



CHNA Report

Demographics

Report Area: Logan County, Oklahoma

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

- Total Population
- Total Male Population
- Total Female Population
- Total Population Age 0-4
- Total Population Age 5-17
- Total Population Age 18-24
- Total Population Age 25-34
- Total Population Age 35-44
- Total Population Age 45-54
- Total Population Age 55-64
- Total Population Age 65 or Older
- Median Age
- Change in Total Population
- Linguistically Isolated Population

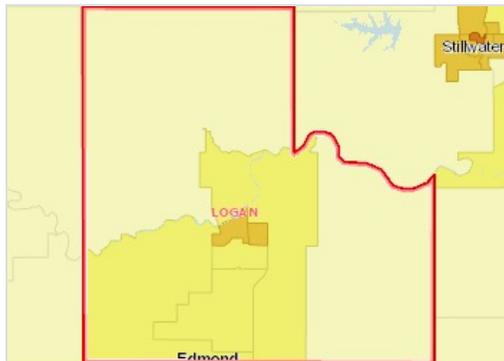
Current population demographics and changes in demographic composition over time play a determining role in the types of health and social services needed by communities.

Total Population

This indicator reports the total number of people in a specific geographic area. This indicator is relevant because population counts are necessary to quantify the community as defined.

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Logan County, Oklahoma	39,777	743.83	53.48
Oklahoma	3,675,339	68,594.90	53.58
United States	303,965,271	3,531,905.50	86.06

Data Source: [U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates](#). Source geography: Tract.



Population Density (Per Sq. Mi.), By Tract, U.S. Census 2010

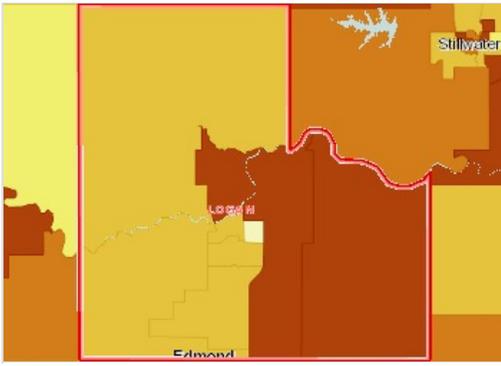
- Over 10,000
- 5,001 - 10,000
- 500.0 - 5,000
- 50.1 - 500.0
- Under 50.1

Total Male Population

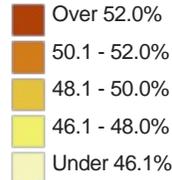
This indicator reports the percentage of males in a specific geographic area. This indicator is relevant because it is important to understand the percentage of males in the community, as males have unique health needs which should be considered separately from female health needs.

Report Area	Total Population	Total Male Population	Percent Male Population
Logan County, Oklahoma	39,777	19,694	49.51%
Oklahoma	3,675,339	1,816,749	49.43%
United States	303,965,280	149,398,720	49.15%

Data Source: [U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates](#). Source geography: Tract.



Percent Population, By Tract, ACS 2006-2010 5-Year Estimate

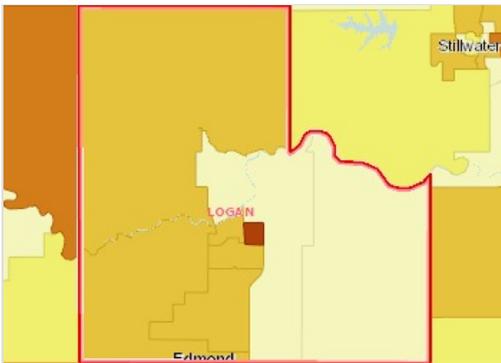


Total Female Population

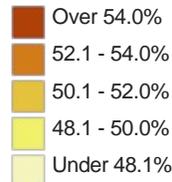
This indicator reports the percentage of females in a specific geographic area. This indicator is relevant because it is important to understand the percentage of females in the community, as females have unique health needs which should be considered separately from male health needs.

Report Area	Total Population	Total Female Population	Percent Female Population
Logan County, Oklahoma	39,777	20,083	50.49%
Oklahoma	3,675,339	1,858,590	50.57%
United States	303,965,280	154,566,544	50.85%

Data Source: [U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates](#). Source geography: Tract.



Percent Population, By Tract, ACS 2006-2010 5-Year Estimate

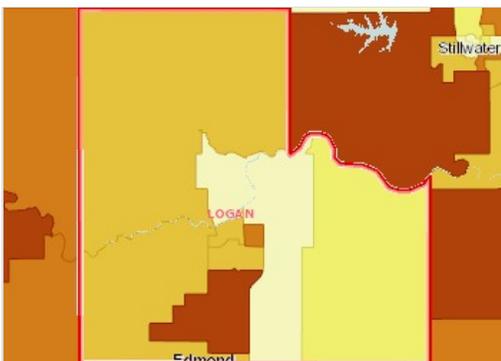


Total Population Age 0-4

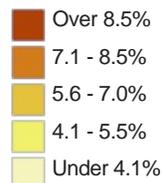
This indicator reports the percentage of children aged 0-4 in a specific geographic area. This indicator is relevant because it is important to understand the percentage of infants and young children in the community, as this population has unique health needs which should be considered separately from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

Report Area	Total Population	Total Population (Age 0-4)	Percent Population (Age 0-4)
Logan County, Oklahoma	39,777	2,567	6.45%
Oklahoma	3,675,339	256,624	6.98%
United States	303,965,280	20,131,420	6.62%

Data Source: [U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates](#). Source geography: Tract.



Percent Population, By Tract, ACS 2006-2010 5-Year Estimate

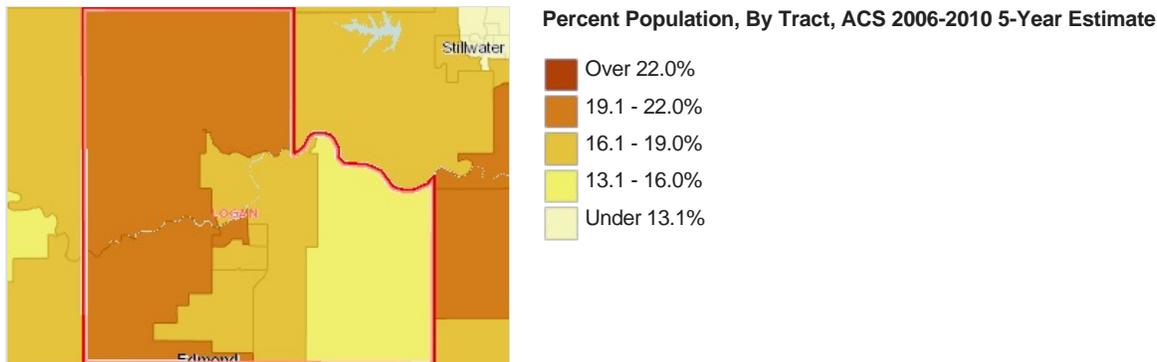


Total Population Age 5-17

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	Total Population (Age 5-17)	Percent Population (Age 5-17)
Logan County, Oklahoma	39,777	7,411	18.63%
Oklahoma	3,675,339	656,397	17.86%
United States	303,965,280	53,901,696	17.73%

Data Source: [U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates](#). Source geography: Tract.

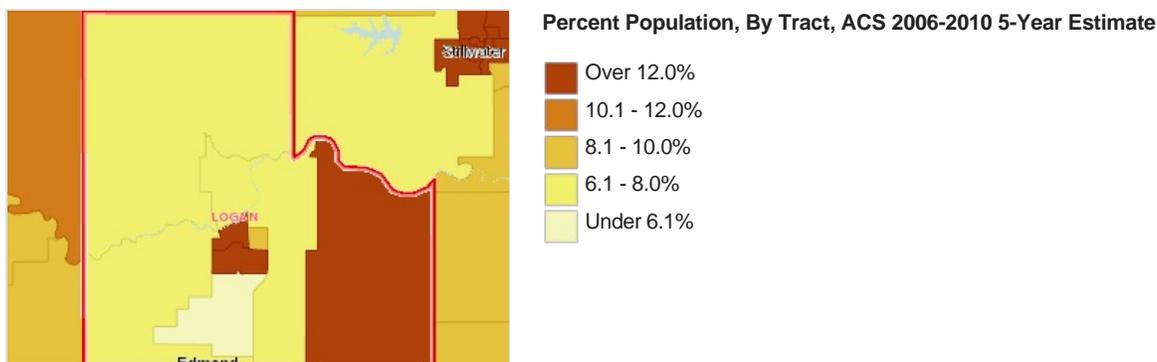


Total Population Age 18-24

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	Total Population (Age 18-24)	Percent Population (Age 18-24)
Logan County, Oklahoma	39,777	3,821	9.61%
Oklahoma	3,675,339	381,499	10.38%
United States	303,965,280	30,205,496	9.94%

Data Source: [U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates](#). Source geography: Tract.

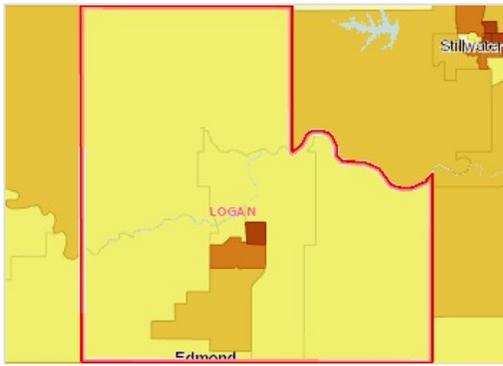


Total Population Age 25-34

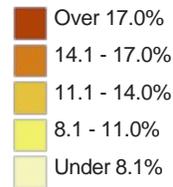
This indicator reports the percentage of youth aged 25-34 in a specific geographic area. This indicator is relevant because it is important to understand the percentage of youth in the community, as this population has unique health needs which should be considered separately from other age groups.

Report Area	Total Population	Total Population (Age 25-34)	Percent Population (Age 25-34)
Logan County, Oklahoma	39,777	4,744	11.93%
Oklahoma	3,675,339	483,520	13.16%
United States	303,965,280	40,191,012	13.22%

Data Source: [U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates](#). Source geography: Tract.



Percent Population, By Tract, ACS 2006-2010 5-Year Estimate

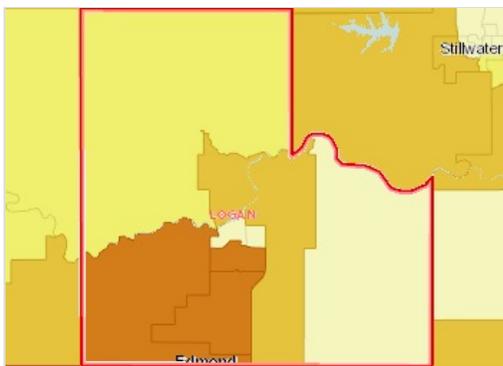


Total Population Age 35-44

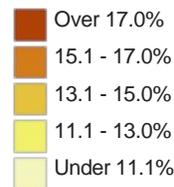
This indicator reports the percentage of youth aged 35-44 in a specific geographic area. This indicator is relevant because it is important to understand the percentage of youth in the community, as this population has unique health needs which should be considered separately from other age groups.

