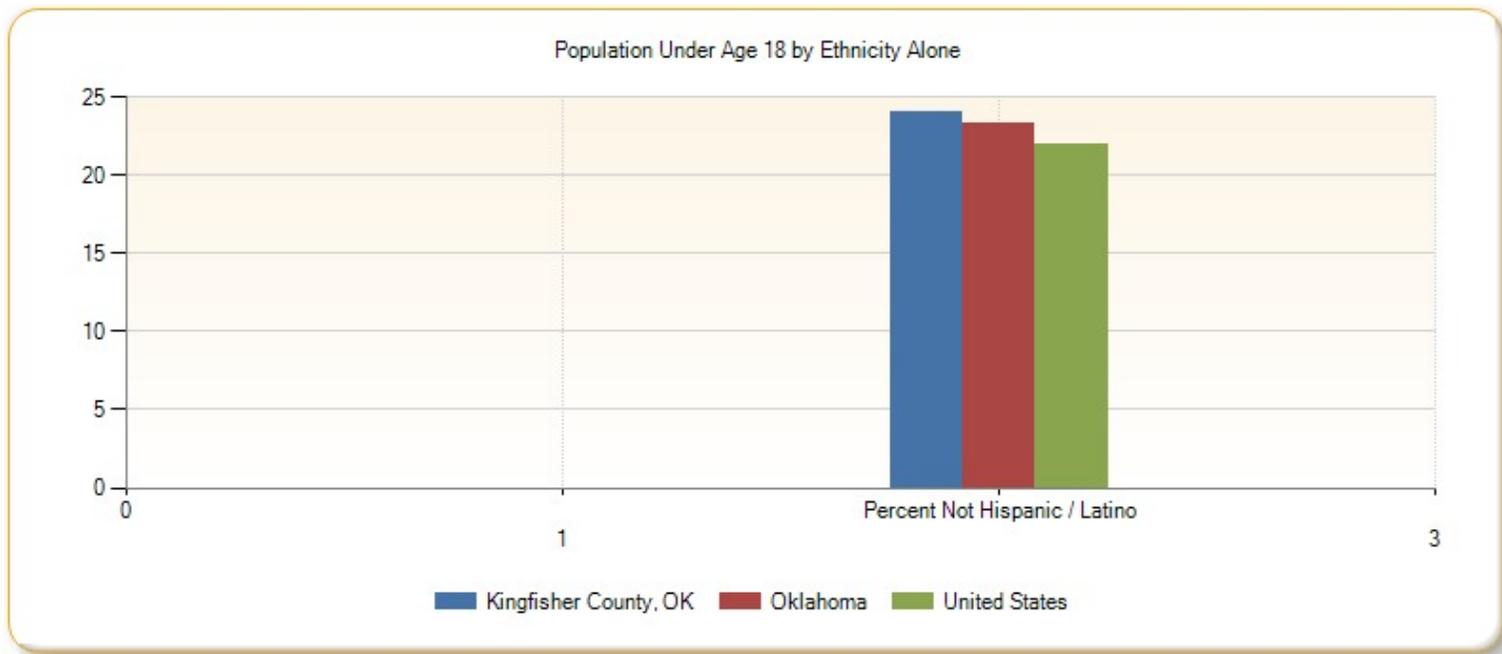
**Population Under Age 18 by Gender**

Report Area	Total Male	Total Female	Percent Male	Percent Female
Kingfisher County, OK	1,994	1,960	27.03%	25.83%
Oklahoma	474,896	451,856	25.59%	23.87%
United States	37,845,148	36,134,712	24.90%	23%



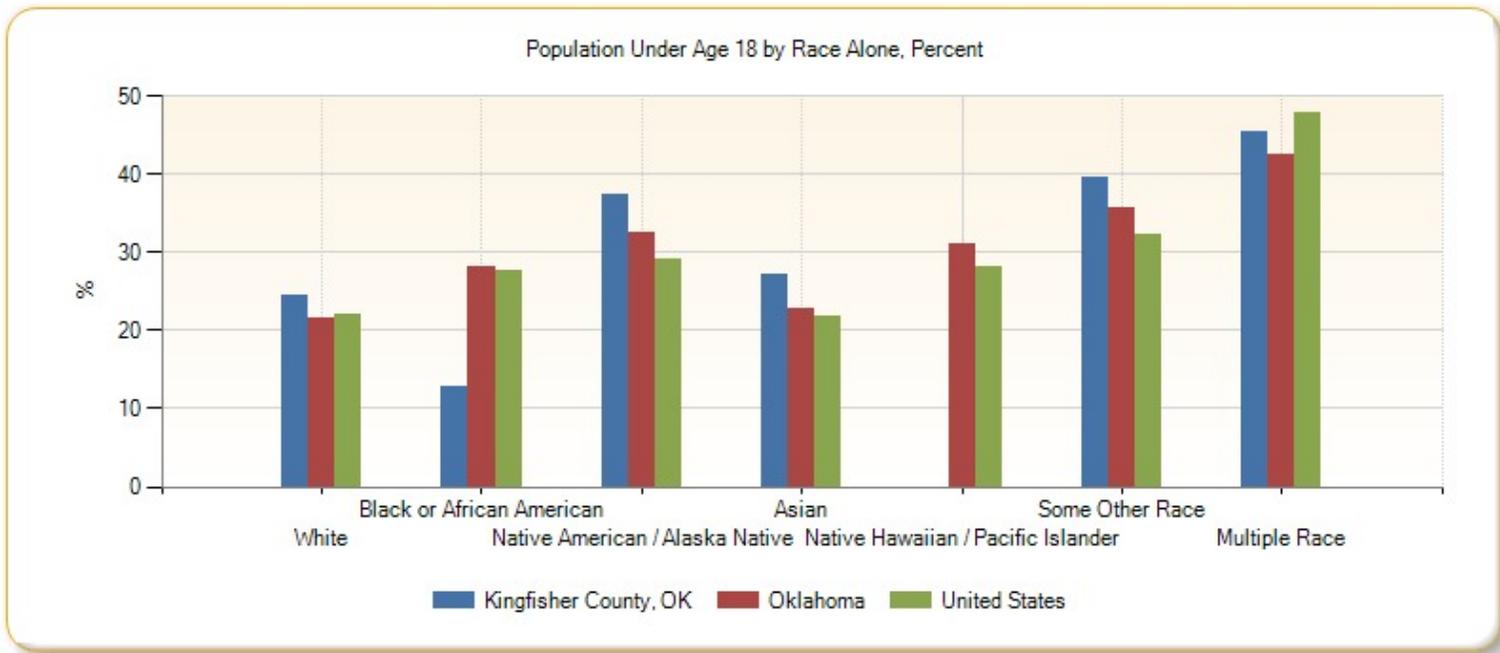
**Population Under Age 18 by Ethnicity Alone**

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Kingfisher County, OK	838	3,116	42.15%	24.01%
Oklahoma	131,703	795,049	39.78%	23.26%
United States	17,067,026	56,912,832	33.77%	22.01%



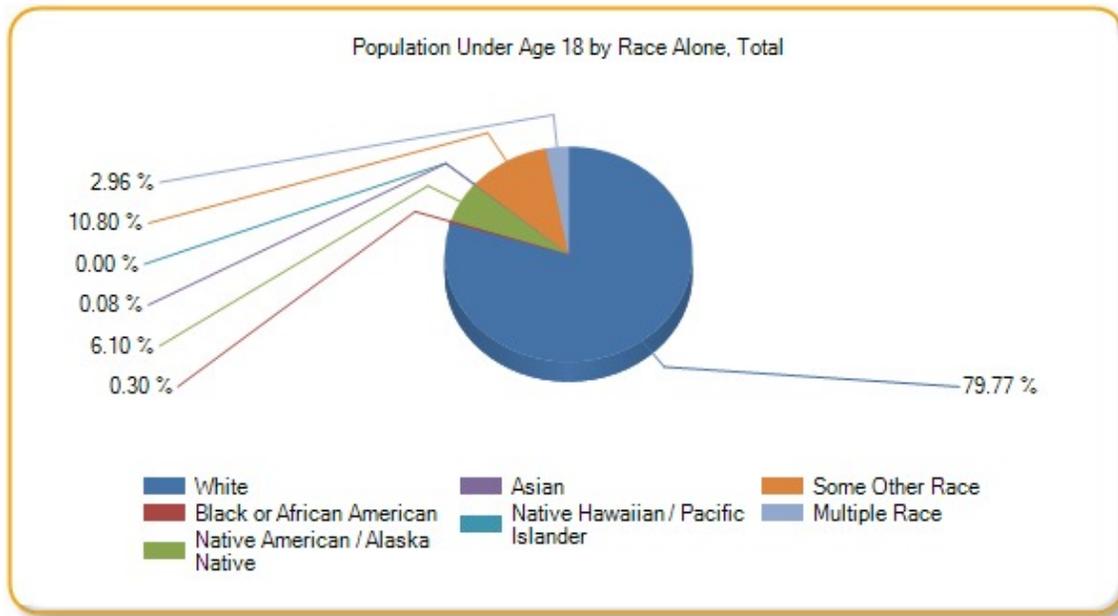
**Population Under Age 18 by Race Alone, Percent**

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Kingfisher County, OK	24.50%	12.77%	37.42%	27.27%	no data	39.46%	45.35%
Oklahoma	21.47%	28.22%	32.41%	22.67%	30.98%	35.65%	42.53%
United States	22%	27.55%	29.01%	21.77%	28.06%	32.17%	47.74%



**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
Kingfisher County, OK	3,154	12	241	3	0	427	117
Oklahoma	593,959	76,465	84,610	14,881	1,323	33,186	122,328
United States	50,446,768	10,694,734	733,615	3,234,602	144,347	4,765,256	3,960,541



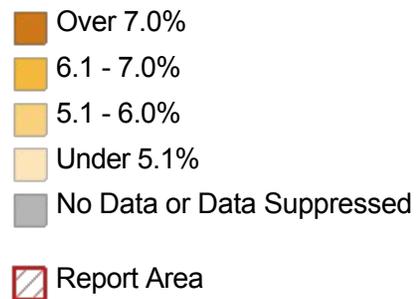
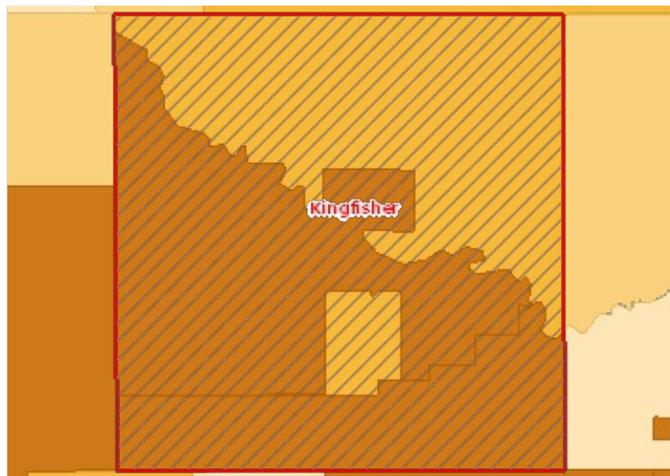
## Population Age 0-4

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
Kingfisher County, OK	14,965	1,056	7.06%
Oklahoma	3,749,005	261,232	6.97%
United States	309,138,720	20,137,884	6.51%

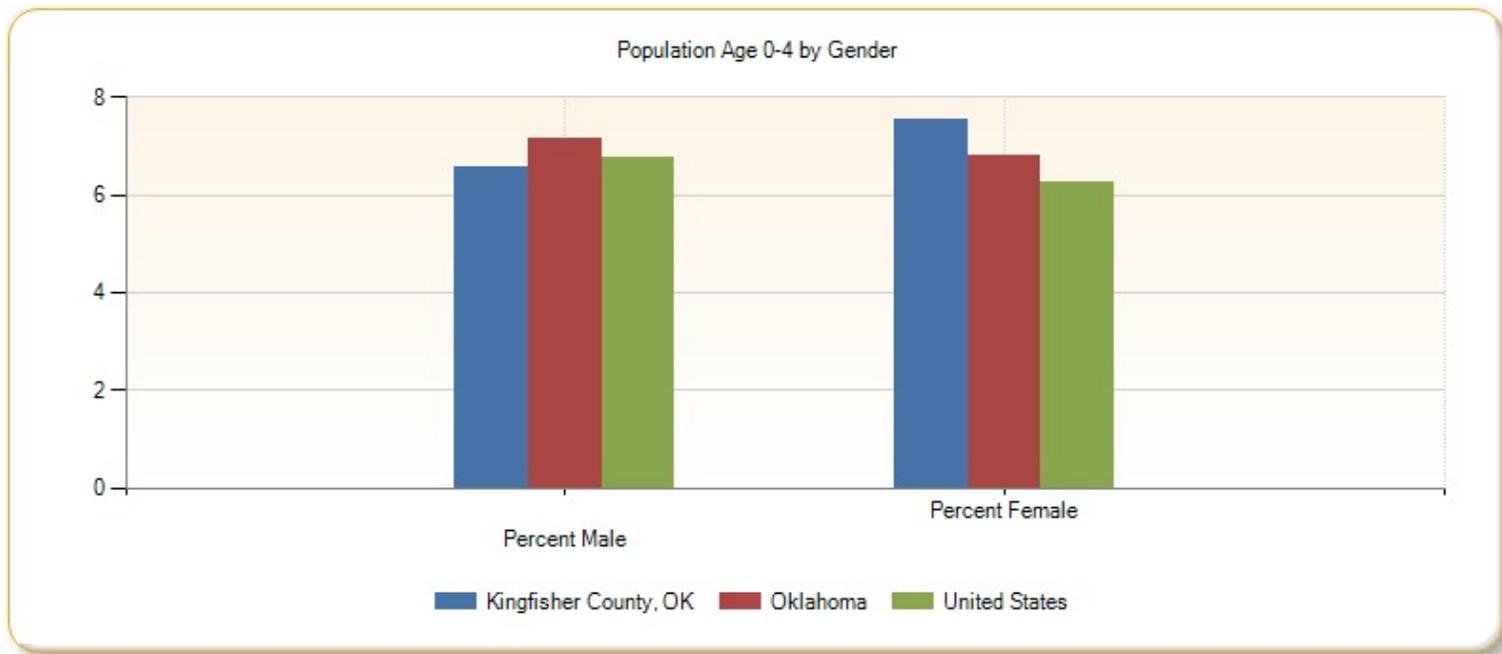
Data Source: US Census Bureau, [American Community Survey](#): 2008-12. Source geography: Tract.

**Population Age 0-4, Percent by Tract, ACS 2008-12**



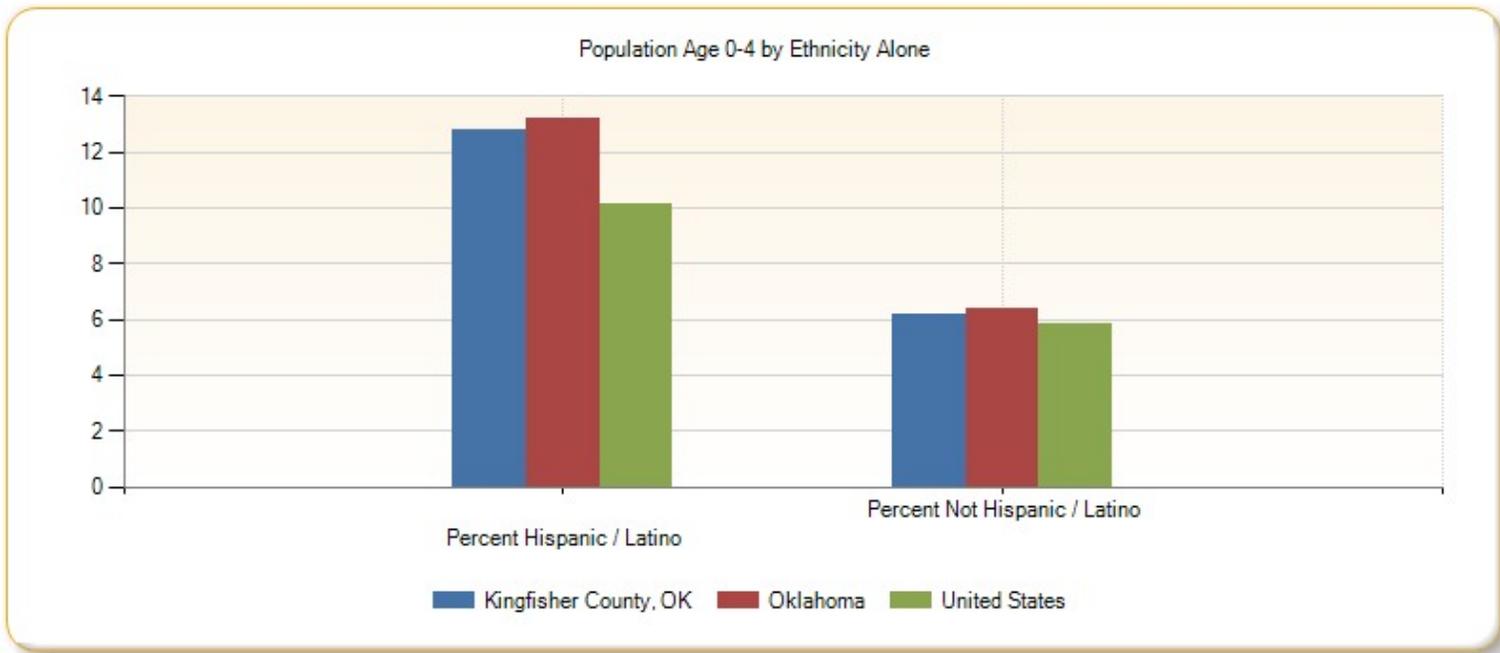
**Population Age 0-4 by Gender**

Report Area	Total Male	Total Female	Percent Male	Percent Female
Kingfisher County, OK	483	573	6.55%	7.55%
Oklahoma	132,925	128,307	7.16%	6.78%
United States	10,291,124	9,846,760	6.77%	6.27%



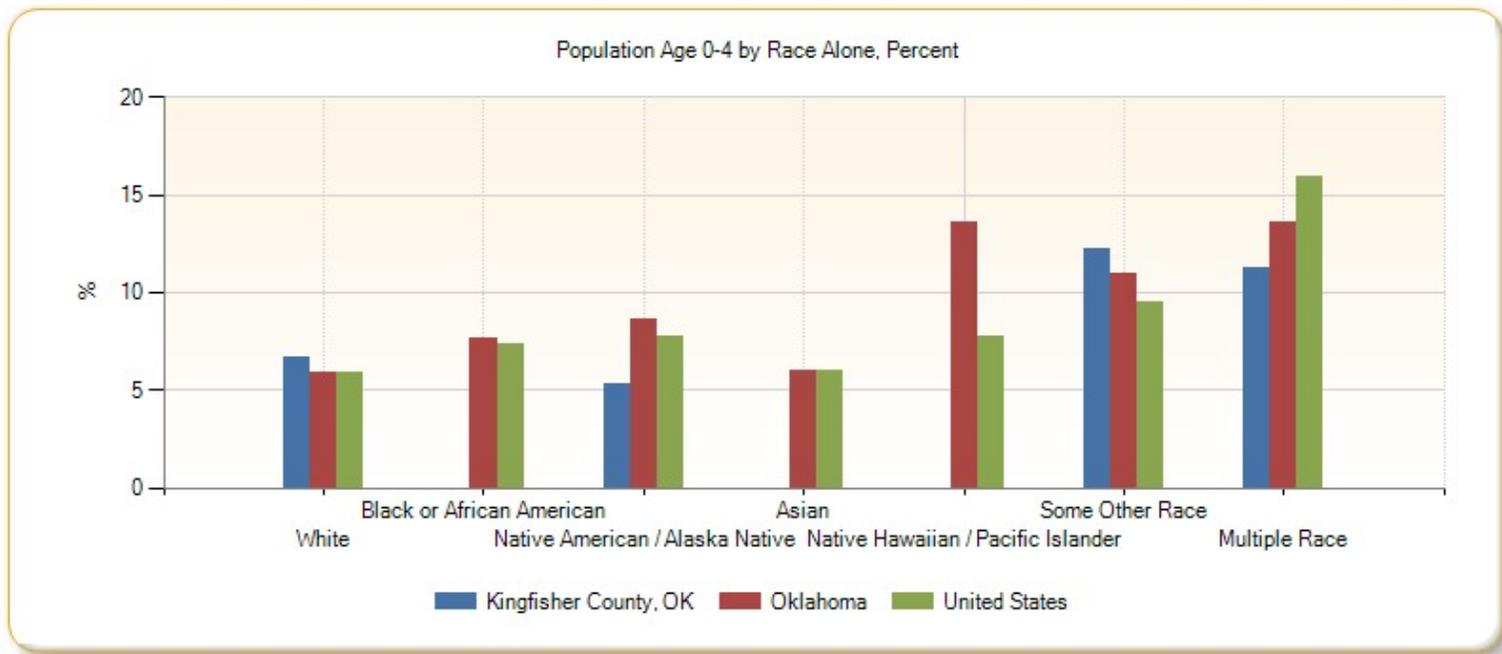
**Population Age 0-4 by Ethnicity Alone**

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Kingfisher County, OK	254	802	12.78%	6.18%
Oklahoma	43,556	217,676	13.16%	6.37%
United States	5,106,899	15,030,985	10.10%	5.81%



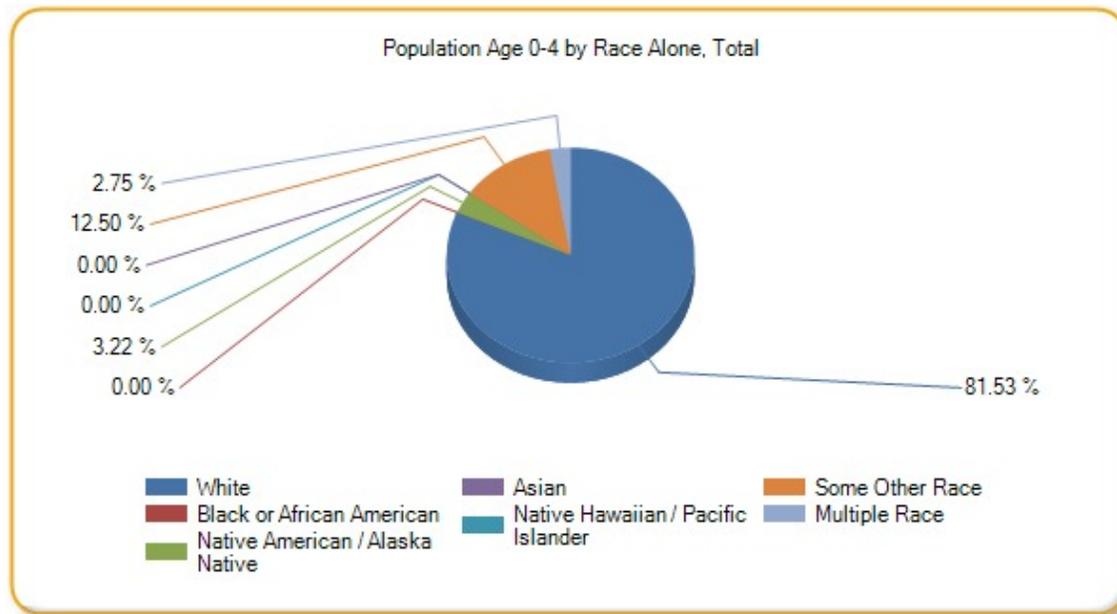
**Population Age 0-4 by Race Alone, Percent**

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Kingfisher County, OK	6.69%	0%	5.28%	0%	0%	12.20%	11.24%
Oklahoma	5.94%	7.61%	8.60%	5.98%	13.58%	11%	13.61%
United States	5.86%	7.34%	7.79%	6%	7.78%	9.50%	15.91%



**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
Kingfisher County, OK	861	0	34	0	0	132	29
Oklahoma	164,259	20,627	22,444	3,926	580	10,242	39,154
United States	13,434,130	2,848,551	197,010	890,942	39,997	1,407,366	1,319,888

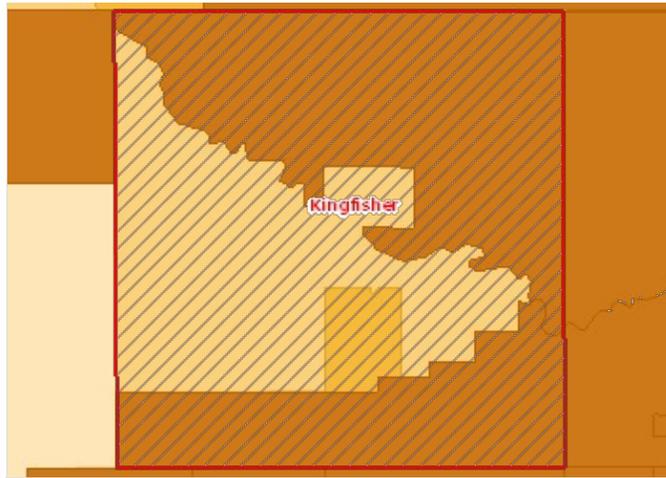


## Population Age 5-17

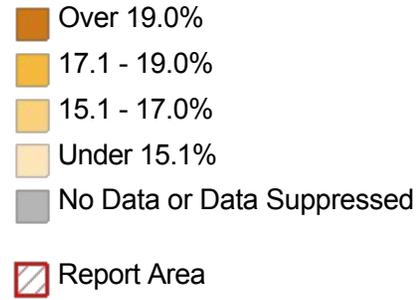
This indicator reports the percentage of youth aged 5-17 in a specific geographic area. This indicator is relevant because it is important to understand the percentage of youth in the community, as this population has unique health needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 5-17	Percent Population Age 5-17
Kingfisher County, OK	14,965	2,898	19.37%
Oklahoma	3,749,005	665,520	17.75%
United States	309,138,720	53,841,976	17.42%

Data Source: US Census Bureau, [American Community Survey](#): 2008-12. Source geography: Tract.

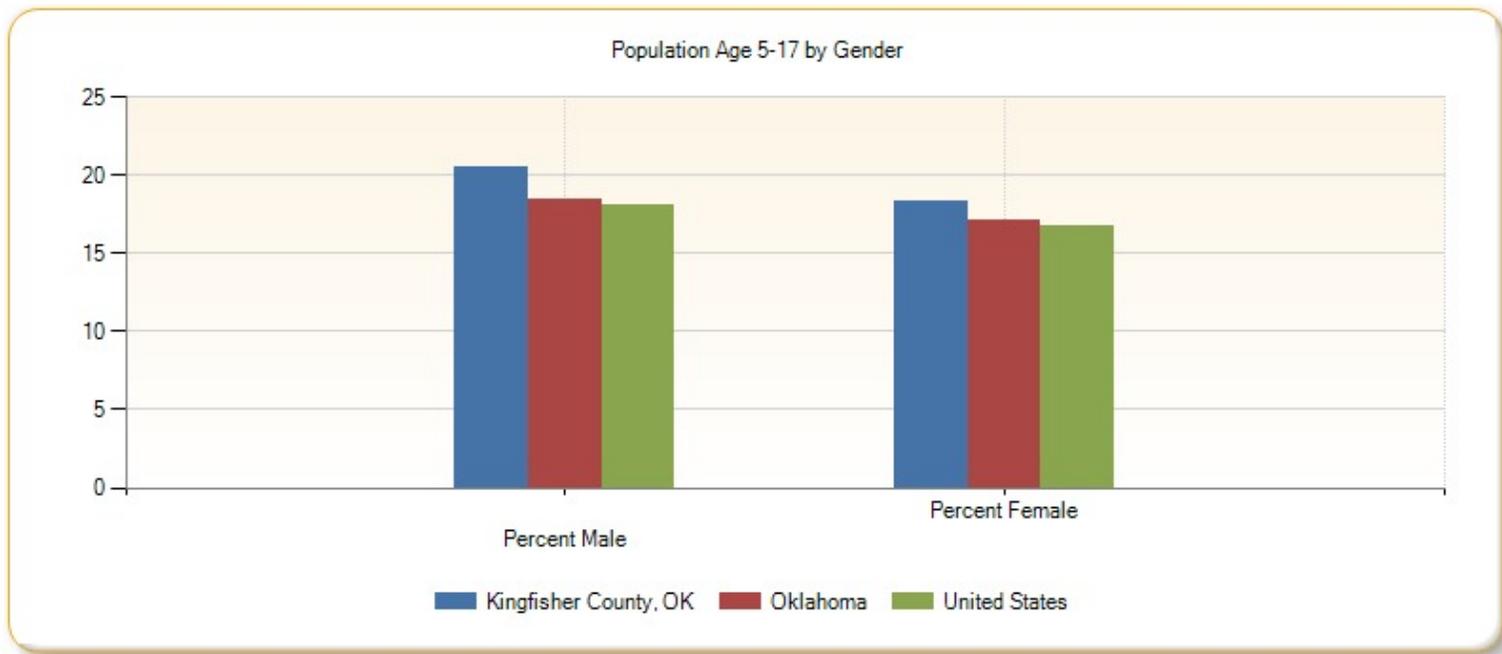


**Population Age 5-17, Percent by Tract, ACS 2008-12**



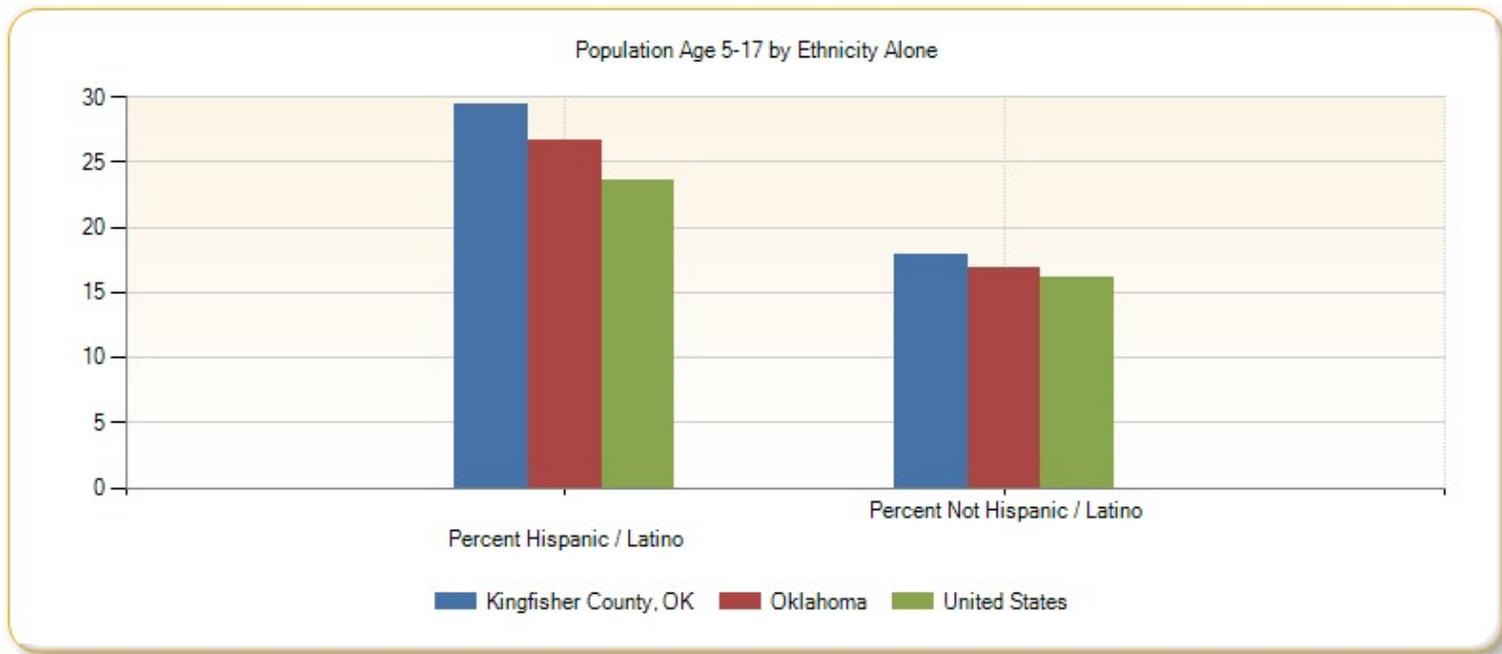
**Population Age 5-17 by Gender**

Report Area	Total Male	Total Female	Percent Male	Percent Female
Kingfisher County, OK	1,511	1,387	20.49%	18.28%
Oklahoma	341,971	323,549	18.43%	17.09%
United States	27,554,024	26,287,952	18.13%	16.73%



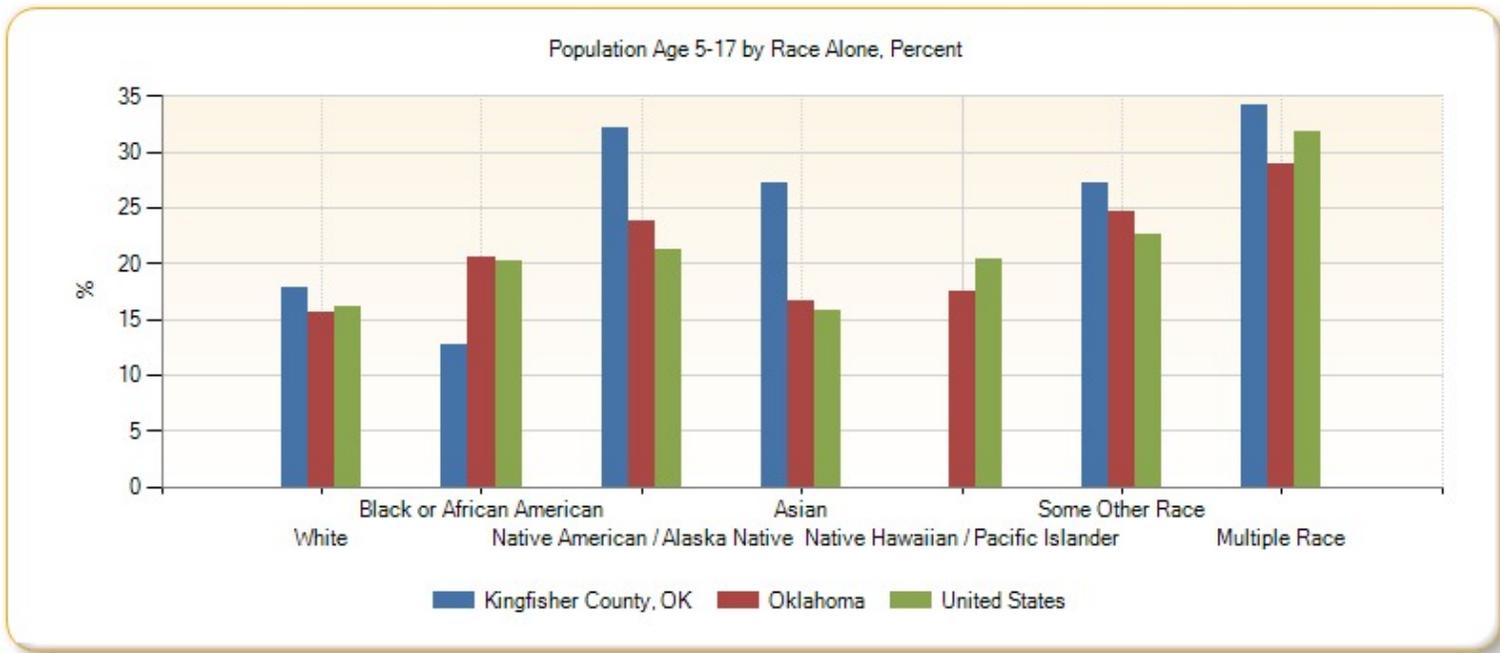
### Population Age 5-17 by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Kingfisher County, OK	584	2,314	29.38%	17.83%
Oklahoma	88,147	577,373	26.63%	16.89%
United States	11,960,127	41,881,848	23.66%	16.20%



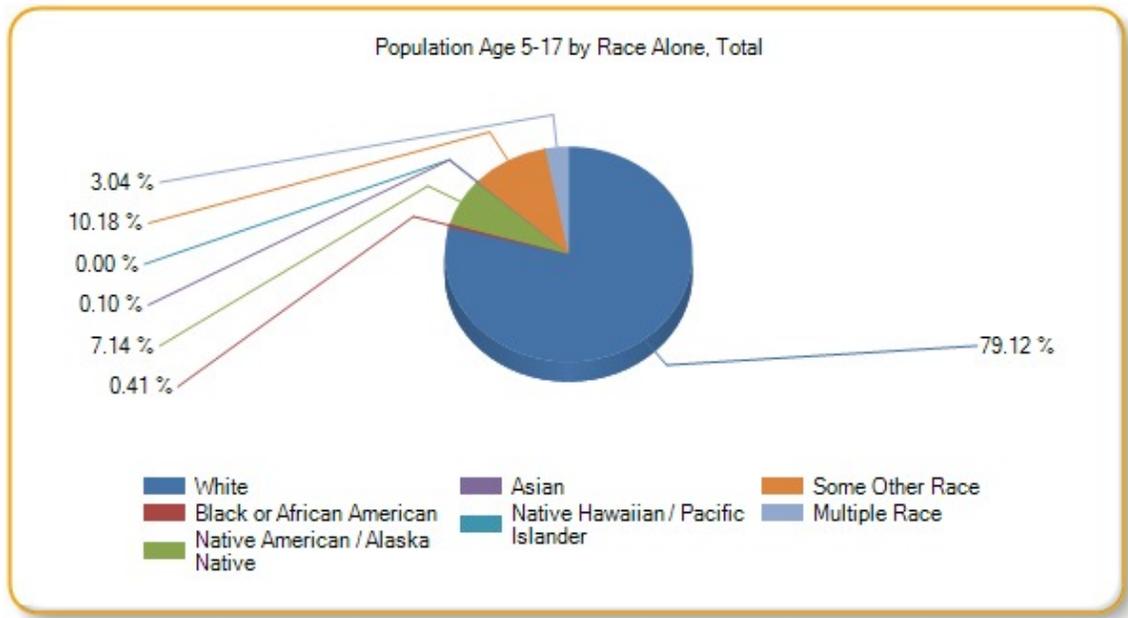
**Population Age 5-17 by Race Alone, Percent**

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Kingfisher County, OK	17.82%	12.77%	32.14%	27.27%	0%	27.26%	34.11%
Oklahoma	15.53%	20.60%	23.81%	16.69%	17.40%	24.64%	28.92%
United States	16.14%	20.21%	21.22%	15.77%	20.29%	22.67%	31.83%



**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
Kingfisher County, OK	2,293	12	207	3	0	295	88
Oklahoma	429,700	55,838	62,166	10,955	743	22,944	83,174
United States	37,012,632	7,846,183	536,605	2,343,660	104,350	3,357,890	2,640,653

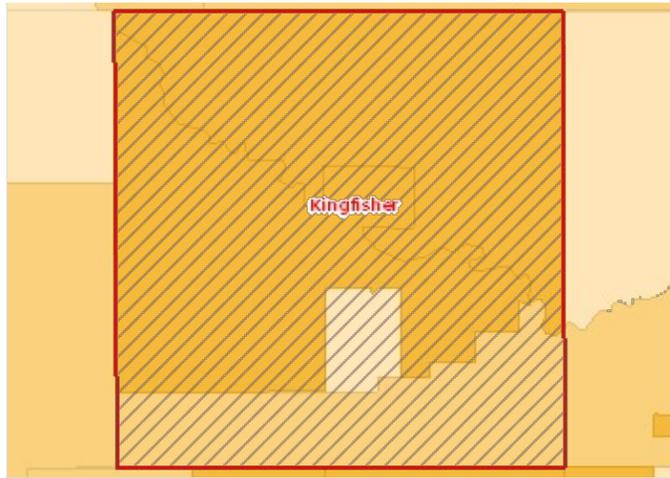


### Population Age 18-64

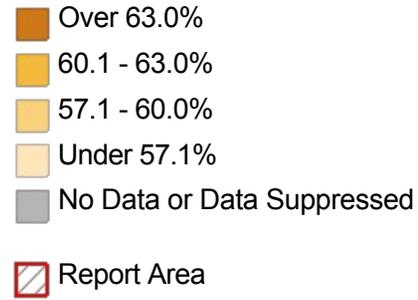
This indicator reports the percentage of population age 18-64 in the designated geographic area. This indicator is relevant because it is important to understand the percentage of adults in the community, as this population has unique health needs which should be considered separately from other age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

Report Area	Total Population	Population Age 18-64	Percent Population Age 0-17
Kingfisher County, OK	14,965	8,761	58.54%
Oklahoma	3,749,005	2,312,433	61.68%
United States	309,138,720	194,487,424	62.91%

Data Source: US Census Bureau, [American Community Survey](#): 2008-12. Source geography: Tract.

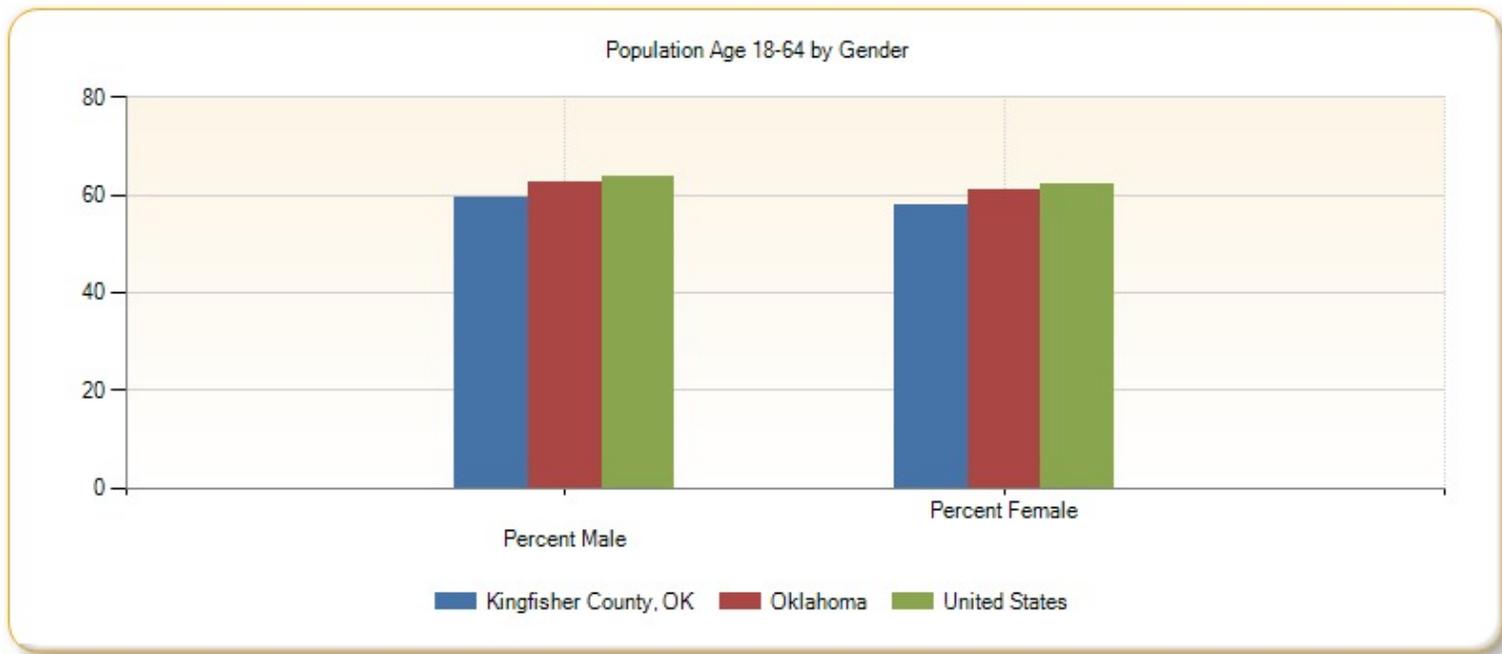


**Population Age 18-64, Percent by Tract, ACS 2008-12**



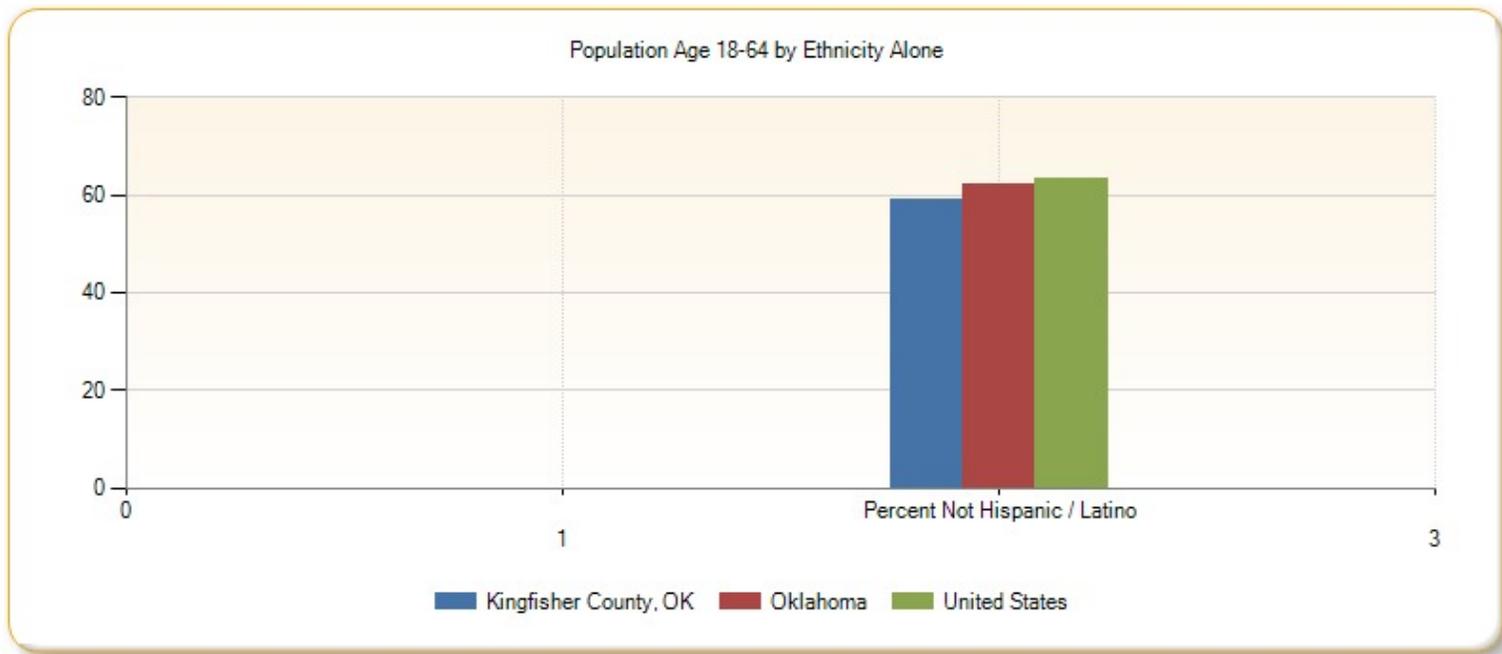
**Population Age 18-64 by Gender**

Report Area	Total Male	Total Female	Percent Male	Percent Female
Kingfisher County, OK	4,383	4,378	59.42%	57.69%
Oklahoma	1,158,204	1,154,229	62.42%	60.96%
United States	96,618,000	97,869,408	63.56%	62.29%



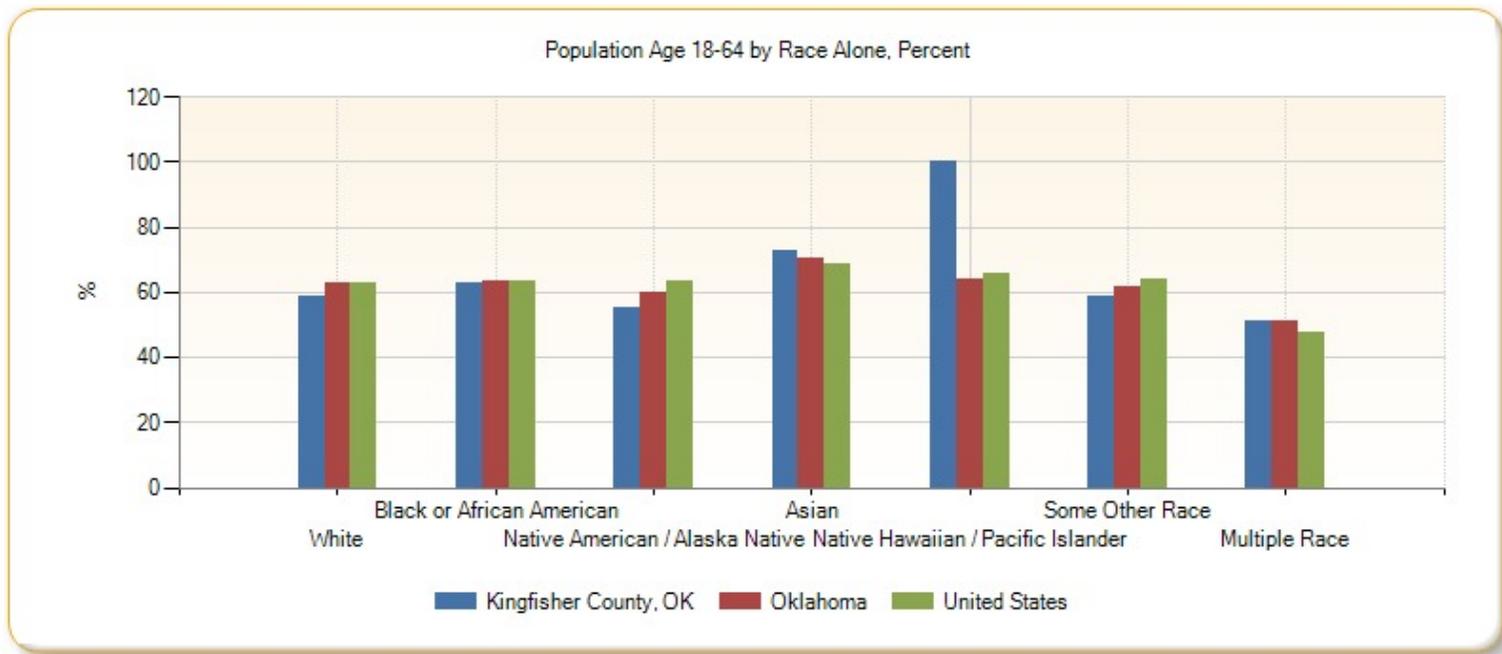
**Population Age 18-64 by Ethnicity Alone**

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Kingfisher County, OK	1,105	7,656	55.58%	59%
Oklahoma	189,631	2,122,802	57.28%	62.11%
United States	30,655,668	163,831,760	60.65%	63.35%



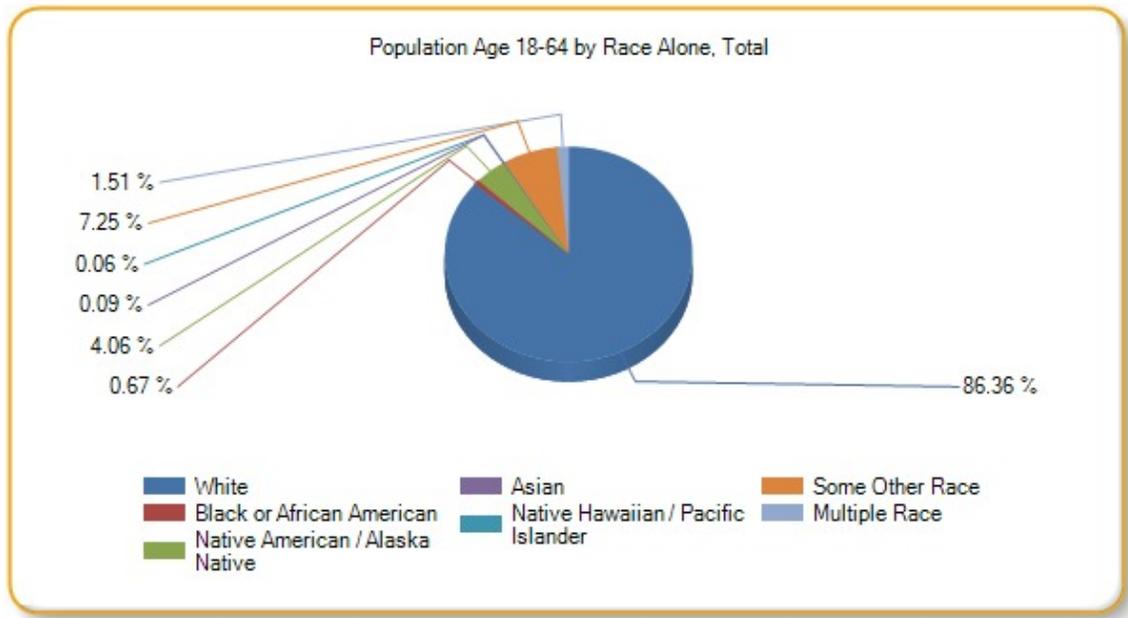
**Population Age 18-64 by Race Alone, Percent**

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Kingfisher County, OK	58.78%	62.77%	55.28%	72.73%	100%	58.69%	51.16%
Oklahoma	62.59%	63.52%	59.78%	70.56%	64.08%	61.49%	50.95%
United States	62.92%	63.50%	63.54%	68.58%	66.03%	63.83%	47.76%



**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
Kingfisher County, OK	7,566	59	356	8	5	635	132
Oklahoma	1,731,391	172,148	156,049	46,316	2,737	57,244	146,548
United States	144,277,504	24,654,694	1,607,043	10,190,911	339,637	9,455,602	3,962,005



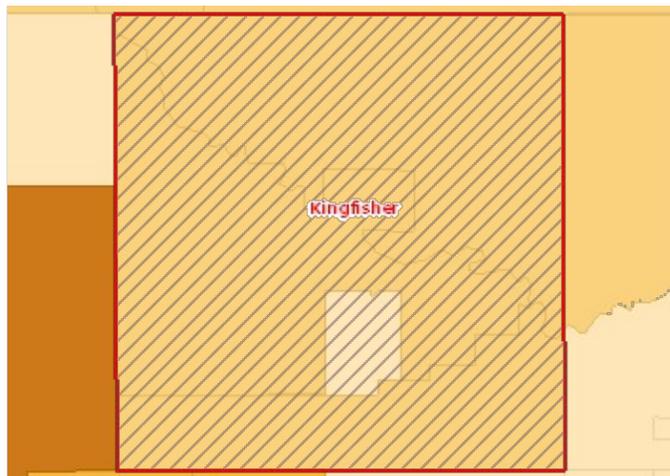
## Population Age 18-24

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
Kingfisher County, OK	14,965	1,143	7.64%
Oklahoma	3,749,005	383,932	10.24%
United States	309,138,720	30,822,834	9.97%

Data Source: US Census Bureau, [American Community Survey](#): 2008-12. Source geography: Tract.

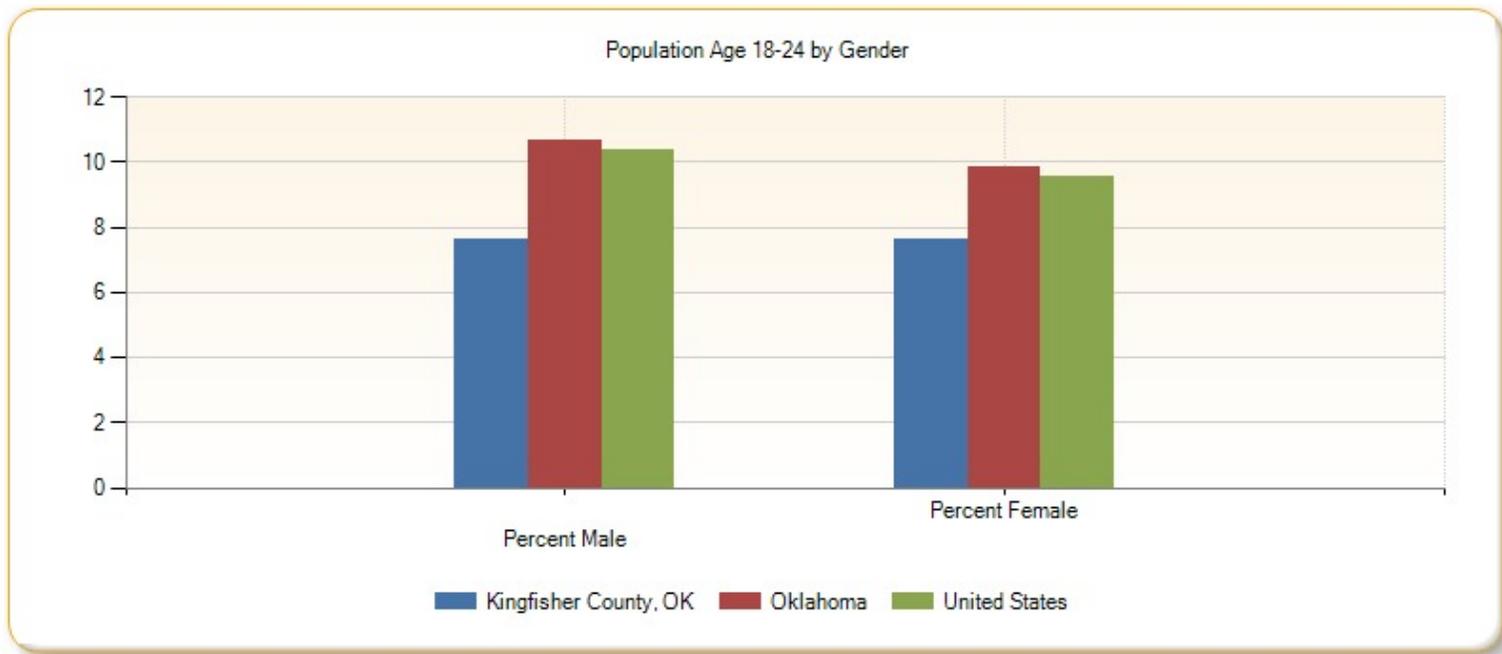
**Population Age 18-24, Percent by Tract, ACS 2008-12**



- Over 11.0%
- 9.1 - 11.0%
- 7.1 - 9.0%
- Under 7.1%
- No Data or Data Suppressed
- Report Area

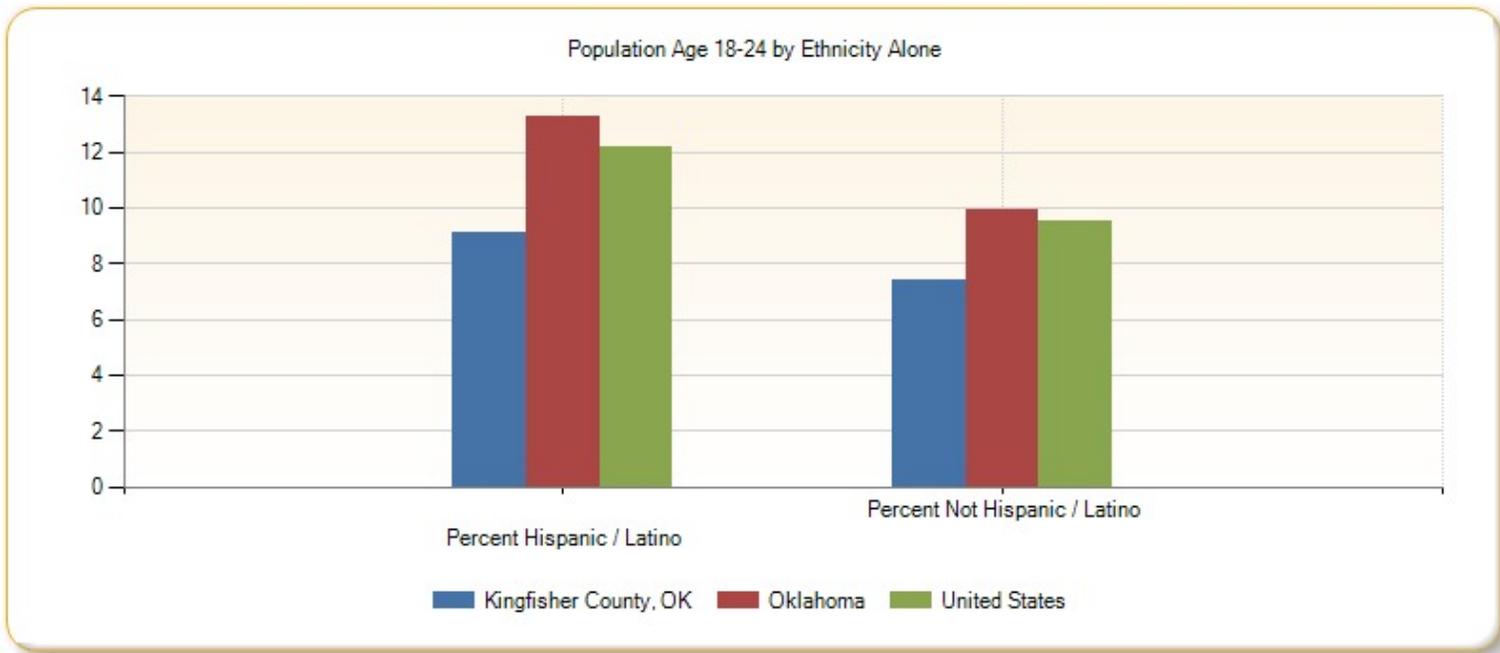
**Population Age 18-24 by Gender**

Report Area	Total Male	Total Female	Percent Male	Percent Female
Kingfisher County, OK	564	579	7.65%	7.63%
Oklahoma	197,550	186,382	10.65%	9.84%
United States	15,778,749	15,044,086	10.38%	9.57%



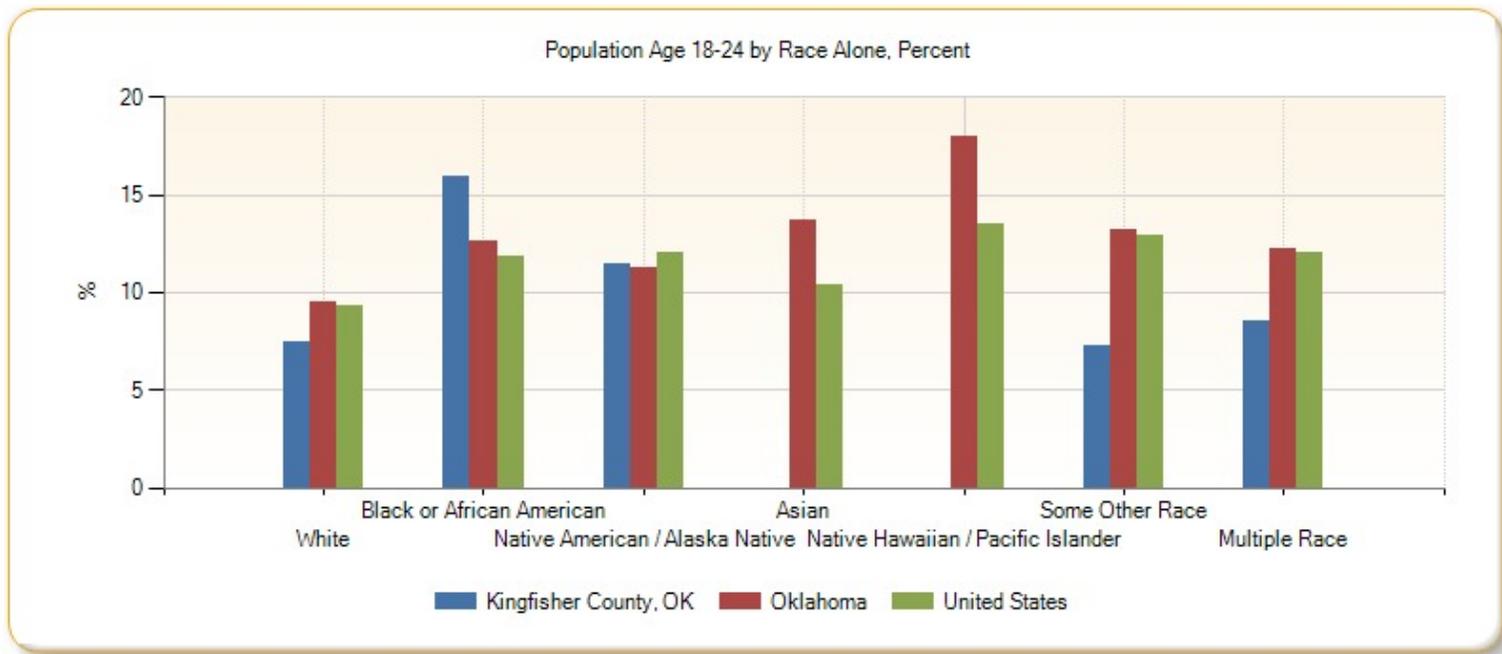
**Population Age 18-24 by Ethnicity Alone**

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Kingfisher County, OK	181	962	9.10%	7.41%
Oklahoma	43,893	340,039	13.26%	9.95%
United States	6,161,342	24,661,492	12.19%	9.54%



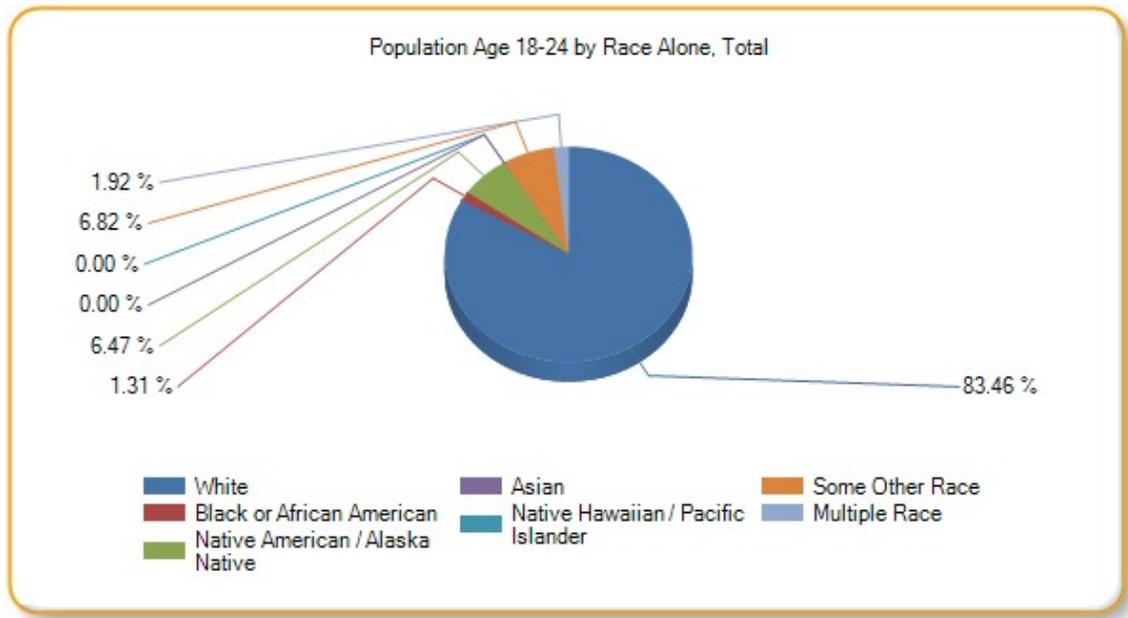
**Population Age 18-24 by Race Alone, Percent**

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Kingfisher County, OK	7.41%	15.96%	11.49%	0%	0%	7.21%	8.53%
Oklahoma	9.51%	12.63%	11.22%	13.64%	17.93%	13.20%	12.26%
United States	9.34%	11.82%	12.03%	10.33%	13.46%	12.95%	12.07%



**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
Kingfisher County, OK	954	15	74	0	0	78	22
Oklahoma	263,145	34,215	29,298	8,952	766	12,285	35,271
United States	21,407,636	4,587,962	304,333	1,534,500	69,222	1,917,796	1,001,386

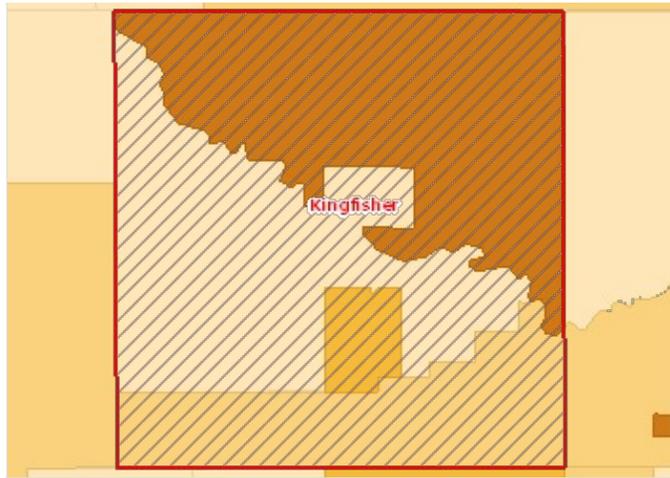


### Population Age 25-34

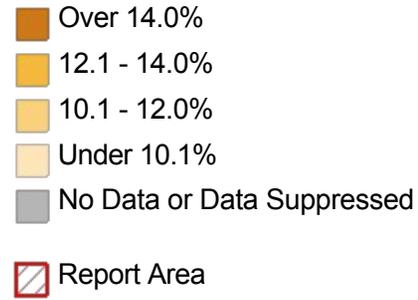
This indicator reports the percentage of youth aged 25-34 in a specific geographic area. This indicator is relevant because it is important to understand the percentage of youth in the community, as this population has unique health needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 25-34	Percent Population Age 25-34
Kingfisher County, OK	14,965	1,848	12.35%
Oklahoma	3,749,005	503,582	13.43%
United States	309,138,720	41,184,288	13.32%

Data Source: US Census Bureau, [American Community Survey](#): 2008-12. Source geography: Tract.

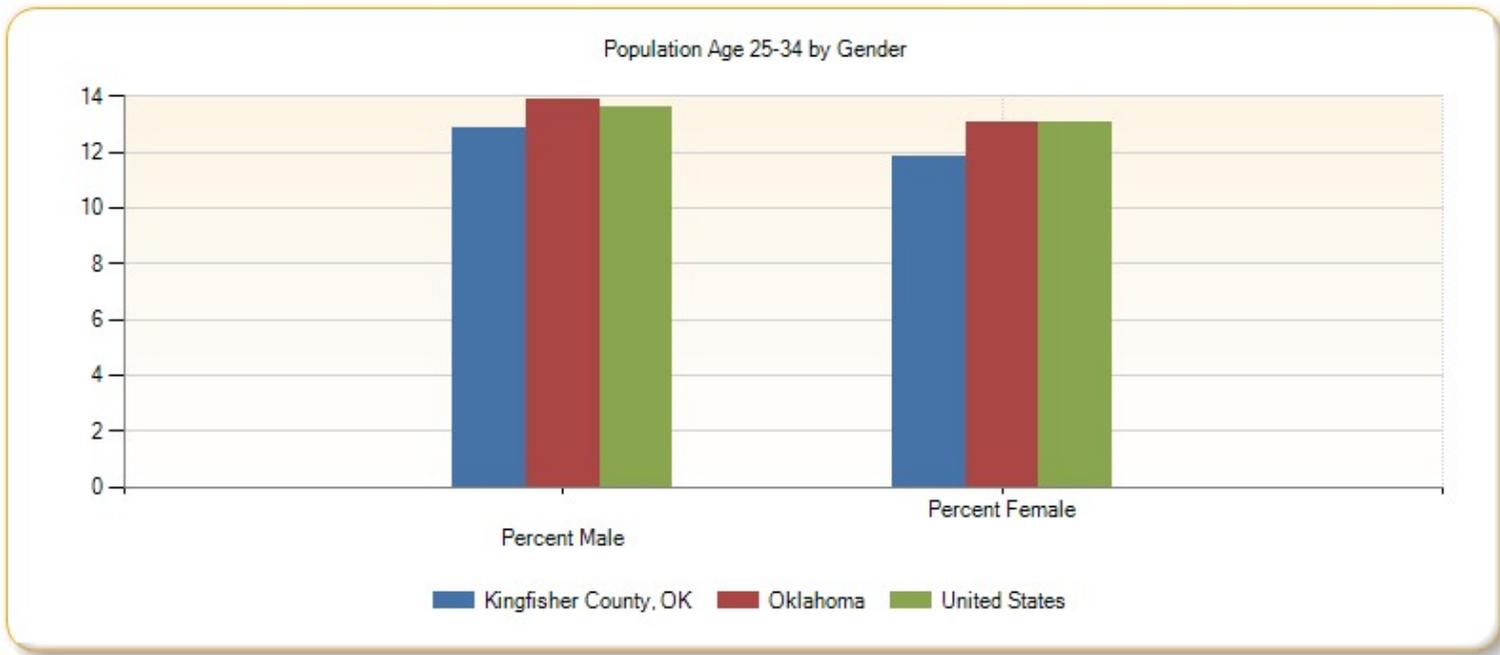


**Population Age 25-34, Percent by Tract, ACS 2008-12**



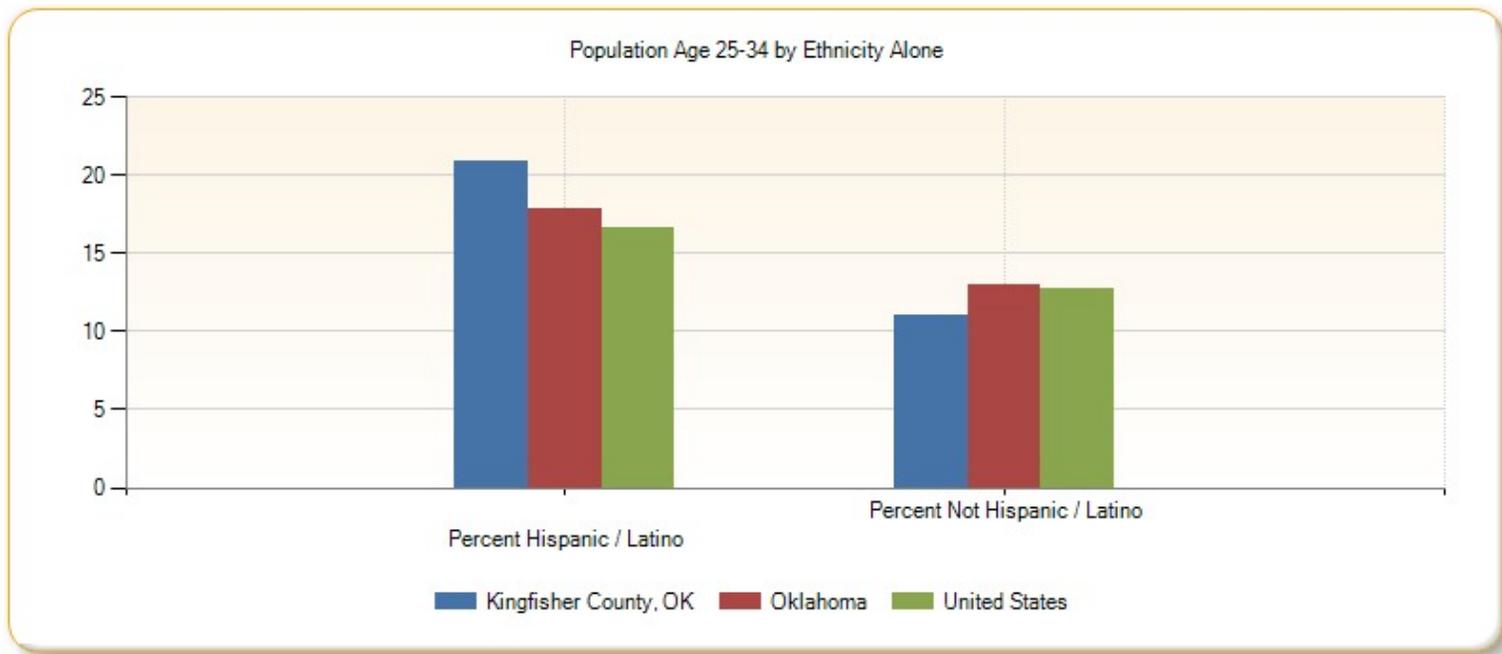
**Population Age 25-34 by Gender**

Report Area	Total Male	Total Female	Percent Male	Percent Female
Kingfisher County, OK	949	899	12.87%	11.85%
Oklahoma	256,963	246,619	13.85%	13.03%
United States	20,705,268	20,479,024	13.62%	13.03%



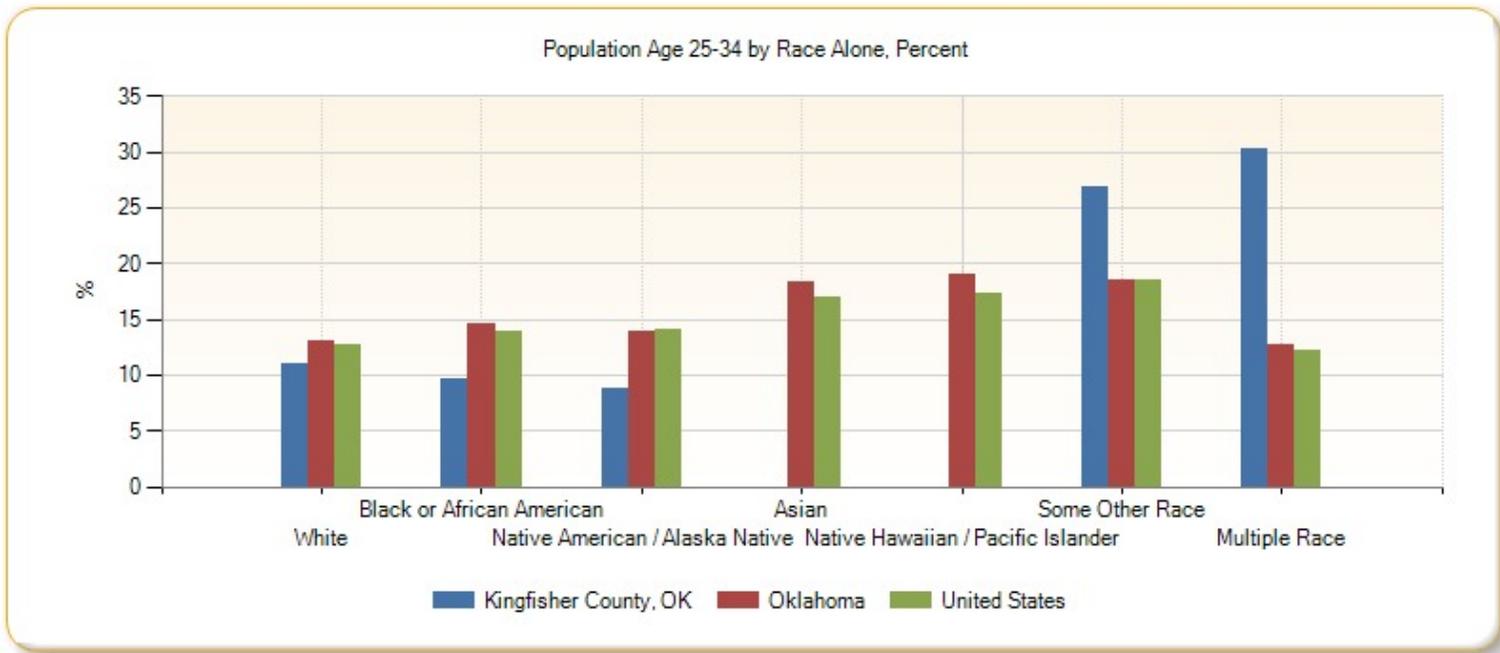
**Population Age 25-34 by Ethnicity Alone**

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Kingfisher County, OK	416	1,432	20.93%	11.03%
Oklahoma	58,965	444,617	17.81%	13.01%
United States	8,424,119	32,760,168	16.67%	12.67%



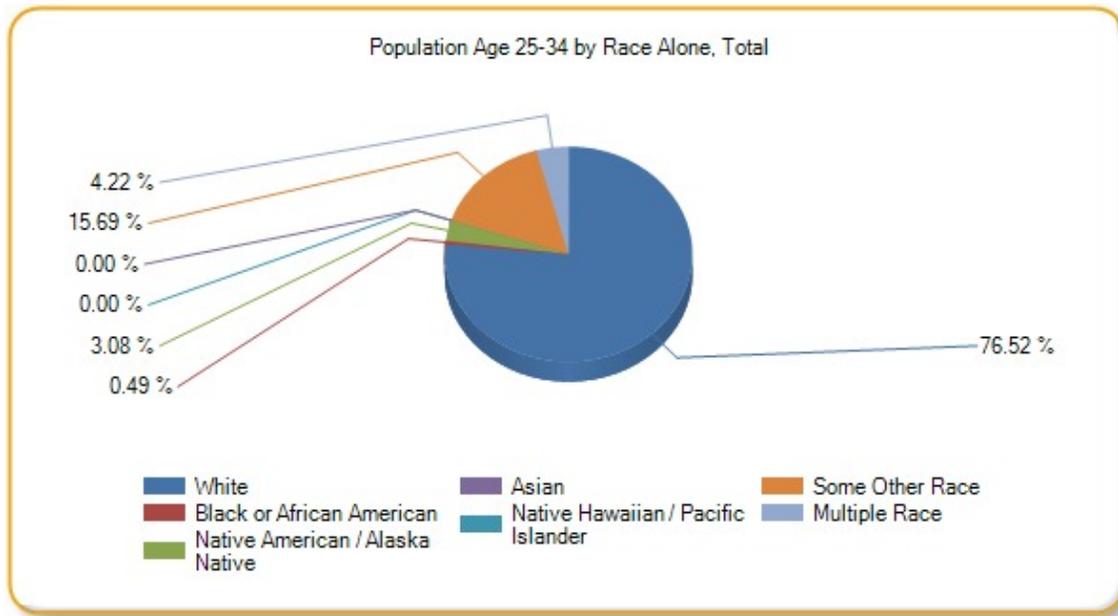
**Population Age 25-34 by Race Alone, Percent**

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Kingfisher County, OK	10.99%	9.57%	8.85%	0%	0%	26.80%	30.23%
Oklahoma	13.07%	14.57%	13.82%	18.25%	18.99%	18.55%	12.70%
United States	12.67%	13.90%	14.13%	17.02%	17.32%	18.55%	12.26%



**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
Kingfisher County, OK	1,414	9	57	0	0	290	78
Oklahoma	361,419	39,493	36,084	11,982	811	17,270	36,523
United States	29,045,124	5,398,454	357,427	2,529,378	89,077	2,747,542	1,017,288

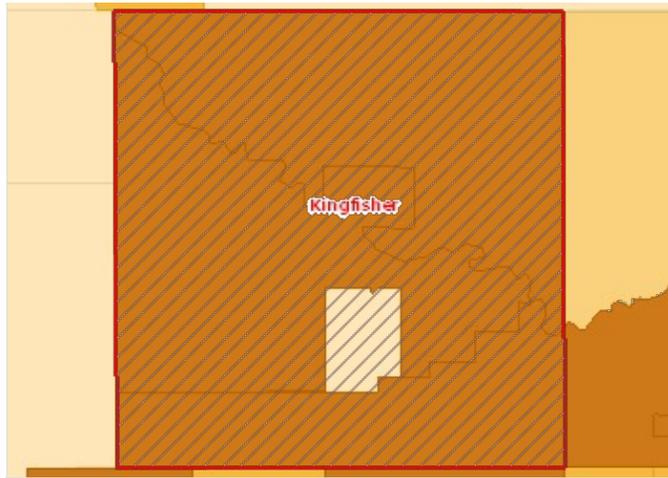


## Population Age 35-44

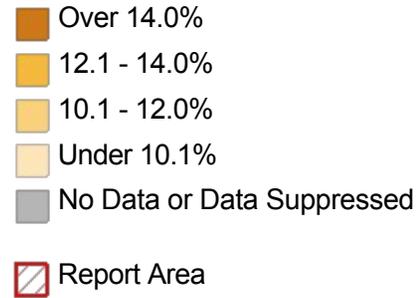
This indicator reports the percentage of youth aged 25-34 in a specific geographic area. This indicator is relevant because it is important to understand the percentage of youth in the community, as this population has unique health needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 35-44	Percent Population Age 35-44
Kingfisher County, OK	14,965	1,846	12.34%
Oklahoma	3,749,005	463,734	12.37%
United States	309,138,720	41,227,504	13.34%

Data Source: US Census Bureau, [American Community Survey](#): 2008-12. Source geography: Tract.

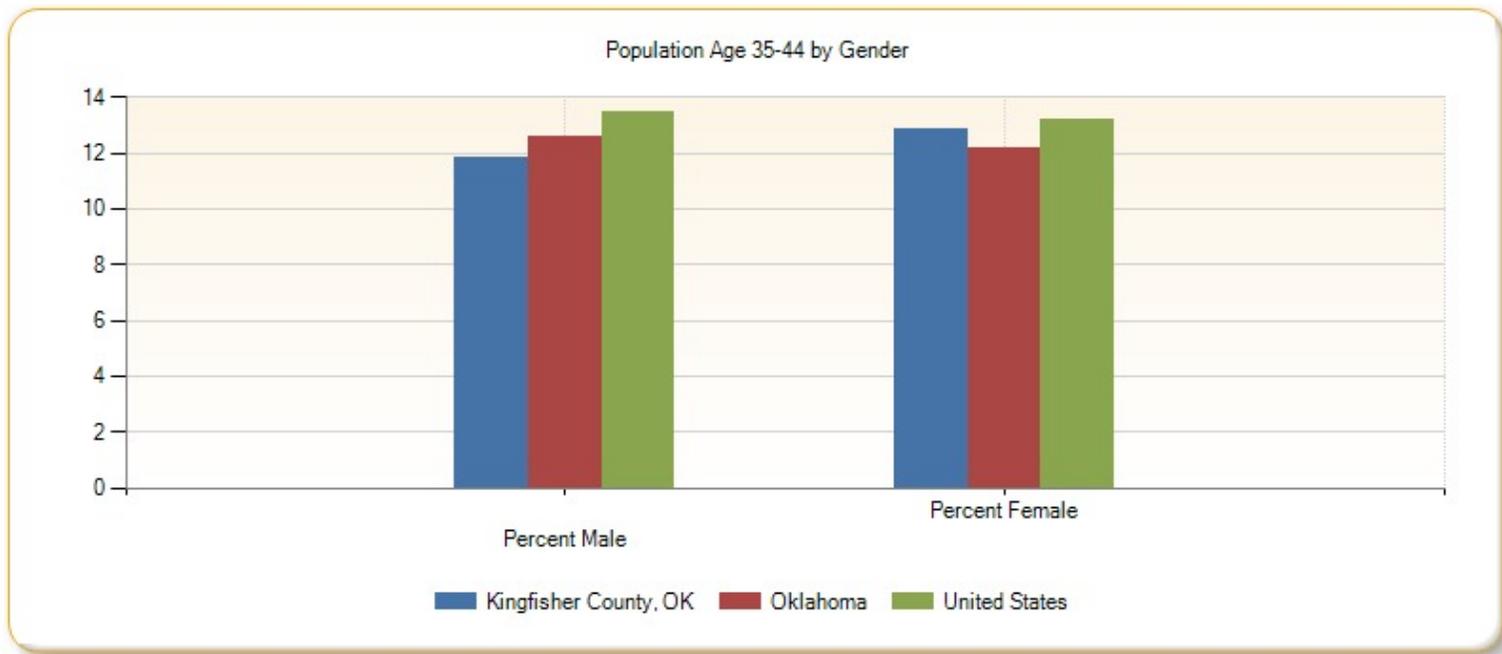


**Population Age 35-44, Percent by Tract, ACS 2008-12**



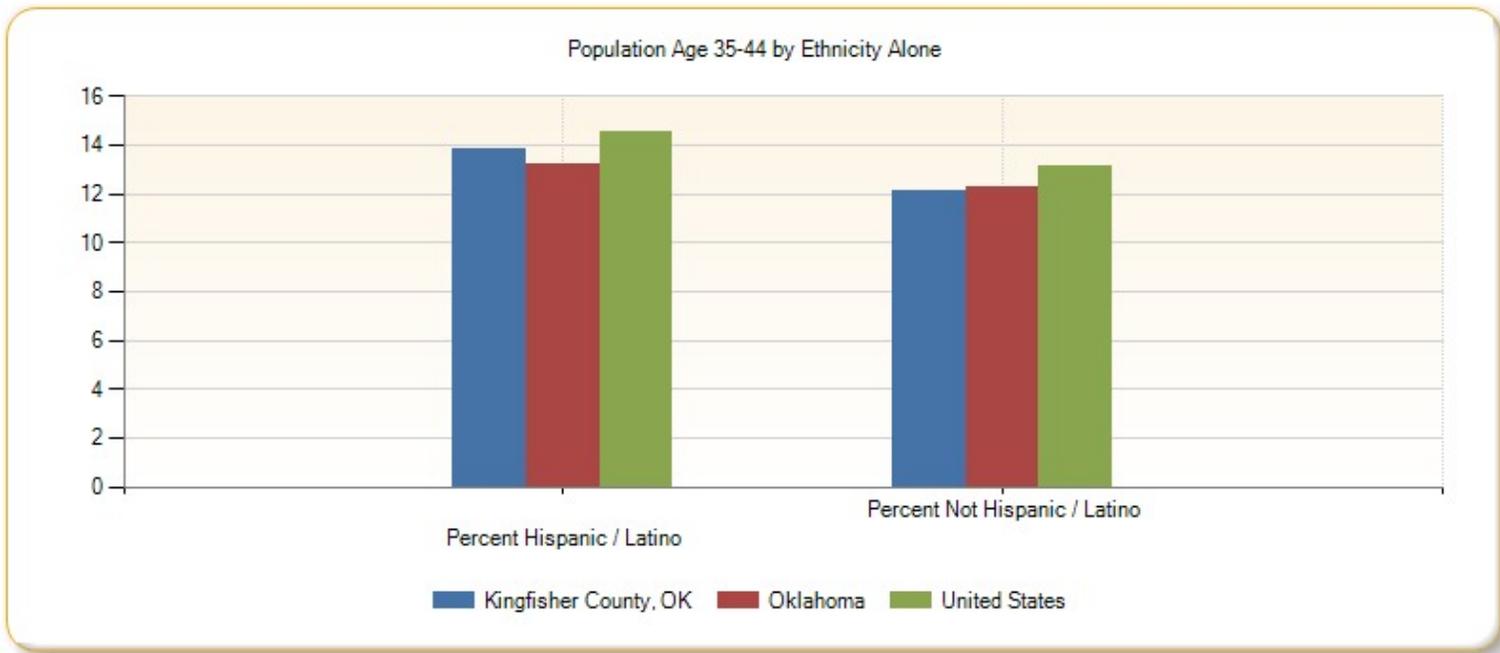
**Population Age 35-44 by Gender**

Report Area	Total Male	Total Female	Percent Male	Percent Female
Kingfisher County, OK	870	976	11.80%	12.86%
Oklahoma	233,175	230,559	12.57%	12.18%
United States	20,518,208	20,709,296	13.50%	13.18%



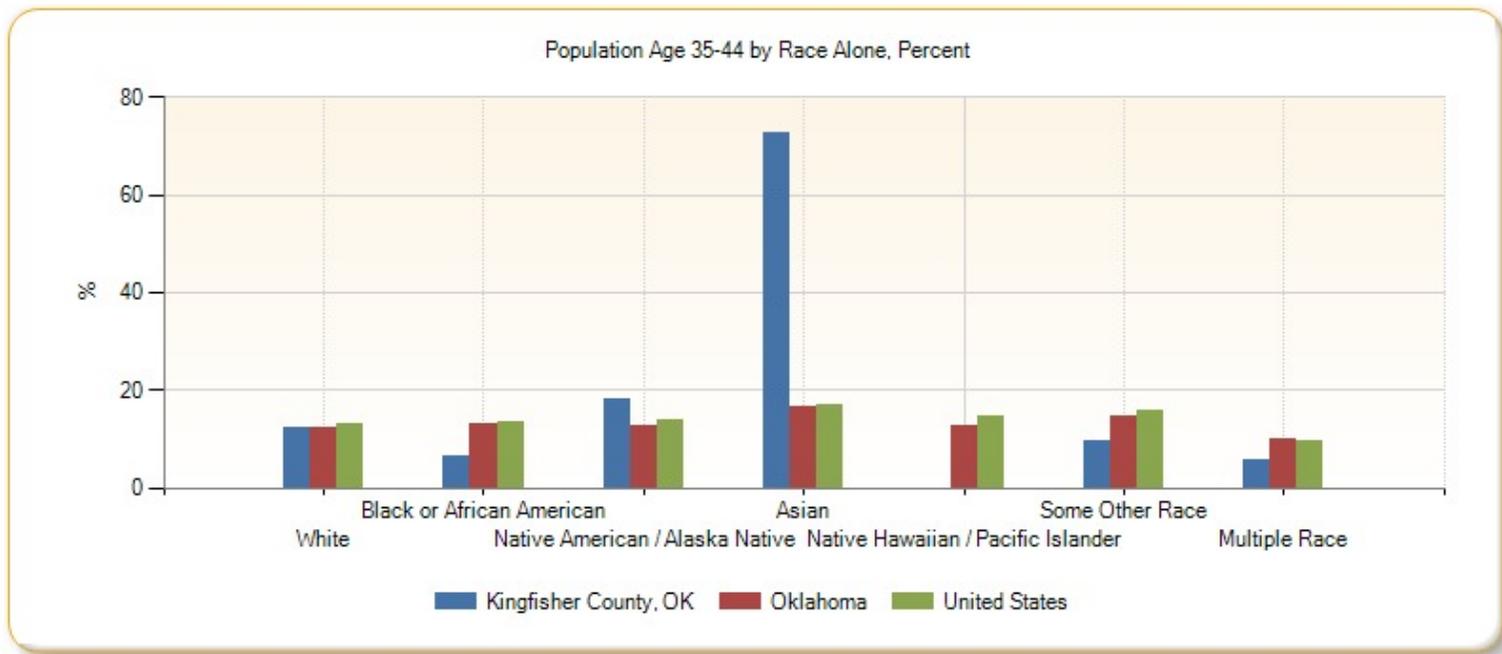
**Population Age 35-44 by Ethnicity Alone**

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Kingfisher County, OK	275	1,571	13.83%	12.11%
Oklahoma	43,644	420,090	13.18%	12.29%
United States	7,340,719	33,886,784	14.52%	13.10%



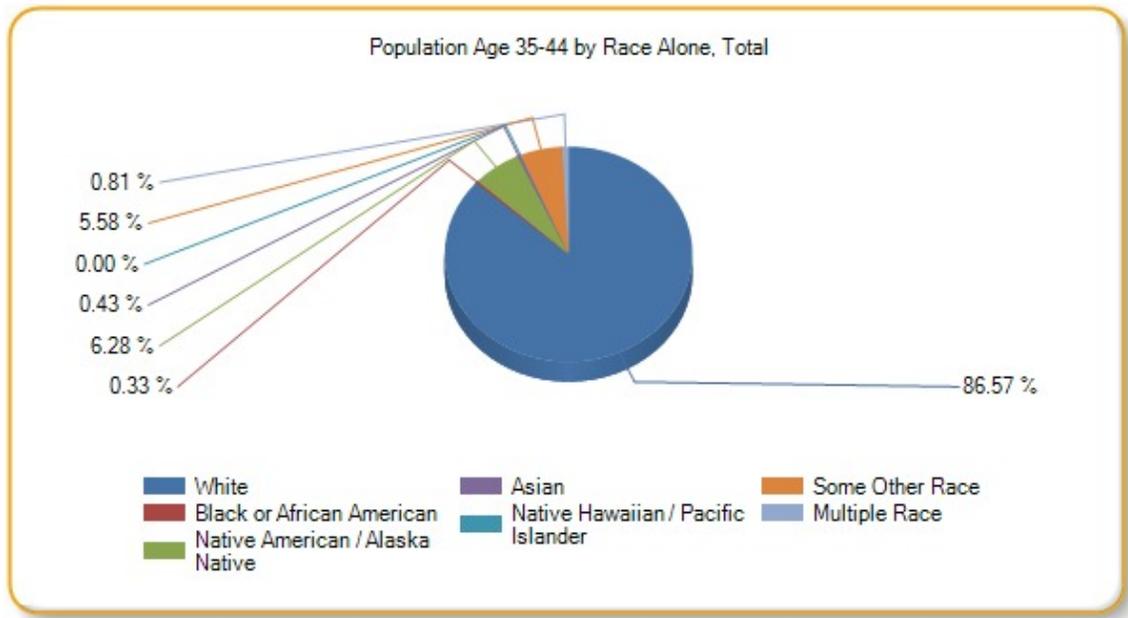
**Population Age 35-44 by Race Alone, Percent**

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Kingfisher County, OK	12.42%	6.38%	18.01%	72.73%	0%	9.52%	5.81%
Oklahoma	12.36%	13.17%	12.51%	16.61%	12.53%	14.56%	9.93%
United States	13.05%	13.62%	13.67%	16.78%	14.68%	15.59%	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
Kingfisher County, OK	1,598	6	116	8	0	103	15
Oklahoma	341,834	35,686	32,662	10,905	535	13,559	28,553
United States	29,925,020	5,286,302	345,820	2,494,127	75,516	2,308,989	791,730



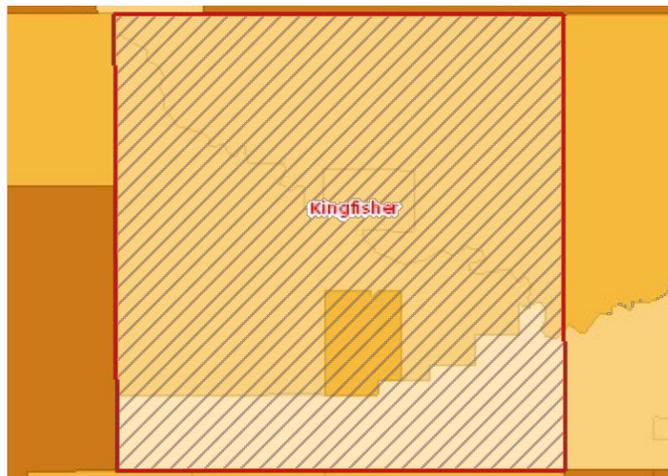
### Population Age 45-54

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
Kingfisher County, OK	14,965	2,210	14.77%
Oklahoma	3,749,005	519,577	13.86%
United States	309,138,720	44,646,976	14.44%

Data Source: US Census Bureau, [American Community Survey](#): 2008-12. Source geography: Tract.