Report Area	Total Population	Total Population (Age 35-44)	Percent Population (Age 35-44)
Logan County, Oklahoma	39,777	5,222	13.13%
Oklahoma	3,675,339	467,474	12.72%
United States	303,965,280	42,206,140	13.89%

Data Source: [U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates](#). Source geography: Tract.



Percent Population, By Tract, ACS 2006-2010 5-Year Estimate

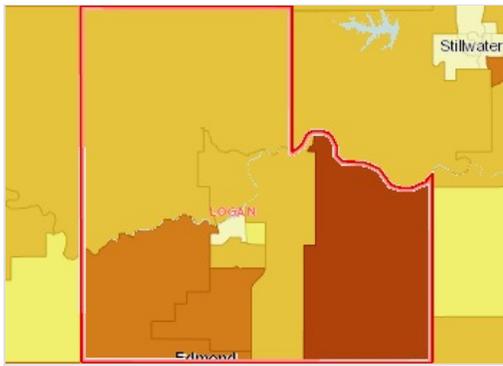


Total Population Age 45-54

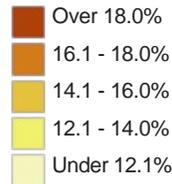
This indicator reports the percentage of youth aged 45-54 in a specific geographic area. This indicator is relevant because it is important to understand the percentage of youth in the community, as this population has unique health needs which should be considered separately from other age groups.

Report Area	Total Population	Total Population (Age 45-54)	Percent Population (Age 45-54)
Logan County, Oklahoma	39,777	6,263	15.75%
Oklahoma	3,675,339	520,656	14.17%
United States	303,965,280	44,302,696	14.57%

Data Source: [U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates](#). Source geography: Tract.



Percent Population, By Tract, ACS 2006-2010 5-Year Estimate

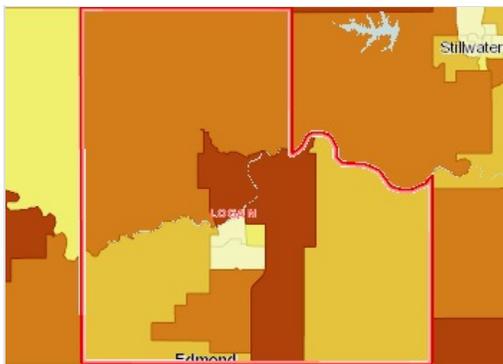


Total Population Age 55-64

This indicator reports the percentage of youth aged 55-64 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	Total Population (Age 55-64)	Percent Population (Age 55-64)
Logan County, Oklahoma	39,777	4,719	11.86%
Oklahoma	3,675,339	417,747	11.37%
United States	303,965,280	34,277,392	11.28%

Data Source: [U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates](#). Source geography: Tract.



Percent Population, By Tract, ACS 2006-2010 5-Year Estimate

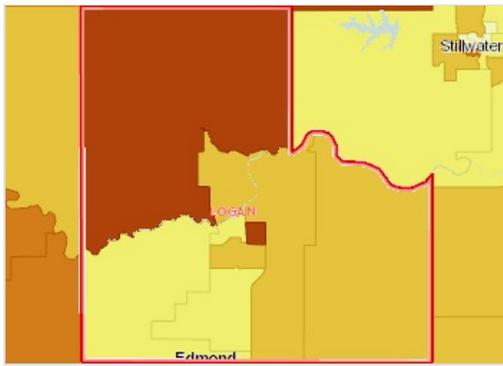


Total Population Age 65 or Older

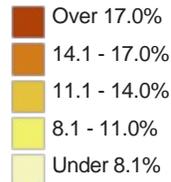
This indicator reports the percentage of seniors aged 65 and older in a specific geographic area. This indicator is relevant because it is important to understand the percentage of seniors in the community, as this population has unique health needs which should be considered separately from other age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

Report Area	Total Population	Total Population (Age 65)	Percent Population (Age 65)
Logan County, Oklahoma	39,777	5,030	12.65%
Oklahoma	3,675,339	491,422	13.37%
United States	303,965,280	38,749,416	12.75%

Data Source: [U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates](#). Source geography: Tract.



Percent Population, By Tract, ACS 2006-2010 5-Year Estimate

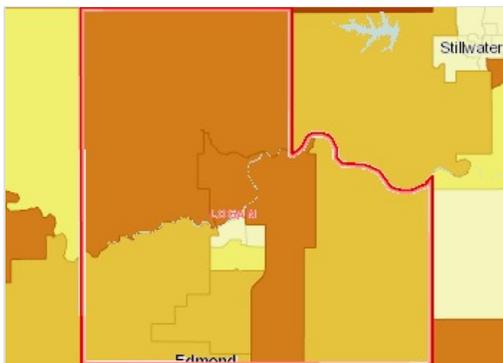


Median Age

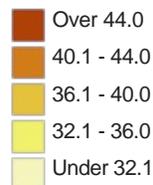
This indicator reports the median age according to the 2010 Census population estimate. This indicator is relevant because the age demographics of a population indicate the potential for age-specific conditions and a demand for related services.

Report Area	Total Population	Median Age
Logan County, Oklahoma	39,777	37.50
Oklahoma	3,675,339	36.30
United States	303,965,280	36.90

Data Source: [U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates](#). Source geography: Tract.



Median Age, By Tract, ACS 2006-2010 5-Year Estimate

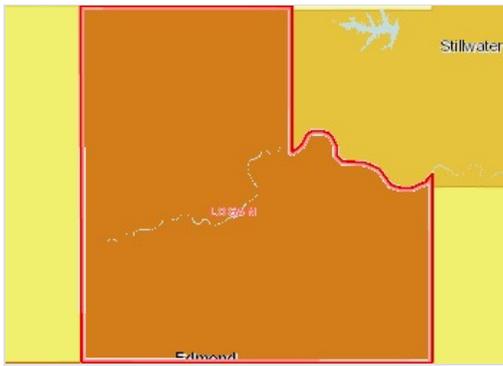


Change in Total Population

This indicator reports the percent difference in population counts from the 2000 Census population estimate to the 2010 Census population estimate. This indicator is relevant because a positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Report Area	Total Population, 2010 Census	Total Population, 2000 Census	Percent Change from 2000-2010 Census
Logan County, Oklahoma	41,848	33,924	23.36%
Oklahoma	3,751,351	3,450,654	8.71%
United States	308,745,538	281,421,906	9.71%

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



Percent Change, By County, U.S. Census 2000 - 2010

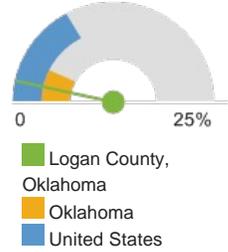


Linguistically Isolated Population

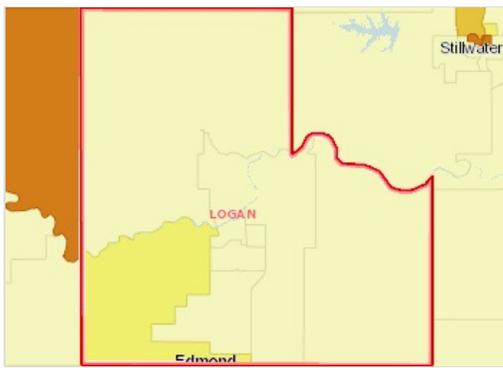
This indicator reports the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well." This indicator is relevant because an inability to speak English well creates barriers to healthcare access, provider communications, and health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

Report Area	Total Population (For Whom Linguistic Isolation is Determined)	Total Linguistically Isolated Population	Percent Linguistically Isolated Population
Logan County, Oklahoma	37,210	634	1.70%
Oklahoma	3,418,715	129,796	3.80%
United States	283,833,856	24,704,752	8.70%

Percent Linguistically Isolated Population



Note: This indicator is compared with the state average.
 Data Source: [U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates](#). Source geography: Tract.



Percent Population, By Tract, ACS 2006-2010 5-Year Estimate



Social & Economic Factors

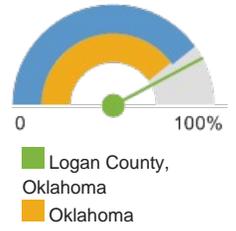
Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to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

Adequate Social or Emotional Support

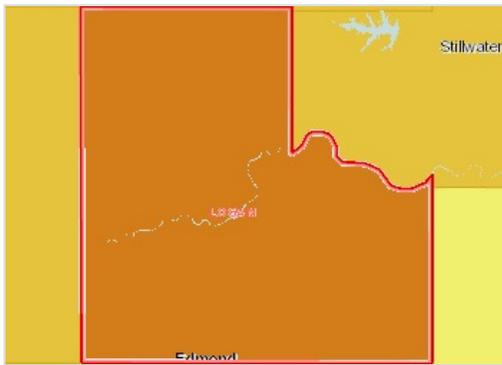
This indicator reports the percentage of adults aged 18 and older who self-report receiving sufficient social and emotional support all of most of the time. This indicator is relevant because social and emotional support is critical for navigating the challenges of daily life as well as for good mental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

Report Area	Population (Age 18)	Adults Reporting Adequate Social or Emotional Support	Percent Adults Reporting Adequate Social or Emotional Support
Logan County, Oklahoma	625	526	84.16%
Oklahoma	60,635	48,508	80%
United States	2,744,636	2,204,749	80.33%

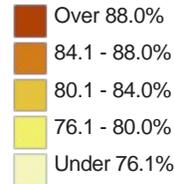
Percent Adults Reporting Adequate Social or Emotional Support



Note: This indicator is compared with the state average.
 Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010](#). Source geography: County.



Pct. of Adults With Adequate Social or Emotional Support, by County, BRFSS 2006-2010

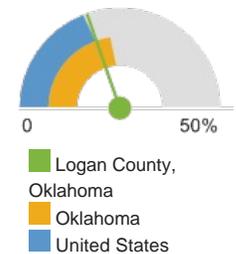


Children in Poverty

This indicator reports the percentage of children aged 0-17 living under 100% 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.

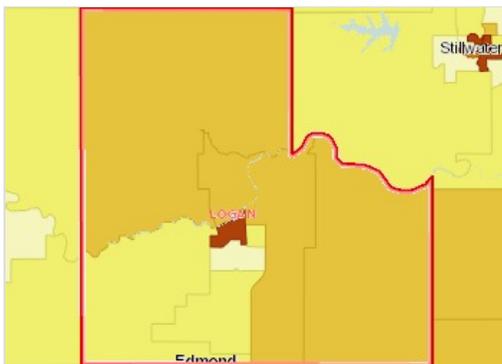
Report Area	Total Population (For Whom Poverty Status is Determined)	Children in Poverty	Percent Children in Poverty
Logan County, Oklahoma	9,814	1,935	19.72%
Oklahoma	895,872	207,039	23.11%
United States	72,850,296	13,980,497	19.19%

Percent Children in Poverty

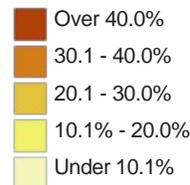


Note: This indicator is compared with the state average.

Data Source: U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates. Source geography: Tract.



Percentage of Children (Age 0-17), by Tract, ACS 2006-2010 5-Year Estimate

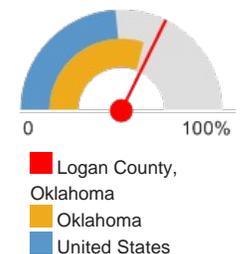


Free and Reduced Price School Lunch Eligibility

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

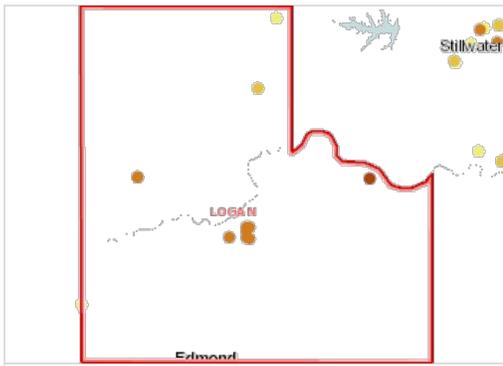
Report Area	Total Student Enrollment	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Logan County, Oklahoma	4,528	2,933	64.77%
Oklahoma	661,189	400,260	60.54%
United States	49,692,766	24,021,069	48.34%

Percent Free/Reduced Price Lunch Eligible



Note: This indicator is compared with the state average.

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



Percentage of Students Eligible for Free or Reduced Price Lunch, by School, NCES 2010-2011

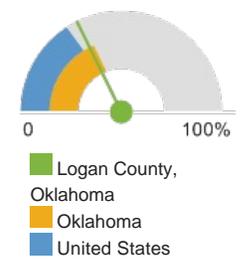
- Over 80.0%
- 60.1 - 80.0%
- 40.1 - 60.0%
- 20.1 - 40.0%
- Under 20.1%
- Not Reported

Population Below 200% of Poverty Level

This indicator reports the percentage of the population living under 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.

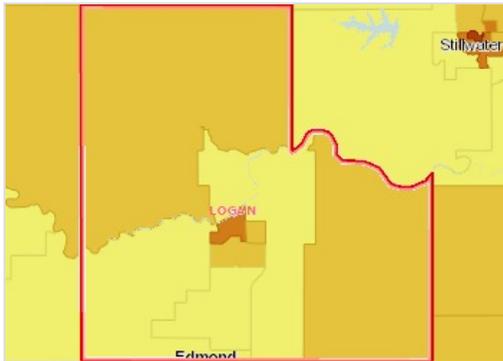
Report Area	Total Population (For Whom Poverty Status is Determined)	Population with Income Below 200% Poverty Level	Percent Population with Income Below 200% Poverty Level
Logan County, Oklahoma	38,985	13,827	35.47%
Oklahoma	3,559,437	1,349,831	37.92%
United States	296,141,152	94,693,416	31.98%

Percent Population with Income Below 200% Poverty Level



Note: This indicator is compared with the state average.

Data Source: U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates. Source geography: Tract.



Percentage of Total Population, By Tract, ACS 2006-2010 5-Year Estimate

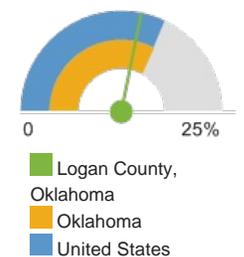
- Over 80.0%
- 60.1 - 80.0%
- 40.1 - 60.0%
- 20.1 - 40.0%
- Under 20.1%

Population Receiving Medicaid

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

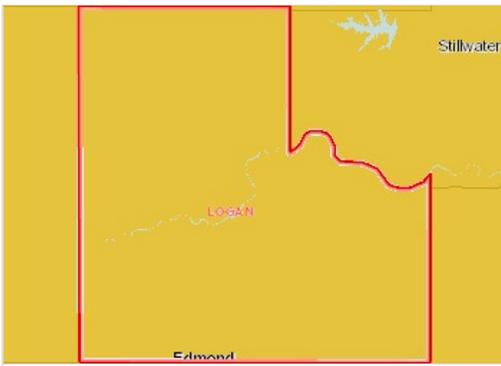
Report Area	Population (for Whom Insurance Status is Determined)	Population Receiving Medicaid	Percent Population Receiving Medicaid
Logan County, Oklahoma	40,577	5,736	14.14%
Oklahoma	3,627,827	594,065	16.38%
United States	301,501,760	48,541,096	16.10%

Percent Population Receiving Medicaid

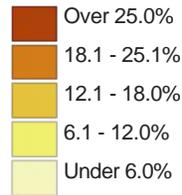


Note: This indicator is compared with the state average.

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



Percent Population, By PUMA, ACS 2008-2010 3-Year Estimate



Population with No High School Diploma

Educational attainment is considered a *key driver* of health status.

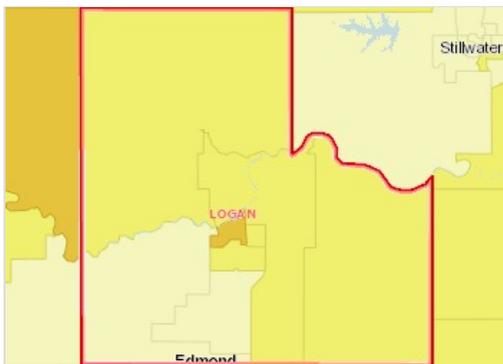
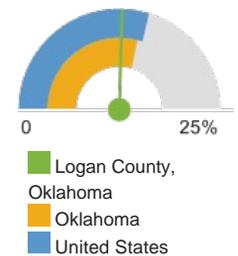
This indicator reports the percentage of the population aged 25 and older without a high school diploma (or equivalency) or higher. This indicator is relevant because low levels of education are often linked to poverty and poor health.

Report Area	Total Population (For Whom Educational Attainment is Determined)	Population with No High School Diploma	Percent Population with No High School Diploma
Logan County, Oklahoma	25,978	3,320	12.78%
Oklahoma	2,380,819	348,235	14.63%
United States	199,726,656	29,898,482	14.97%

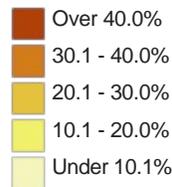
Note: This indicator is compared with the state average.

Data Source: [U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates](#). Source geography: Tract.

Percent Population with No High School Diploma



Percentage of Total Population (Age 25), By Tract, ACS 2006-2010 5-Year Estimate



Poverty Rate (< 100% FPL)

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

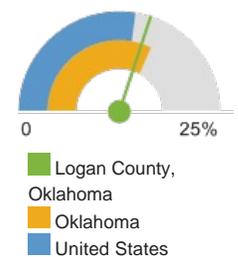
This indicator reports the percentage of the population living below 100% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

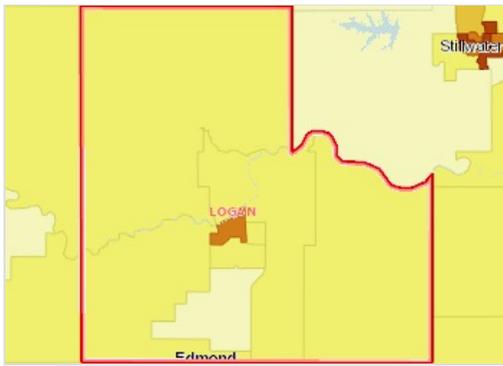
Report Area	Total Population (For Whom Poverty Status is Determined)	Total Population in Poverty	Percent Population in Poverty
Logan County, Oklahoma	38,985	5,847	15.00%
Oklahoma	3,559,437	577,247	16.22%
United States	296,141,152	40,917,512	13.82%

Note: This indicator is compared with the state average.

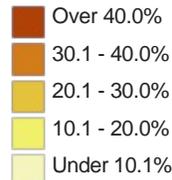
Data Source: [U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates](#). Source geography: Tract.

Percent Population in Poverty





Percentage of Total Population, By Tract, ACS 2006-2010 5-Year Estimate

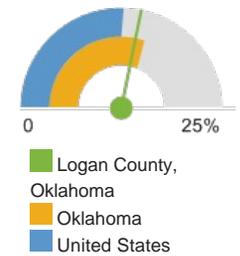


Supplemental Nutrition Assistance Program (SNAP) Recipients

This indicator reports the average percentage of the population receiving the Supplemental Nutrition Assistance Program (SNAP) benefits from the months of July 2008 to July 2009. 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 Estimated Population, 2009	Total Population Receiving SNAP Benefits	Percent Population Receiving SNAP Benefits
Logan County, Oklahoma	39,301	5,551	14.12%
Oklahoma	3,687,050	561,843	15.24%
United States	307,006,550	38,701,176	12.60%

Percent Population Receiving SNAP Benefits

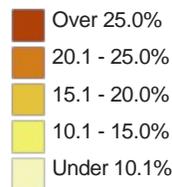


Note: This indicator is compared with the state average.

Data Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE), 2009. Source geography: County.



Percentage of Total Population, By County, SAIPE 2009

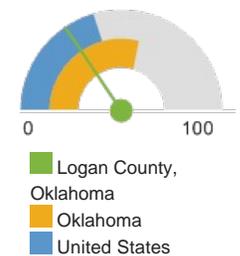


Teen Births

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

Report Area	Female Population Age 15 - 19	Births to Mothers Age 15 - 19	Teen Birth Rate (Per 1,000 Births)
Logan County, Oklahoma	10,769	336	31.20
Oklahoma	861,887	50,248	58.30
United States	72,071,117	2,969,330	41.20

Teen Birth Rate (Per 1,000 Births)

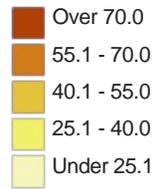


Note: This indicator is compared with the state average.

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



Rate of Births to Women Age 15 - 19 (Per 1,000 Population), By County, CDC NVSS 2003-2009

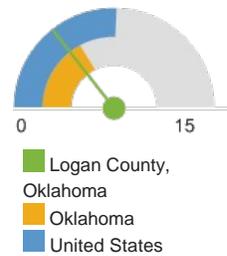


Unemployment Rate

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

Report Area	Total Labor Force	Number Unemployed	Unemployment Rate
Logan County, Oklahoma	19,932	870	4.36
Oklahoma	1,827,140	95,467	5.20
United States	157,046,754	11,921,515	7.60

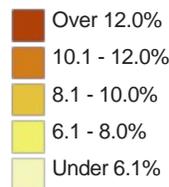
Unemployment Rate



Note: This indicator is compared with the state average.
 Data Source: [U.S. Bureau of Labor Statistics, July, 2012 Local Area Unemployment Statistics](#). Source geography: County.