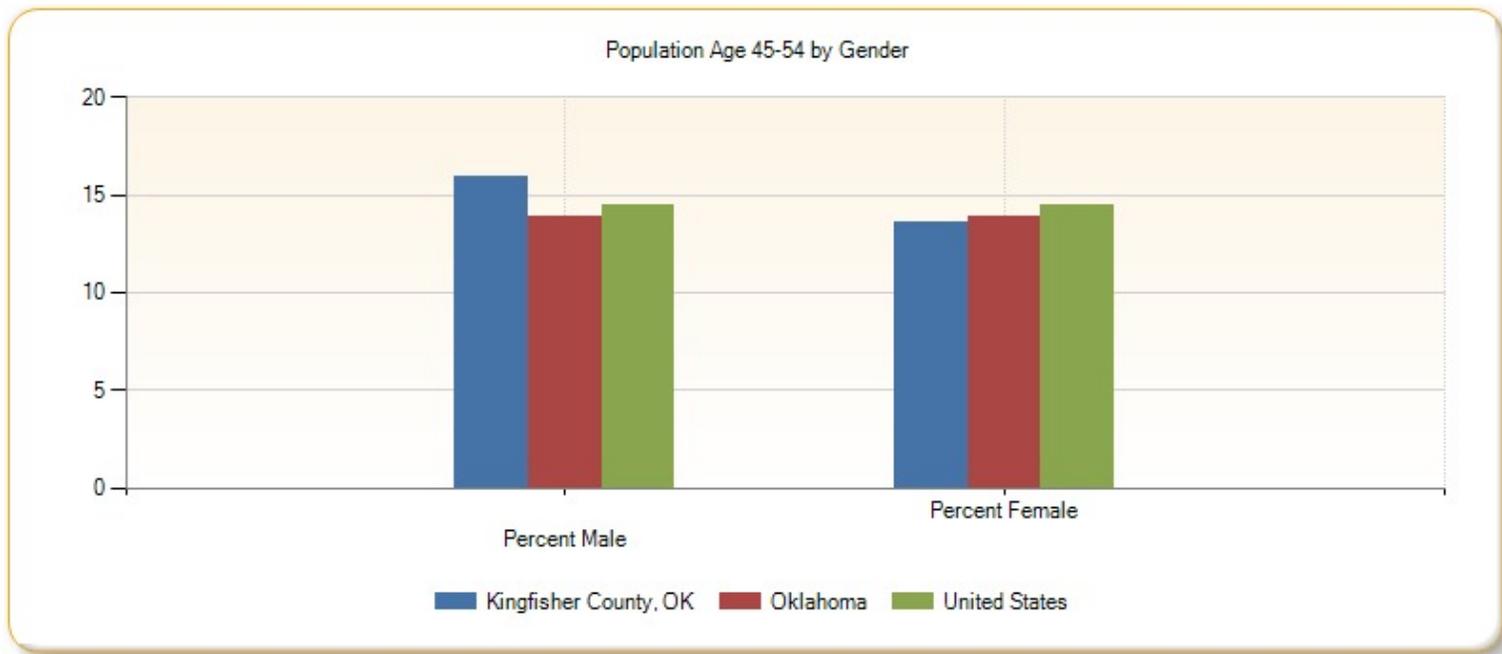
**Population Age 45-54, Percent by Tract, ACS 2008-12**



- Over 17.0%
- 15.1 - 17.0%
- 13.1 - 15.0%
- Under 13.1%
- No Data or Data Suppressed
- Report Area

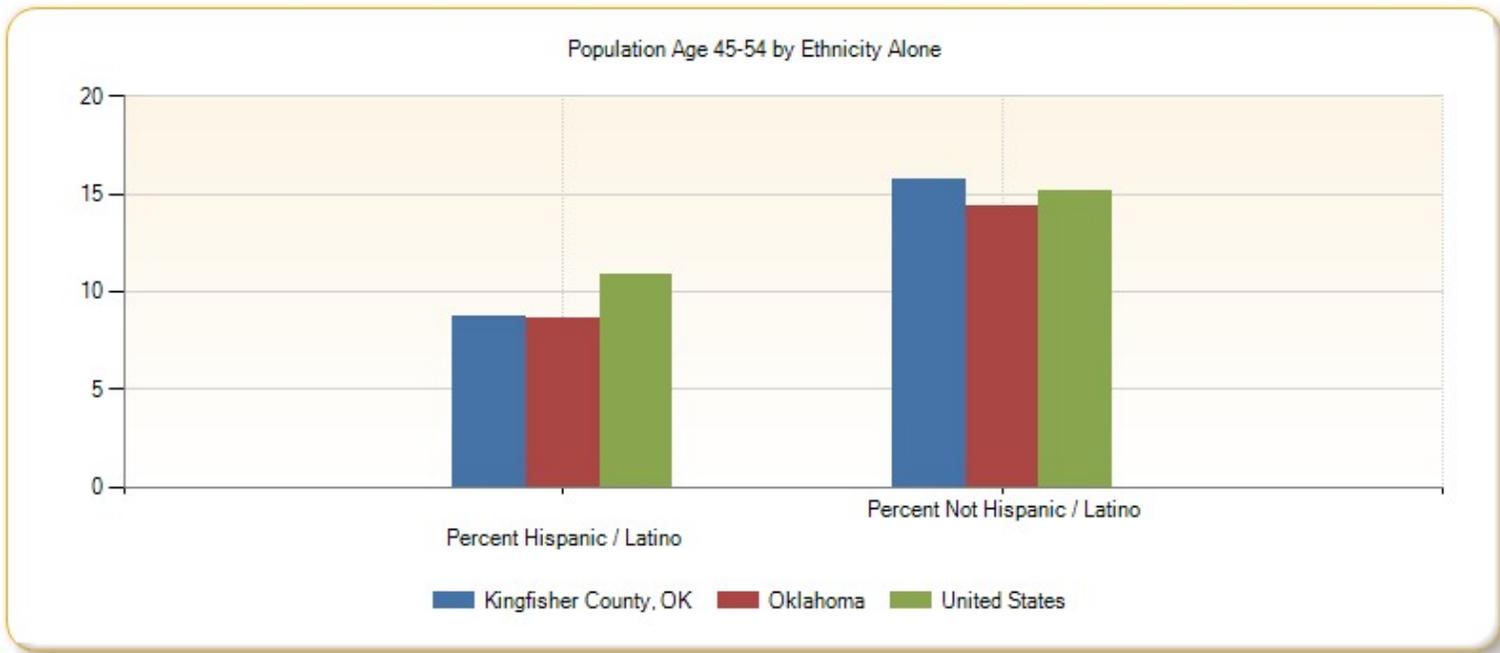
**Population Age 45-54 by Gender**

Report Area	Total Male	Total Female	Percent Male	Percent Female
Kingfisher County, OK	1,177	1,033	15.96%	13.61%
Oklahoma	256,894	262,683	13.84%	13.87%
United States	21,968,912	22,678,066	14.45%	14.43%



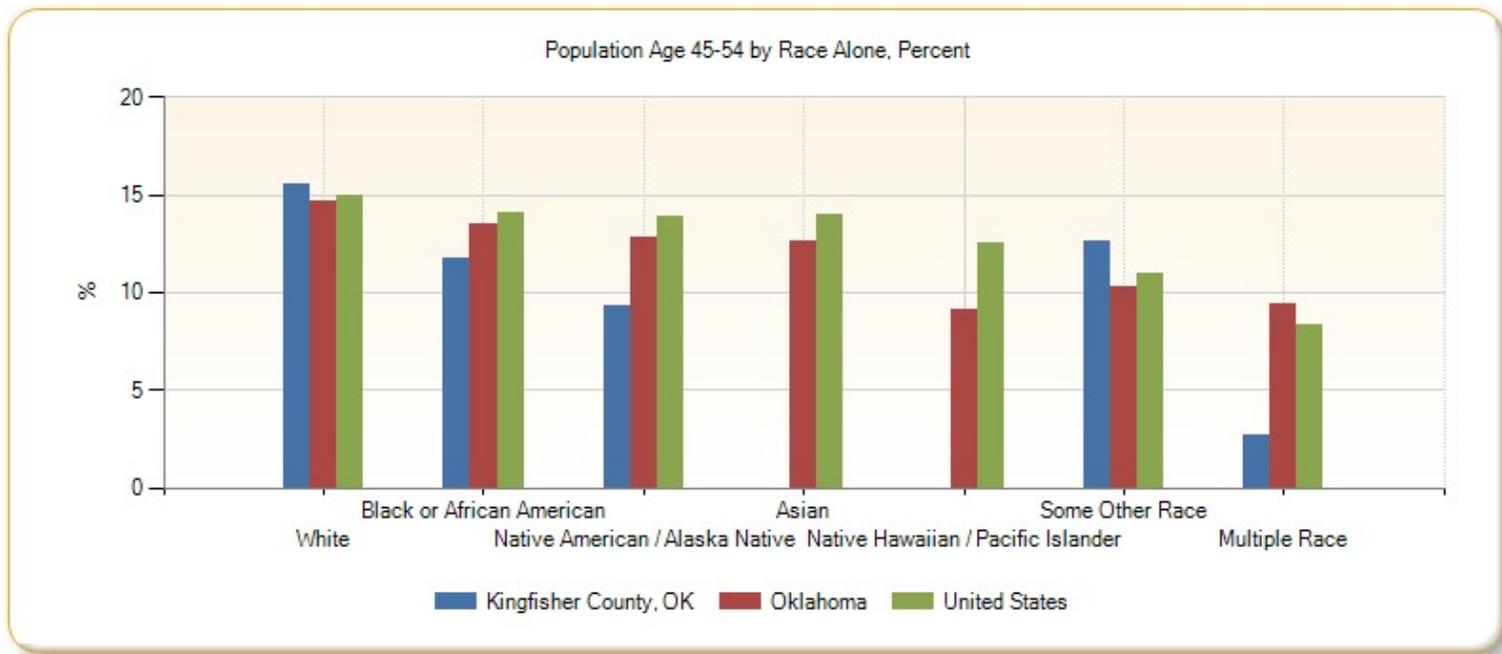
**Population Age 45-54 by Ethnicity Alone**

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Kingfisher County, OK	174	2,036	8.75%	15.69%
Oklahoma	28,634	490,943	8.65%	14.36%
United States	5,471,194	39,175,784	10.82%	15.15%



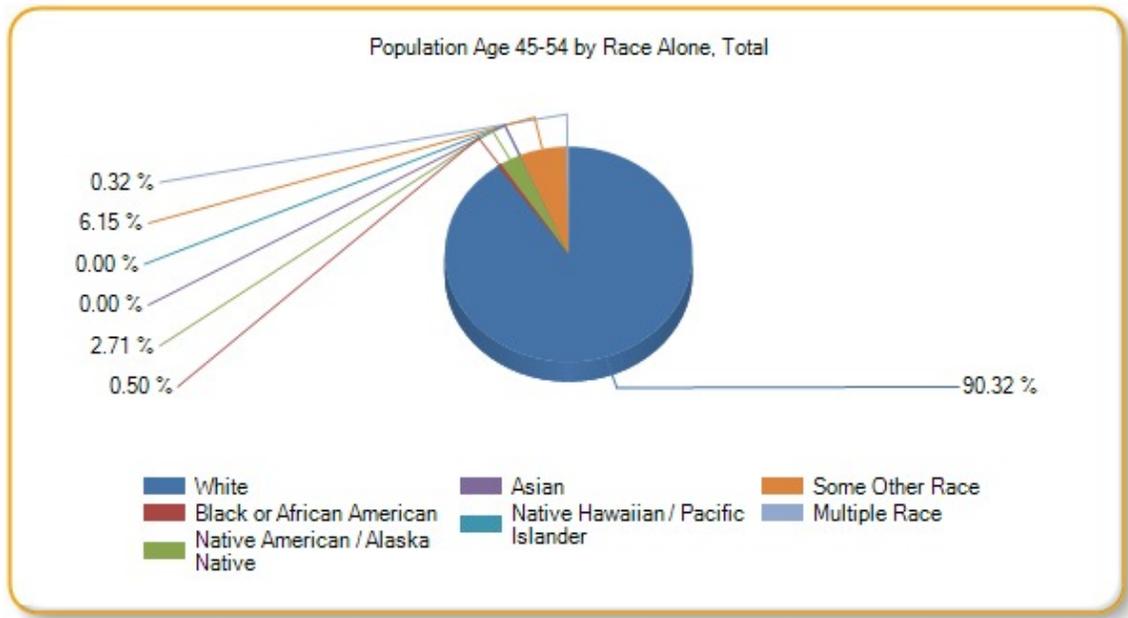
**Population Age 45-54 by Race Alone, Percent**

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Kingfisher County, OK	15.51%	11.70%	9.32%	0%	0%	12.57%	2.71%
Oklahoma	14.63%	13.45%	12.78%	12.60%	9.13%	10.24%	9.37%
United States	15%	14.07%	13.85%	13.94%	12.56%	10.94%	8.34%



**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
Kingfisher County, OK	1,996	11	60	0	0	136	7
Oklahoma	404,621	36,444	33,362	8,268	390	9,536	26,956
United States	34,387,604	5,461,156	350,230	2,071,577	64,599	1,619,973	691,838



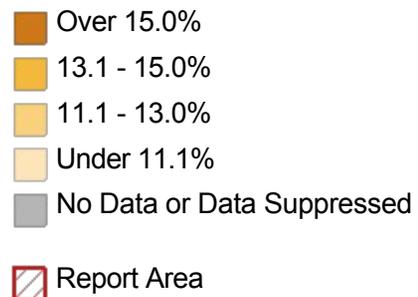
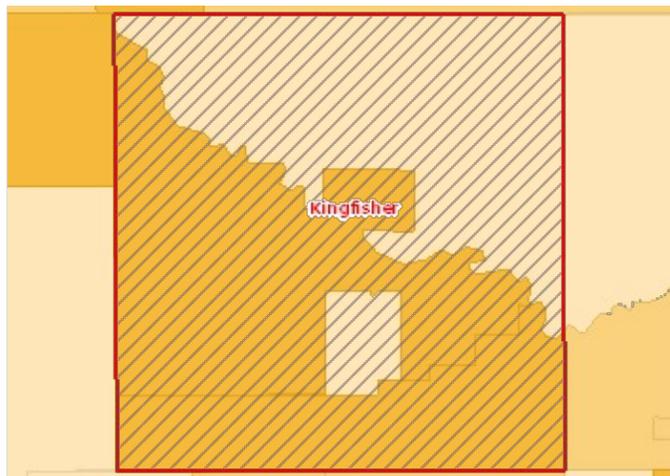
### Population Age 55-64

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
Kingfisher County, OK	14,965	1,714	11.45%
Oklahoma	3,749,005	441,608	11.78%
United States	309,138,720	36,605,800	11.84%

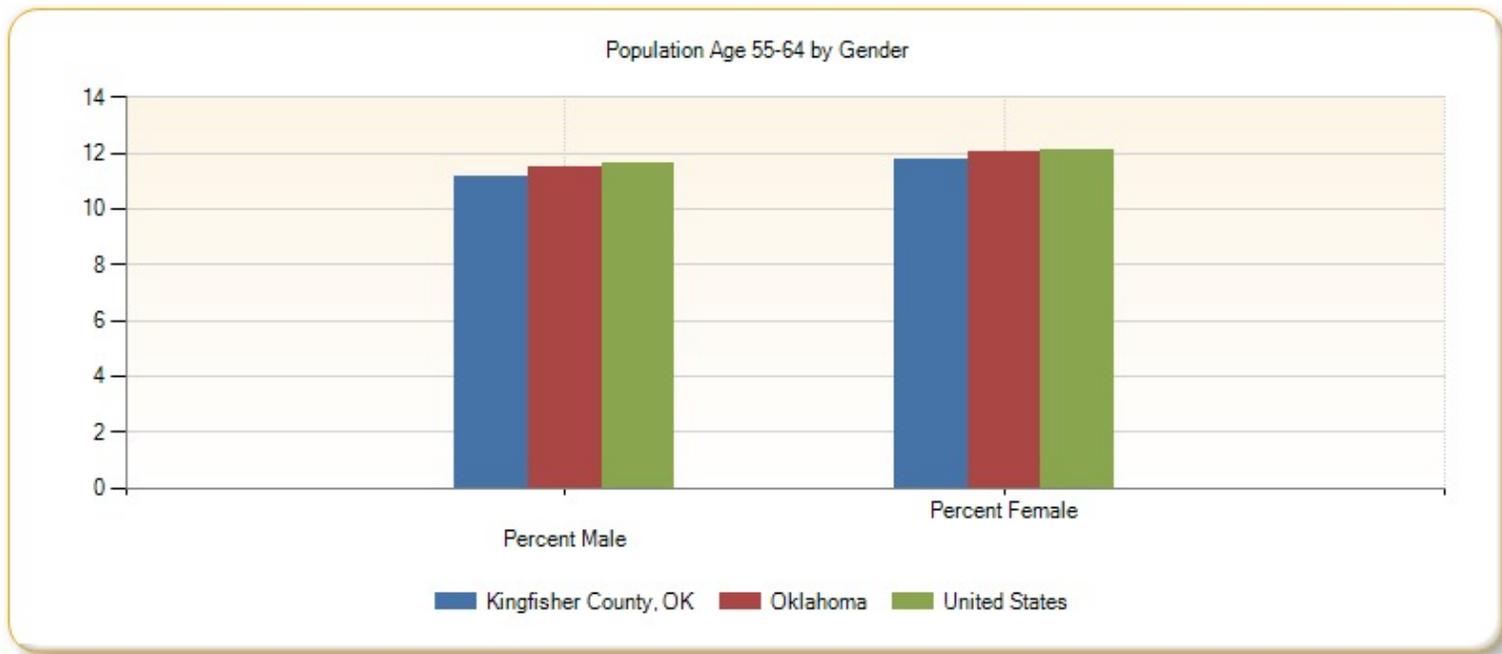
Data Source: US Census Bureau, [American Community Survey](#): 2008-12. Source geography: Tract.

**Population Age 55-64, Percent by Tract, ACS 2008-12**



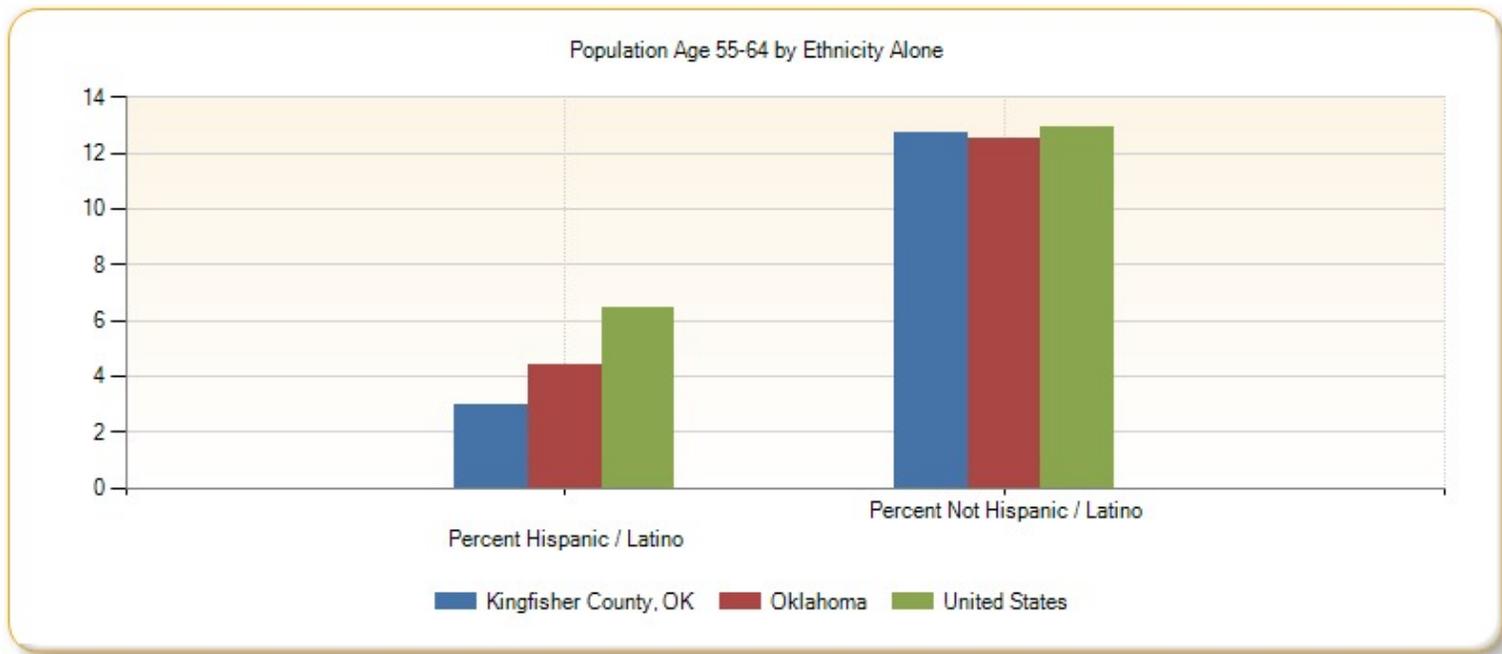
**Population Age 55-64 by Gender**

Report Area	Total Male	Total Female	Percent Male	Percent Female
Kingfisher County, OK	823	891	11.16%	11.74%
Oklahoma	213,622	227,986	11.51%	12.04%
United States	17,646,868	18,958,934	11.61%	12.07%



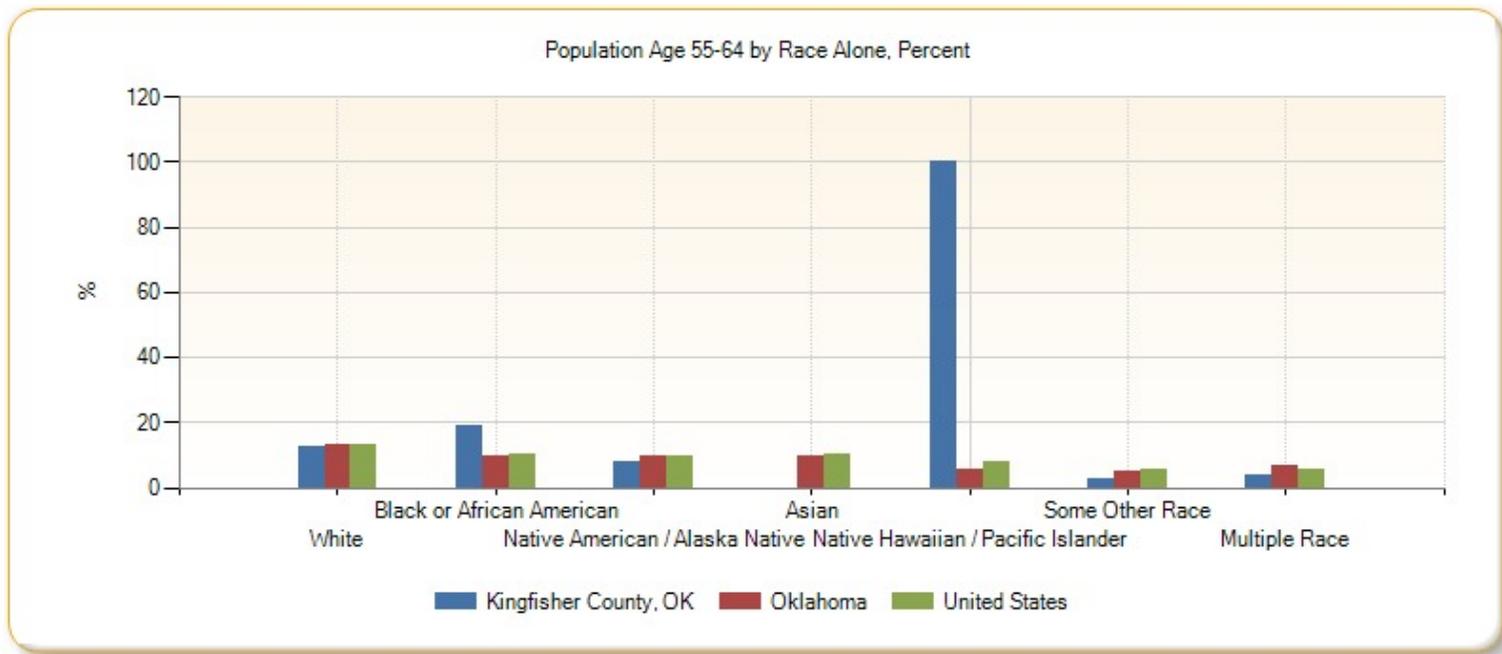
**Population Age 55-64 by Ethnicity Alone**

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Kingfisher County, OK	59	1,655	2.97%	12.75%
Oklahoma	14,495	427,113	4.38%	12.50%
United States	3,258,295	33,347,504	6.45%	12.90%



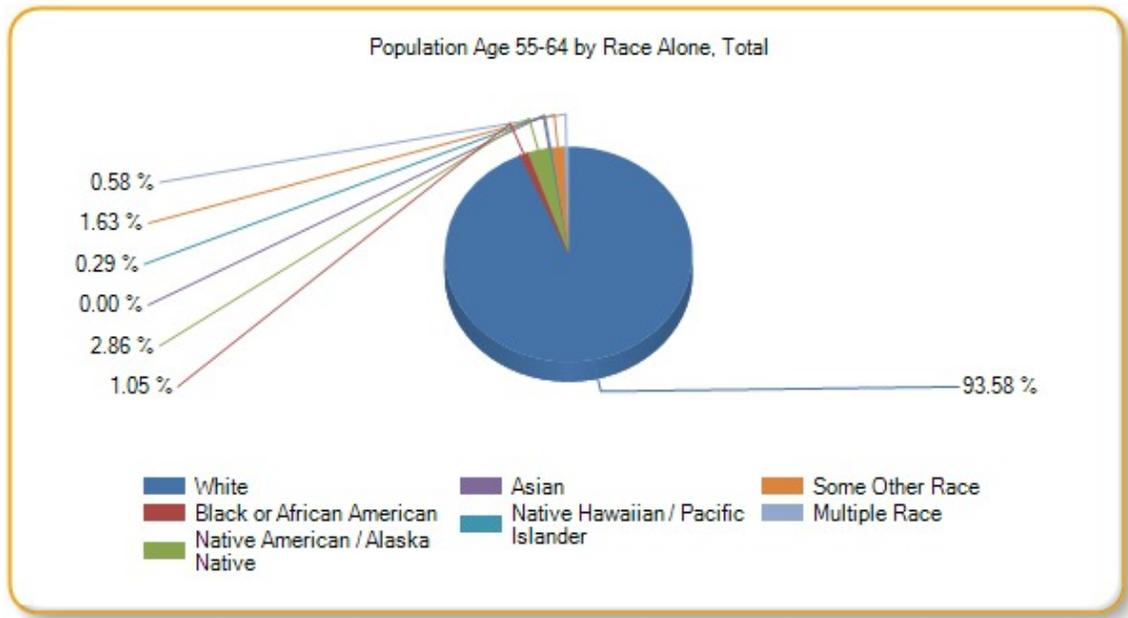
**Population Age 55-64 by Race Alone, Percent**

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Kingfisher County, OK	12.46%	19.15%	7.61%	0%	100%	2.59%	3.88%
Oklahoma	13.03%	9.71%	9.44%	9.46%	5.50%	4.93%	6.69%
United States	12.87%	10.10%	9.85%	10.51%	8.01%	5.81%	5.54%



**Population Age 55-64 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
Kingfisher County, OK	1,604	18	49	0	5	28	10
Oklahoma	360,372	26,310	24,643	6,209	235	4,594	19,245
United States	29,512,132	3,920,820	249,233	1,561,329	41,223	861,302	459,763

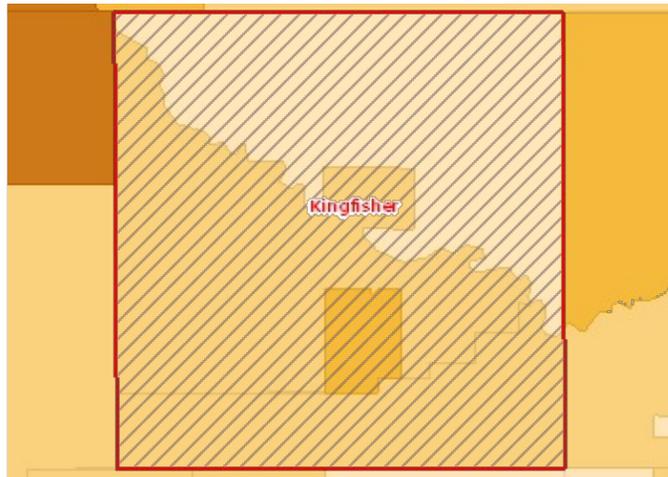


## Population Age 65

An estimated 15.04% percent of the population in the report area according to the U.S. Census Bureau American Community Survey 2008-12 5-year estimates. An estimated total of 2,250 older adults resided in the area during this time period. The number of persons age 65 or older is relevant because 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
Kingfisher County, OK	14,965	2,250	15.04%
Oklahoma	3,749,005	509,820	13.60%
United States	309,138,720	40,671,440	13.16%

Data Source: US Census Bureau, [American Community Survey](#): 2008-12. Source geography: Tract.

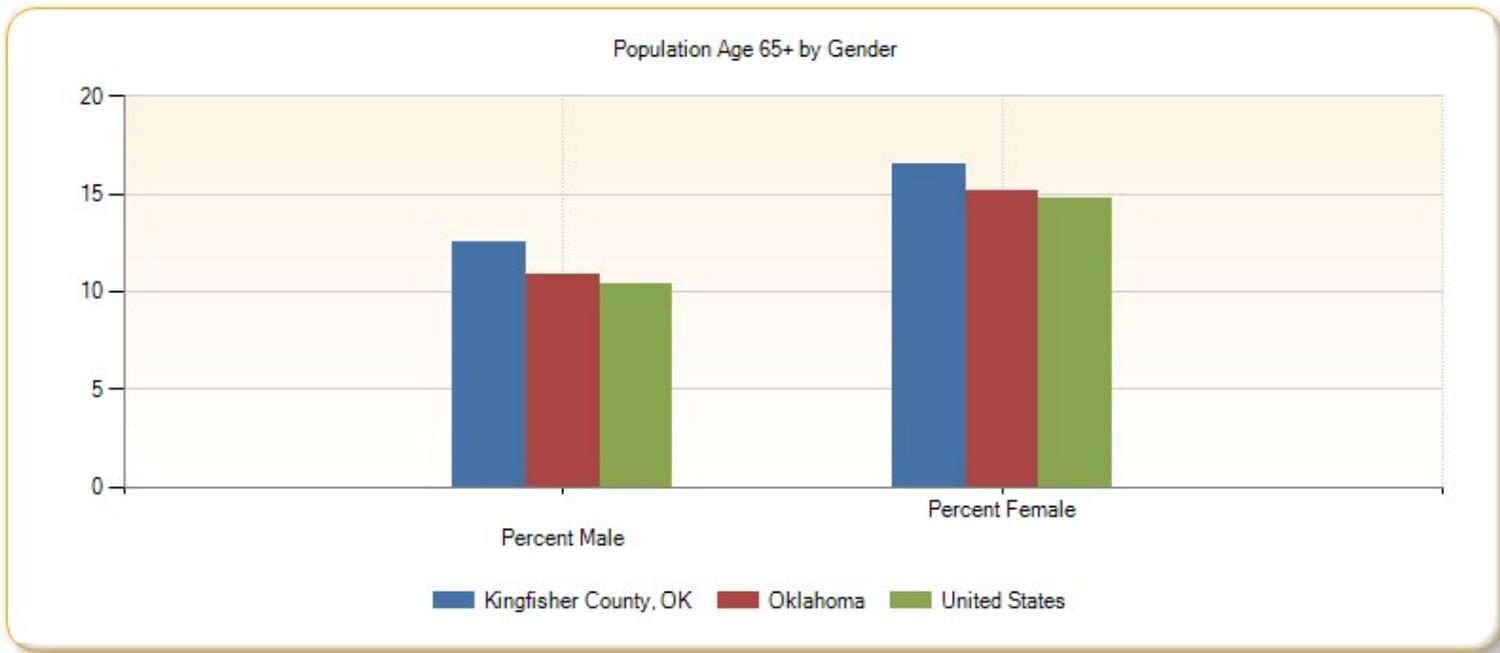


**Population Age 65 , Percent by Tract, ACS 2008-12**

- Over 20.0%
- 16.1 - 20.0%
- 12.1 - 16.0%
- Under 12.1%
- No Data or Data Suppressed
- Report Area

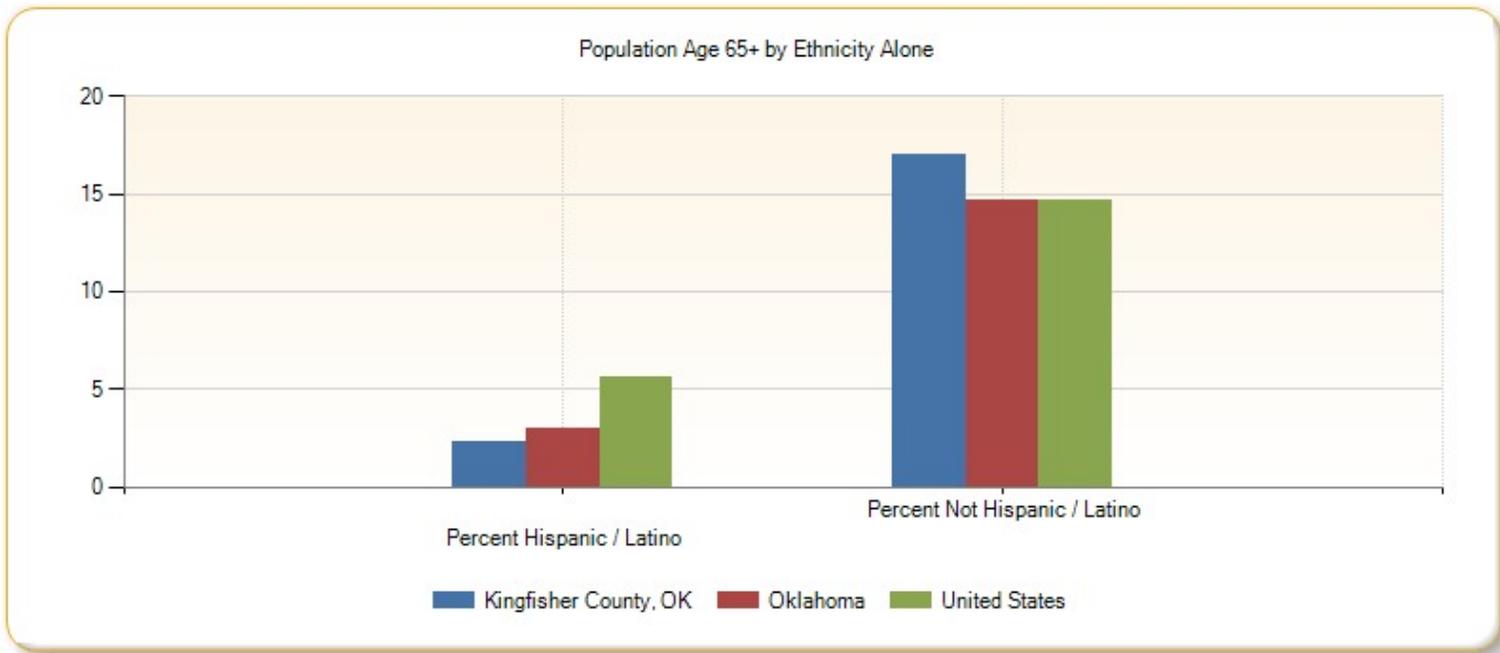
**Population Age 65 by Gender**

Report Area	Total Male	Total Female	Percent Male	Percent Female
Kingfisher County, OK	924	1,251	12.53%	16.48%
Oklahoma	201,646	287,283	10.87%	15.17%
United States	15,754,421	23,115,796	10.36%	14.71%



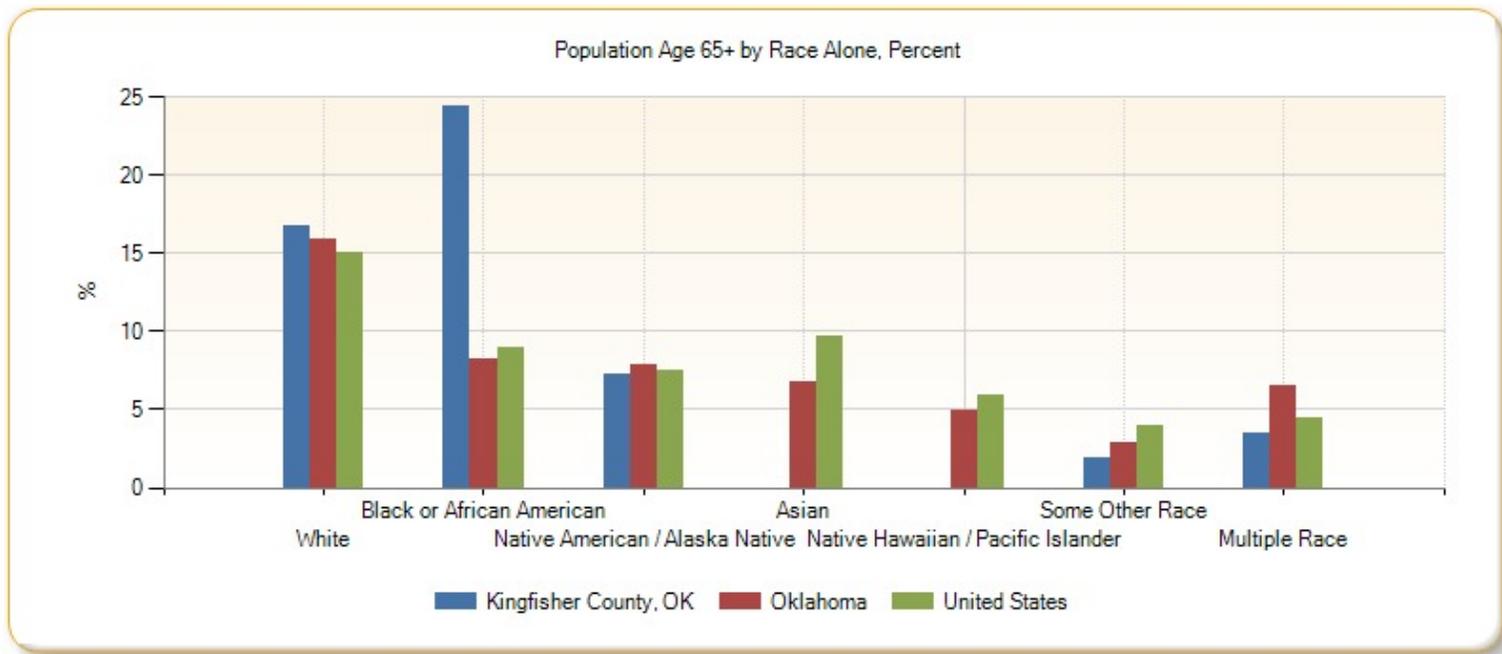
**Population Age 65 by Ethnicity Alone**

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Kingfisher County, OK	45	2,205	2.26%	16.99%
Oklahoma	9,723	500,097	2.94%	14.63%
United States	2,822,580	37,848,860	5.58%	14.64%



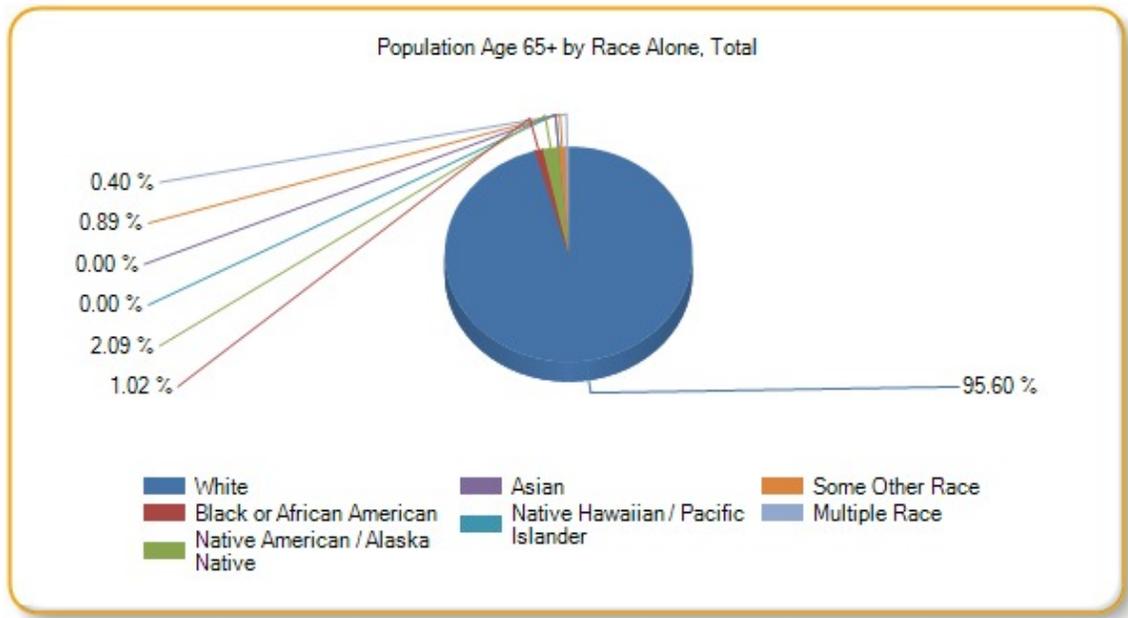
**Population Age 65 by Race Alone, Percent**

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Kingfisher County, OK	16.71%	24.47%	7.30%	0%	0%	1.85%	3.49%
Oklahoma	15.94%	8.26%	7.81%	6.77%	4.94%	2.87%	6.52%
United States	15.08%	8.95%	7.45%	9.65%	5.91%	4.01%	4.50%



**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
Kingfisher County, OK	2,151	23	47	0	0	20	9
Oklahoma	440,947	22,380	20,401	4,446	211	2,670	18,765
United States	34,574,624	3,476,420	188,442	1,434,282	30,418	593,511	373,745



## Median Age

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

Report Area	Total Population	Median Age
Kingfisher County, OK	14,965	38.30
Oklahoma	3,749,005	36.30
United States	309,138,720	37.20

Data Source: US Census Bureau, [American Community Survey](#): 2008-12. Source geography: Tract.

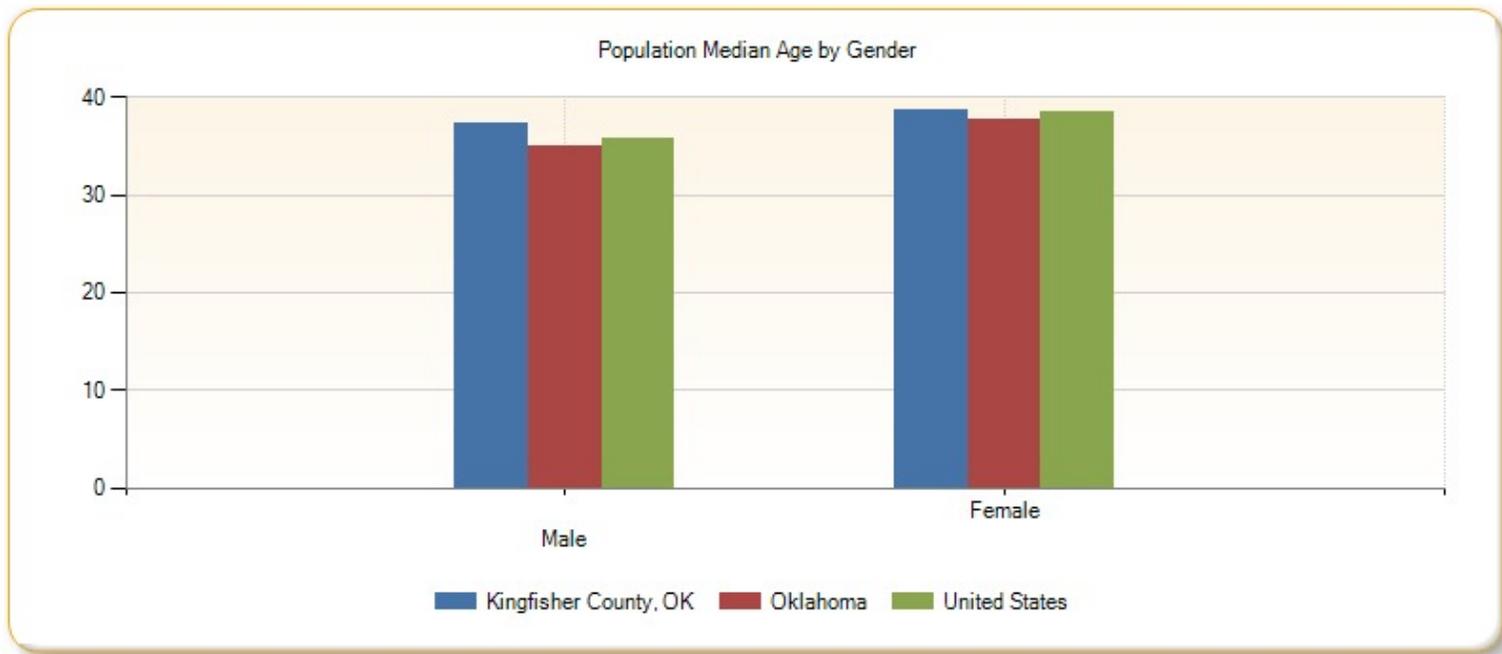


**Median Age by Tract, ACS 2008-12**



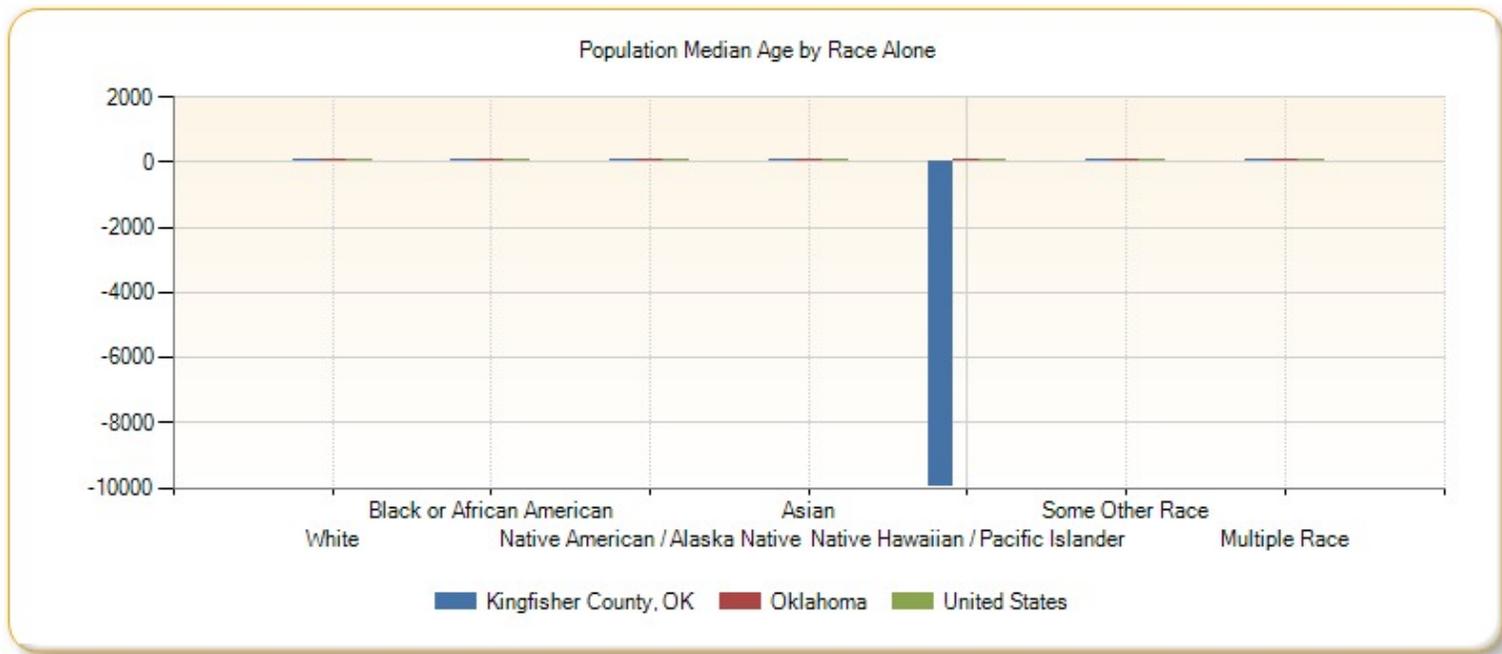
**Population Median Age by Gender**

Report Area	Male	Female
Kingfisher County, OK	37.40	38.60
Oklahoma	34.90	37.70
United States	35.80	38.50



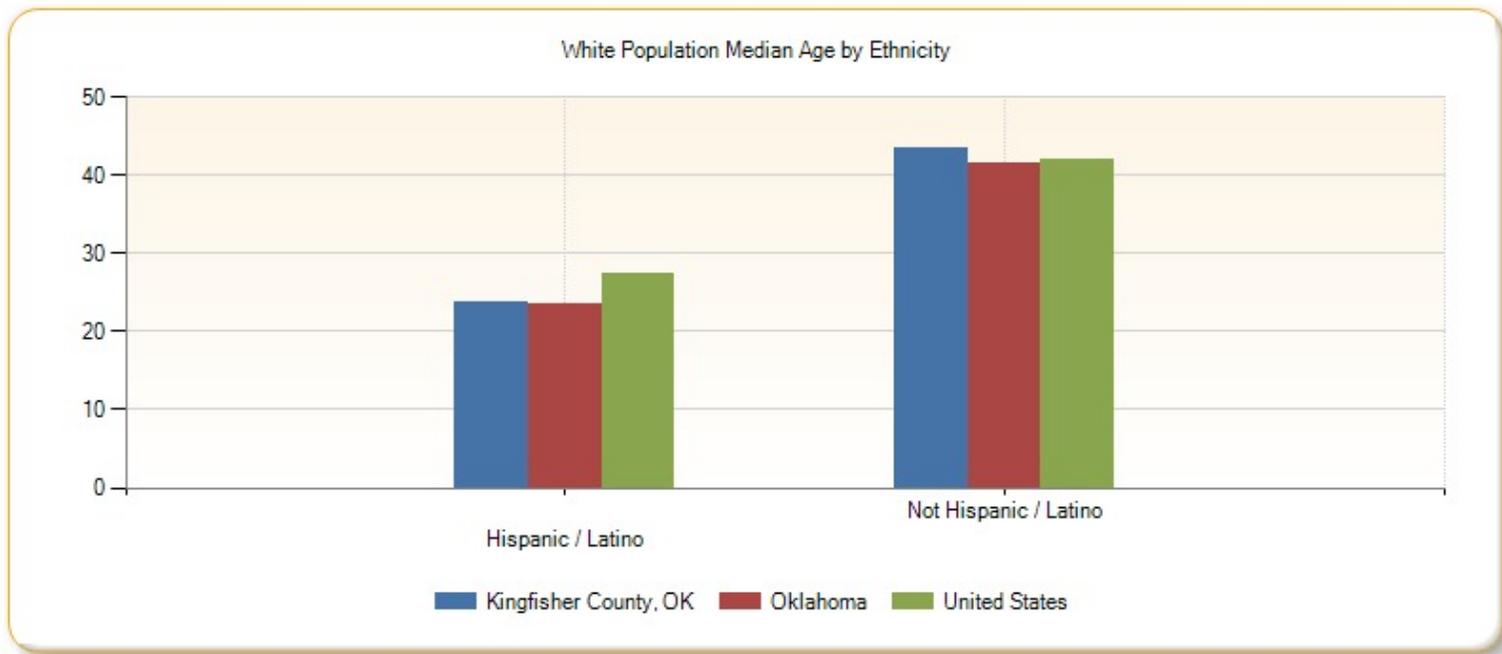
**Population Median Age by Race Alone**

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Kingfisher County, OK	41.40	54.50	27.60	36.50	no data	28.60	20.50
Oklahoma	39.80	31	29.50	32.20	26.10	25.70	22.10
United States	39.80	32.50	31.10	35.50	29.60	27.50	19



### White Population Median Age by Ethnicity

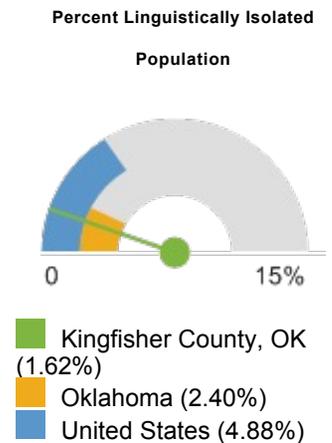
Report Area	Hispanic / Latino	Not Hispanic / Latino
Kingfisher County, OK	23.70	43.40
Oklahoma	23.50	41.50
United States	27.30	42.10



## Linguistically Isolated Population

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."

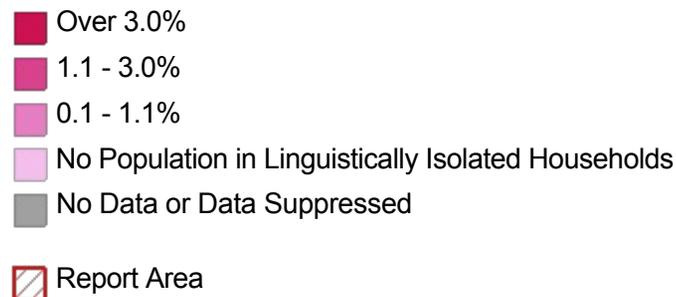
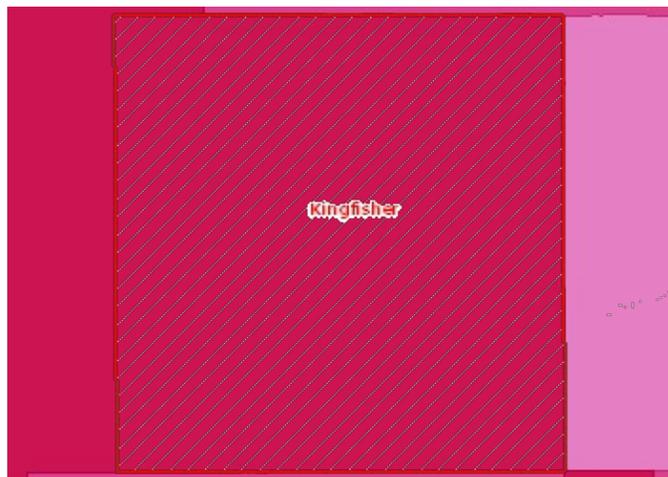
Report Area	Total Population Age 5	Linguistically Isolated Population	Percent Linguistically Isolated Population
Kingfisher County, OK	13,909	226	1.62%
Oklahoma	3,487,773	83,621	2.40%
United States	289,000,832	14,107,602	4.88%



Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.

Data Source: US Census Bureau, [American Community Survey](#): 2008-12. Source geography: Tract.

### Population in Linguistically Isolated Households, Percent by PUMA, ACS 2008-12



### Population with Limited English Proficiency

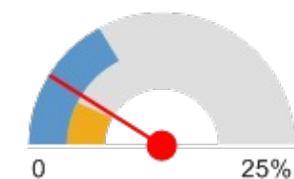
This indicator reports the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well." This indicator is relevant because an inability to speak English well creates barriers to healthcare access, provider communications, and health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

Report Area	Total Population	Population Age 5	Population Age 5 with Limited English Proficiency	Percent Population Age 5 with Limited English Proficiency
Kingfisher County, OK	13,909	13,909	615	<b>4.42%</b>
Oklahoma	3,487,773	3,487,773	135,250	3.88%
United States	289,000,832	289,000,824	25,081,124	8.68%

Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [American Community Survey](#): 2008-12. Source geography: Tract.

Percent Population Age 5 with Limited English Proficiency

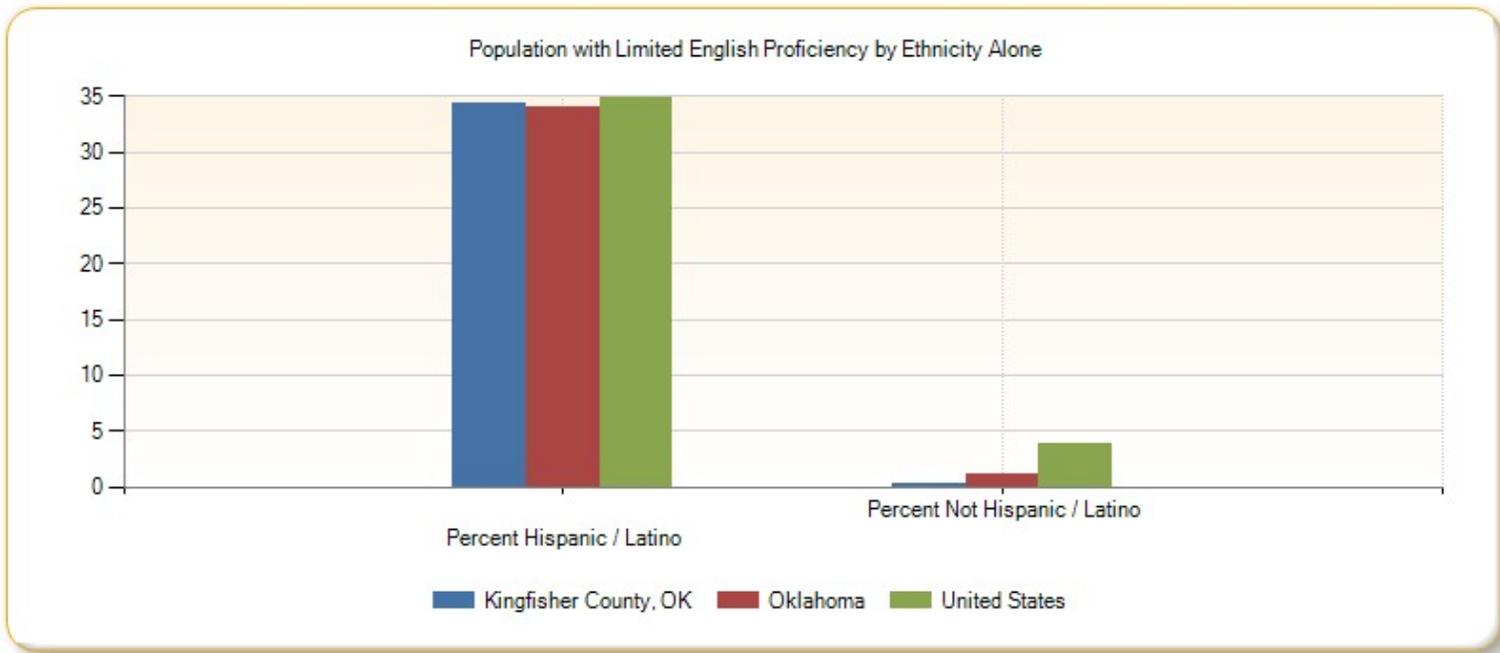


**Population with Limited English Proficiency, Percent by Tract, ACS 2008-12**



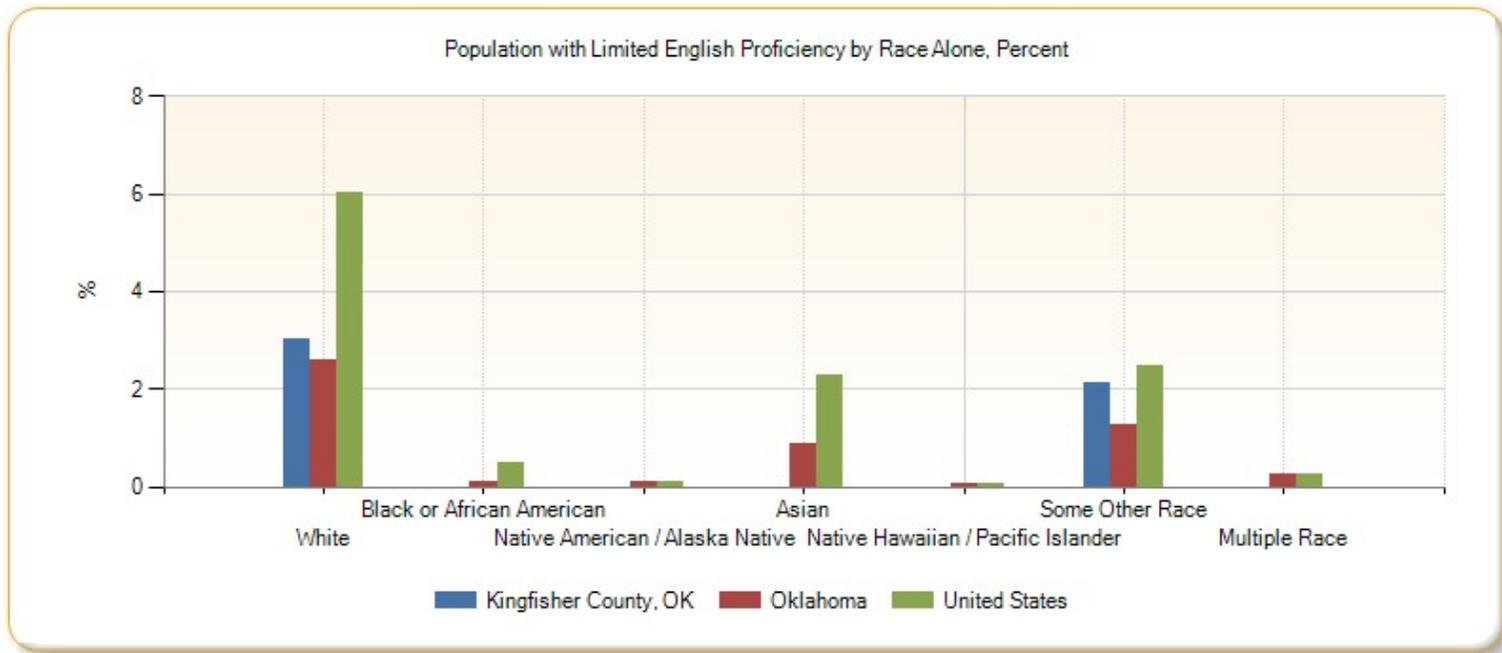
**Population with Limited English Proficiency by Ethnicity Alone**

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Kingfisher County, OK	596	19	34.37%	0.16%
Oklahoma	97,720	37,530	33.99%	1.17%
United States	15,868,971	9,212,153	34.92%	3.78%



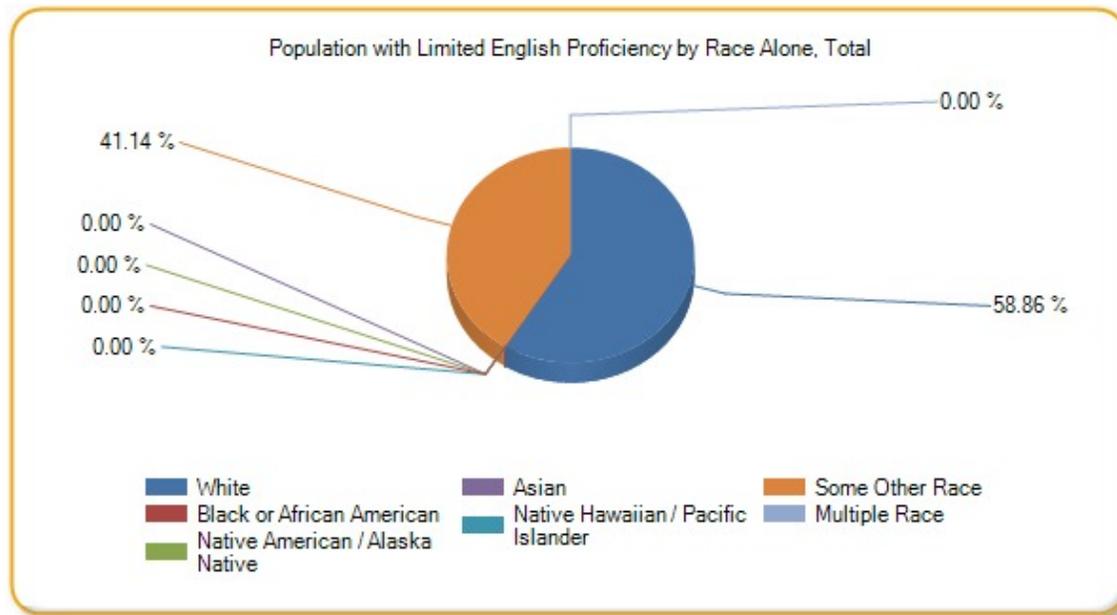
**Population with Limited English Proficiency by Race Alone, Percent**

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Kingfisher County, OK	3.01%	0%	0%	0%	0%	2.11%	0%
Oklahoma	2.61%	0.08%	0.10%	0.86%	0.03%	1.27%	0.25%
United States	6.01%	0.48%	0.09%	2.29%	0.03%	2.47%	0.25%



**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
Kingfisher County, OK	362	0	0	0	0	253	0
Oklahoma	67,995	2,033	2,675	22,286	704	33,159	6,398
United States	12,975,447	1,030,444	196,239	4,953,607	63,299	5,327,854	534,232



## Population Geographic Mobility

This indicator reports information about population in-migration by assessing changes in residence within a one year period. Of the 14,821 persons residing in the report area, an estimated 6.47% relocated to the area, according to the American Community Survey 2011 5-year data. 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
Kingfisher County, OK	14,821	959	6.47%
Oklahoma	3,664,969	286,137	7.81%
United States	305,340,608	18,454,468	6.04%

Data Source: US Census Bureau, [American Community Survey](#): 2008-12. Source geography: Tract.

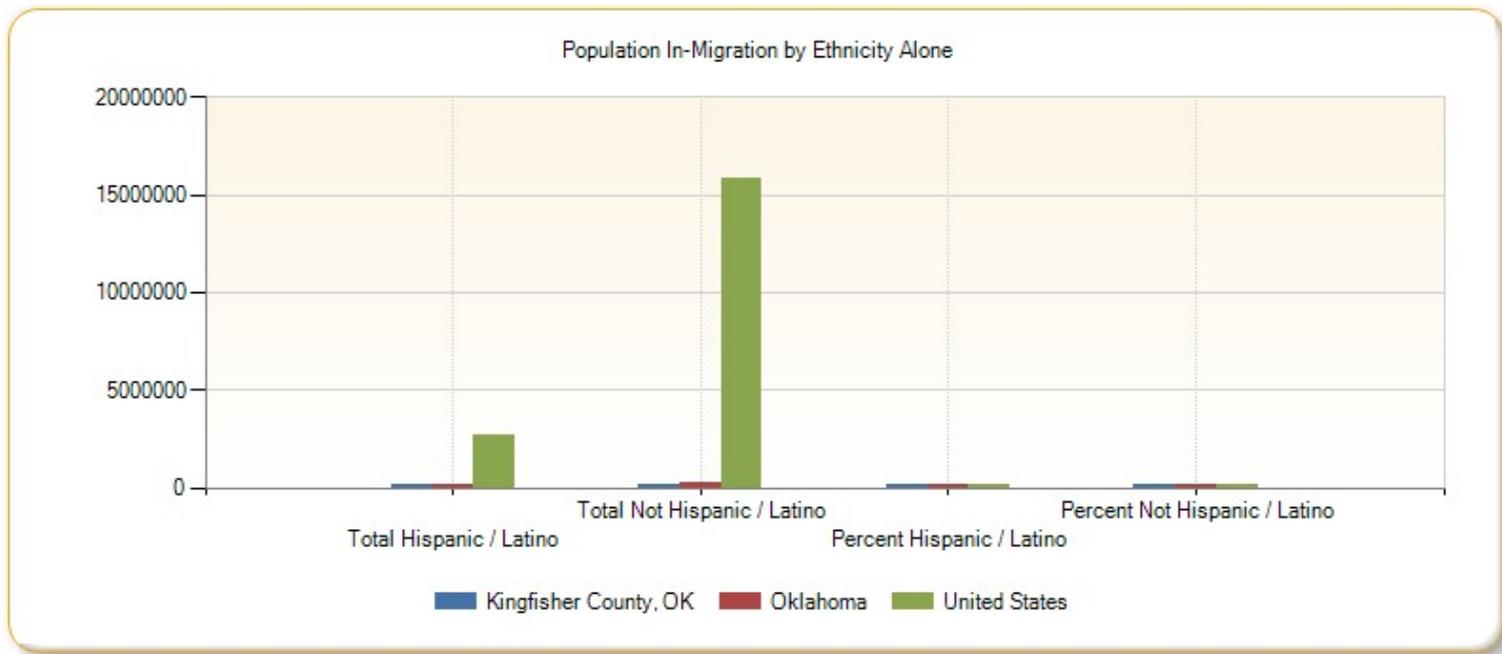


**Population Migrated from Outside of the County, State, or Country, Percent of Total Population by Tract, ACS 2008-12**



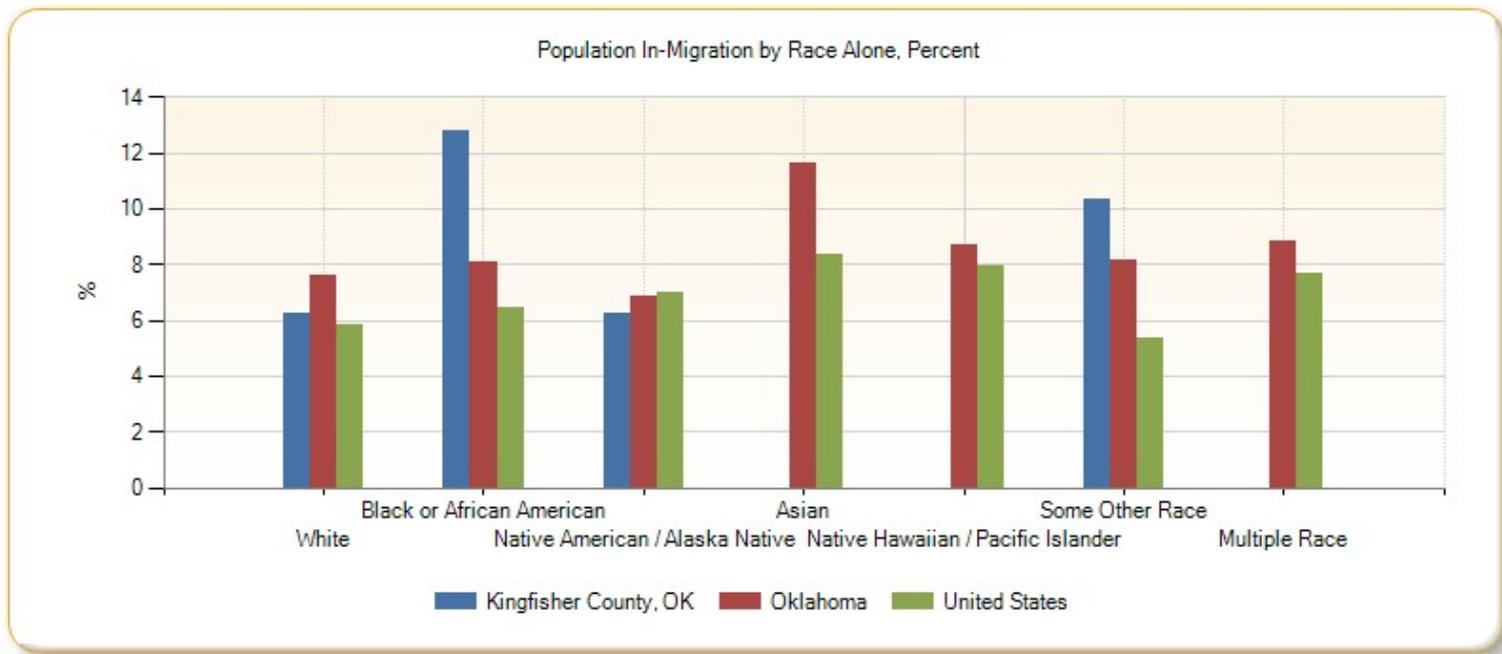
**Population In-Migration by Ethnicity Alone**

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Kingfisher County, OK	118	841	6.06%	0.92%
Oklahoma	29,420	256,881	9.13%	0.87%
United States	2,660,338	15,794,130	5.36%	1.04%



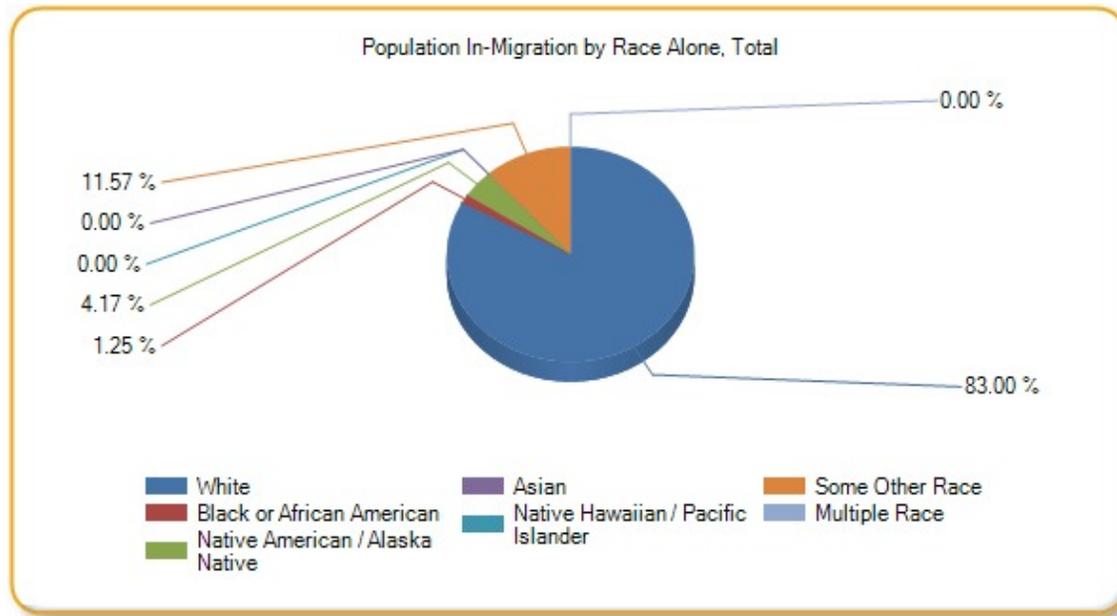
**Population In-Migration by Race Alone, Percent**

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Kingfisher County, OK	6.25%	12.77%	6.21%	0%	0%	10.31%	0%
Oklahoma	7.58%	8.05%	6.86%	11.60%	8.69%	8.14%	8.80%
United States	5.80%	6.45%	7%	8.35%	7.94%	5.38%	7.70%



**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
Kingfisher County, OK	796	12	40	0	0	111	0
Oklahoma	207,233	21,532	17,595	7,534	355	7,417	24,635
United States	13,142,610	2,469,701	174,541	1,226,399	40,286	782,472	618,459

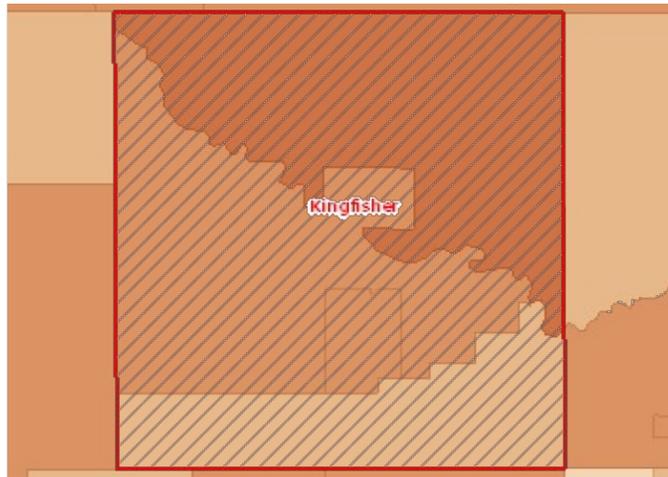


## Foreign-Born Population

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. The latest figures from the U.S. Census Bureau show that 1,036 persons in the report area are of foreign birth, which represents 6.92% of the report area population. This percentage is less than the national rate of 12.87%.

Report Area	Total Population	Naturalized U.S. Citizens	Population Without U.S. Citizenship	Total Foreign-Birth Population	Foreign-Birth Population, Percent of Total Population
Kingfisher County, OK	14,965	82	954	1,036	6.92%
Oklahoma	3,749,005	66,456	137,899	204,355	5.45%
United States	309,138,720	17,639,208	22,145,098	39,784,304	12.87%

Data Source: US Census Bureau, [American Community Survey](#): 2008-12. Source geography: County.

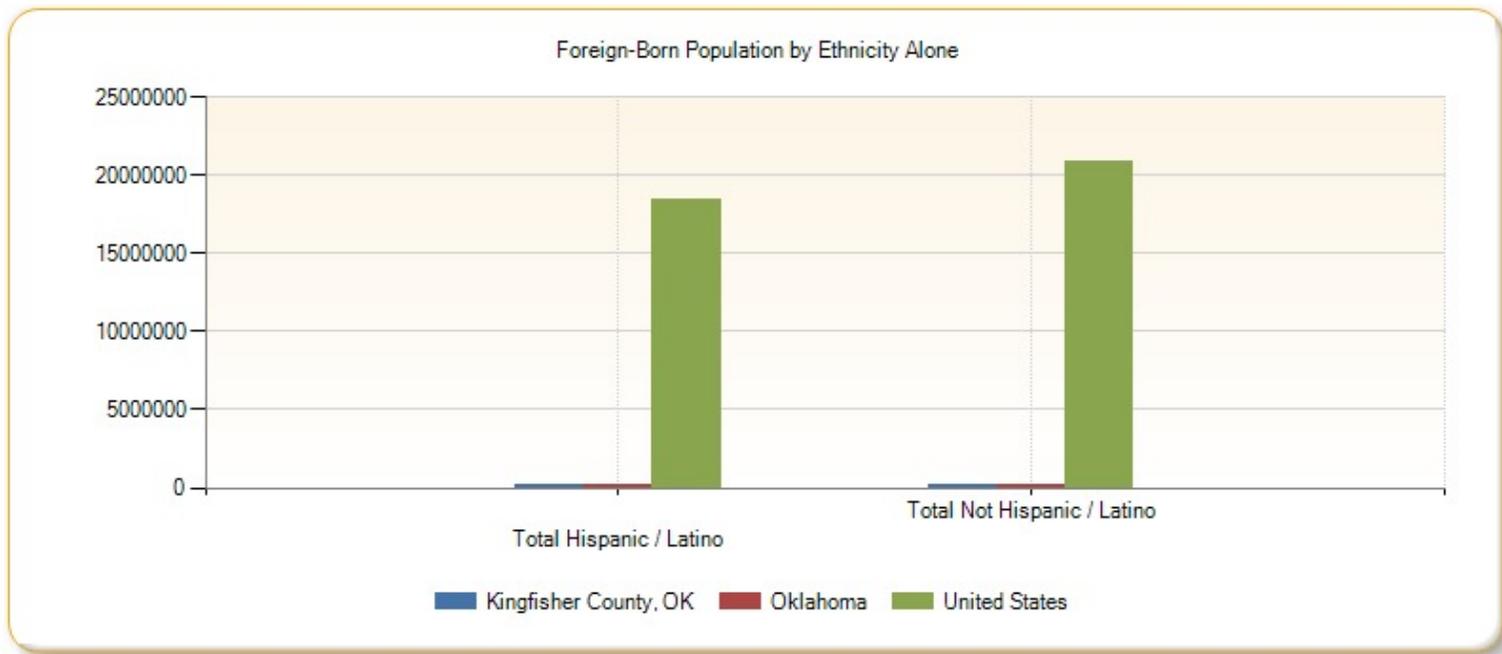


**Non US Citizen Population, Percent by Tract, ACS 2008-12**



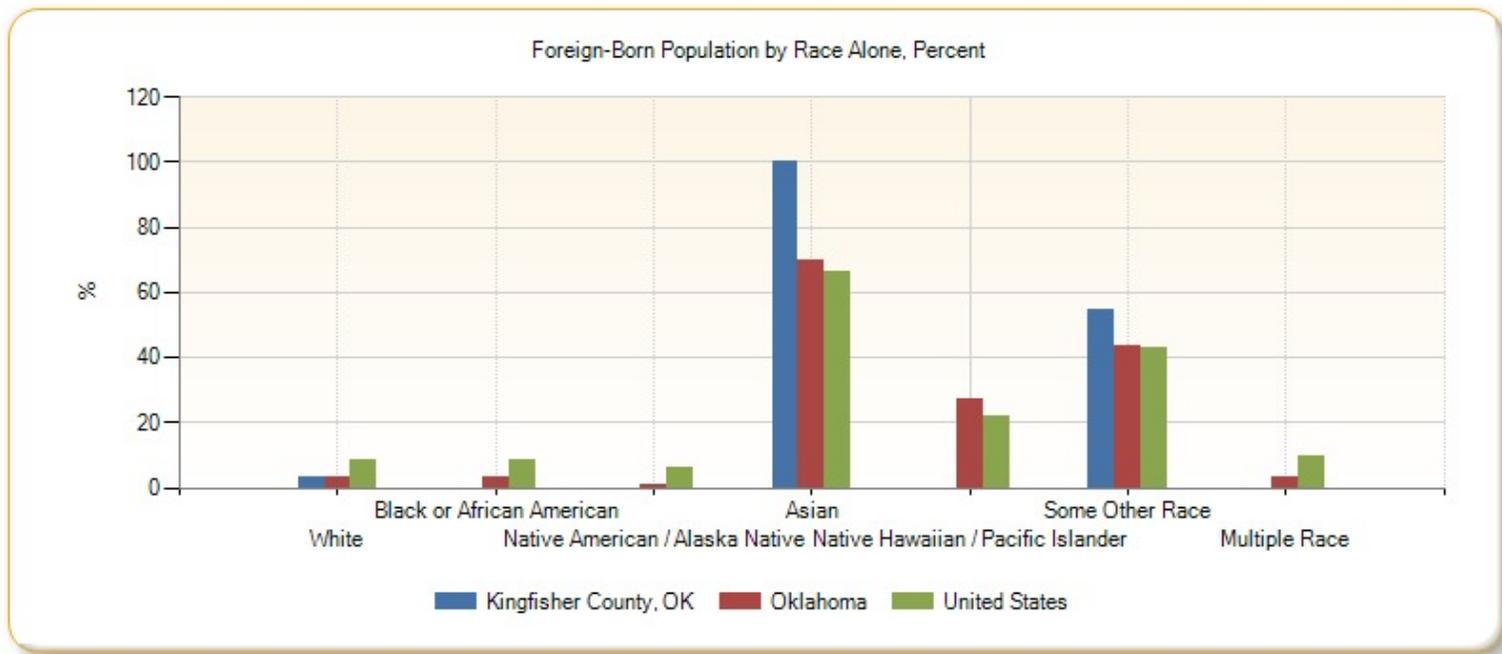
**Foreign-Born Population by Ethnicity Alone**

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Kingfisher County, OK	957	40	50.58%	0.31%
Oklahoma	114,704	84,523	36.07%	2.49%
United States	18,444,116	20,824,724	37.48%	8.09%



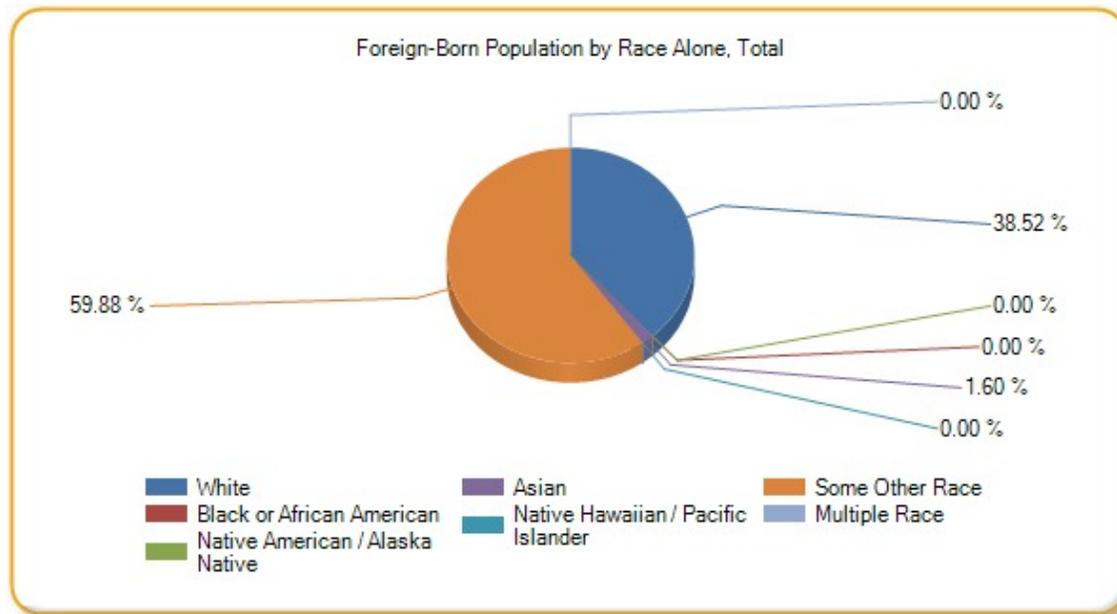
### Foreign-Born Population by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Kingfisher County, OK	3.01%	0%	0%	100%	0%	54.87%	0%
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
Kingfisher County, OK	384	0	0	16	0	597	0
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

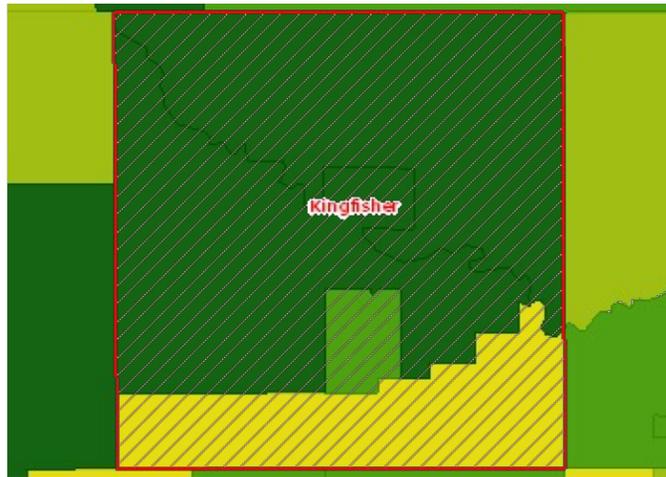


## Hispanic Population

The estimated population that is of Hispanic, Latino, or Spanish origin in the report area is 1,988. This represents 13.28% of the total report area population, which is less than the national 16.05% rate. 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
Kingfisher County, OK	14,965	1,988	13.28%	12,977	86.72%
Oklahoma	3,749,005	331,057	8.83%	3,417,948	91.17%
United States	309,138,720	50,545,276	16.35%	258,593,440	83.65%

Data Source: US Census Bureau, [American Community Survey](#): 2008-12. Source geography: Tract.

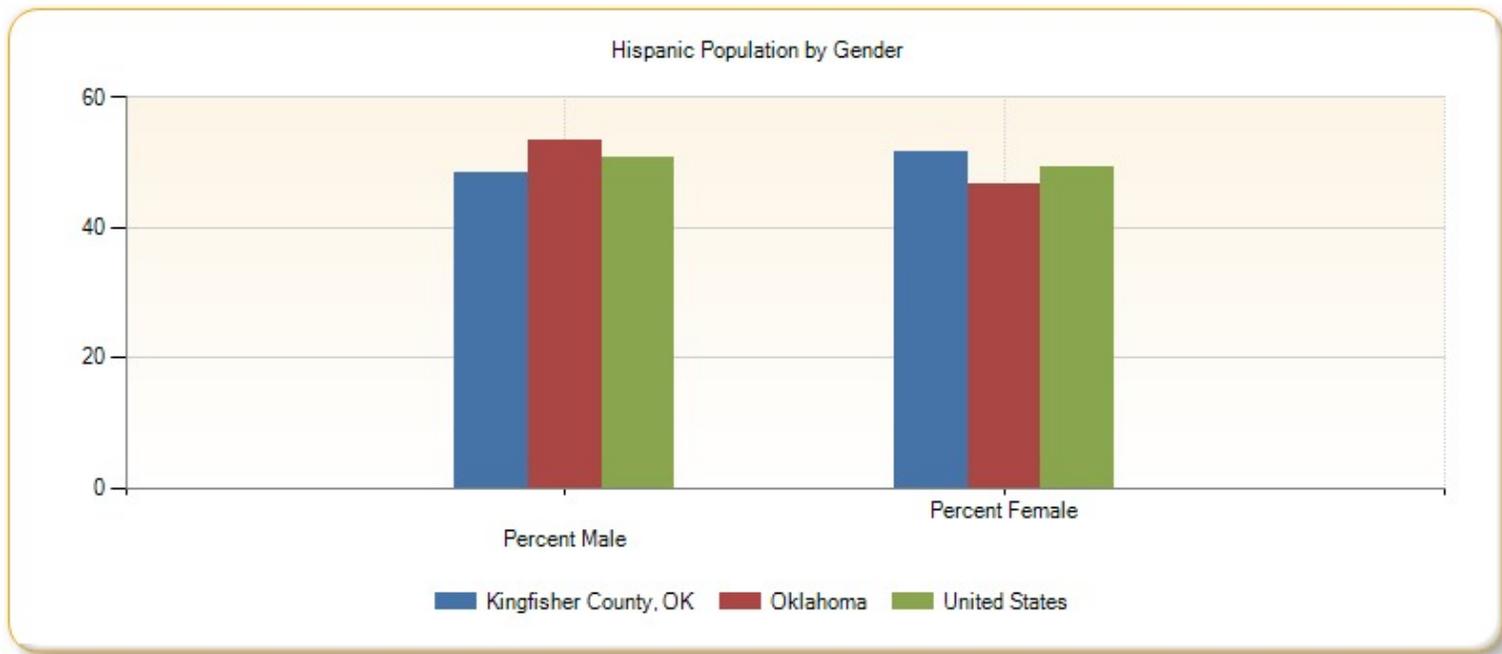


**Hispanic Population, Percent by Tract, ACS 2008-12**

- Over 10.0%
- 5.1 - 10.0%
- 2.1 - 5.0%
- Under 2.1%
- No Data or Data Suppressed
- Report Area

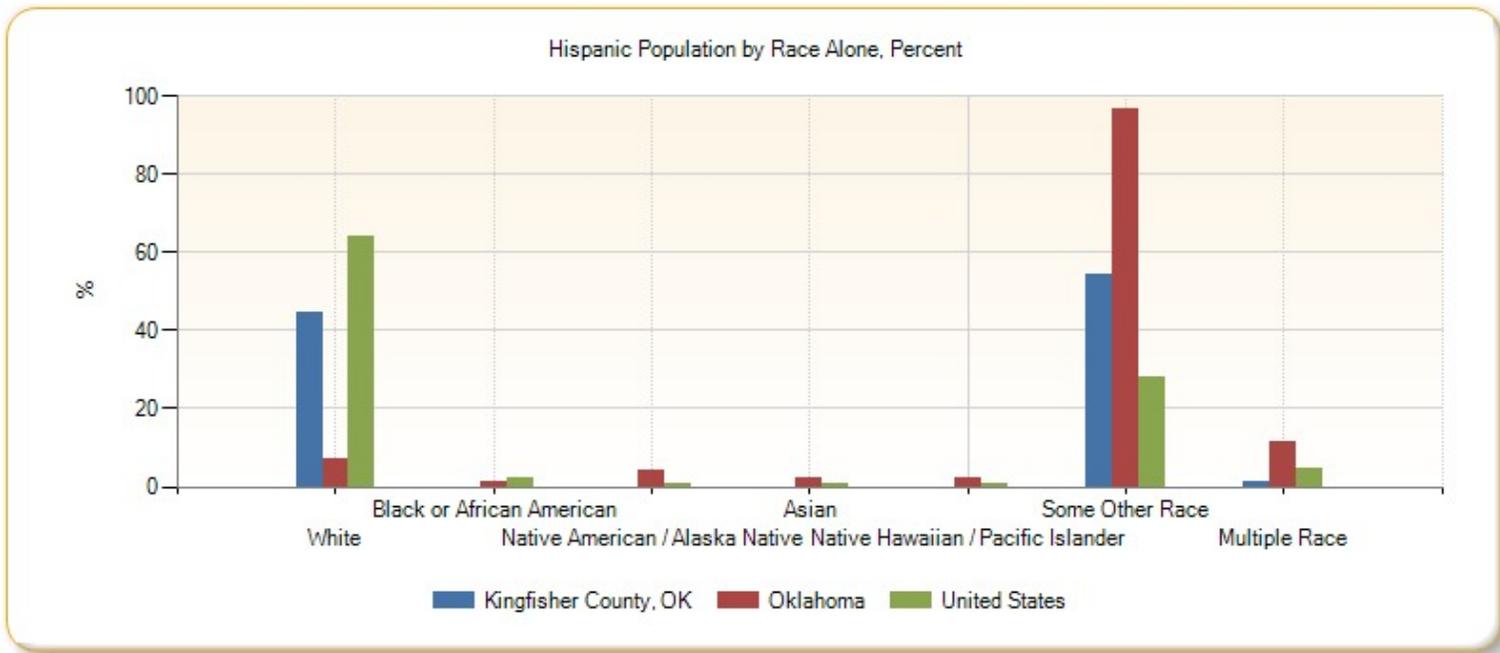
**Hispanic Population by Gender**

Report Area	Total Male	Total Female	Percent Male	Percent Female
Kingfisher County, OK	915	977	48.36%	51.64%
Oklahoma	169,382	148,625	53.26%	46.74%
United States	25,017,256	24,198,306	50.83%	49.17%



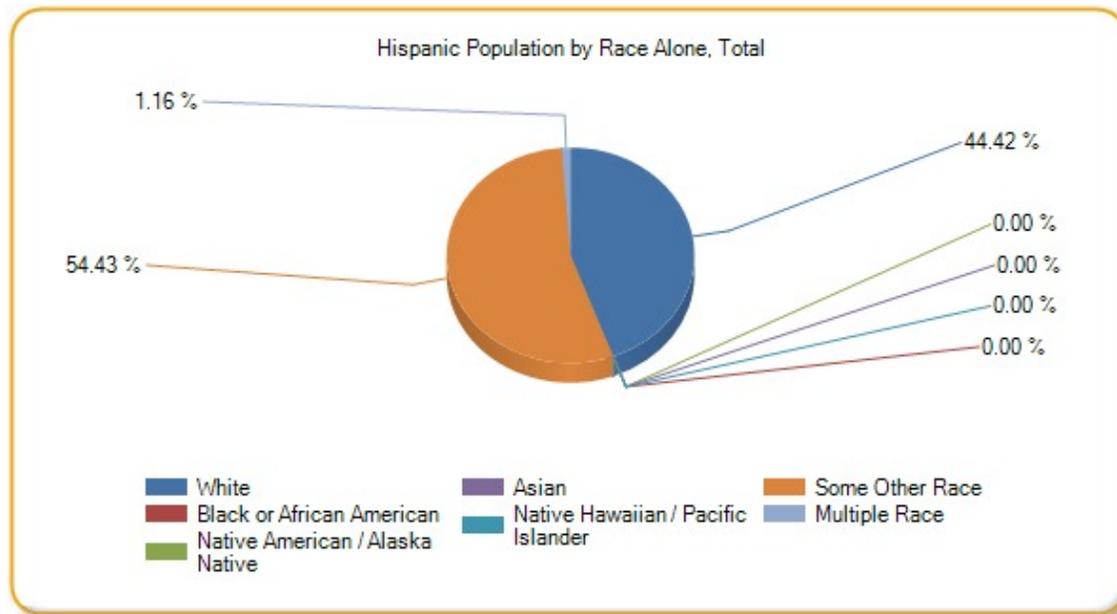
### Hispanic Population by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Kingfisher County, OK	44.42%	0%	0%	0%	0%	54.43%	1.16%
Oklahoma	6.96%	1.41%	3.98%	2.05%	2.18%	96.79%	11.40%
United States	64.09%	2.06%	0.95%	0.33%	0.07%	28.09%	4.42%



**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
Kingfisher County, OK	883	0	0	0	0	1,082	23
Oklahoma	192,487	3,819	10,400	1,345	93	90,111	32,802
United States	32,394,938	1,039,257	478,334	167,001	34,339	14,198,178	2,233,228



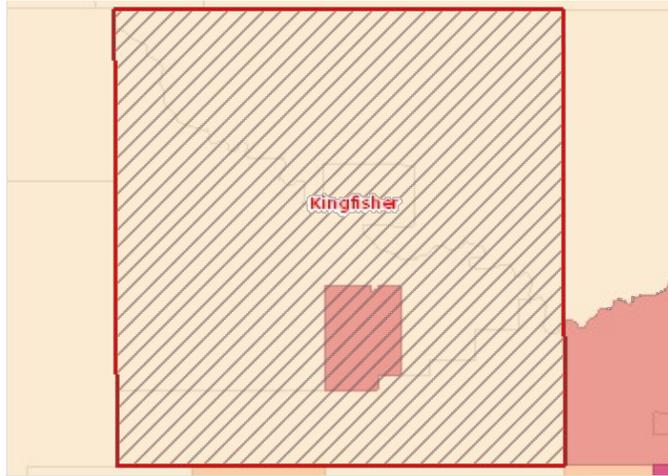
## Urban and Rural Population

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
Kingfisher County, OK	15,034	4,144	10,890	27.56%	72.44%
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: US Census Bureau, [Decennial Census](#): 2010. Source geography: Tract.

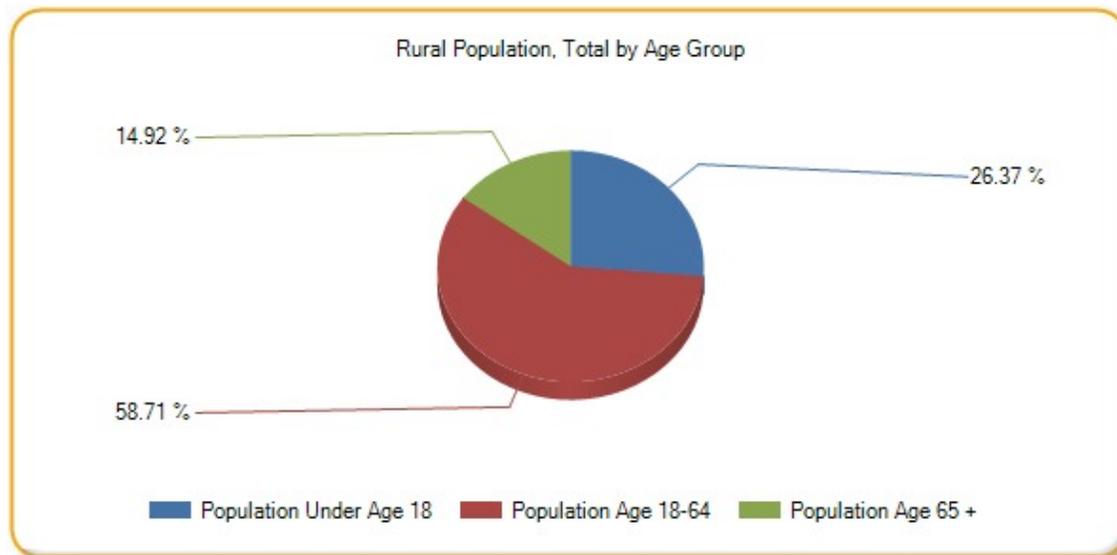
### Urban Population, Percent by Tract, US Census 2010



- 100% Urban Population
- 90.1 - 99.9%
- 50.1 - 90.0%
- Under 50.1%
- No Urban Population
- No Data or Data Suppressed
- Report Area

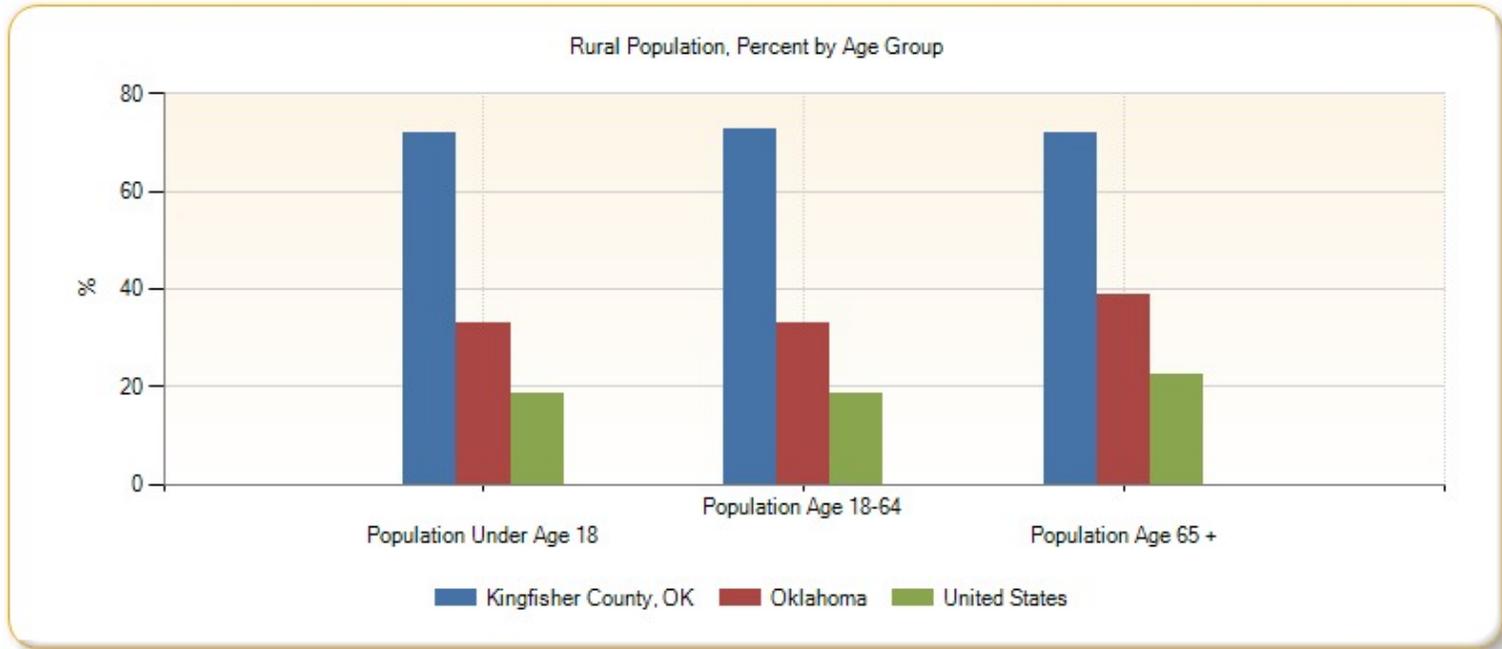
### Rural Population, Total by Age Group

Report Area	Population Under Age 18	Population Age 18-64	Population Age 65
Kingfisher County, OK	2,872	6,393	1,625
Oklahoma	307,320	762,155	196,847
United States	13,907,394	36,734,957	9,082,449



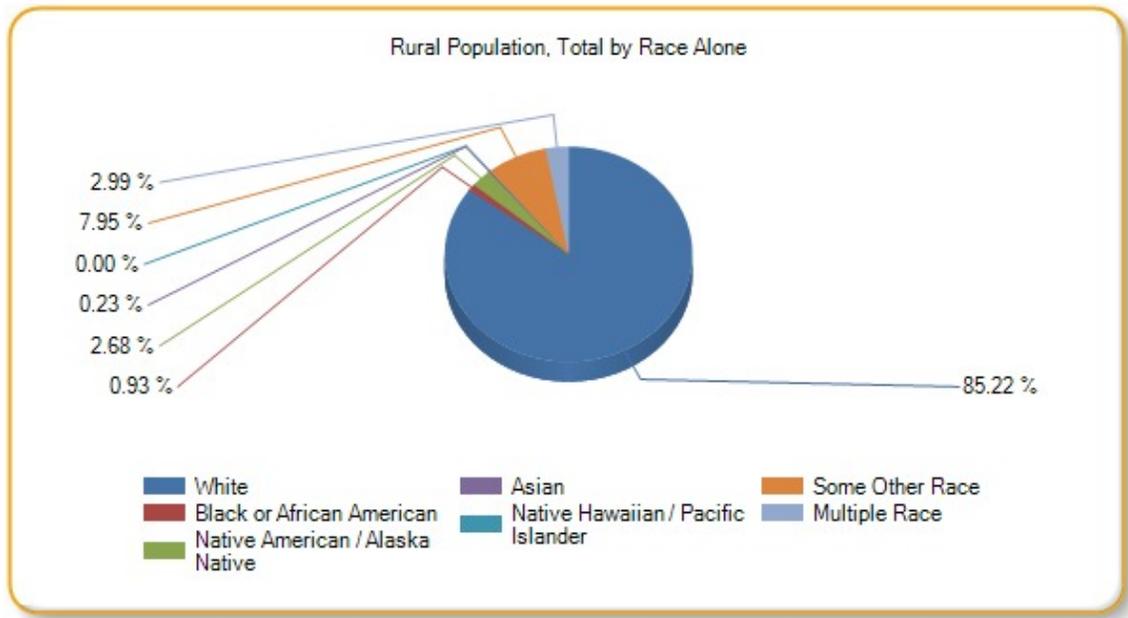
### Rural Population, Percent by Age Group

Report Area	Population Under Age 18	Population Age 18-64	Population Age 65
Kingfisher County, OK	71.89%	72.80%	72.00%
Oklahoma	33.06%	32.92%	38.85%
United States	18.52%	18.69%	22.26%



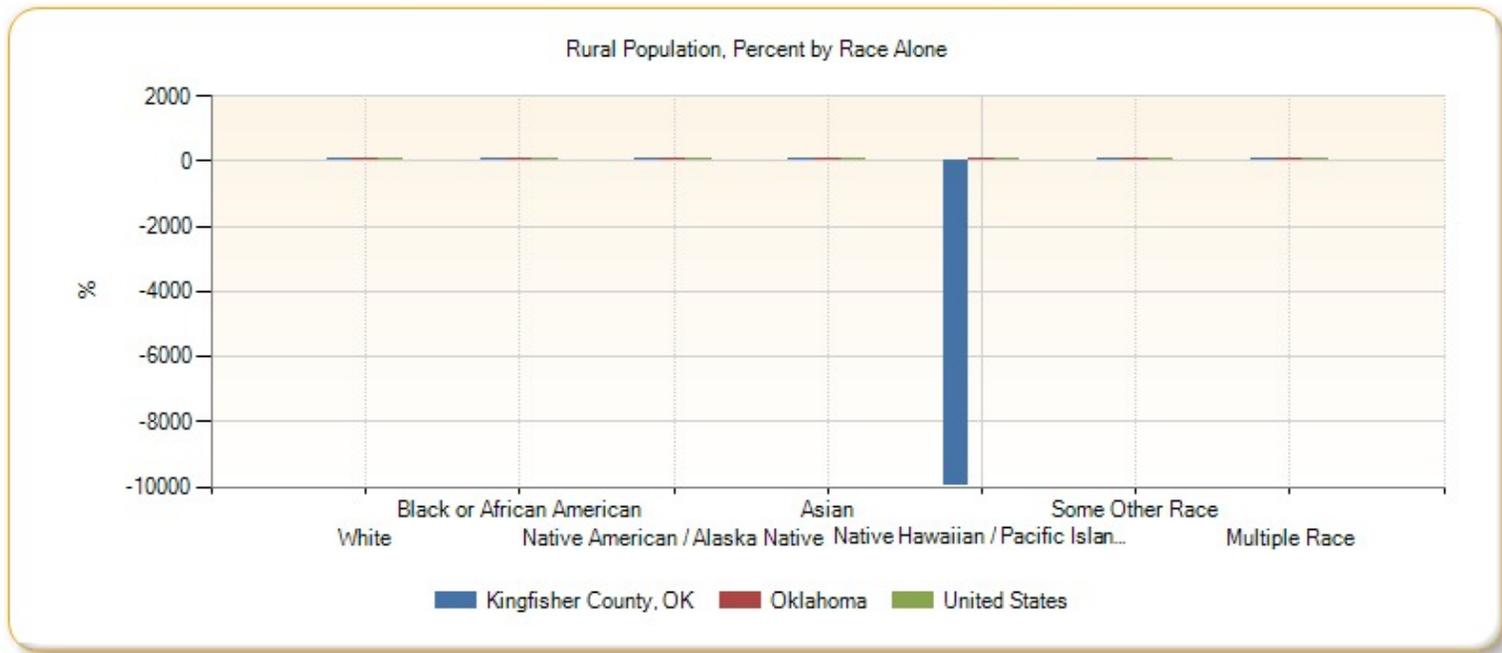
### Rural Population, Total by Race Alone

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Kingfisher County, OK	9,280	101	292	25	0	866	326
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
Kingfisher County, OK	73.03%	59.41%	62.80%	59.52%	no data	73.64%	68.78%
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

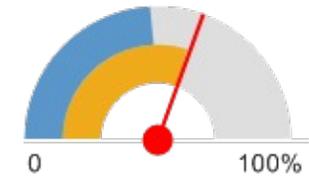
Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to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

### Children Eligible for Free/Reduced Price Lunch

Within the report area 1,928 public school students or 60.90% are eligible for Free/Reduced Price lunch out of 3,166 total students enrolled. 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	Percent Free/Reduced Price Lunch Eligible
				Eligible

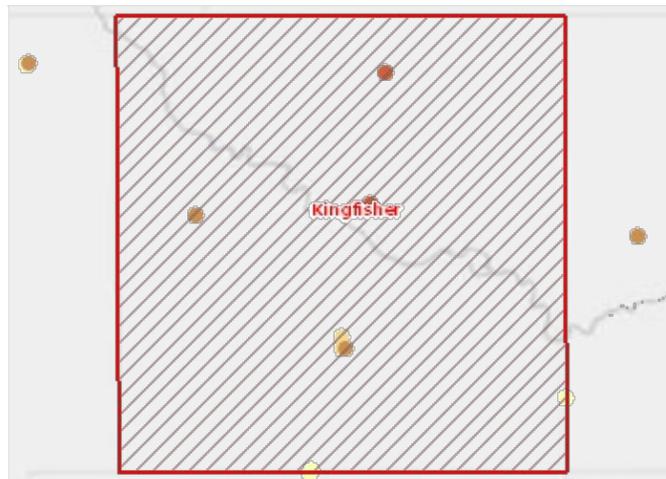
Report Area	Total Student Enrollment	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Kingfisher County, OK	3,166	1,928	<b>60.90%</b>
Oklahoma	661,189	400,260	60.54%
United States	49,692,766	24,021,069	48.34%



■ Kingfisher County, OK (60.90%)  
■ Oklahoma (60.54%)  
■ United States (48.34%)

Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.

Data Source: National Center for Education Statistics, [NCES - Common Core of Data: 2010-11](#). Source geography: Address.



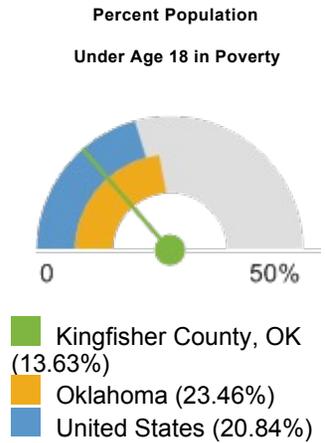
**Students Eligible for Free or Reduced-Price Lunch by Location, NCES CCD 2010-11**

- Over 90.1%
- 75.1 - 90.0%
- 60.1 - 75.0%
- 45.1 - 60.0%
- Under 45.1%
- No Data or Data Suppressed
- Report Area

## Children in Poverty

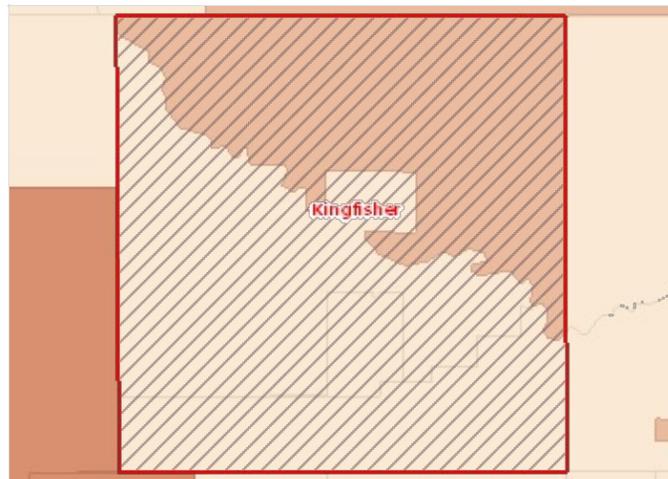
This indicator reports the percentage of children aged 0-17 living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health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

Report Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
Kingfisher County, OK	14,737	3,933	536	13.63%
Oklahoma	3,634,666	910,982	213,717	23.46%
United States	301,333,408	72,869,120	15,188,844	20.84%

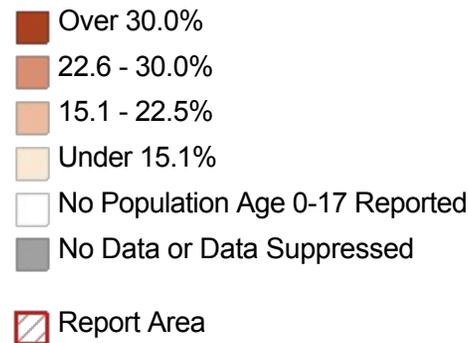


Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [American Community Survey](#): 2008-12. Source geography: Tract.

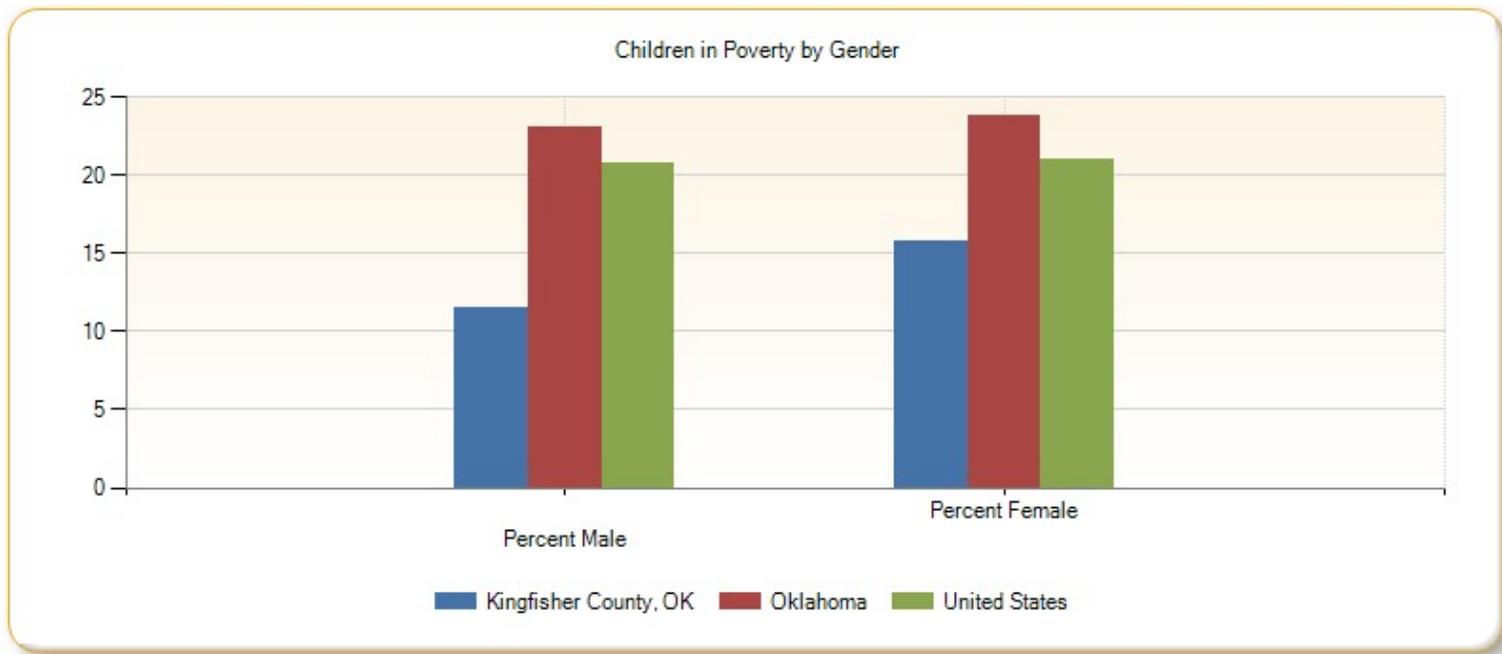


**Population Below the Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2008-12**



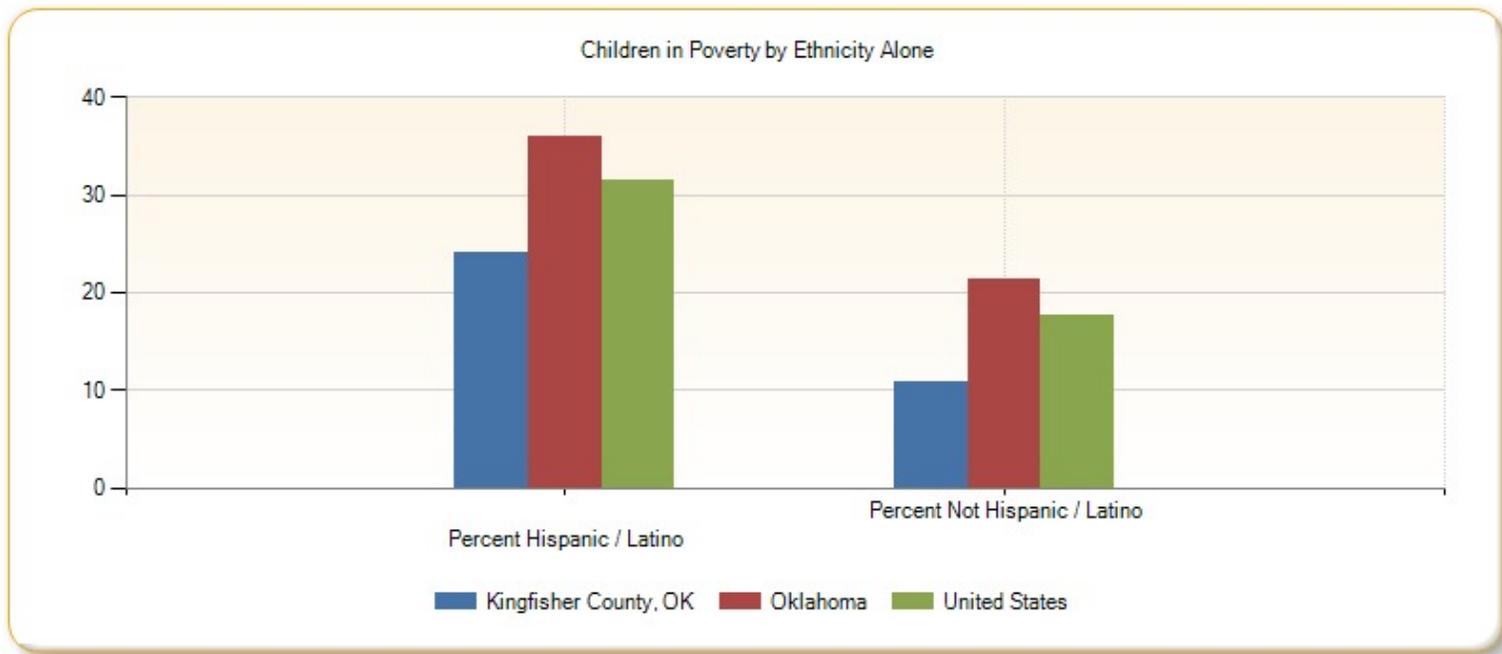
**Children in Poverty by Gender**

Report Area	Total Male	Total Female	Percent Male	Percent Female
Kingfisher County, OK	226	310	11.45%	15.82%
Oklahoma	107,863	105,854	23.11%	23.83%
United States	7,717,162	7,471,682	20.72%	20.98%



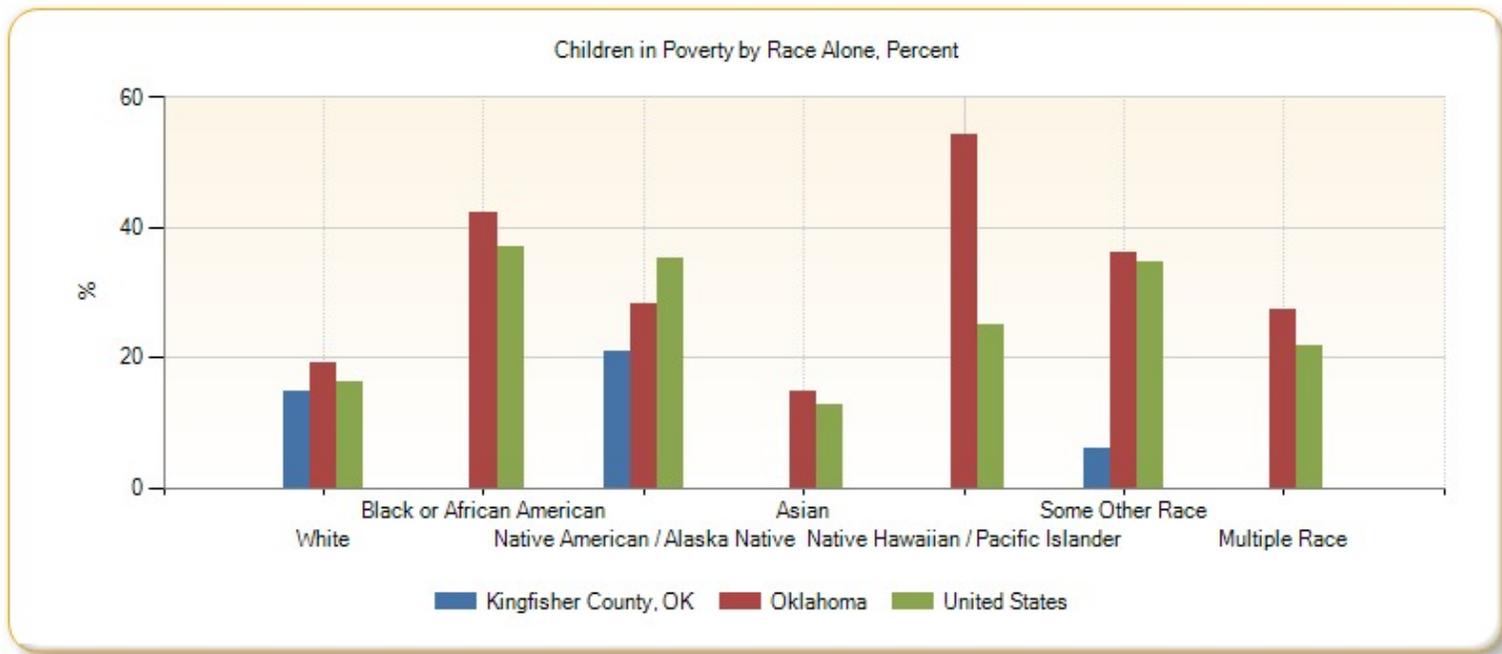
### Children in Poverty by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Kingfisher County, OK	202	334	24.11%	10.79%
Oklahoma	46,722	166,995	36.01%	21.38%
United States	5,296,270	9,892,574	31.53%	17.64%



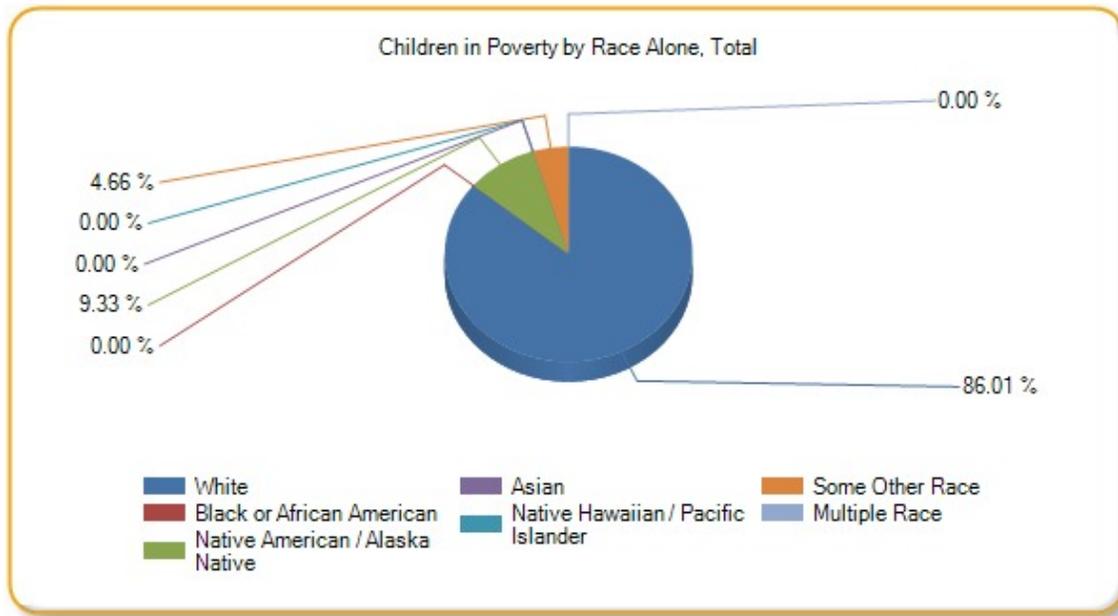
**Children in Poverty by Race Alone, Percent**

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Kingfisher County, OK	14.71%	no data	20.75%	no data	no data	5.85%	no data
Oklahoma	19.01%	42.22%	28.27%	14.65%	54.20%	36.08%	27.45%
United States	16.36%	37.11%	35.26%	12.66%	25.03%	34.59%	21.81%



**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
Kingfisher County, OK	461	0	50	0	0	25	0
Oklahoma	111,118	31,440	23,445	2,167	710	11,833	33,004
United States	8,135,561	3,891,074	251,627	406,447	35,464	1,619,963	848,708

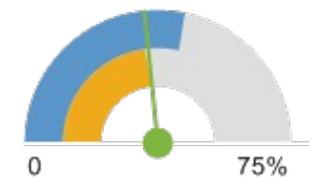


## Families with Income Over \$75,000

In the report area, 34.97%, or 1,457 families report a 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
Kingfisher County, OK	4,167	1,457	<b>34.97%</b>
Oklahoma	960,435	332,276	34.60%
United States	76,595,552	32,616,244	42.58%

Percent Families with Income Over \$75,000

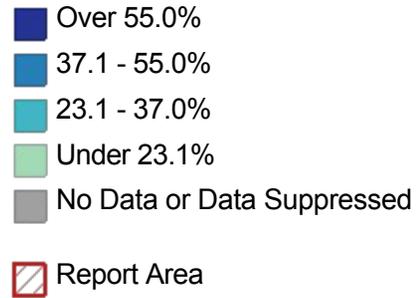
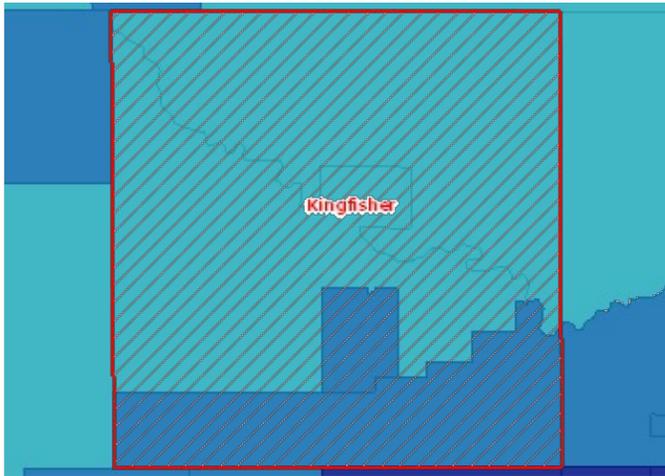


- Kingfisher County, OK (34.97%)
- Oklahoma (34.60%)
- United States (42.58%)

Note: This indicator is compared with the state average.

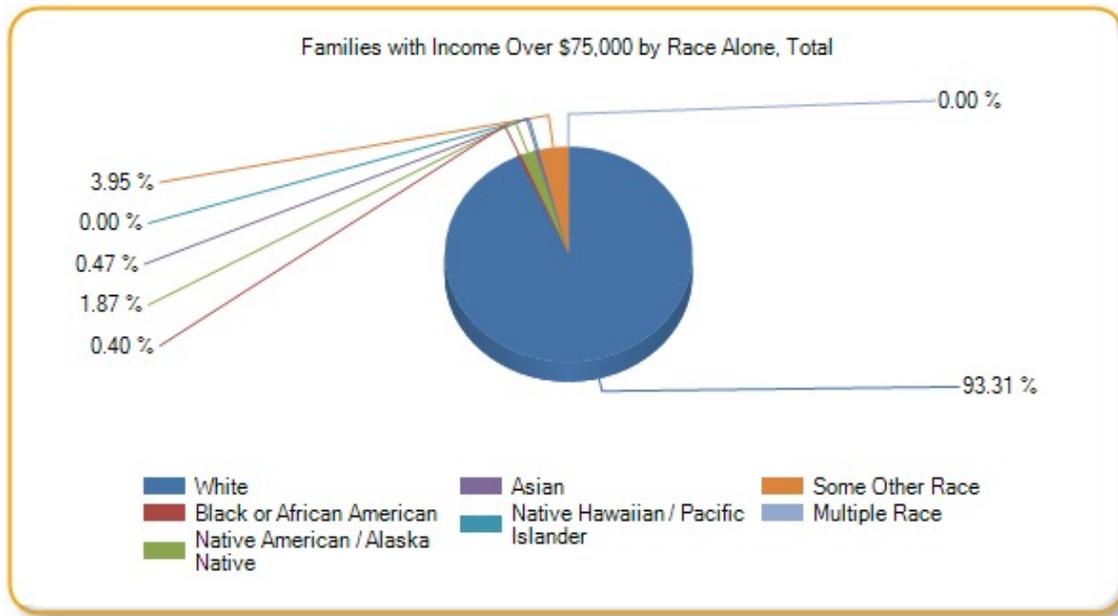
Data Source: US Census Bureau, [American Community Survey](#): 2007-11. Source geography: Tract.

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



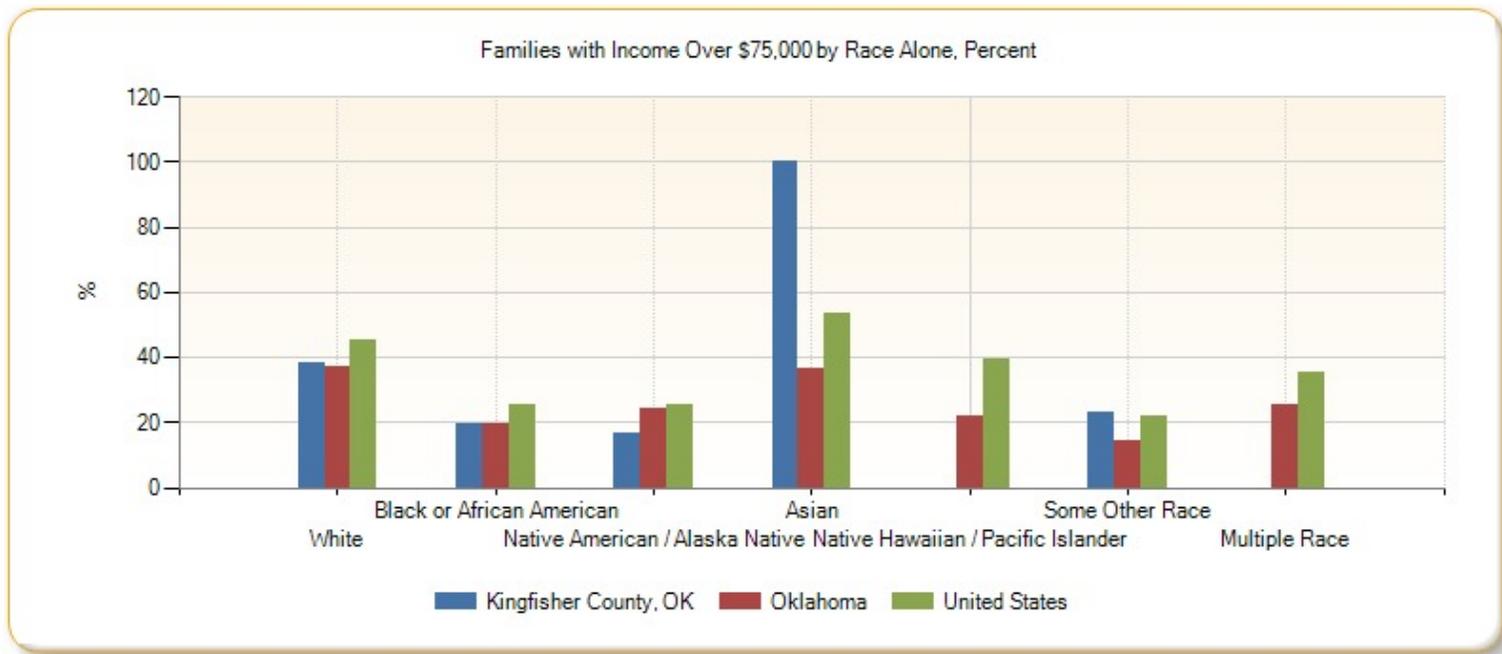
**Families with Income Over \$75,000 by Race Alone, Total**

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Kingfisher County, OK	1,394	6	28	7	0	59	0
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



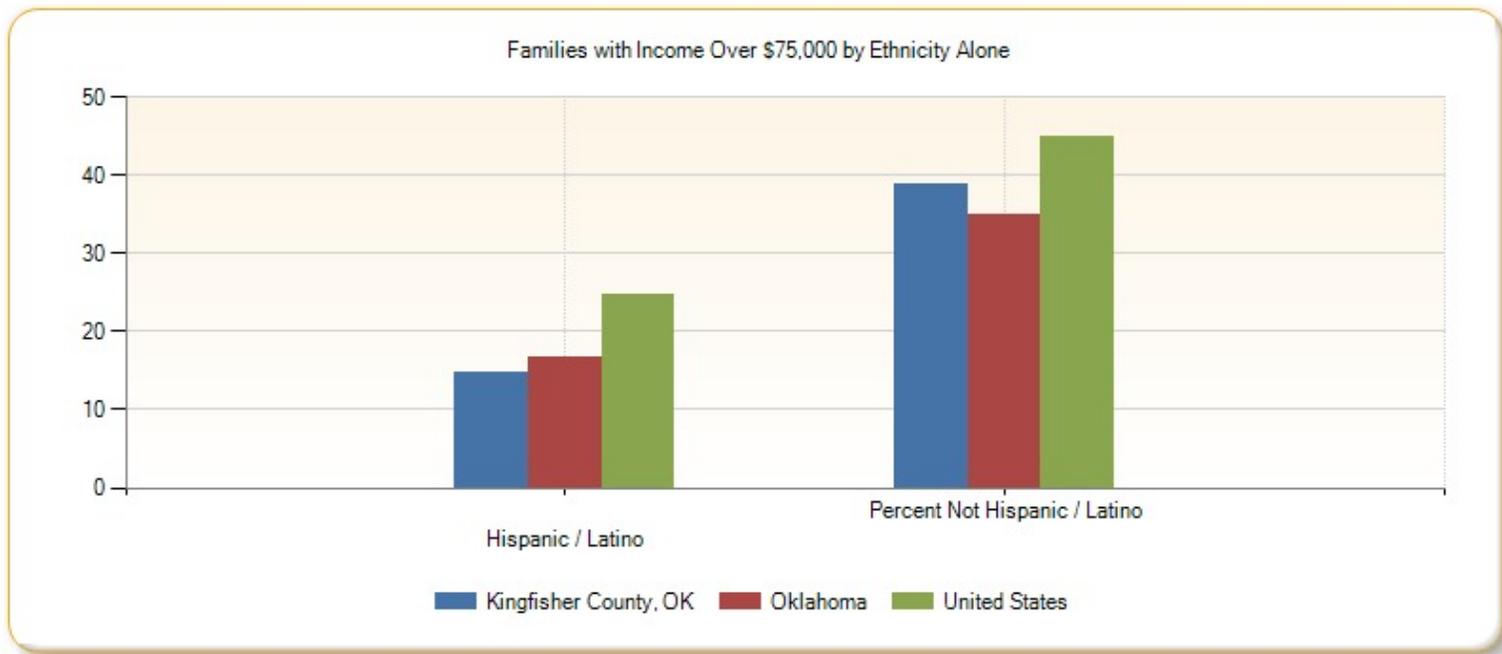
**Families with Income Over \$75,000 by Race Alone, Percent**

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Kingfisher County, OK	38.56%	19.35%	16.37%	100%	no data	23.05%	0%
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**

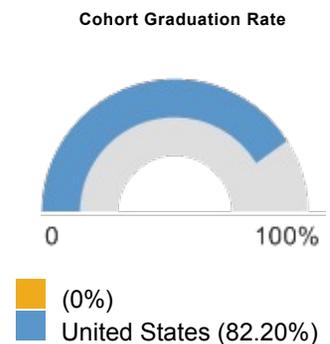
Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Kingfisher County, OK	65	1,429	14.64%	38.95%
Oklahoma	10,441	313,613	16.59%	35.04%
United States	2,527,897	29,776,023	24.72%	44.92%



### High School Graduation Rate (EdFacts)

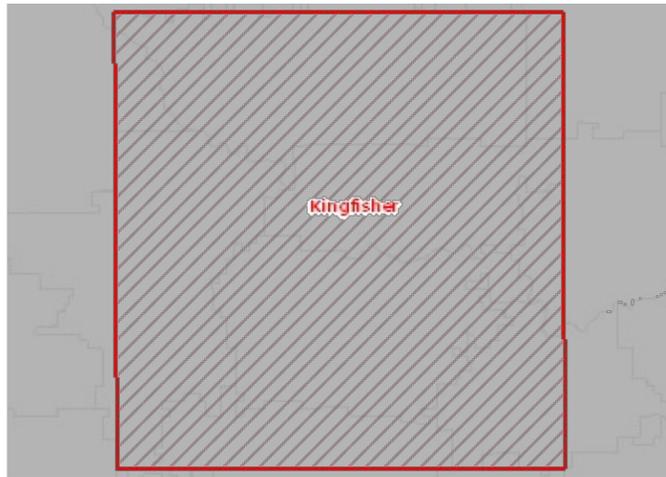
Within the report area no data% of students are receiving their high school diploma within four years. This indicator is relevant because research suggests education is one the strongest predictors of health ([Freudenberg & Ruglis, 2007](#)).

Report Area	Total Student Cohort	Estimated Number of Diplomas Issued	Cohort Graduation Rate
Kingfisher County, OK	no data	no data	no data
Oklahoma	no data	no data	no data
United States	3,351,452	2,754,352	82.20

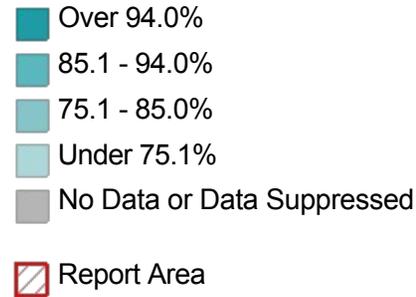


Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.

Data Source: US Department of Education, [EDFacts](#): 2011-12. Accessed using [DATA.GOV](#). Source geography: School District.



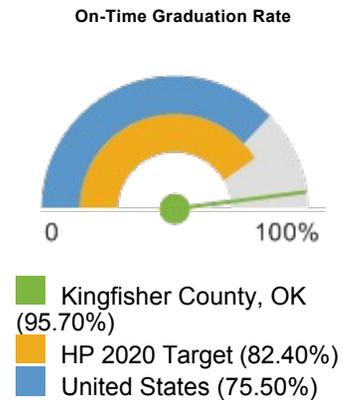
### On-Time Graduation, Rate by School District (Secondary), ED Facts 2011-12



### High School Graduation Rate (NCES)

Within the report area 95.70% of students are receiving their high school diploma within four years. This is greater than the Healthy People 2020 target of 82.4%. This indicator is relevant because research suggests education is one the strongest predictors of health ([Freudenberg & Ruglis, 2007](#)).

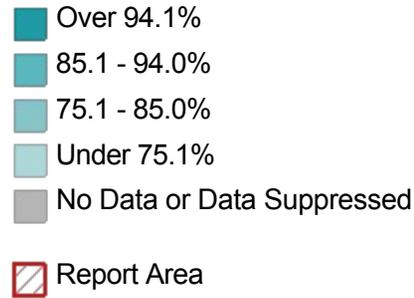
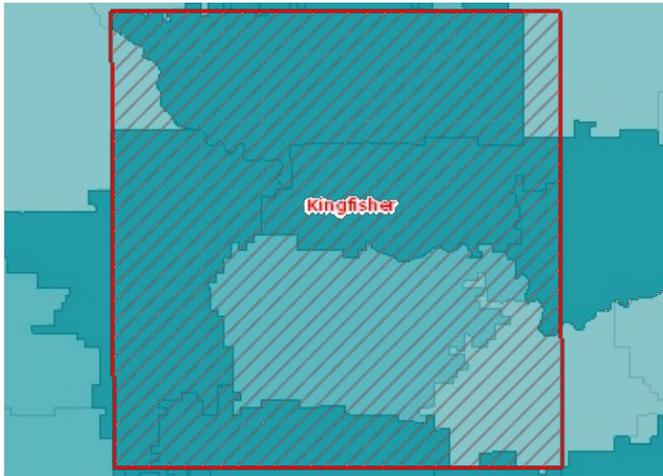
Report Area	Average Freshman Base Enrollment	Estimated Number of Diplomas Issued	On-Time Graduation Rate
Kingfisher County, OK	249	238	<b>95.70</b>
Oklahoma	48,143	37,219	<b>77.30</b>
United States	4,024,345	3,039,015	<b>75.50</b>
<a href="#">HP 2020 Target</a>			<b>&gt;=82.4</b>



Note: This indicator is compared with the Healthy People 2020 Target. Data breakout by demographic groups are not available.

Data Source: National Center for Education Statistics, [NCES - Common Core of Data](#): 2008-09. Source geography: County.

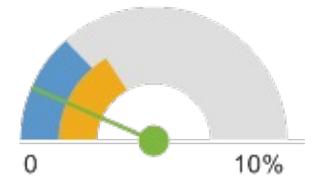
### On-Time Graduation, Rate by School District (Secondary), NCES CCD 2008-09



### Households Receiving Public Assistance Income

Report Area	Total Households	Households with Public Assistance Income	Percent Households with Public Assistance Income
Kingfisher County, OK	5,690	74	1.30%
Oklahoma	1,439,292	48,468	3.37%
United States	115,226,800	3,132,921	2.72%

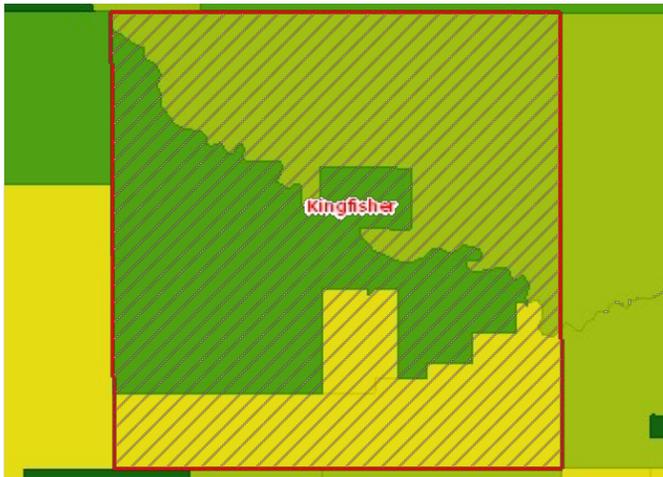
Percent Households with Public Assistance Income



Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.

Data Source: US Census Bureau, [American Community Survey: 2008-12](#). Source geography: Tract.

## Households with Public Assistance Income, Percent by Tract, ACS 2008-12



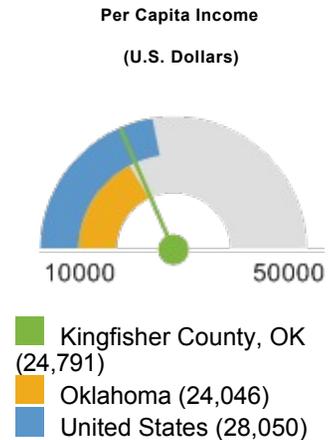
## Income Per Capita

The per capita income for the report area is \$24,791. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. The per capita income in this report area is the average (mean) income computed for every man, woman, and child in a the specified area.

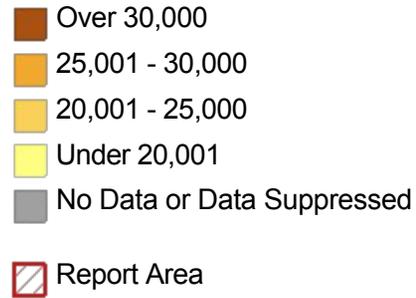
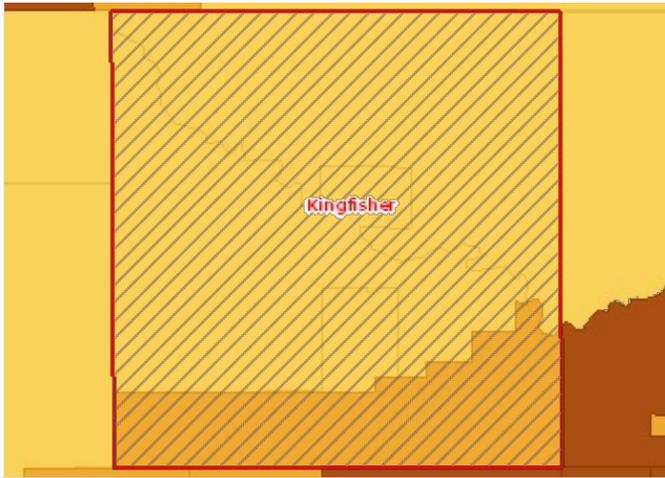
Report Area	Total Population	Total Income (U.S. Dollars)	Per Capita Income (U.S. Dollars)
Kingfisher County, OK	14,965	371,006,208	<b>24,791</b>
Oklahoma	3,749,005	90,149,888,000	24,046
United States	309,138,720	8,671,497,551,872	28,050

Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [American Community Survey](#): 2008-12. Source geography: Tract.

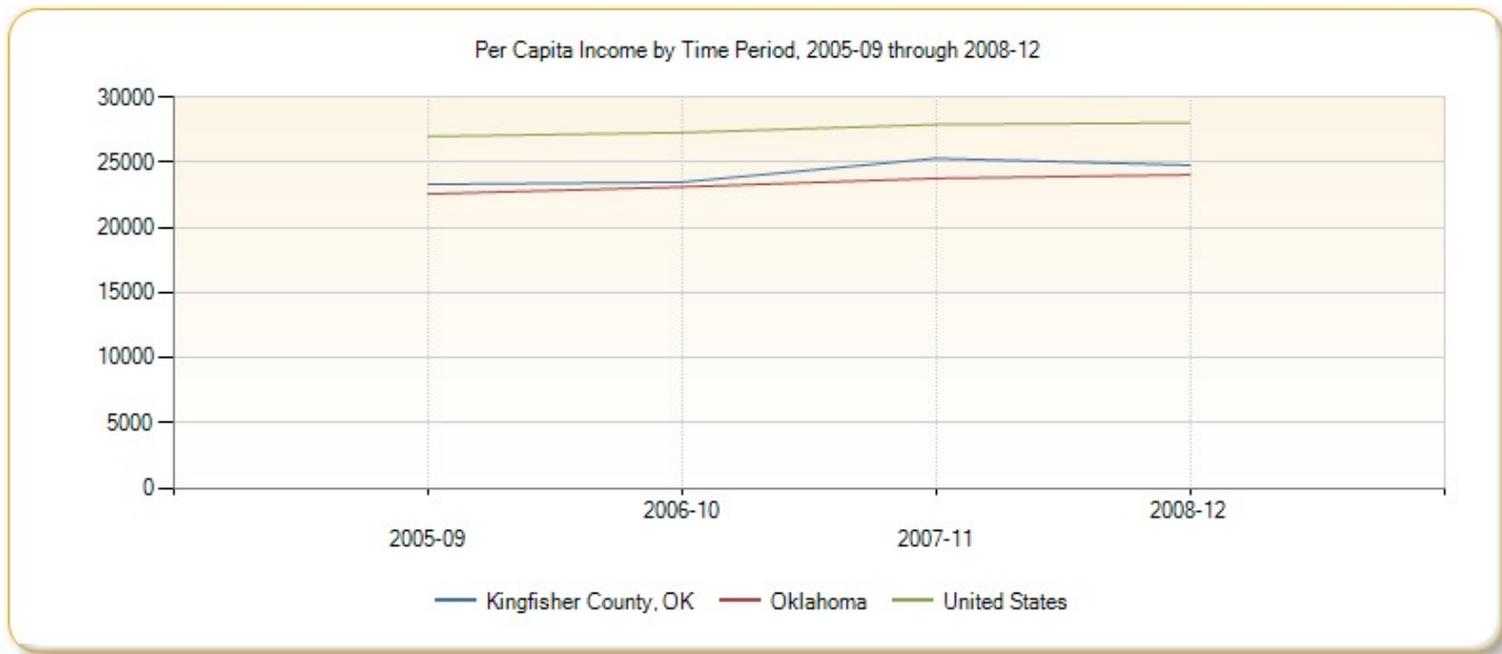


**Per Capita Income, Per Capita by Tract, ACS 2008-12**



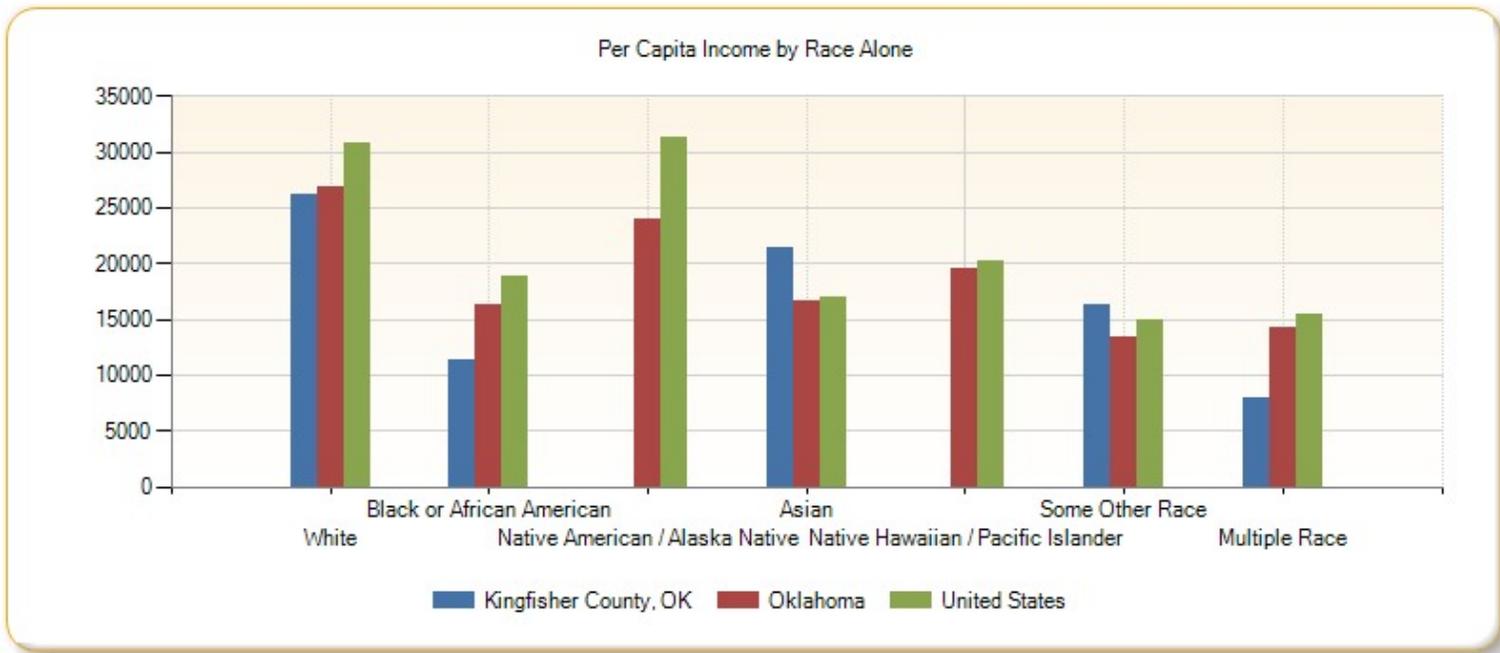
**Per Capita Income by Time Period, 2005-09 through 2008-12**

Report Area	2005-09	2006-10	2007-11	2008-12
Kingfisher County, OK	23,320.06	23,480.60	25,309.77	24,791.59
Oklahoma	22,577.59	23,117.89	23,770.29	24,046.35
United States	26,997.54	27,293.32	27,915.03	28,050.51



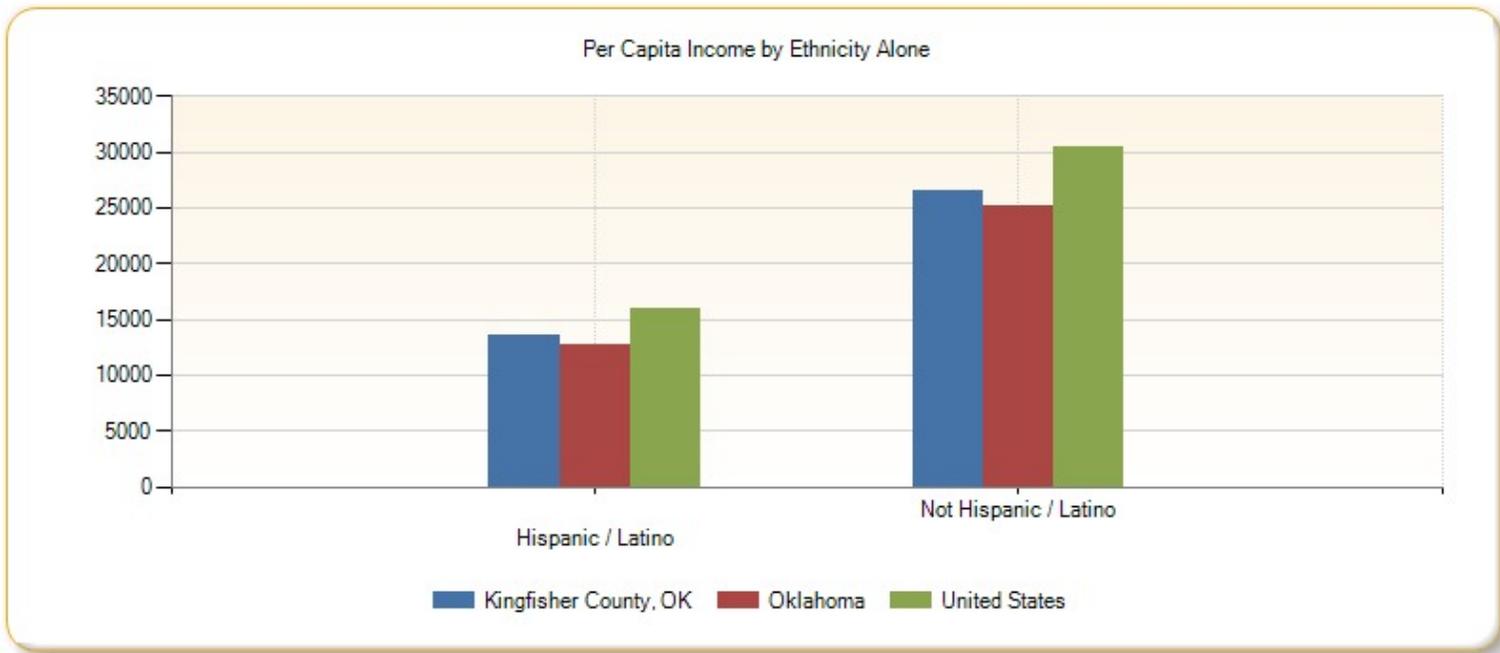
**Per Capita Income by Race Alone**

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Kingfisher County, OK	26,103	11,396	0	21,330	0	16,229	7,969
Oklahoma	26,892	16,271	23,937	16,679	19,449	13,383	14,235
United States	30,849	18,788	31,345	16,964	20,279	14,973	15,361



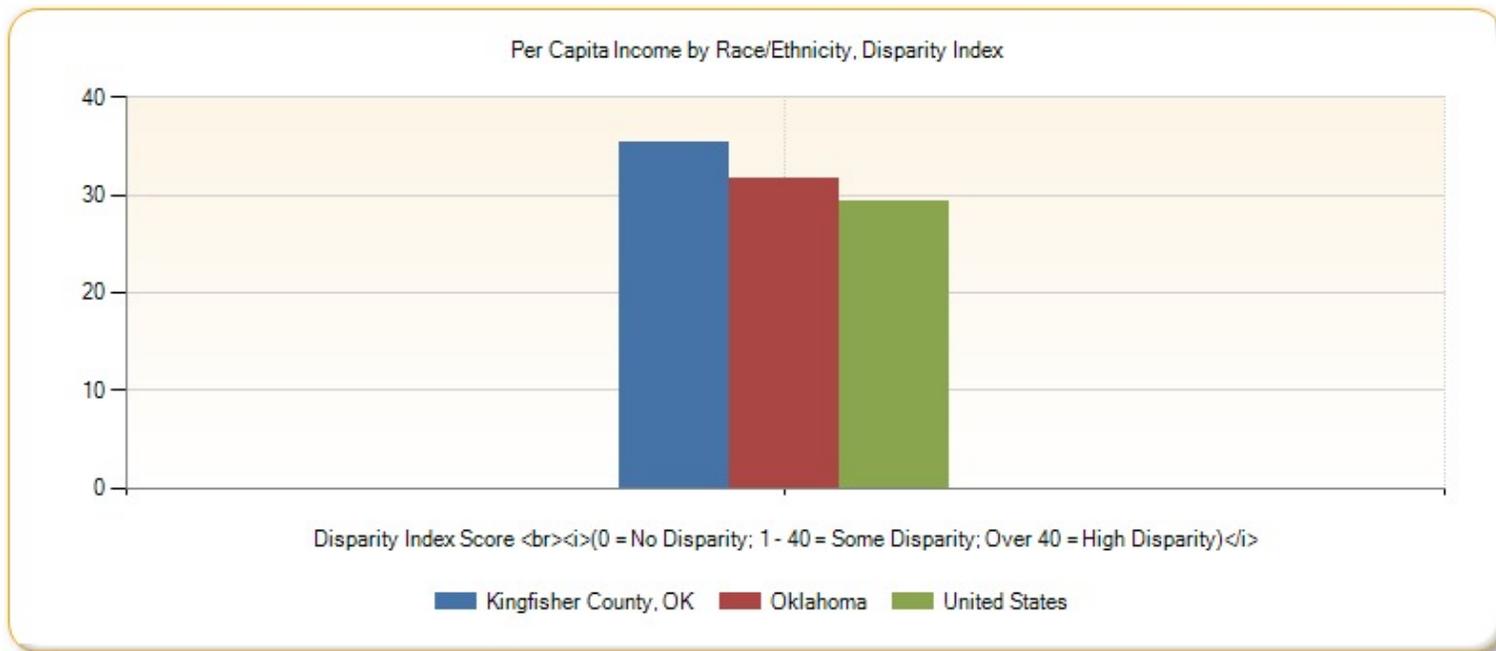
**Per Capita Income by Ethnicity Alone**

Report Area	Hispanic / Latino	Not Hispanic / Latino
Kingfisher County, OK	13,514	26,519
Oklahoma	12,739	25,142
United States	15,993	30,407



**Per Capita Income by Race/Ethnicity, Disparity Index**

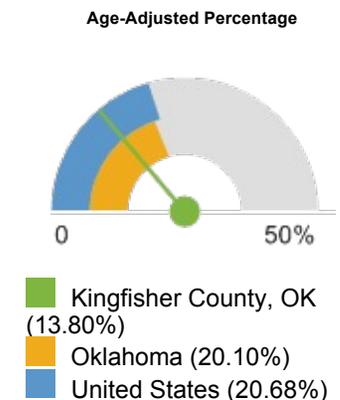
Report Area	Disparity Index Score <i>(0 = No Disparity; 1 - 40 = Some Disparity; Over 40 = High Disparity)</i>
Kingfisher County, OK	35.43
Oklahoma	31.72
United States	29.24



## Lack of Social or Emotional Support

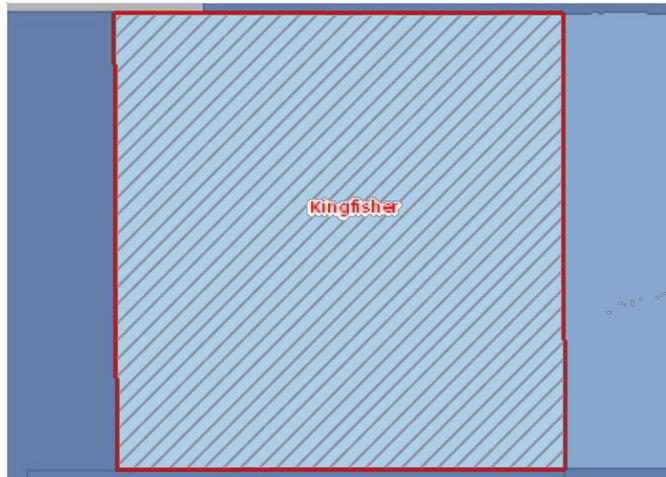
This indicator reports the percentage of adults aged 18 and older who self-report that they receive insufficient social and emotional support all of most of the time. This indicator is relevant because social and emotional support is critical for navigating the challenges of daily life as well as for 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	Crude Percentage	Age-Adjusted Percentage
Kingfisher County, OK	11,011	1,564	14.20%	<b>13.80%</b>
Oklahoma	2,793,624	561,518	20.10%	20.10%
United States	232,556,016	48,104,656	20.69%	20.68%

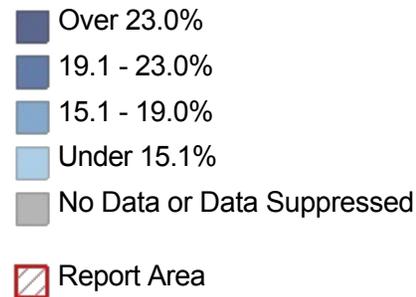


Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#); 2006-12. Accessed using the [Health Indicators Warehouse](#). Source geography: County.



### Inadequate Social/Emotional Support, Percent of Adults Age 18 by County, BRFSS 2006-12



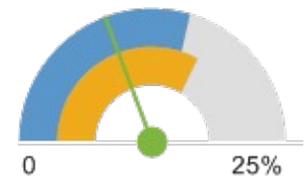
### Population in Poverty - 100% FPL

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

Within the report area 9.65% or 1,422 individuals are 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.

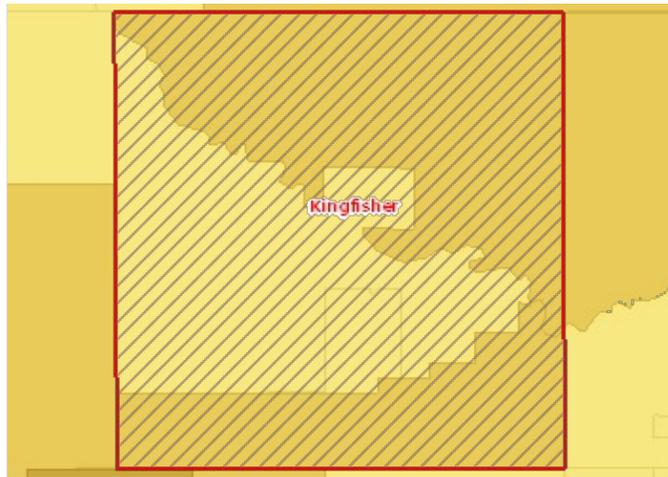
Report Area	Total Population	Population in Poverty	Percent Population in Poverty
Kingfisher County, OK	14,737	1,422	9.65%
Oklahoma	3,634,666	602,598	16.58%
United States	301,333,408	44,852,528	14.88%

Percent Population in Poverty



Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [American Community Survey](#): 2008-12. Source geography: Tract.

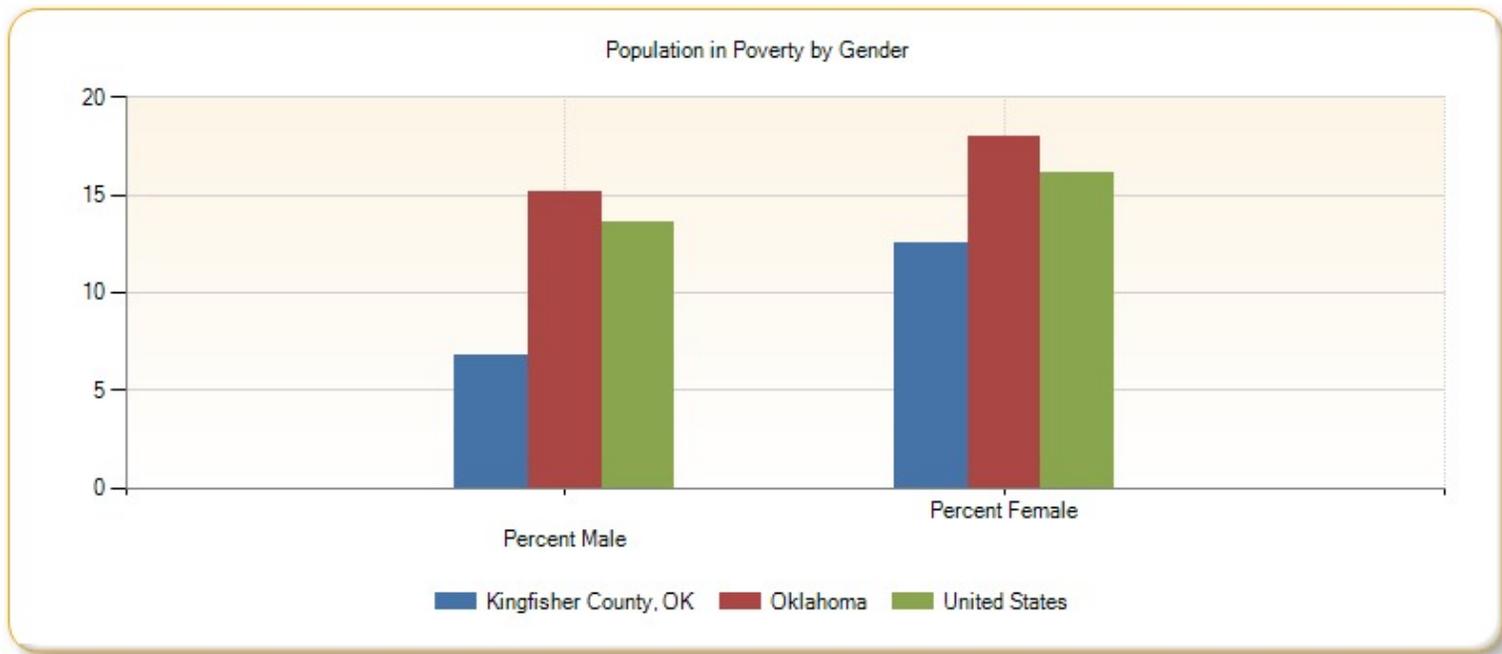


**Population Below the Poverty Level, Percent by Tract, ACS 2008-12**

- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed
- Report Area

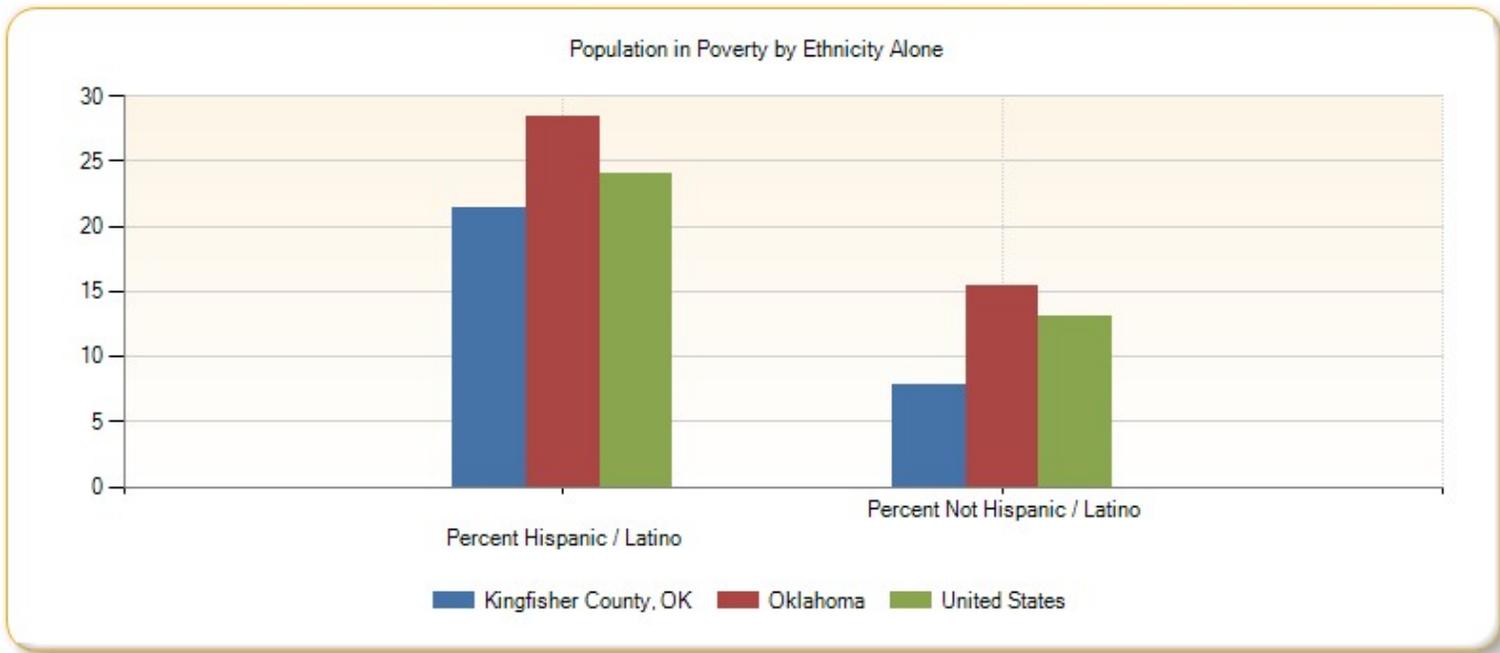
**Population in Poverty by Gender**

Report Area	Total Male	Total Female	Percent Male	Percent Female
Kingfisher County, OK	489	933	6.73%	12.50%
Oklahoma	269,406	333,192	15.10%	18%
United States	20,059,080	24,793,446	13.61%	16.10%



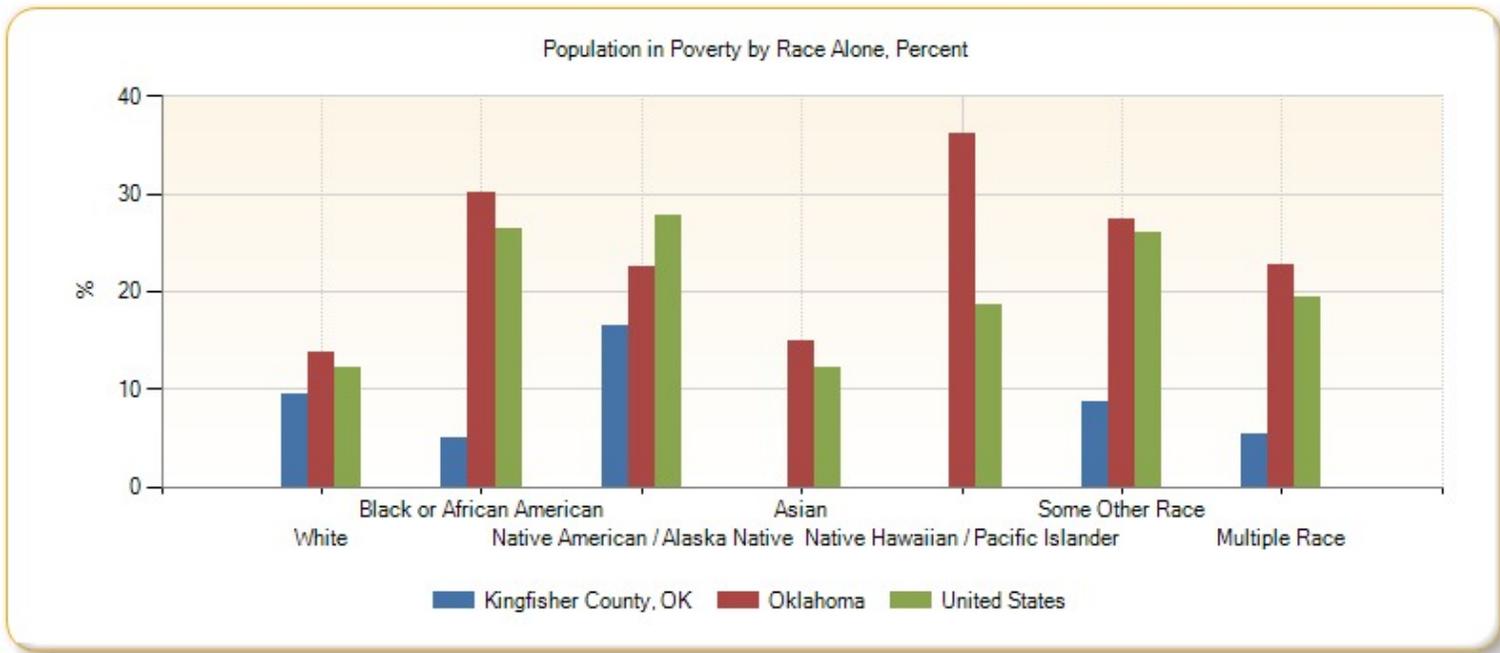
**Population in Poverty by Ethnicity Alone**

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Kingfisher County, OK	425	997	21.38%	7.82%
Oklahoma	91,308	511,290	28.40%	15.43%
United States	11,920,585	32,931,944	24.08%	13.08%



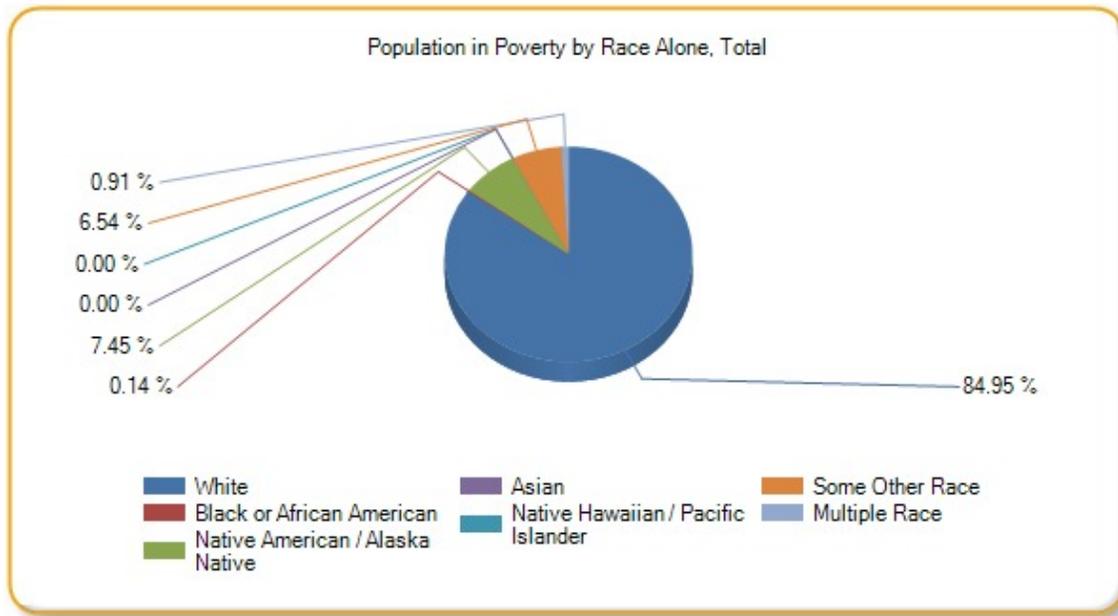
**Population in Poverty by Race Alone, Percent**

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Kingfisher County, OK	9.50%	5%	16.46%	0%	0%	8.60%	5.35%
Oklahoma	13.77%	30.18%	22.43%	14.86%	36.08%	27.35%	22.73%
United States	12.11%	26.49%	27.79%	12.10%	18.66%	26.10%	19.43%



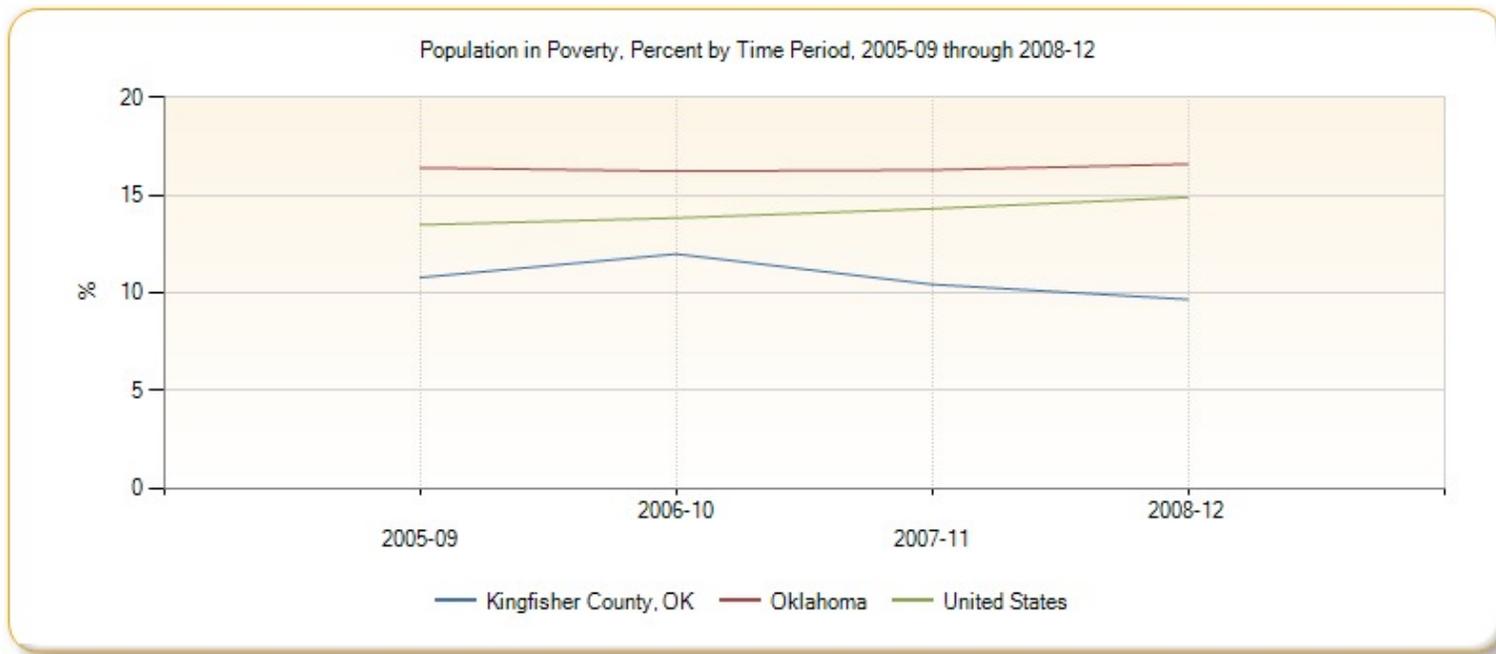
**Population in Poverty by Race Alone, Total**

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Kingfisher County, OK	1,208	2	106	0	0	93	13
Oklahoma	370,728	76,397	56,982	9,458	1,493	24,694	62,846
United States	27,134,944	9,836,000	678,999	1,763,994	93,123	3,784,645	1,560,822



**Population in Poverty, Percent by Time Period, 2005-09 through 2008-12**

Report Area	2005-09	2006-10	2007-11	2008-12
Kingfisher County, OK	10.77%	11.98%	10.42%	9.65%
Oklahoma	16.39%	16.22%	16.28%	16.58%
United States	13.47%	13.82%	14.30%	14.88%

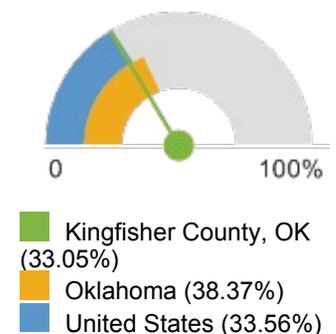


## Population in Poverty - 200% FPL

In the report area 33.05% or 4,871 individuals are 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
Kingfisher County, OK	14,737	4,871	<b>33.05%</b>
Oklahoma	3,634,666	1,394,679	38.37%
United States	301,333,408	101,133,072	33.56%

Percent Population with Income at or Below 200% FPL

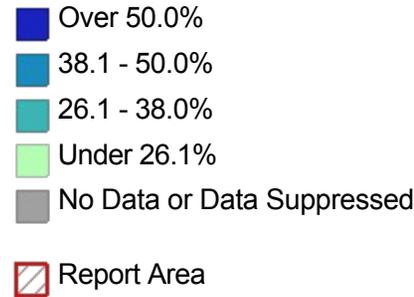


Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.

Data Source: US Census Bureau, [American Community Survey](#): 2008-12. Source geography: Tract.