Percentage of Workforce Unemployed, By County, BLS 2012



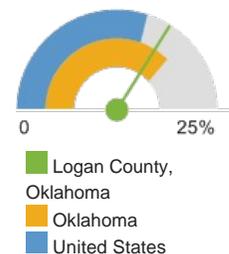
Uninsured Population

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

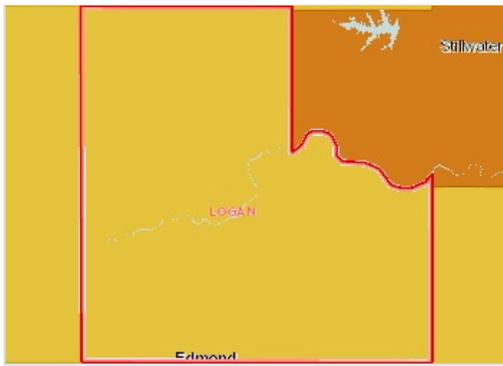
This indicator reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that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

Report Area	Total Population (For Whom Insurance Status is Determined)	Number Uninsured	Percent Uninsured
Logan County, Oklahoma	40,577	6,886	16.97%
Oklahoma	3,627,827	684,755	18.88%
United States	301,501,760	45,368,296	15.05%

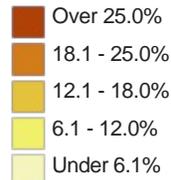
Percent Uninsured



Note: This indicator is compared with the state average.
 Data Source: [U.S. Census Bureau, 2008-2010 American Community Survey 3-Year Estimates](#). Source geography: PUMA.



Percent Population, By PUMA, ACS 2008-2010 3-Year Estimate



Physical Environment

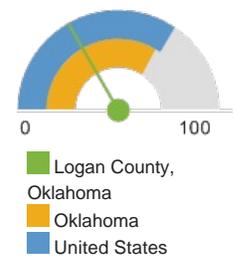
A community's health also is affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health.

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, 2010 Census	Number of Establishments	Establishment Rate (Per 100,000 Pop.)
Logan County, Oklahoma	41,848	14	33.45
Oklahoma	3,725,658	2,524	67.75
United States	308,203,027	213,469	69.26

Establishment Rate (Per 100,000 Pop.)

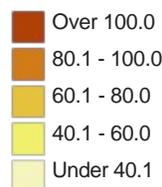


Note: This indicator is compared with the state average.

Data Source: [U.S. Census Bureau, County Business Patterns, 2010](#). Source geography: County.



Fast Food Restaurant Rate (Per 100,000 Pop.), By County, US Census County Business Patterns, 2010

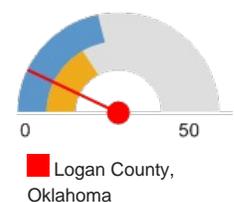


Grocery Store Access

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, 2010 Census	Number of Establishments	Establishment Rate (Per 100,000 Pop.)
Logan County, Oklahoma	41,848	3	7.17
Oklahoma	3,751,351	634	16.90
United States	308,495,938	67,357	21.83

Establishment Rate (Per 100,000 Pop.)

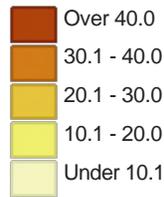


Note: This indicator is compared with the state average.

Data Source: [U.S. Census Bureau, County Business Patterns, 2010](#). Source geography: County.



Grocery Stores (Per 100,000 Pop.), By County, US Census County Business Patterns, 2010

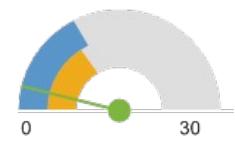


Liquor Store Access

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, 2010 Census	Number of Establishments	Establishment Rate (Per 100,000 Pop.)
Logan County, Oklahoma	41,848	1	2.39
Oklahoma	3,591,754	350	9.74
United States	297,582,731	31,491	10.58

Establishment Rate (Per 100,000 Pop.)

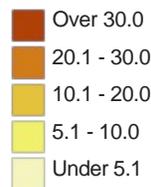


Note: This indicator is compared with the state average.

Data Source: [U.S. Census Bureau, County Business Patterns, 2010](#). Source geography: County.



Beer, Wine, or Liquor Store Rate (Per 100,000 Pop.), By County, US Census County Business Patterns, 2010

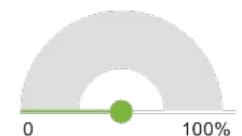


Park Access

This indicator reports the percentage of population living within 1/2 mile of a park. This indicator is relevant because access to outdoor recreation encourages physical activity and other healthy behaviors. Data for this indicator is provided by a local source, if available.

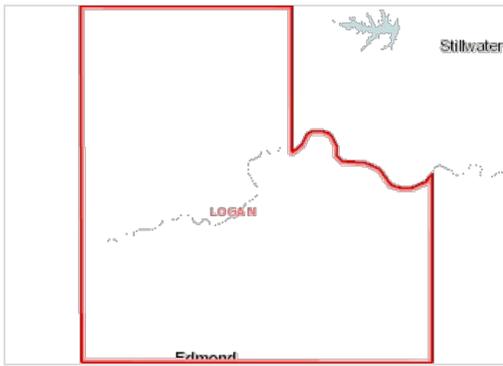
Report Area	Total Population, 2010 Census	Population Within 1/2 Mile	Percent Within 1/2 Mile
Logan County, Oklahoma	no data	no data	no data
Oklahoma	no data	no data	no data

Percent Within 1/2 Mile

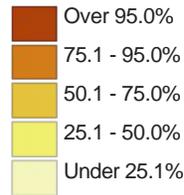


Note: This indicator is compared with the state average.

Data Source: [U.S. Census Bureau, 2010 Census of Population and Housing, Summary File 1](#); Esri's USA Parks layer (compilation of Esri, National Park Service, and TomTom source data), 2012. . Source geography: Block Group.



Percent Population within 1/2 Mile of a Park, By Block Group

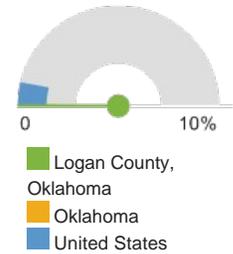


Poor Air Quality (Ozone)

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

Report Area	Average Daily Ozone Concentration	Number of Days Exceeding Emissions Standards	Percentage of Days Exceeding Emissions Standards
Logan County, Oklahoma	24.81	0	0%
Oklahoma	24.98	0.19	0.05%
United States	24.82	2.92	0.80%

Percentage of Days Exceeding Emissions Standards

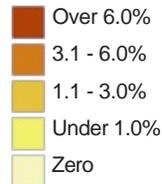


Note: This indicator is compared with the state average.

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



Percentage of Days Above NAAQS Standards, By Tract, CDC 2008

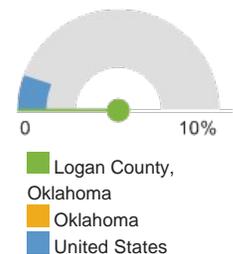


Poor Air Quality (Particulate Matter 2.5)

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	Average Daily Ambient Particulate Matter 2.5	Number of Days Exceeding Emissions Standards	Percentage of Days Exceeding Emissions Standards
Logan County, Oklahoma	8.54	0	0%
Oklahoma	9.21	0.10	0.03%
United States	10.72	4.07	1.16%

Percentage of Days Exceeding Emissions Standards

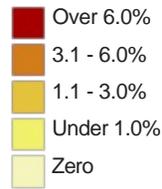


Note: This indicator is compared with the state average.

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



Pct. of Days Above National Ambient Air Quality Standard (PM 2.5), By Tract, CDC 2008

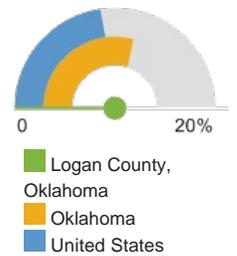


Population Living in Food Deserts

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.

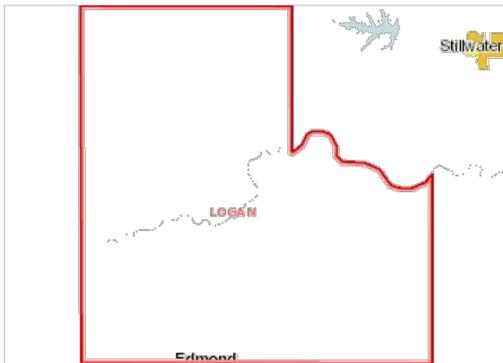
Report Area	Total Population	Population Living in a Food Deserts	Percent Living in Food Deserts
Logan County, Oklahoma	33,924	0	0%
Oklahoma	3,450,654	405,297	11.75%
United States	281,421,906	25,609,433	9.10%

Percent Living in Food Deserts

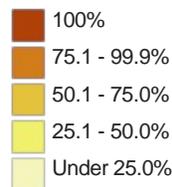


Note: This indicator is compared with the state average.

Data Source: [U.S. Department of Agriculture, Food Desert Locator, 2009](#). Source geography: Tract (2000).



Percentage of Population with Low Food Access, by Tract, USDA 2006

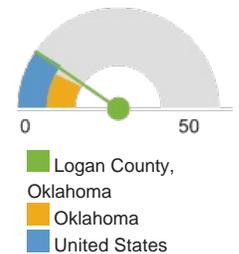


Recreation and Fitness Facility Access

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.

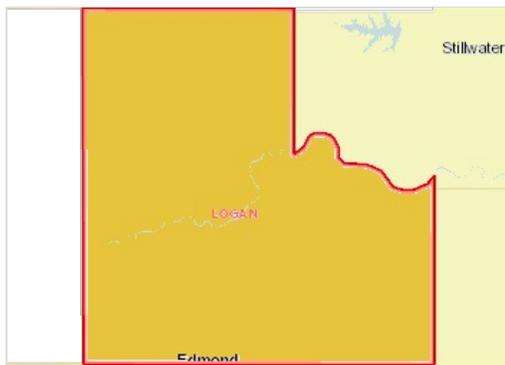
Report Area	Total Population, 2010 Census	Number of Establishments	Establishment Rate (Per 100,000 Pop.)
Logan County, Oklahoma	41,848	4	9.56
Oklahoma	3,305,301	272	8.23
United States	299,481,280	29,913	9.99

Establishment Rate (Per 100,000 Pop.)

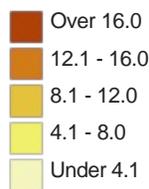


Note: This indicator is compared with the state average.

Data Source: [U.S. Census Bureau, County Business Patterns, 2010](#). Source geography: County.



Recreation Facility Rate (Per 100,000 Pop.), By County, US Census County Business Patterns, 2010

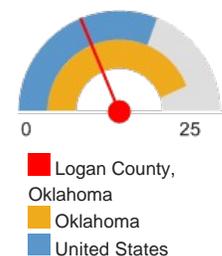


WIC-Authorized Food Store Access

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.)
Logan County, Oklahoma	42,499	4	9.40
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.)

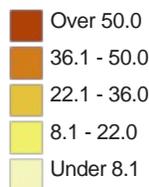


Note: This indicator is compared with the state average.

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



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



Clinical Care

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

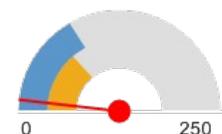
Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform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

Access to Primary Care

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

Report Area	Total Population	Total Primary Care Providers	Primary Care Provider Rate (Per 100,000 Pop.)
Logan County, Oklahoma	41,848	4	9.50
Oklahoma	3,751,351	2,625	69.90
United States	312,471,327	264,897	84.70

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



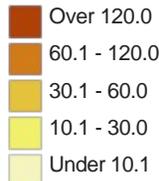
Note: This indicator is compared with the state average.

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

- Logan County, Oklahoma
- Oklahoma
- United States



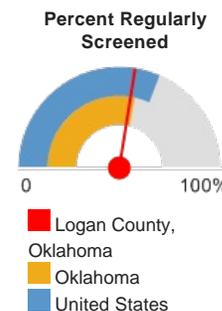
Primary Care Physicians (Per 100,000 Pop.), By County, HRSA 2011



Breast Cancer Screening (Mammogram)

This indicator reports the percentage of female Medicare enrollees, age 55 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 Female Medicare Enrollees	Number Regularly Screened	Percent Regularly Screened
Logan County, Oklahoma	264	145	54.92%
Oklahoma	28,832	16,495	57.21%
United States	4,203,461	2,660,626	63.30%

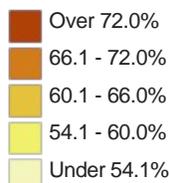


Note: This indicator is compared with the state average.

Data Source: [Dartmouth Atlas of Healthcare, Selected Measures of Primary Care Access and Quality, 2003-2007](#). Source geography: County.



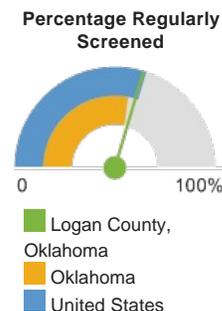
Percentage of Medicare Patients (Female) with Mammogram, Past 2 Years, By County, Dartmouth Atlas 2003-2007



Cervical Cancer Screening (Pap Test)

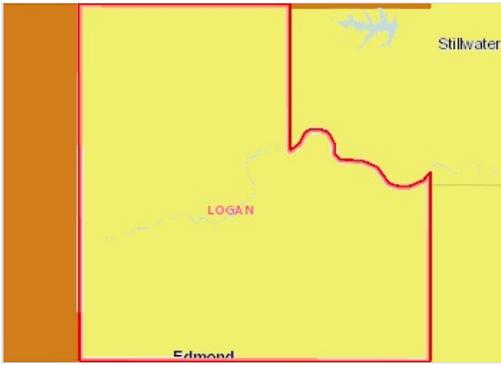
This indicator reports the percentage of women aged 18 and older who self-report that they have had a Pap test in the past three years. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a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

Report Area	Total Population (Women Age 18)	Est. Population Regularly Screened	Percentage Regularly Screened
Logan County, Oklahoma	14,336	8,523.65	59.46%
Oklahoma	1,390,606	783,716	56.36%
United States	116,709,909	70,358,914	60.29%

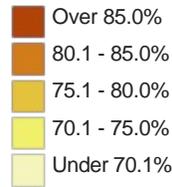


Note: This indicator is compared with the state average.

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



Pct. of Women (Age 18) with Pap Test in Past 2 Years, By County, CDC BRFSS 2004-2010

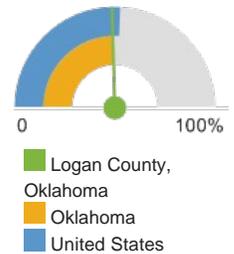


Colon Cancer Screening (Sigmoid/Colonoscopy)

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

Report Area	Total Population (Men Aged 50)	Number Ever Screened	Percent Ever Screened
Logan County, Oklahoma	5,493	2,692	49.01%
Oklahoma	1,488,432	726,712	48.82%
United States	119,567,203	61,919,221	51.79%

Percent Ever Screened

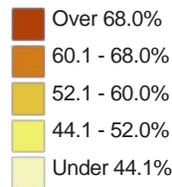


Note: This indicator is compared with the state average.

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



Pct. of Men (Age 50) Ever Receiving Sigmoid/Colonoscopy, By County, CDC BRFSS 2004-2010

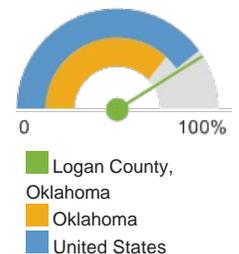


Diabetes Management (Hemoglobin A1c Test)

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

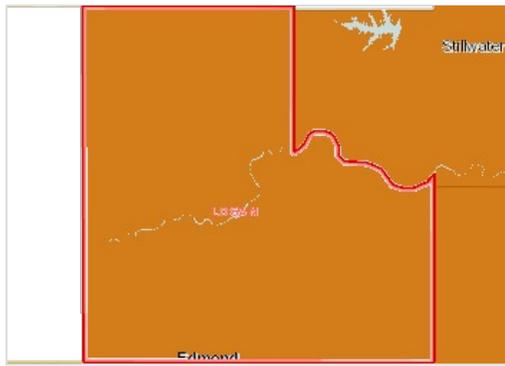
Report Area	Total Medicare Enrollees (Age 65-75) with Diabetes	Number Patients Tested	Percent Patients Tested
Logan County, Oklahoma	315	259	82.22%
Oklahoma	33,955	25,245	74.35%
United States	5,408,188	4,343,573	80.31%

Percent Patients Tested



Note: This indicator is compared with the state average.

Data Source: [Dartmouth Atlas of Healthcare, Selected Measures of Primary Care Access and Quality, 2003-2007](#). Source geography: County.



Pct. Diabetic Medicare Patients Screened, By County, Dartmouth Atlas, 2003-2007

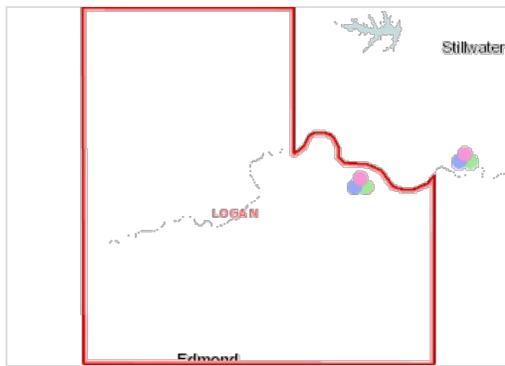


Facilities Designated as Health Professional Shortage Areas (HPSA)

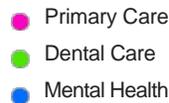
This indicator reports the number and location of health care facilities designated as "Health Professional Shortage Areas" (HPSAs), defined as having shortages of primary medical care, dental or mental health providers. This indicator is relevant because a shortage of health professionals contributes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

Report Area	Total Facilities	Primary Care Facilities	Mental Health Care Facilities	Dental Care Facilities
Logan County, Oklahoma	3	1	1	1
Oklahoma	276	97	94	85
United States	8,198	3,137	2,601	2,460

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



Health Professional Shortage Area Facilities, by Type, HRSA, Nov. 2012

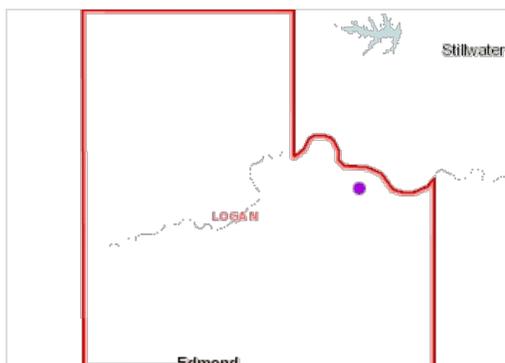


Federally Qualified Health Centers

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	Number of Federally Qualified Health Centers
Logan County, Oklahoma	1
Oklahoma	56
United States	5,459

Data Source: [U.S. Health Resources and Services Administration, Centers for Medicare & Medicaid Services, Provider of Service File, 2011](#). Source geography: Address.



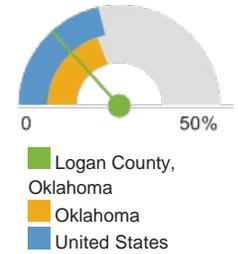
Federally Qualified Health Centers

High Blood Pressure Management

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

Report Area	Total Population (Age 18)	Number Adults Not Taking Blood Pressure Medication (When Needed)	Percent Adults Not Taking Medication
Logan County, Oklahoma	29,799	3,969.23	13.32%
Oklahoma	2,762,318	559,093	20.24%
United States	232,747,222	50,606,335.52	21.74%

Percent Adults Not Taking Medication

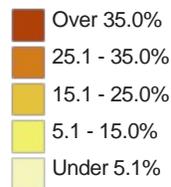


Note: This indicator is compared with the state average.

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



Pct. of Adults (Age 18) Not Taking Medicine for High Blood Pressure (When Present), by County, CDC BRFSS 2006-2010

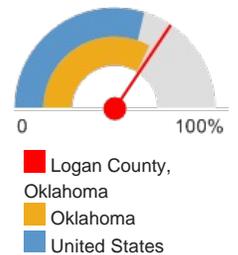


HIV Screenings

This indicator reports the percentage of teens and adults age 12-70 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.

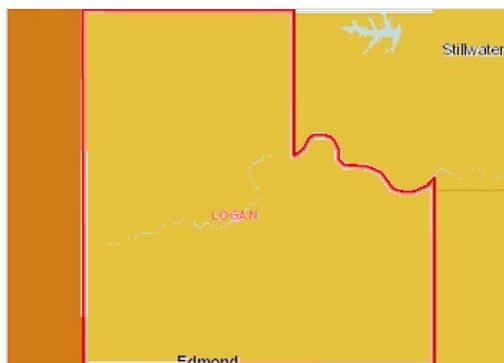
Report Area	Total Population (Age 18)	Number Adults Never Screened	Percent Adults Never Screened
Logan County, Oklahoma	29,799	20,430.19	68.56%
Oklahoma	2,762,318	1,835,284	66.44%
United States	232,747,222	139,253,113.51	59.83%

Percent Adults Never Screened

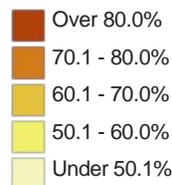


Note: This indicator is compared with the state average.

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



Pct. of Population (Age 18) Never Screened for HIV/AIDS, By County, CDC BRFSS 2006-2010

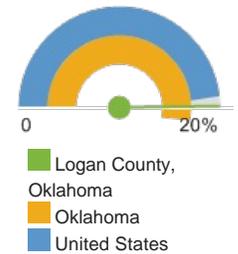


Lack of a Consistent Source of Primary Care

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.