**Population Below 200% Poverty Level, Percent by Tract, ACS 2008-12**



## Population Receiving Medicaid

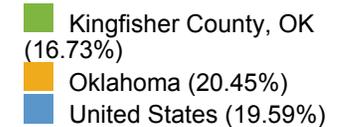
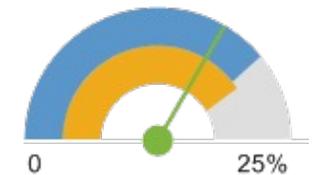
This indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs;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

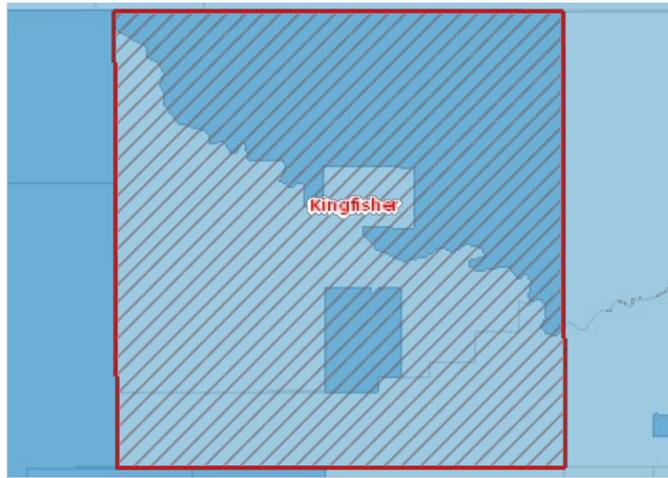
Report Area	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Kingfisher County, OK	14,758	12,526	2,095	<b>16.73%</b>
Oklahoma	3,663,645	2,981,811	609,678	20.45%
United States	303,984,256	258,778,080	50,682,900	19.59%

*Note: This indicator is compared with the state average.*

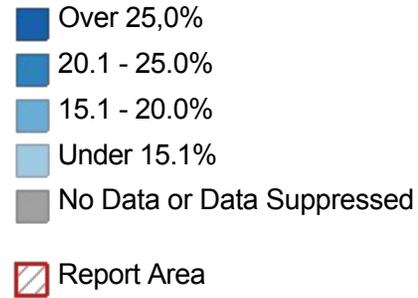
*Data Source: US Census Bureau, [American Community Survey](#): 2008-12. Source geography: Tract.*

**Percent of Insured Population  
Receiving Medicaid**



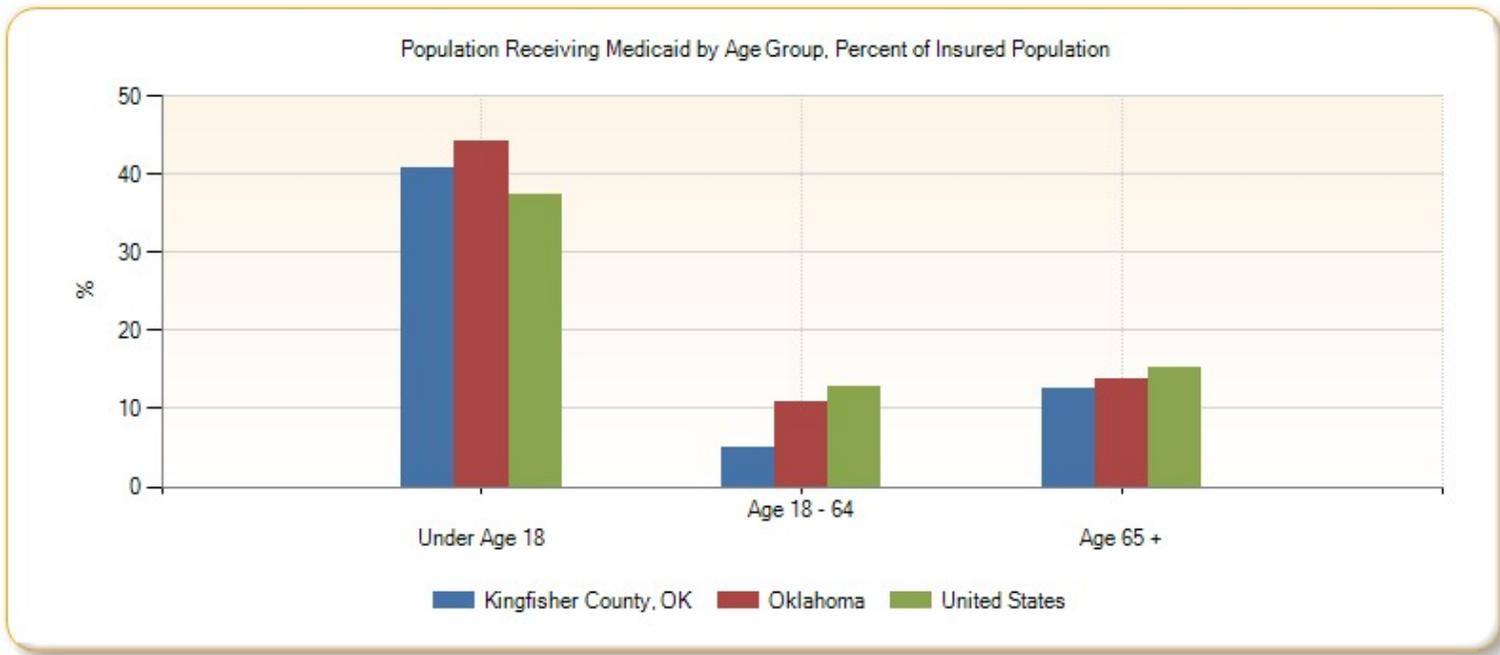


**Insured, Medicaid / Means-Tested Coverage, Percent by Tract, ACS 2008-12**



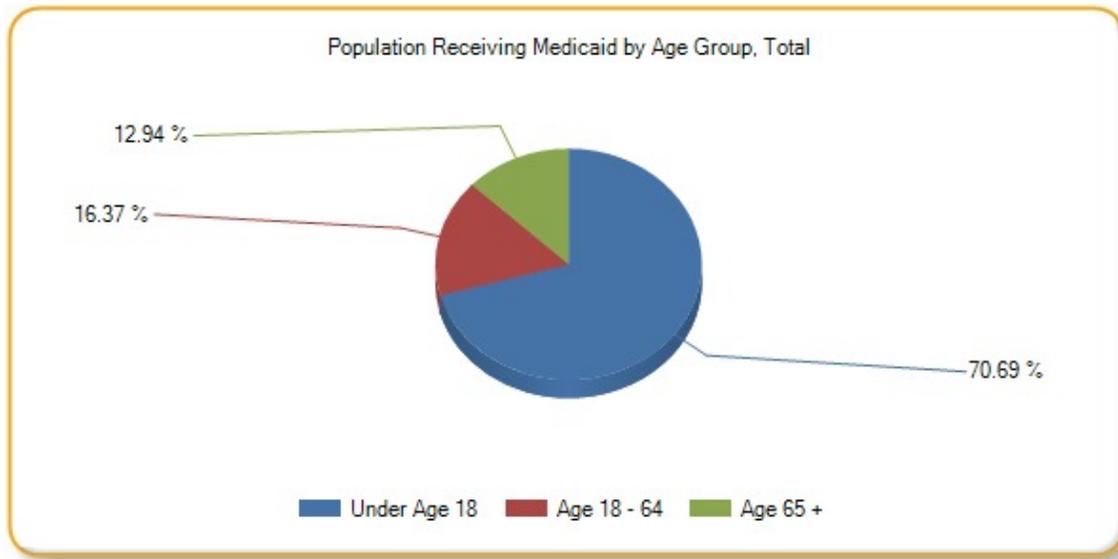
**Population Receiving Medicaid by Age Group, Percent of Insured Population**

Report Area	Under Age 18	Age 18 - 64	Age 65
Kingfisher County, OK	40.81%	5.08%	12.66%
Oklahoma	44.17%	10.75%	13.68%
United States	37.40%	12.76%	15.15%



**Population Receiving Medicaid by Age Group, Total**

Report Area	Under Age 18	Age 18 - 64	Age 65
Kingfisher County, OK	1,481	343	271
Oklahoma	363,355	179,595	66,728
United States	25,390,208	19,385,884	5,906,811

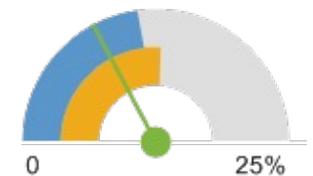


### Population Receiving SNAP Benefits (ACS)

This indicator reports the estimated percentage of households receiving the Supplemental Nutrition Assistance Program (SNAP) benefits. 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 enrolment.

Report Area	Total Households	Households Receiving SNAP Benefits	Percent Households Receiving SNAP Benefits
Kingfisher County, OK	5,690	492	<b>8.65%</b>
Oklahoma	1,439,292	186,321	12.95%
United States	115,226,800	13,180,710	11.44%

Percent Households Receiving SNAP Benefits

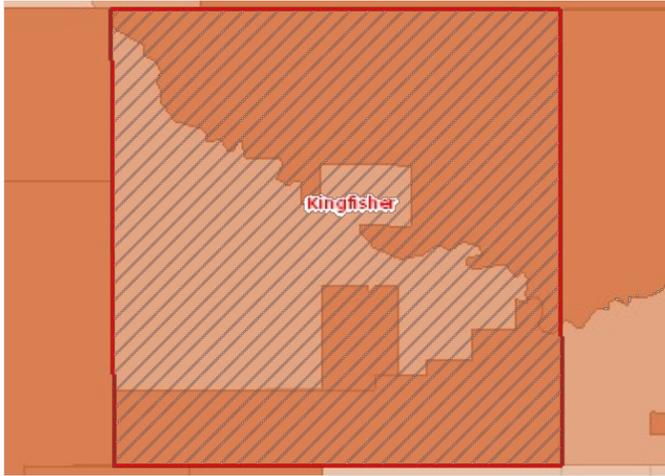


- Kingfisher County, OK (8.65%)
- Oklahoma (12.95%)
- United States (11.44%)

*Note: This indicator is compared with the state average.*

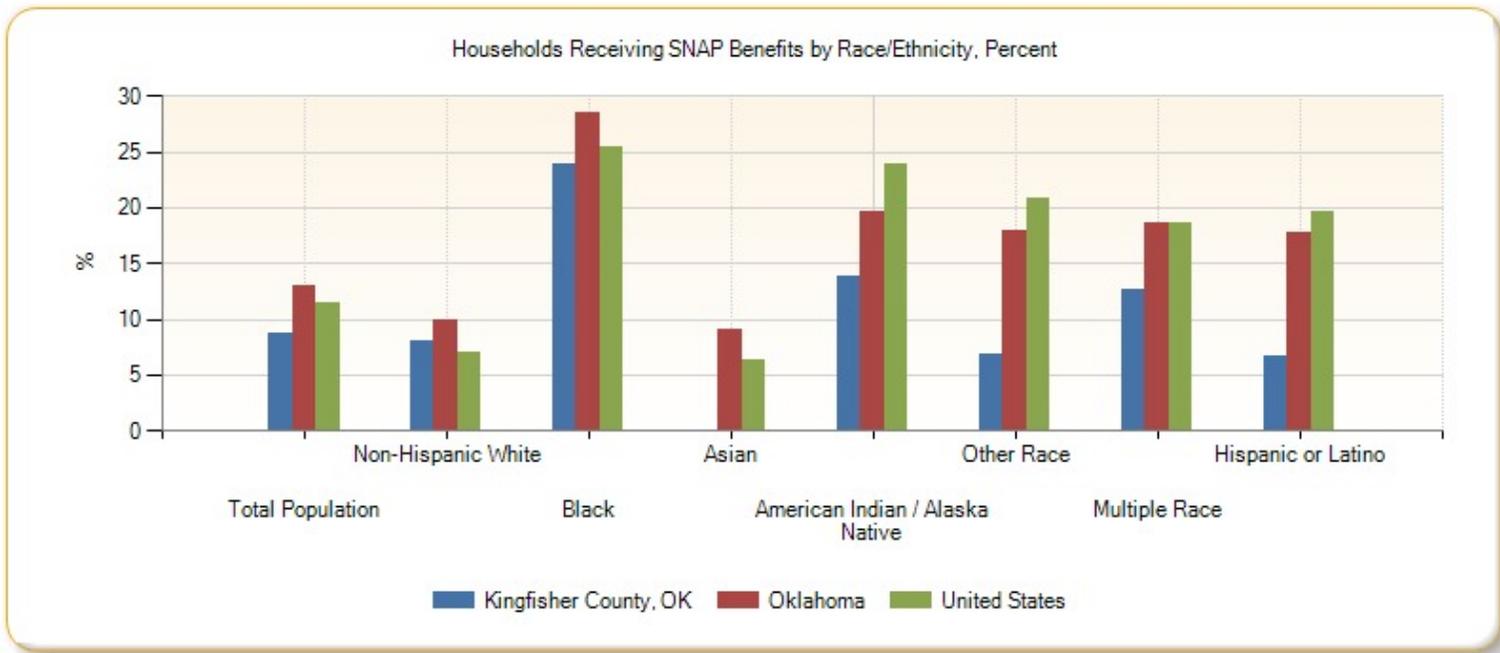
*Data Source: US Census Bureau, [American Community Survey](#): 2008-12. Source geography: Tract.*

### Households Receiving SNAP Benefits, Percent by Tract, ACS 2008-12



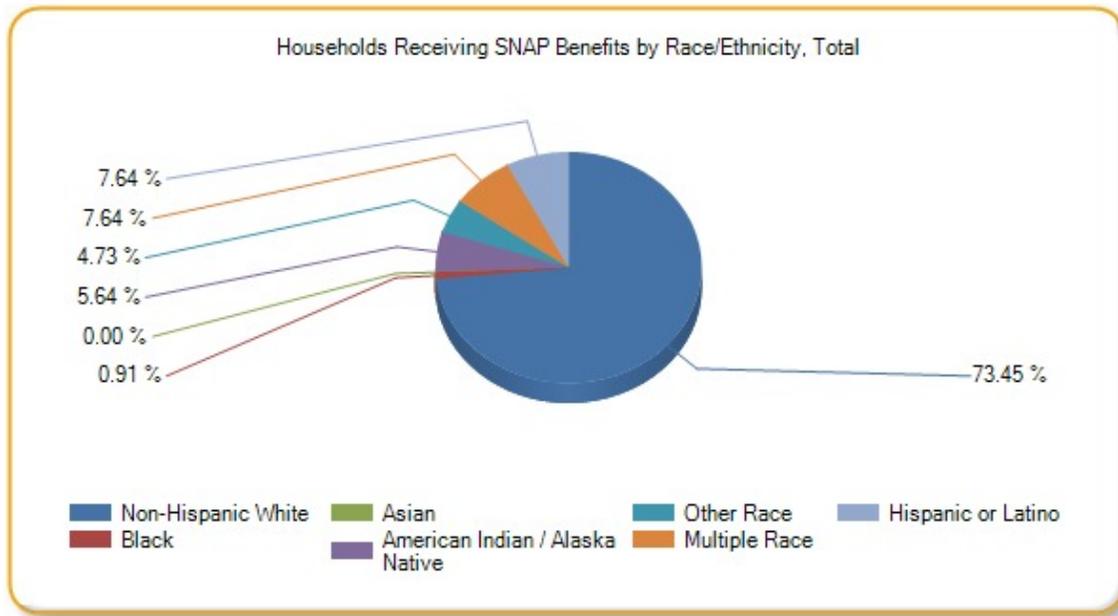
### Households Receiving SNAP Benefits by Race/Ethnicity, Percent

Report Area	Total Population	Non-Hispanic White	Black	Asian	American Indian / Alaska Native	Other Race	Multiple Race	Hispanic or Latino
Kingfisher County, OK	8.65%	8.11%	23.81%	0%	13.90%	6.82%	12.66%	6.66%
Oklahoma	12.95%	9.85%	28.48%	9.15%	19.69%	17.87%	18.69%	17.73%
United States	11.44%	7.07%	25.43%	6.40%	23.90%	20.80%	18.55%	19.57%



**Households Receiving SNAP Benefits by Race/Ethnicity, Total**

Report Area	Non-Hispanic White	Black	Asian	American Indian / Alaska Native	Other Race	Multiple Race	Hispanic or Latino
Kingfisher County, OK	404	5	0	31	26	42	42
Oklahoma	111,076	28,852	1,848	16,811	4,495	14,884	14,884
United States	6,360,151	3,519,677	298,741	193,948	812,156	2,630,063	2,630,063

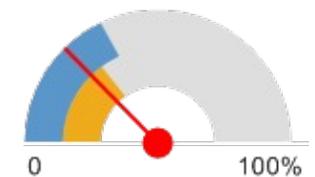


### Population with Associate's Level Degree or Higher

25.51% of the population aged 25 and older, or 2,517 have obtained an Associate's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

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
Kingfisher County, OK	9,868	2,517	<b>25.51%</b>
Oklahoma	2,438,321	734,953	30.14%
United States	204,336,016	73,941,024	36.19%

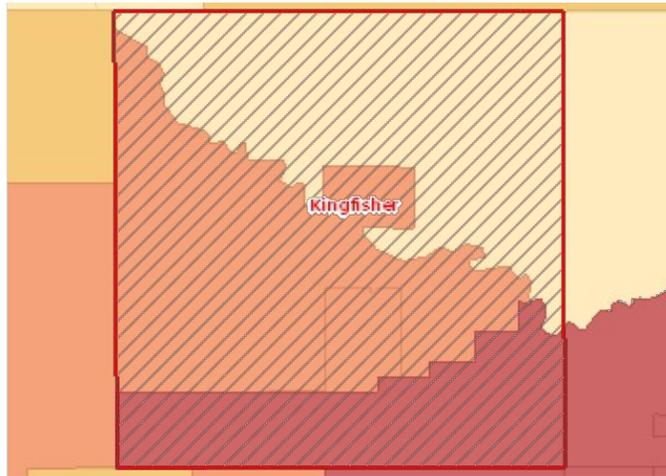
Percent Population Age 25 with Associate's Degree or Higher



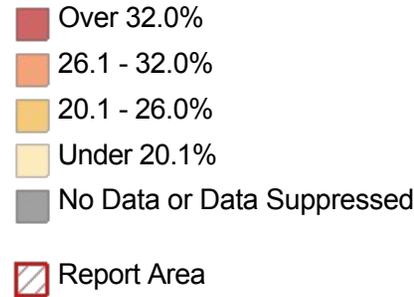
- Kingfisher County, OK (25.51%)
- Oklahoma (30.14%)
- United States (36.19%)

*Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.*

*Data Source: US Census Bureau, [American Community Survey: 2008-12](#). Source geography: Tract.*



Population with an Associate Level Degree or Higher, Percent by Tract, ACS 2008-12

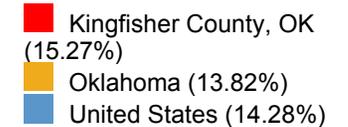
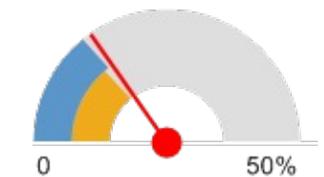


### Population with No High School Diploma

Within the report area there are 1,507 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 15.27% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes ([Freudenberg & Ruglis, 2007](#)).

Report Area	Total Population Age 25	Population Age 25 with No High School Diploma	Percent Population Age 25 with No High School Diploma
Kingfisher County, OK	9,868	1,507	<b>15.27%</b>
Oklahoma	2,438,321	336,888	13.82%
United States	204,336,016	29,179,820	14.28%

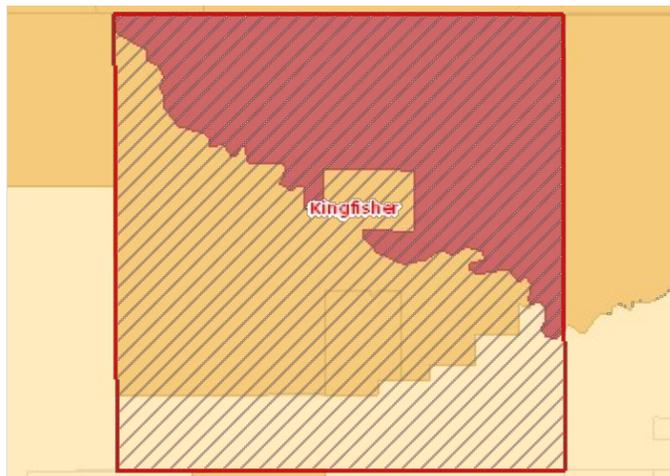
Percent Population Age 25 with No High School Diploma



Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [American Community Survey](#): 2008-12. Source geography: Tract.

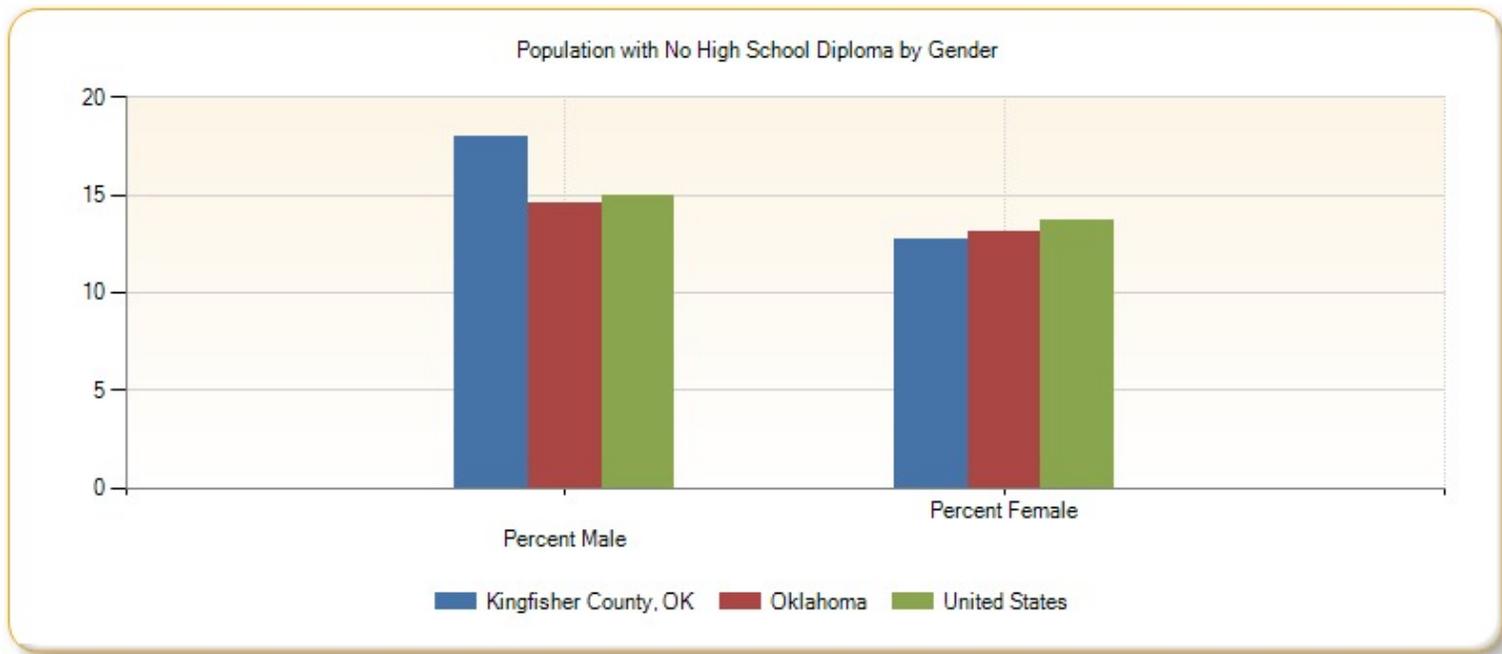
**Population with No High School Diploma, Percent by Tract, ACS 2008-12**



- Over 21.0%
- 16.1 - 21.0%
- 11.1 - 16.0%
- Under 11.1%
- No Data or Data Suppressed
- Report Area

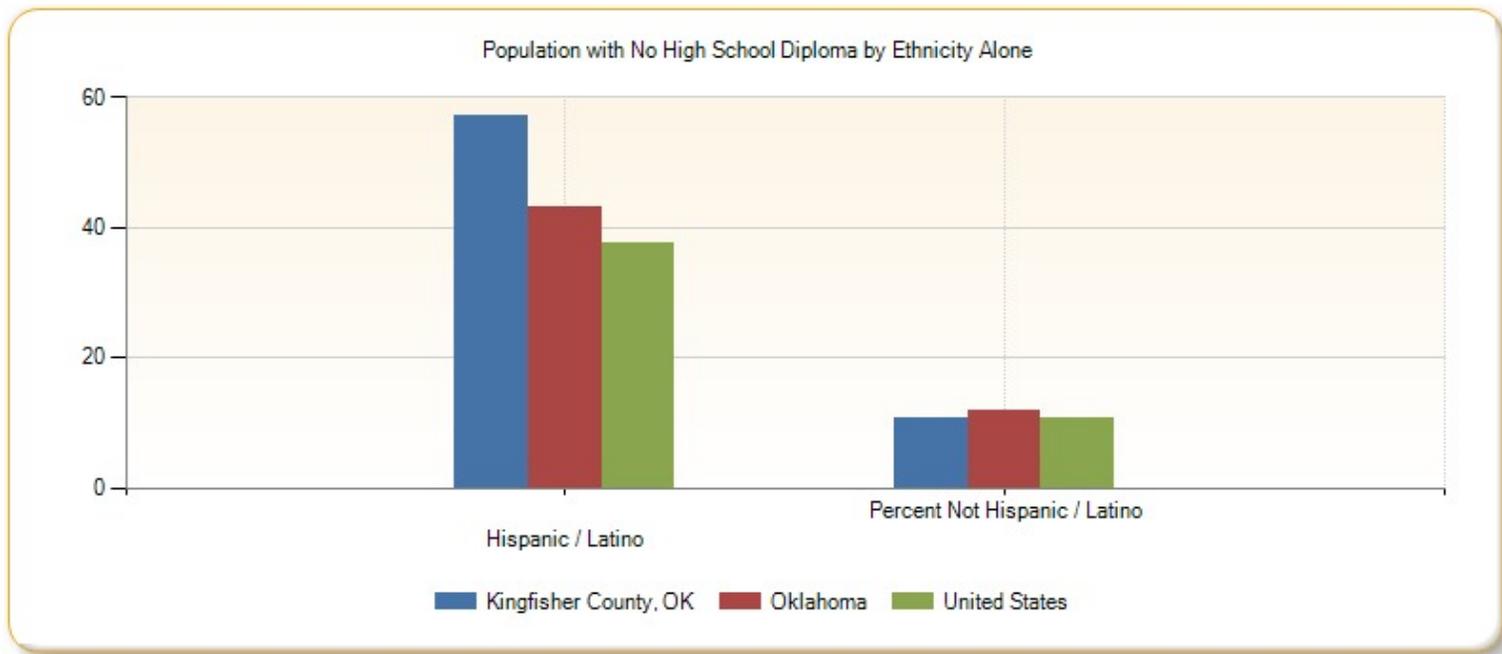
**Population with No High School Diploma by Gender**

Report Area	Total Male	Total Female	Percent Male	Percent Female
Kingfisher County, OK	864	643	17.93%	12.73%
Oklahoma	172,807	164,081	14.61%	13.07%
United States	14,729,078	14,450,741	14.97%	13.64%



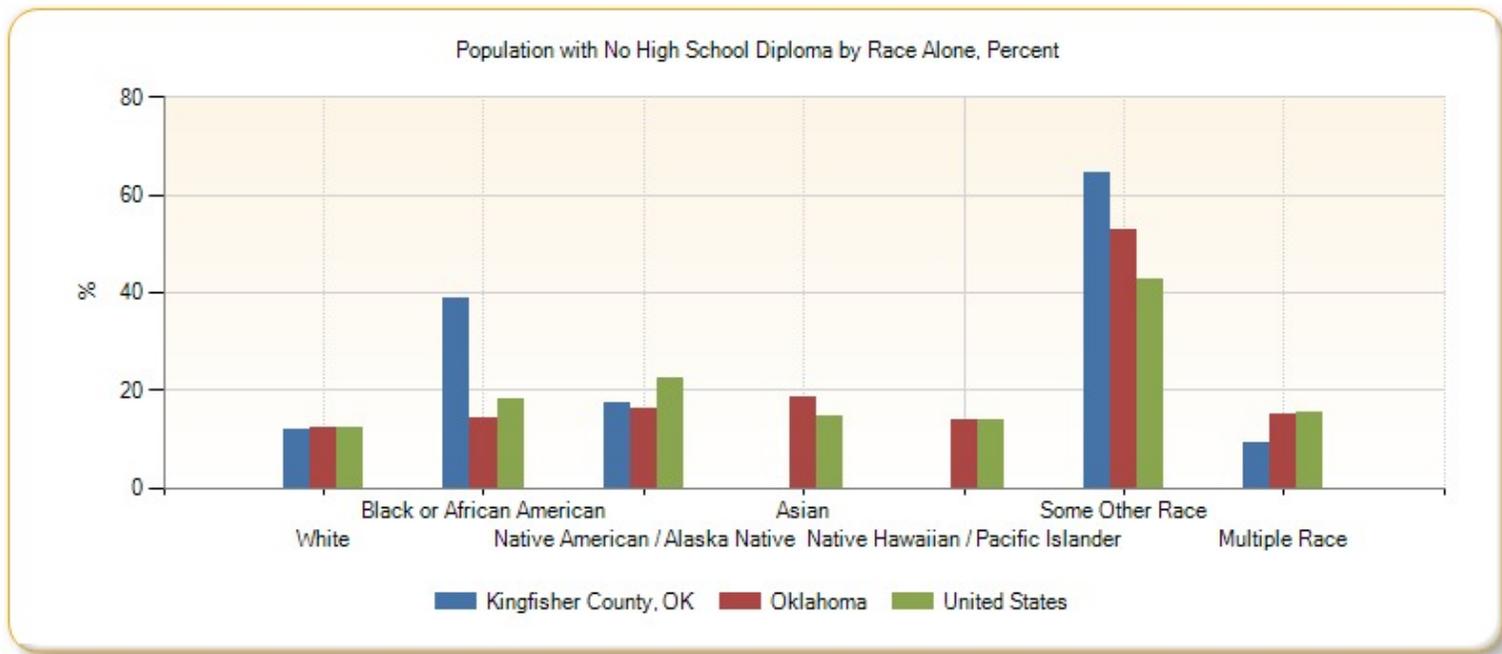
**Population with No High School Diploma by Ethnicity Alone**

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Kingfisher County, OK	553	954	57.07%	10.72%
Oklahoma	67,083	269,805	43.15%	11.82%
United States	10,218,228	18,961,592	37.41%	10.71%



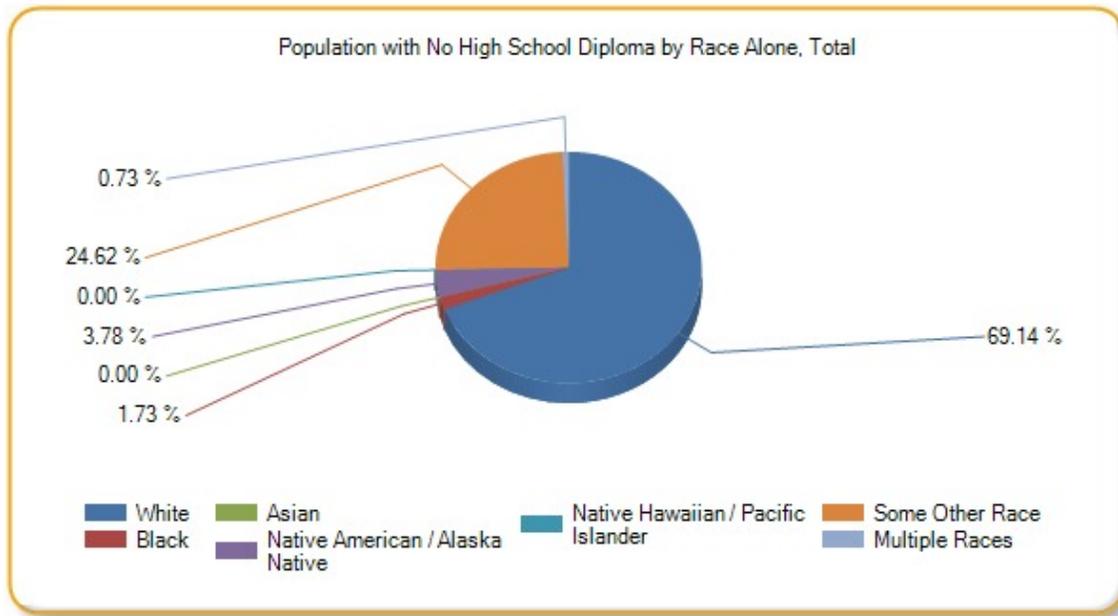
**Population with No High School Diploma by Race Alone, Percent**

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Kingfisher County, OK	11.89%	38.81%	17.33%	0%	0%	64.30%	9.24%
Oklahoma	12.46%	14.03%	16.21%	18.56%	13.66%	52.73%	15.01%
United States	12.15%	17.93%	22.47%	14.50%	13.85%	42.79%	15.40%



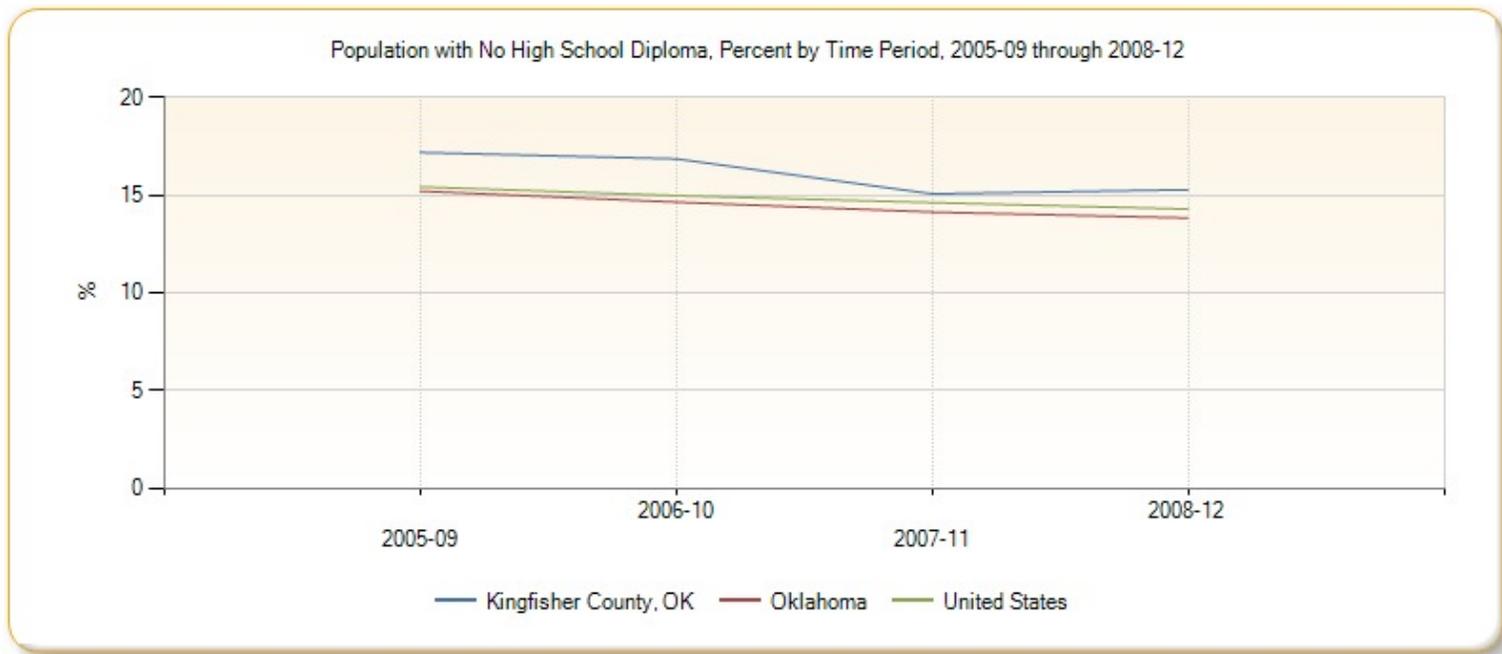
**Population with No High School Diploma by Race Alone, Total**

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Kingfisher County, OK	1,042	26	0	57	0	371	11
Oklahoma	237,868	22,484	7,762	23,847	298	25,113	19,516
United States	19,126,844	4,220,112	1,463,194	334,996	41,663	3,479,526	513,485



**Population with No High School Diploma, Percent by Time Period, 2005-09 through 2008-12**

Report Area	2005-09	2006-10	2007-11	2008-12
Kingfisher County, OK	17.18%	16.85%	15.06%	15.27%
Oklahoma	15.20%	14.63%	14.13%	13.82%
United States	15.42%	14.97%	14.61%	14.28%



## Teen Births

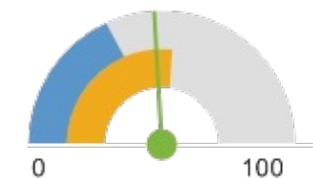
This indicator reports the rate of total births to women age of 15 - 19 per 1,000 female population age 15 - 19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence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

Report Area	Female Population Age 15 - 19	Births to Mothers Age 15 - 19	Teen Birth Rate (Per 1,000 Births)
Kingfisher County, OK	507	24	<b>48.10</b>
Oklahoma	128,840	6,932	53.80
United States	10,736,677	392,962	36.60

Note: This indicator is compared with the state average.

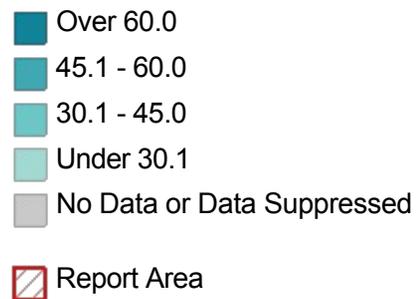
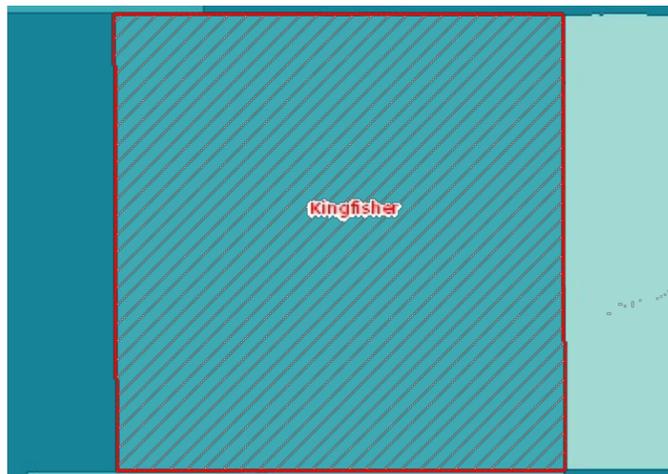
Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#): 2006-12. Accessed using [CDC WONDER](#). Source geography: County.

Teen Birth Rate (Per 1,000 Births)



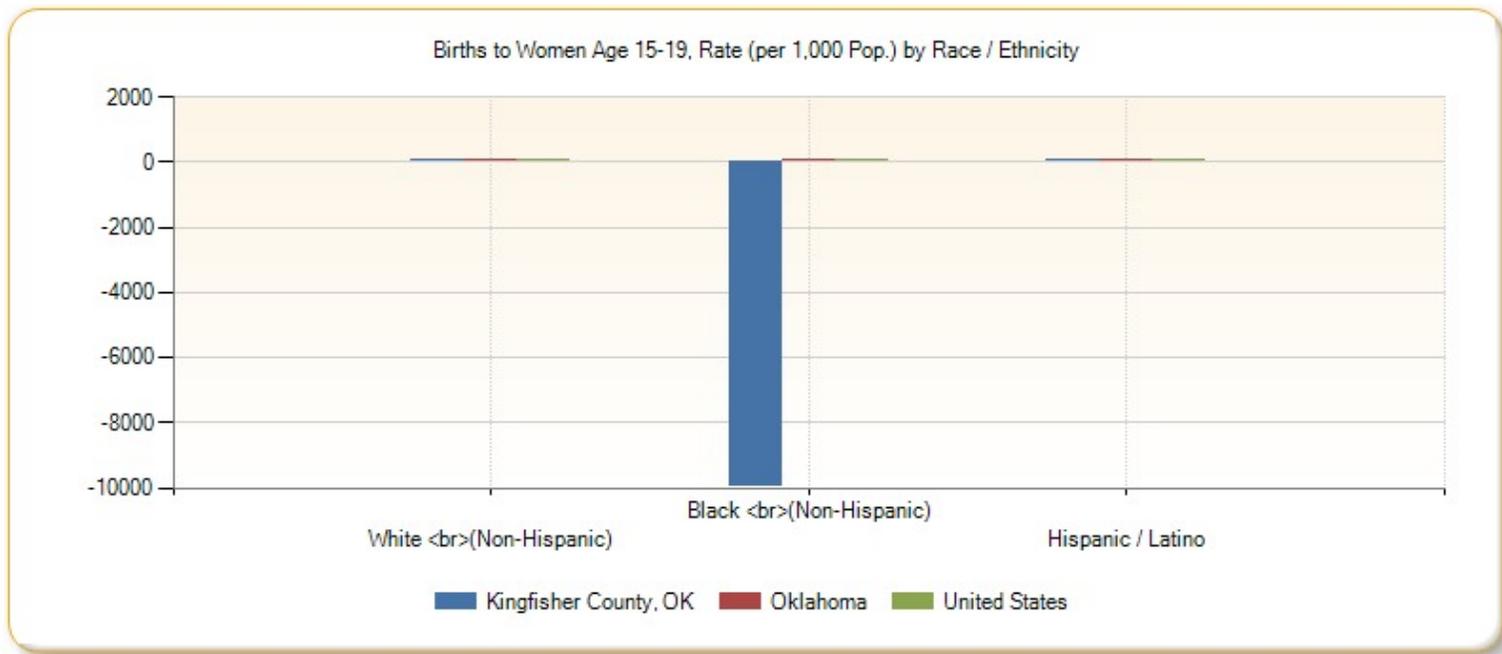
■ Kingfisher County, OK (48.10)  
■ Oklahoma (53.80)  
■ United States (36.60)

**Births to Females Age 15-19, Rate (Per 1,000 Pop.) by County, NVSS 2006-12**



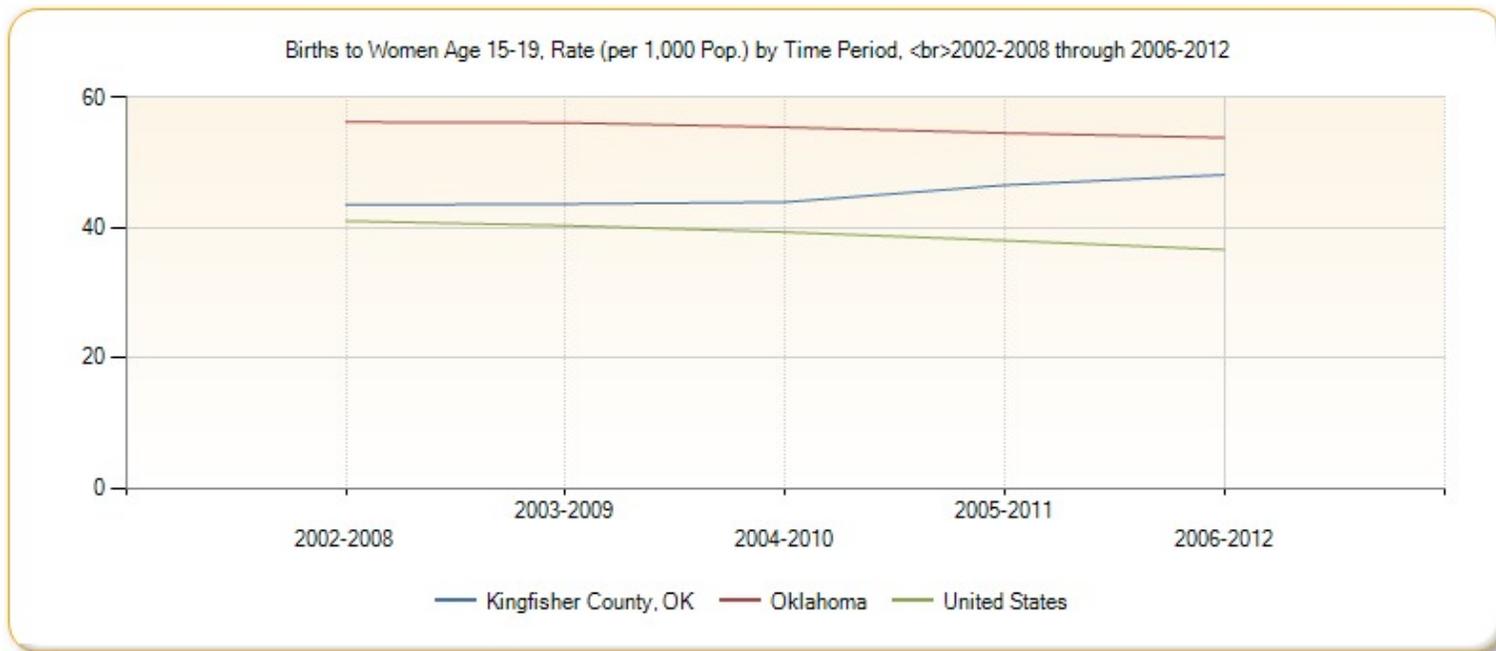
**Births to Women Age 15-19, Rate (per 1,000 Pop.) by Race / Ethnicity**

Report Area	White (Non-Hispanic)	Black (Non-Hispanic)	Hispanic / Latino
Kingfisher County, OK	42	no data	82.30
Oklahoma	45.60	65.40	82.40
United States	24.60	54.90	62



**Births to Women Age 15-19, Rate (per 1,000 Pop.) by Time Period, 2002-2008 through 2006-2012**

Report Area	2002-2008	2003-2009	2004-2010	2005-2011	2006-2012
Kingfisher County, OK	43.50	43.60	43.90	46.50	48.10
Oklahoma	56.20	56.10	55.40	54.50	53.80
United States	41	40.30	39.30	38	36.60



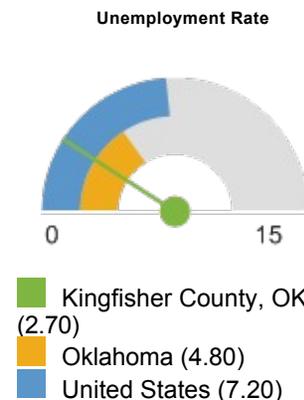
## Unemployment Rate

Total unemployment in the report area for the current month was 217, or 2.70% of the civilian non-institutionalized population age 16 and older (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.

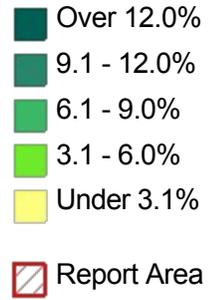
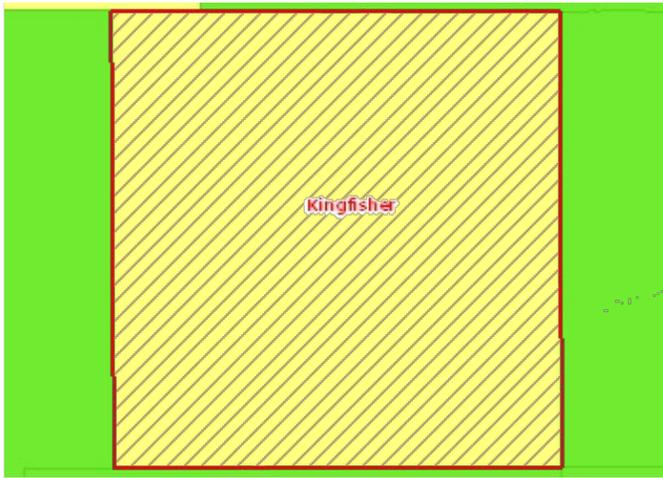
Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Kingfisher County, OK	8,132	7,915	217	<b>2.70</b>
Oklahoma	1,808,501	1,722,358	86,143	4.80
United States	155,914,291	144,746,907	11,167,384	7.20

Note: This indicator is compared with the state average.

Data Source: US Department of Labor, [Bureau of Labor Statistics](#): 2014 - April. Source geography: County.

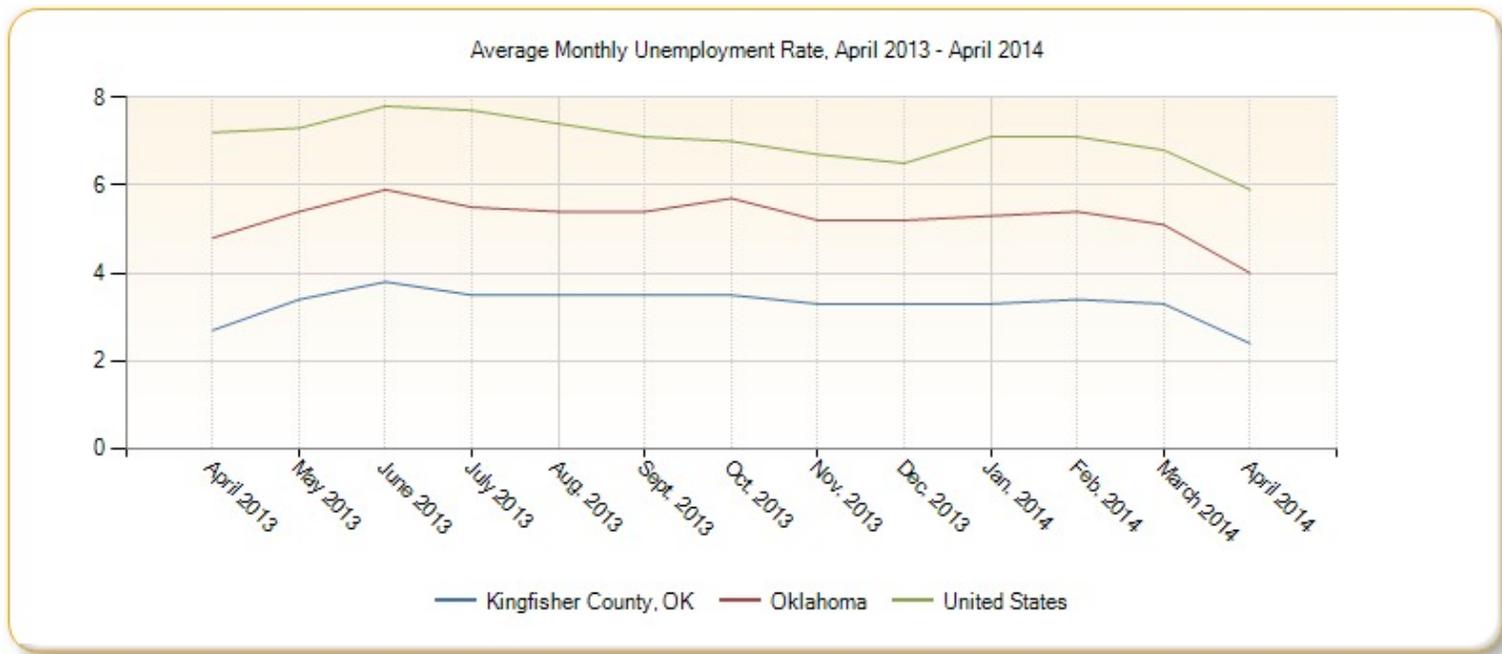


### Unemployment, Rate by County, BLS 2014 - April



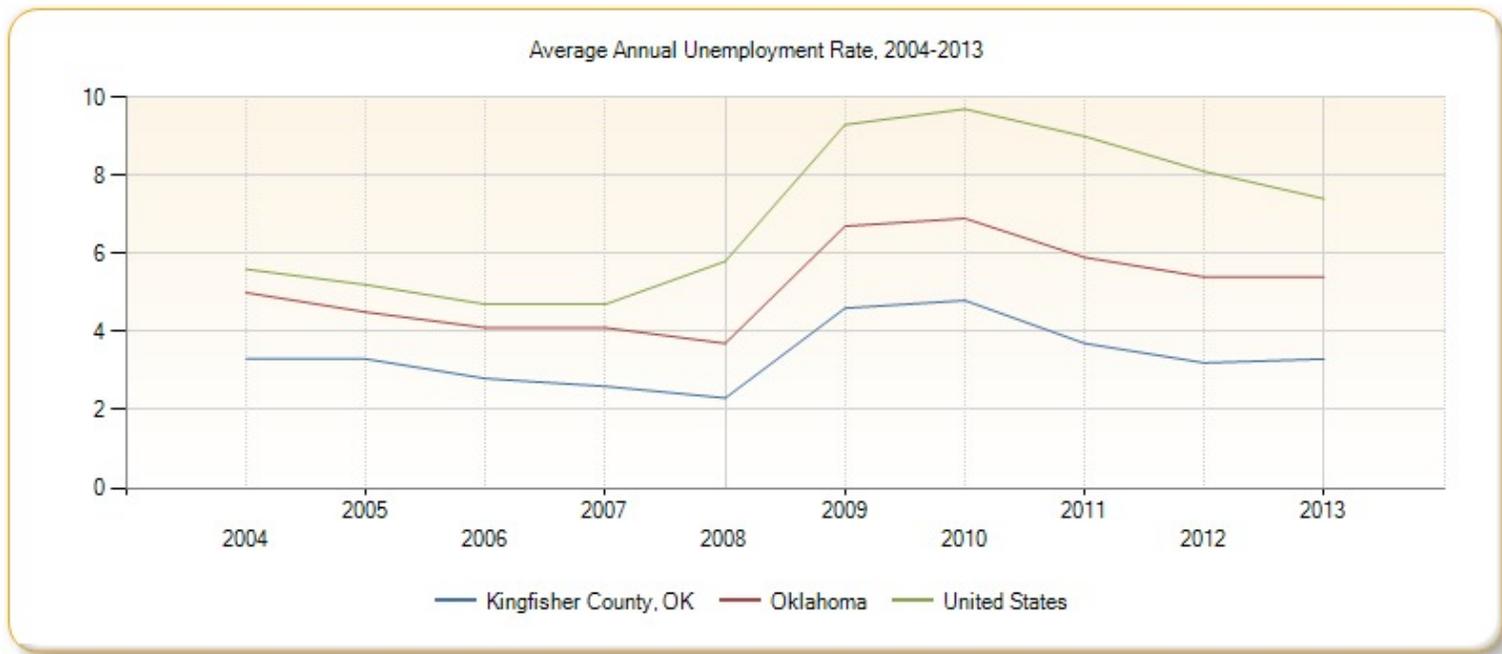
### Average Monthly Unemployment Rate, April 2013 - April 2014

Report Area	April 2013	May 2013	June 2013	July 2013	Aug. 2013	Sept. 2013	Oct. 2013	Nov. 2013	Dec. 2013	Jan. 2014	Feb. 2014	March 2014	April 2014
Kingfisher County, OK	2.70	3.40	3.80	3.50	3.50	3.50	3.50	3.30	3.30	3.30	3.40	3.30	2.40
Oklahoma	4.80	5.40	5.90	5.50	5.40	5.40	5.70	5.20	5.20	5.30	5.40	5.10	4
United States	7.20	7.30	7.80	7.70	7.40	7.10	7	6.70	6.50	7.10	7.10	6.80	5.90



**Average Annual Unemployment Rate, 2004-2013**

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Kingfisher County, OK	3.30	3.30	2.80	2.60	2.30	4.60	4.80	3.70	3.20	3.30
Oklahoma	5	4.50	4.10	4.10	3.70	6.70	6.90	5.90	5.40	5.40
United States	5.60	5.20	4.70	4.70	5.80	9.30	9.70	9	8.10	7.40



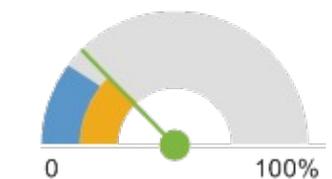
## Uninsured Population - Adults

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

This indicator reports the percentage of adults age 18 to 64 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 Age 18 - 64	Population with Medical Insurance	Percent Population With Medical Insurance	Population Without Medical Insurance	Percent Population Without Medical Insurance
Kingfisher County, OK	8,761	6,515	74.40%	2,245	<b>25.60%</b>
Oklahoma	2,269,041	1,679,088	74%	589,953	26%
United States	191,640,968	151,849,368	79.24%	39,791,596	20.76%

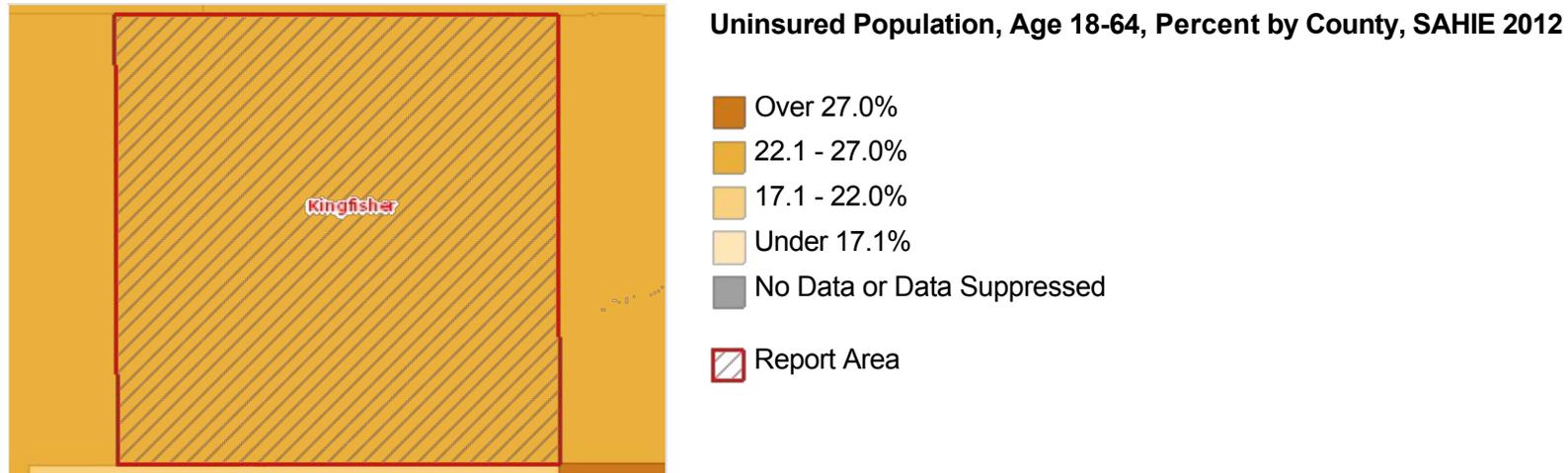
Percent Population Without Medical Insurance



■ Kingfisher County, OK (25.60%)  
■ Oklahoma (26%)  
■ United States (20.76%)

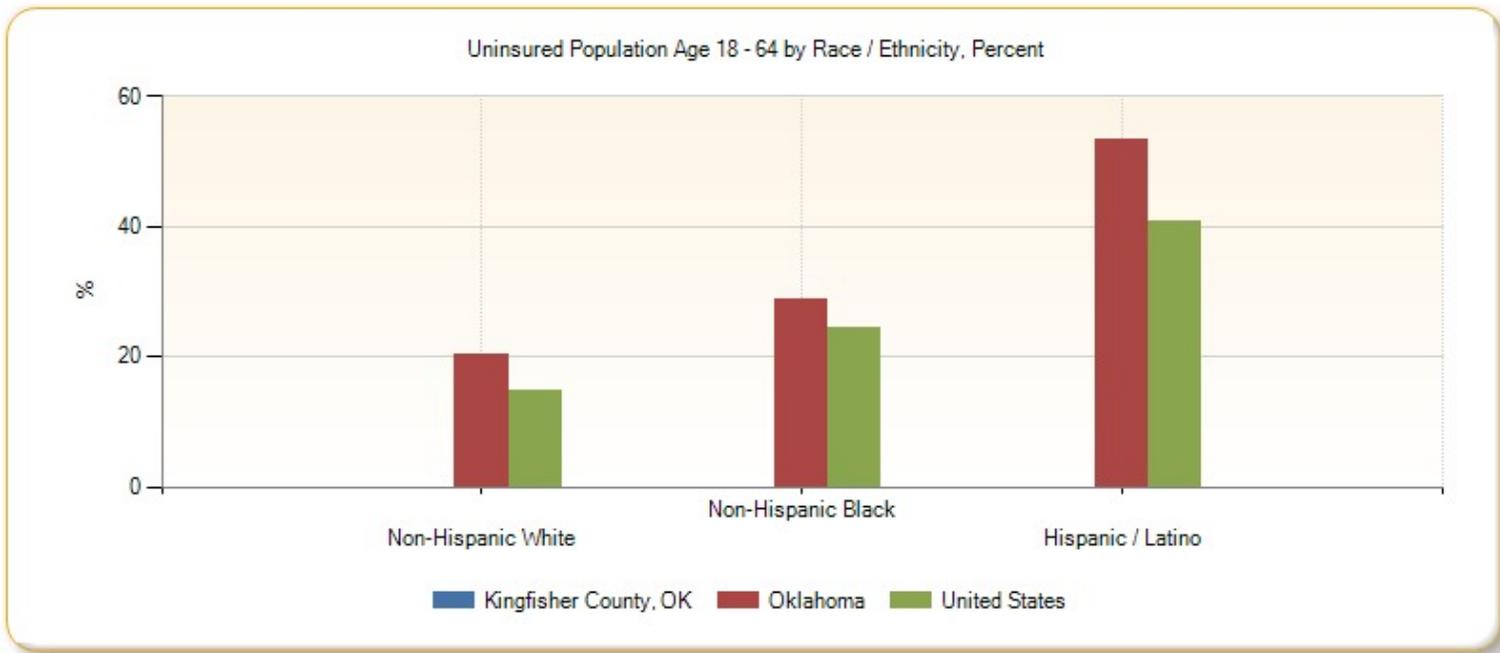
Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [Small Area Health Insurance Estimates](#): 2012. Source geography: County.



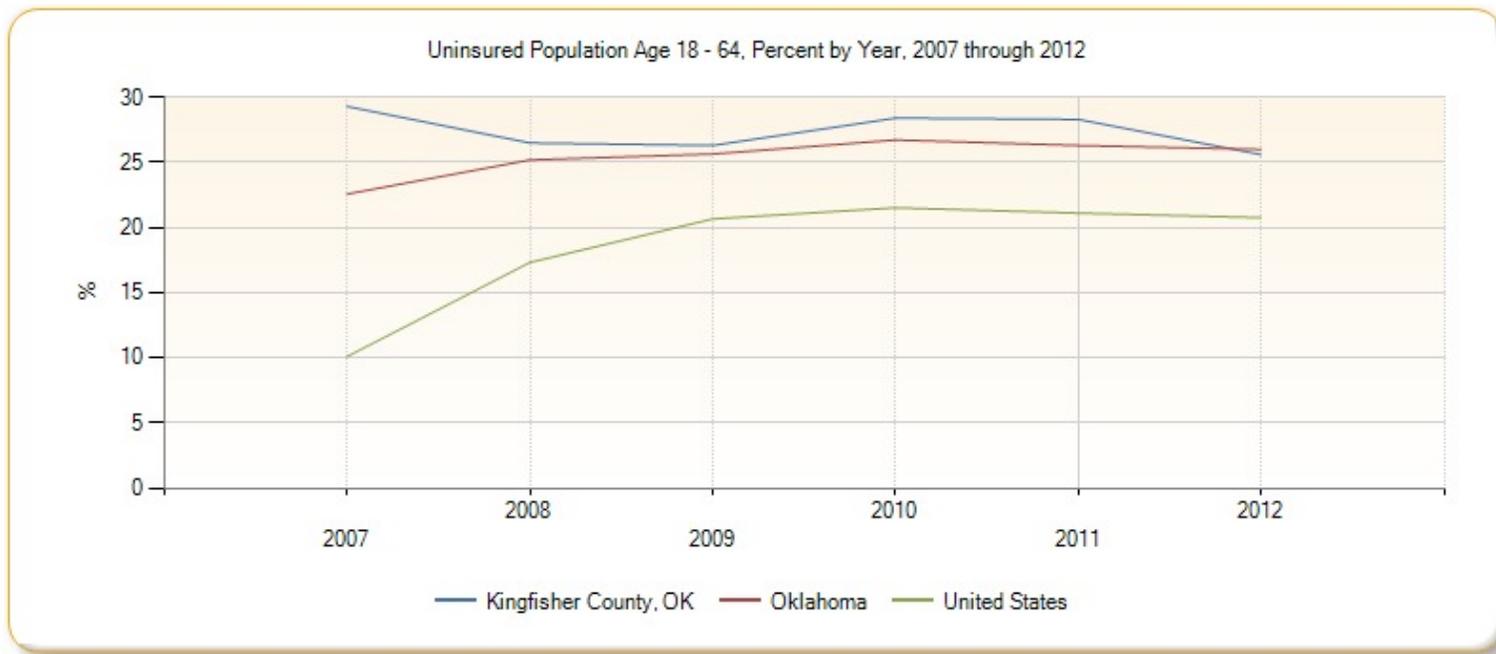
**Uninsured Population Age 18 - 64 by Race / Ethnicity, Percent**

Report Area	Non-Hispanic White	Non-Hispanic Black	Hispanic / Latino
Kingfisher County, OK	no data	no data	no data
Oklahoma	20.44%	28.82%	53.37%
United States	14.81%	24.37%	40.84%



**Uninsured Population Age 18 - 64, Percent by Year, 2007 through 2012**

Report Area	2007	2008	2009	2010	2011	2012
Kingfisher County, OK	29.30%	26.50%	26.30%	28.40%	28.30%	25.60%
Oklahoma	22.57%	25.19%	25.65%	26.72%	26.30%	26%
United States	10.09%	17.32%	20.66%	21.52%	21.11%	20.76%



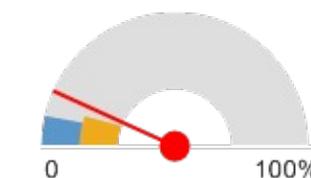
## Uninsured Population - Children

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

This indicator reports the percentage of children under age 19 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 with Medical Insurance	Percent Population With Medical Insurance	Population Without Medical Insurance	Percent Population Without Medical Insurance
Kingfisher County, OK	4,071	3,520	86.50%	551	<b>13.50%</b>
Oklahoma	972,807	868,652	89.29%	104,155	10.71%
United States	76,468,844	70,705,585	92.46%	5,763,259	7.54%

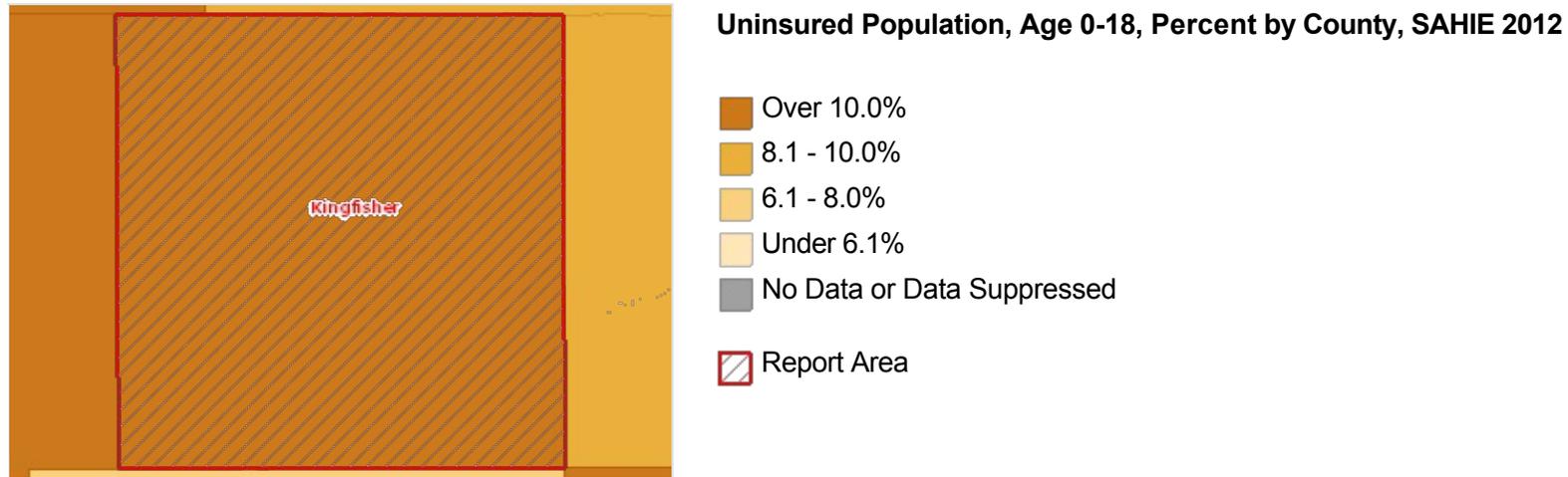
Percent Population Without Medical Insurance



■ Kingfisher County, OK (13.50%)  
■ Oklahoma (10.71%)  
■ United States (7.54%)

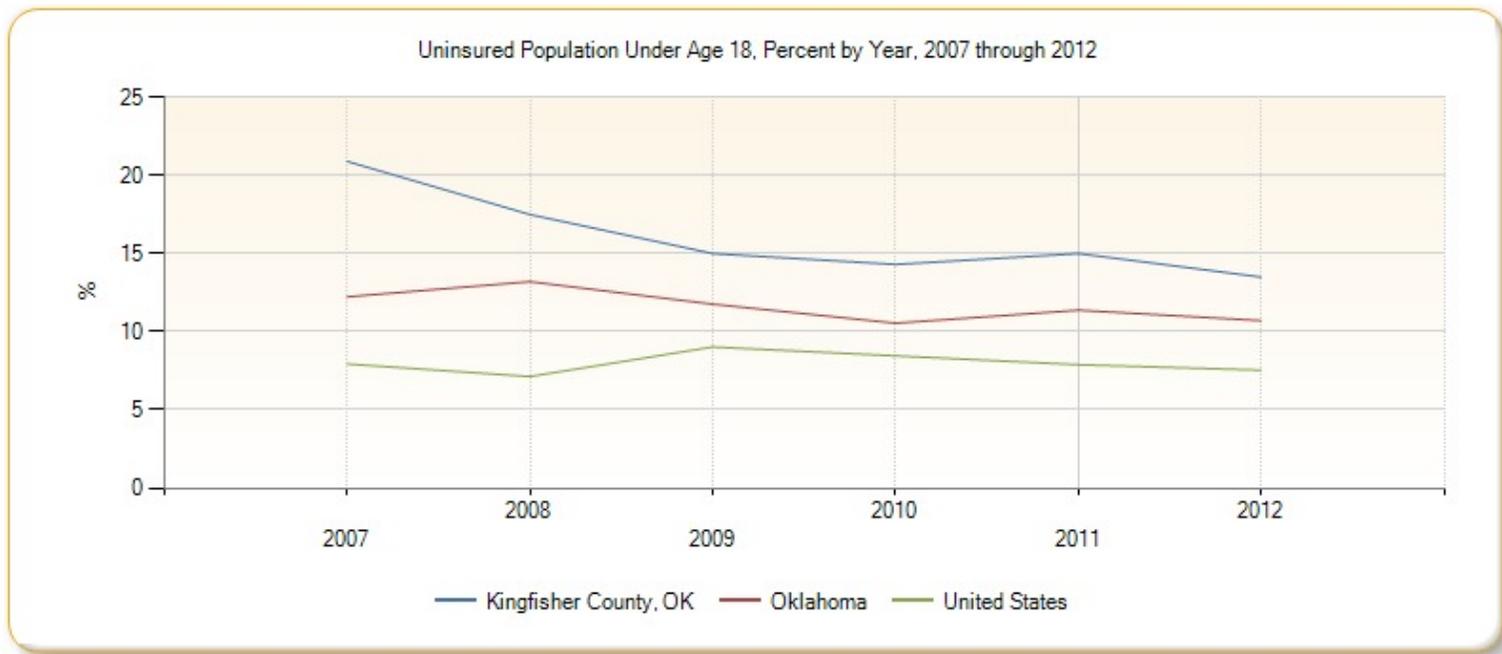
Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [Small Area Health Insurance Estimates](#): 2012. Source geography: County.



**Uninsured Population Under Age 18, Percent by Year, 2007 through 2012**

Report Area	2007	2008	2009	2010	2011	2012
Kingfisher County, OK	20.90%	17.50%	15%	14.30%	15%	13.50%
Oklahoma	12.23%	13.20%	11.76%	10.54%	11.37%	10.71%
United States	7.93%	7.13%	9.02%	8.45%	7.89%	7.54%

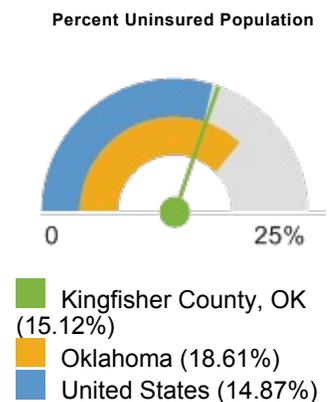


## Uninsured Population - Total

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

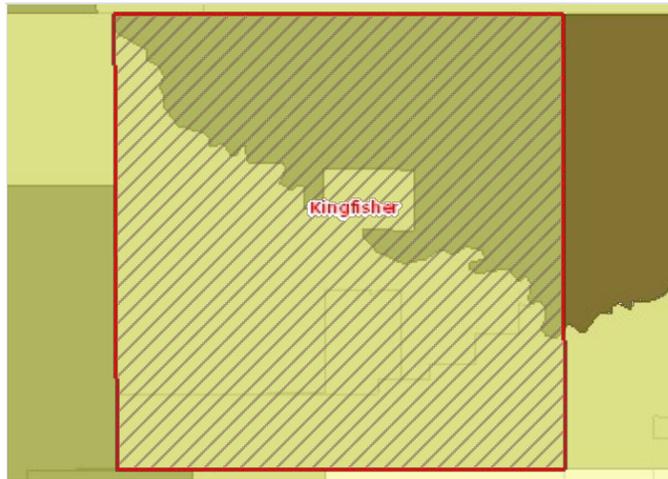
This indicator reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that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

Report Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population	Percent Uninsured Population, Margin of Error ( / -)
Kingfisher County, OK	14,758	2,232	<b>15.12%</b>	1.98%
Oklahoma	3,663,645	681,834	18.61%	0.14%
United States	303,984,256	45,206,152	14.87%	0.04%



Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [American Community Survey](#): 2008-12. Source geography: Tract.

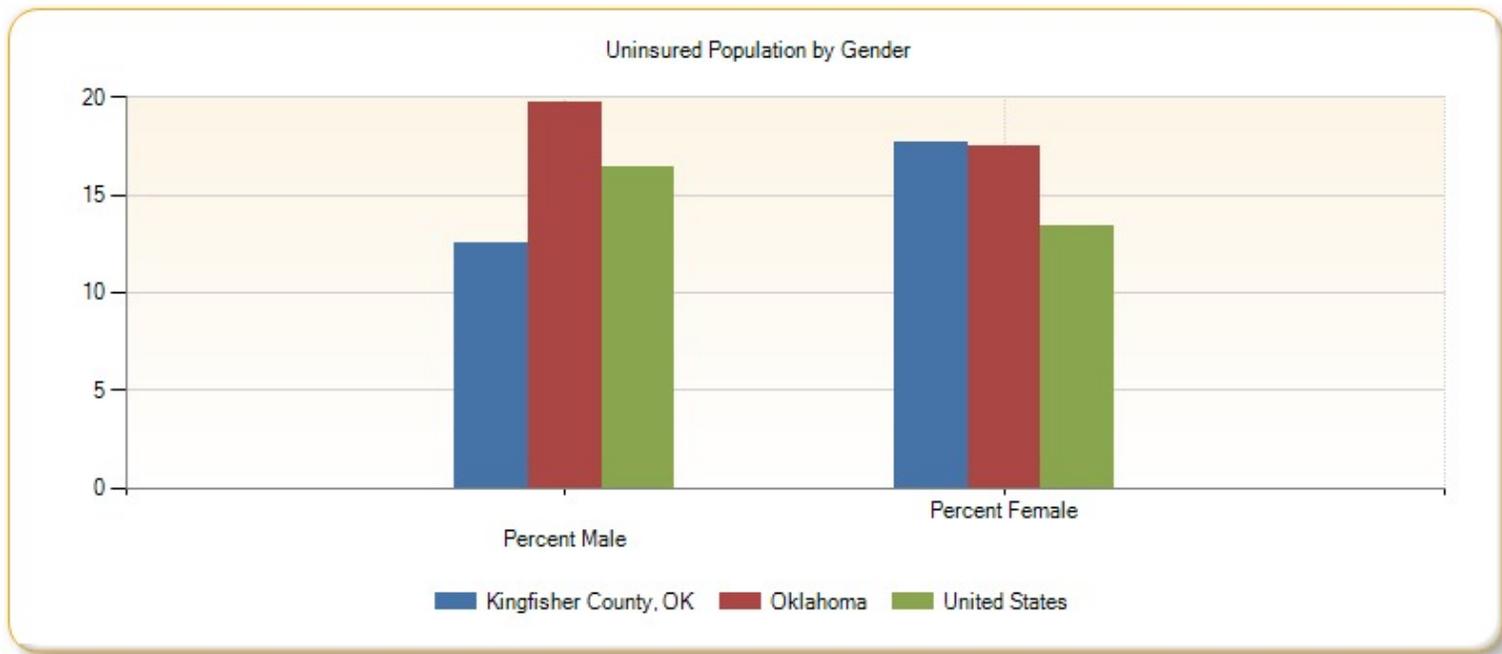


**Uninsured Population, Percent by Tract, ACS 2008-12**

- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed
- Report Area

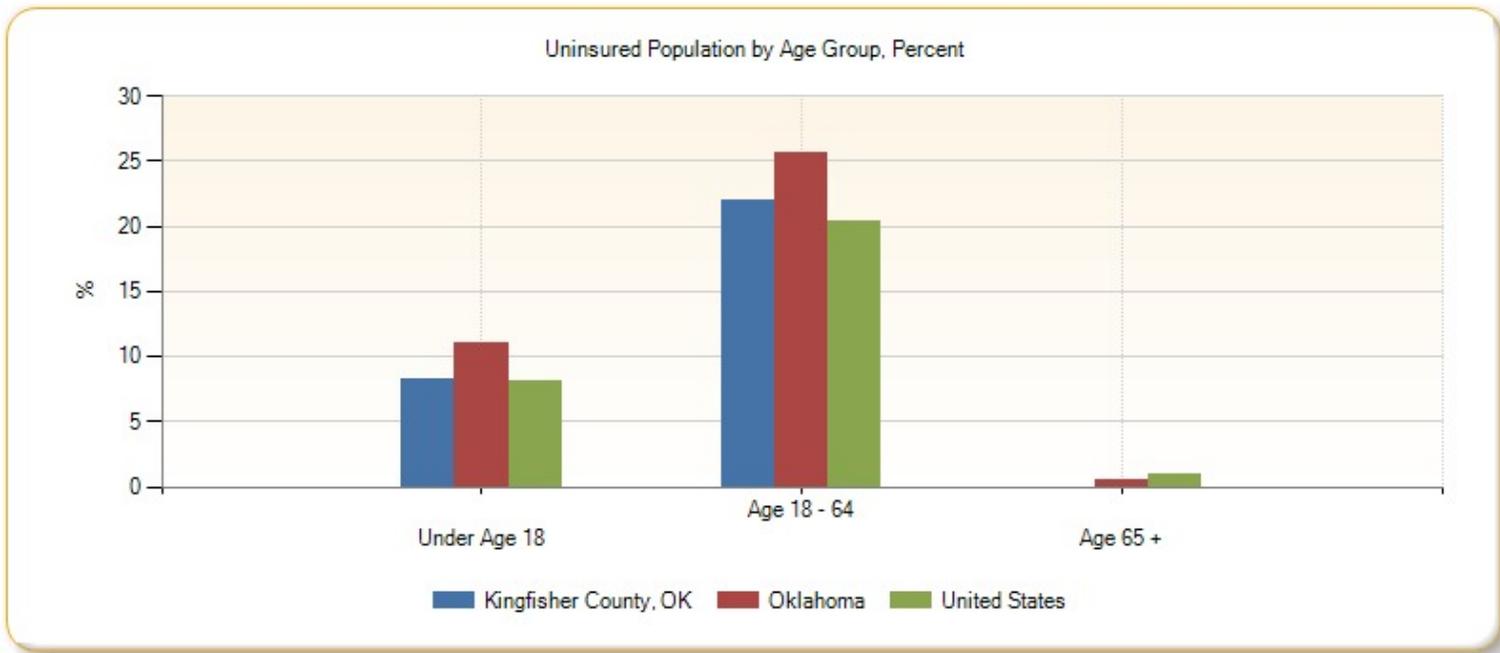
**Uninsured Population by Gender**

Report Area	Total Male	Total Female	Percent Male	Percent Female
Kingfisher County, OK	912	1,320	12.51%	17.68%
Oklahoma	354,082	327,752	19.76%	17.51%
United States	24,317,904	20,888,248	16.40%	13.42%



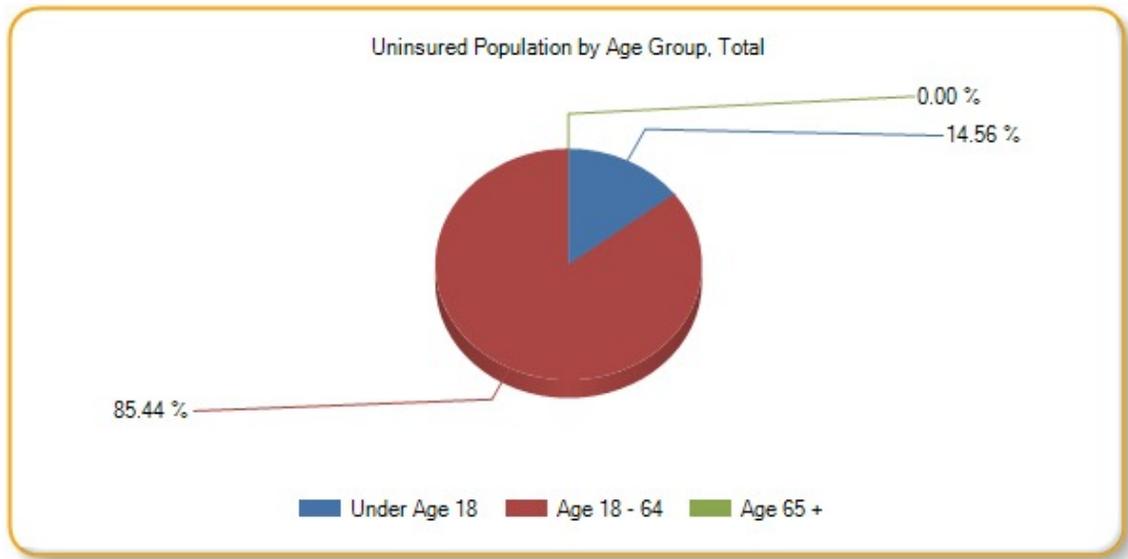
### Uninsured Population by Age Group, Percent

Report Area	Under Age 18	Age 18 - 64	Age 65
Kingfisher County, OK	8.22%	22.01%	0%
Oklahoma	11.07%	25.65%	0.58%
United States	8.06%	20.38%	0.94%



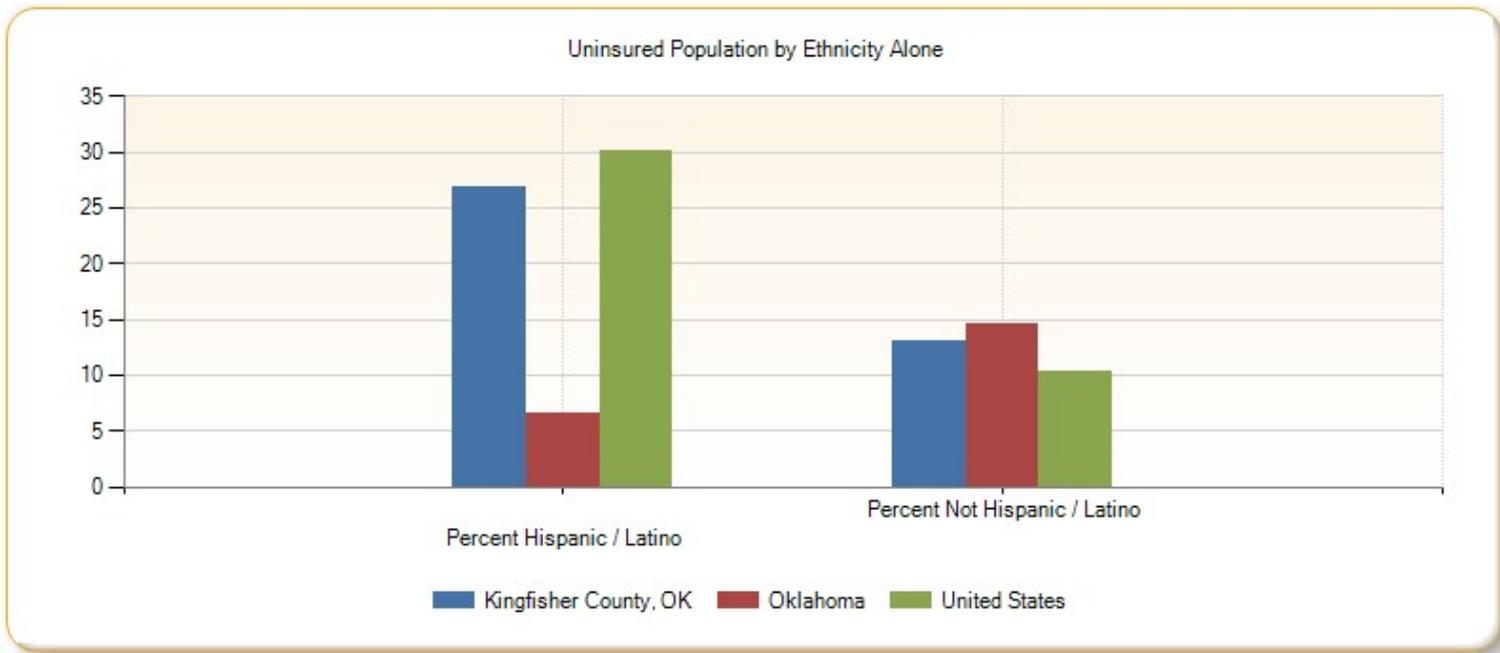
**Uninsured Population by Age Group, Total**

Report Area	Under Age 18	Age 18 - 64	Age 65 +
Kingfisher County, OK	325	1,907	0
Oklahoma	102,430	576,555	2,849
United States	5,953,533	38,883,928	368,687



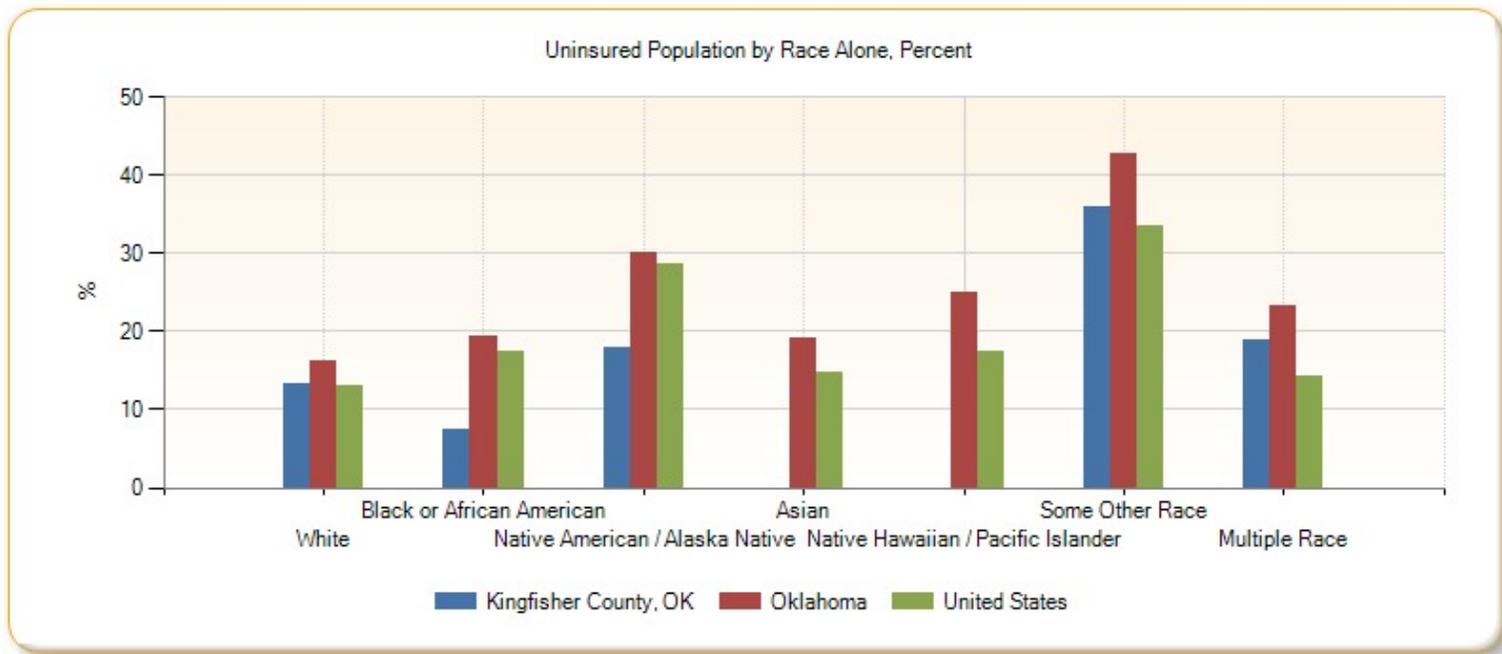
**Uninsured Population by Ethnicity Alone**

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Kingfisher County, OK	534	1,545	26.86%	13.04%
Oklahoma	123,621	365,375	6.61%	14.49%
United States	15,017,022	20,139,664	30.14%	10.38%



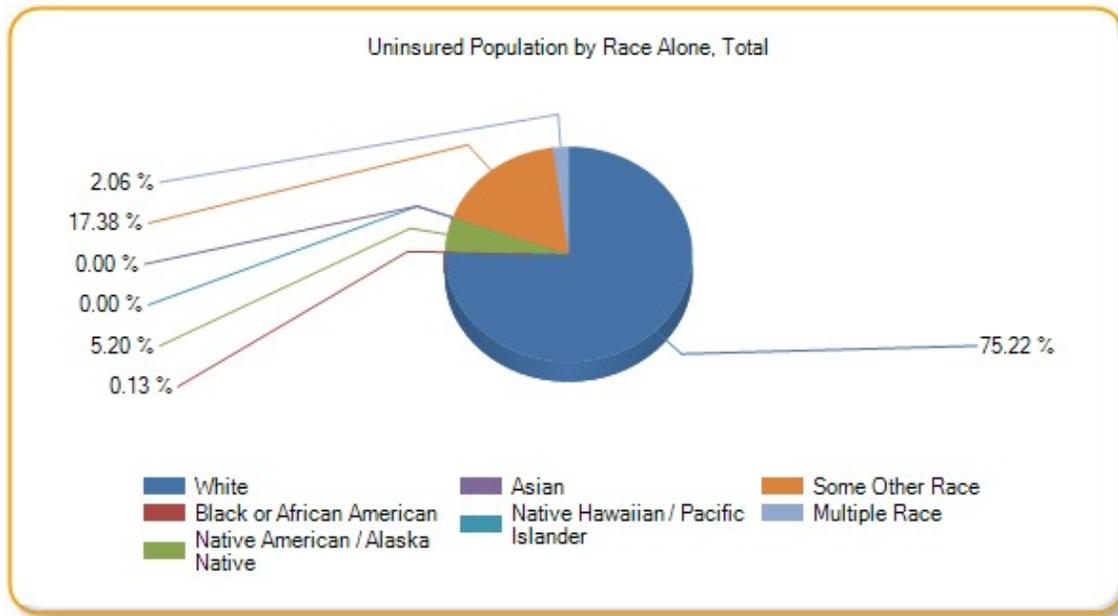
**Uninsured Population by Race Alone, Percent**

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Kingfisher County, OK	13.19%	7.50%	18.01%	0%	0%	35.86%	18.93%
Oklahoma	16.12%	19.48%	30.11%	19.20%	25.05%	42.74%	23.28%
United States	13.10%	17.48%	28.54%	14.85%	17.31%	33.55%	14.26%



**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
Kingfisher County, OK	1,679	3	116	0	0	388	46
Oklahoma	437,124	49,795	77,269	12,460	1,035	38,810	65,341
United States	29,609,696	6,551,035	703,806	2,193,643	86,649	4,898,987	1,162,336

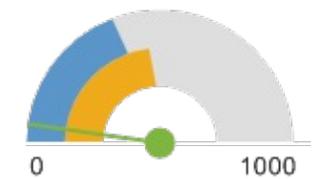


## Violent Crime

This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.

Report Area	Total Population	Total Violent Crimes Reported	Violent Crimes, Rate (Per 100,000 Pop.)
Kingfisher County, OK	15,005	7	<b>46.60</b>
Oklahoma	3,814,820	17,902	469.20
United States	313,914,040	1,214,464	386.80

Violent Crimes, Rate (Per 100,000 Pop.)

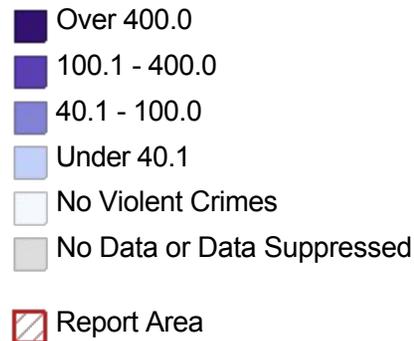
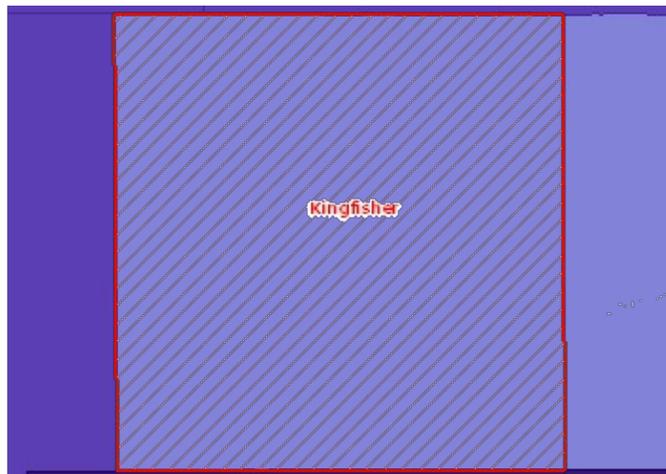


- Kingfisher County, OK (46.60)
- Oklahoma (469.20)
- United States (386.80)

Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.

Data Source: Federal Bureau of Investigation, [FBI Uniform Crime Reports](#): 2012. Source geography: Place, County.

### Violent Crimes, All, Rate (Per 100,000 Pop.) by County, UCR 2012



## PHYSICAL ENVIRONMENT

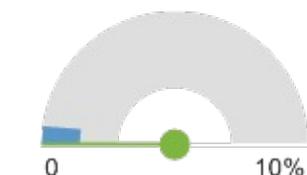
A community's health also is affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health.

### Air Quality - Ozone

Within the report area, 0, or 0% of days exceeded the emission standard of 75 parts per billion (ppb). 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.