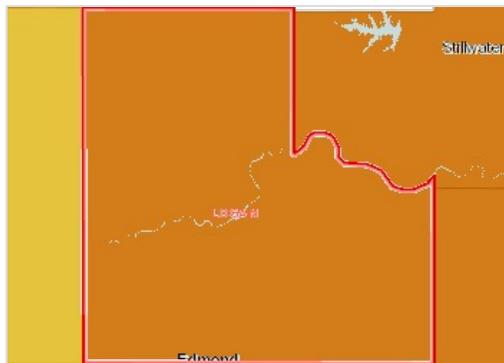
Report Area	Total Population (Age 18)	Number Adults Without Any Regular Doctor	Percent Adults Without Any Regular Doctor
Logan County, Oklahoma	29,799	5,998.54	20.13%
Oklahoma	2,762,318	587,545	21.27%
United States	232,747,222	44,961,851.44	19.32%

Percent Adults Without Any Regular Doctor

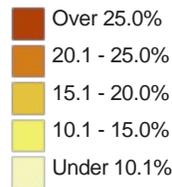


Note: This indicator is compared with the state average.

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



Pct. of Adults (Age 18) Without Consistent Source of Primary Care, by County, CDC BRFSS 2006-2010

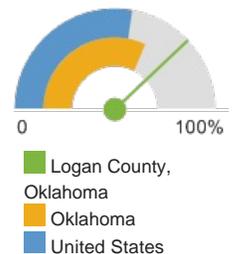


Pneumonia Vaccinations (Age 65)

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.

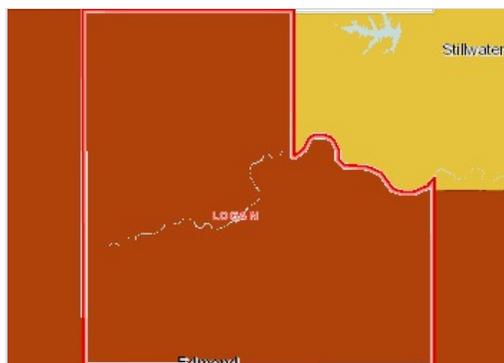
Report Area	Total Population (Adults Aged 65)	Number Vaccinated	Percent Vaccinated
Logan County, Oklahoma	4,589	3,473.87	75.70%
Oklahoma	481,341	309,252	64.25%
United States	37,999,225	21,156,717	55.68%

Percent Vaccinated

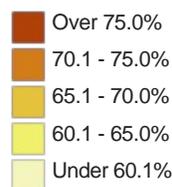


Note: This indicator is compared with the state average.

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



Pct. of Population (Age 65)Receiving Flu Shot, Past Year, By County, CDC BRFSS 2004-2010

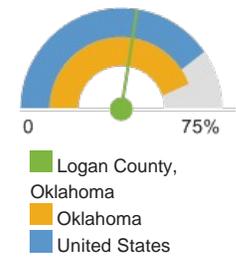


Population Living in a Health Professional Shortage Areas (HPSA)

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.

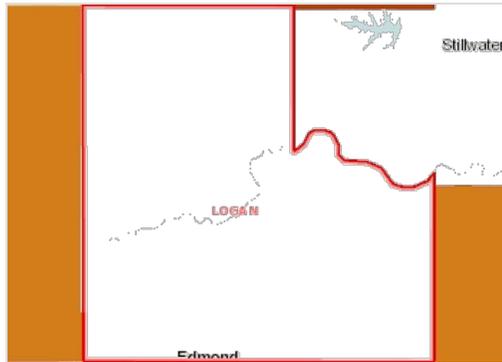
Report Area	Total Population, 2010 Census	HPSA Designation Population	Underserved Population	Percent of Designated Population Underserved
Logan County, Oklahoma	41,848	11,951.94	4,951.96	41.43%
Oklahoma	3,751,351	916,645.20	612,438.28	66.81%
United States	312,676,557	52,826,822.65	32,117,352.05	60.80%

Percent of Designated Population Underserved

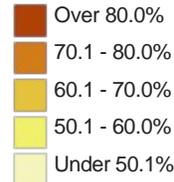


Note: This indicator is compared with the state average.

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



Underserved Population in HPSA for Primary Care Providers, 2011

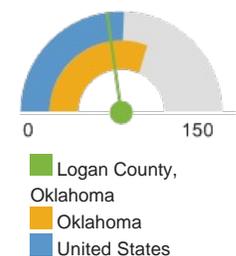


Preventable Hospital Events

This indicator reports the discharge rate (per 1,000 hospital admissions) for conditions that are ambulatory care sensitive (those admissions 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.

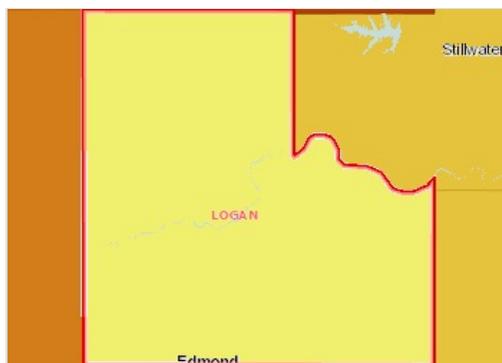
Report Area	Total Medicare Enrollees (Age 65-75)	Preventable Hospital Admissions (ACSCs)	Preventable Hospital Admission (ACSC) Rate (Per 1,000 Medicare Enrollees)
Logan County, Oklahoma	3,091	211	68.26
Oklahoma	369,796	34,608	93.59
United States	53,239,865	4,053,740	76.14

Preventable Hospital Admission (ACSC) Rate (Per 1,000 Medicare Enrollees)

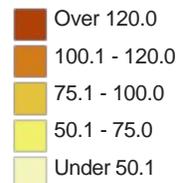


Note: This indicator is compared with the state average.

Data Source: [Dartmouth Atlas of Healthcare, Selected Measures of Primary Care Access and Quality, 2003-2007](#). Source geography: County.



Rate (Per 1,000 Medicare Patients), By County, Dartmouth Atlas, 2003-2007



Health Behaviors

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

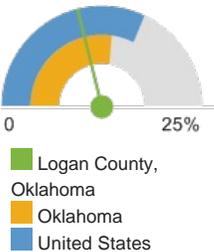
Heavy Alcohol Consumption

This indicator reports the percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day for

men and one drink per day for women). This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

Report Area	Total Population (Age 18)	Number Heavy Drinkers	Percent Heavy Drinkers
Logan County, Oklahoma	27,955	2,935.28	10.50%
Oklahoma	2,709,105	371,459.82	13.71%
United States	227,267,677	36,484,631.53	16.05%

Percent Heavy Drinkers



Note: This indicator is compared with the state average.
 Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010](#). Source geography: County.



Pct. of Adults (Age 18) Drinking Alcohol Heavily, By County, CDC BRFSS 2004-2010

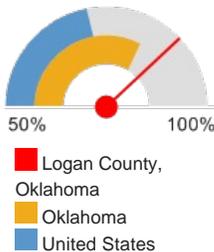


Inadequate Fruit/Vegetable Consumption (Adult)

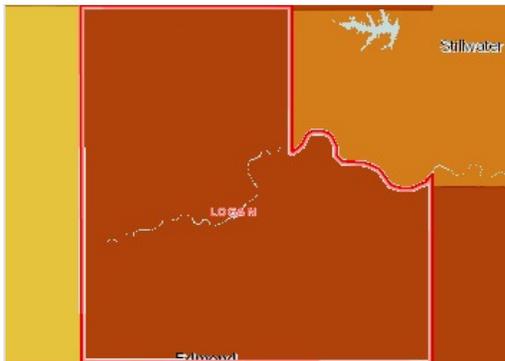
This indicator reports the percentage of adults aged 18 and older who self-report consuming less than 5 servings of fruits and vegetables each day. This indicator is relevant because current behaviors are determinants of future health, and because unhealthy eating habits may illustrate a cause of significant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

Report Area	Total Population (Age 18)	Population Consuming Few Fruits or Vegetables	Percent Consuming Few Fruits or Vegetables
Logan County, Oklahoma	27,955	24,600.40	88%
Oklahoma	2,709,105	2,248,531.85	83.00%
United States	227,267,677	163,541,452.90	71.96%

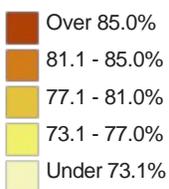
Percent Consuming Few Fruits or Vegetables



Note: This indicator is compared with the state average.
 Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2003-2009](#). Source geography: County.



Pct. of Adults (Age 18) Consuming Few Fruits/Vegetables, By County, CDC BRFSS 2004-2010

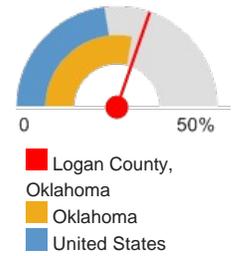


Physical Inactivity (Adult)

This indicator reports the percentage of adults aged 18 and older who self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

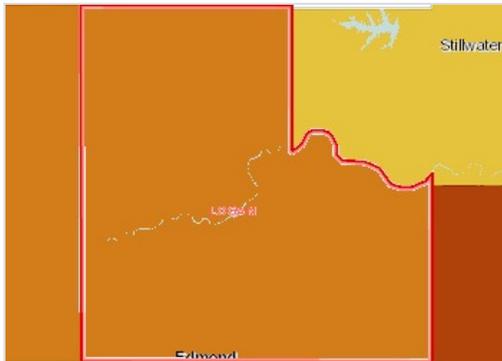
Report Area	Total Population (Age 18)	Number Physically Inactive	Percent Physically Inactive
Logan County, Oklahoma	27,955	8,470.37	30.30%
Oklahoma	2,709,105	773,031.74	28.53%
United States	227,267,677	52,442,306.05	23.08%

Percent Physically Inactive

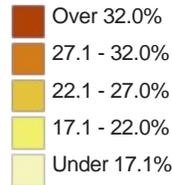


Note: This indicator is compared with the state average.

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



Pct. of Adults (Age 18) Performing No Physical Activity, By County, CDC BRFSS 2004-2010

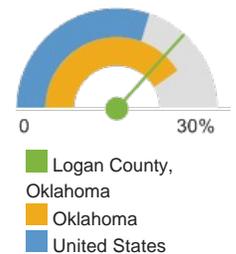


Tobacco Usage (Adult)

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

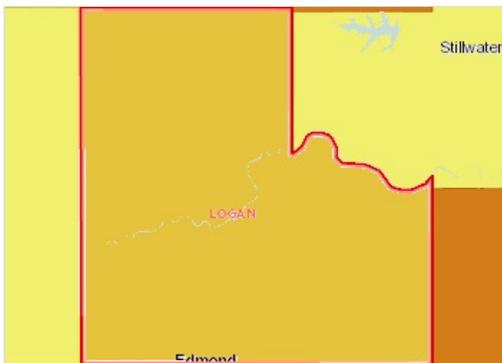
Report Area	Total Population (Age 18)	Number Cigarette Smokers	Percent Cigarette Smokers
Logan County, Oklahoma	27,955	6,178	22.10%
Oklahoma	2,709,105	670,752	24.76%
United States	227,267,677	41,378,420	18.21%

Percent Cigarette Smokers

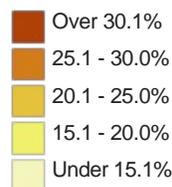


Note: This indicator is compared with the state average.

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



Pct. of Adults (Age 18) Smoking Cigarettes, By County, CDC BRFSS 2004-2010



Health Outcomes

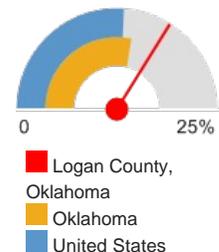
Measuring morbidity and mortality rates allows assessing linkages between social determinants of health and outcomes. By comparing, for example, the prevalence of certain chronic diseases to indicators in other categories (e.g., poor diet and exercise) with outcomes (e.g., high rates of obesity and diabetes),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

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.

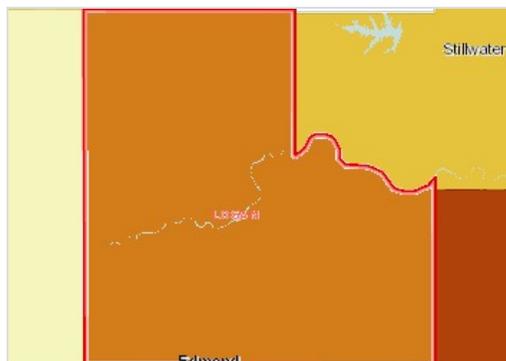
Report Area	Total Population (Age 18)	Number Adults with Asthma	Percent Adults with Asthma
Logan County, Oklahoma	29,799	5,053.91	16.96%
Oklahoma	2,762,318	392,525	14.21%
United States	232,747,222	30,473,296.44	13.09%

Percent Adults with Asthma

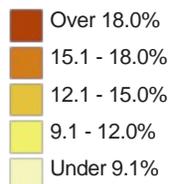


Note: This indicator is compared with the state average.

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



Pct. of Population (Age 18) Ever Diagnosed with Asthma, By County, CDC BRFSS 2006-2010

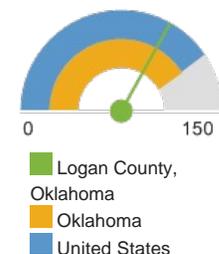


Breast Cancer Incidence

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

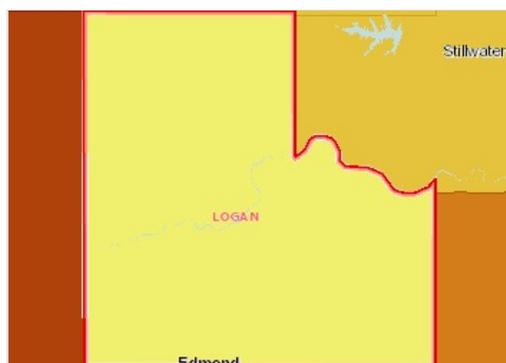
Report Area	Total Population, ACS 2005-2009	New Cases (Annual Average)	Annual Incidence Rate (Per 100,000 Pop.)
Logan County, Oklahoma	37,242	37	99.30
Oklahoma	3,610,073	4,473	123.90
United States	301,461,536	367,783	121.90

Annual Incidence Rate (Per 100,000 Pop.)

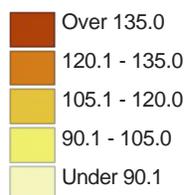


Note: This indicator is compared with the state average.

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



Breast Cancer Age Adjusted Incidence Rate (Per 100,000 Pop.), By County, NCI 2005-2009



Cancer Mortality

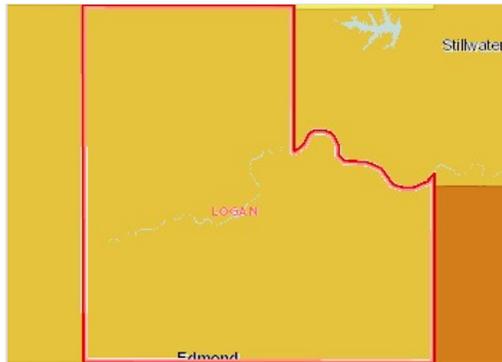
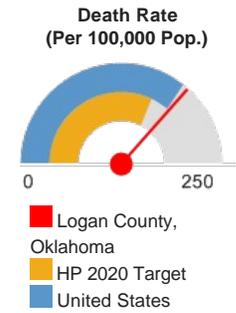
This indicator reports the rate of death due to cancer per 100,000 population, age-adjusted to year 2000 standard. This indicator is relevant because cancer is a leading cause of death in the U.S.

Report Area	Total Population, 2005-2009 Average	Annual Deaths, 2005-2009 Average	Death Rate (Per 100,000 Pop.)
Logan County, Oklahoma	37,242	70	182.58
Oklahoma	3,610,073	7,592	194.79
United States	301,461,531	563,034	178.64
HP 2020 Target			<= 160.6

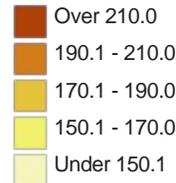
Note: This indicator is compared with the Healthy People 2020 Target.

Data Source: [Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2005-2009](#).

Accessed through [CDC WONDER](#). Source geography: County.



Death Rate (Per 100,000 Pop.), By County, CDC NVSS 2005-2009



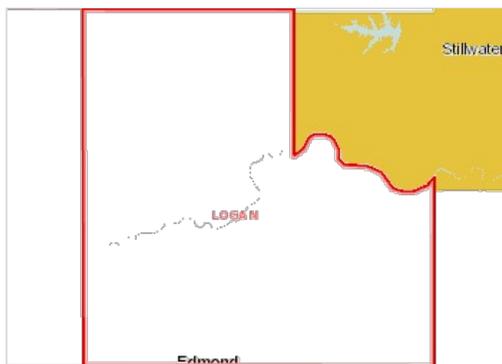
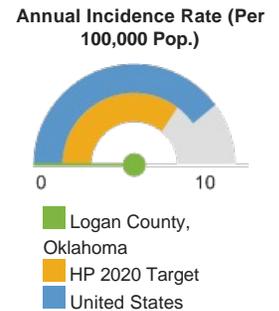
Cervical Cancer Incidence

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

Report Area	Total Population, ACS 2005-2009	New Cases (Annual Average)	Annual Incidence Rate (Per 100,000 Pop.)
Logan County, Oklahoma	37,242	no data	no data
Oklahoma	3,610,073	361	9.90
United States	301,461,536	24,117	8
HP 2020 Target			<= 7.1

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

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



Age Adjusted Rate (Per 100,000 Pop.), By County, NCI 2005-2009



Chlamydia Incidence

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

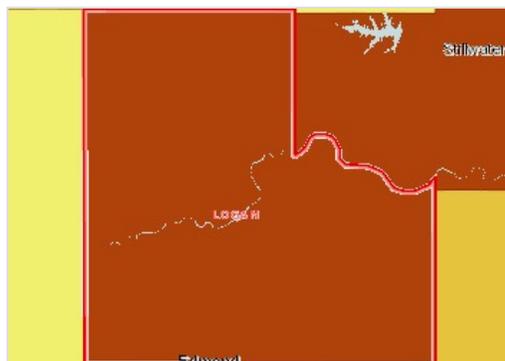
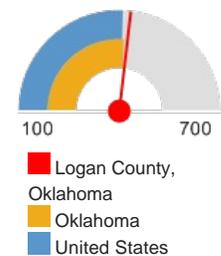
Report Area	Total Population, 2010 Census	Reported Cases of Chlamydia	Chlamydia Rate (Per 100,000 Pop.)
Logan County, Oklahoma	41,848	177	422.96
Oklahoma	3,751,351	15,022	412.73
United States	308,730,677	1,236,680	406.89

Note: This indicator is compared with the state average.

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

Source geography: County.

Chlamydia Rate (Per 100,000 Pop.)



Chlamydia Incidence (Per 100,000 Pop.), By County, CDC 2009



Colon and Rectum Cancer Incidence

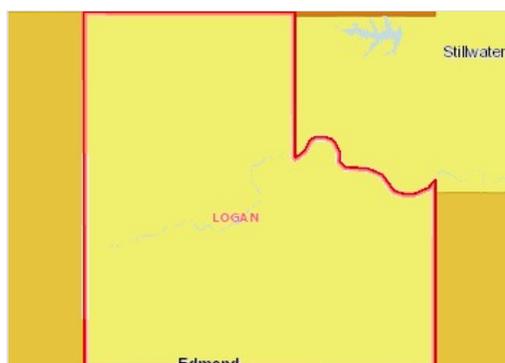
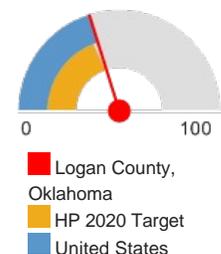
This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it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

Report Area	Total Population, ACS 2005-2009	New Cases (Annual Average)	Annual Incidence Rate (Per 100,000 Pop.)
Logan County, Oklahoma	37,242	15	40.20
Oklahoma	3,610,073	1,744	48.30
United States	301,461,536	121,188	40.20
HP 2020 Target			<= 38.6

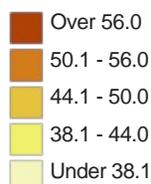
Note: This indicator is compared with the Healthy People 2020 Target.

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

Annual Incidence Rate (Per 100,000 Pop.)



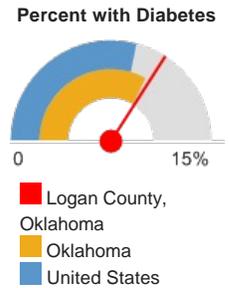
Age Adjusted Incidence Rate (Per 100,000 Pop.), By County, NCI 2005-2009



Diabetes Prevalence

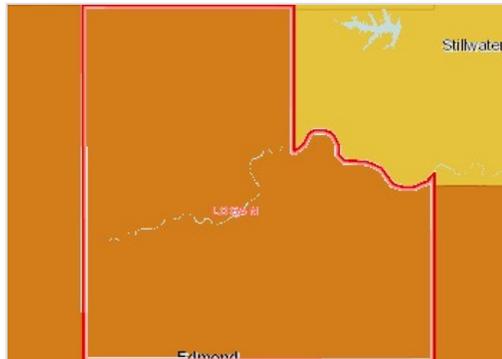
This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Total Population (Age 20)	Population with Diabetes	Percent with Diabetes
Logan County, Oklahoma	30,039.22	3,064	10.20%
Oklahoma	2,844,671.89	283,302	9.96%
United States	239,583,791.97	21,015,523	8.77%

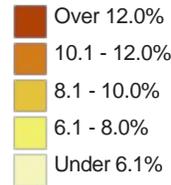


Note: This indicator is compared with the state average.

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



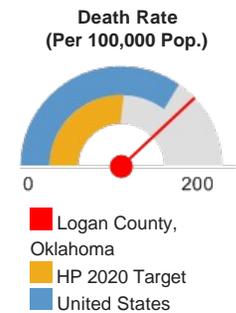
Pct. Adults Diagnosed with Diabetes, By County, CDC National Diabetes Surveillance System, 2009



Heart Disease Mortality

This indicator reports the rate of death due to heart disease per 100,000 population, age-adjusted to the 2000 standard. This indicator is relevant because heart disease is a leading cause of death in the U.S.