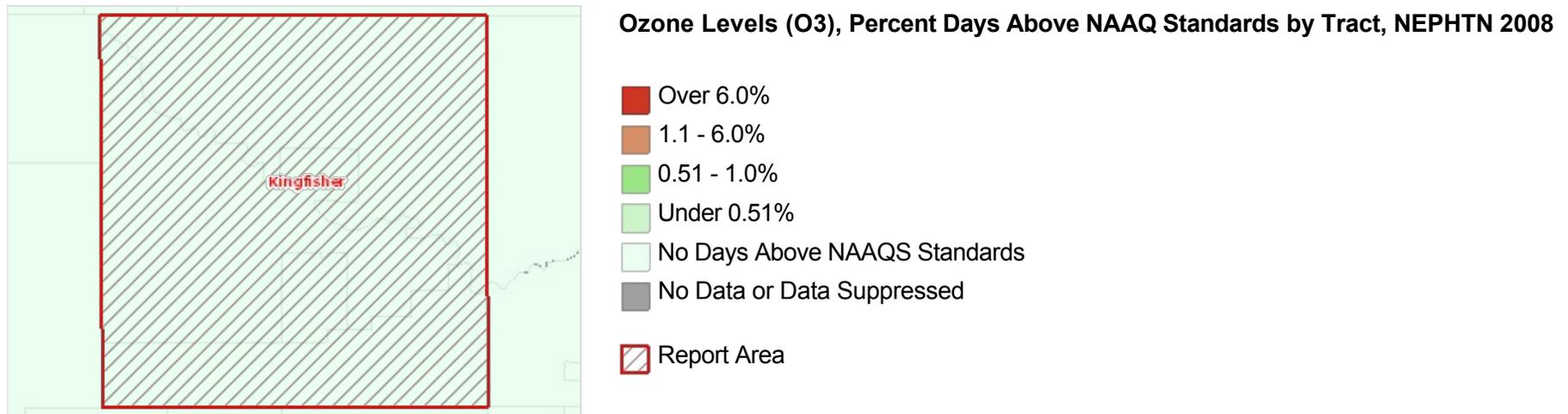
Report Area	Total Population	Average Daily Ambient Ozone Concentration	Number of Days Exceeding Emissions Standards	Percentage of Days Exceeding Standards, Crude Average	Percentage of Days Exceeding Standards, Pop. Adjusted Average
Kingfisher County, OK	15,034	40.96	0	0%	0%
Oklahoma	3,751,351	40.80	0.11	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. Data breakout by demographic groups are not available.

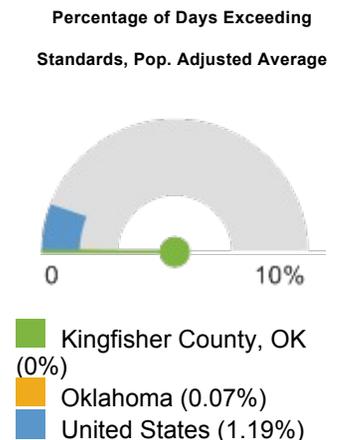
Data Source: Centers for Disease Control and Prevention, [National Environmental Public Health Tracking Network](#); 2008. Additional data analysis by [CARES](#). Source geography: *Tract*.



## Air Quality - Particulate Matter 2.5

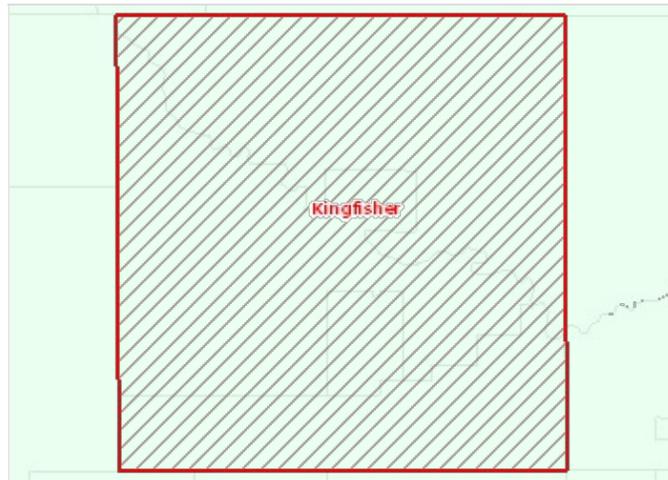
This indicator reports the percentage of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard (35 micrograms per cubic meter) per year, calculated using data collected by monitoring stations and modeled to include counties where no monitoring stations occur. This indicator 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
Kingfisher County, OK	15,034	8.30	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%

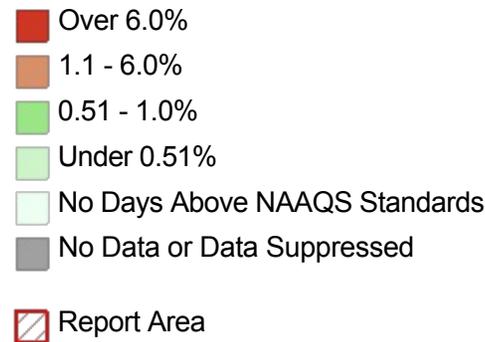


Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.

Data Source: Centers for Disease Control and Prevention, [National Environmental Public Health Tracking Network](#); 2008. Additional data analysis by [CARES](#). Source geography: *Tract*.



**Fine Particulate Matter Levels (PM 2.5), Percent Days Above NAAQ Standards by Tract, NEPHTN 2008**

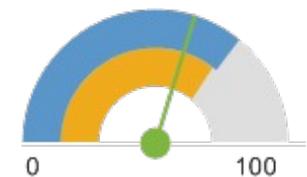


## Fast Food Restaurant Access

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	Establishments, Rate per 100,000 Population
Kingfisher County, OK	15,034	9	<b>59.86</b>
Oklahoma	3,751,351	2,673	71.25
United States	312,471,327	224,877	71.97

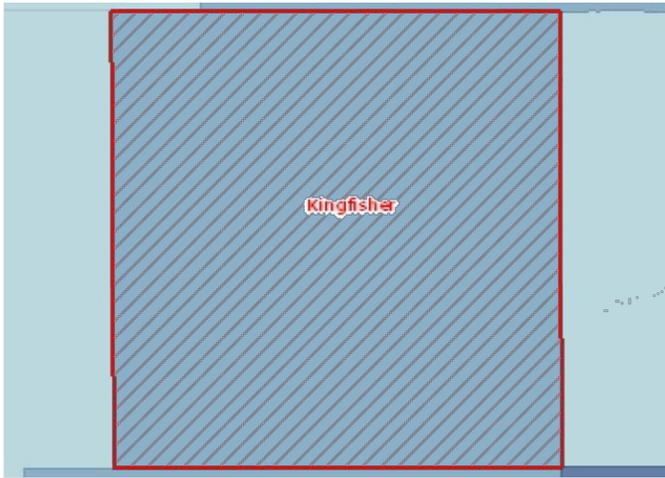
Establishments, Rate per 100,000 Population



*Note: This indicator is compared with the state average.*

*Data Source: US Census Bureau, [County Business Patterns](#): 2012. Additional data analysis by [CARES](#). Source geography: County.*

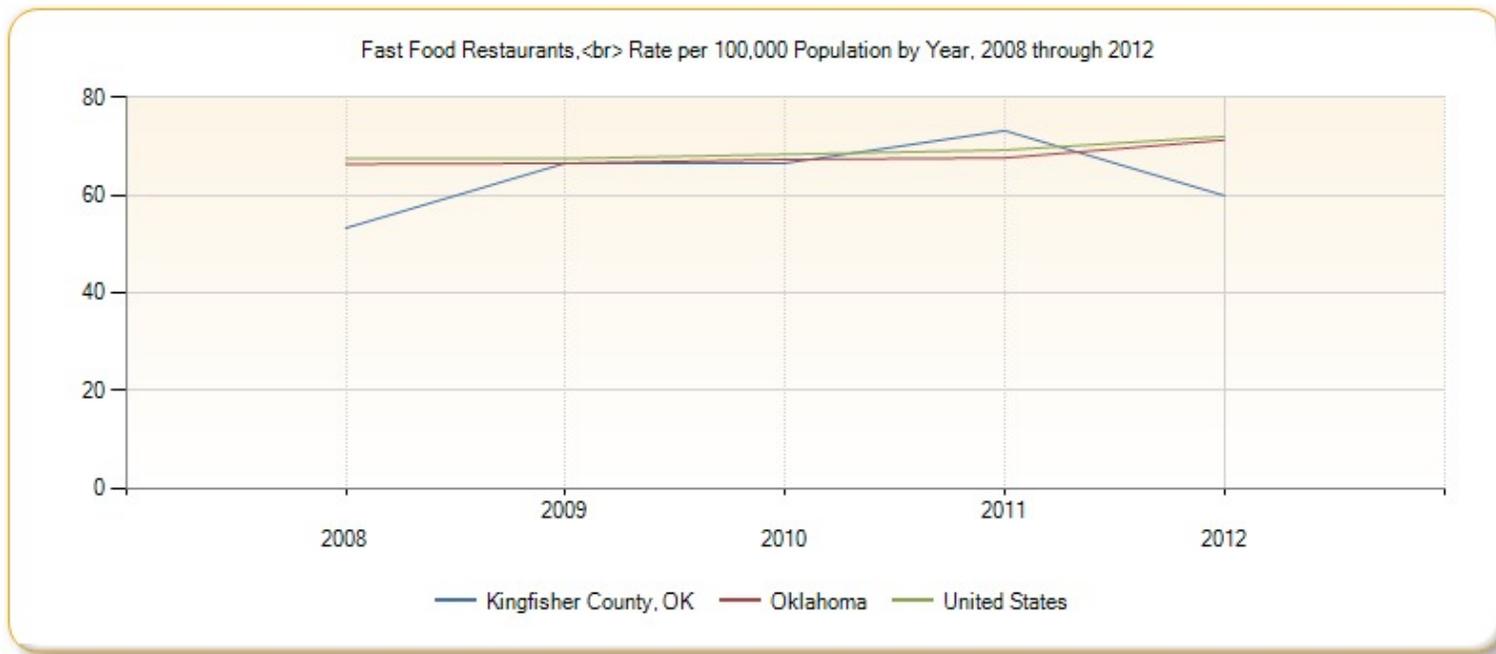
### Fast Food Restaurants, Rate (Per 100,000 Pop.) by County, CBP 2012



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

### Fast Food Restaurants, Rate per 100,000 Population by Year, 2008 through 2012

Report Area	2008	2009	2010	2011	2012
Kingfisher County, OK	53.21	66.52	66.52	73.17	59.86
Oklahoma	66.32	66.48	67.26	67.58	71.25
United States	67.43	67.43	68.31	69.20	71.97

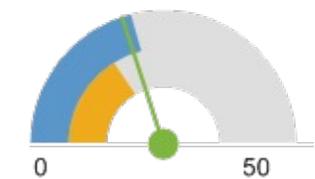


## Grocery Store Access

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	Establishments, Rate per 100,000 Population
Kingfisher County, OK	15,034	3	<b>19.95</b>
Oklahoma	3,751,351	617	16.45
United States	312,471,327	66,047	21.14

Establishments, Rate per 100,000 Population

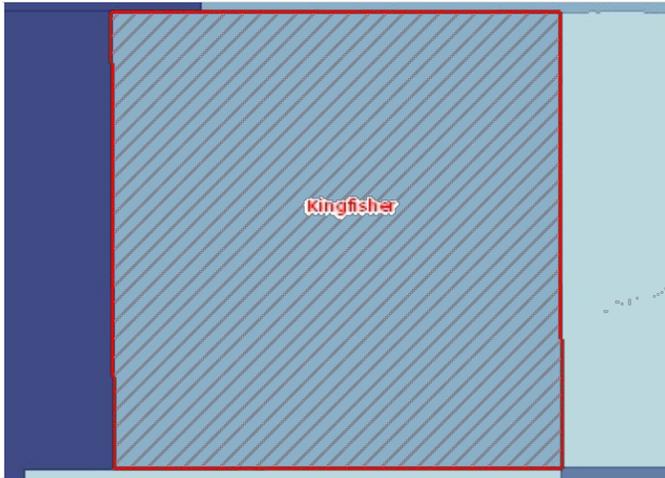


Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [County Business Patterns](#): 2012. Additional data analysis by [CARES](#). Source geography: County.



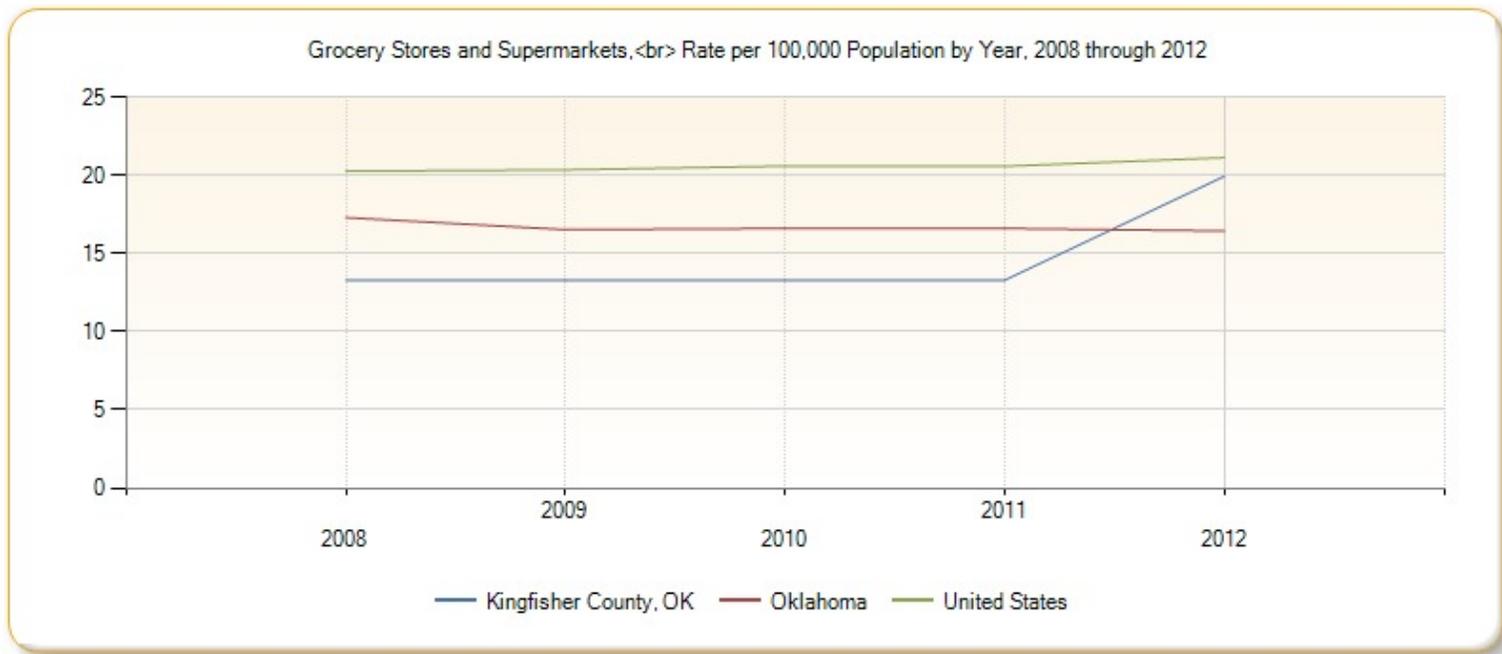
**Grocery Stores and Supermarkets, Rate (Per 100,000 Pop.) by County, CBP 2012**



- Over 35.0
- 25.1 - 35.0
- 15.1 - 25.0
- Under 15.1
- No Grocery Stores
- Report Area

**Grocery Stores and Supermarkets,  
Rate per 100,000 Population by Year, 2008 through 2012**

Report Area	2008	2009	2010	2011	2012
Kingfisher County, OK	13.30	13.30	13.30	13.30	19.95
Oklahoma	17.30	16.53	16.61	16.61	16.45
United States	20.28	20.36	20.60	20.59	21.14

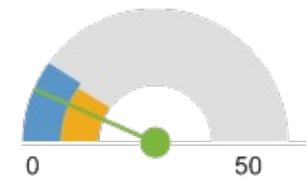


## Liquor Store Access

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	Establishments, Rate per 100,000 Population
Kingfisher County, OK	15,034	1	<b>6.65</b>
Oklahoma	3,751,351	373	9.94
United States	312,471,327	32,327	10.35

Establishments, Rate per 100,000  
Population

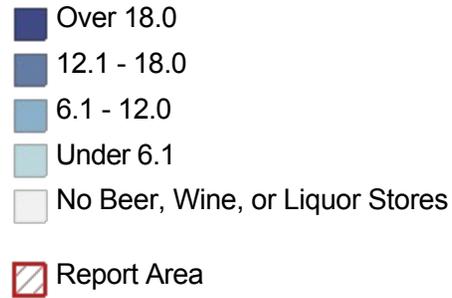
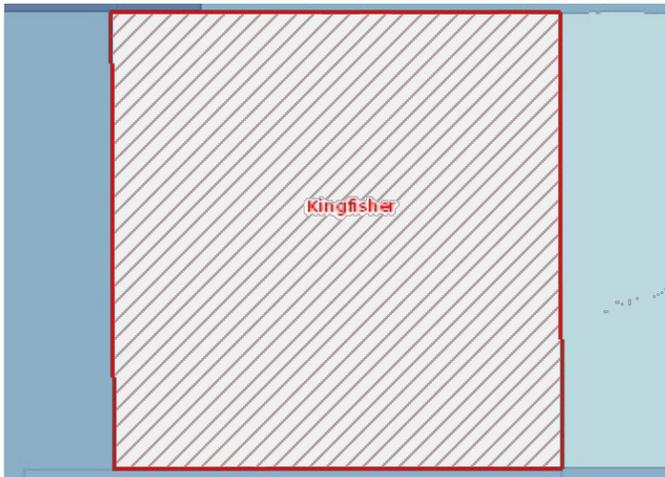


- Kingfisher County, OK (6.65)
- Oklahoma (9.94)
- United States (10.35)

Note: This indicator is compared with the state average.

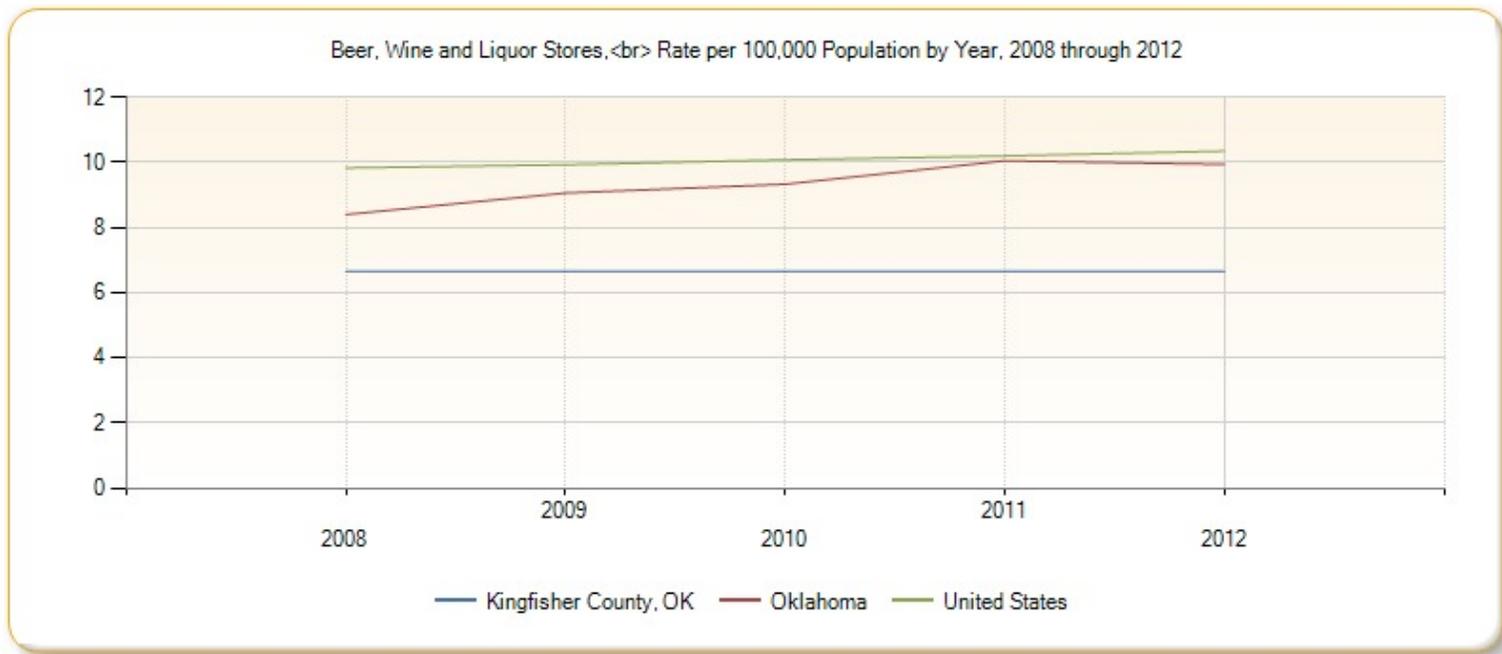
Data Source: US Census Bureau, [County Business Patterns](#): 2012. Additional data analysis by [CARES](#). Source geography: County.

**Beer, Wine and Liquor Stores, Rate (Per 100,000 Pop.) by County, CBP 2012**



**Beer, Wine and Liquor Stores,  
Rate per 100,000 Population by Year, 2008 through 2012**

Report Area	2008	2009	2010	2011	2012
Kingfisher County, OK	6.65	6.65	6.65	6.65	6.65
Oklahoma	8.40	9.06	9.33	10.05	9.94
United States	9.83	9.93	10.08	10.20	10.35



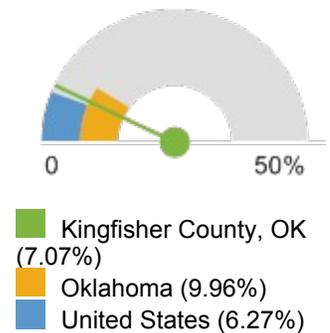
## Low Income Population with Low Food Access

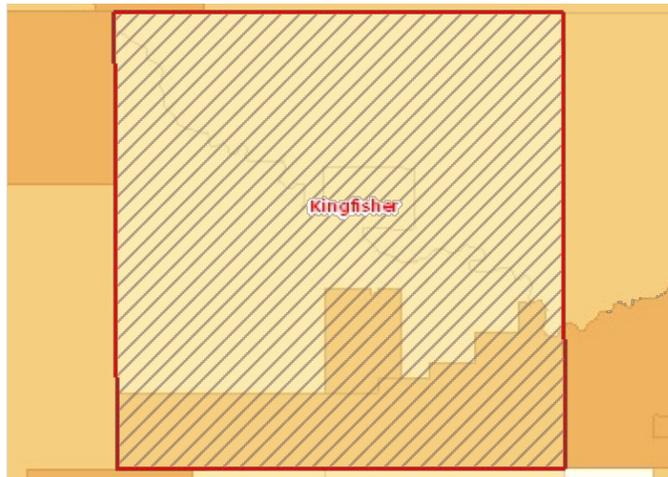
Report Area	Total Population	Low Income Population with Low Food Access	Percent Low Income Population with Low Food Access
Kingfisher County, OK	15,034	1,063	7.07%
Oklahoma	3,751,351	373,524	9.96%
United States	308,745,538	19,347,047	6.27%

Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.

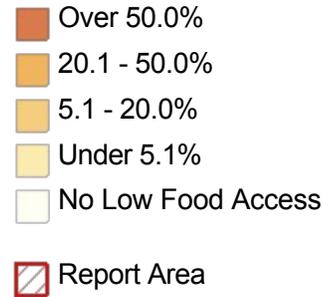
Data Source: US Department of Agriculture, Economic Research Service, [USDA - Food Access Research Atlas](#); 2010. Source geography: Tract.

Percent Low Income Population with Low Food Access





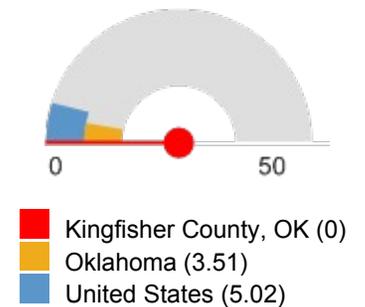
Population with Limited Food Access, Low Income, Percent by Tract, FARA 2010



Modified Retail Food Environment Index

Report Area	Total Population	Percent Population in Tracts with No Food Outlet	Percent Population in Tracts with No Healthy Food Outlet	Percent Population in Tracts with Low Healthy Food Access	Percent Population in Tracts with Moderate Healthy Food Access	Percent Population in Tracts with High Healthy Food Access
Kingfisher County, OK	15,034	0%	71.18%	0%	28.82%	<b>0%</b>
Oklahoma	3,751,351	1.96%	37.41%	30.39%	26.74%	3.51%
United States	312,474,470	0.99%	18.63%	30.89%	43.28%	5.02%

Percent Population in Tracts with High Healthy Food Access



Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [Division of Nutrition, Physical Activity, and Obesity](#); 2011. Source geography: Tract.

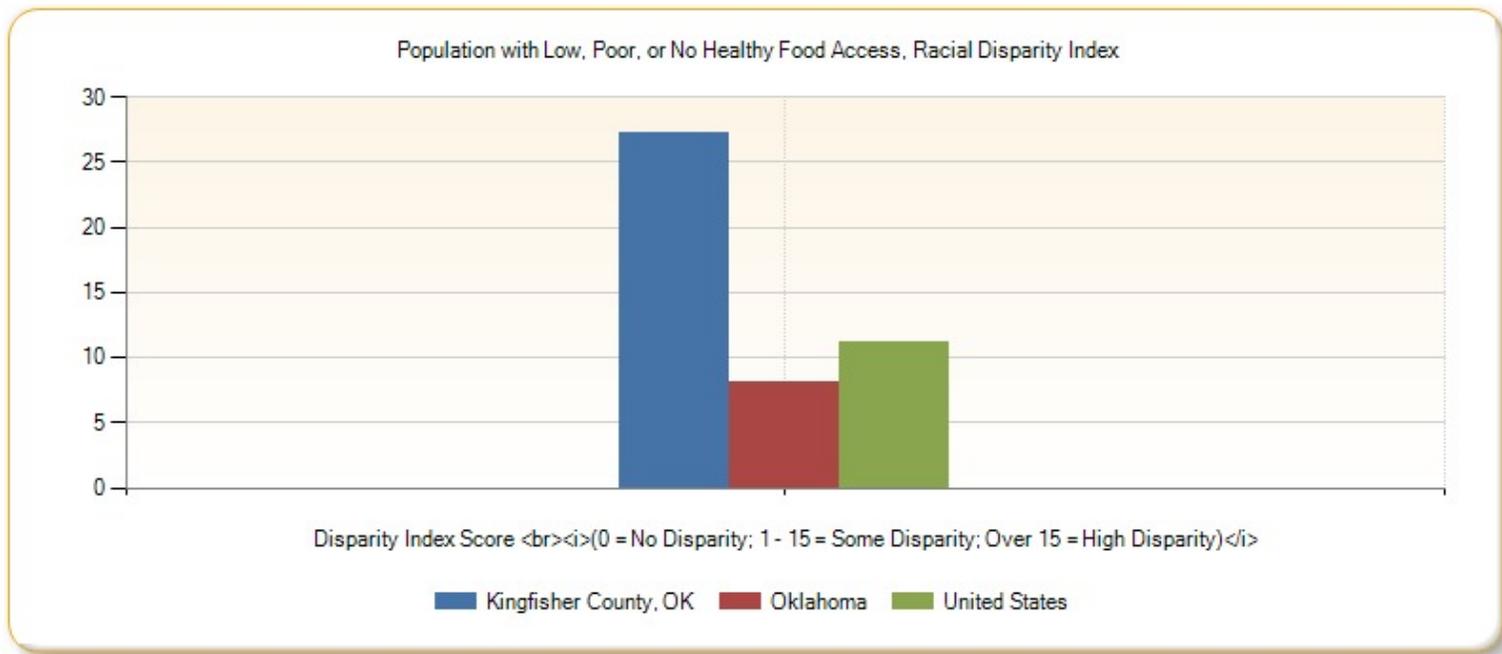
### Modified Retail Food Environmental Index Score by Tract, DNPAO 2011



- Index Score Over 30 (High Access)
- Index Score 15 - 30 (Moderate Access)
- Index Score 5 - 15 (Low Access)
- Index Score Under 5 (Poor Access)
- No Healthy Retail Food Outlet (No Access)
- No Retail Food Outlets Present (Food Desert)
- Report Area

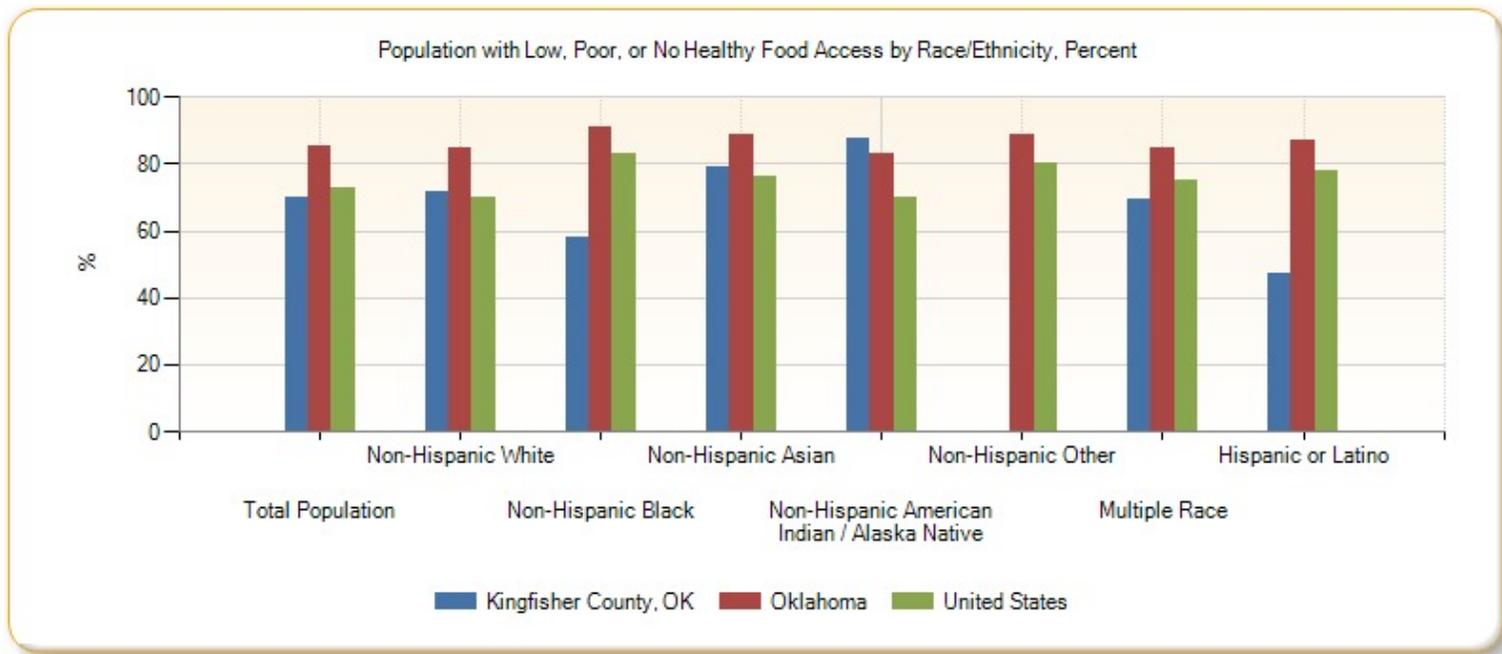
### Population with Low, Poor, or No Healthy Food Access, Racial Disparity Index

Report Area	Disparity Index Score <i>(0 = No Disparity; 1 - 15 = Some Disparity; Over 15 = High Disparity)</i>
Kingfisher County, OK	27.23
Oklahoma	8.12
United States	11.23



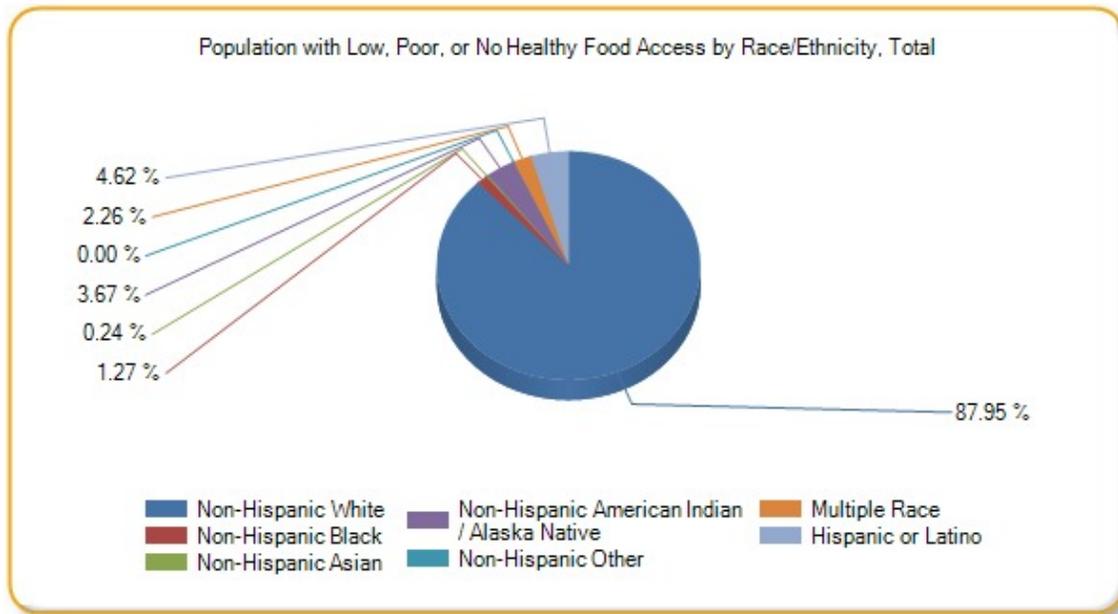
**Population with Low, Poor, or No Healthy Food Access by Race/Ethnicity, Percent**

Report Area	Total Population	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian	Non-Hispanic American Indian / Alaska Native	Non-Hispanic Other	Multiple Race	Hispanic or Latino
Kingfisher County, OK	70.27%	71.77%	58.22%	79.31%	87.35%	0%	69.50%	47.03%
Oklahoma	85.35%	84.88%	90.85%	88.92%	83.18%	88.80%	84.75%	86.88%
United States	72.88%	69.96%	83.10%	76.39%	69.74%	79.94%	75.26%	77.94%



**Population with Low, Poor, or No Healthy Food Access by Race/Ethnicity, Total**

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian	Non-Hispanic American Indian / Alaska Native	Non-Hispanic Other	Multiple Race	Hispanic or Latino
Kingfisher County, OK	8,607	124	23	359	0	221	452
Oklahoma	2,169,850	234,368	41,057	221,400	2,062	118,858	155,775
United States	136,116,876	28,209,040	7,733,335	1,442,802	373,922	3,463,524	27,517,521

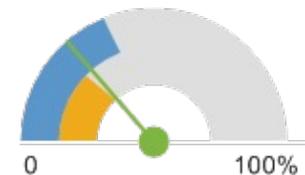


## Park Access

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, 2010 Census	Population Within 1/2 Mile of a Park	Percent Within 1/2 Mile of a Park
Kingfisher County, OK	15,034	4,088	27.19%
Oklahoma	3,751,351	946,523	25.23%
United States	308,745,538	112,471,792	38.01%

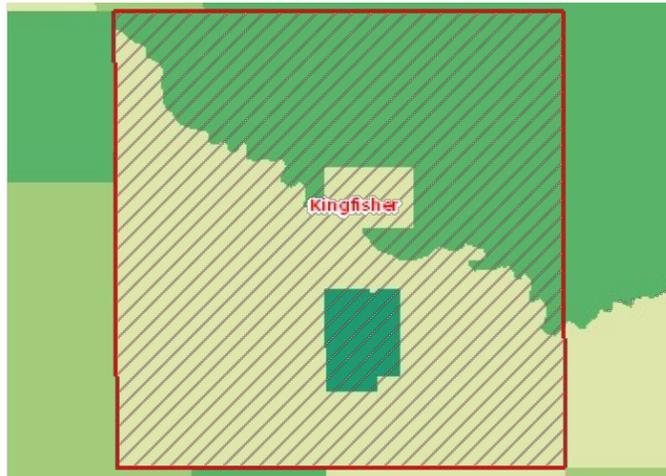
Percent Within 1/2 Mile of a Park



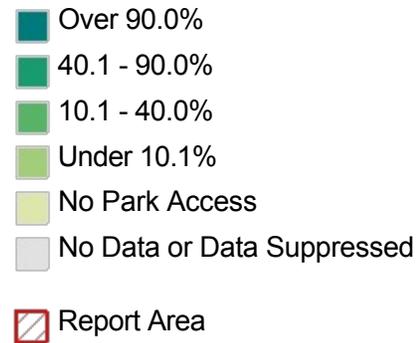
- Kingfisher County, OK (27.19%)
- Oklahoma (25.23%)
- United States (38.01%)

Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.

Data Source: [ESRI Map Gallery](#): 2013. [OpenStreetMap](#): 2013. Additional analysis by [CARES](#). Source geography: Tract.



**Population With Park Access (Within 1/2 Mile of a Park), Percent by Tract, ESRI/OSM 2013**



## Population with Low Food Access

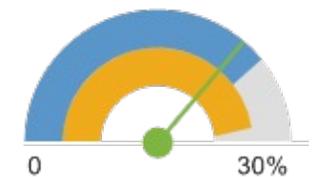
This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract (where a substantial number or share of residents has low access to a supermarket or large grocery store. This indicator is relevant because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

Report Area	Total Population	Population with Low Food Access	Percent Population with Low Food Access
Kingfisher County, OK	15,034	3,270	<b>21.75%</b>
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. Data breakout by demographic groups are not available.*

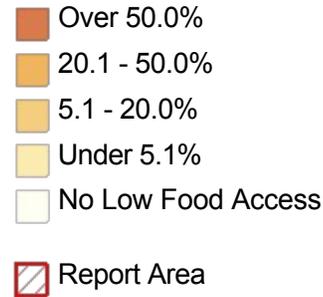
*Data Source: US Department of Agriculture, Economic Research Service, [USDA - Food Access Research Atlas](#): 2010. Source geography: Tract.*

**Percent Population with Low Food Access**





**Population with Limited Food Access, Percent by Tract, FARA 2010**



## Recreation and Fitness Facility Access

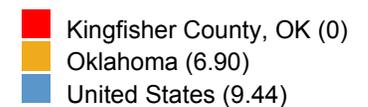
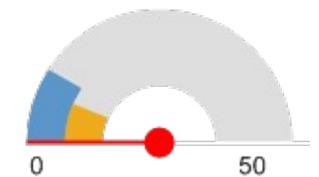
This indicator reports the number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy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

Report Area	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Kingfisher County, OK	15,034	0	0
Oklahoma	3,751,351	259	6.90
United States	312,471,327	29,511	9.44

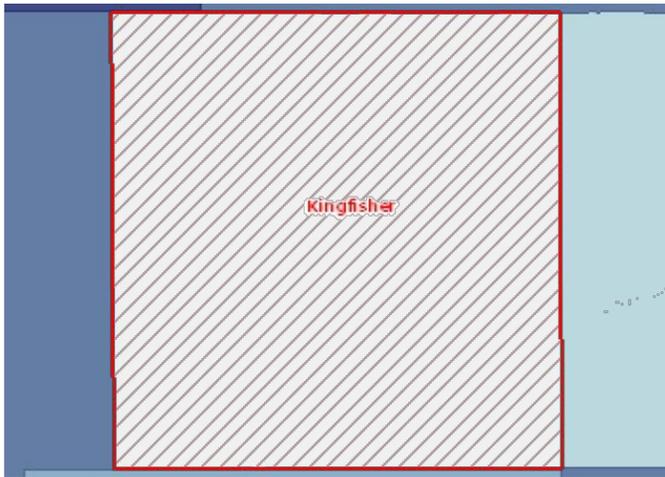
*Note: This indicator is compared with the state average.*

*Data Source: US Census Bureau, [County Business Patterns](#): 2012. Additional data analysis by [CARES](#). Source geography: County.*

**Establishments, Rate per 100,000 Population**



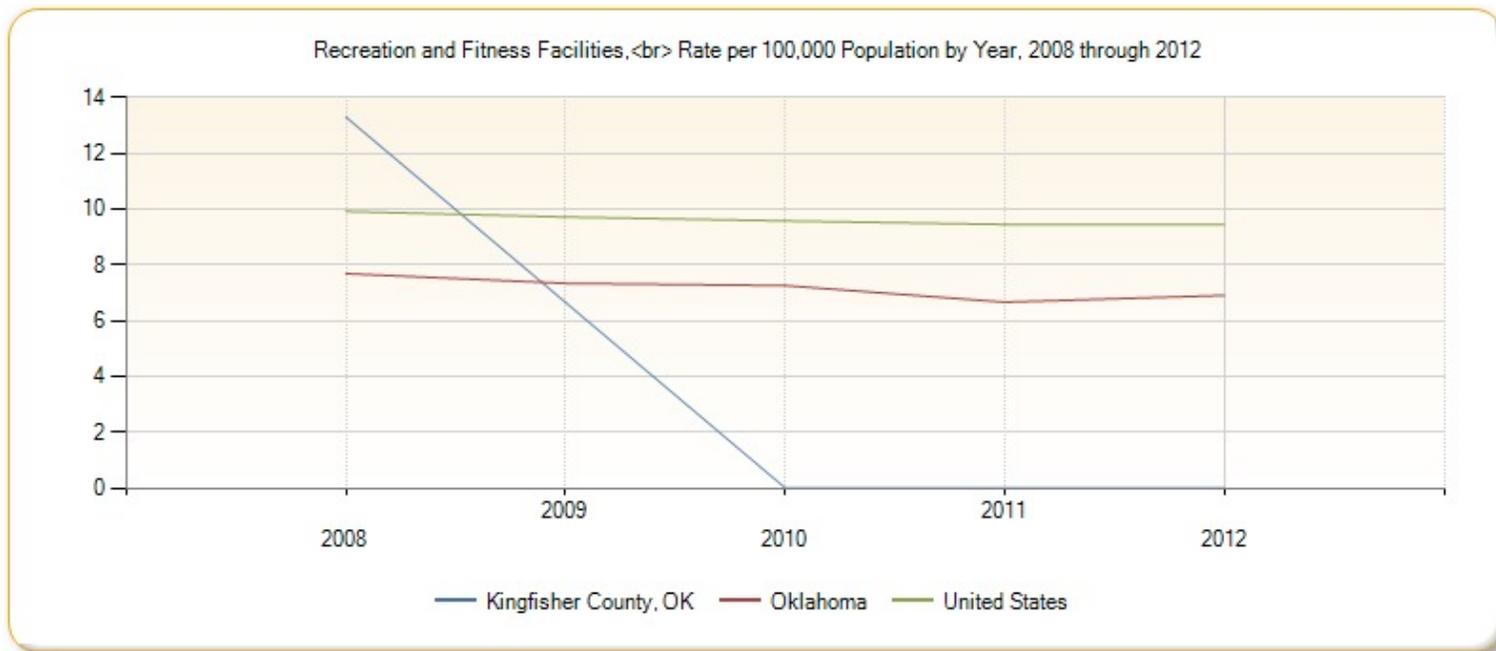
**Recreation and Fitness Facilities, Rate (Per 100,000 Pop.) by County, CBP 2012**



- Over 12.0
- 8.1 - 12.0
- 4.1 - 8.0
- Under 4.1
- No Fitness and Recreation Centers
- Report Area

**Recreation and Fitness Facilities,  
Rate per 100,000 Population by Year, 2008 through 2012**

Report Area	2008	2009	2010	2011	2012
Kingfisher County, OK	13.30	6.65	0	0	0
Oklahoma	7.68	7.33	7.25	6.66	6.90
United States	9.91	9.71	9.57	9.44	9.44

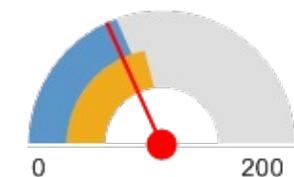


## SNAP-Authorized Food Store Access

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	Total SNAP-Authorized Retailers	SNAP-Authorized Retailers, Rate per 100,000 Population
Kingfisher County, OK	15,034	11	<b>73.17</b>
Oklahoma	3,751,351	3,355	89.43
United States	312,471,327	245,113	78.44

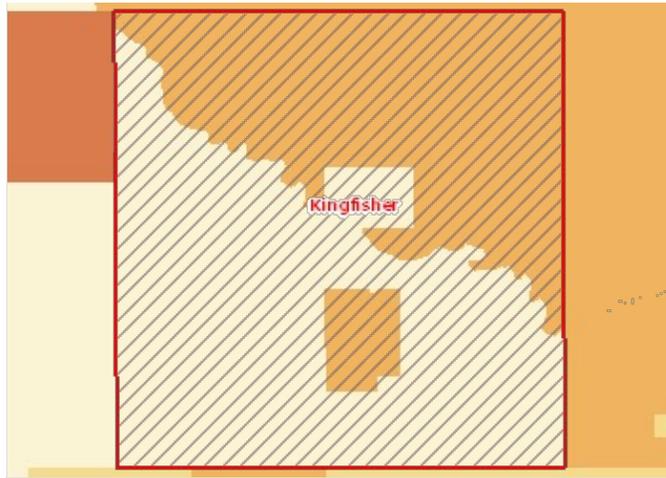
SNAP-Authorized Retailers, Rate per 100,000 Population



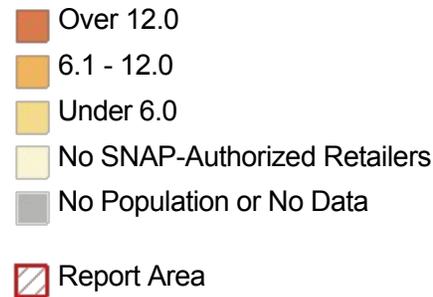
■ Kingfisher County, OK (73.17)  
■ Oklahoma (89.43)  
■ United States (78.44)

Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.

Data Source: US Department of Agriculture, Food and Nutrition Service, [USDA - SNAP Retailer Locator](#): 2014. Additional data analysis by [CARES](#). Source geography: Tract.



### SNAP-Authorized Retailers, Rate per 10,000 Population by Tract, USDA SNAP Locator 2014

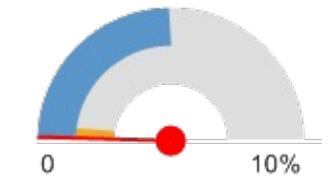


### Use of Public Transportation

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.

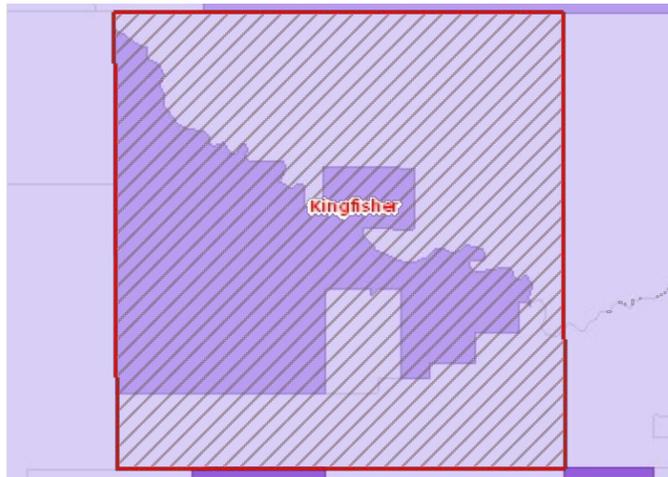
Report Area	Total Population Employed Age 16	Population Using Public Transit for Commute to Work	Population Using Public Transit for Commute to Work
Kingfisher County, OK	7,380	5	<b>0.07</b>
Oklahoma	1,676,739	7,833	0.47
United States	139,893,632	6,967,689	4.98

Population Using Public Transit for Commute to Work

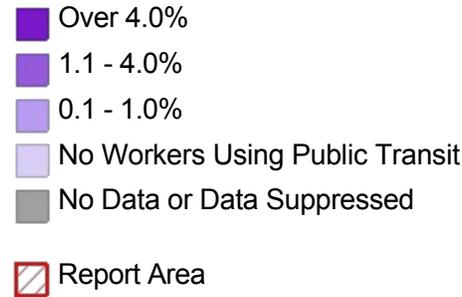


Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.

Data Source: US Census Bureau, [American Community Survey](#): 2008-12. Source geography: Tract.



**Workers Traveling to Work Using Public Transit, Percent by Tract, ACS 2008-12**

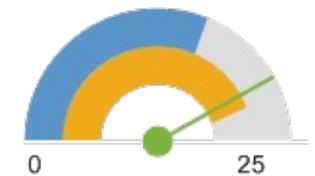


### WIC-Authorized Food Store Access

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.)
Kingfisher County, OK	15,213	7	<b>46.01</b>
Oklahoma	3,814,128	850	22.20
United States	318,921,538	50,042	15.60

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

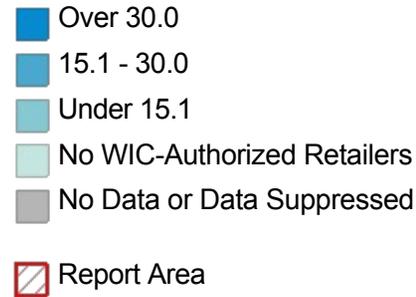


*Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.*

*Data Source: US Department of Agriculture, Economic Research Service, [USDA - Food Environment Atlas](#): 2011. Source geography: County.*



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

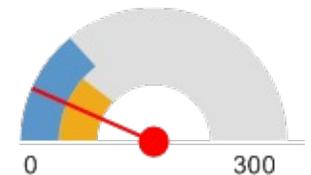
Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform 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, 2011	Total Primary Care Physicians, 2011	Primary Care Physicians, Rate per 100,000 Pop.
Kingfisher County, OK	15,213	6	<b>39.44</b>
Oklahoma	3,791,508	2,688	70.90
United States	311,591,917	267,437	85.83

Primary Care Physicians, Rate per 100,000 Pop.

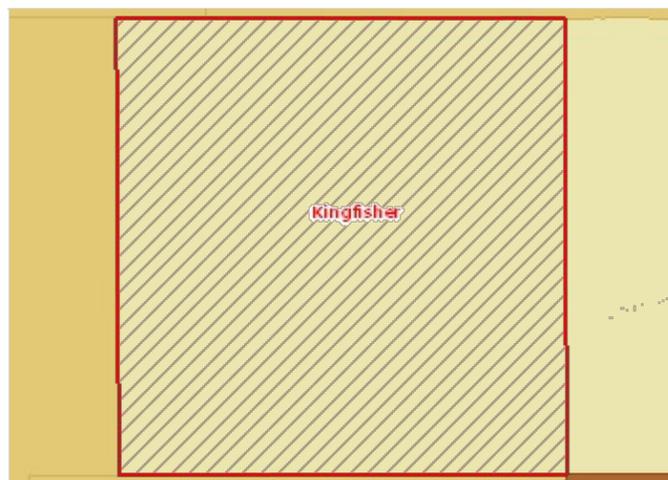


Note: This indicator is compared with the state average.

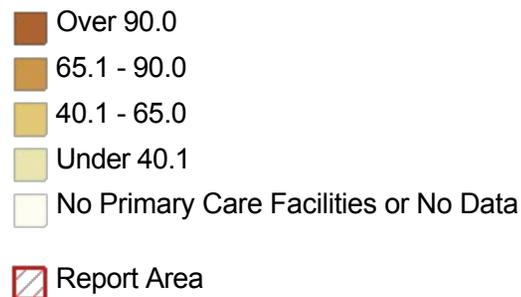
Data Source: US Department of Health & Human Services, Health Resources and Services Administration, [Area Health Resource File: 2011](#).

Source geography: County.

■ Kingfisher County, OK (39.44)  
■ Oklahoma (70.90)  
■ United States (85.83)

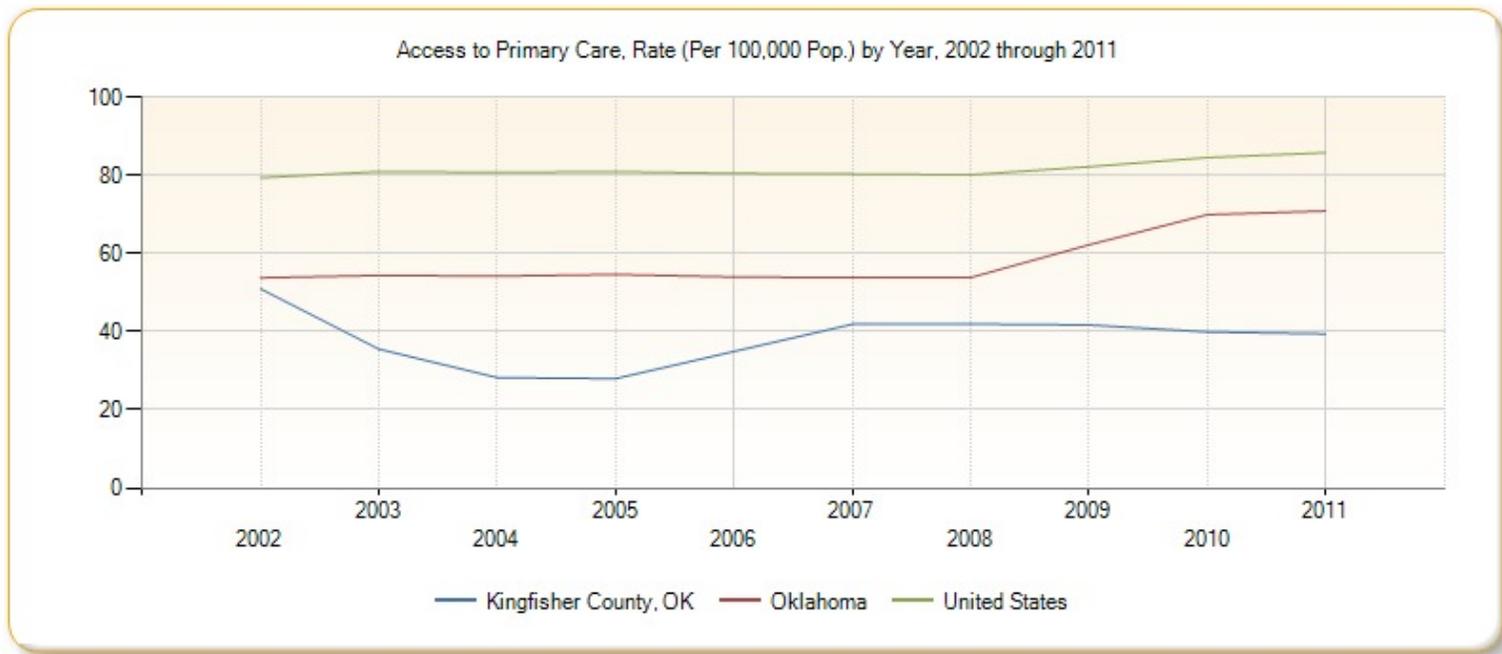


**Access to Primary Care Physicians, Rate per 100,000 Pop. by County, AHRF 2011**



**Access to Primary Care, Rate (Per 100,000 Pop.) by Year, 2002 through 2011**

Report Area	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Kingfisher County, OK	50.98	35.53	28.22	27.97	34.93	41.90	41.96	41.71	39.91	39.44
Oklahoma	53.81	54.42	54.24	54.65	54.01	53.85	53.87	62.22	69.97	70.90
United States	79.41	80.99	80.76	80.94	80.54	80.38	80.16	82.22	84.57	85.83



## 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
Kingfisher County, OK	1,716	126	70	<b>56.35%</b>
Oklahoma	380,066	33,191	19,214	57.89%
United States	51,875,184	4,218,820	2,757,677	65.37%

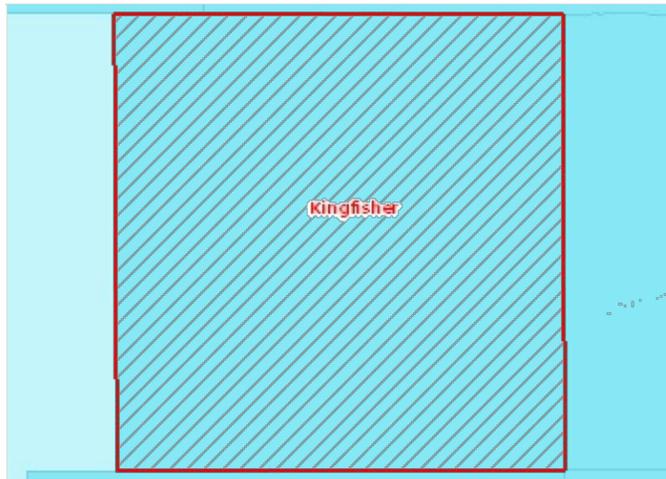
Percent Female Medicare Enrollees with Mammogram in Past 2 Years



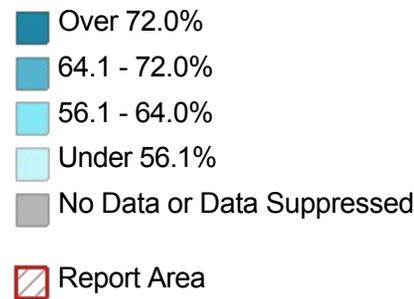
- Kingfisher County, OK (56.35%)
- Oklahoma (57.89%)
- United States (65.37%)

Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, [Dartmouth Atlas of Health Care](#): 2010. Source geography: County.



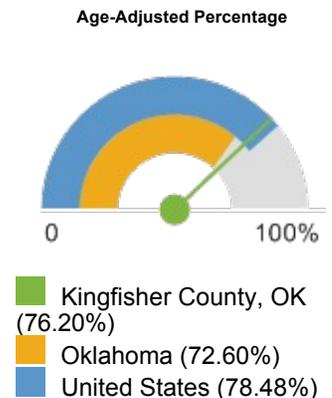
### Mammogram (Past 2 Years), Percent of Female Medicare Enrollees, Age 67-69 by County, DA 2010



### Cervical Cancer Screening (Pap Test)

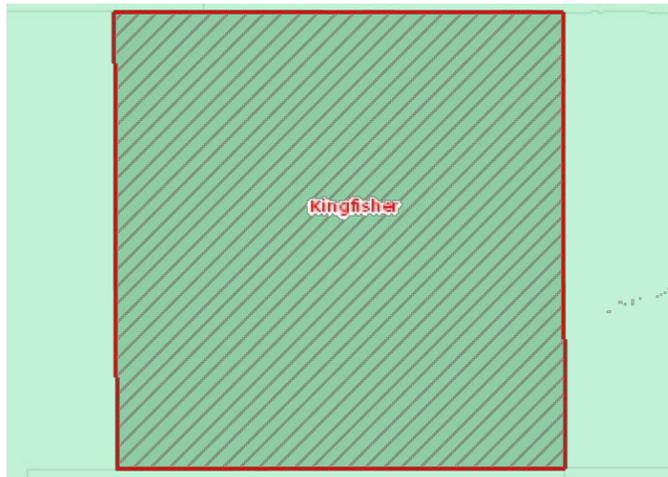
This indicator reports the percentage of women aged 18 and older who self-report that they have had a Pap test in the past three years. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a 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 Number with Regular Pap Test	Crude Percentage	Age-Adjusted Percentage
Kingfisher County, OK	9,639	7,114	73.80%	<b>76.20%</b>
Oklahoma	2,154,209	1,525,180	70.80%	72.60%
United States	176,847,182	137,191,142	77.58%	78.48%

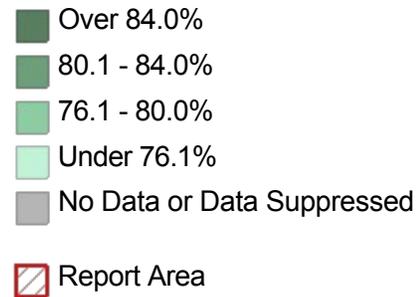


Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#); 2006-12. Accessed using the [Health Indicators Warehouse](#). Source geography: County.



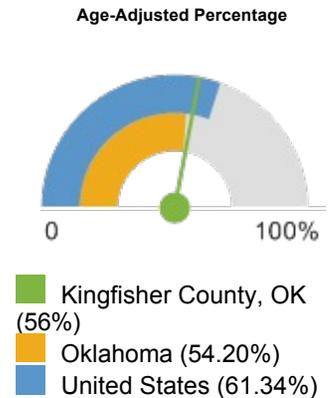
### Cervical Cancer Screening (Past 3 Years), Percent of Women Age 18 by County, BRFSS 2006-12



### Colon Cancer Screening (Sigmoid/Colonoscopy)

This indicator reports the percentage of adults 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.

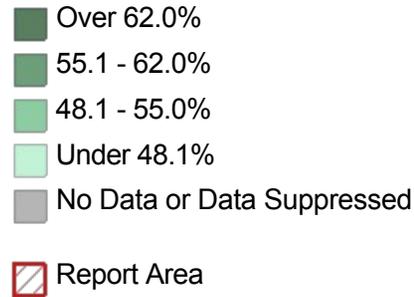
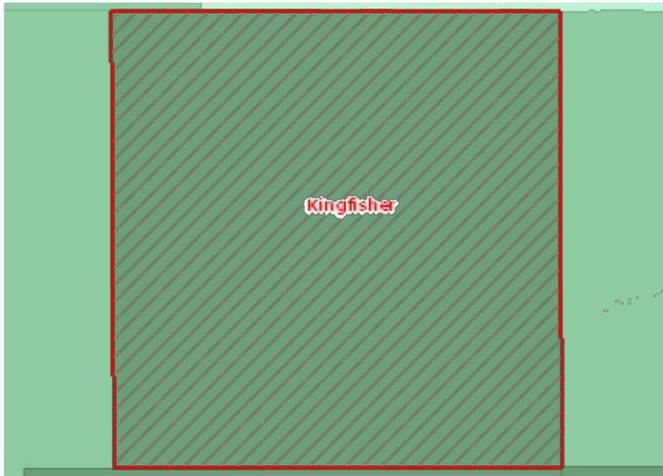
Report Area	Total Population Age 50	Estimated Population Ever Screened for Colon Cancer	Crude Percentage	Age-Adjusted Percentage
Kingfisher County, OK	3,935	2,424	61.60%	56%
Oklahoma	930,101	536,668	57.70%	54.20%
United States	75,116,406	48,549,269	64.63%	61.34%



Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#): 2006-12. Accessed using the [Health Indicators Warehouse](#). Source geography: County.

### Colon Cancer Screening (Ever), Percent of Adults Age 50 by County, BRFSS 2006-12

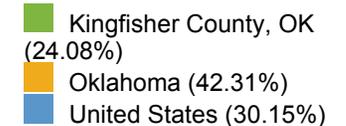
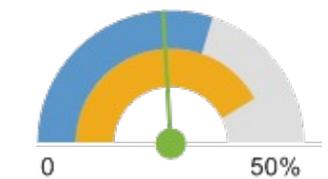


### Dental Care Utilization - Adult

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
Kingfisher County, OK	10,853	2,613	<b>24.08%</b>
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](#): 2006-10. Additional data analysis by [CARES](#). Source geography: County.

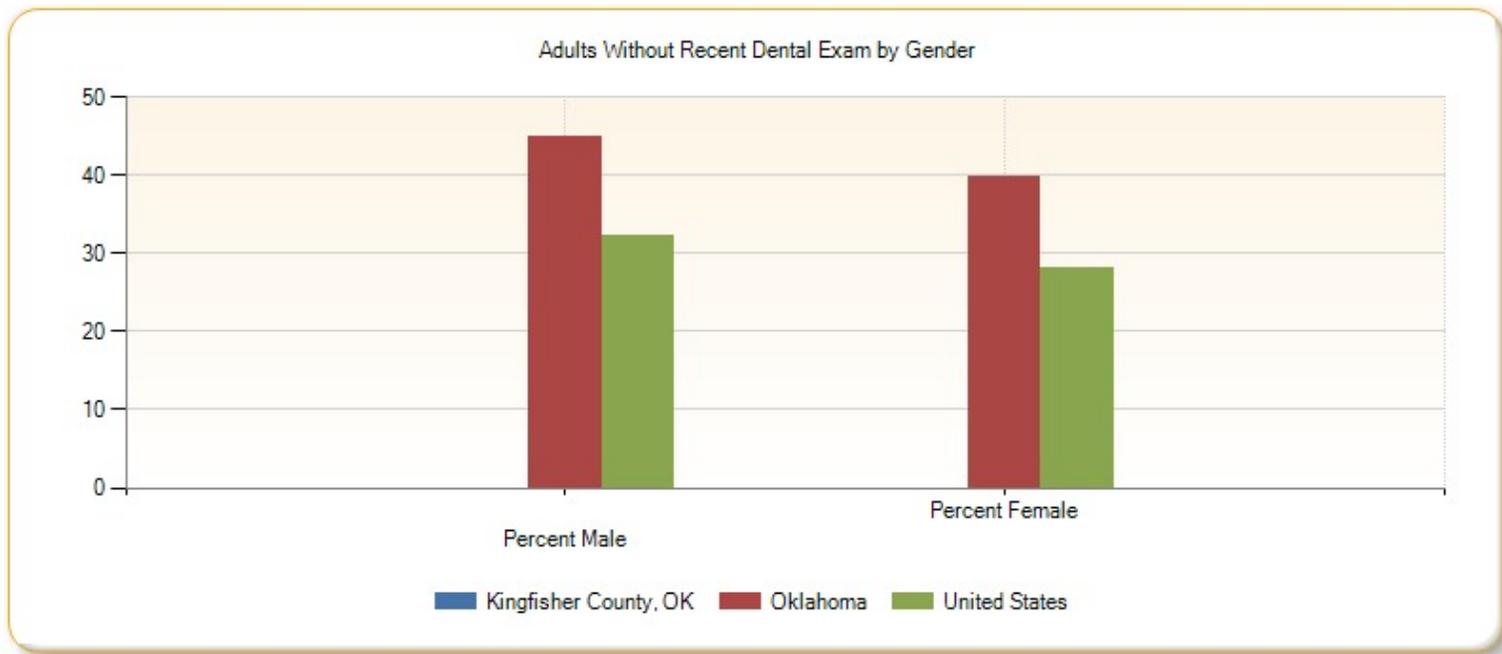
**Adults Age 18 Without Dental Exam in Past 12 Months, Percent by County, BRFSS 2006-10**



- Over 42.0%
- 34.1 - 42.0%
- 26.1 - 34.0%
- Under 26.1%
- No Data or Data Suppressed
- Report Area

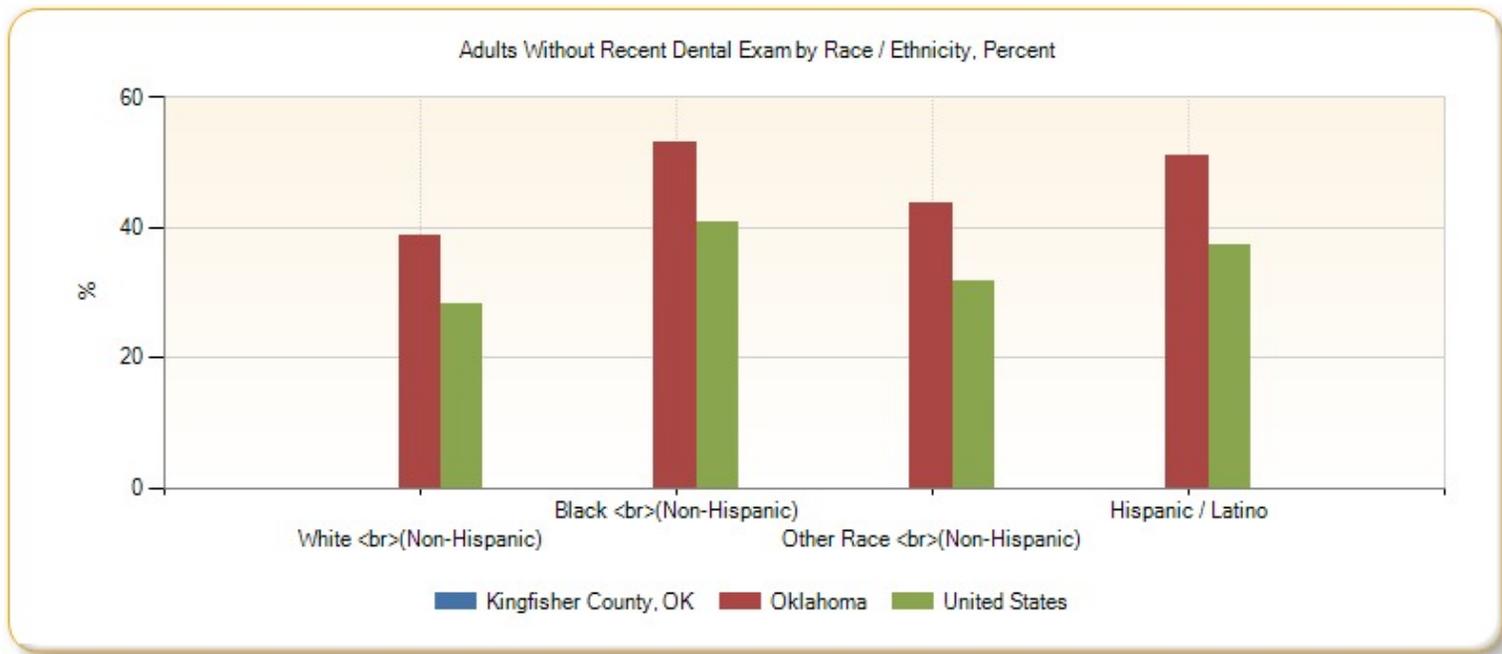
**Adults Without Recent Dental Exam by Gender**

Report Area	Total Male	Total Female	Percent Male	Percent Female
Kingfisher County, OK	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
Kingfisher County, OK	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%

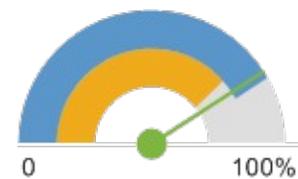


## Diabetes Management (Hemoglobin A1c Test)

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. In the report area, 146 Medicare enrollees with diabetes have had an annual exam out of 180 Medicare enrollees in the report area with diabetes, or 81.67%. 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
Kingfisher County, OK	1,716	180	146	81.67%
Oklahoma	380,066	48,614	37,609	77.36%
United States	51,875,184	6,218,804	5,212,097	83.81%

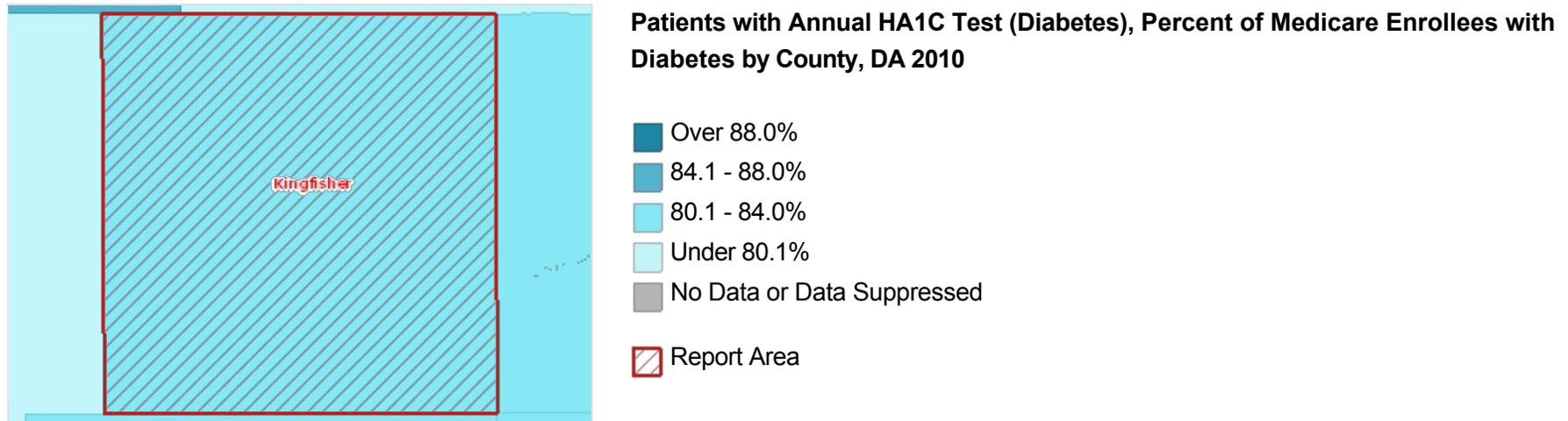
Percent Medicare Enrollees with Diabetes with Annual Exam



- Kingfisher County, OK (81.67%)
- Oklahoma (77.36%)
- United States (83.81%)

Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, [Dartmouth Atlas of Health Care](#): 2010. Source geography: County.



### Facilities Designated as Health Professional Shortage Areas

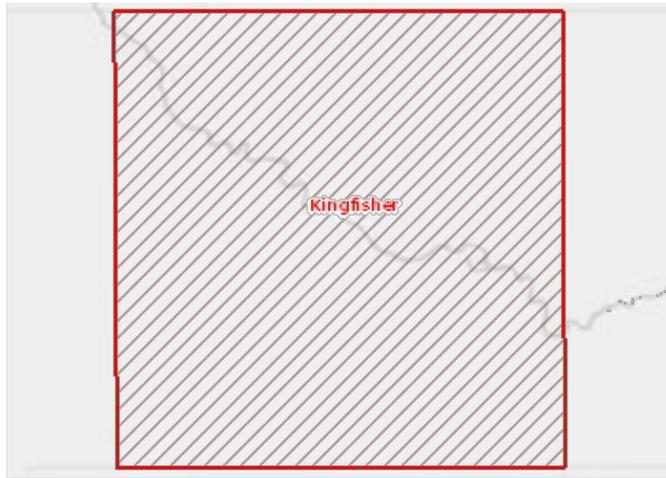
This indicator reports the number and location of health care facilities designated as "Health Professional Shortage Areas" (HPSAs), defined as having shortages of primary medical care, dental or mental health providers. This indicator is relevant because a shortage of health professionals contributes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

Report Area	Primary Care Facilities	Mental Health Care Facilities	Dental Health Care Facilities	Total HPSA Facility Designations
Kingfisher County, OK	0	0	0	0
Oklahoma	97	97	87	281
United States	3,313	2,751	2,704	8,768

Note: Data breakout by demographic groups are not available.

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, [Health Professional Shortage Areas](#): April 2014. Source geography: Address.

## Facilities Designated as HPSAs by Location, HRSA HPSA Database April 2014



- Primary Care
- Mental Health
- Dental Care
- Report Area

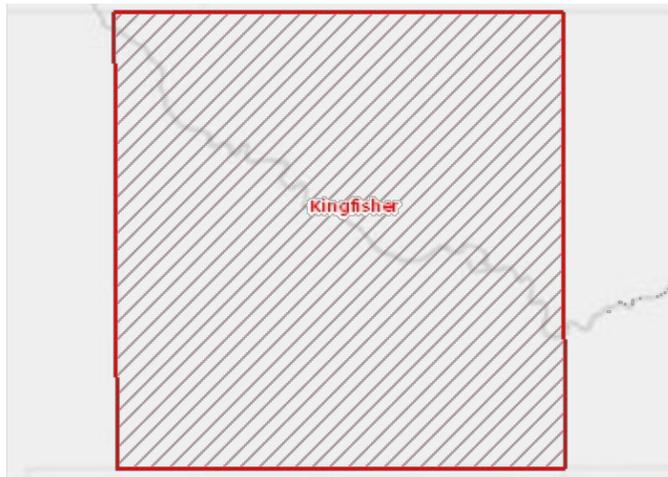
## Federally Qualified Health Centers

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
Kingfisher County, OK	15,034	0	0
Oklahoma	3,751,351	75	2
United States	312,471,327	6,482	2.07

*Note: Data breakout by demographic groups are not available.*

*Data Source: US Department of Health & Human Services, Center for Medicare & Medicaid Services, [Provider of Services File](#): 2013. Source geography: Address.*



■ Federally Qualified Health Centers by Location, POS 2013

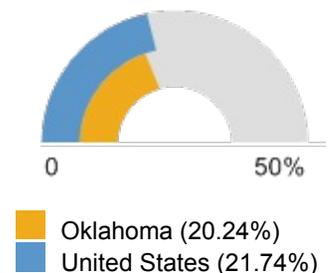
▨ Report Area

## High Blood Pressure Management

In the report area, no data of adults, or no data, self-reported that they are not taking medication for their high blood pressure according to the CDC's Behavioural Risk Factor Surveillance System (2006-2010). 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
Kingfisher County, OK	10,853	no data	no data
Oklahoma	2,793,624	565,511	20.24%
United States	235,375,690	51,175,402	21.74%

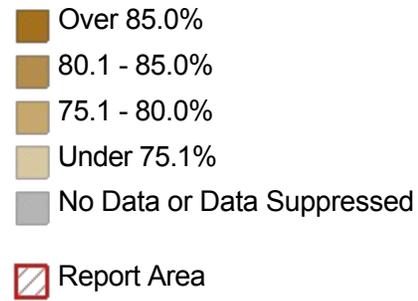
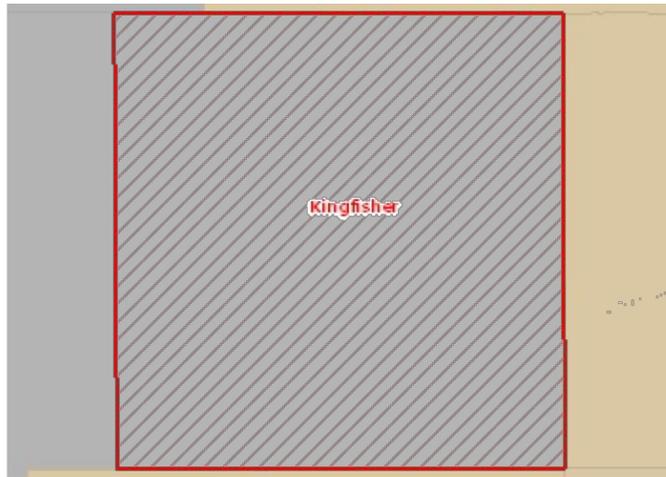
Percent Adults Not Taking Medication



*Note: This indicator is compared with the state average.*

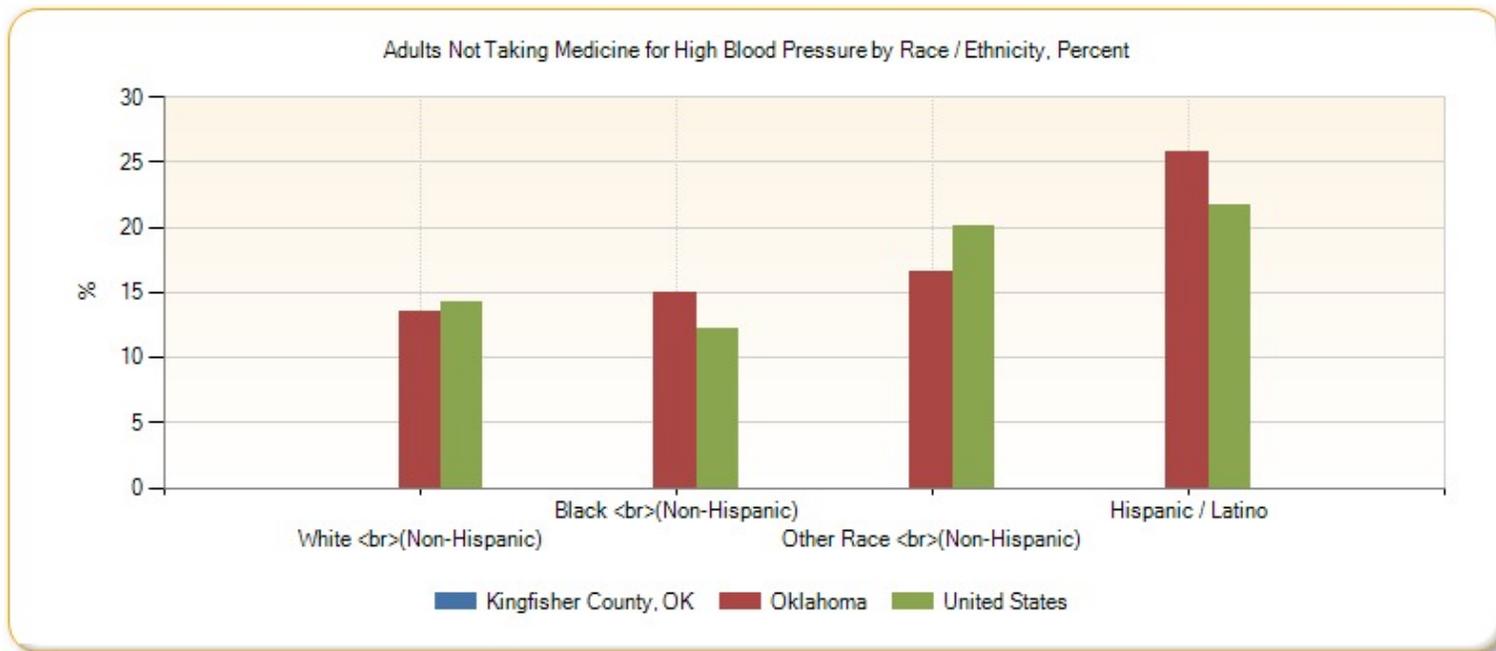
*Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#): 2006-10. Additional data analysis by [CARES](#). Source geography: County.*

**Adults Age 18 with High Blood Pressure, Not Taking Medication, Percent by County, BRFSS 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
Kingfisher County, OK	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

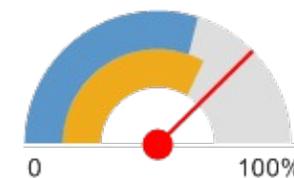
This indicator reports the percentage of adults age 18-70 who self-report that they have never been screened for HIV. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to 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
Kingfisher County, OK	10,853	8,170	<b>75.28%</b>
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. Data breakout by demographic groups are not available.

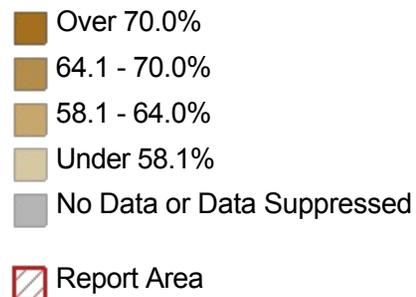
Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#): 2006-10. Additional data analysis by [CARES](#). Source geography: County.

Percent Adults Never Screened



■ Kingfisher County, OK (75.28%)  
■ Oklahoma (66.44%)  
■ United States (60.06%)

### Adults Age 18 Never Screened for HIV / AIDS, Percent by County, BRFSS 2006-10



### Lack of a Consistent Source of Primary Care

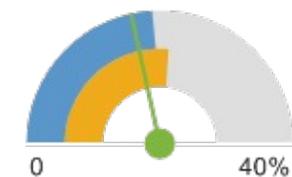
This indicator reports the percentage of adults aged 18 and older who self-report that they do not have at least one person who they think of as their personal doctor or health care provider. This indicator is relevant because access to regular primary care is important to preventing major health issues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

Report Area	Total Population (Age 18 )	Total Adults Without Any Regular Doctor	Percent Adults Without Any Regular Doctor
Kingfisher County, OK	10,853	1,865	<b>17.18%</b>
Oklahoma	2,793,624	594,271	21.27%
United States	235,375,690	45,514,047	19.34%

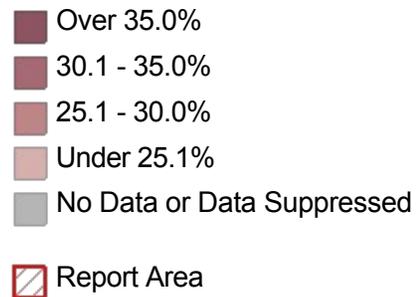
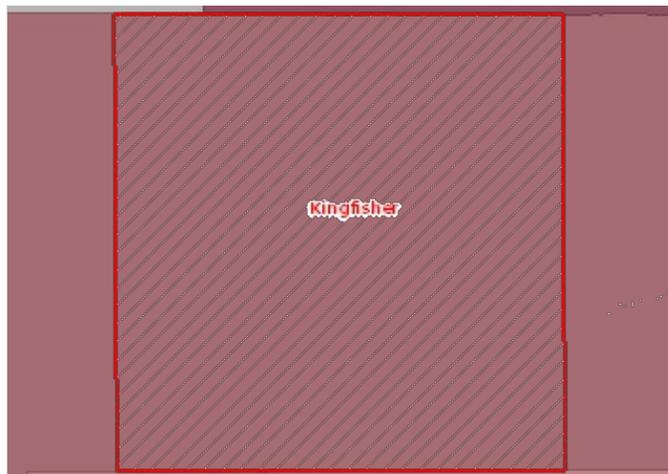
Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#): 2006-10. Additional data analysis by [CARES](#). Source geography: County.

Percent Adults Without Any Regular Doctor

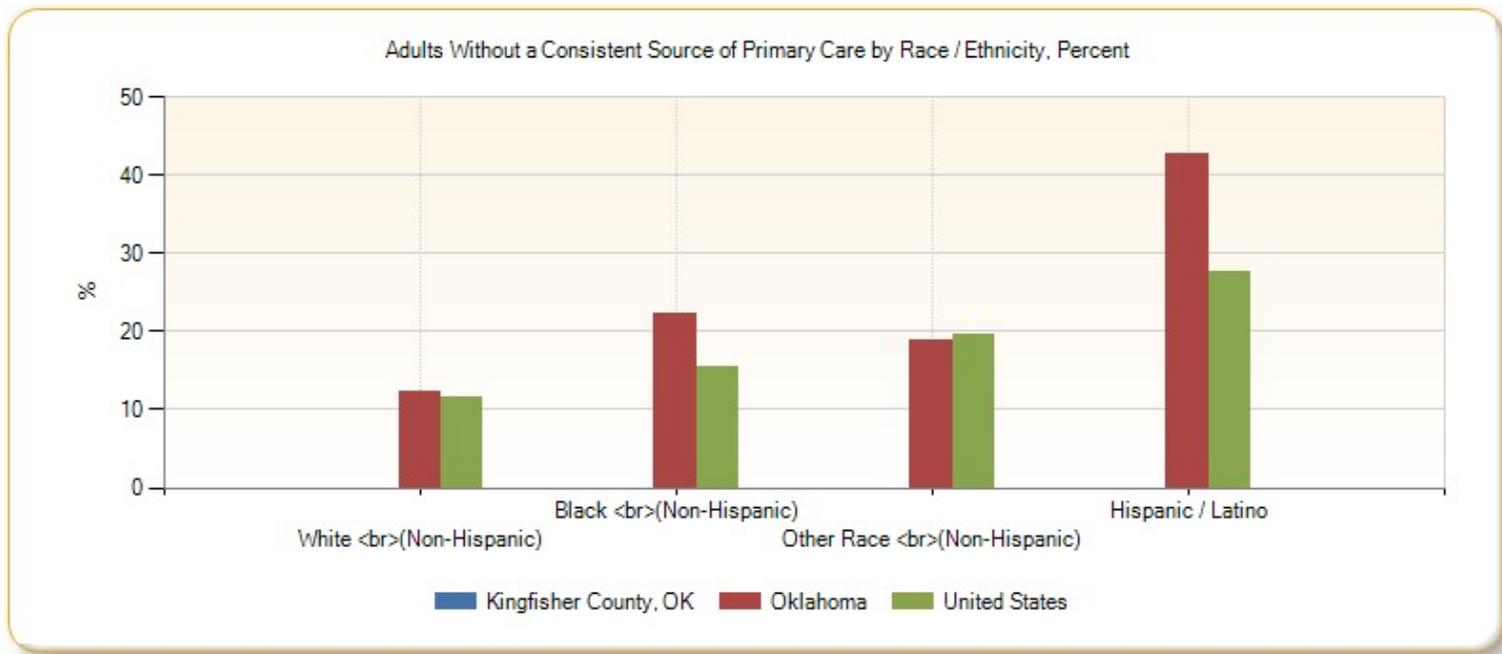


**No Consistent Source of Primary Care, Percent of Adults Age 18 by County, BRFSS 2006-10**



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

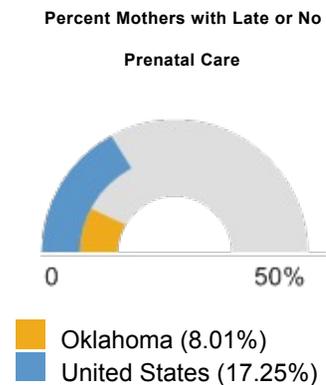
Report Area	White (Non-Hispanic)	Black (Non-Hispanic)	Other Race (Non-Hispanic)	Hispanic / Latino
Kingfisher County, OK	no data	no data	no data	no data
Oklahoma	12.30%	22.34%	18.91%	42.82%
United States	11.53%	15.42%	19.64%	27.64%



## Lack of Prenatal Care

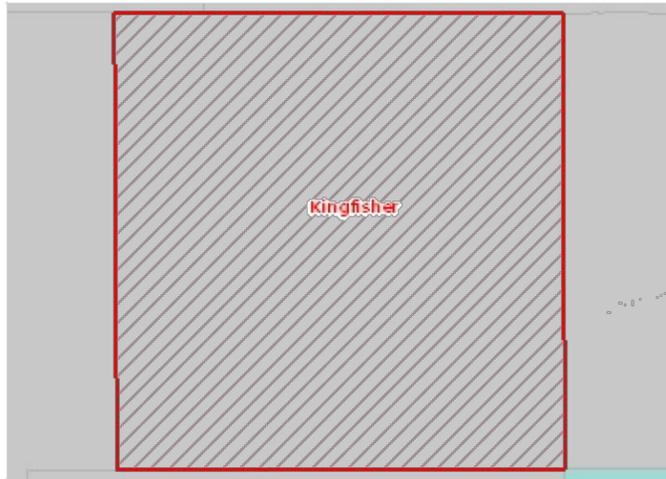
This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Total Births	Mothers Starting Prenatal Care in First Semester	Mothers with Late or No Prenatal Care	Prenatal Care Not Reported	Percent Mothers with Late or No Prenatal Care
Kingfisher County, OK	no data	no data	no data	no data	suppressed
Oklahoma	217,637	33,170	17,443	167,024	8.01%
United States	16,693,978	7,349,554	2,880,098	6,464,326	17.25%

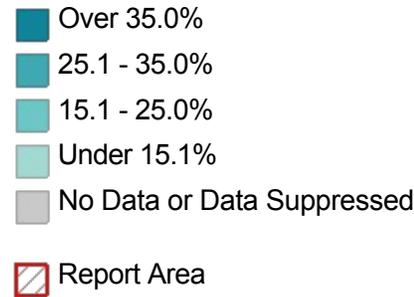


Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#); 2007-10. Accessed using [CDC WONDER](#). Source geography: County.



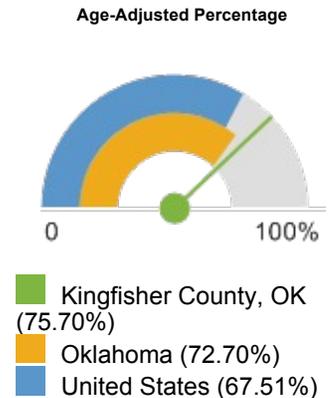
**Mothers with Late or No Pre-Natal Care, Percent by County, NVSS 2007-10**



## 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.

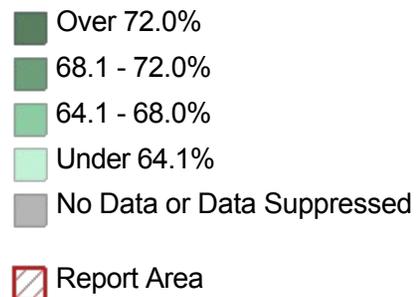
Report Area	Total Population Age 65	Estimated Population with Annual Pneumonia Vaccination	Crude Percentage	Age-Adjusted Percentage
Kingfisher County, OK	2,236	1,684	75.30%	<b>75.70%</b>
Oklahoma	499,547	360,673	72.20%	72.70%
United States	39,608,820	26,680,462	67.36%	67.51%



*Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.*

*Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#): 2006-12. Accessed using the [Health Indicators Warehouse](#). Source geography: County.*

### Annual Pneumonia Vaccination, Percent of Adults Age 65 by County, BRFSS 2006-12

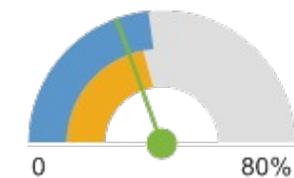


### Population Living in a Health Professional Shortage Area

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 Living in a HPSA	HPSA Designation Population	Underserved Population	Percent of Designated Population Underserved
Kingfisher County, OK	15,034	5,239	1,639	31.28%
Oklahoma	2,810,825	1,083,137	383,339	35.39%
United States	107,167,492	58,371,691	21,919,540	37.55%

Percent of Designated Population Underserved

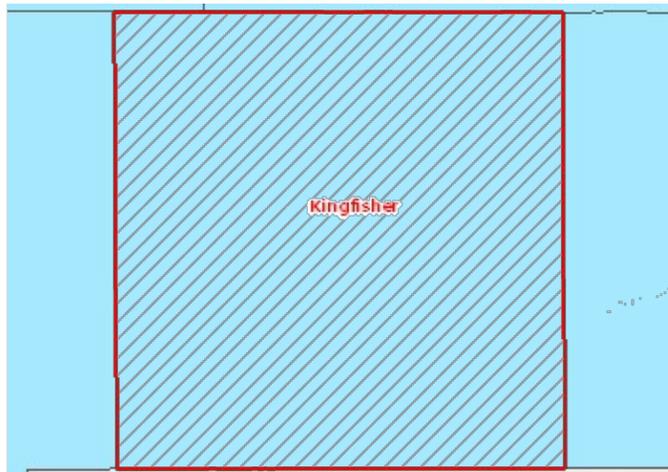


Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, [Health Professional Shortage Areas](#):

April 2014. Source geography: HPSA.

## Health Professional Shortage Area Components, Percent Underserved (Primary Care) by Tract / County, HRSA HPSA Database April 2014



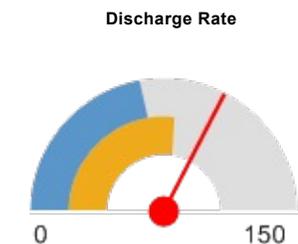
-  Population Group; 100.0% Underserved
-  Population Group; 50.1 - 99.9% Underserved
-  Population Group; Under 50.1% Underserved
-  Geographic Area; 100.0% Underserved
-  Geographic Area; 50.1 - 99.9% Underserved
-  Geographic Area; Under 50.1% Underserved
-  Report Area

## 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
Kingfisher County, OK	1,793	174	<b>97.52</b>
Oklahoma	403,277	32,649	80.96
United States	56,167,590	3,737,659	66.54

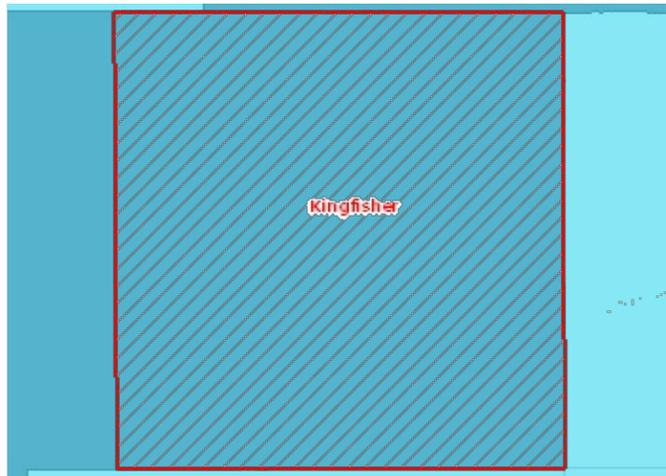
Ambulatory Care Sensitive Condition



-  Kingfisher County, OK (97.52)
-  Oklahoma (80.96)
-  United States (66.54)

Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, [Dartmouth Atlas of Health Care](#): 2010. Source geography: County.



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

- Over 100.0
- 80.1 - 100.0
- 60.1 - 80.0
- Under 60.1
- No Data or Data Suppressed
- Report Area

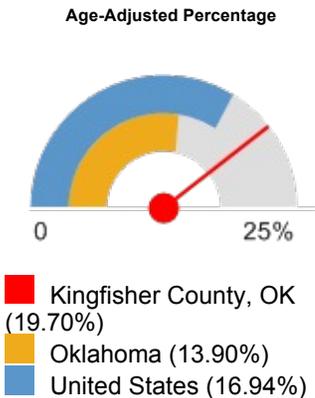
## HEALTH BEHAVIORS

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 on average for men and one drink per day on average 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.

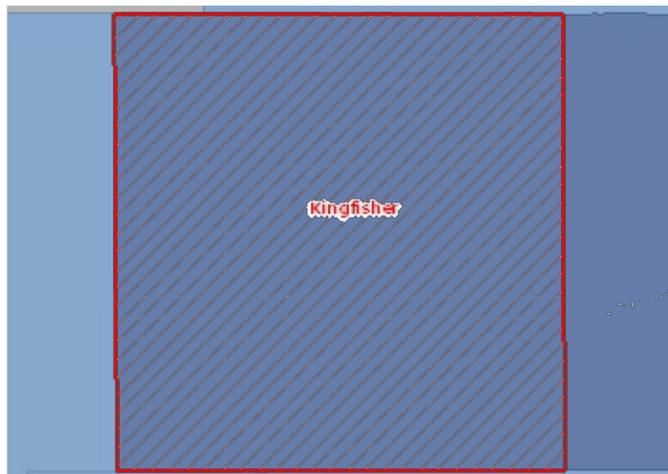
Report Area	Total Population Age 18	Estimated Number Drinking Excessively	Crude Percentage	Age-Adjusted Percentage
Kingfisher County, OK	11,011	1,971	17.90%	<b>19.70%</b>
Oklahoma	2,793,624	368,758	13.20%	13.90%
United States	232,556,016	38,248,349	16.45%	16.94%



*Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.*

*Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#): 2006-12. Accessed using the [Health Indicators Warehouse](#). Source geography: County.*

### Excessive Drinking, Percent of Adults Age 18 by County, BRFSS 2006-12

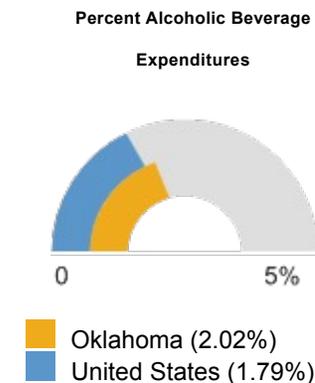


- Over 22.0%
- 18.1 - 22.0%
- 14.1 - 18.0%
- Under 14.1%
- No Data or Data Suppressed
- Report Area

### Alcohol Expenditures

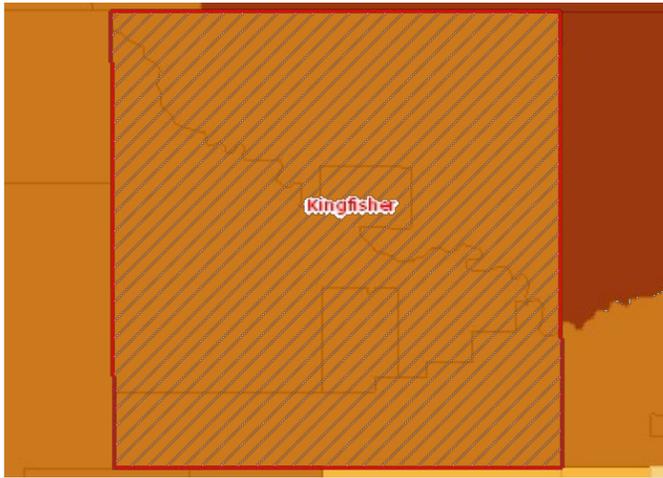
This indicator reports estimated expenditures for alcoholic beverages purchased at home, as a percentage of total household expenditures. This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such 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
Kingfisher County, OK	no data	no data	6	7.79%	no data
Oklahoma	45,506	919	no data	no data	2.02%
United States	50,932	910	no data	no data	1.79%

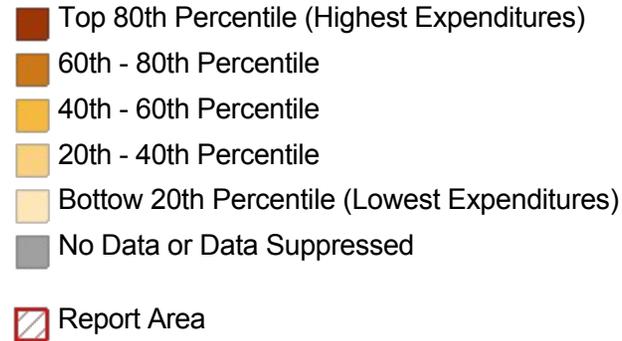


Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.

Data Source: Nielsen, [Nielsen SiteReports](#): 2011. Source geography: Tract.



### Alcoholic Beverage Expenditures, Percent of Total Expenditures, National Rank by Tract, Nielsen 2011

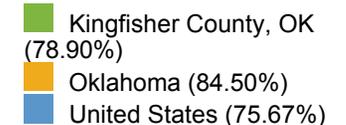
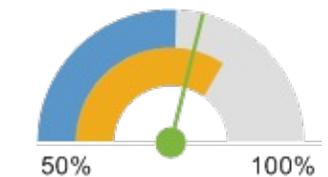


### Fruit/Vegetable Consumption

In the report area an estimated 8,269, or 78.90% of adults over the age of 18 are 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 cause of significant health issues, such as obesity and diabetes.

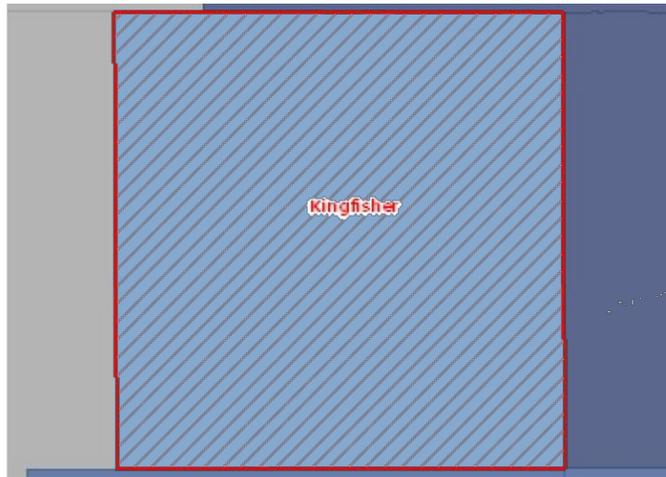
Report Area	Total Population Age 18	Estimated Population with Inadequate Fruit / Vegetable Consumption	Percent Population with Inadequate Fruit / Vegetable Consumption
Kingfisher County, OK	10,480	8,269	78.90%
Oklahoma	2,709,105	2,289,194	84.50%
United States	227,279,010	171,972,118	75.67%

Percent Population with Inadequate Fruit / Vegetable Consumption

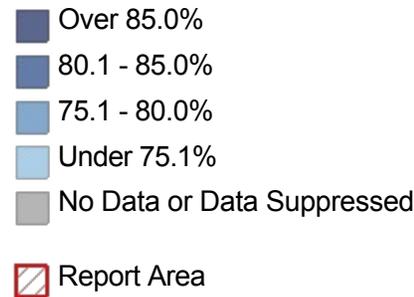


Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#): 2005-09. Accessed using the [Health Indicators Warehouse](#). Source geography: County.



**Inadequate Fruit/Vegetable Consumption, Percent of Adults Age 18 by County, BRFSS 2005-09**

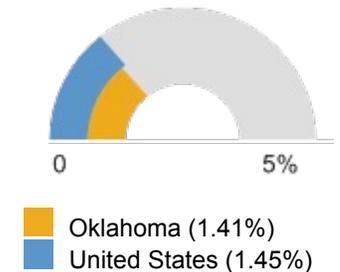


## Fruit/Vegetable Expenditures

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.

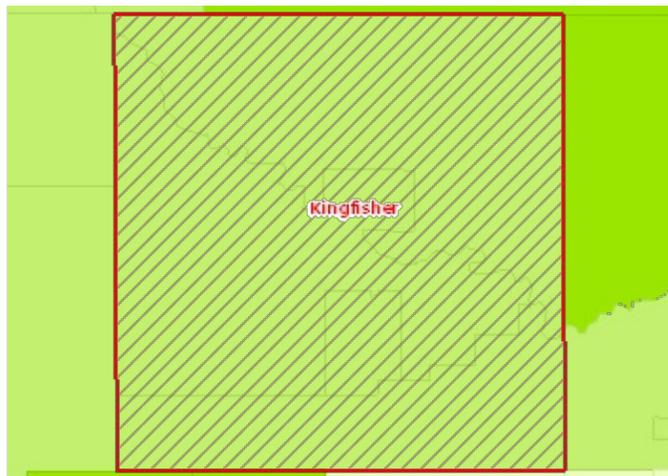
Report Area	Average Total Household Expenditures (USD)	Average Household Fruit / Vegetable Expenditures (USD)	Fruit / Vegetable Expenditures, County Rank (In-State)	Fruit / Vegetable Expenditures, County Percentile	Percent Fruit / Vegetable Expenditures
Kingfisher County, OK	no data	no data	13	16.88%	no data
Oklahoma	45,506	644	no data	no data	1.41%
United States	50,932	737	no data	no data	1.45%

**Percent Fruit / Vegetable Expenditures**

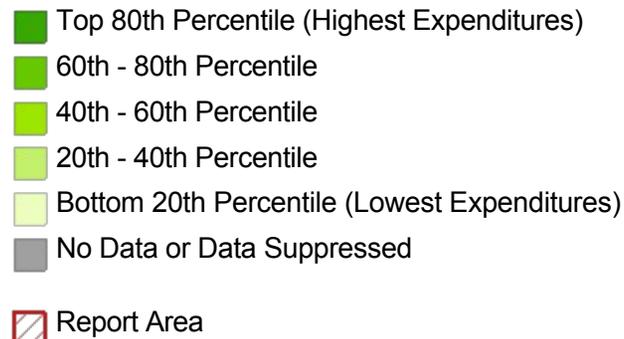


*Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.*

*Data Source: Nielsen, [Nielsen SiteReports](#): 2011. Source geography: Tract.*



### Fruit and Vegetable Expenditures, Percent of Total Expenditures, National Rank by Tract, Nielsen 2011

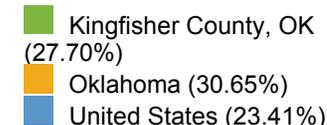
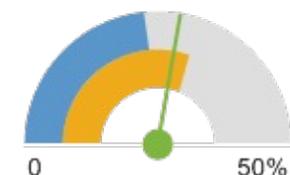


### Physical Inactivity - Adult

Within the report area, 3,079 or 27.70% of adults aged 20 and older 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
Kingfisher County, OK	10,691	3,079	<b>27.70%</b>
Oklahoma	2,717,895	849,927	30.65%
United States	226,142,005	53,729,295	23.41%

Percent Population with no Leisure Time Physical Activity

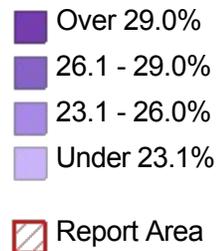


Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, [Diabetes](#)

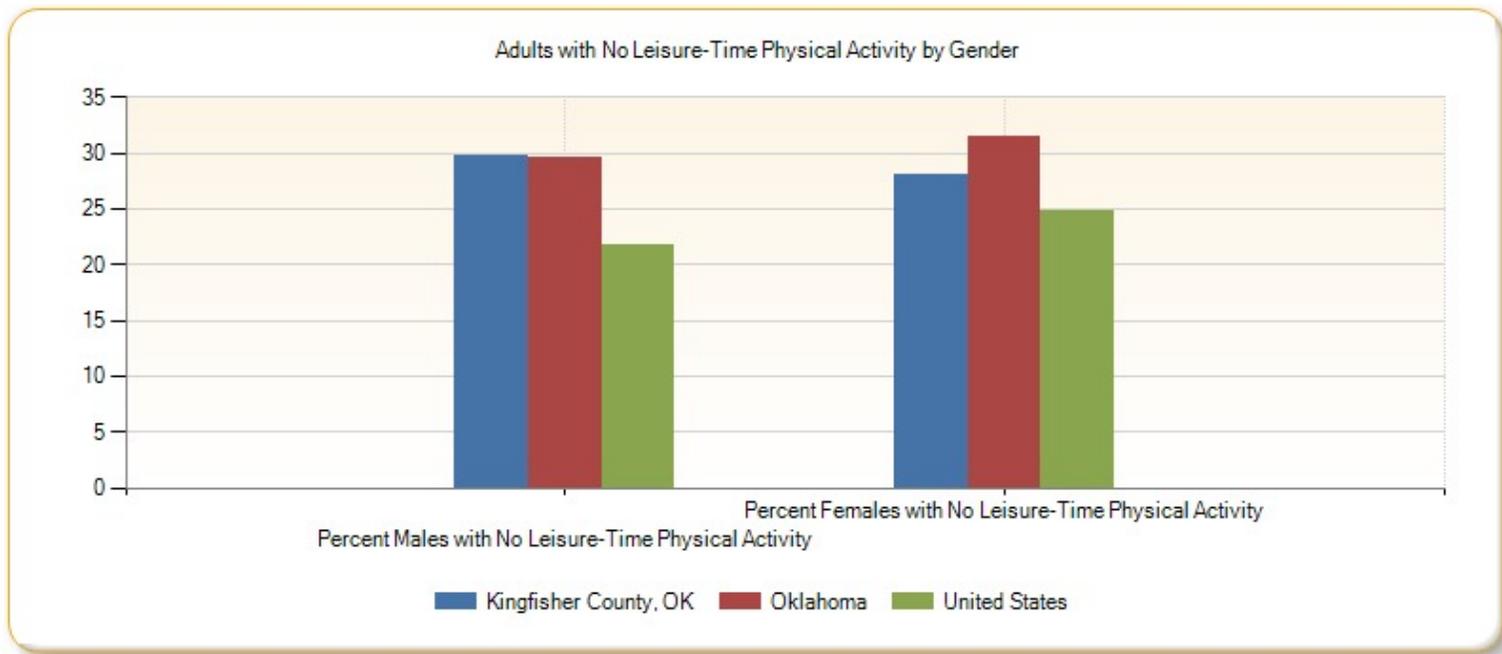
[Atlas](#): 2010. Source geography: County.

**No Leisure-Time Physical Activity, Adults Age 20 , Percent by County, CDC NCCDPHP 2010**



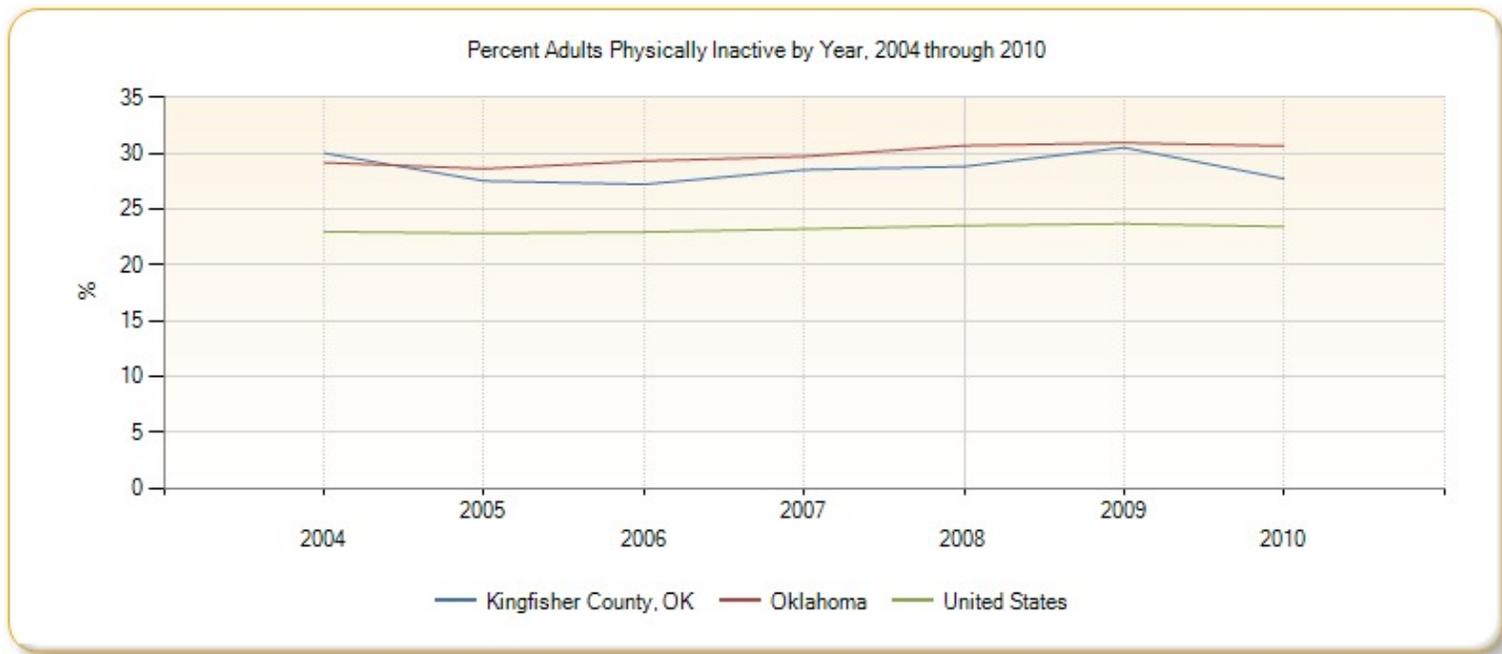
**Adults with No Leisure-Time Physical Activity by Gender**

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
Kingfisher County, OK	1,523	29.80%	1,617	28%
Oklahoma	783,918	29.60%	901,674	31.49%
United States	47,761,489	21.75%	59,408,212	24.88%



**Percent Adults Physically Inactive by Year, 2004 through 2010**

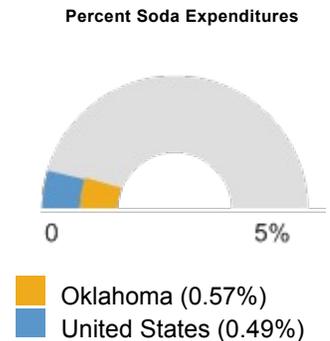
Report Area	2004	2005	2006	2007	2008	2009	2010
Kingfisher County, OK	30%	27.50%	27.20%	28.50%	28.80%	30.50%	27.70%
Oklahoma	29.15%	28.60%	29.29%	29.70%	30.68%	30.92%	30.65%
United States	22.96%	22.82%	22.93%	23.20%	23.51%	23.67%	23.41%



## Soda Expenditures

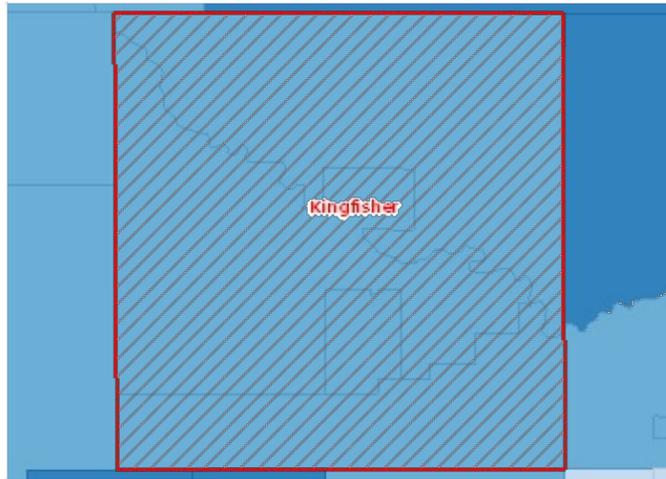
This indicator reports soft drink consumption by census tract by estimating expenditures for carbonated beverages, as a percentage of total household expenditures. This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant 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
Kingfisher County, OK	no data	no data	7	9.09%	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. Data breakout by demographic groups are not available.

Data Source: Nielsen, [Nielsen SiteReports](#): 2011. Source geography: Tract.



**Soda Expenditures, Percent of Total Expenditures, National Rank by Tract, Nielsen 2011**

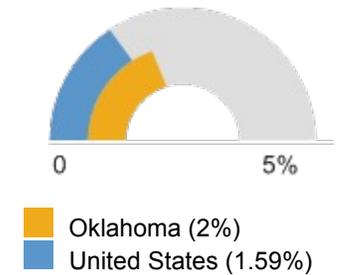
- Top 80th Percentile (Highest Expenditures)
- 60th - 80th Percentile
- 40th - 60th Percentile
- 20th - 40th Percentile
- Bottom 20th Percentile (Lowest Expenditures)
- No Data or Data Suppressed
- Report Area

## 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
Kingfisher County, OK	no data	no data	8	10.39%	no data
Oklahoma	45,506	910	no data	no data	2%
United States	50,932	810	no data	no data	1.59%

**Percent Cigarette Expenditures**



*Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.*

*Data Source: Nielsen, [Nielsen SiteReports](#): 2011. Source geography: Tract.*



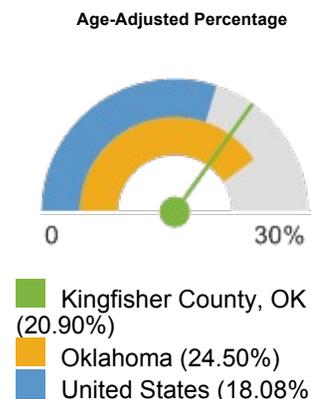
**Cigarette Expenditures, Percent of Total Expenditures, National Rank by Tract, Nielsen 2011**

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

## Tobacco Usage - Current Smokers

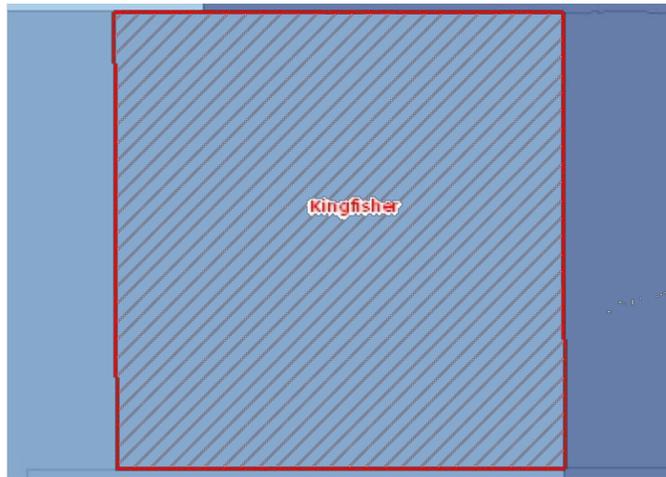
In the report area an estimated 2,136, or 19.40% of adults age 18 or older self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

Report Area	Total Population Age 18	Estimated Population Regularly Smoking Cigarettes	Crude Percentage	Age-Adjusted Percentage
Kingfisher County, OK	11,011	2,136	19.40%	<b>20.90%</b>
Oklahoma	2,793,624	673,263	24.10%	24.50%
United States	232,556,016	41,491,223	17.84%	18.08%

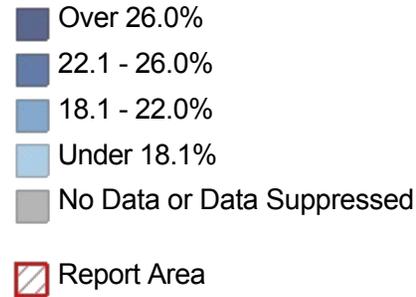


*Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.*

*Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#): 2006-12. Accessed using the [Health Indicators Warehouse](#). Source geography: County.*



**Current Smokers, Percent of Adults Age 18 by County, BRFSS 2006-12**



### Tobacco Usage - Former or Current Smokers

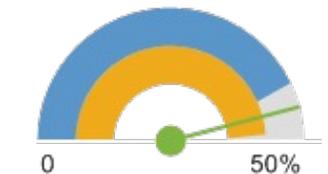
In the report area, an estimated 4,975 adults, or 45.84%, report ever smoking 100 or more cigarettes. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

Report Area	Total Population (Age 18 )	Total Adults Ever Smoking 100 or More Cigarettes	Percent Adults Ever Smoking 100 or More Cigarettes
Kingfisher County, OK	10,853	4,975	<b>45.84%</b>
Oklahoma	2,793,624	1,370,689	49.06%
United States	235,375,690	101,180,961	42.99%

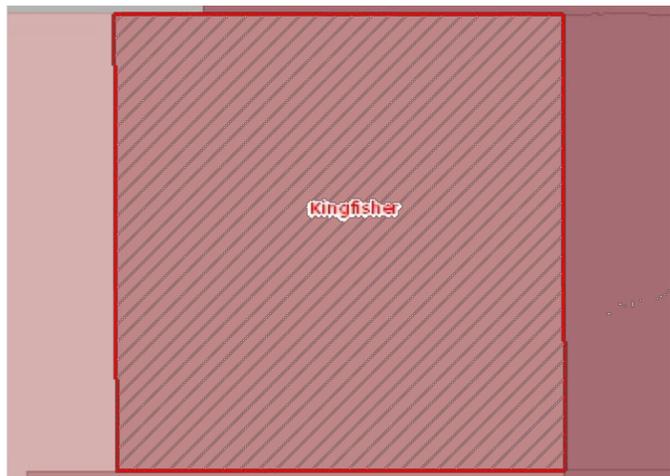
*Note: This indicator is compared with the state average.*

*Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#): 2006-10. Additional data analysis by [CARES](#). Source geography: County.*

**Percent Adults Ever Smoking 100 or More Cigarettes**



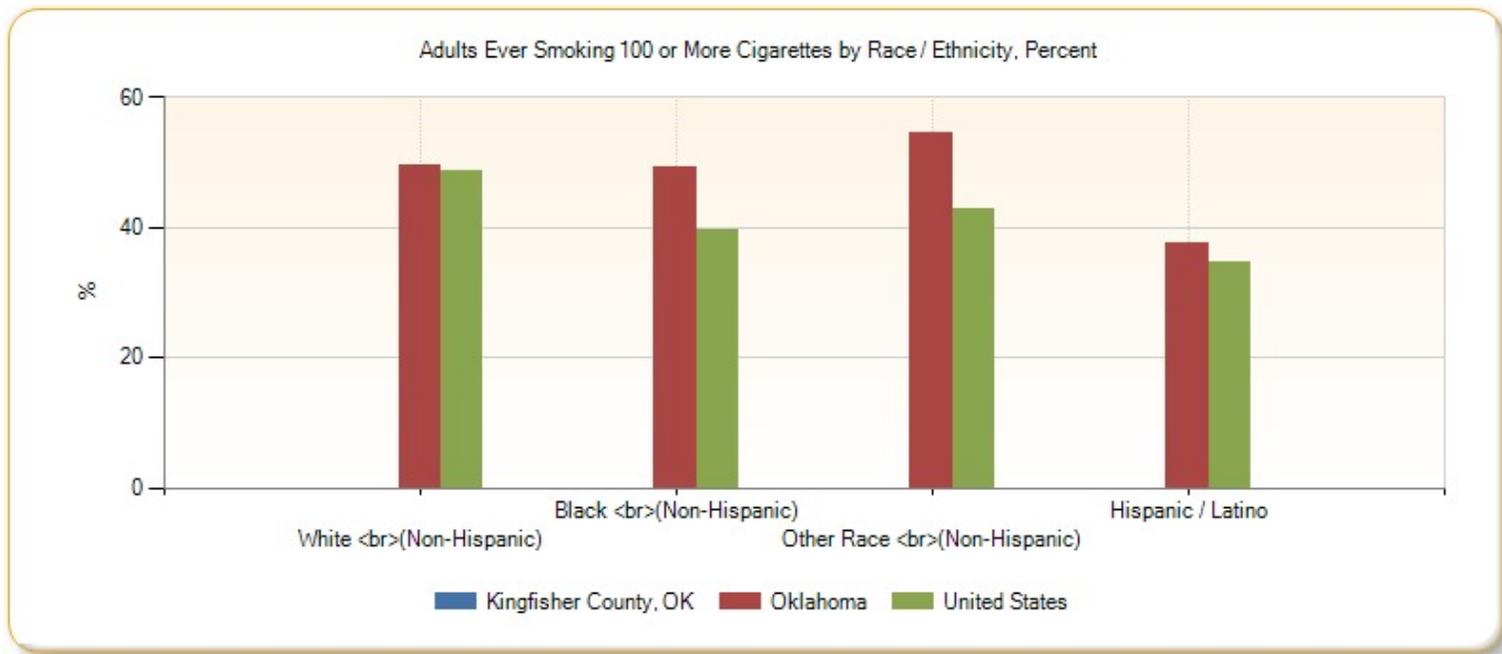
**Adults Age 18 Smoking > 99 Cigarettes (Ever), Percent by County, BRFSS 2006-10**



- Over 52.0%
- 46.1 - 52.0%
- 40.1 - 46.0%
- Under 40.1%
- No Data or Data Suppressed
- Report Area

**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
Kingfisher County, OK	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

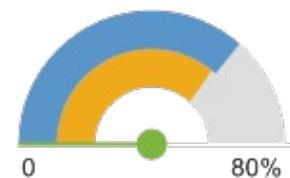
An estimated 0%, or 0 adult smokers in the report area attempted to quit smoking for at least 1 day in the past year. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease and supporting efforts to quit smoking may increase positive health outcomes.

Report Area	Total Population (Age 18 )	Total Smokers with Quit Attempt in Past 12 Months	Percent Smokers with Quit Attempt in Past 12 Months
Kingfisher County, OK	10,853	0	0%
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.

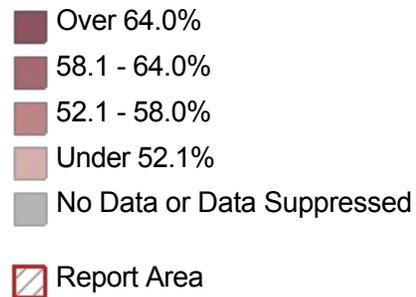
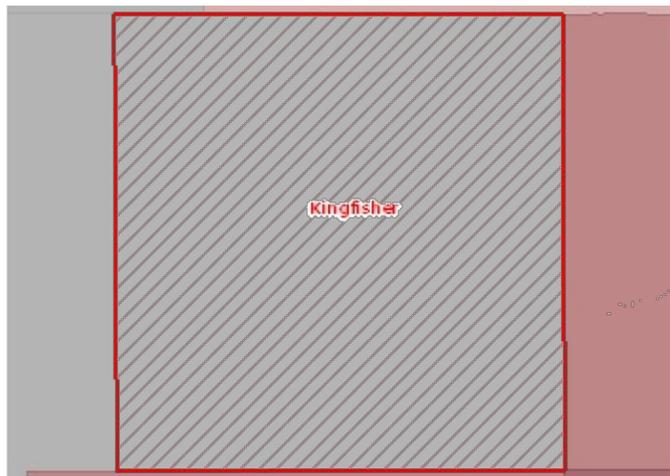
Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#): 2006-10. Additional data analysis by [CARES](#). Source geography: County.

Percent Smokers with Quit Attempt in Past 12 Months



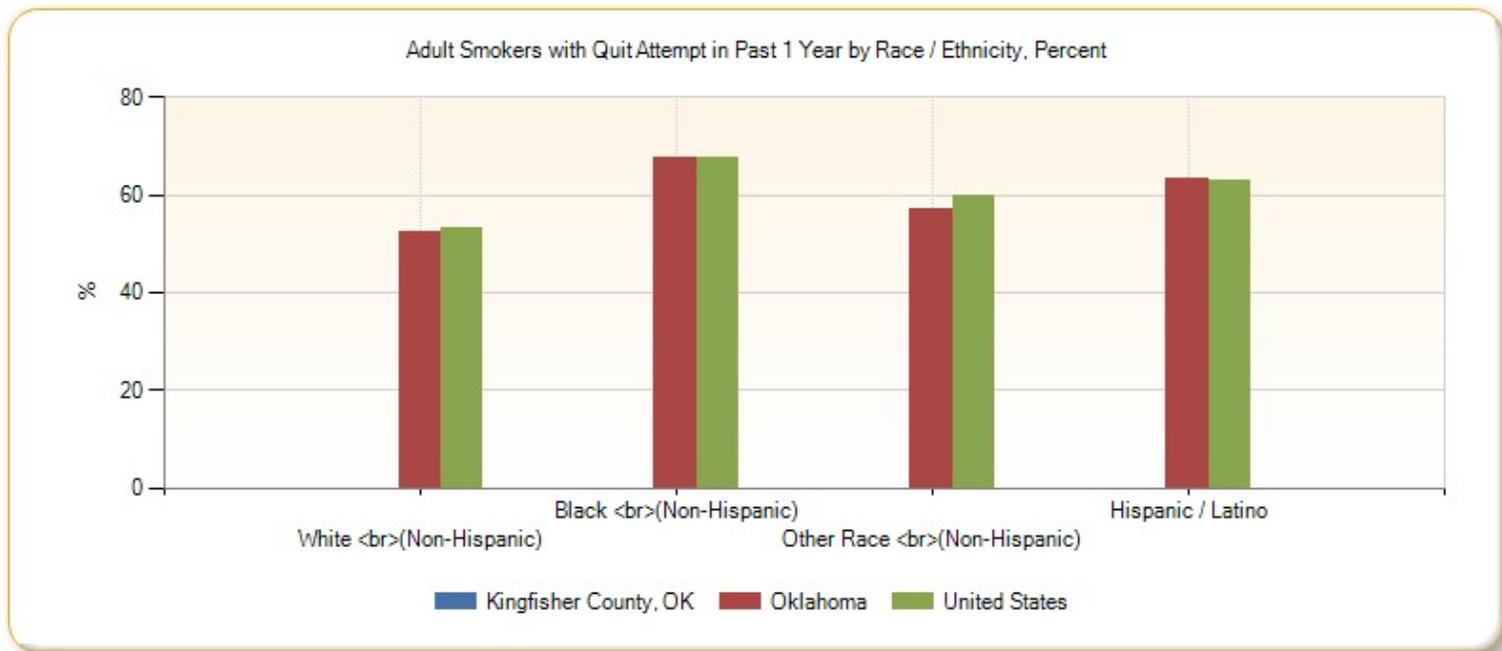
■ Kingfisher County, OK (0%)  
■ Oklahoma (57.89%)  
■ United States (58.49%)

**Smokers Who Quit / Attempted to Quit in Past 12 Months, Percent by County, BRFSS 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
Kingfisher County, OK	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

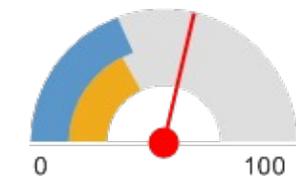
Measuring morbidity and mortality rates allows assessing linkages between social determinants of health and outcomes. By comparing, for example, the prevalence of certain chronic diseases to indicators in other categories (e.g., poor diet and exercise) with outcomes (e.g., high rates of obesity and diabetes), 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 resummared 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.)
Kingfisher County, OK	14,770	8	56.87	<b>57.24</b>
Oklahoma	3,673,268	2,176	59.23	<b>58.85</b>
United States	303,844,430	121,217	39.89	<b>39.07</b>
<a href="#">HP 2020 Target</a>				<b>&lt;= 36.0</b>

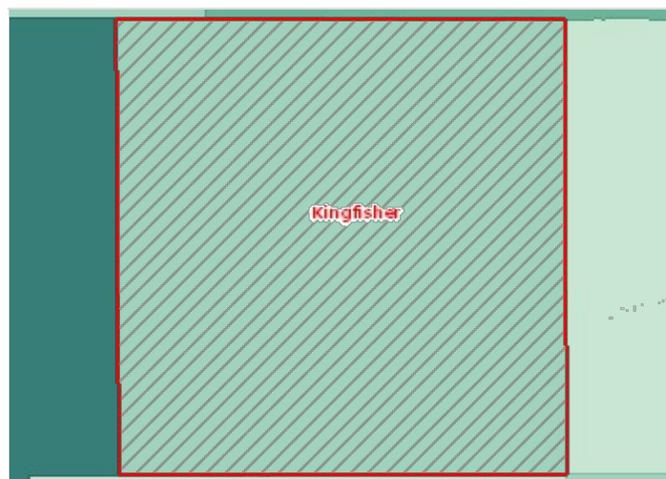
Age-Adjusted Death Rate, Accident Mortality (Per 100,000 Pop.)



- Kingfisher County, OK (57.24)
- 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 Vital Statistics System](#): 2006-10. Accessed using [CDC WONDER](#). Source geography: County.

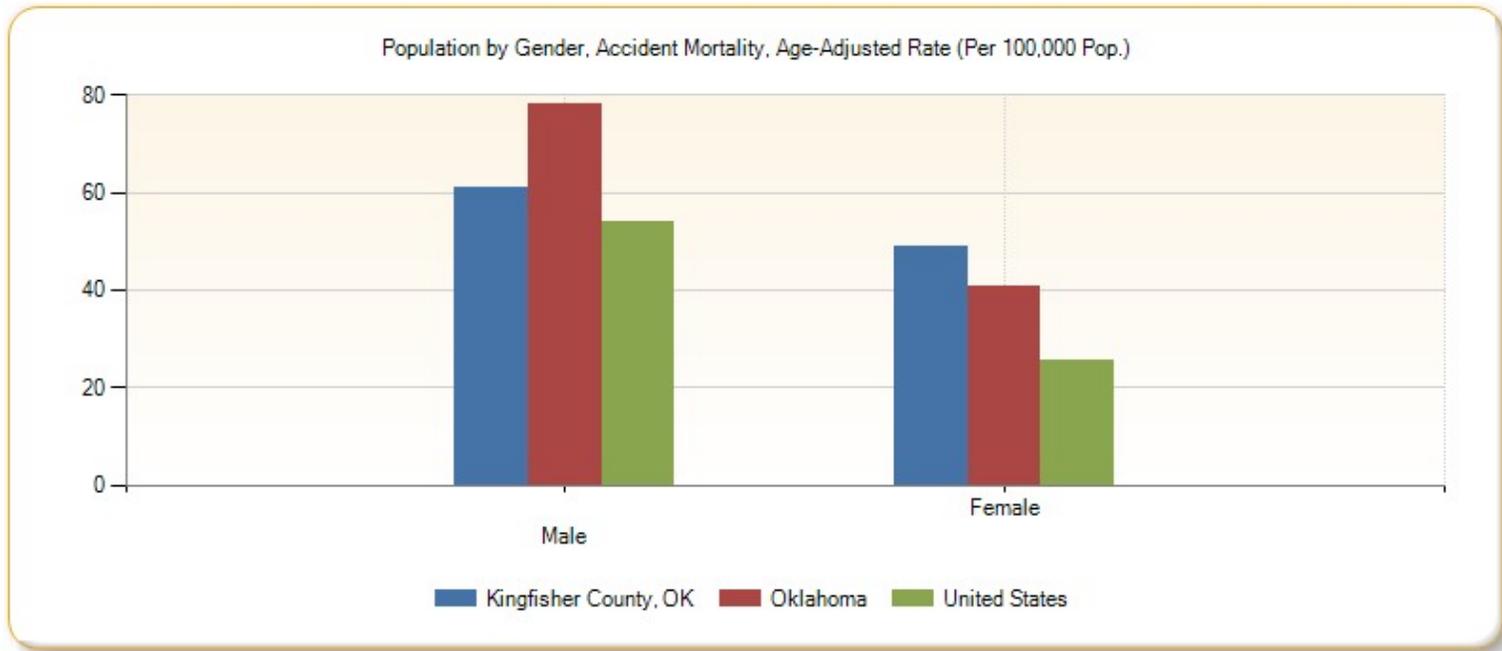


Unintentional Injury (Accident) Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, NVSS 2006-10

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

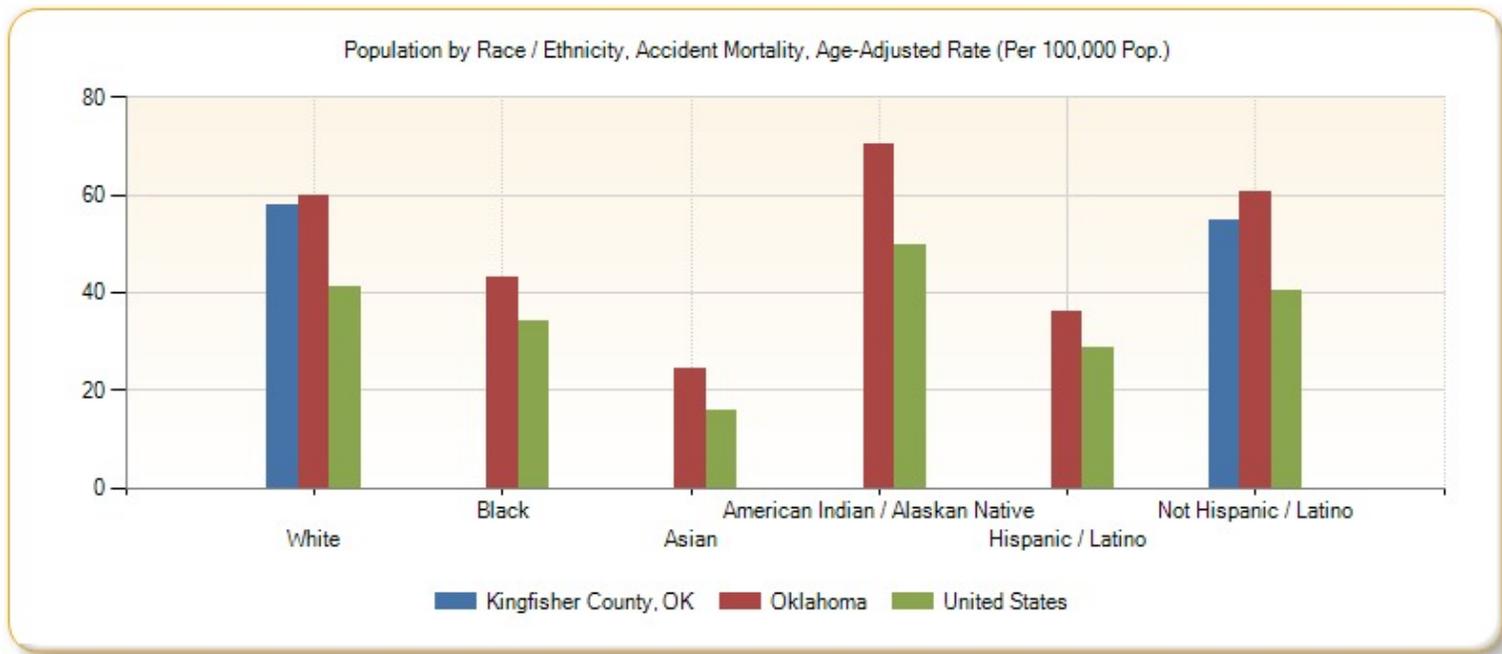
Population by Gender, Accident Mortality, Age-Adjusted Rate (Per 100,000 Pop.)

Report Area	Male	Female
Kingfisher County, OK	60.83	48.87
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
Kingfisher County, OK	57.98	no data	no data	no data	no data	54.60
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



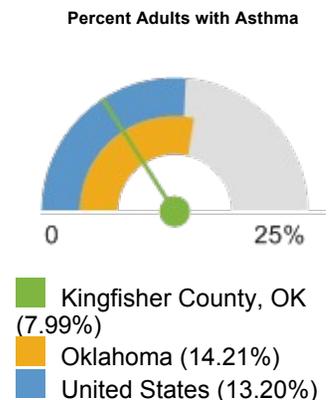
## Asthma Prevalence

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.

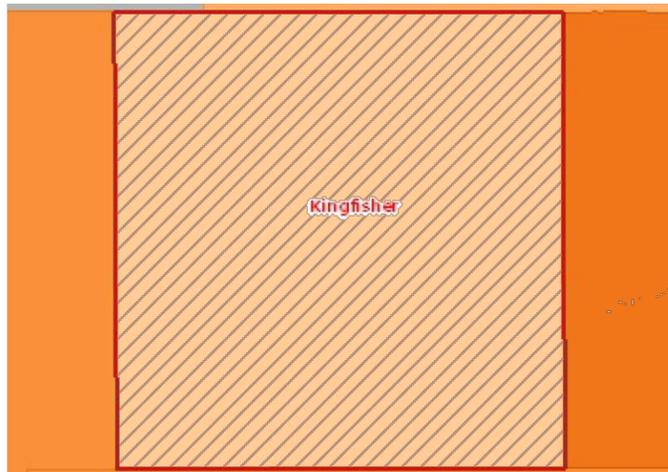
Report Area	Total Population (Age 18 )	Total Adults with Asthma	Percent Adults with Asthma
Kingfisher County, OK	10,853	867	7.99%
Oklahoma	2,793,624	396,977	14.21%
United States	235,375,690	31,061,484	13.20%

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#): 2006-10. Additional data analysis by [CARES](#). Source geography: County.



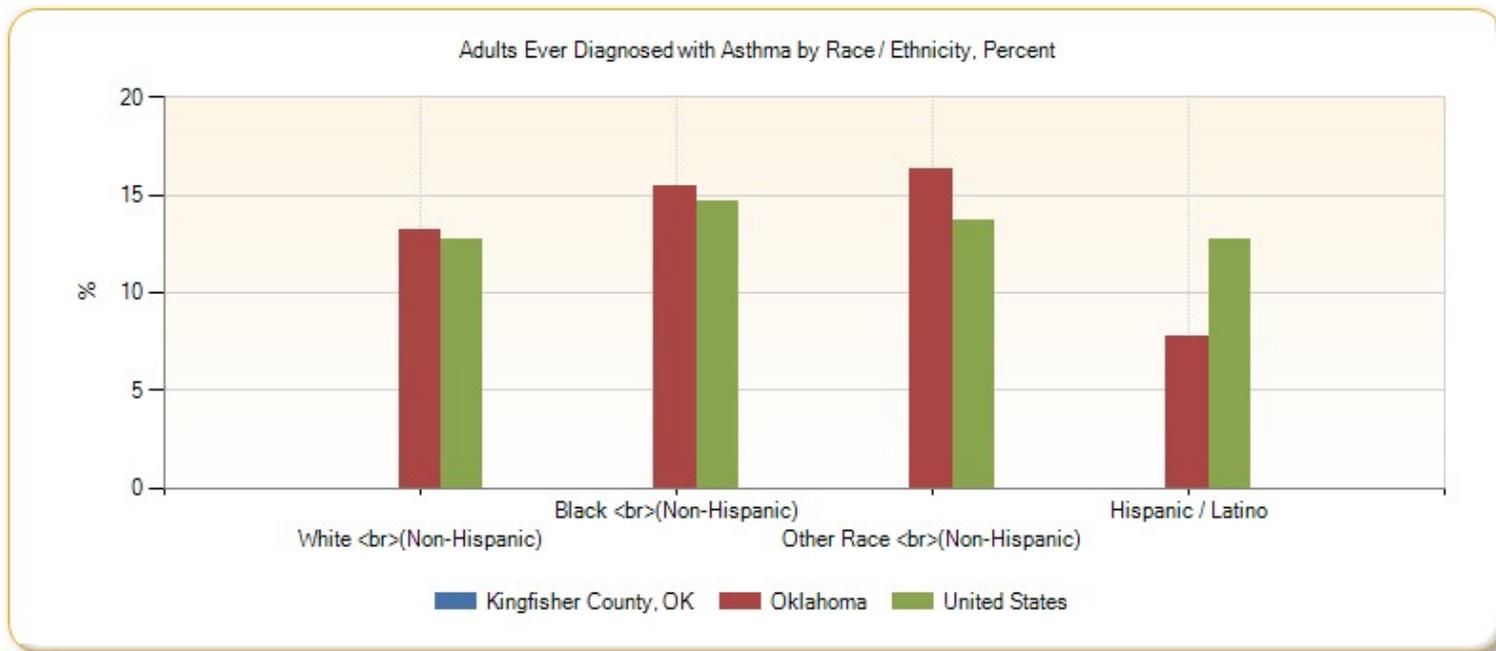
### Asthma (Diagnosed), Percent of Adults Age 18 by County, BRFSS 2006-10



- Over 16.0%
- 13.1 - 16.0%
- 10.1 - 13.0%
- Under 10.1%
- No Data or Data Suppressed
- Report Area

### Adults Ever Diagnosed with Asthma by Race / Ethnicity, Percent

Report Area	White (Non-Hispanic)	Black (Non-Hispanic)	Other Race (Non-Hispanic)	Hispanic / Latino
Kingfisher County, OK	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%



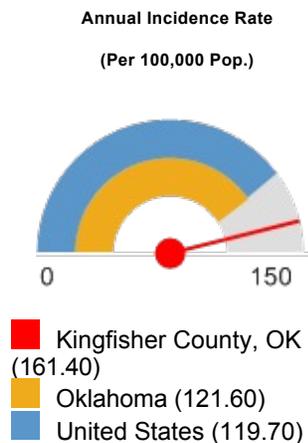
## Breast Cancer Incidence

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	Female Population, ACS 2006-2010	Annual Cancer Incidence, 2006-2010 Average	Annual Incidence Rate (Per 100,000 Pop.)
Kingfisher County, OK	7,536	14	<b>161.40</b>
Oklahoma	668,266	2,568	121.60
United States	154,566,544	207,458	119.70

Note: This indicator is compared with the state average.

Data Source: [State Cancer Profiles](#): 2006-10. Source geography: County.



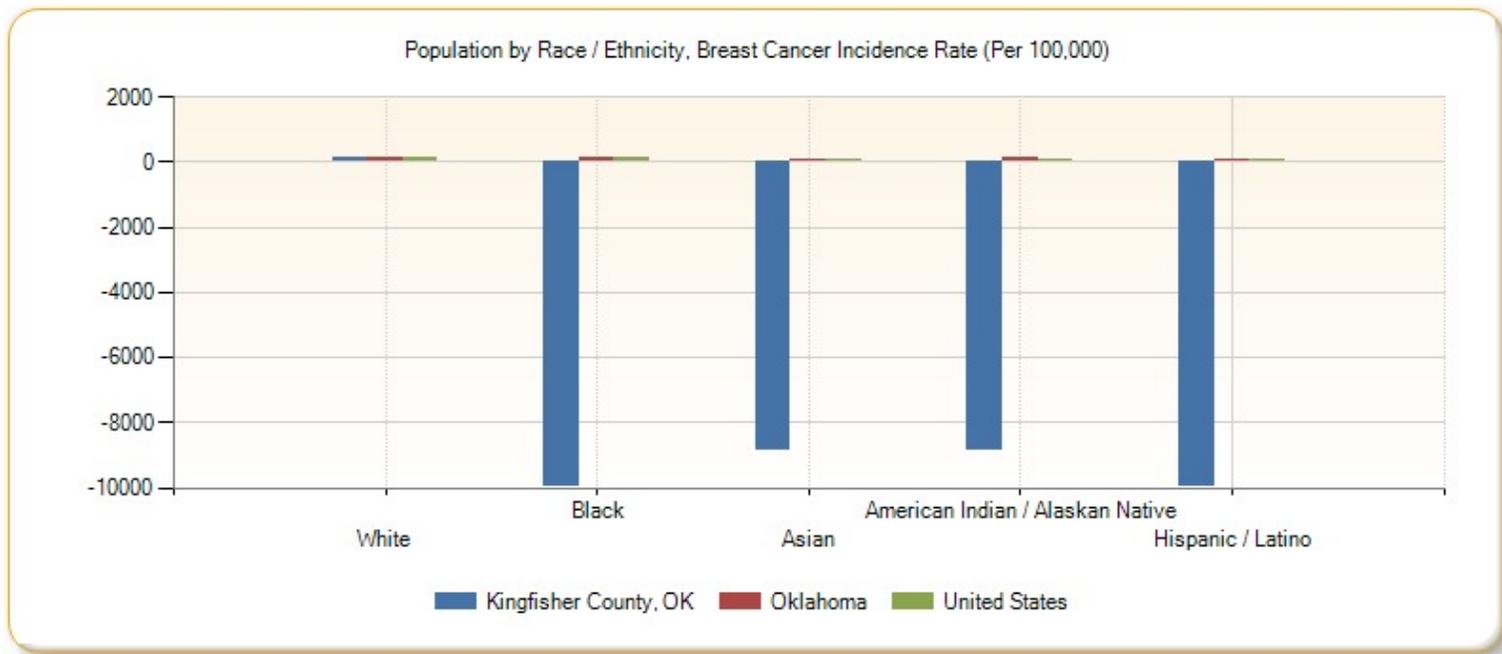
**Breast Cancer, Incidence Rate (Per 100,000 Pop.) by County, State Cancer Profiles 2006-10**



- Over 135.0
- 115.1 - 135.0
- 95.1 - 115.0
- Under 95.1
- No Data or Data Suppressed
- Report Area

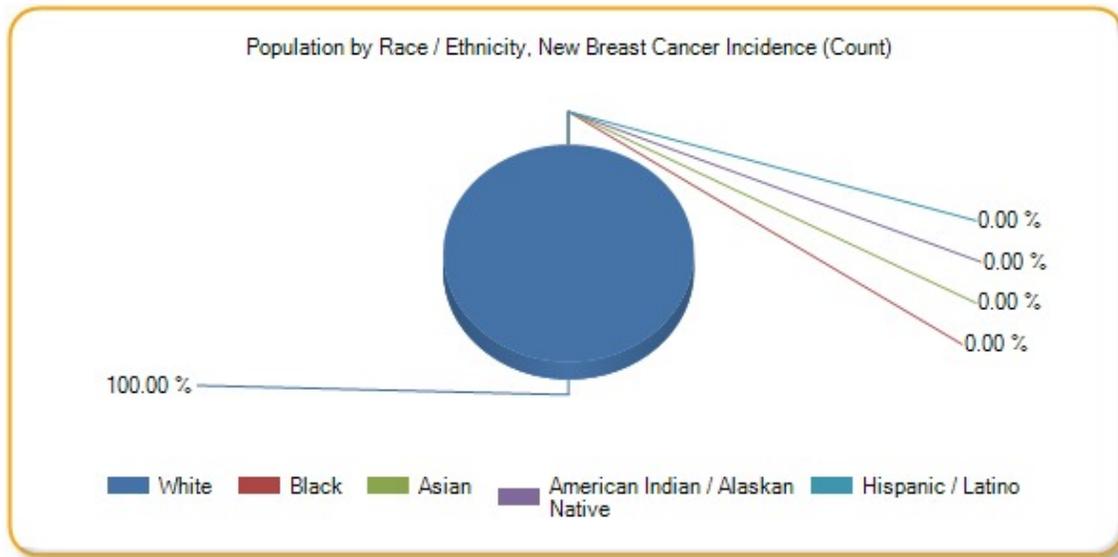
**Population by Race / Ethnicity, Breast Cancer Incidence Rate (Per 100,000)**

Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino
Kingfisher County, OK	163.60	no data	suppressed	suppressed	no data
Oklahoma	119.30	129.40	82.60	133.90	106.30
United States	120.70	117.90	83	64.40	90.50



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

Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino
Kingfisher County, OK	14	no data	no data	no data	no data
Oklahoma	2,162	162	26	194	67
United States	174,757	22,918	6,607	949	14,396

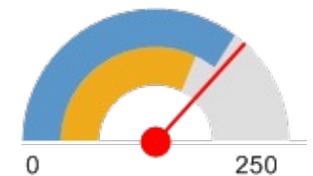


## Cancer Mortality

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.)
Kingfisher County, OK	14,770	32	216.65	<b>183.94</b>
Oklahoma	3,673,268	7,669	208.78	<b>193.41</b>
United States	303,844,430	566,121	186.32	<b>176.66</b>
<a href="#">HP 2020 Target</a>				<b>&lt;= 160.6</b>

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

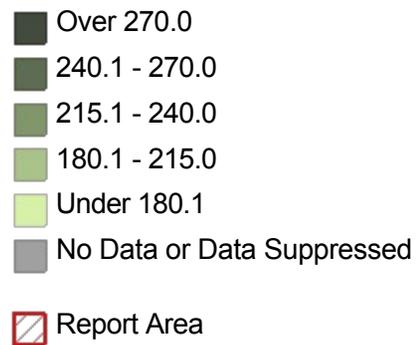
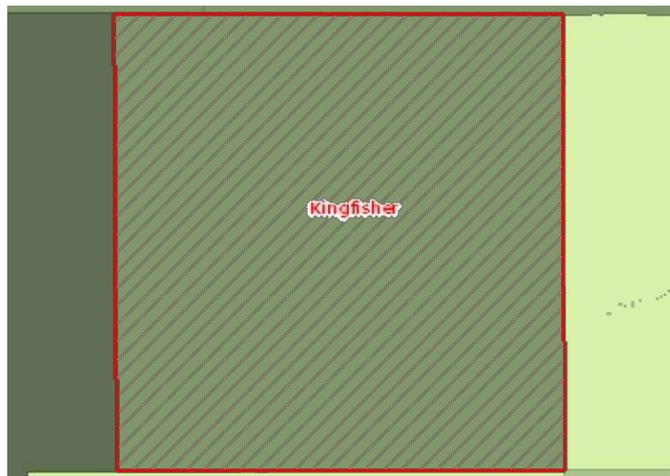


- Kingfisher County, OK (183.94)
- HP 2020 Target (160.60)
- United States (176.66)

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

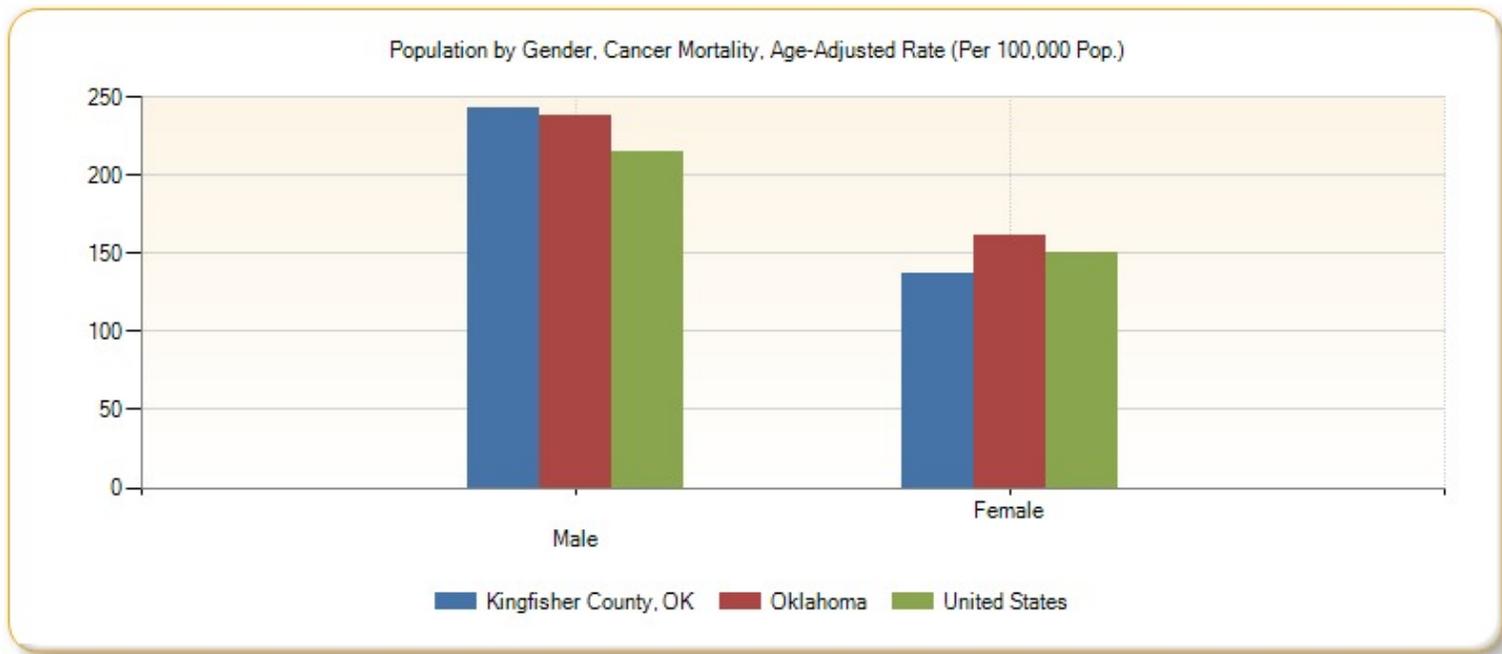
Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#); 2006-10. Accessed using [CDC WONDER](#). Source geography: County.

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



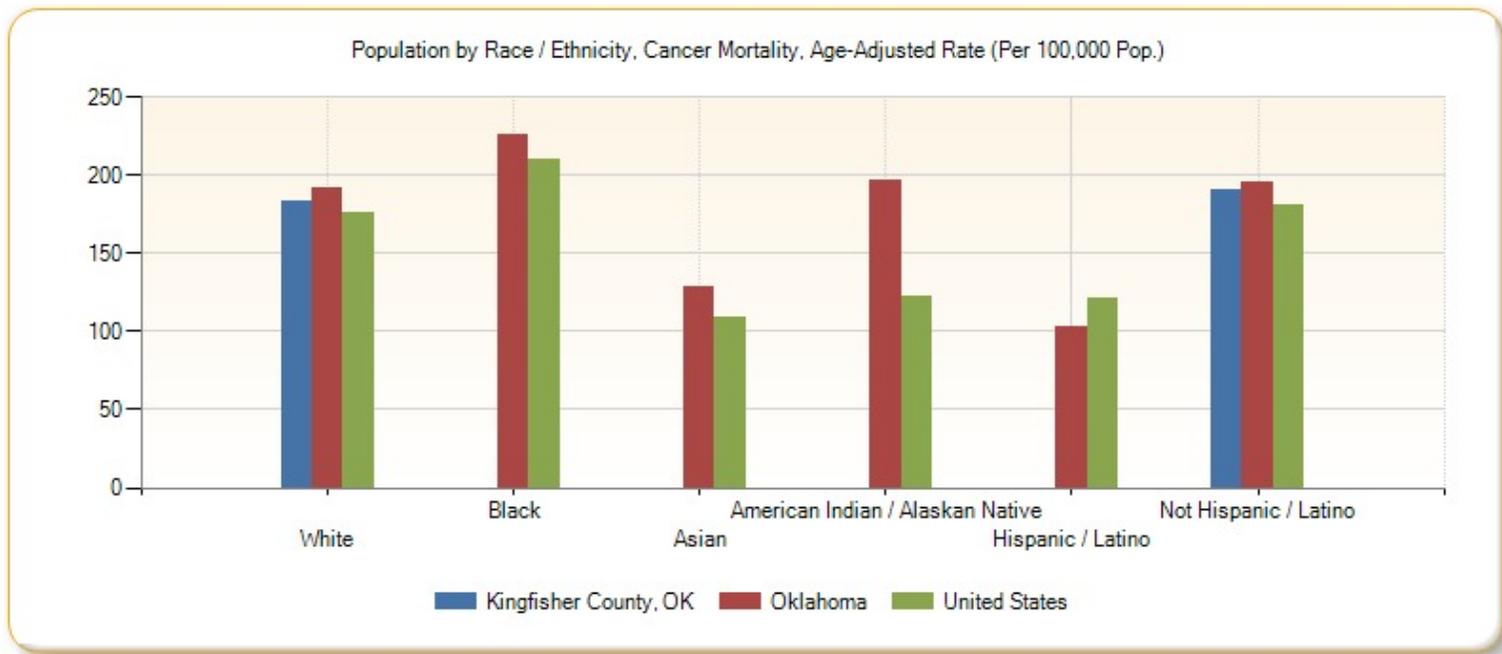
**Population by Gender, Cancer Mortality, Age-Adjusted Rate (Per 100,000 Pop.)**

Report Area	Male	Female
Kingfisher County, OK	243.22	136.47
Oklahoma	238.54	161.33
United States	215.04	150.05



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

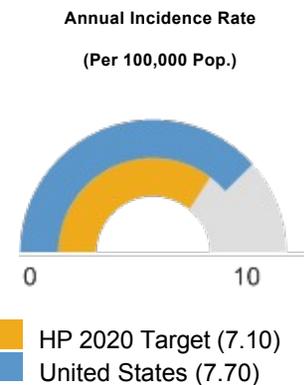
Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino	Not Hispanic / Latino
Kingfisher County, OK	183.75	no data	no data	no data	no data	190.88
Oklahoma	192.27	226.24	128.88	196.72	102.85	195.60
United States	176.12	209.70	108.72	122.20	121.09	180.92



## 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.

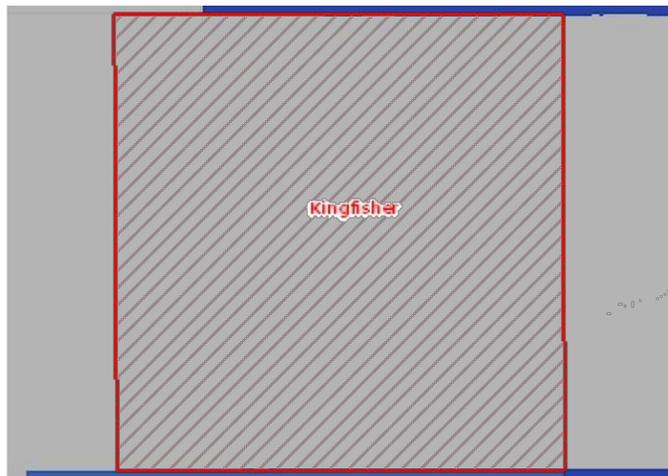
Report Area	Female Population, ACS 2006-2010	Annual Cancer Incidence, 2006-2010 Average	Annual Incidence Rate (Per 100,000 Pop.)
Kingfisher County, OK	7,536	no data	no data
Oklahoma	668,266	190	<b>10.30</b>
United States	154,566,544	12,390	<b>7.70</b>
<a href="#">HP 2020 Target</a>			<b>&lt;= 7.1</b>



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

Data Source: [State Cancer Profiles: 2006-10](#). Source geography: County.

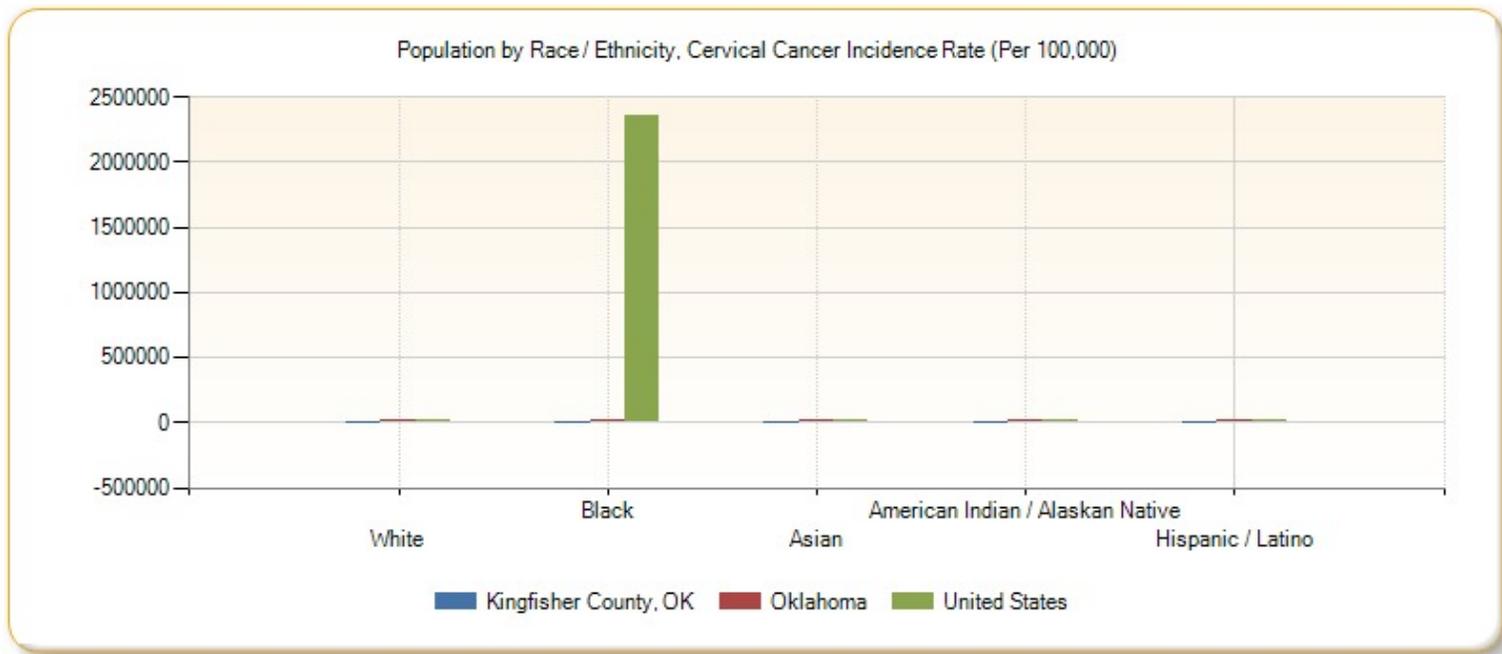
**Cervical Cancer, Incidence Rate (Per 100,000 Pop.) by County, State Cancer Profiles 2006-10**



- Over 10.0
- 8.1 - 10.0
- 6.1 - 8.0
- Under 6.1
- No Data or Data Suppressed
- Report Area

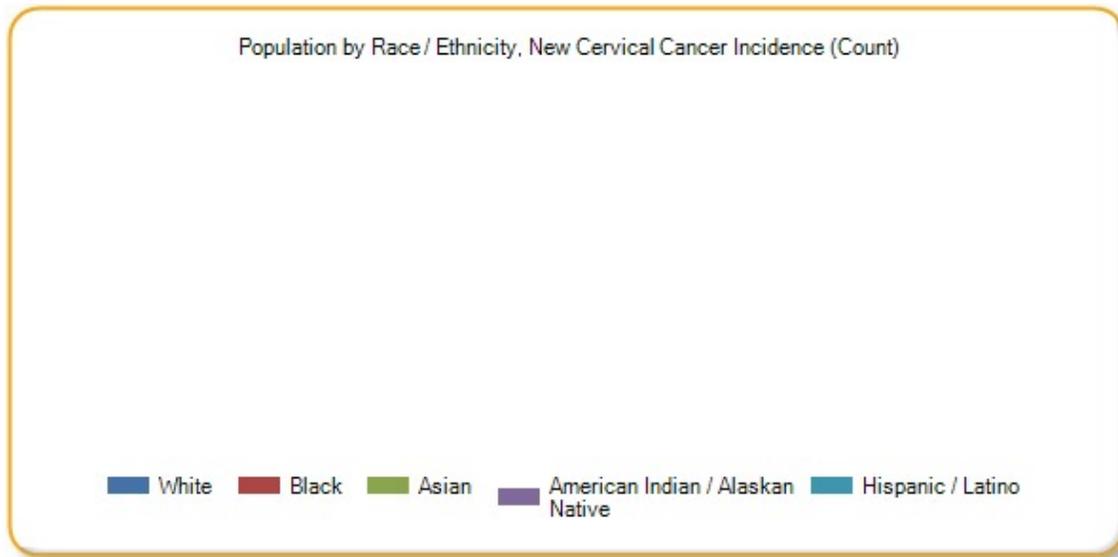
**Population by Race / Ethnicity, Cervical Cancer Incidence Rate (Per 100,000)**

Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino
Kingfisher County, OK	no data	no data	suppressed	suppressed	no data
Oklahoma	9.60	8.80	15	15.90	13.40
United States	7.50	2,350,588.20	6.60	6.40	10.80



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

Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino
Kingfisher County, OK	no data	no data	no data	no data	no data
Oklahoma	146	11	5	24	14
United States	9,522	1,998	538	108	2,006



## Chlamydia Incidence

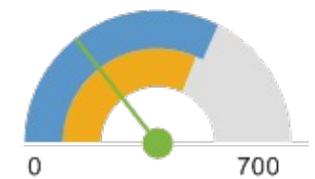
This indicator reports incidence rate of chlamydia cases per 100,000 population. This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Report Area	Total Population	Total Chlamydia Infections	Chlamydia Infection Rate (Per 100,000 Pop.)
Kingfisher County, OK	15,213	31	<b>203.80</b>
Oklahoma	3,791,508	16,843	444.23
United States	311,577,841	1,422,976	456.70

Note: This indicator is compared with the state average.

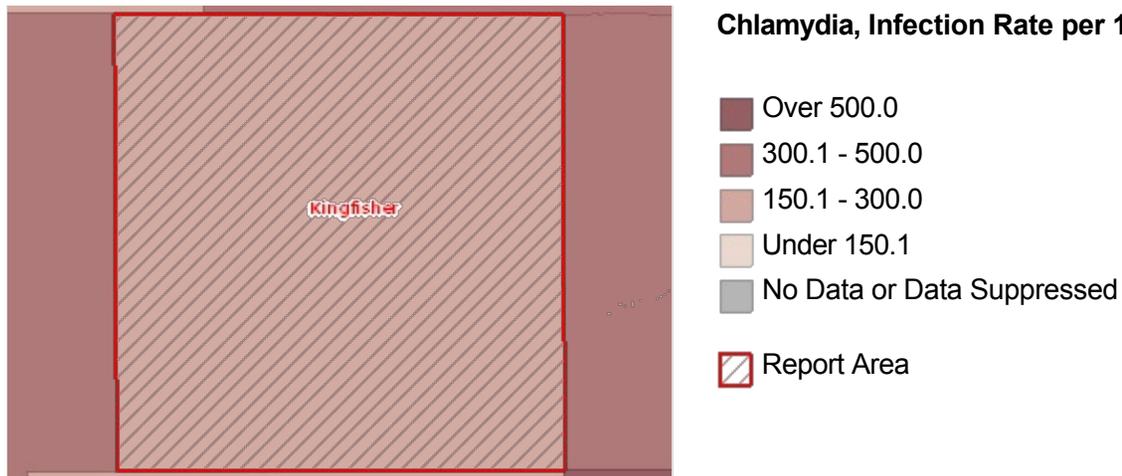
Data Source: Centers for Disease Control and Prevention, [National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention](#): 2012. Source geography: County.

Chlamydia Infection Rate (Per 100,000 Pop.)



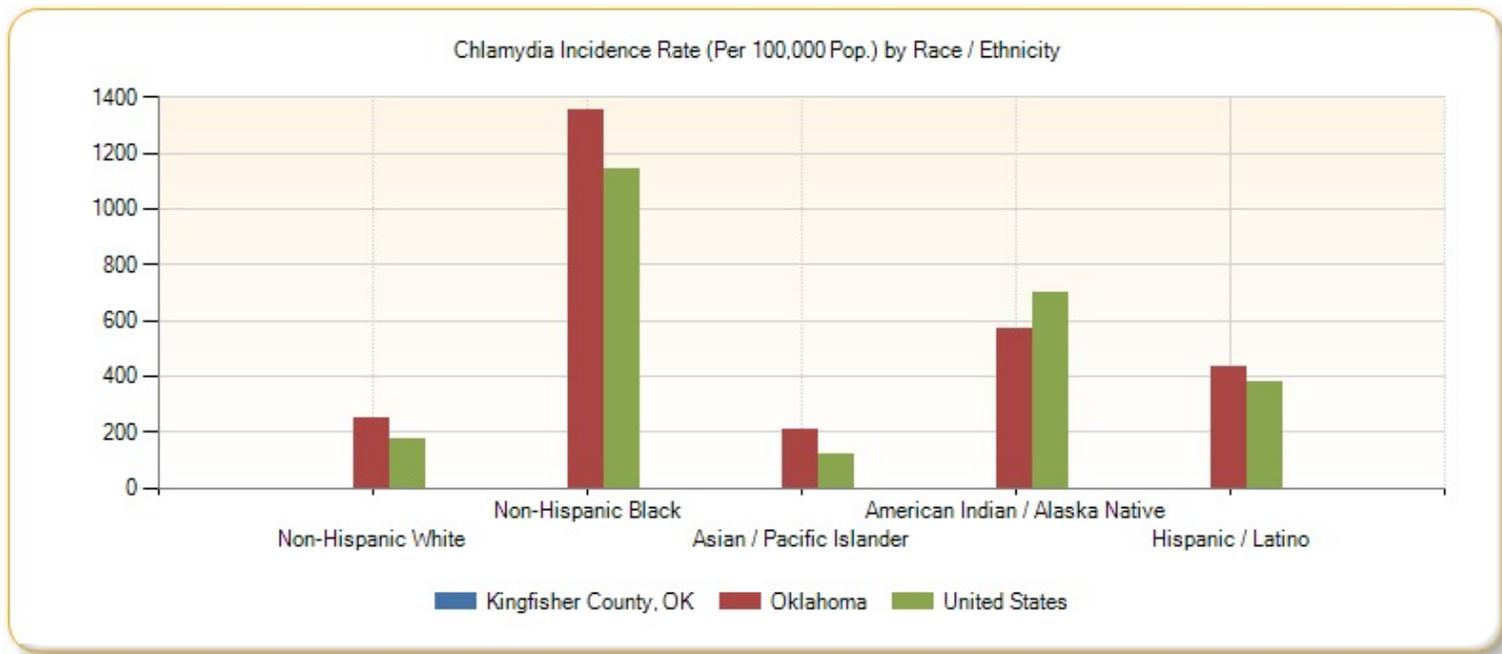
- Kingfisher County, OK (203.80)
- Oklahoma (444.23)
- United States (456.70)

### Chlamydia, Infection Rate per 100,000 Population by County, NCHHSTP 2012



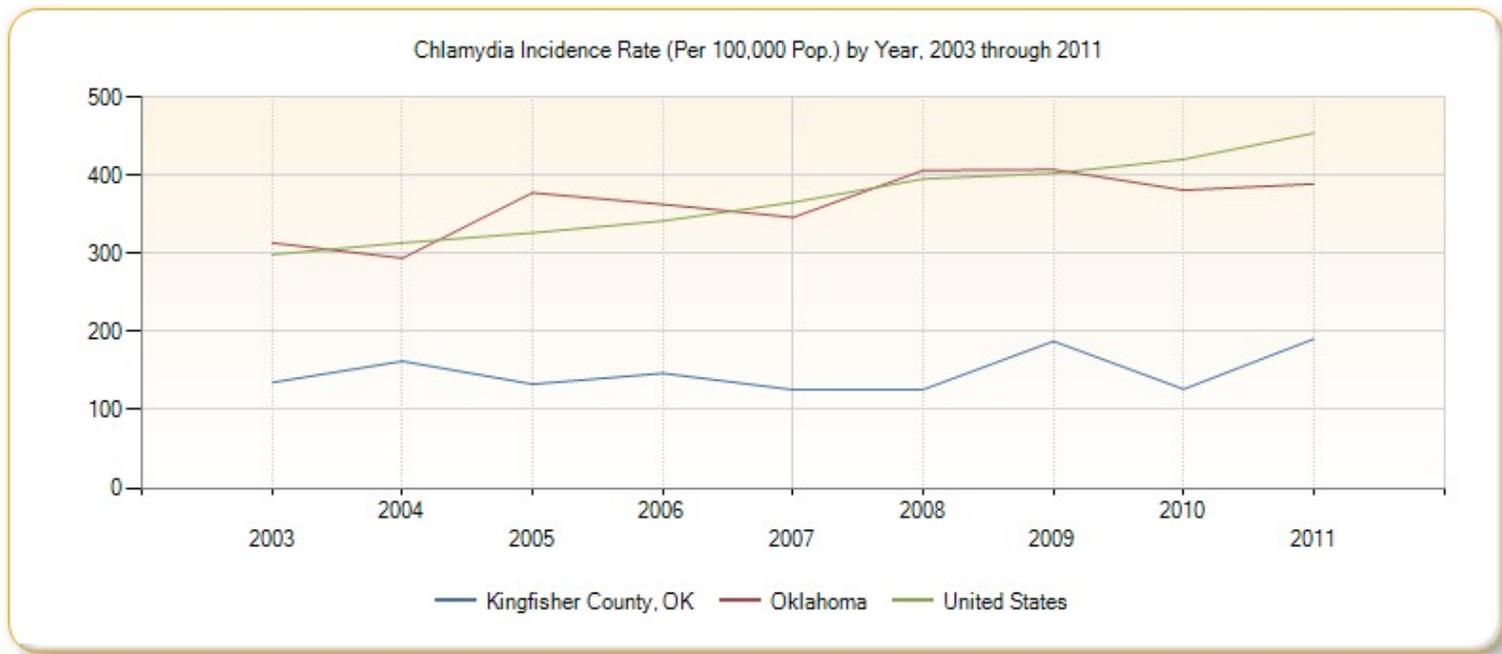
### Chlamydia Incidence Rate (Per 100,000 Pop.) by Race / Ethnicity

Report Area	Non-Hispanic White	Non-Hispanic Black	Asian / Pacific Islander	American Indian / Alaska Native	Hispanic / Latino
Kingfisher County, OK	no data	no data	no data	no data	no data
Oklahoma	245.90	1,351.33	206.79	570.67	433.52
United States	171.72	1,140.79	118.80	696.20	377.52



**Chlamydia Incidence Rate (Per 100,000 Pop.) by Year, 2003 through 2011**

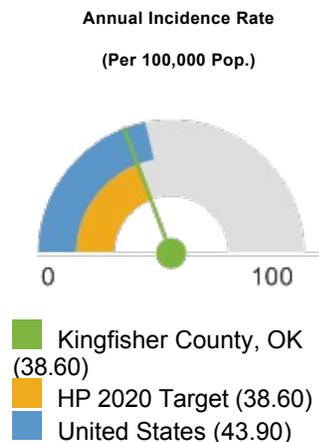
Report Area	2003	2004	2005	2006	2007	2008	2009	2010	2011
Kingfisher County, OK	135	162.20	132.80	146.70	125.70	125.90	187.70	126.40	190.60
Oklahoma	313.62	294.19	377.89	362.98	346.36	406.41	407.45	381.25	389.09
United States	298.78	313.66	326.59	341.74	365.50	395.54	402.72	420.56	454.12



## 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.

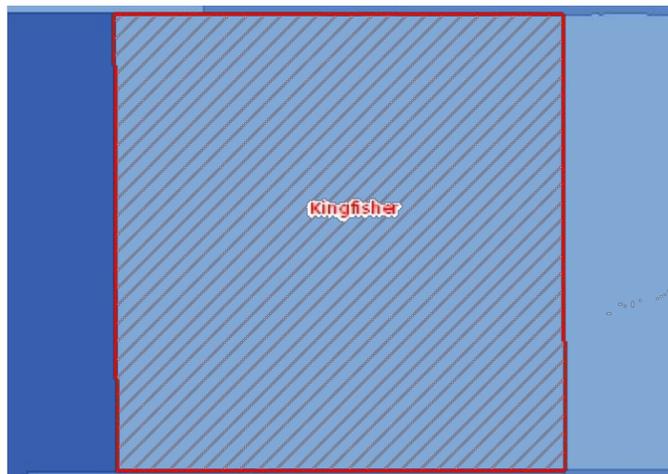
Report Area	Total Population, ACS 2006-2010	Annual Cancer Incidence, 2006-2010 Average	Annual Incidence Rate (Per 100,000 Pop.)
Kingfisher County, OK	14,776	7	<b>38.60</b>
Oklahoma	414,284	1,840	<b>46.50</b>
United States	303,965,280	141,281	<b>43.90</b>
<a href="#">HP 2020 Target</a>			<b>&lt;= 38.6</b>



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

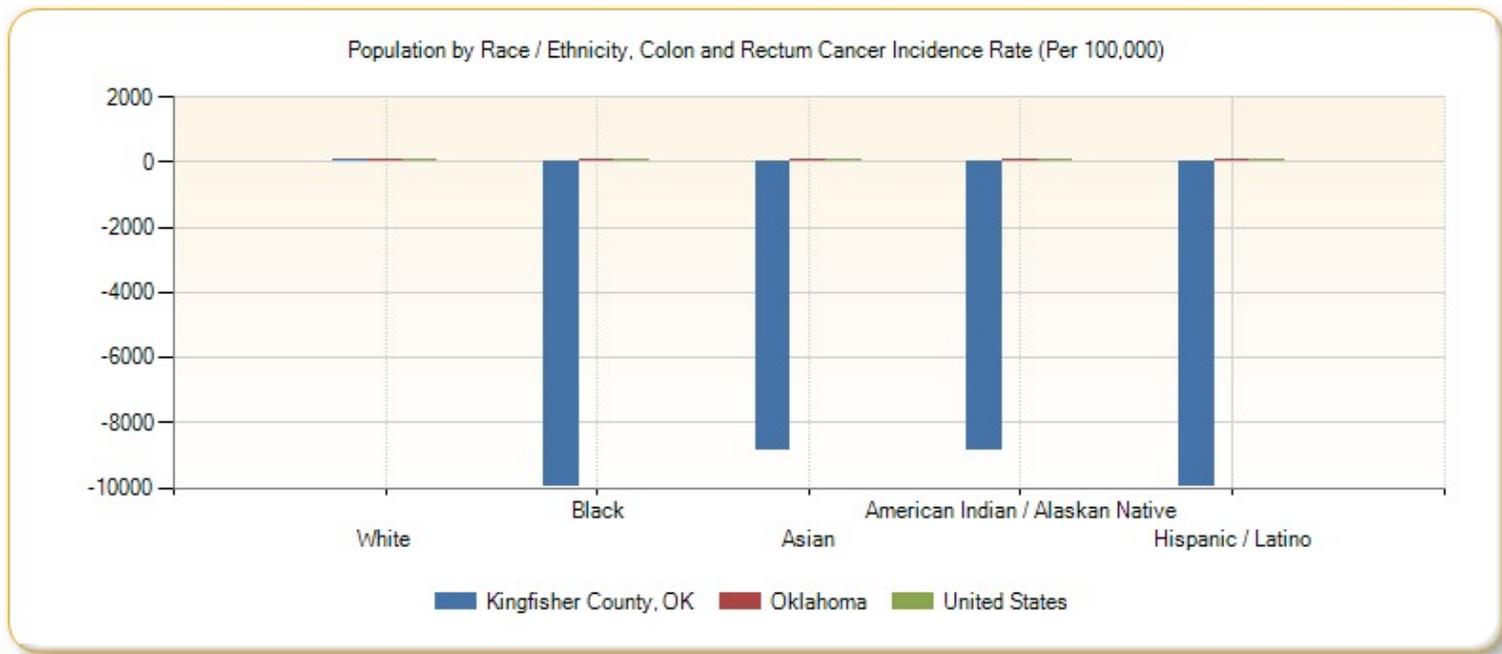
Data Source: [State Cancer Profiles: 2006-10](#). Source geography: County.

**Colo-Rectal Cancer, Incidence Rate (Per 100,000 Pop.) by County, State Cancer Profiles 2006-10**



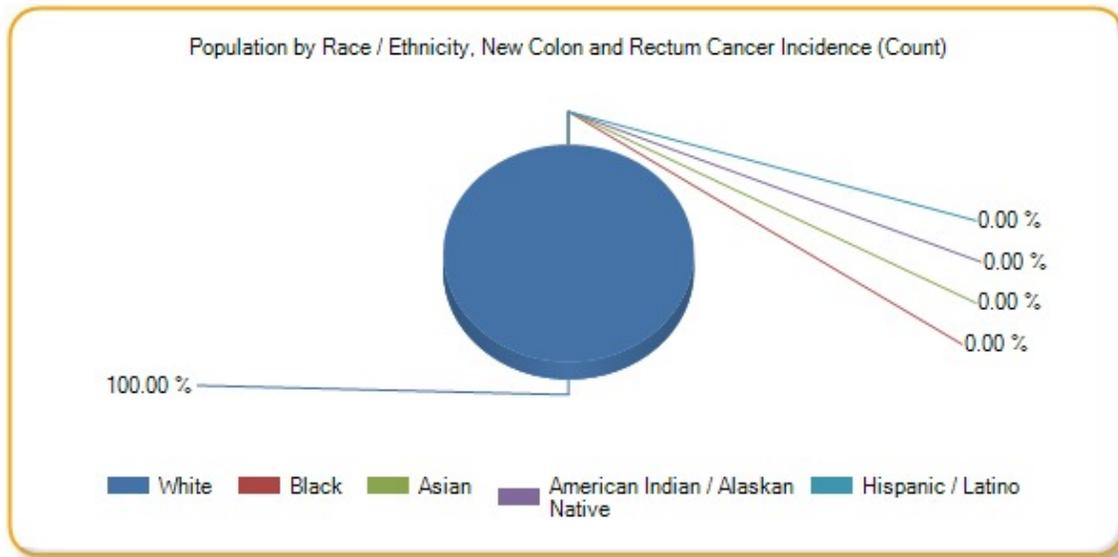
**Population by Race / Ethnicity, Colon and Rectum Cancer Incidence Rate (Per 100,000)**

Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino
Kingfisher County, OK	36.60	no data	suppressed	suppressed	no data
Oklahoma	43.90	52.70	53.70	65.80	44.10
United States	42.70	52.50	34.70	31.30	38.70



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

Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino
Kingfisher County, OK	6	no data	no data	no data	no data
Oklahoma	1,516	115	23	166	45
United States	117,775	16,767	4,406	754	9,768



## 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	Population with Diagnosed Diabetes, Crude Rate	Population with Diagnosed Diabetes, Age-Adjusted Rate
Kingfisher County, OK	10,681	1,207	11.30	<b>9.90</b>
Oklahoma	2,719,573	307,010	11.29	10.51
United States	228,834,127	21,876,232	9.56	8.95

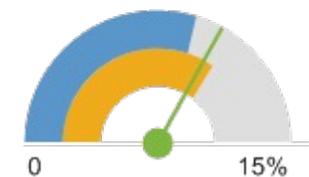
Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, [Diabetes](#)

[Atlas](#): 2010. Source geography: County.

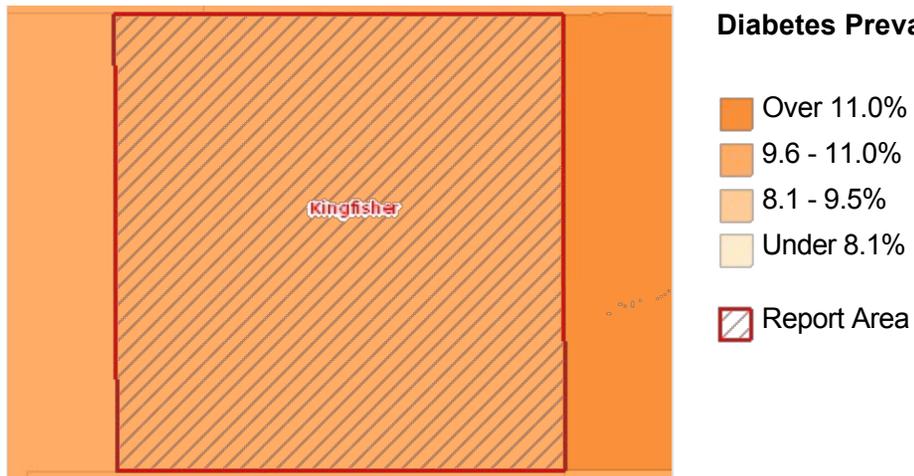
Population with Diagnosed Diabetes,

Age-Adjusted Rate



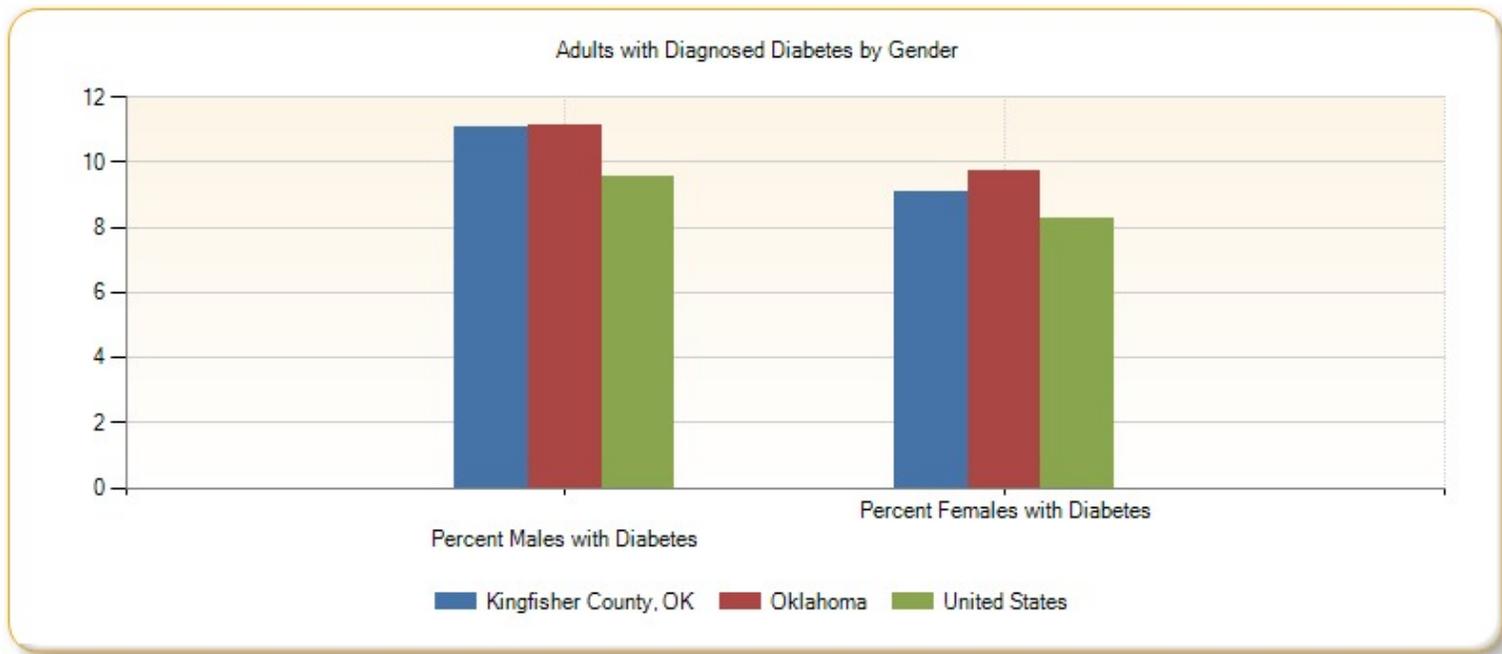
- Kingfisher County, OK (9.90%)
- Oklahoma (10.51%)
- United States (8.95%)

**Diabetes Prevalence, Percent of Adults Age 20 by County, CDC NCCDPHP 2010**



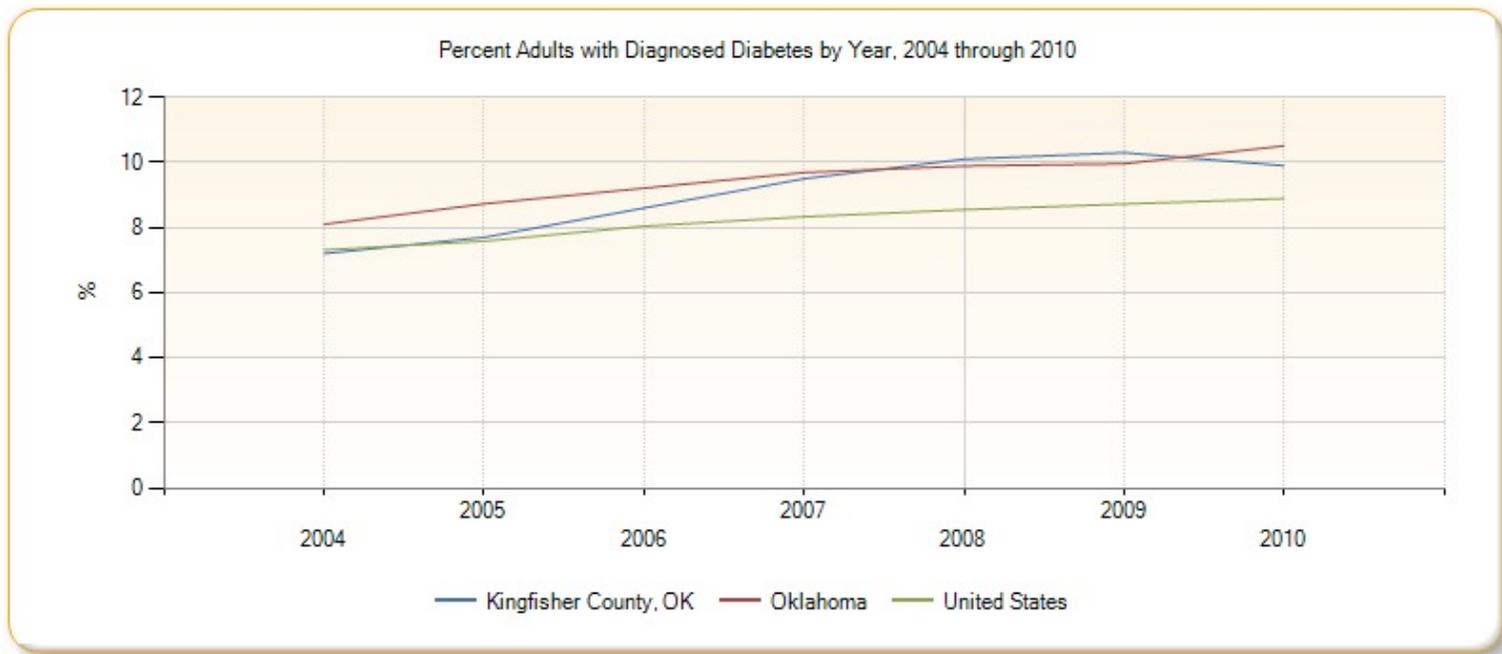
**Adults with Diagnosed Diabetes by Gender**

Report Area	Total Males with Diabetes	Percent Males with Diabetes	Total Females with Diabetes	Percent Females with Diabetes
Kingfisher County, OK	619	11.10%	574	9.10%
Oklahoma	301,685	11.14%	297,848	9.75%
United States	21,395,214	9.56%	21,148,216	8.28%



**Percent Adults with Diagnosed Diabetes by Year, 2004 through 2010**

Report Area	2004	2005	2006	2007	2008	2009	2010
Kingfisher County, OK	7.20%	7.70%	8.60%	9.50%	10.10%	10.30%	9.90%
Oklahoma	8.10%	8.73%	9.21%	9.69%	9.89%	9.96%	10.51%
United States	7.31%	7.58%	8.04%	8.33%	8.55%	8.72%	8.89%

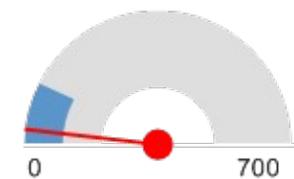


## Gonorrhea Incidence

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	Total Population	Total Gonorrhea Infections	Gonorrhea Infection Rate (Per 100,000 Pop.)
Kingfisher County, OK	15,213	4	<b>26.30</b>
Oklahoma	no data	no data	no data
United States	311,466,046	334,826	107.50

Gonorrhea Infection Rate (Per 100,000 Pop.)

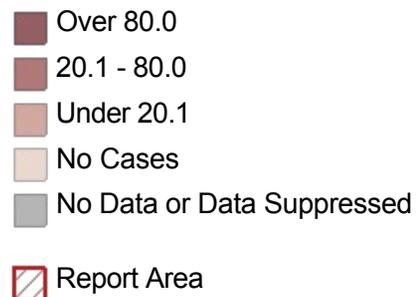
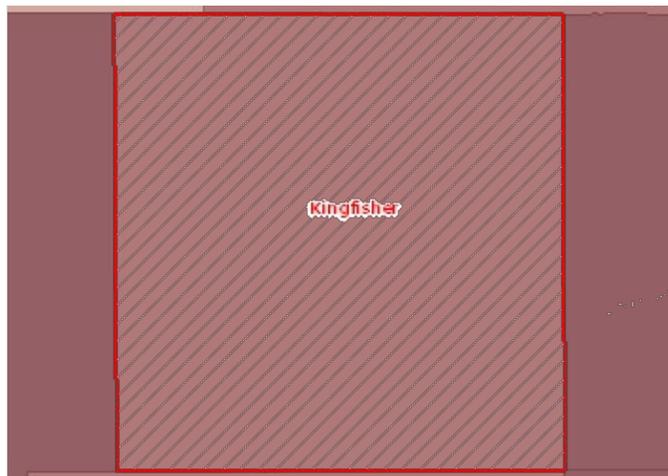


- Kingfisher County, OK (26.30)
- (0)
- United States (107.50)

Note: This indicator is compared with the state average.

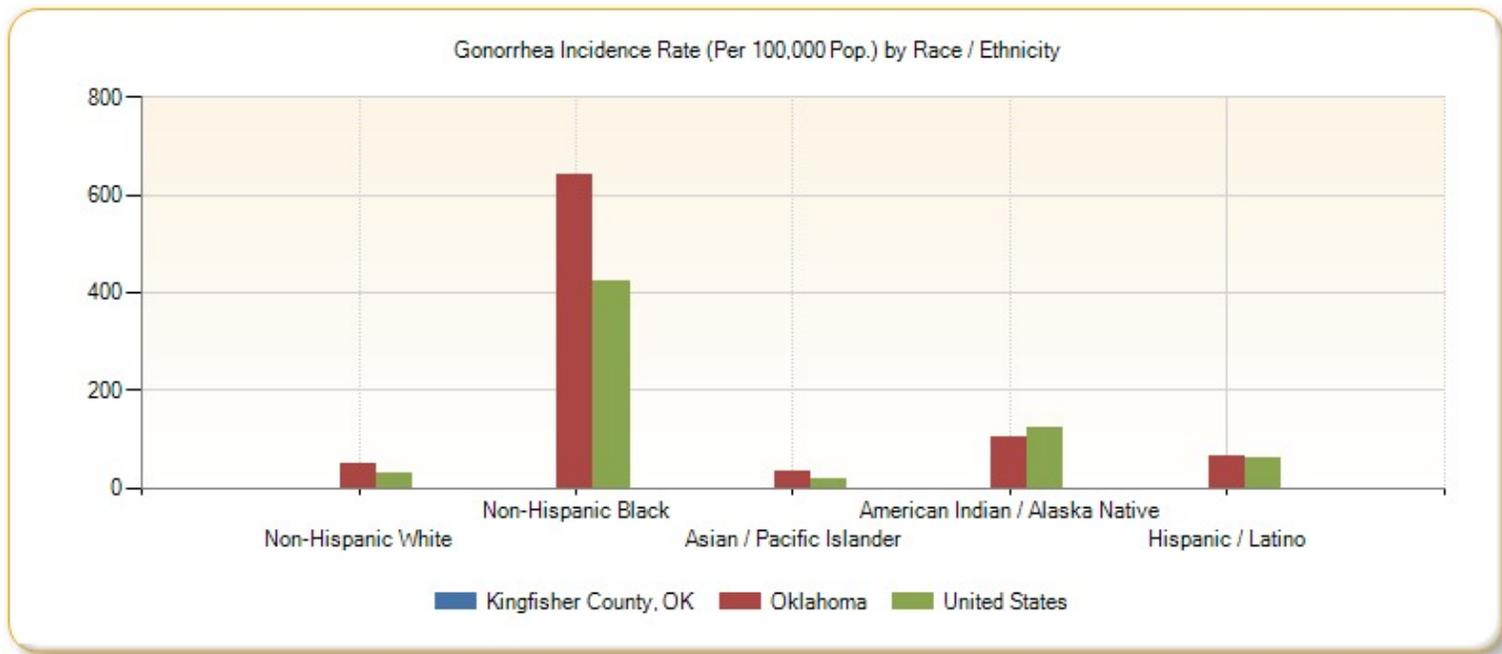
Data Source: Centers for Disease Control and Prevention, [National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention](#): 2012. Source geography: County.

### Gonorrhea, Infection Rate per 100,000 Population by County, NCHHSTP 2012



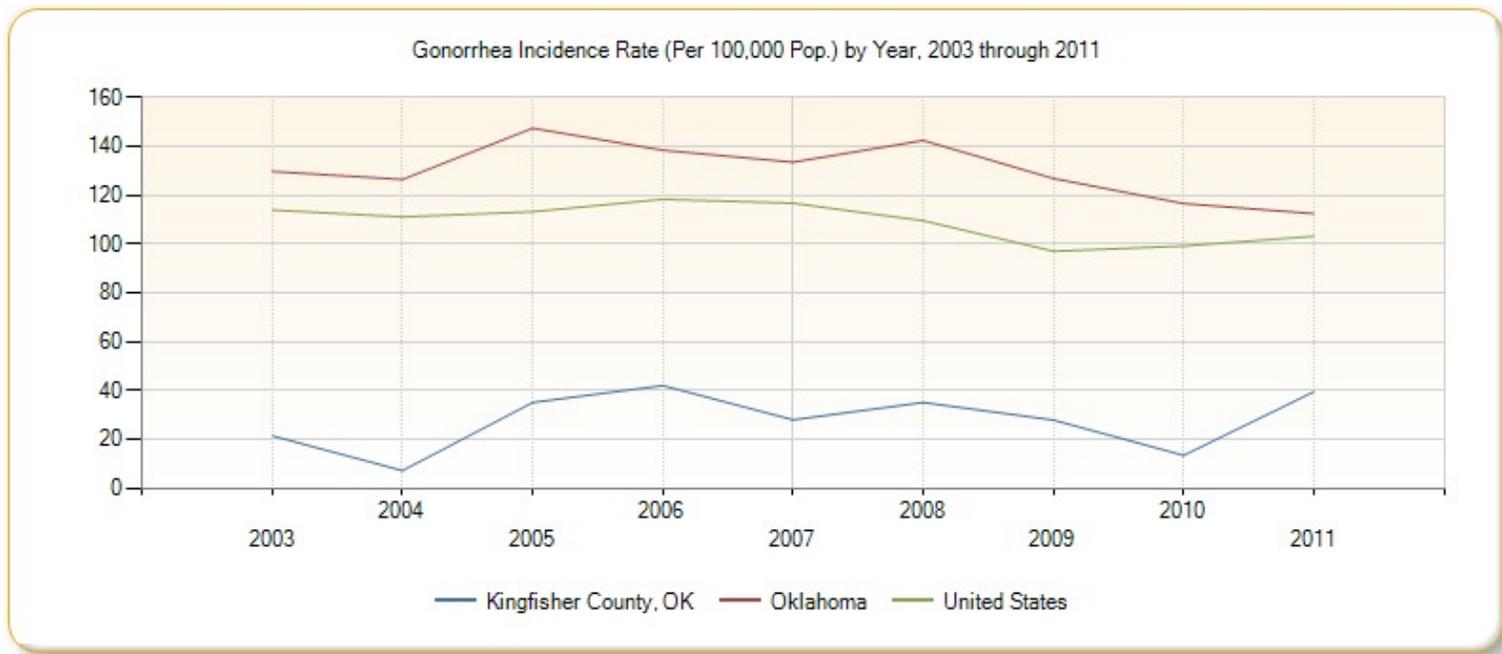
### Gonorrhea Incidence Rate (Per 100,000 Pop.) by Race / Ethnicity

Report Area	Non-Hispanic White	Non-Hispanic Black	Asian / Pacific Islander	American Indian / Alaska Native	Hispanic / Latino
Kingfisher County, OK	no data	no data	no data	no data	no data
Oklahoma	49.27	641.59	33.39	104.47	65.88
United States	29.70	422.05	17.82	124.21	60.70



**Gonorrhea Incidence Rate (Per 100,000 Pop.) by Year, 2003 through 2011**

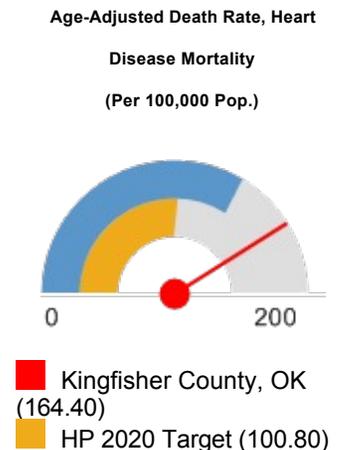
Report Area	2003	2004	2005	2006	2007	2008	2009	2010	2011
Kingfisher County, OK	21.30	7.10	35	41.90	27.90	35	27.80	13.30	39.40
Oklahoma	129.63	126.38	147.36	138.33	133.44	142.35	126.74	116.46	112.36
United States	113.82	111.02	113.17	118.23	116.63	109.46	96.96	99.08	103.09



## Heart Disease Mortality

Within the report area the rate of death due to coronary heart disease per 100,000 population is 164.40. This rate is greater than than the Healthy People 2020 target of less than or equal to 100.8. 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.

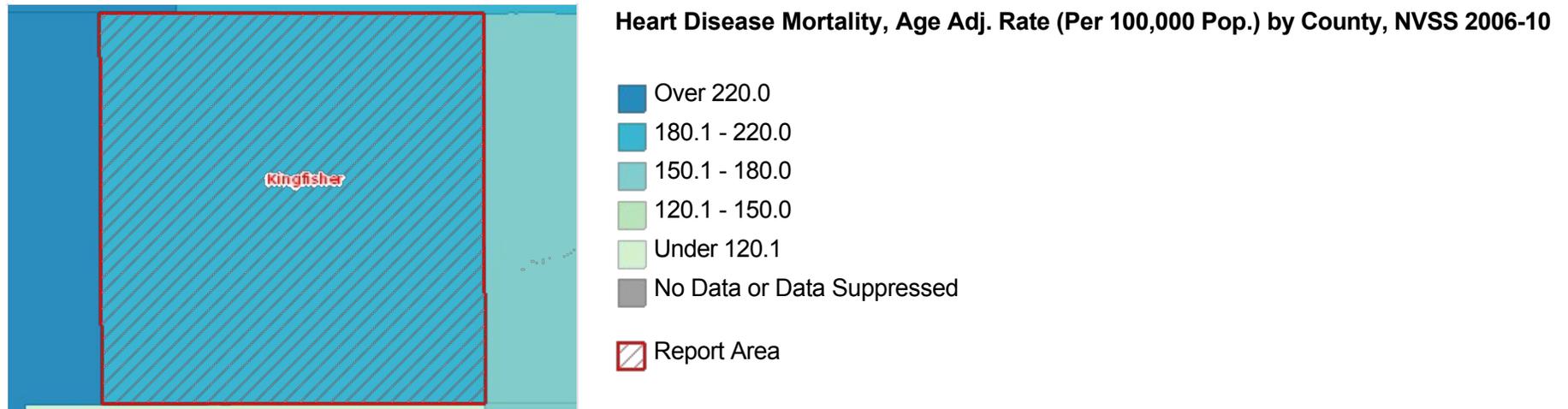
Report Area	Total Population	Average Annual Deaths, 2006-2010	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate, Heart Disease Mortality (Per 100,000 Pop.)
Kingfisher County, OK	14,770	29	199.05	<b>164.40</b>
Oklahoma	3,673,268	6,867	186.93	<b>176.07</b>
United States	303,844,430	432,552	142.36	<b>134.65</b>
<a href="#">HP 2020 Target</a>				<b>&lt;= 100.8</b>



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

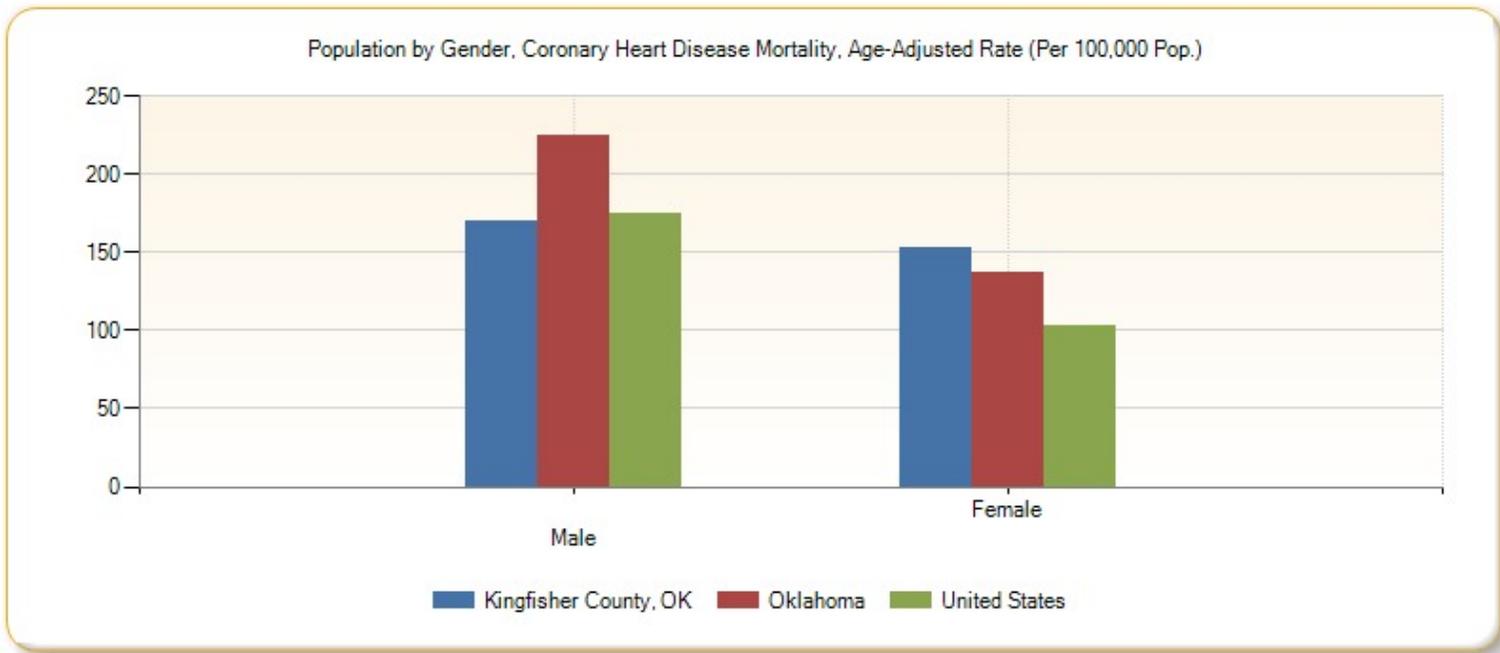
United States (134.65)

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#): 2006-10. Accessed using [CDC WONDER](#). Source geography: County.



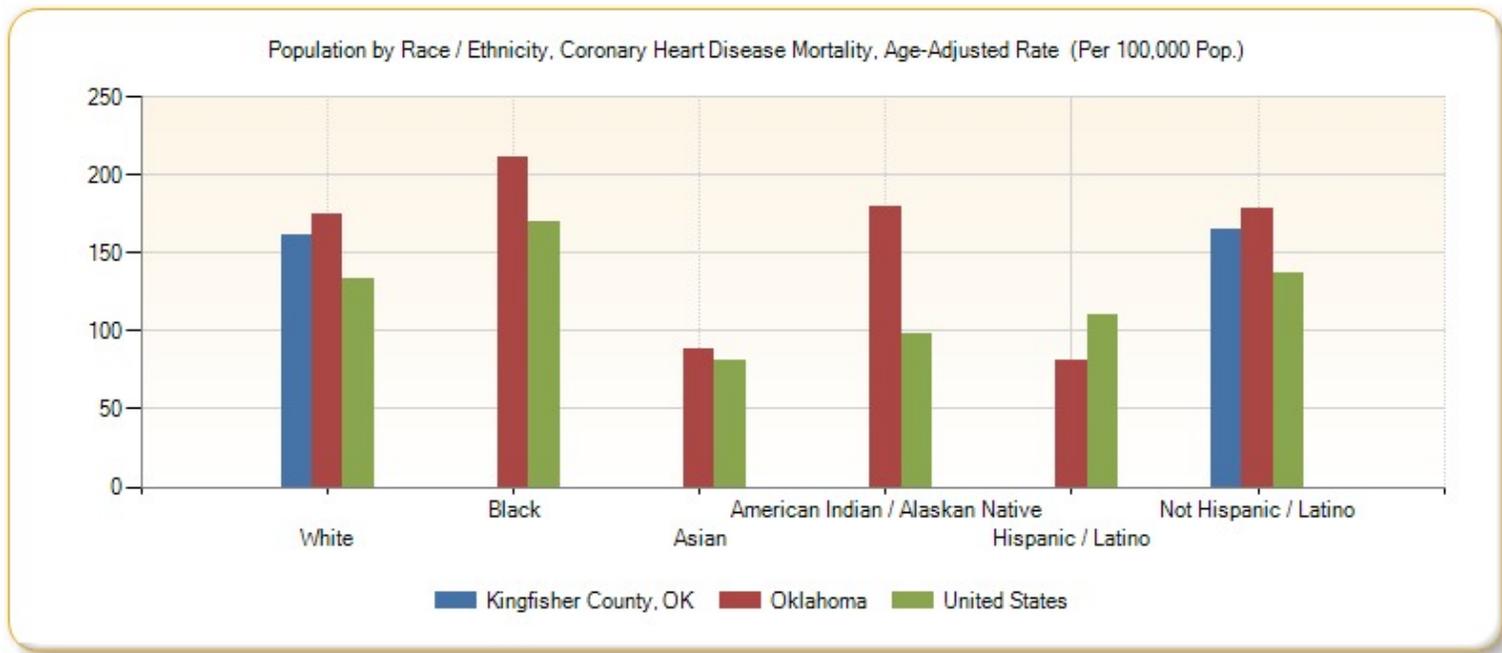
**Population by Gender, Coronary Heart Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.)**

Report Area	Male	Female
Kingfisher County, OK	169.74	152.22
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
Kingfisher County, OK	161.92	no data	no data	no data	no data	164.51
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

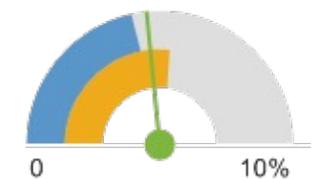
509, or 4.69% of adults aged 18 and older who have ever been told by a doctor that they have coronary heart disease or angina. This indicator is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks.

Report Area	Total Population (Age 18 )	Total Adults with Heart Disease	Percent Adults with Heart Disease
Kingfisher County, OK	10,853	509	4.69%
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.

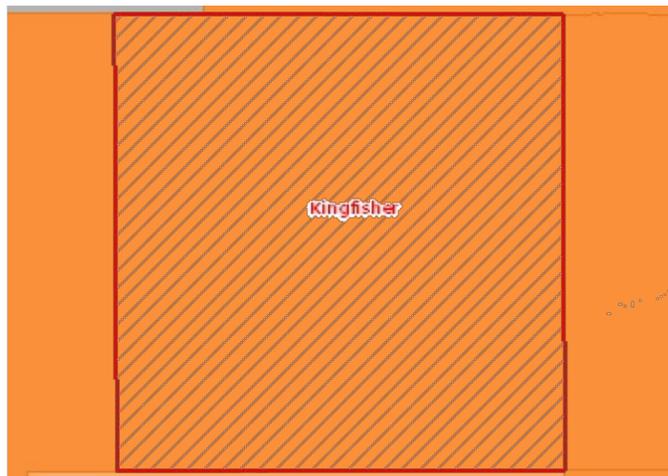
Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#): 2006-10. Additional data analysis by [CARES](#). Source geography: County.

Percent Adults with Heart Disease



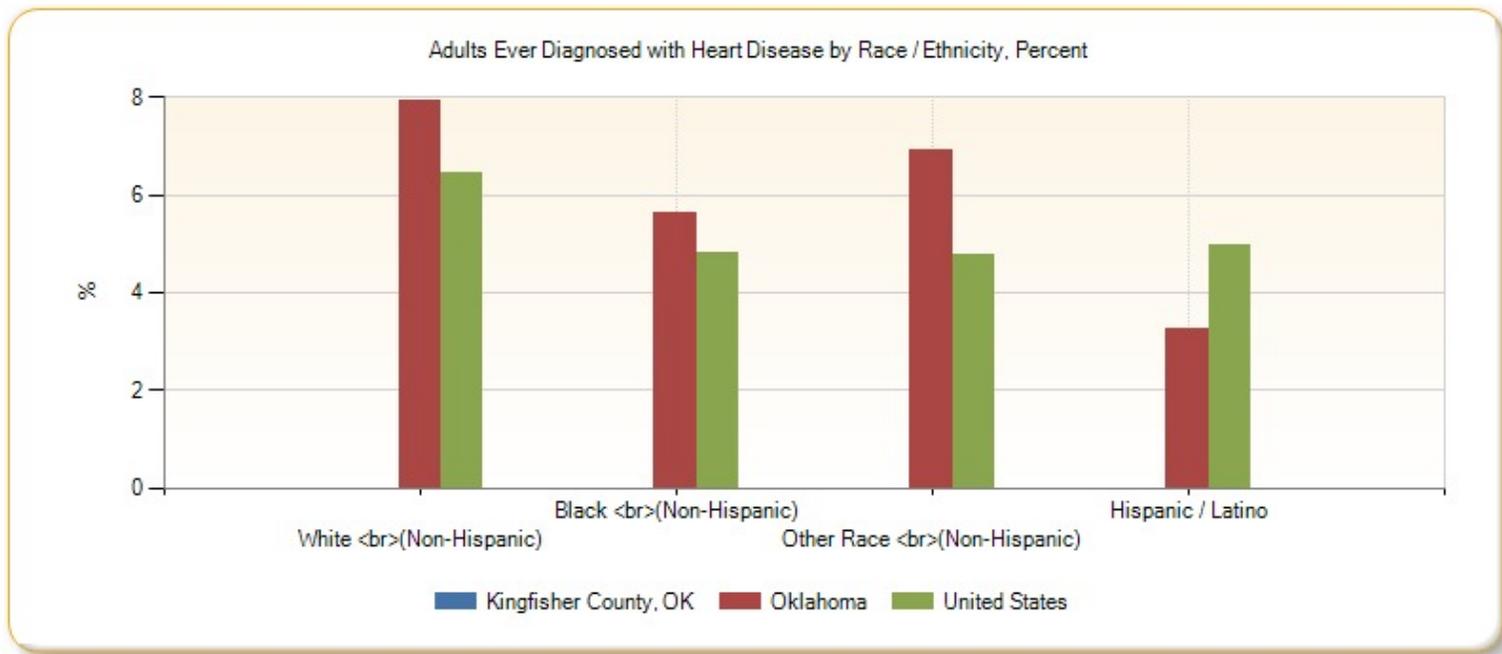
■ Kingfisher County, OK (4.69%)  
■ Oklahoma (5.36%)  
■ United States (4.33%)

### Heart Disease (Diagnosed), Percent of Adults Age 18 by County, BRFSS 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
Kingfisher County, OK	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%



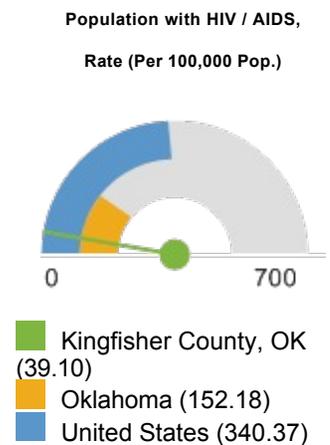
## HIV Prevalence

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.

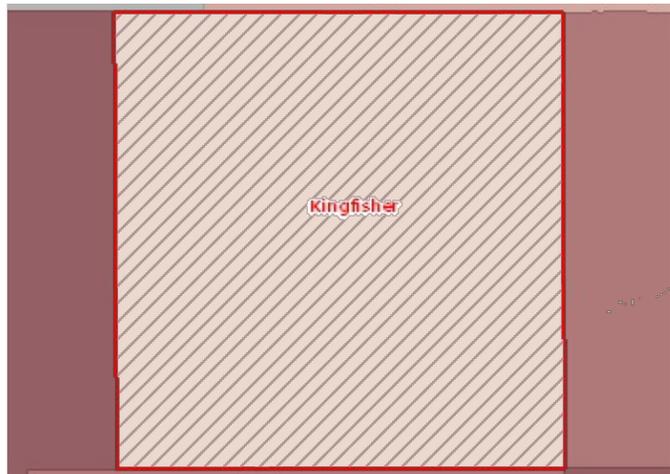
Report Area	Total Population	Population with HIV / AIDS	Population with HIV / AIDS, Rate (Per 100,000 Pop.)
Kingfisher County, OK	12,204	5	<b>39.10</b>
Oklahoma	3,081,795	4,690	152.18
United States	509,288,471	1,733,459	340.37

Note: This indicator is compared with the state average.

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



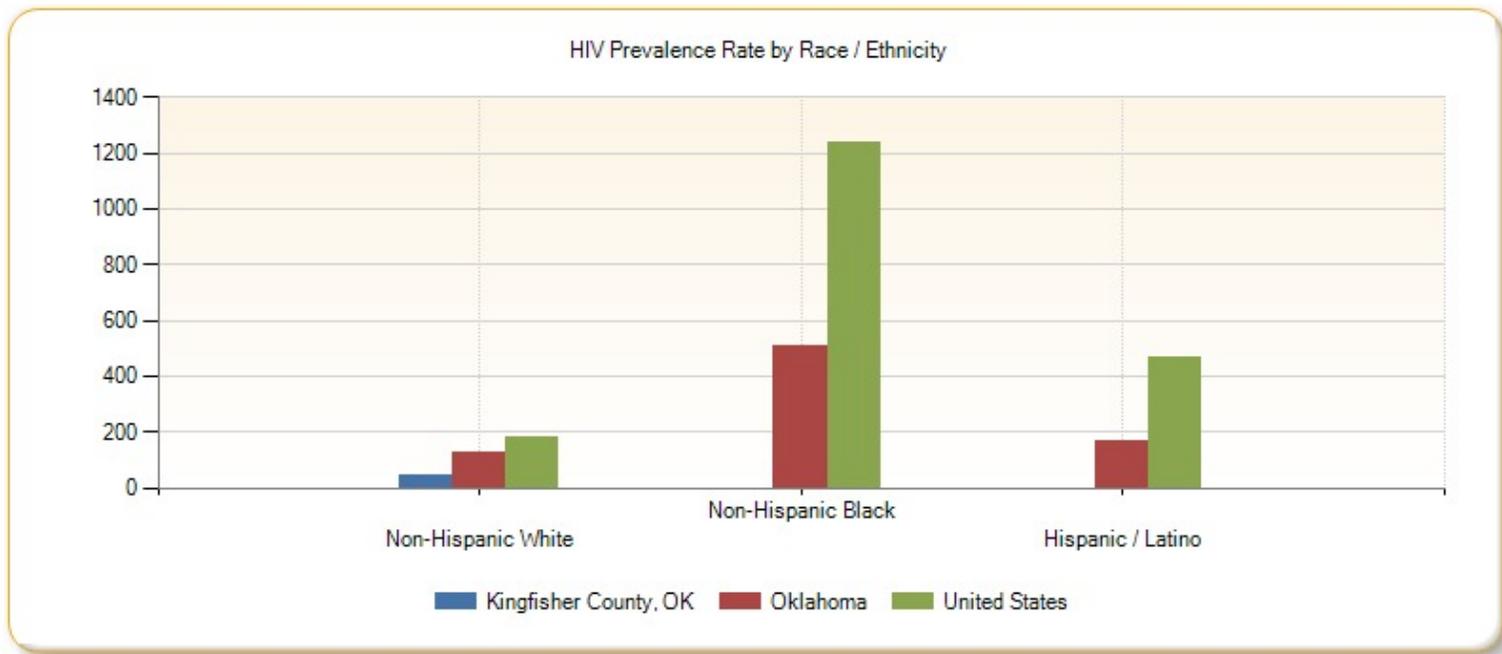
### HIV Prevalence, Rate (Per 100,000 Pop.) by County, NCHHSTP 2010



- Over 200.0
- 100.1 - 200.0
- 50.1 - 100.0
- Under 50.1
- No Data or Data Suppressed
- Report Area

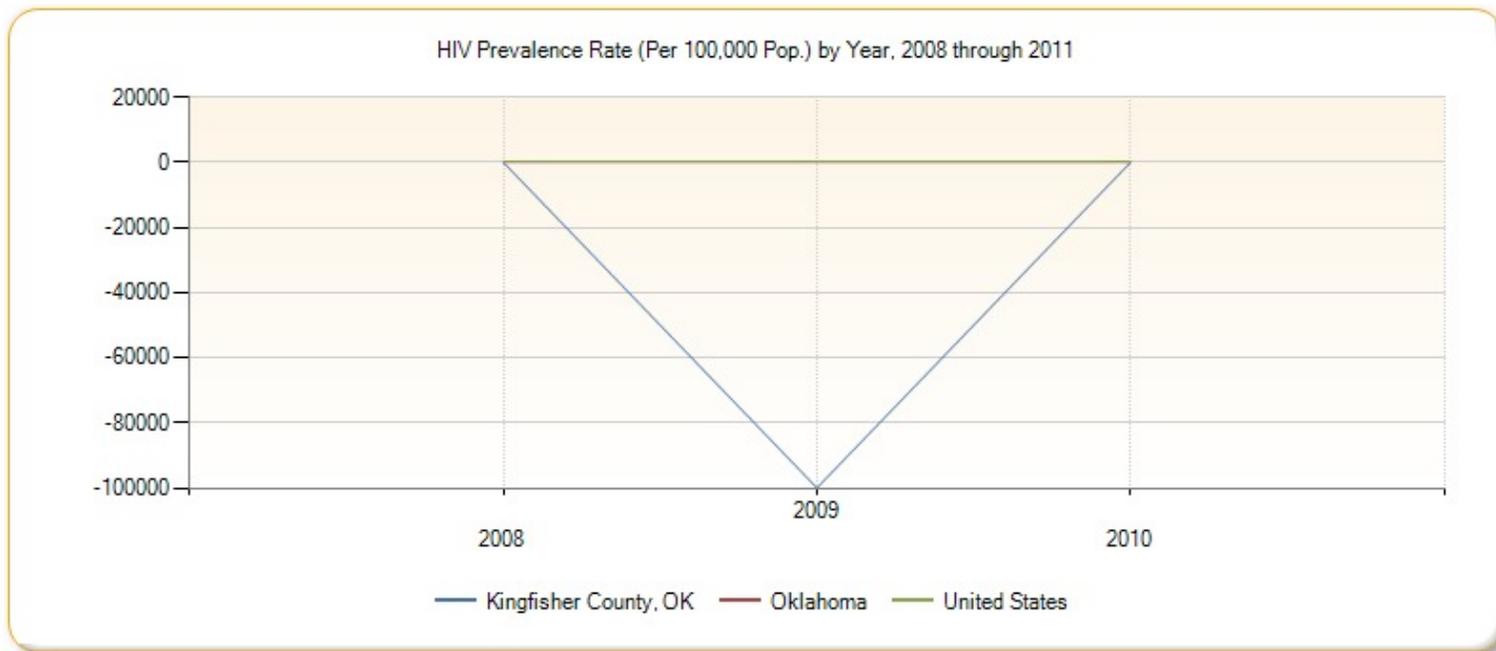
### HIV Prevalence Rate by Race / Ethnicity

Report Area	Non-Hispanic White	Non-Hispanic Black	Hispanic / Latino
Kingfisher County, OK	47.60	no data	no data
Oklahoma	124.35	510.42	169.98
United States	180.16	1,235.54	464.11



**HIV Prevalence Rate (Per 100,000 Pop.) by Year, 2008 through 2011**

Report Area	2008	2009	2010
Kingfisher County, OK	43.10	-99,999	39.10
Oklahoma	145.04	149.65	152.18
United States	327.37	335.38	342.17

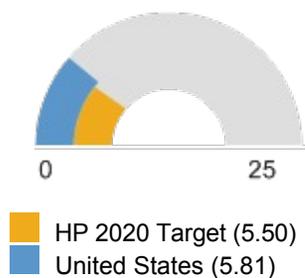


## Homicide

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.)
Kingfisher County, OK	14,770	no data	no data	no data
Oklahoma	3,673,268	234	6.36	<b>6.45</b>
United States	303,844,430	17,564	5.78	<b>5.81</b>
<a href="#">HP 2020 Target</a>				<b>&lt;= 5.5</b>

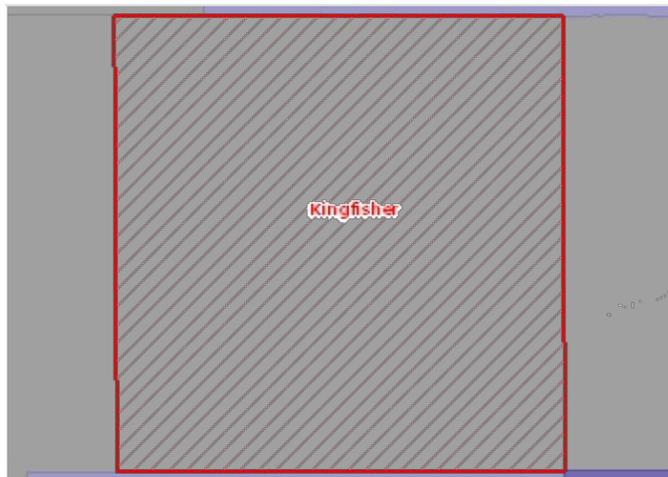
Age-Adjusted Death Rate, Homicide (Per 100,000 Pop.)



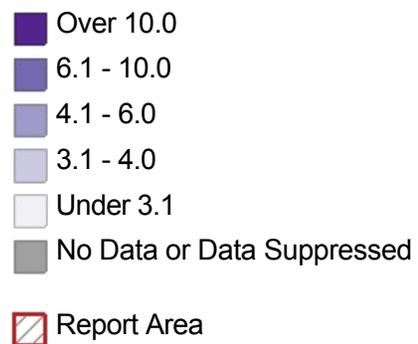
Note: This indicator is compared with the Healthy People 2020 Target.

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#); 2006-10. Accessed using [CDC WONDER](#). Source

geography: County.

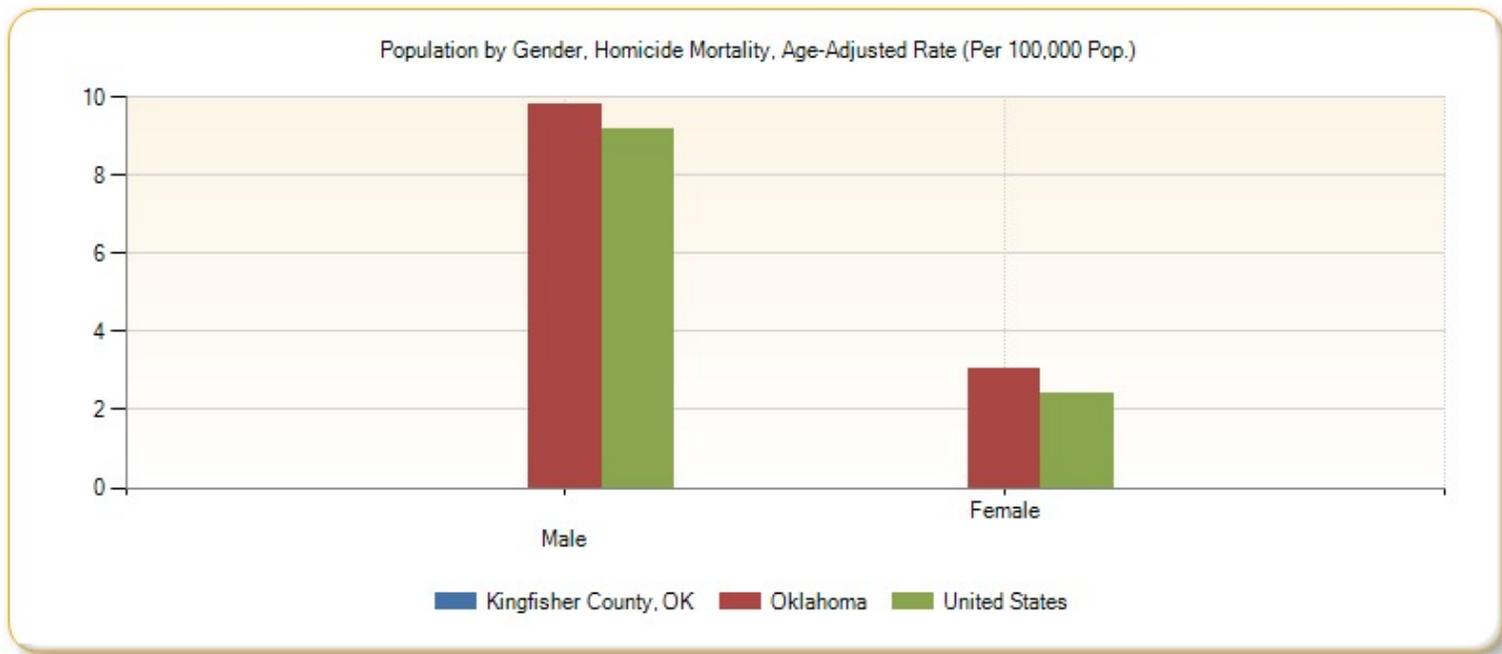


Homicide Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, NVSS 2006-10



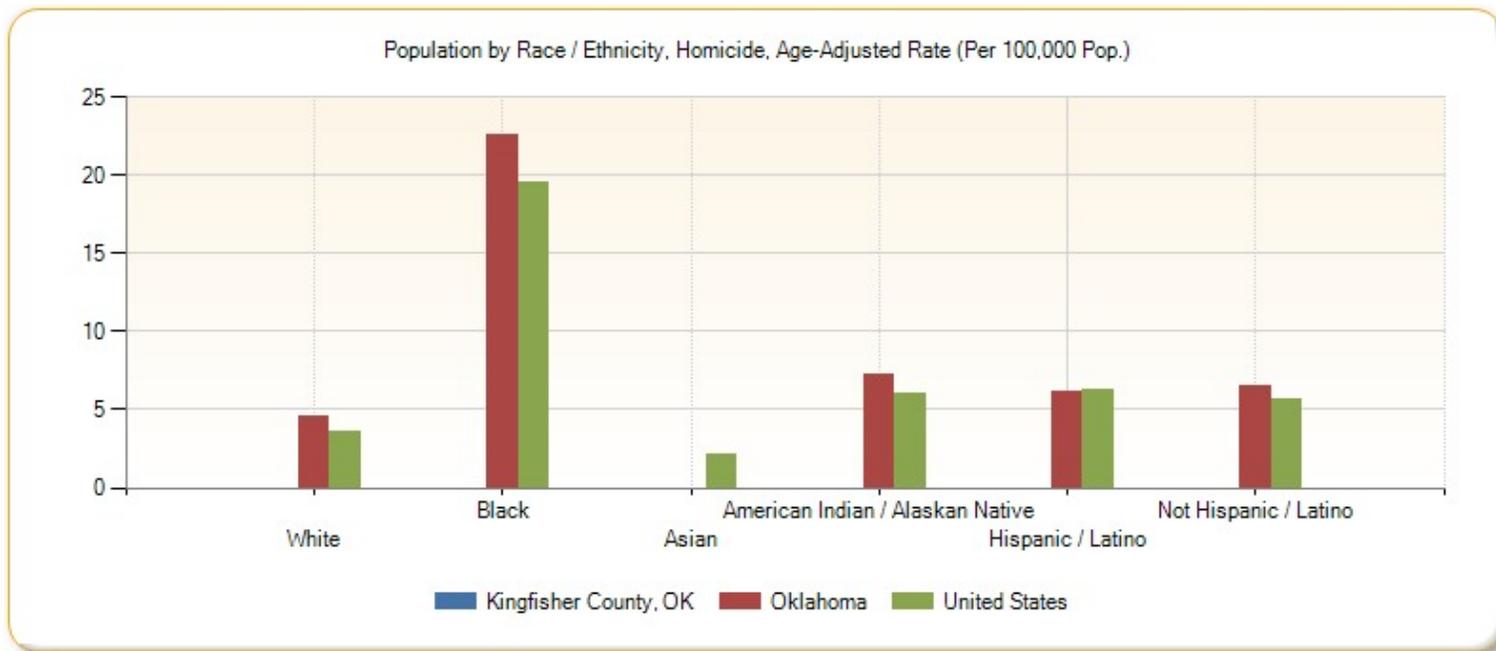
Population by Gender, Homicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.)

Report Area	Male	Female
Kingfisher County, OK	no data	no data
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
Kingfisher County, OK	no data	no data	no data	no data	no data	no data
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

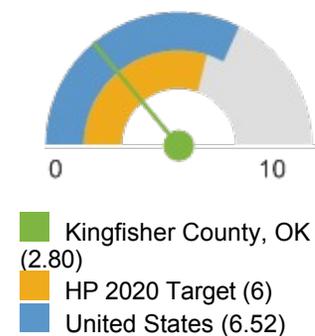


## Infant Mortality

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)
Kingfisher County, OK	1,050	3	<b>2.80</b>
Oklahoma	272,495	2,125	<b>7.80</b>
United States	20,913,535	136,369	<b>6.52</b>
<a href="#">HP 2020 Target</a>			<b>&lt;= 6.0</b>

Infant Mortality Rate (Per 1,000 Births)

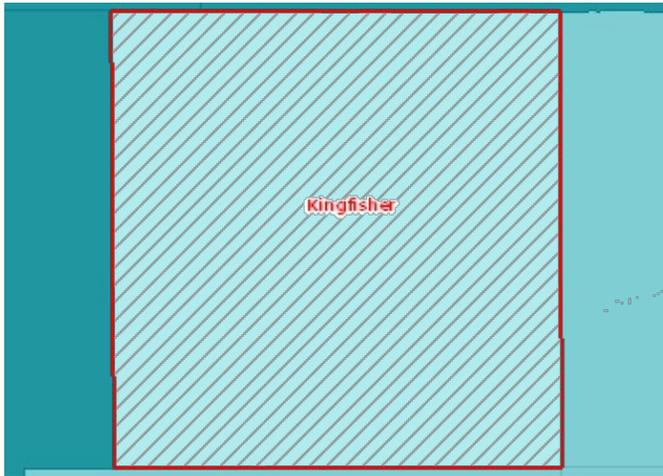


Note: This indicator is compared with the Healthy People 2020 Target.

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, [Area Health Resource File](#): 2006-10.

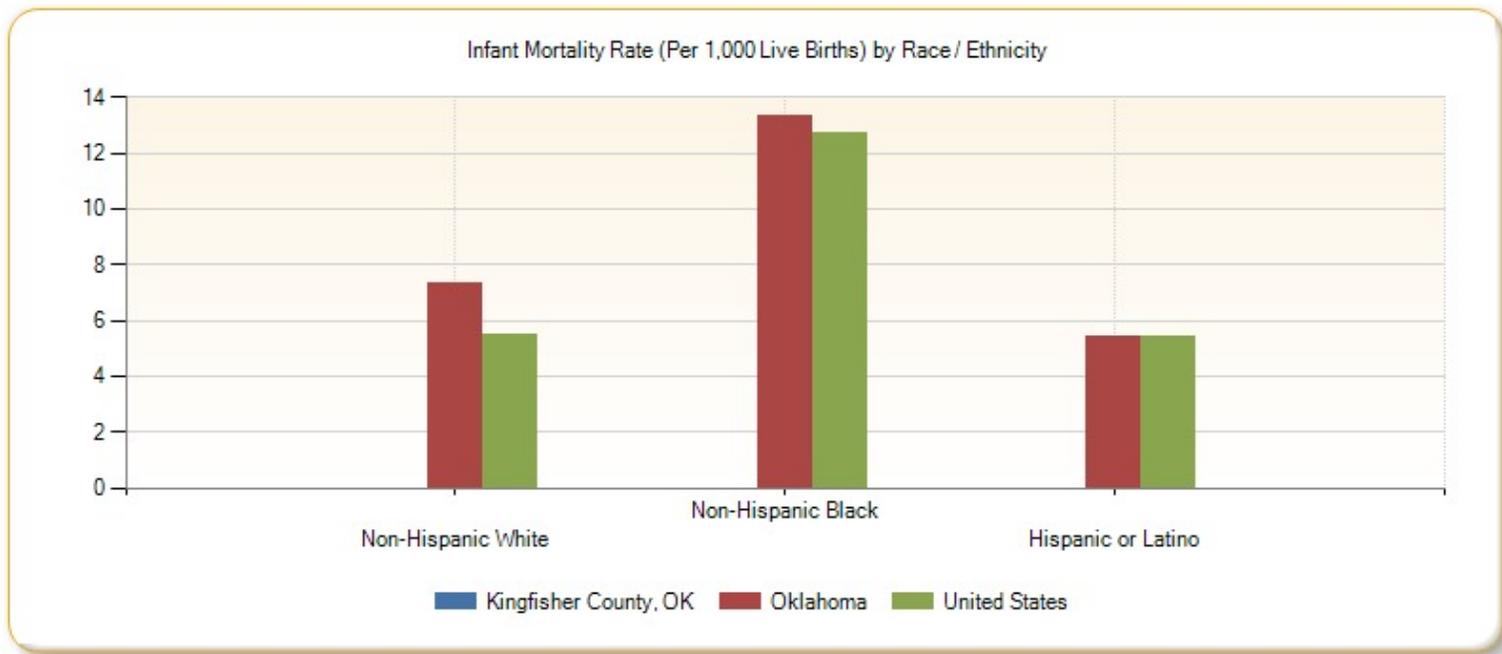
Source geography: County.

### Infant Mortality, Rate (Per 1,000 Live Births) by County, AHRF 2006-10



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

Report Area	Non-Hispanic White	Non-Hispanic Black	Hispanic or Latino
Kingfisher County, OK	no data	no data	no data
Oklahoma	7.30	13.30	5.40
United States	5.50	12.70	5.40

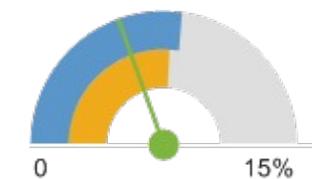


## Low Birth Weight

This indicator reports the percentage of total births that are 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 Live Births	Low Weight Births (Under 2500g)	Low Weight Births, Percent of Total
Kingfisher County, OK	1,407	82	5.80%
Oklahoma	372,505	30,918	8.30%
United States	29,300,495	2,402,641	8.20%
<a href="#">HP 2020 Target</a>			<b>&lt;=7.8%</b>

Low Weight Births, Percent of Total

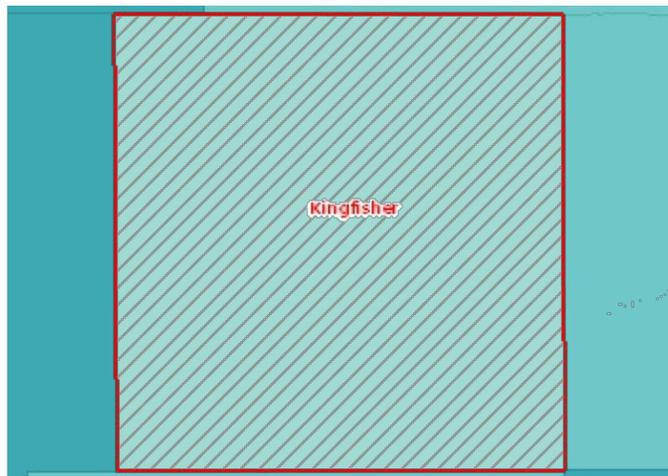


- Kingfisher County, OK (5.80%)
- HP 2020 Target (7.80%)
- United States (8.20%)

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

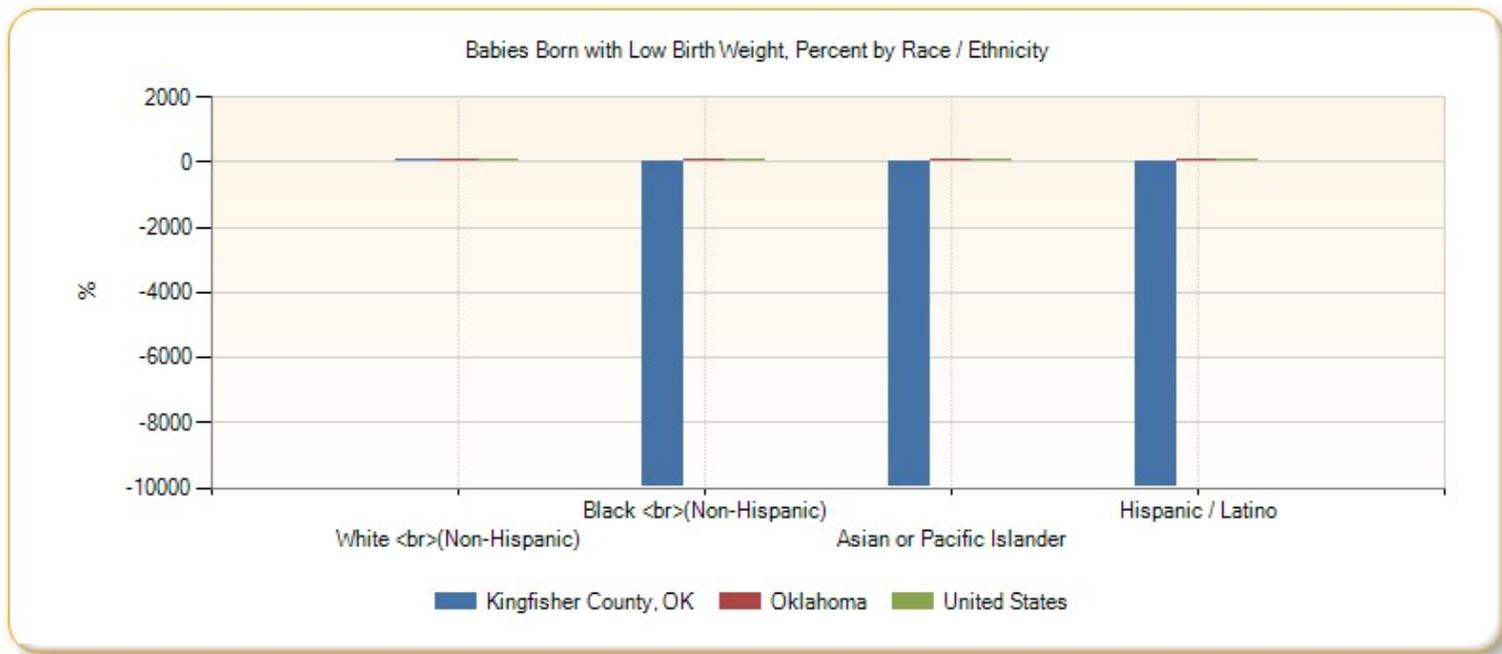
Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#); 2006-12. Accessed using [CDC WONDER](#). Source geography: County.

### Low Birth Weight, Percent of Live Births by County, NVSS 2006-12



### Babies Born with Low Birth Weight, Percent by Race / Ethnicity

Report Area	White (Non-Hispanic)	Black (Non-Hispanic)	Asian or Pacific Islander	Hispanic / Latino
Kingfisher County, OK	5.90%	no data	no data	no data
Oklahoma	7.90%	14.70%	7.50%	6.60%
United States	7.20%	13.60%	8.20%	7%



**Babies Born with Low Birth Weight, Percent by Time Period,  
2002-2008 through 2006-2012**

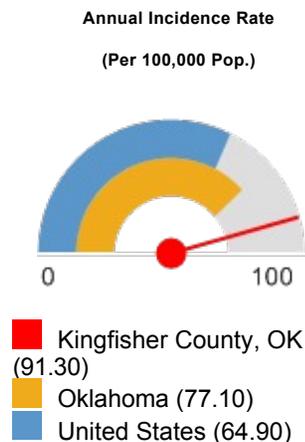
Report Area	2002-2008	2003-2009	2004-2010	2005-2011	2006-2012
Kingfisher County, OK	7.70%	7%	6.70%	6%	5.80%
Oklahoma	8.10%	8.10%	8.20%	8.30%	8.30%
United States	8.10%	8.10%	8.20%	8.20%	8.20%



## 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.

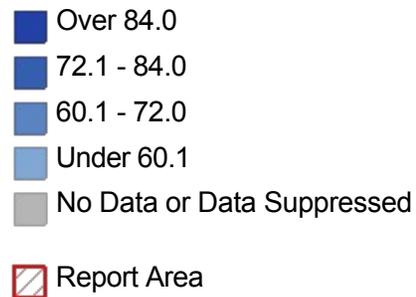
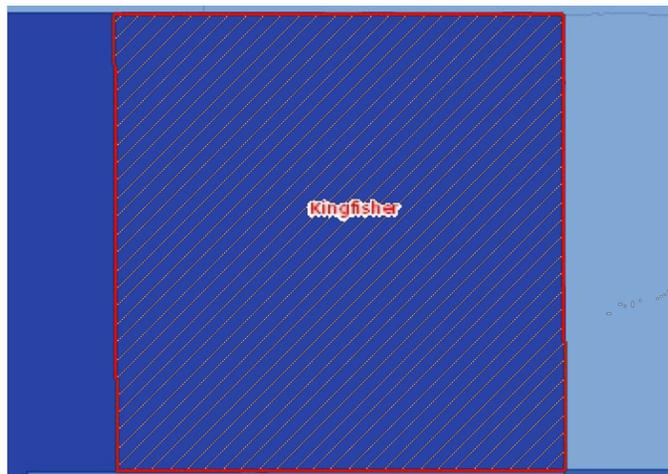
Report Area	Total Population, ACS 2006-2010	Annual Cancer Incidence, 2006-2010 Average	Annual Incidence Rate (Per 100,000 Pop.)
Kingfisher County, OK	14,776	16	<b>91.30</b>
Oklahoma	1,327,473	3,100	77.10
United States	303,965,280	208,652	64.90



Note: This indicator is compared with the state average.

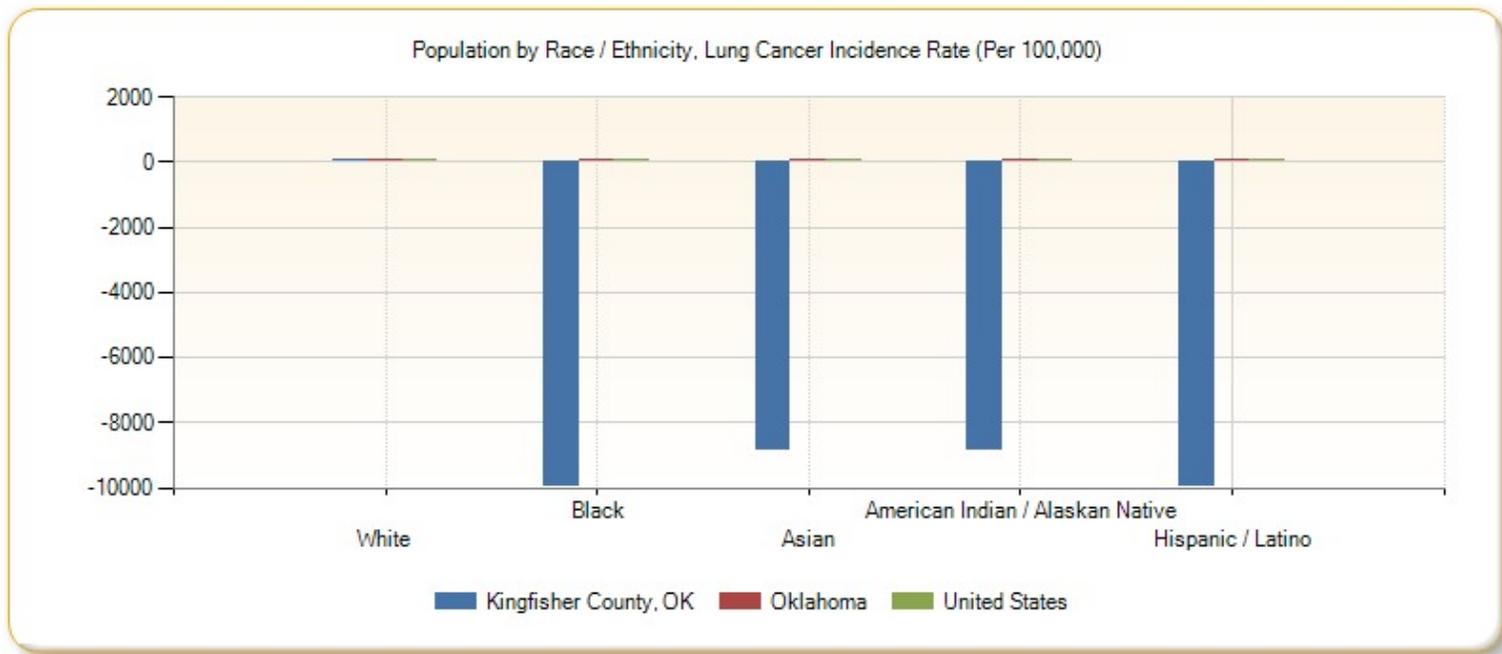
Data Source: [State Cancer Profiles](#): 2006-10. Source geography: County.

**Lung Cancer, Incidence Rate (Per 100,000 Pop.) by County, State Cancer Profiles 2006-10**



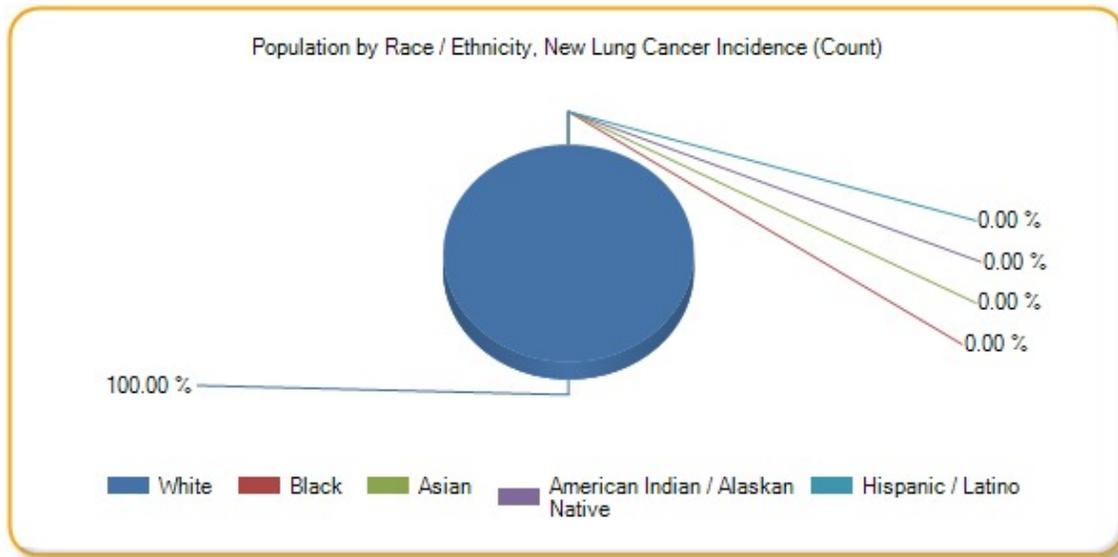
**Population by Race / Ethnicity, Lung Cancer Incidence Rate (Per 100,000)**

Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino
Kingfisher County, OK	94.40	no data	suppressed	suppressed	no data
Oklahoma	75.20	76.70	50.50	105.10	44.70
United States	65.60	68.20	36.20	43.40	34.60



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

Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino
Kingfisher County, OK	16	no data	no data	no data	no data
Oklahoma	2,650	163	22	257	41
United States	180,739	21,506	4,336	964	7,983



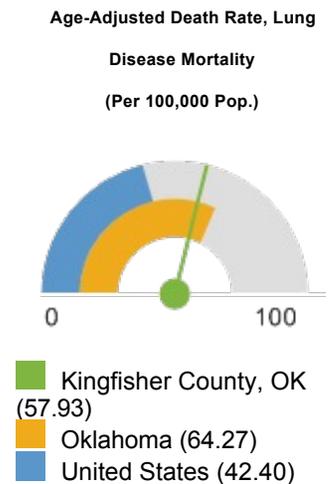
## Lung Disease Mortality

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 resummarized 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.

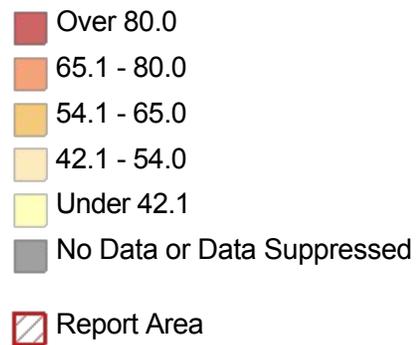
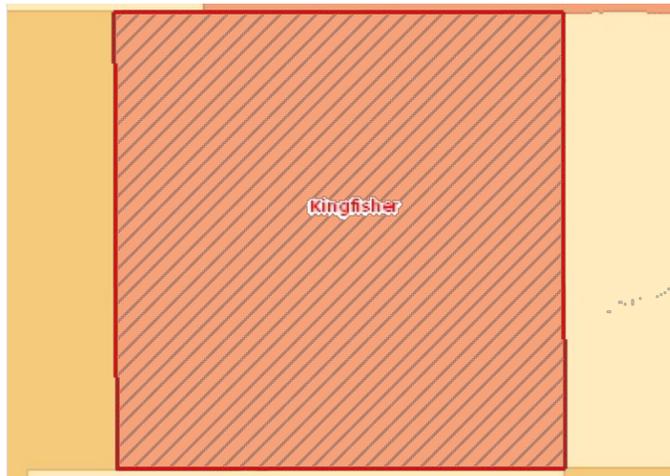
Report Area	Total Population	Average Annual Deaths, 2006-2010	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate, Lung Disease Mortality (Per 100,000 Pop.)
Kingfisher County, OK	14,770	10	67.70	<b>57.93</b>
Oklahoma	3,673,268	2,517	68.53	64.27
United States	303,844,430	133,806	44.04	42.40

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#); 2006-10. Accessed using [CDC WONDER](#). Source geography: County.

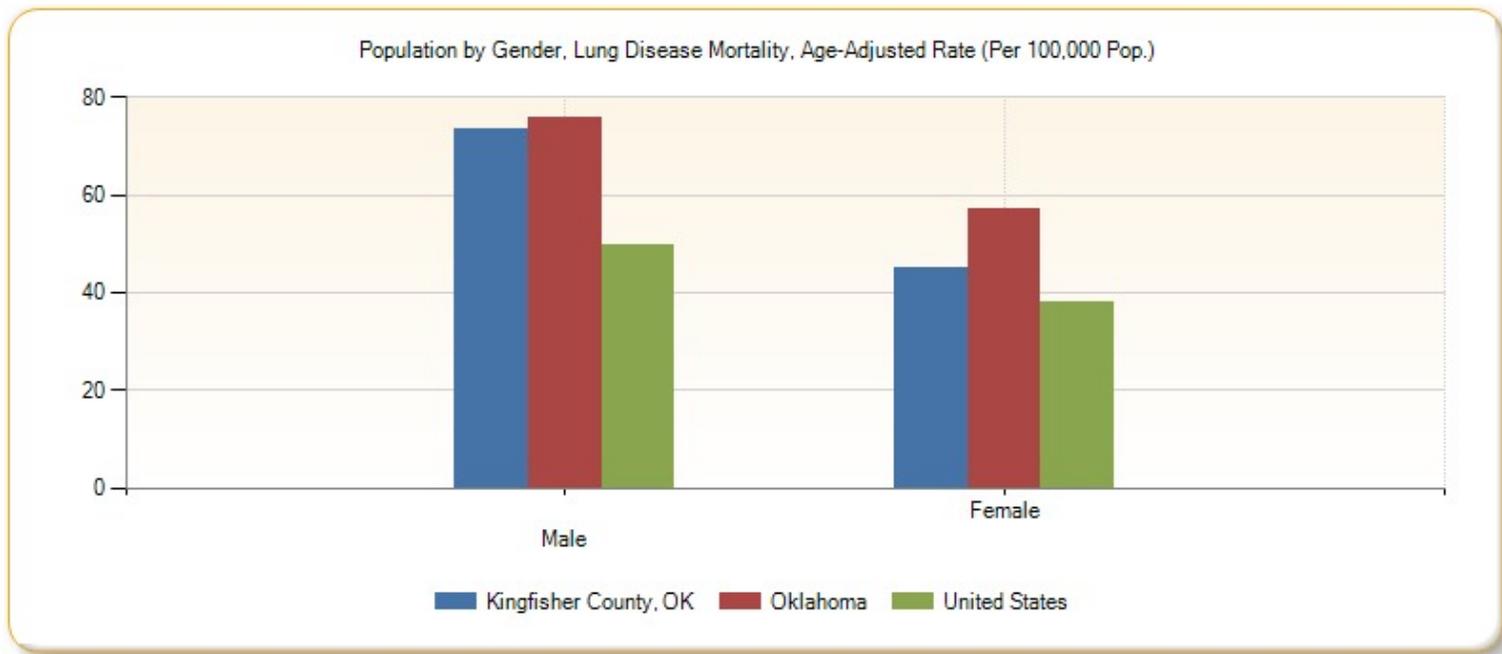


**Lung Disease Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, NVSS 2006-10**



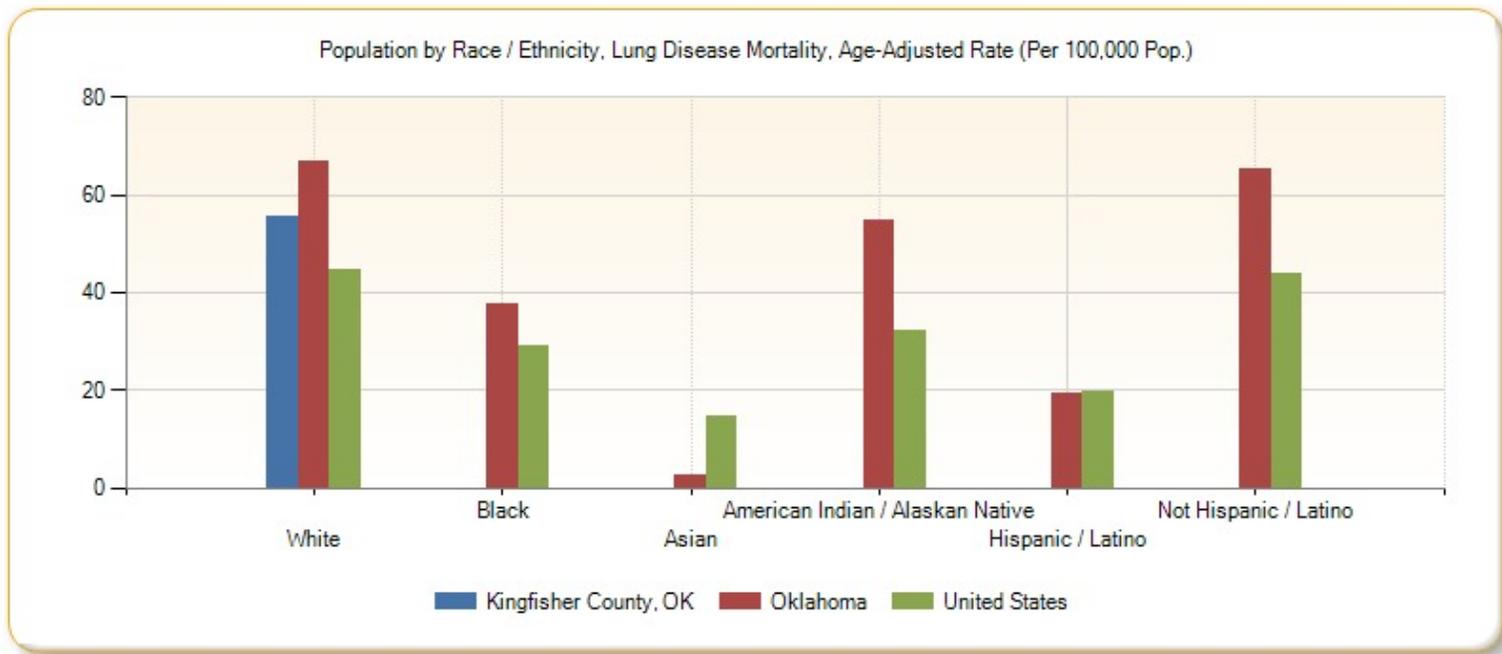
**Population by Gender, Lung Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.)**

Report Area	Male	Female
Kingfisher County, OK	73.62	45.04
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
Kingfisher County, OK	55.42	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

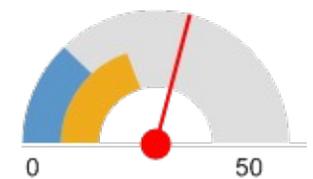


## Motor Vehicle Crash Death

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.)
Kingfisher County, OK	14,770	4	27.08	<b>29.06</b>
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.)



■ Kingfisher County, OK (29.06)  
■ Oklahoma (20.29)  
■ United States (13.04)

Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#); 2006-10. Accessed using [CDC WONDER](#). Source geography: County.

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

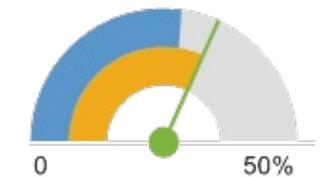


**Obesity - Adult**

31.70% of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the report area. Excess weight may indicate 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)
Kingfisher County, OK	10,715	3,386	<b>31.70%</b>
Oklahoma	2,719,451	872,231	32.09%
United States	226,126,076	62,144,711	27.29%

Percent Population with BMI > 30.0 (Obese)



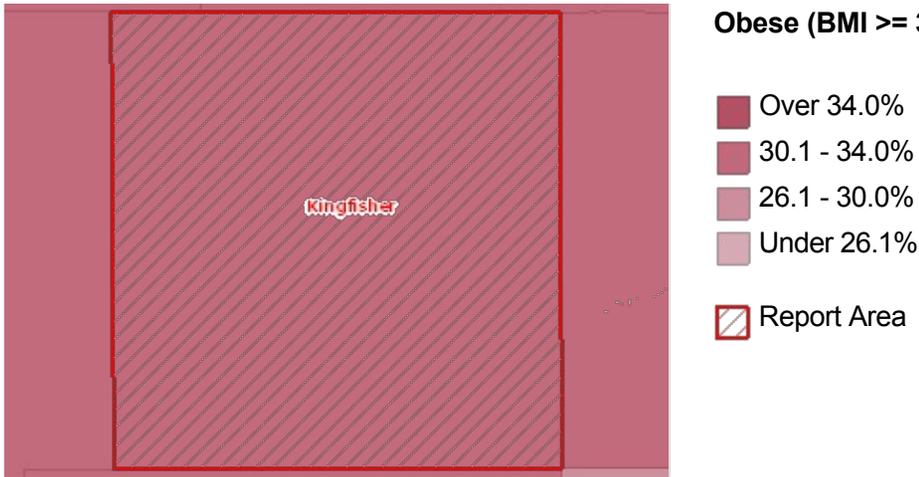
- Kingfisher County, OK (31.70%)
- Oklahoma (32.09%)
- United States (27.29%)

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, [Diabetes](#)

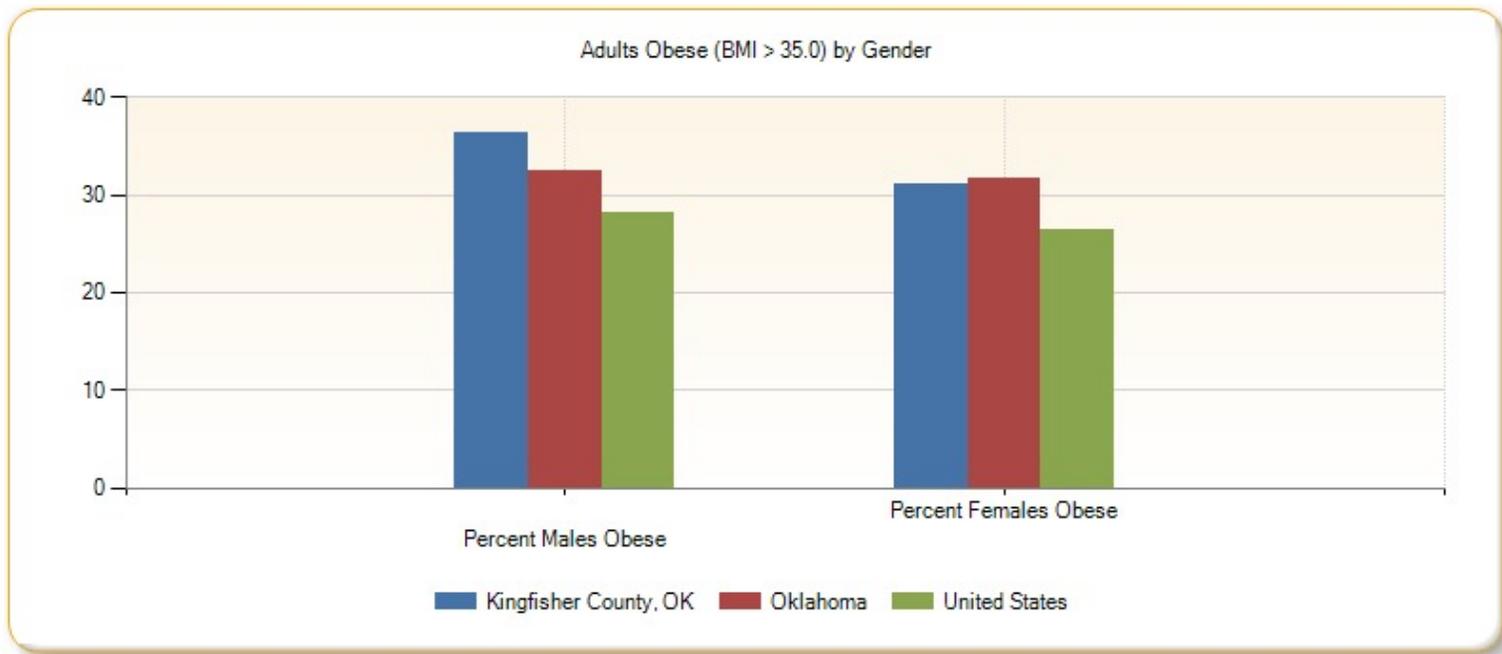
[Atlas](#): 2010. Source geography: County.

**Obese (BMI >= 30), Adults Age 20 , Percent by County, CDC NCCDPHP 2010**



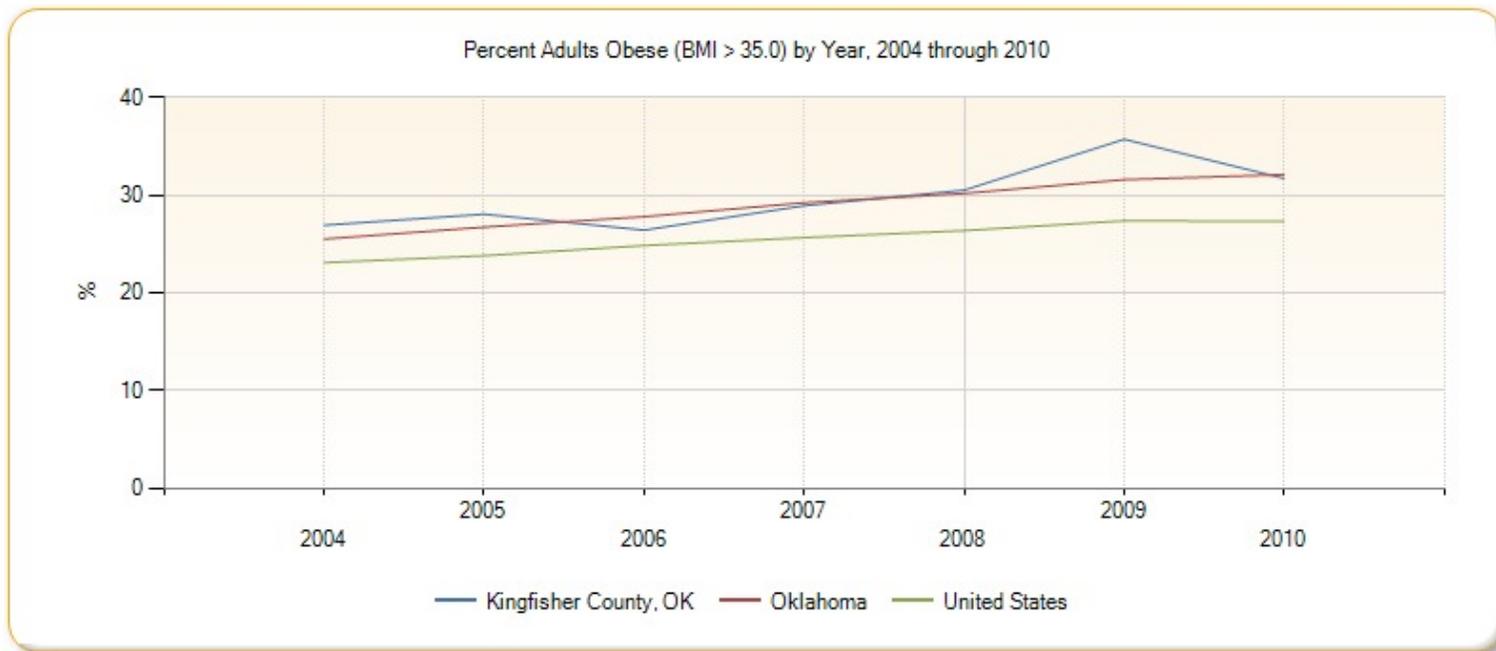
**Adults Obese (BMI > 35.0) by Gender**

Report Area	Total Males Obese	Percent Males Obese	Total Females Obese	Percent Females Obese
Kingfisher County, OK	1,803	36.30%	1,693	31%
Oklahoma	855,016	32.49%	879,154	31.71%
United States	62,091,071	28.21%	62,125,142	26.45%



**Percent Adults Obese (BMI > 35.0) by Year, 2004 through 2010**

Report Area	2004	2005	2006	2007	2008	2009	2010
Kingfisher County, OK	26.90%	28.04%	26.40%	28.90%	30.50%	35.70%	31.70%
Oklahoma	25.49%	26.71%	27.78%	29.20%	30.16%	31.56%	32.09%
United States	23.07%	23.79%	24.82%	25.64%	26.36%	27.35%	27.29%



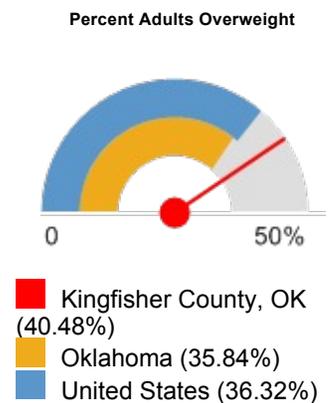
## Overweight - Adult

40.48% of adults aged 18 and older self-report that they have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight) in the report area. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

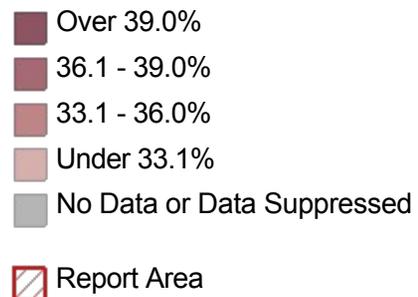
Report Area	Total Population (Age 18 )	Total Adults Overweight	Percent Adults Overweight
Kingfisher County, OK	10,853	4,393	<b>40.48%</b>
Oklahoma	2,793,624	1,001,316	35.84%
United States	235,375,690	85,495,735	36.32%

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#): 2006-10. Additional data analysis by [CARES](#). Source geography: County.

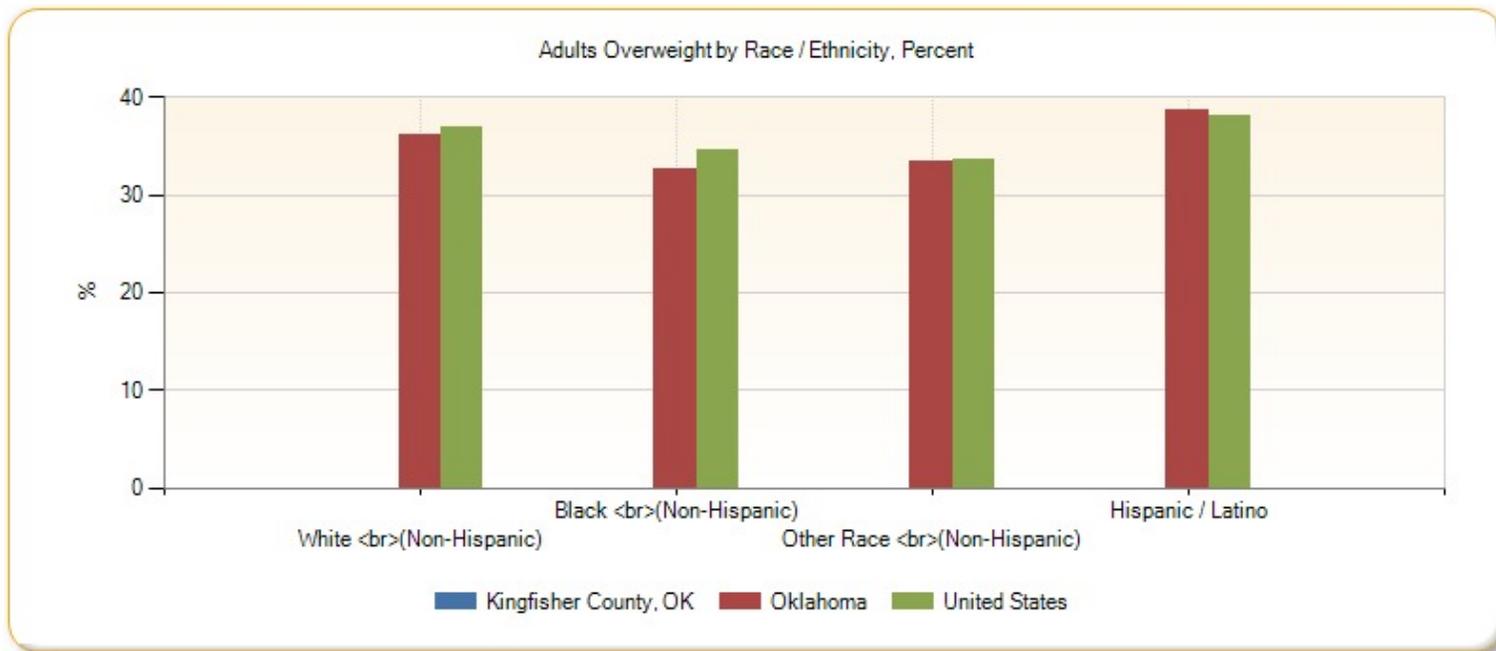


**Overweight (BMI 25.0-29.9), Adults Age 18 , Percent by County, BRFSS 2006-10**



**Adults Overweight by Race / Ethnicity, Percent**

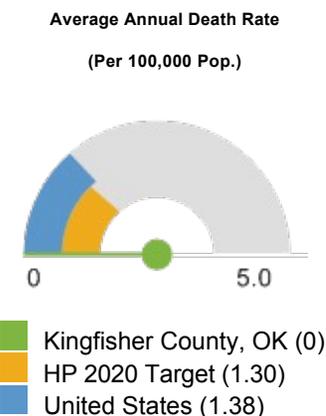
Report Area	White (Non-Hispanic)	Black (Non-Hispanic)	Other Race (Non-Hispanic)	Hispanic / Latino
Kingfisher County, OK	no data	no data	no data	no data
Oklahoma	36.21%	32.57%	33.47%	38.60%
United States	36.86%	34.52%	33.65%	38.11%



## 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.

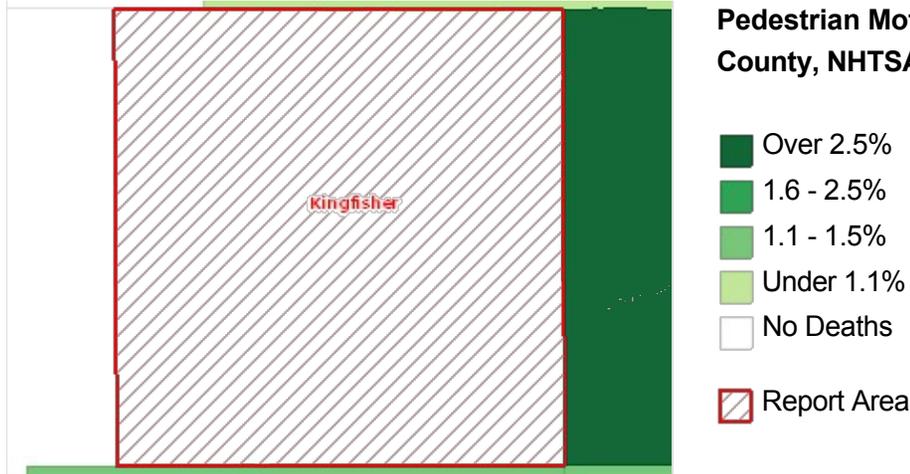
Report Area	Total Deaths, 2008-2010	Average Annual Deaths, 2008-2010	Average Annual Death Rate (Per 100,000 Pop.)
Kingfisher County, OK	0	0	0
Oklahoma	143	47	1.20
United States	12,750	4,250	1.38
<a href="#">HP 2020 Target</a>			<b>&lt;= 1.3</b>



Note: This indicator is compared with the Healthy People 2020 Target. Data breakout by demographic groups are not available.

Data Source: US Department of Transportation, [National Highway Traffic Safety Administration](#): 2008-10. Source geography: County.

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



### Poor Dental Health

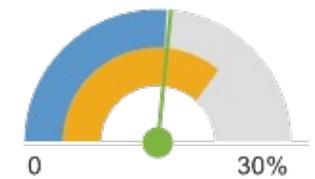
This indicator reports the percentage of adults age 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection. This indicator is relevant because it indicates lack of access to dental care and/or social barriers to utilization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

Report Area	Total Population (Age 18 )	Total Adults with Poor Dental Health	Percent Adults with Poor Dental Health
Kingfisher County, OK	10,853	1,736	16%
Oklahoma	2,793,624	608,605	21.79%
United States	235,375,690	36,842,620	15.65%

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#): 2006-10. Additional data analysis by [CARES](#). Source geography: County.

Percent Adults with Poor Dental Health



Kingfisher County, OK (16%)  
 Oklahoma (21.79%)  
 United States (15.65%)

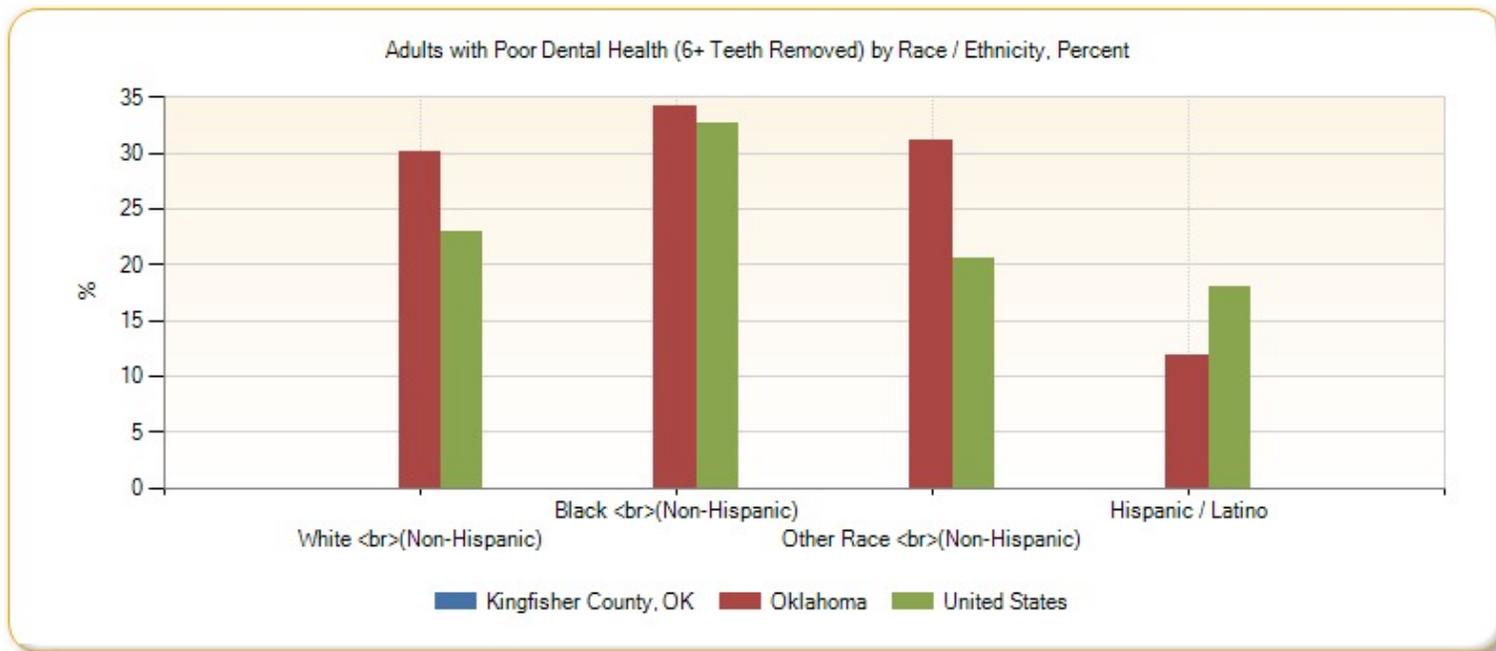
**Adults Age 18 Without Dental Exam in Past 12 Months, Percent by County, BRFSS 2006-10**



- Over 42.0%
- 34.1 - 42.0%
- 26.1 - 34.0%
- Under 26.1%
- No Data or Data Suppressed
- Report Area

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

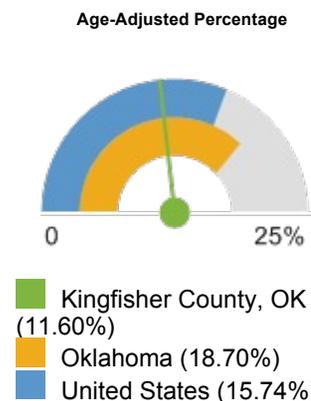
Report Area	White (Non-Hispanic)	Black (Non-Hispanic)	Other Race (Non-Hispanic)	Hispanic / Latino
Kingfisher County, OK	no data	no data	no data	no data
Oklahoma	30.16%	34.25%	31.08%	11.79%
United States	22.98%	32.63%	20.47%	18.05%



## Poor General Health

Within the report area 12.50% of adults age 18 and older self-report having poor or fair health in response to the question "Would you say that in general your health is excellent, very good, good, fair, or poor?". This indicator is relevant because it is a measure of general poor health status.

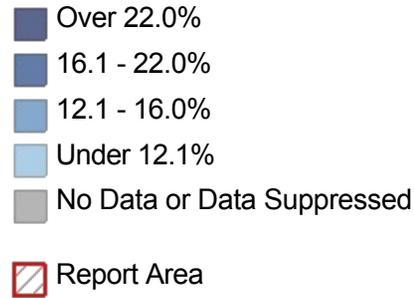
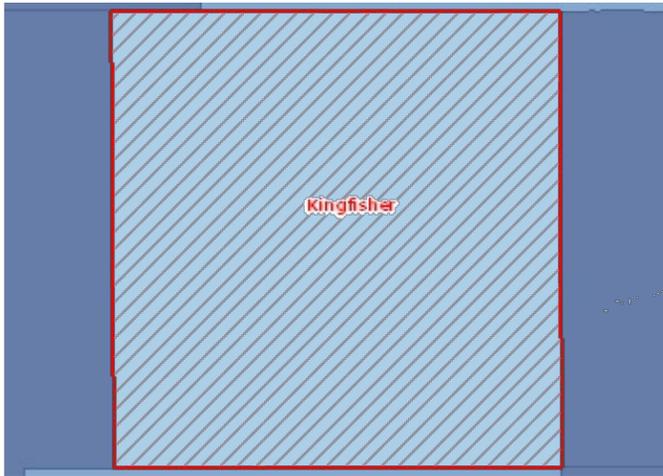
Report Area	Total Population Age 18	Estimated Population with Poor or Fair Health	Crude Percentage	Age-Adjusted Percentage
Kingfisher County, OK	11,011	1,376	12.50%	<b>11.60%</b>
Oklahoma	2,793,624	547,550	19.60%	18.70%
United States	232,556,016	37,766,703	16.24%	15.74%



Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#): 2006-12. Accessed using the [Health Indicators Warehouse](#). Source geography: County.

### Adults with Poor or Fair Health, Percent by County, BRFSS 2006-12



### Population with Any Disability

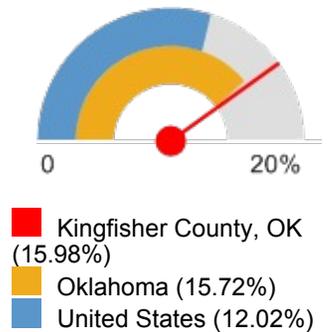
This indicator reports the percentage of the total civilian noninstitutionalized population with a disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Report Area	Total Population (For Whom Disability Status Is Determined)	Total Population with a Disability	Percent Population with a Disability
Kingfisher County, OK	14,758	2,358	<b>15.98%</b>
Oklahoma	3,663,645	575,799	15.72%
United States	303,984,256	36,551,036	12.02%

Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [American Community Survey](#): 2008-12. Source geography: Tract.

Percent Population with a Disability



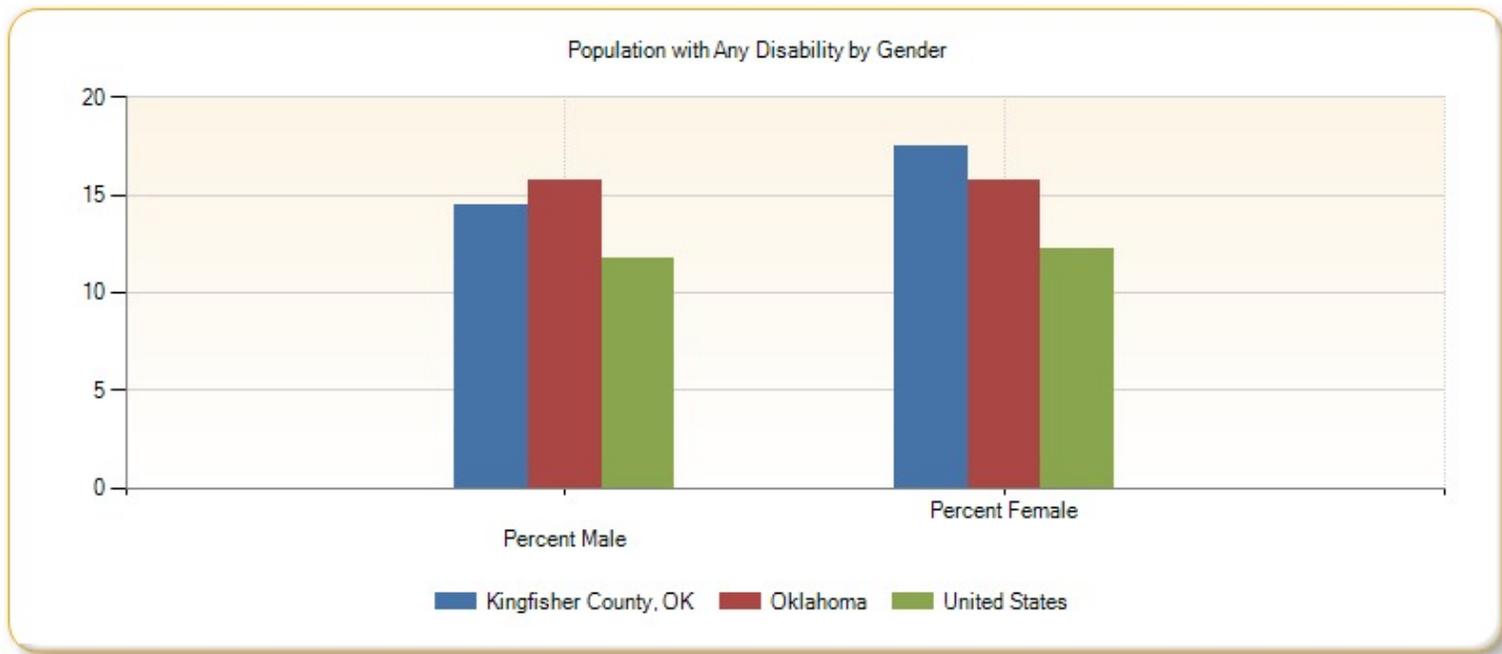


**Disabled Population, Percent by Tract, ACS 2008-12**

- Over 18.0%
- 15.1 - 18.0%
- 12.1 - 15.0%
- Under 12.1%
- No Data or Data Suppressed
- Report Area

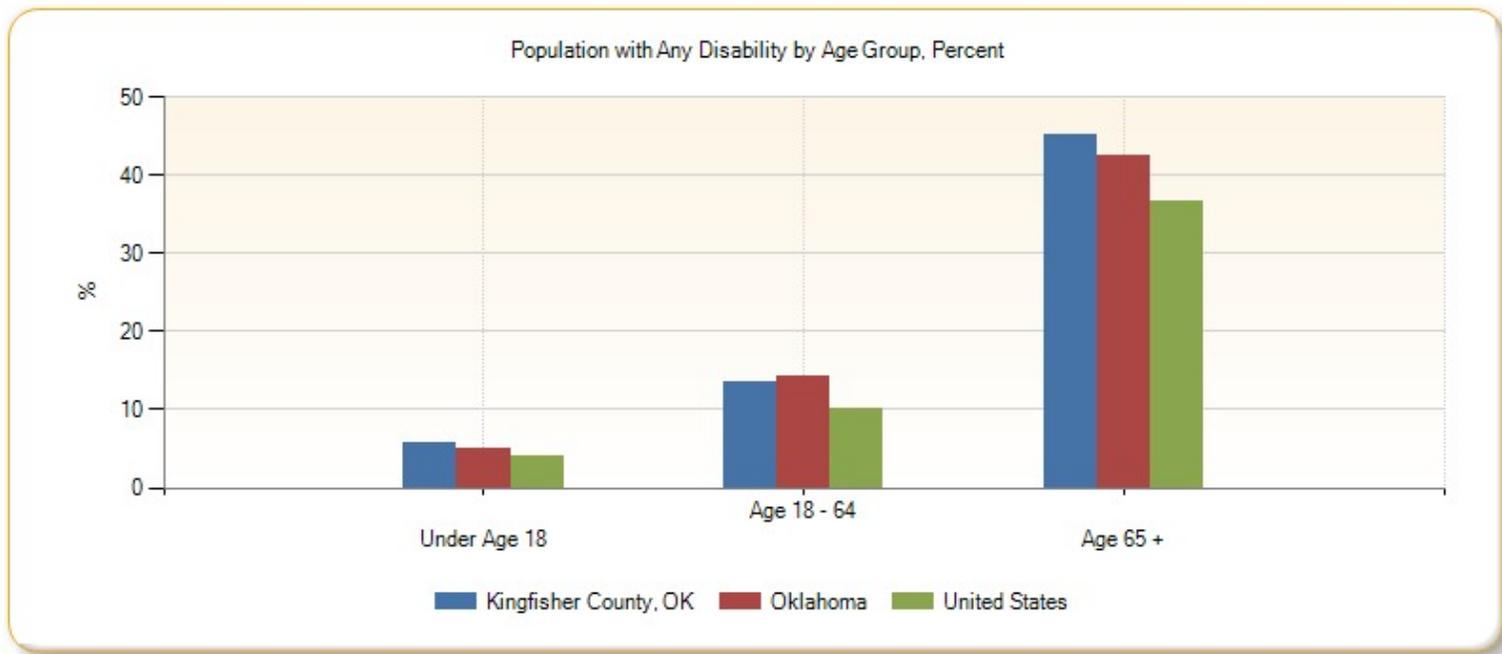
**Population with Any Disability by Gender**

Report Area	Total Male	Total Female	Percent Male	Percent Female
Kingfisher County, OK	1,052	1,306	14.43%	17.49%
Oklahoma	282,233	293,566	15.75%	15.69%
United States	17,460,136	19,090,904	11.77%	12.26%



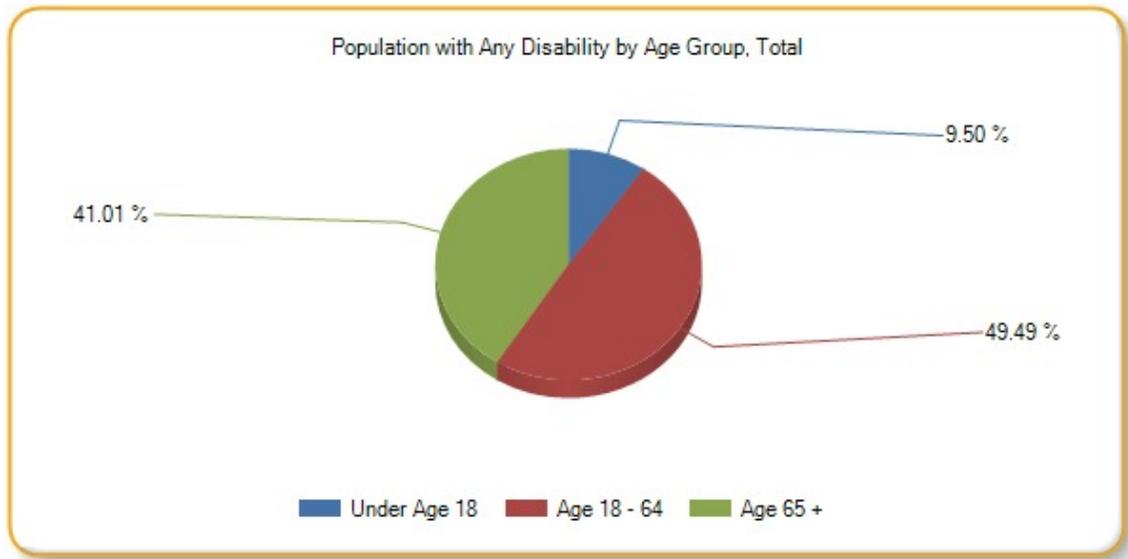
**Population with Any Disability by Age Group, Percent**

Report Area	Under Age 18	Age 18 - 64	Age 65
Kingfisher County, OK	5.67%	13.47%	45.19%
Oklahoma	4.88%	14.30%	42.61%
United States	4%	10.03%	36.76%



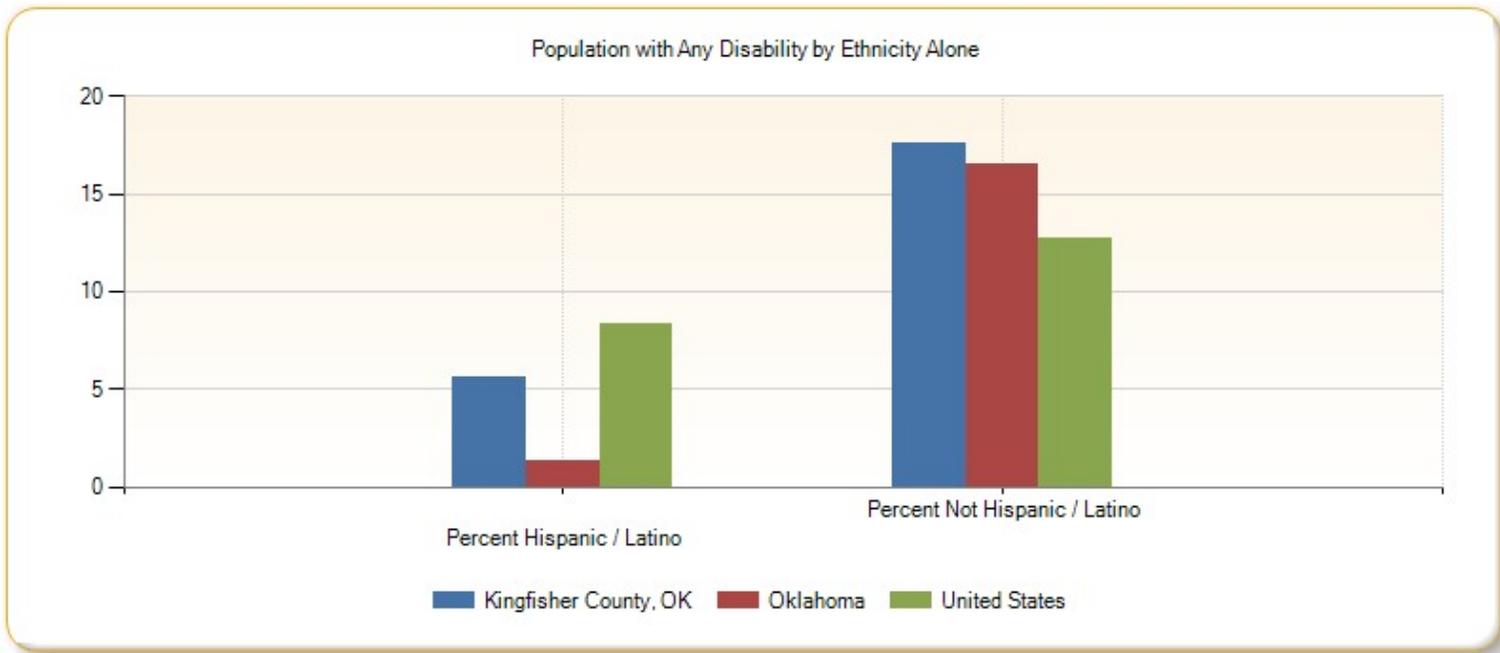
**Population with Any Disability by Age Group, Total**

Report Area	Under Age 18	Age 18 - 64	Age 65
Kingfisher County, OK	224	1,167	967
Oklahoma	45,150	321,529	209,120
United States	2,952,899	19,128,854	14,469,285



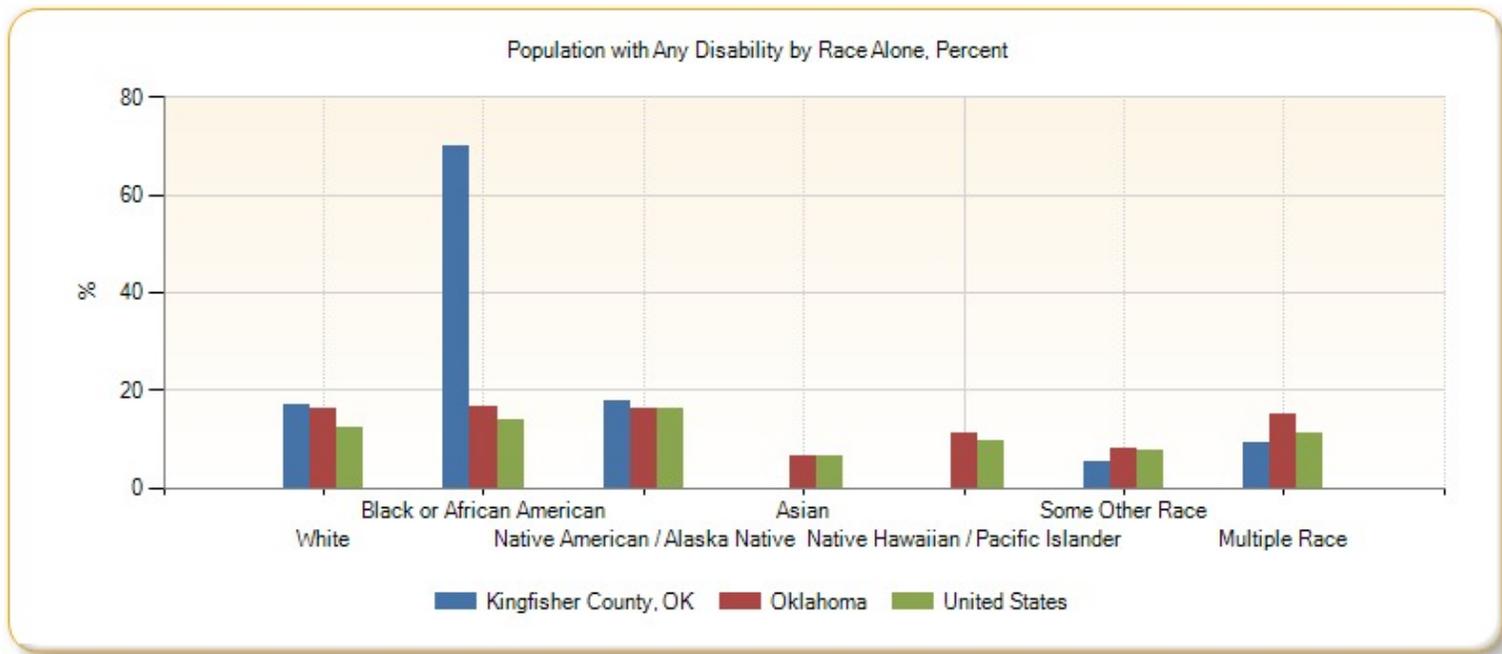
**Population with Any Disability by Ethnicity Alone**

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Kingfisher County, OK	112	2,246	5.63%	17.59%
Oklahoma	23,911	551,888	1.28%	16.52%
United States	4,141,884	32,409,152	8.31%	12.75%



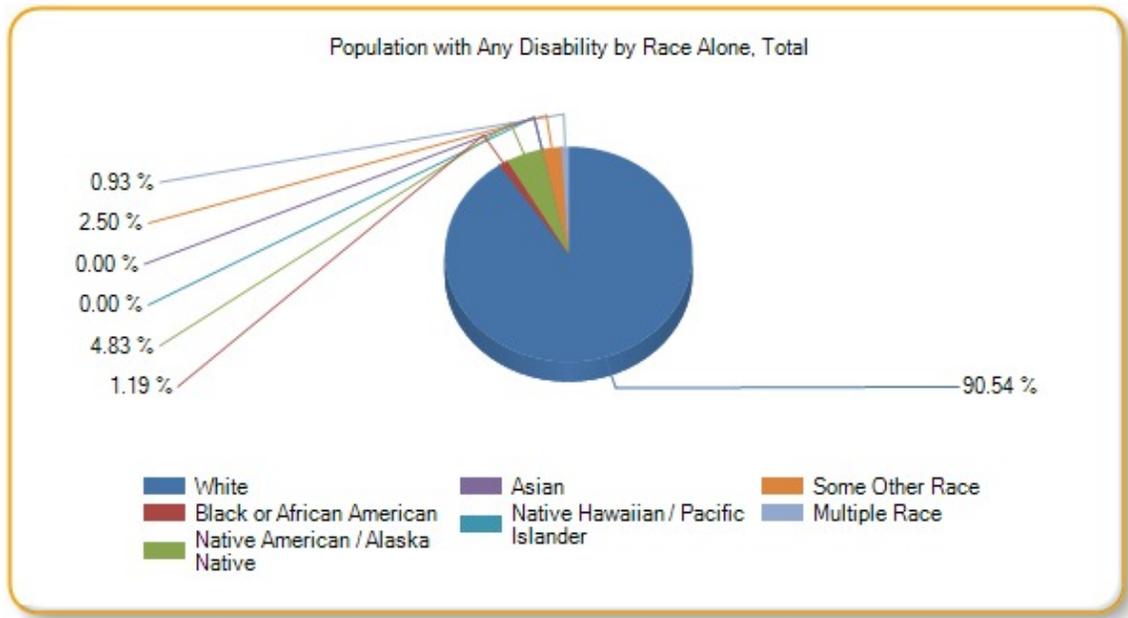
**Population with Any Disability by Race Alone, Percent**

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Kingfisher County, OK	16.77%	70%	17.70%	0%	0%	5.45%	9.05%
Oklahoma	16.17%	16.49%	16.23%	6.49%	11.21%	7.82%	14.96%
United States	12.40%	13.73%	16.01%	6.36%	9.37%	7.56%	10.98%



**Population with Any Disability by Race Alone, Total**

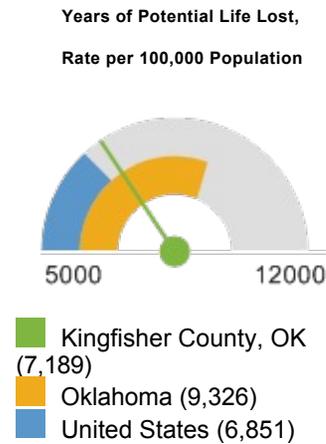
Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Kingfisher County, OK	2,135	28	114	0	0	59	22
Oklahoma	438,244	42,145	41,640	4,210	463	7,102	41,995
United States	28,023,170	5,147,406	394,800	939,425	46,921	1,104,178	895,138



## Premature Death

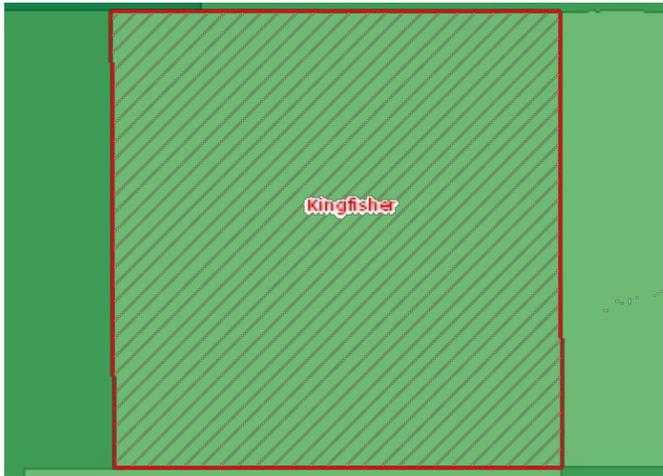
This indicator reports Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death, age-adjusted to the 2000 standard. YPLL measures premature death and is calculated by subtracting the age of death from the 75 year benchmark. This indicator is relevant because a 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
Kingfisher County, OK	15,213	57	1,094	<b>7,189</b>
Oklahoma	3,791,508	17,584	353,613	9,326
United States	311,616,188	1,074,667	21,327,690	6,851

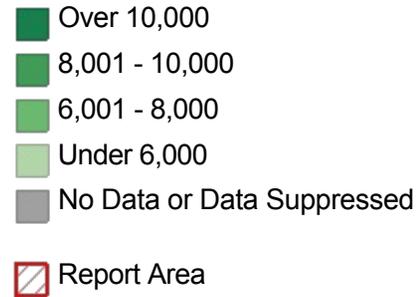


Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.

Data Source: University of Wisconsin Population Health Institute, [County Health Rankings](#): 2008-10. Source geography: County.



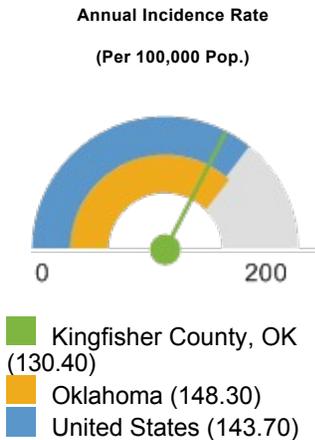
Premature Death, Years Lost Rate (Per 100,000 Pop.) by County, CHR 2008-10



## 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.

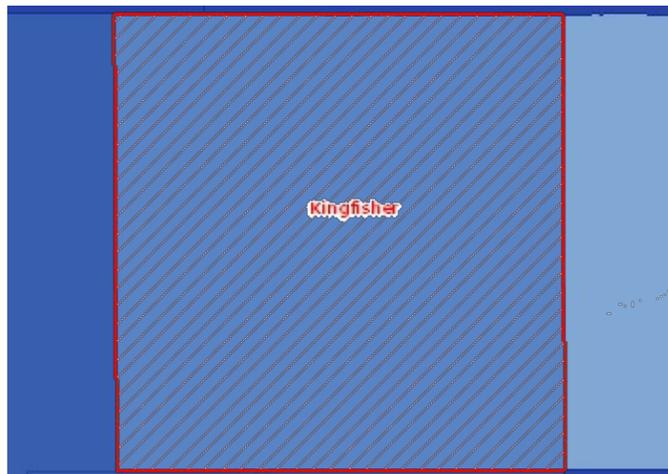
Report Area	Male Population, ACS 2006-2010	Annual Cancer Incidence, 2006-2010 Average	Annual Incidence Rate (Per 100,000 Pop.)
Kingfisher County, OK	7,240	11	<b>130.40</b>
Oklahoma	659,207	2,723	148.30
United States	149,398,720	215,232	143.70



Note: This indicator is compared with the state average.

Data Source: [State Cancer Profiles: 2006-10](#). Source geography: County.

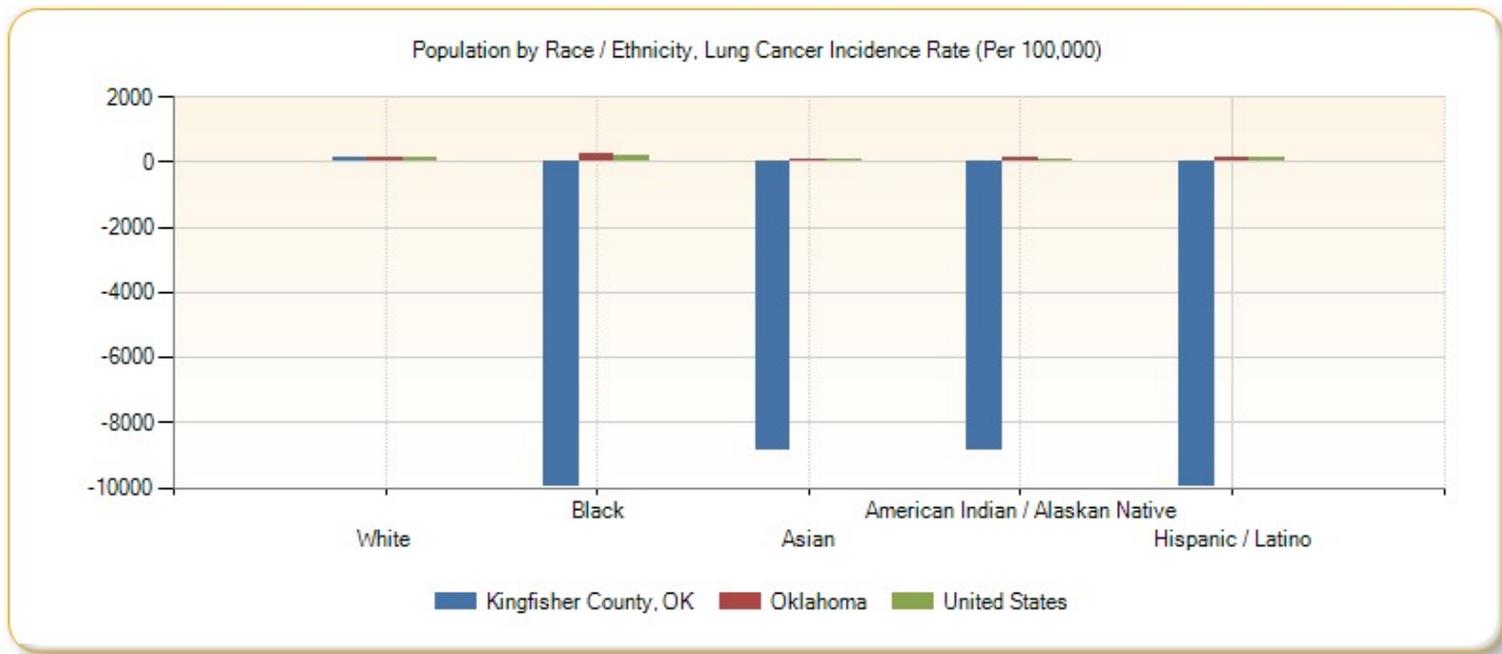
**Prostate Cancer, Incidence Rate (Per 100,000 Pop.) by County, State Cancer Profiles 2006-10**



- Over 160.0
- 140.1 - 160.0
- 120.1 - 140.0
- Under 120.1
- No Data or Data Suppressed
- Report Area

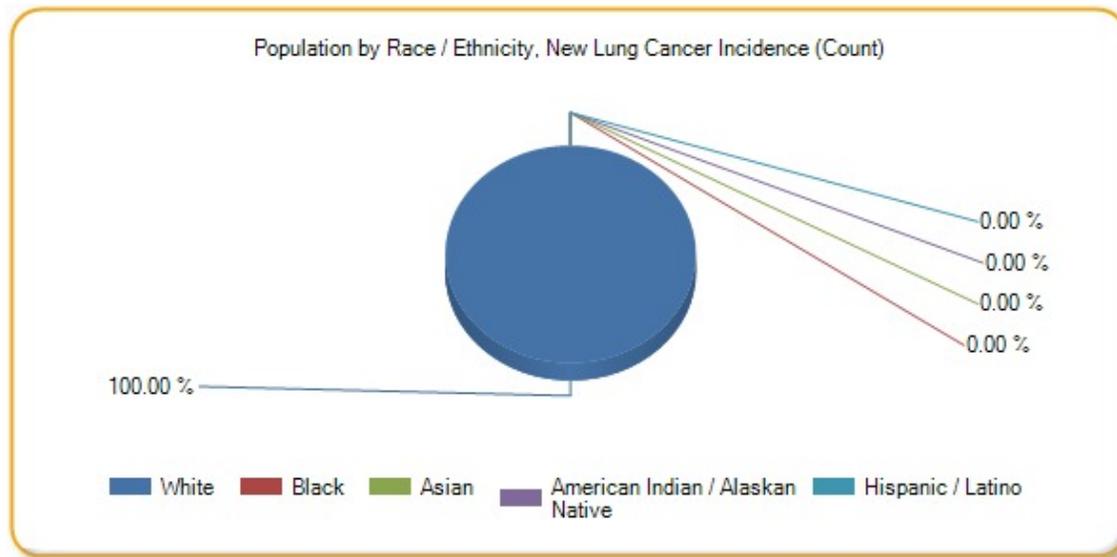
**Population by Race / Ethnicity, Lung Cancer Incidence Rate (Per 100,000)**

Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino
Kingfisher County, OK	128.10	no data	suppressed	suppressed	no data
Oklahoma	137.60	250.20	86.70	152.70	113.10
United States	133.30	217.90	73.80	75.80	123.60



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

Report Area	White	Black	Asian	American Indian / Alaskan Native	Hispanic / Latino
Kingfisher County, OK	10	no data	no data	no data	no data
Oklahoma	2,225	225	13	166	48
United States	171,991	30,367	4,018	778	13,248

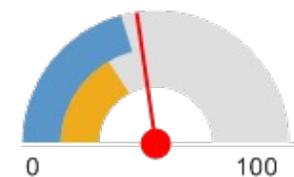


## Stroke Mortality

Within the report area there are an estimated 45.60 deaths due to cerebrovascular disease (stroke) per 100,000 population. This is greater than than the Healthy People 2020 target of less than or equal to 33.8. 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 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.)
Kingfisher County, OK	14,770	8	54.16	<b>45.60</b>
Oklahoma	3,673,268	2,046	55.71	<b>53.13</b>
United States	303,844,430	133,107	43.81	<b>41.78</b>
<a href="#">HP 2020 Target</a>				<b>&lt;= 33.8</b>

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

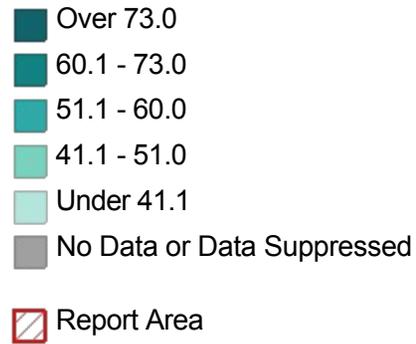


- Kingfisher County, OK (45.60)
- HP 2020 Target (33.80)
- United States (41.78)

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

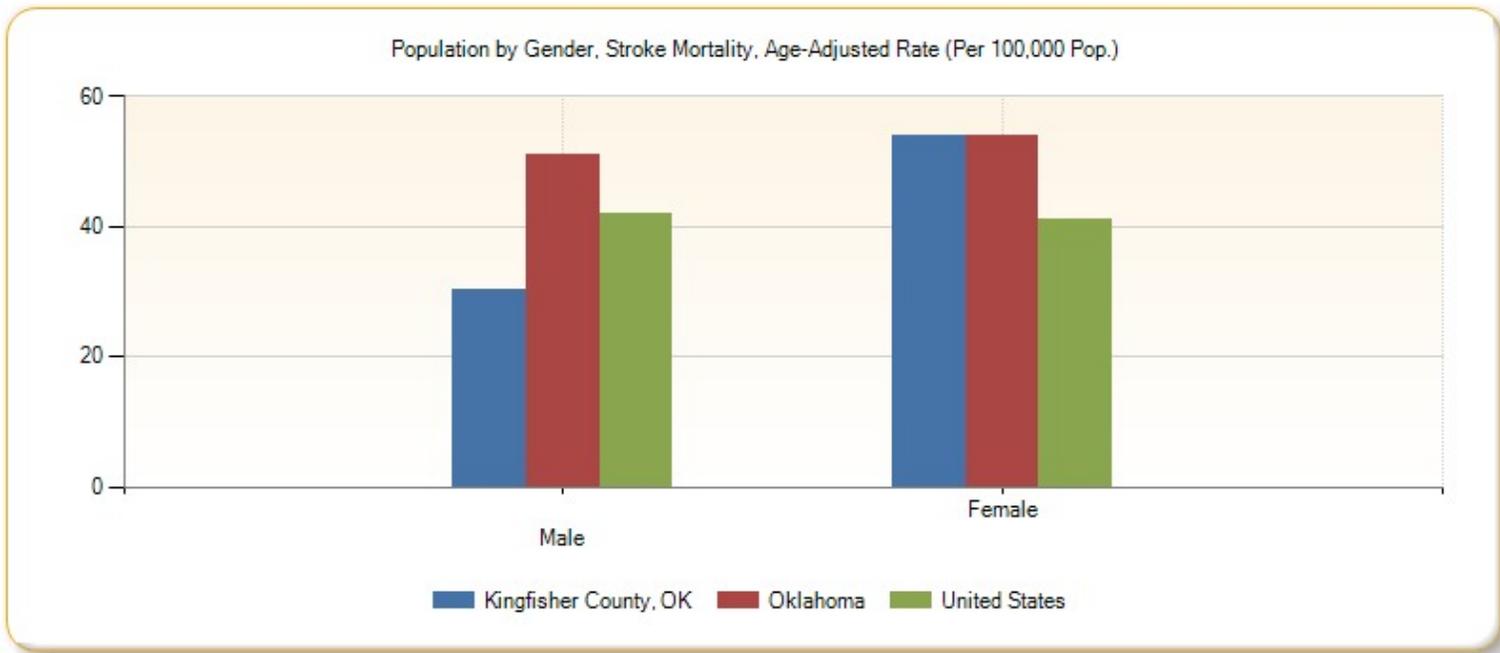
Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#): 2006-10. Accessed using [CDC WONDER](#). Source geography: County.

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



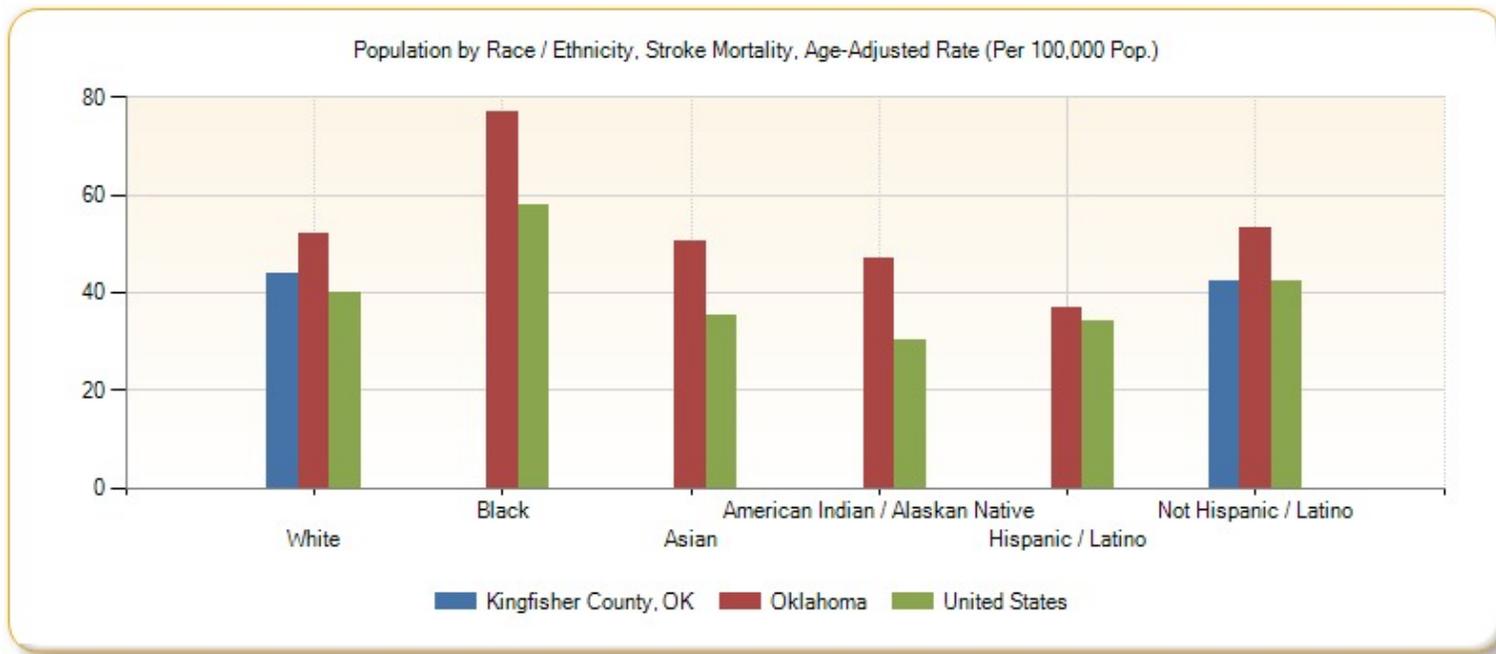
**Population by Gender, Stroke Mortality, Age-Adjusted Rate (Per 100,000 Pop.)**

Report Area	Male	Female
Kingfisher County, OK	30.18	53.95
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
Kingfisher County, OK	43.83	no data	no data	no data	no data	42.37
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

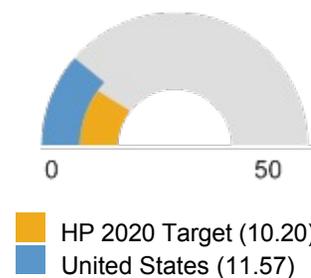


## Suicide

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.)
Kingfisher County, OK	14,770	no data	no data	no data
Oklahoma	3,673,268	566	15.40	<b>15.44</b>
United States	303,844,430	35,841	11.80	<b>11.57</b>
<a href="#">HP 2020 Target</a>				<b>&lt;= 10.2</b>

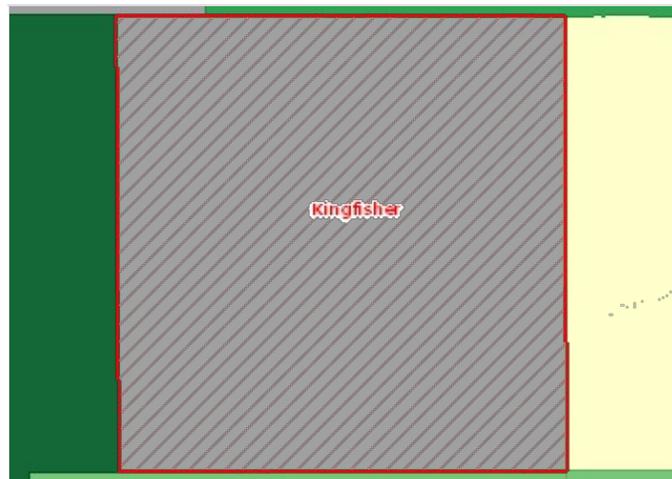
Age-Adjusted Death Rate, Suicide (Per 100,000 Pop.)



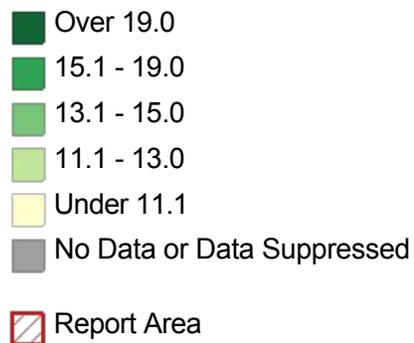
Note: This indicator is compared with the Healthy People 2020 Target.

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#); 2006-10. Accessed using [CDC WONDER](#). Source

geography: County.

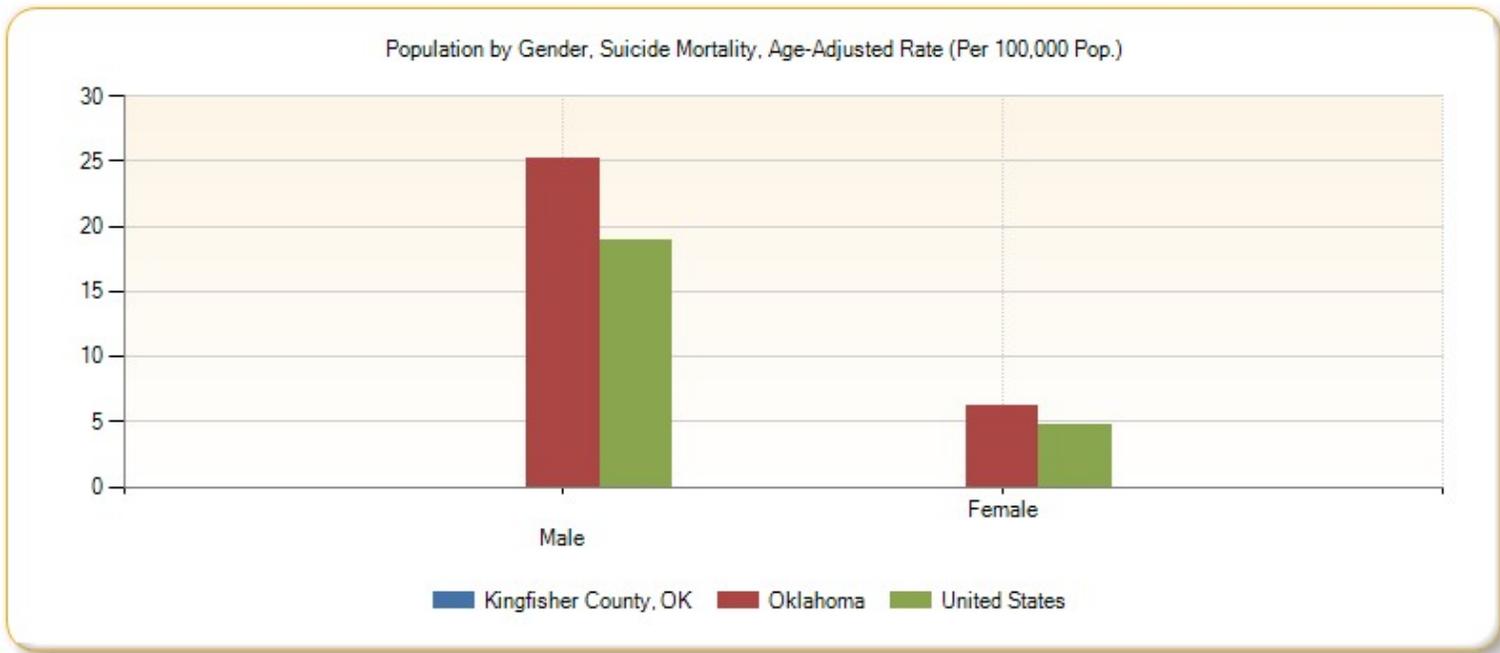


**Suicide Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, NVSS 2006-10**



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

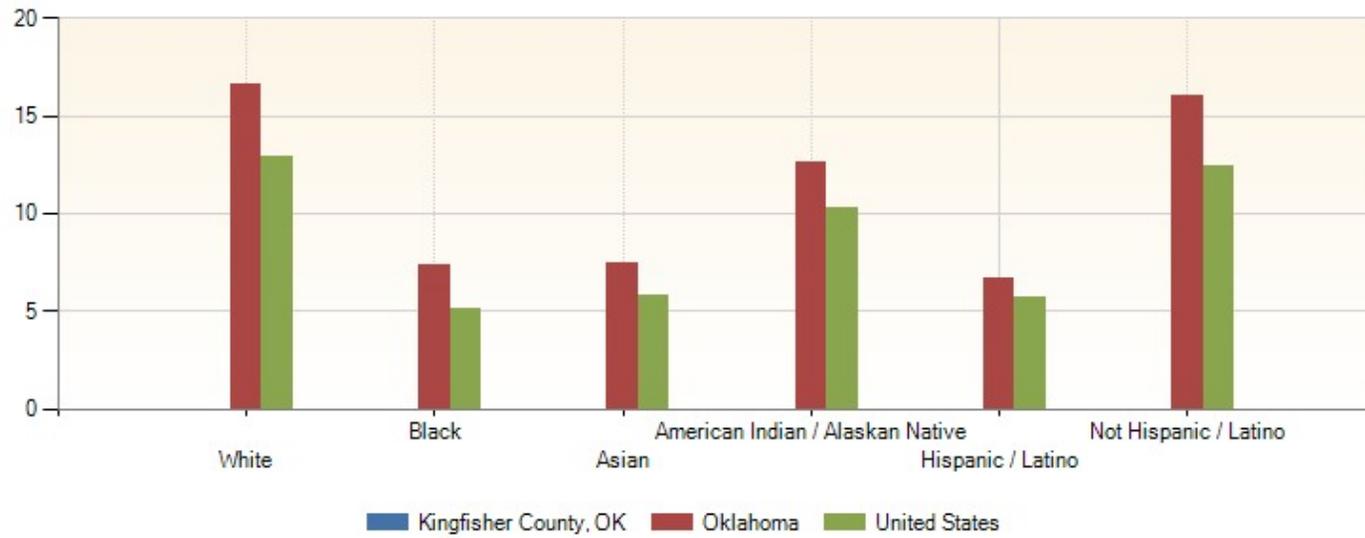
Report Area	Male	Female
Kingfisher County, OK	no data	no data
Oklahoma	25.25	6.16
United States	18.96	4.77



**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
Kingfisher County, OK	no data	no data	no data	no data	no data	no data
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

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



## 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 2008-2012. 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 2012 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).

## Change in Total 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**

The data is downloaded in text format from the U.S. Census Bureau's FTP site for the years 2000 and 2010. The text documents are then uploaded into a SQL database. The demographics indicators are mapped using population provided for county area (Sum Level 050). Total populations are derived directly from data provided. The rate of population change is calculated using Total Population 2010 - Total Population 2000 = Population Change.

### **Notes**

#### **Race and Ethnicity**

Statistics by race and ethnicity are not provided for this indicator.

## 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 2008-2012. 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 2012 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).

## Family Households with Children

### 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 2008-2012. 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 2012 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 2008-2012. 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 2012 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 2008-2012. 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 2012 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 2008-2012. 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 2012 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 2008-2012. 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 2012 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 2008-2012. 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 2012 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 2008-2012. 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 2012 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 2008-2012. 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 2012 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 2008-2012. 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 2012 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 2008-2012. 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 2012 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**

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 2008-2012. 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 2012 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 2008-2012. 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 2012 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 2008-2012. Mapped data are summarized to 2010 census tract boundaries. Data provided by the census are area estimates; as a median, this indicator cannot be re-summarized or recalculated to aggregate or user-defined geographic boundaries.

For more information on the data reported in the American Community Survey, please see the complete [American Community Survey 2012 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).

## Linguistically Isolated 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 population by language proficiency 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 2008-2012. Mapped data are summarized to 2010 census tract boundaries. Persons are considered to have limited English proficiency they indicated that they spoke a language other than English, and if they spoke English less than "very well". Persons are considered to live in linguistically isolated households if no one aged 14 and over in the households speaks English only or speaks a language other than English at home and speaks English "very well" Area demographic statistics are measured as a percentage of the total population aged 5 based on the following formula:

$$\text{Percentage} = \frac{[\text{Linguistically Isolated Population}]}{[\text{Total Population in Households}]} * 100$$

For more information on the data reported in the American Community Survey, please see the complete [American Community Survey 2012 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 with Limited English Proficiency

### **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 population by language proficiency 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 2008-2012. Mapped data are summarized to 2010 census tract boundaries. Persons are considered to have limited English proficiency they indicated that they spoke a language other than English, and if they spoke English less than "very well". Area demographic statistics are measured as a percentage of the total population aged 5 based on the following formula:

$$\text{Percentage} = [\text{Subgroup Population}] / [\text{Total Population Age 5}] * 100$$

For more information on the data reported in the American Community Survey, please see the complete [American Community Survey 2012 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**

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 2008-2012. Data are summarized to 2010 census tract boundaries. Area demographic statistics are measured as a percentage of the total population using the following formula:

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

For more information on the specific data elements reported in the American Community Survey, please see the complete [American Community Survey 2012 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.

## Foreign-Born 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 2008-2013. 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 2012 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.

## 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 2008-2012. 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 2012 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).

## 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:

$$\text{Percentage} = \frac{[\text{Urban or Rural Population}]}{[\text{Total Population}]} * 100$$

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.

## 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

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 2008-2012. 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

### Trends Over Time

The American Community Survey multi-year estimates are based on data collected over 5 years. For any given consecutive release of ACS 5-year estimates, 4 of the 5 years overlap. The Census Bureau discourages direct comparisons between estimates for overlapping periods; use caution when interpreting this data.

### 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.

## Families with Income Over \$75,000

### 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.

## High School Graduation Rate (EdFacts)

## Data Background

EDFacts is a U. S. Department of Education (ED) initiative to collect, analyze, report on, and promote the use of high-quality, kindergarten through grade 12 (K–12) performance data for use in education planning, policymaking, and management and budget decision-making to improve outcomes for students. EDFacts centralizes data provided by state education agencies, local education agencies, and schools, and provides users with the ability to easily analyze and report on submitted data. ED collects performance data at the school and school-district levels and provides public use files containing data that have been modified to protect against the ability to determine personally identifiable information on students.

## Methodology

Graduation rates are acquired for all US school-districts in the United States from US Department of Education (ED) *EdFacts* data tables. States are required to report graduation data to the US Department of Education under Title I, Part A of the Elementary and Secondary Education Act (ESEA). Specifically, states are required to report rates based on a cohort method, which would provide a more uniform and accurate measure of the high school graduation rate that improved comparability across states. The cohort graduation rate is defined as “the number of students who graduate in four years with a regular high school diploma divided by the number of students who form the adjusted cohort for the graduating class.” From the beginning of 9th grade (or the earliest high school grade), students who are entering that grade for the first time form a cohort that is “adjusted” by adding any students who subsequently transfer into the cohort and subtracting any students who subsequently transfer out, emigrate to another country, or die.

County-level summaries are calculated by CARES using small-area estimation technique based on the proportion of the population aged 15-19 in each school district/county. The population figures for this calculation are based on data from the 2010 US Decennial Census at the census block geographic level.

For more information please consult the original data the original data or download the complete [EdFacts Data Documentation](#).

## Notes

### Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator.

### Data Limitations

1. Graduation rates for some school districts are provided by EdFacts as ranges; range mid-points were calculated by CARES to facilitate data manipulation.
2. Data is not currently available for three states - Idaho, Kentucky, and Oklahoma - due to incomplete student cohort data for the four years prior to 2011.

## High School Graduation Rate (NCES)

### 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 fulfils 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

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:

$$\text{Graduation Rate} = \frac{\text{[Estimated Number of Graduates]}}{\text{[Average Base Freshman Enrollment]}} * 100.$$

\*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.

## Households Receiving Public Assistance Income

### 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 2008-2012. Mapped data are summarized to 2010 census tract boundaries. Public assistance income provides cash payments to poor families and includes General Assistance and Temporary Assistance to Needy Families (TANF), which replaced Aid to Families with Dependent Children (AFDC) in 1997. Public assistance income does not include Supplemental Security Income (SSI), noncash benefits such as Food Stamps/SNAP, or separate payments received for hospital or other medical care. 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 2012 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.

## Income Per Capita

### 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

Total income 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 2008-2012. Mapped data are summarized to 2010 census tract boundaries. Per capita income is the mean money income received in the past 12 months computed for every man, woman, and child in a geographic area. It is derived by dividing the total income of all people 15 years old and over in a geographic area by the total population in that area based on the following formula:

$$\text{Per Capita Income} = \frac{\text{[Total Income of Population Age 15]}}{\text{[Total Population]}}$$

For more information on the data reported in the American Community Survey, please see the complete [American Community Survey 2012 Subject Definitions](#).

## Notes

### Trends Over Time

The American Community Survey multi-year estimates are based on data collected over 5 years. For any given consecutive release of ACS 5-year estimates, 4 of the 5 years overlap. The Census Bureau discourages direct comparisons between estimates for overlapping periods; use caution when interpreting this data.

### 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.

### Index of Disparity (ID)

The Index of Disparity (ID) used with this indicator was adopted by researchers at the National Center for Health Statistics (NCHS) and the National

Institute of Health (NIH) for use with Healthy People 2010 and 2020 guidelines. This index measures the magnitude of variation in indicator percentages across groups - in this case racial and ethnic groups. Specifically, the index of disparity is defined as "the average of the absolute differences between rates for specific groups within a population and the overall population rate, divided by the rate for the overall population and expressed as a percentage". The ID values for the indicator displayed here are calculated from American Community Survey 2008-12 5-year estimates using the following four population subgroups: Non-Hispanic White; Hispanic or Latino; Black or African American; and Other Race. The Other Race category includes Asian, Native American / Alaskan Native, Native Hawaiian / Pacific Islander, Multiple Race, and Some Other Race populations.

The ID can be expressed using the following formula:

$$\text{Index of Disparity} = 100.0 * ( (\text{SUM} ( |r - R| ) / n ) / R )$$

...where r is the sub-group rate and R is the total population rate. Index values range from 0 (where all sub-groups are equal) to infinity. Index values are heavily dependent on the total population value ( R ), so comparisons should be made across geographic areas (county vs. state vs. nation), and not across indicators.

For more information on the index of disparity, please see the NIH research article [A Summary Measure of Health Disparity](#).

## Lack of 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 and tabulated into county estimates by the BRFSS analysis team. 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 housed 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 2006-2012 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:

$$\text{[Persons with Inadequate Support]} = \left( \frac{\text{[Indicator Percentage]} }{100} \right) * \text{[Total Population]} .$$

Adult population figures used in the data tables are acquired from the American Community Survey (ACS) 2007-2011 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 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.

*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 2008-2012. 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

### Trends Over Time

The American Community Survey multi-year estimates are based on data collected over 5 years. For any given consecutive release of ACS 5-year estimates, 4 of the 5 years overlap. The Census Bureau discourages direct comparisons between estimates for overlapping periods; use caution when interpreting this data.

### 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 2008-2012. 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

### Trends Over Time

The American Community Survey multi-year estimates are based on data collected over 5 years. For any given consecutive release of ACS 5-year estimates, 4 of the 5 years overlap. The Census Bureau discourages direct comparisons between estimates for overlapping periods; use caution when interpreting this data.

### 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 5 year period 2008-2012. Data are aggregate summaries based on 2010 Census Tract 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 universe 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 2012 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 Receiving SNAP Benefits (ACS)

### 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 household program participation and total household data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2008-2012. Mapped data are summarized to 2010 census tract boundaries. This indicator is a measure of household-level SNAP participation based on survey response about "receipts of food stamps or a food stamp benefit card in the past 12 months" by one or more household members. Area statistics are measured as a percentage of total occupied households based on the following formula:

$$\text{Percentage} = [\text{Participating Households}] / [\text{Total Households}] * 100$$

For more information on the data reported in the American Community Survey, please see the complete [American Community Survey 2012 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.

## 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 population by educational attainment 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 2008-2012. Mapped data are summarized to 2010 census tract boundaries. Area demographic statistics are measured as a percentage of the total population aged 25 based on the following formula:

$$\text{Percentage} = [\text{Subgroup Population}] / [\text{Total Population Age 25}] * 100$$

For more information on the data reported in the American Community Survey, please see the complete [American Community Survey 2012 Subject Definitions](#).

## Notes

### Trends Over Time

The American Community Survey multi-year estimates are based on data collected over 5 years. For any given consecutive release of ACS 5-year estimates, 4 of the 5 years overlap. The Census Bureau discourages direct comparisons between estimates for overlapping periods; use caution when interpreting this data.

### 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 population by educational attainment 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 2008-2012. Mapped data are summarized to 2010 census tract boundaries. Area demographic statistics are measured as a percentage of the total population aged 25 based on the following formula:

$$\text{Percentage} = [\text{Subgroup Population}] / [\text{Total Population Age 25}] * 100$$

For more information on the data reported in the American Community Survey, please see the complete [American Community Survey 2012 Subject Definitions](#).

## Notes

### Trends Over Time

The American Community Survey multi-year estimates are based on data collected over 5 years. For any given consecutive release of ACS 5-year estimates, 4 of the 5 years overlap. The Census Bureau discourages direct comparisons between estimates for overlapping periods; use caution when interpreting this data.

### 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 5-year period 2007-2011. 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. In their original form, birth statistics from the CDC National Vital Statistics System (NVSS) are available by race alone (White, Black, Amer. Indian/AK Native, and Asian) ethnicity alone (Hispanic, Non-Hispanic), or by combined race and ethnicity. Birth data from the Health Indicators Warehouse is provided using combined race/ethnicity. Due to sample size, data for this indicator is only reported for White (Non-Hispanic), Black (Non-Hispanic), Other (Non-Hispanic) and the Hispanic or Latino population.

### Data Suppression

Suppression is used to protect confidentiality and to avoid misinterpretation when rates are unstable. Data is suppressed for all indicator components (geographic area population group) with fewer than 20 births over the report period.

## 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 dataset consists of modelled 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 sub-state 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. The models predict state and 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

Race and ethnicity (Hispanic origin) are collected as two separate categories based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Data reported from the US Census Bureau's Small Area Health Insurance Estimates (SAHIE) program is available by combined race and ethnicity, and is reported only for state and national data summaries. County level statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available 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. The models predict state and 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

Race and ethnicity (Hispanic origin) are collected as two separate categories based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Data reported from the US Census Bureau's Small Area Health Insurance Estimates (SAHIE) program is available by combined race and ethnicity, and is reported only for state and national data summaries. County level statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available 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 5 year period 2008-2012. Data are aggregate summaries based on 2010 Census Tract 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 universe 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 2012 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.

## Violent Crime

### **Data Background**

The Federal Bureau of Investigation (FBI) is a governmental agency belonging to the United States Department of Justice that serves to protect and defend the United States against terrorist and foreign intelligence threats, to uphold and enforce the criminal laws of the United States, and to provide leadership and criminal justice services to federal, state, municipal, and international agencies and partners.

### **Methodology**

Violent crimes and rates are reported for each police jurisdiction\* and consist of homicide, forcible rape, robbery, and aggravated assault. Population figures are estimates for July 2012 acquired from the US Census Bureau's Population Estimates program. Rates are reported as the number of crimes per 100,000 population using the following formula:

$$\text{Crime Rate} = [\text{Number Violent Crimes}] / [\text{Total Population}] * 100,000$$

\*Police jurisdictions may be defined by the boundary of a county, county subdivision, or city. Regional police departments may consist of multiple cities or subdivisions.

Access to the complete methodology, including quality assurance procedures and sample crime reporting forms, is available at the Federal Bureau of Investigations [Uniform Crime Reports](#) 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.

#### **Data Limitations**

1. Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data and maps do not necessarily represent an exhaustive

list of crimes due to gaps in reporting.

2. Data for forcible rape was not consistently reported by city and county agencies in the state of Minnesota. Forcible rapes are not included in the violent crime summaries for cities and counties in that state.

3. Some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds. These offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports [Universities and Colleges](#) data tables.

### **Data Suppression**

Suppression is used to avoid misinterpretation when rates are unreliable or unstable. When the FBI determines that an agency's data collection methodology does not comply with national UCR guidelines, the figure(s) for that agency's offense(s) are not included. For further details please see the original data tables available online through the FBI [Crime in the US](#) website.

## 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:

**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.

## 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 =  $\text{SUM [ Concentration ]} / 365$**

**Number of Days Above Regulatory Standard\* =  $\text{COUNT [ Days Where Ozone > 75 ]}$**

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](#) website.

## 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 data file. Industries are stratified based on the 2012 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:

$$\text{Rate} = \frac{[\text{Establishment Count}]}{[\text{Population}]} * 100,000$$

The specific NAICS codes used to identify establishment categories within the County Business Patterns (CBP) are listed below.

- Grocery stores and supermarkets: 445110  
*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.*
- Fast food restaurants: 722513 (formerly 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.

### Data Limitations

Reported data represent summaries limited by county boundaries. When comparing rates, consider the following:

- 1) Rates assume uniform distribution of both establishments and populations throughout the county and may not detect disparities in access for rural or minority populations.
- 2) Summaries may over-represent or under-represent county rates when populations or establishments are highly concentrated on county border lines.
- 3) Rates do not describe quality of the establishment or utilization frequency.

## 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](#) website.

## 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 data file. Industries are stratified based on the 2012 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:

$$\text{Rate} = \frac{\text{[Establishment Count]}}{\text{[Population]}} * 100,000$$

The specific NAICS codes used to identify establishment categories within the County Business Patterns (CBP) are listed below.

- Grocery stores and supermarkets: 445110  
*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.*
- Fast food restaurants: 722513 (formerly 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.

### Data Limitations

Reported data represent summaries limited by county boundaries. When comparing rates, consider the following:

- 1) Rates assume uniform distribution of both establishments and populations throughout the county and may not detect disparities in access for rural or minority populations.
- 2) Summaries may over-represent or under-represent county rates when populations or establishments are highly concentrated on county border lines.
- 3) Rates do not describe quality of the establishment or utilization frequency.

## 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](#) website.

### 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 data file. Industries are stratified based on the 2012 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:

$$\text{Rate} = \frac{[\text{Establishment Count}]}{[\text{Population}]} * 100,000$$

The specific NAICS codes used to identify establishment categories within the County Business Patterns (CBP) are listed below.

- Grocery stores and supermarkets: 445110  
*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.*
- Fast food restaurants: 722513 (formerly 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

Reported data represent summaries limited by county boundaries. When comparing rates, consider the following:

- 1) Rates assume uniform distribution of both establishments and populations throughout the county and may not detect disparities in access for rural or minority populations.
- 2) Summaries may over-represent or under-represent county rates when populations or establishments are highly concentrated on county border lines.
- 3) Rates do not describe quality of the establishment or utilization frequency.

### 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.

## Modified Retail Food Environment Index

### **Data Background**

The Division of Nutrition, Physical Activity, and Obesity (DNPAO) is a program run by the the Centers for Disease Control and Prevention (CDC), a division of the US Department of Health & Human Services. The agency utilizes a public health approach to address the role of nutrition and physical

activity in improving the public's health and preventing and controlling chronic diseases. The DNPAO published the Modified Retail Food Environmental Index (MRFEI) for each state in the US in 2011. The mRFEI is a measure of the proportion of food retailers that sell healthy foods compared to retailers that sell unhealthy foods. Scores can range from 0 (no food retailers that typically sell healthy food) to 100 (only food retailers that typically sell healthy food). Areas with lower mRFEI scores have more food retailers (like fast food restaurants and convenience stores) that are less likely to sell less healthy foods and fewer food retailers (like supermarkets) that tend to sell healthy foods such as fresh fruits and vegetables.

## Methodology

Census tract-level Modified Retail Food Environmental Index (mRFEI) data was acquired from the CDC Division of Nutrition, Physical Activity, and Obesity (DNPAO). This dataset contains index values for each census tract (using census 2000 boundaries) based on the proportion of healthy to unhealthy food retailers located in the tract. mRFEI scores were classified into different healthy food access categories as follows:

Under 0.0	No Food Outlet
0.0	No Healthy Food Outlet
0.1 – 5.0	Poor Healthy Food Access
5.1 – 15.0	Low Healthy Food Access
15.1 – 30.0	Moderate Healthy Food Access
Over 30.0	High Healthy Food Access

The number of persons living in tracts with each food access designation was calculated using Census 2000 population figures and summarized to the county or state level. Percentages were generated by dividing these figures by the total population in each county or state. For more information, please see the complete CDC [Modified Retail Food Environment Index Report](#).

## Notes

### Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories the US Census Bureau 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 Decennial Census are: White, Black, American Indian/Alaskan Native, Asian, and Other. A census 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 Decennial Census Summary File 1 by combined race and ethnicity. Indicator race and ethnicity statistics (total and percentages) are generated using the method described above. Totals and percentages are only available by race and ethnicity for populations in tracts with low, poor, or no healthy food access (tracts with scores under 15.1).

### Index of Disparity (ID)

The Index of Disparity (ID) used with this indicator was adopted by researchers at the National Center for Health Statistics (NCHS) and the National Institute of Health (NIH) for use with Healthy People 2010 and 2020 guidelines. This index measures the magnitude of variation in indicator percentages across groups - in this case racial and ethnic groups. Specifically, the index of disparity is defined as "the average of the absolute differences between rates for specific groups within a population and the overall population rate, divided by the rate for the overall population and expressed as a percentage". The ID can be expressed using the following formula:

Index of Disparity =  $100.0 * ( ( \text{SUM} ( |r - R| ) / n ) / R )$

...where r is the sub-group rate and R is the total population rate. Index values range from 0 (where all sub-groups are equal) to infinity. Index values are heavily dependent on the total population value ( R ), so comparisons should be made across geographic areas (county vs. state vs. nation), and not across indicators.

For more information on the index of disparity, please see the NIH research article [A Summary Measure of Health Disparity](#).

## Park Access

### **Data Background**

ESRI's ArcGIS map gallery provides a platform for viewing and downloading various public-use datasets. OpenStreetMap (OSM) is a collaborative project to create a free editable map of the world. OSM components are available for download in bulk through the third party platforms, including the [WeoGeo market](#).

### **Methodology**

The percentage and number of people living within 0.5 miles of the boundary of a park was calculated by CARES. The population living within a 0.5 mile radius of any park boundary (buffer) was determined at the census block level using 2010 census block centroids. These figures were aggregated to census tract, county, and state levels. These estimates use population figures from the US Census Bureau 2010 Decennial Census. Park boundaries are acquired from a combination of sources, including ESRI's [USA Parks \(2010\)](#), as well as [OpenStreetMap \(2013\)](#). Land feature types from these layers include: local parks, state parks and forests, national parks and forests, national monuments, and beaches. OpenStreetMap park features include some nature preserves, skate parks, and dog parks.

### **Notes**

#### **Data Limitations**

1. Navteq parks data includes local, state, and national park as well as national forests. These locations may represent a wide spectrum of infrastructure that encourages physical activity, and not all locations may present equal opportunities.
2. This indicator may overestimate park access since routes to park entrances may be much farther than a direct line from a residence to a park boundary.
3. The data may not capture places that serve park functions, but are not classified as parks, such as an unofficial trail along a utility corridor, or a school-yard open for public use under a joint use agreement.

## 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.

## 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](#) website.

## 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 data file. Industries are stratified based on the 2012 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:

$$\text{Rate} = \frac{[\text{Establishment Count}]}{[\text{Population}]} * 100,000$$

The specific NAICS codes used to identify establishment categories within the County Business Patterns (CBP) are listed below.

- Grocery stores and supermarkets: 445110  
*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.*
- Fast food restaurants: 722513 (formerly 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.

### Data Limitations

Reported data represent summaries limited by county boundaries. When comparing rates, consider the following:

1) Rates assume uniform distribution of both establishments and populations throughout the county and may not detect disparities in access for rural

or minority populations.

- 2) Summaries may over-represent or under-represent county rates when populations or establishments are highly concentrated on county border lines.
- 3) Rates do not describe quality of the establishment or utilization frequency.

## SNAP-Authorized Food Store Access

### **Data Background**

The Food and Nutrition Service (FNS) is an agency of USDA's Food, Nutrition, and Consumer Services. FNS works to end hunger and obesity through the administration of 15 federal nutrition assistance programs including WIC, Supplemental Nutrition Assistance Program (SNAP), and school meals. In partnership with State and Tribal governments, FNS' programs serve one in four Americans during the course of a year. The FNS mission is to increase food security and reduce hunger by providing children and low-income people access to food, a healthful diet and nutrition education in a way that supports American agriculture and inspires public confidence.

### **Methodology**

Locations of SNAP-Authorized retailers was acquired from the US Department of Agriculture (USDA) Food and Nutrition Service (FNS) SNAP Retailers Locator. This data was processed and each retailer was assigned to the census tract which it fell entirely within. Counts of retailers per each census tract were generated. SNAP-retailer access rates were then calculated for each tract based on the number of stores per 10,000 population.

Locations of SNAP-authorized retailers are compiled by the USDA's Food and Nutrition Service, SNAP Benefits Redemption Division. This data is updated periodically and was last current as of July 16, 2013. Population data are from the U.S. Census Bureau . [Indicator data is presented as a rate per 10,000 population based on the following formula:](#)

$$\text{Rate} = \frac{[\text{SNAP-Authorized Retailers}]}{[\text{Total Population}]} * 10,000$$

[For more information, please refer to the SNAP Retailer Locator](#) documentation.

### **Notes**

#### **Data Limitations**

Reported data represent summaries limited by census tract boundaries. When comparing rates, consider the following:

- 1) Rates assume uniform distribution of both establishments and populations throughout the tract and may not detect disparities in access for rural or minority populations.
- 2) Summaries may over-represent or under-represent tract rates when populations or establishments are highly concentrated near tract borders.
- 3) Rates do not describe quality of the establishment or utilization frequency.

#### **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 2008-2012. 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 2012 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.

### Data Limitations

Reported data represent summaries limited by county boundaries. When comparing rates, consider the following:

- 1) Rates assume uniform distribution of both establishments and populations throughout the county and may not detect disparities in access for rural or minority populations.
- 2) Summaries may over-represent or under-represent county rates when populations or establishments are highly concentrated on county border lines.
- 3) Rates do not describe quality of the establishment or utilization frequency.

## Access to Primary Care

### Data Background

The Area Health Resource File (AHRF) 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 AHRF 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 Health Resource File](#) website.

## Methodology

Physician data are acquired from the 2012-13 Health Resources and Services Administration (HRSA) Area Health Resource File (AHRF). These counts are tabulations from the 2011 *American Medical Association (AMA) Physician Masterfiles*. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. Population data for this indicator are also acquired from the AHRF, and are based on U.S. Census Bureau 2011 Population Estimates.

Data is tabulated for physicians practicing patient care only. Patient care practitioners include office-based physicians, hospital residents (including clinical fellows), and hospital-based (FT) staff. Non-patient care practitioners include administrators, medical teachers, researchers, etc. Rates are calculated per 100,000 total population using the following formula:

$$\text{Provider Rate} = \left[ \frac{\text{Number of Primary Care Physicians}}{\text{Total Population}} \right] * 100,000$$

For detailed documentation or to view the original data, please view the documentation included in the 2012-2013 AHRF, which can be downloaded [here](#).

## Notes

### Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator.

### Data Limitations

Reported data represent summaries limited by county boundaries. When comparing rates, consider the following:

- 1) Rates assume uniform distribution of both establishments and populations throughout the county and may not detect disparities in access for rural or minority populations.
- 2) Summaries may over-represent or under-represent county rates when populations or establishments are highly concentrated on county border lines.
- 3) Rates do not describe quality of the establishment or utilization frequency.

## 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 and tabulated into county estimates by the BRFSS analysis team. 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 housed 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 2006-2012 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) 2007-2011 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 and tabulated into county estimates by the BRFSS analysis team. 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 housed 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 2006-2012 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) 2007-2011 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 Humans 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

Population figures are acquired for this indicator from the U.S. Census Bureau, 2010 Decennial Census, Summary File 1. 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 from September 2013. FQHC addresses were geocoded using the ESRI ArcGIS Online 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:

$$\text{Adults Without Any Regular Doctor} = ([\text{Indicator Percentage}] / 100) * [\text{Total Adult Population}]$$

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.

## Lack of Prenatal Care

### 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 4-year period 2007-2010. Original data was tabulated by the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) based on information reported on each birth certificate. Rates represent the number of births to mothers with no prenatal care, or prenatal care beginning after the first trimester. Rates are summarized based on the following formula

$$\text{Rate} = [\text{Late or No Prenatal Care Births}] / [\text{Total Births}] * 100$$

Data was acquired from the CDC WONDER database. For more information about this source, including data suppression information, please visit the [CDC WONDER Current Natality](#) data page, or refer to the NVSS [natality public use file documentation](#).

## Notes

### Data Suppression

Suppression is used to protect confidentiality and to avoid misinterpretation when rates are unstable. Data is suppressed for all counties with fewer than 100,000 total population.

### 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.

## 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 and tabulated into county estimates by the BRFSS analysis team. 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 housed 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 2006-2012 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:

$$\text{[Persons having a Pneumonia vaccination]} = \left( \frac{\text{[Indicator Percentage]}}{100} \right) * \text{[Total Population]} .$$

Adult population figures used in the data tables are acquired from the American Community Survey (ACS) 2007-2011 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's full time equivalency\* 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:

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

\* Total equivalency population:

HPSA Designation populations may exceed total census populations in areas with large transient populations as follows:

- Seasonal residents, i.e., those who maintain a residence in the area but inhabit it for only 2 to 8 months per year, may be included but must be weighted in proportion to the fraction of the year they are present in the area.
- Other tourists (non-resident) may be included in an area's population but only with a weight of 0.25, using the following formula: Effective tourist contribution to population = 0.25 x (fraction of year tourists are present in area) x (average daily number of tourists during portion of year that tourists are present).
- Migratory workers and their families may be included in an area's population, using the following formula: Effective migrant contribution to population = (fraction of year migrants are present in area) x (average daily number of migrants during portion of year that migrants are present)

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:

$$\text{Rate} = \frac{\text{[ACS Condition Discharges]}}{\text{[Total Patients]}} * 10,000$$

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 and tabulated into county estimates by the BRFSS analysis team. 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 housed 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 2006-2012 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) 2007-2011 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*. Tract-level and county-level expenditure estimates are proprietary Nielsen data restricted from public distribution and subject to terms of use agreements. Indicator data tables contain state and national ranks for counties, and percent expenditure estimates based on aggregated tract-level data. The percent expenditure figures calculated for custom geographic areas can be expressed using the following formula:

$$\text{Percent Expenditures} = [\text{Category Expenditures}] / [\text{Total Area Expenditures}] * 100$$

To generate acceptable county-level output for indicator report pages, percent expenditures for each food-at-home category were sorted and ranked by county. Each county's within-state rank and that rank's percentile are displayed in the indicator data table. This information is not available for custom geographic areas, for states, or for the total United States. County percentiles are calculated using the following formula:

$$\text{Percentile} = [\text{County Within State Rank}] / [\text{Total Number of Counties in State}] * 100$$

To generate acceptable map output in compliance with the Nielsen terms of use agreement, percent expenditures for each tract 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 and tabulated into county estimates by the BRFSS analysis team. 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 housed 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) 2005-2009 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. Tract-level and county-level expenditure estimates are proprietary Nielsen data restricted from public distribution and subject to terms of use agreements. Indicator data tables contain state and national ranks for counties, and percent expenditure estimates based on aggregated tract-level data. The percent expenditure figures calculated for custom geographic areas can be expressed using the following formula:

$$\text{Percent Expenditures} = [\text{Category Expenditures}] / [\text{Total Area Expenditures}] * 100$$

To generate acceptable county-level output for indicator report pages, percent expenditures for each food-at-home category were sorted and ranked by county. Each county's within-state rank and that rank's percentile are displayed in the indicator data table. This information is not available for custom geographic areas, for states, or for the total United States. County percentiles are calculated using the following formula:

$$\text{Percentile} = [\text{County Within State Rank}] / [\text{Total Number of Counties in State}] * 100$$

To generate acceptable map output in compliance with the Nielsen terms of use agreement, percent expenditures for each tract 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]<sup>2</sup>) 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. Tract-level and county-level expenditure estimates are proprietary Nielsen data restricted from public distribution and subject to terms of use agreements. Indicator data tables contain state and national ranks for counties, and percent expenditure estimates based on aggregated tract-level data. The percent expenditure figures calculated for custom geographic areas can be expressed using the following formula:

$$\text{Percent Expenditures} = [\text{Category Expenditures}] / [\text{Total Area Expenditures}] * 100$$

To generate acceptable county-level output for indicator report pages, percent expenditures for each food-at-home category were sorted and ranked by county. Each county's within-state rank and that rank's percentile are displayed in the indicator data table. This information is not available for custom geographic areas, for states, or for the total United States. County percentiles are calculated using the following formula:

$$\text{Percentile} = [\text{County Within State Rank}] / [\text{Total Number of Counties in State}] * 100$$

To generate acceptable map output in compliance with the Nielsen terms of use agreement, percent expenditures for each tract 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. Tract-level and county-level expenditure estimates are proprietary Nielsen data restricted from public distribution and subject to terms of use agreements. Indicator data tables contain state and national ranks for counties, and percent expenditure estimates based on aggregated tract-level data. The percent expenditure figures calculated for custom geographic areas can be expressed using the following formula:

$$\text{Percent Expenditures} = [\text{Category Expenditures}] / [\text{Total Area Expenditures}] * 100$$

To generate acceptable county-level output for indicator report pages, percent expenditures for each food-at-home category were sorted and ranked by county. Each county's within-state rank and that rank's percentile are displayed in the indicator data table. This information is not available for custom geographic areas, for states, or for the total United States. County percentiles are calculated using the following formula:

$$\text{Percentile} = [\text{County Within State Rank}] / [\text{Total Number of Counties in State}] * 100$$

To generate acceptable map output in compliance with the Nielsen terms of use agreement, percent expenditures for each tract 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 and tabulated into county estimates by the BRFSS analysis team. 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 housed 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 2006-2012 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) 2007-2011 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.

## 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 2006-2010 from the [State Cancer Profiles: Incidence Rates](#) data tables. This source provides the average annual incidence of new cancer cases, as well as incidence rates, age adjusted to the 2000 US

standard population. The new case counts (incidence) 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. The population data displayed in the report summary tables are based on American Community Survey 2006-10 5-year estimates and are shown for reference only.

In order to perform aggregate (multi-county or service area) incidence rate estimates with the data provided, age-adjusted total populations are first back-calculated using the following formula:

$$\text{Adj. Population} = ( [\text{Cancer Incidence}] / ([\text{Adj. Incidence Rate}] / 100,000) )$$

This estimated population figure is then used in the formula to re-calculate age-adjusted cancer rates as follows:

$$\text{Adj. Incidence Rate} = 100,000 * ([\text{Cancer Incidence}] / [\text{Adj. Population}])$$

For more information about the State Cancer Profiles data, including age-adjustment and data suppression, please visit the [SEER\\*Stat](#) website.

## Notes

### Data Limitations

1. Data is not available for the state of Kansas because of state legislation and regulations which prohibit the release of county level data to outside entities.
2. Data is not available for the state of Minnesota.
3. Data for Ohio counties are acquired from [CDC WONDER](#). Data are estimates based on metropolitan areas which consist of multiple counties.
4. Data for the state of Michigan do not include cases diagnosed in other states because data exchange agreements prohibit the release of data to third parties.

### Race and Ethnicity

Cancer statistics from the State Cancer Profiles database are reported by race alone (White, Black, Amer. Indian/AK Native, and Asian) or by ethnicity alone (Hispanic), or for the white Hispanic and white non-Hispanic population. NHIA (NAACCR Hispanic Identification Algorithm) was used to determine Hispanic ethnicity. See the *Technical Notes* section of the [2003 United States Cancer Statistics Report](#) for more information.

### 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, or when the total population (per race-ethnicity-sex grouping) of the report area is less than 50,000

## 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 2006-2010 from the [State Cancer Profiles: Incidence Rates](#) data tables. This source provides the average annual incidence of new cancer cases, as well as incidence rates, age adjusted to the 2000 US standard population. The new case counts (incidence) 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. The population data displayed in the report summary tables are based on American Community Survey 2006-10 5-year estimates and are shown for reference only.

In order to perform aggregate (multi-county or service area) incidence rate estimates with the data provided, age-adjusted total populations are first back-calculated using the following formula:

$$\text{Adj. Population} = ( [\text{Cancer Incidence}] / ([\text{Adj. Incidence Rate}] / 100,000) )$$

This estimated population figure is then used in the formula to re-calculate age-adjusted cancer rates as follows:

$$\text{Adj. Incidence Rate} = 100,000 * ([\text{Cancer Incidence}] / [\text{Adj. Population}])$$

For more information about the State Cancer Profiles data, including age-adjustment and data suppression, please visit the [SEER\\*Stat](#) website.

## Notes

### Data Limitations

1. Data is not available for the state of Kansas because of state legislation and regulations which prohibit the release of county level data to outside entities.
2. Data is not available for the state of Minnesota.
3. Data for Ohio counties are acquired from [CDC WONDER](#). Data are estimates based on metropolitan areas which consist of multiple counties.
4. Data for the state of Michigan do not include cases diagnosed in other states because data exchange agreements prohibit the release of data to third parties.

### Race and Ethnicity

Cancer statistics from the State Cancer Profiles database are reported by race alone (White, Black, Amer. Indian/AK Native, and Asian) or by ethnicity alone (Hispanic), or for the white Hispanic and white non-Hispanic population. NHIA (NAACCR Hispanic Identification Algorithm) was used to determine Hispanic ethnicity. See the *Technical Notes* section of the [2003 United States Cancer Statistics Report](#) for more information.

### 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, or when the total population (per race-ethnicity-sex grouping) of the report area is less than 50,000

## 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**

Race and ethnicity (Hispanic origin) are collected as two separate categories by state departments of health based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Data reported from the CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) is available by combined race and ethnicity, and is reported only for state and national data summaries. County level statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available 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 2006-2010 from the [State Cancer Profiles: Incidence Rates](#) data tables. This source provides the average annual incidence of new cancer cases, as well as incidence rates, age adjusted to the 2000 US standard population. The new case counts (incidence) 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. The population data displayed in the report summary tables are based on American Community Survey 2006-10 5-year estimates and are shown for reference only.

In order to perform aggregate (multi-county or service area) incidence rate estimates with the data provided, age-adjusted total populations are first back-calculated using the following formula:

$$\text{Adj. Population} = ( [\text{Cancer Incidence}] / ([\text{Adj. Incidence Rate}] / 100,000) )$$

This estimated population figure is then used in the formula to re-calculate age-adjusted cancer rates as follows:

$$\text{Adj. Incidence Rate} = 100,000 * ([\text{Cancer Incidence}] / [\text{Adj. Population}])$$

For more information about the State Cancer Profiles data, including age-adjustment and data suppression, please visit the [SEER\\*Stat](#) website.

## Notes

### Data Limitations

1. Data is not available for the state of Kansas because of state legislation and regulations which prohibit the release of county level data to outside entities.
2. Data is not available for the state of Minnesota.
3. Data for Ohio counties are acquired from [CDC WONDER](#). Data are estimates based on metropolitan areas which consist of multiple counties.
4. Data for the state of Michigan do not include cases diagnosed in other states because data exchange agreements prohibit the release of data to third parties.

### Race and Ethnicity

Cancer statistics from the State Cancer Profiles database are reported by race alone (White, Black, Amer. Indian/AK Native, and Asian) or by ethnicity alone (Hispanic), or for the white Hispanic and white non-Hispanic population. NHIA (NAACCR Hispanic Identification Algorithm) was used to determine Hispanic ethnicity. See the *Technical Notes* section of the [2003 United States Cancer Statistics Report](#) for more information.

### 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, or when the total population (per race-ethnicity-sex grouping) of the report area is less than 50,000

## 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]<sup>2</sup>) 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**

Race and ethnicity (Hispanic origin) are collected as two separate categories by state departments of health based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Data reported from the CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) is available by combined race and ethnicity, and is reported only for state and national data summaries. County level statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available 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](#)

## 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:

**Adults Diagnosed with Heart Disease = ([Indicator Percentage] / 100) \* [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**

Race and ethnicity (Hispanic origin) are collected as two separate categories by state departments of health based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Data reported from the CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) is available by combined race and ethnicity, and is reported only for state and national data summaries. County level statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available 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 Area Health Resource File (AHRF) 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 AHRF 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 Health Resource File](#) website.

## Methodology

Total births and infant mortality rates are 5-year averages acquired from the 2012 Health Resources and Services Administration (HRSA) Area Resource File (ARF). Total infant deaths are back-calculated based on these figures. Mortality rates represent the number of deaths to infants under age 1 per 1,000 total live births, based on the following formula:

$$\text{Rate} = [\text{Total Deaths Under Age 1}] / [\text{Total Births}] * 1,000$$

The ARF documentation states the following about the infant mortality data:

*The NCHS Mortality Data were obtained from the National Center for Health Statistics Detail Mortality data files, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. The number of infant deaths for a county are based on place of residence; non residents of the US are excluded. Averages are provided rather than actual data for each year because of data use restrictions required by NCHS beginning with 1989 data.*

For additional information, please review the documentation for the HRSA ARF, available for download [here](#).

## Notes

### Race and Ethnicity

Race and ethnicity (Hispanic origin) are collected as two separate categories by state departments of health based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Data reported from the CDC is available by combined race and ethnicity, and is reported here only for state and national data summaries. County level statistics by race and ethnicity are not provided for this indicator due to sample size limitations. Detailed race/ethnicity data may be available from a local source.

### Data Suppression

Suppression is used to avoid misinterpretation when rates are unstable. Data is suppressed when there are fewer than 10 cases in the numerator (for each county / population group combination) over the report period.

## 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:

$$\text{Rate} = [\text{Births Weighting} < 2500\text{g}] / [\text{Total Births}] * 100$$

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 2006-2010 from the [State Cancer Profiles: Incidence Rates](#) data tables. This source provides the average annual incidence of new cancer cases, as well as incidence rates, age adjusted to the 2000 US standard population. The new case counts (incidence) 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. The population data displayed in the report summary tables are based on American Community Survey 2006-10 5-year estimates and are shown for reference only.

In order to perform aggregate (multi-county or service area) incidence rate estimates with the data provided, age-adjusted total populations are first back-calculated using the following formula:

$$\text{Adj. Population} = ( [\text{Cancer Incidence}] / ([\text{Adj. Incidence Rate}] / 100,000) )$$

This estimated population figure is then used in the formula to re-calculate age-adjusted cancer rates as follows:

$$\text{Adj. Incidence Rate} = 100,000 * ([\text{Cancer Incidence}] / [\text{Adj. Population}])$$

For more information about the State Cancer Profiles data, including age-adjustment and data suppression, please visit the [SEER\\*Stat](#) website.

## Notes

### Data Limitations

1. Data is not available for the state of Kansas because of state legislation and regulations which prohibit the release of county level data to outside entities.
2. Data is not available for the state of Minnesota.
3. Data for Ohio counties are acquired from [CDC WONDER](#). Data are estimates based on metropolitan areas which consist of multiple counties.
4. Data for the state of Michigan do not include cases diagnosed in other states because data exchange agreements prohibit the release of data to third parties.

### Race and Ethnicity

Cancer statistics from the State Cancer Profiles database are reported by race alone (White, Black, Amer. Indian/AK Native, and Asian) or by ethnicity alone (Hispanic), or for the white Hispanic and white non-Hispanic population. NHIA (NAACCR Hispanic Identification Algorithm) was used to determine Hispanic ethnicity. See the *Technical Notes* section of the [2003 United States Cancer Statistics Report](#) for more information.

### 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, or when the total population (per race-ethnicity-sex grouping) of the report area is less than 50,000

## 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]<sup>2</sup>) 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:

$$\text{Adults Overweight} = \left( \frac{\text{Indicator Percentage}}{100} \right) * \text{Total Population} .$$

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 publicly 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 and tabulated into county estimates by the BRFSS analysis team. 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 housed 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 2006-2012 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) 2007-2011 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 2008-2012. 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 universe (non-institutionalized) population using 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 2012 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:

$$\text{YPLL} = [ 75 * (\text{Number of Deaths Under Age 75}) ] - [ \text{SUM (Age at Death)} ]$$

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 2006-2010 from the [State Cancer Profiles: Incidence Rates](#) data tables. This source provides the average annual incidence of new cancer cases, as well as incidence rates, age adjusted to the 2000 US

standard population. The new case counts (incidence) 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. The population data displayed in the report summary tables are based on American Community Survey 2006-10 5-year estimates and are shown for reference only.

In order to perform aggregate (multi-county or service area) incidence rate estimates with the data provided, age-adjusted total populations are first back-calculated using the following formula:

$$\text{Adj. Population} = ( [\text{Cancer Incidence}] / ([\text{Adj. Incidence Rate}] / 100,000) )$$

This estimated population figure is then used in the formula to re-calculate age-adjusted cancer rates as follows:

$$\text{Adj. Incidence Rate} = 100,000 * ([\text{Cancer Incidence}] / [\text{Adj. Population}])$$

For more information about the State Cancer Profiles data, including age-adjustment and data suppression, please visit the [SEER\\*Stat](#) website.

## Notes

### Data Limitations

1. Data is not available for the state of Kansas because of state legislation and regulations which prohibit the release of county level data to outside entities.
2. Data is not available for the state of Minnesota.
3. Data for Ohio counties are acquired from [CDC WONDER](#). Data are estimates based on metropolitan areas which consist of multiple counties.
4. Data for the state of Michigan do not include cases diagnosed in other states because data exchange agreements prohibit the release of data to third parties.

### Race and Ethnicity

Cancer statistics from the State Cancer Profiles database are reported by race alone (White, Black, Amer. Indian/AK Native, and Asian) or by ethnicity alone (Hispanic), or for the white Hispanic and white non-Hispanic population. NHIA (NAACCR Hispanic Identification Algorithm) was used to determine Hispanic ethnicity. See the *Technical Notes* section of the [2003 United States Cancer Statistics Report](#) for more information.

### 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, or when the total population (per race-ethnicity-sex grouping) of the report area is less than 50,000

## 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.