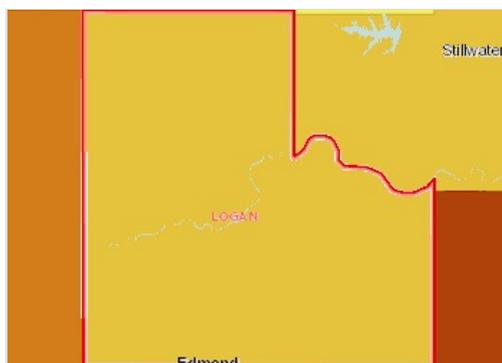
Report Area	Total Population, 2005-2009 Average	Annual Deaths, 2005-2009 Average	Death Rate (Per 100,000 Pop.)
Logan County, Oklahoma	37,242	57	151.67
Oklahoma	3,610,073	7,034	178.96
United States	301,461,531	444,899	139.53
HP 2020 Target			<= 100.8



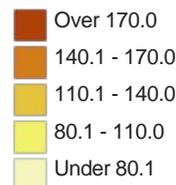
Note: This indicator is compared with the Healthy People 2020 Target.

Data Source: [Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2005-2009](#).

Accessed through [CDC WONDER](#). Source geography: County.



Death Rate (Per 100,000 Pop.), By County, CDC NVSS 2005-2009

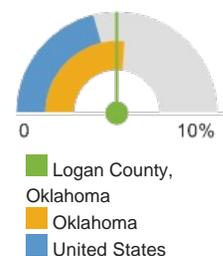


Heart Disease Prevalence

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

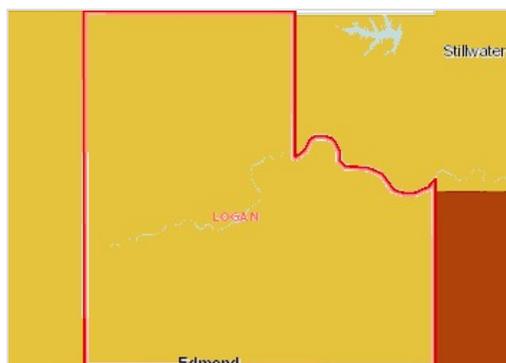
Report Area	Total Population (Age 18)	Number Adults with Heart Disease	Percent Adults with Heart Disease
Logan County, Oklahoma	29,799	1,486.97	4.99%
Oklahoma	2,762,318	148,060	5.36%
United States	232,747,222	9,911,760.85	4.26%

Percent Adults with Heart Disease

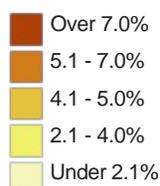


Note: This indicator is compared with the state average.

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



Pct. of Population (Age 18) Ever Diagnosed with Cardiovascular Disease, By County, CDC BRFSS 2006-2010

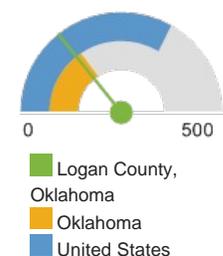


HIV Prevalence

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 ACS 2005-2009	Estimated Population with HIV	HIV Prevalence Rate
Logan County, Oklahoma	37,242	53	142.30
Oklahoma	3,610,073	5,664	156.90
United States	297,679,913	994,491	334

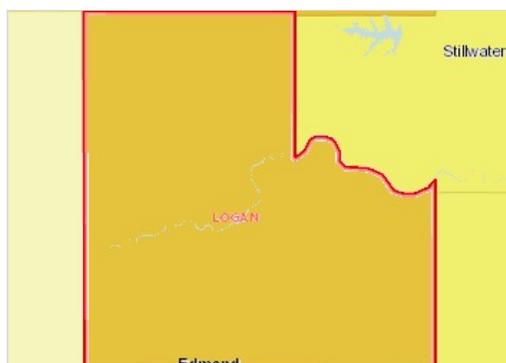
HIV Prevalence Rate



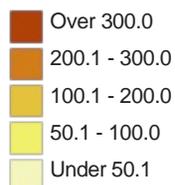
Note: This indicator is compared with the state average.

Data Source: [Centers for Disease Control and Prevention and the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2008](#).

Source geography: County.



Rate (Per 100,000 Pop.), By County, CDC 2008

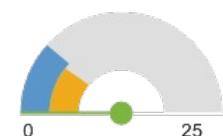


Homicide

This indicator reports the homicide rate per 100,000 population, age-adjusted to the year 2000 standard. 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, 2005-2009 Average	Annual Deaths, 2005-2009 Average	Death Rate (Per 100,000 Pop.)
Logan County, Oklahoma	37,242	no data	no data
Oklahoma	3,610,073	234	6.55
United States	301,699,264	17,937	5.96

Death Rate (Per 100,000 Pop.)

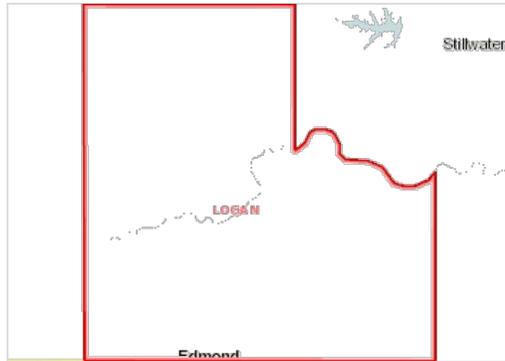


HP 2020 Target

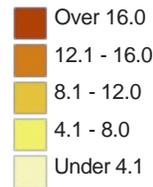
<= 5.5

- Logan County, Oklahoma
- HP 2020 Target
- United States

Note: This indicator is compared with the Healthy People 2020 Target.
 Data Source: [Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2005-2009](#).
 Accessed through [CDC WONDER](#). Source geography: County.



Death Rate (Per 100,000 Pop.), By County, CDC NVSS 2005-2009

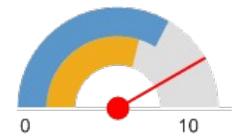


Infant Mortality

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.

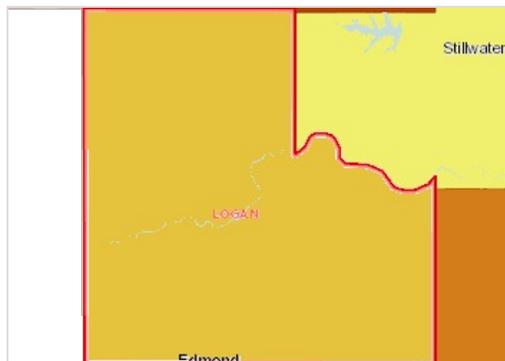
Report Area	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Logan County, Oklahoma	3,237	27	8.34
Oklahoma	372,503	2,951	7.92
United States	58,600,996	393,074	6.71
HP 2020 Target			<= 6.0

Infant Mortality Rate (Per 1,000 Births)



- Logan County, Oklahoma
- HP 2020 Target
- United States

Note: This indicator is compared with the Healthy People 2020 Target.
 Data Source: [Centers for Disease Control and Prevention, National Vital Statistics System, 2003-2009](#). Source geography: County.



Death Rate (Per 1,000 Births), By County, CDC NVSS 2003-2009

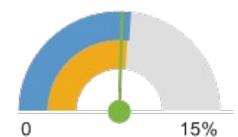


Low Birth Weight

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

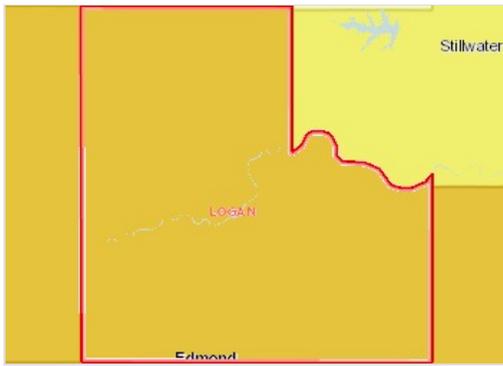
Report Area	Total Births	Number Low Birth Weight (< 2500g)	Percent Low Birth Weight
Logan County, Oklahoma	3,188	243	7.62%
Oklahoma	367,451	29,716	8.09%
United States	29,126,451	2,359,843	8.10%

Percent Low Birth Weight

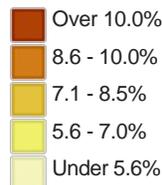


- Logan County, Oklahoma
- Oklahoma
- United States

Note: This indicator is compared with the state average.
 Data Source: [Centers for Disease Control and Prevention, National Vital Statistics Systems, 2003-2009](#). Accessed through the [Health Indicators Warehouse](#). Source geography: County.



Pct. of Total Live Births, By County, NCHS 2002-2008

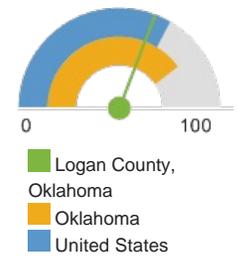


Lung Cancer Incidence

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

Report Area	Total Population, ACS 2005-2009	New Cases (Annual Average)	Annual Incidence Rate (Per 100,000 Pop.)
Logan County, Oklahoma	37,242	23	61.70
Oklahoma	3,610,073	2,910	80.60
United States	301,461,536	202,582	67.10

Annual Incidence Rate (Per 100,000 Pop.)

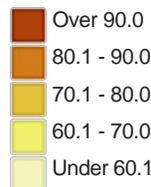


Note: This indicator is compared with the state average.

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



Age Adjusted Incidence Rate (Per 100,000 Pop.), By County, NCI 2005-2009

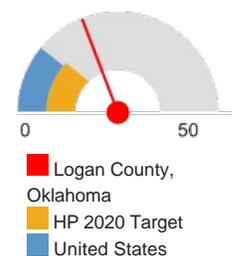


Motor Vehicle Crash Death

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.

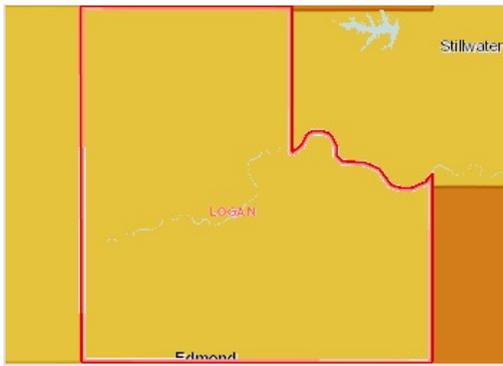
Report Area	Total Deaths, 2008-2010	Average Annual Deaths, 2008-2010	Average Annual Death Rate (Per 100,000 Pop.)
Logan County, Oklahoma	24	8	19.12
Oklahoma	2,128	709	18.90
United States	103,048	34,349	11.13
HP 2020 Target			<= 12.4

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



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

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



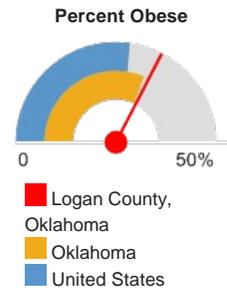
Death Rate (Per 100,000 Pop.), By County, NHTSA, 2008-2010



Obesity (Adult)

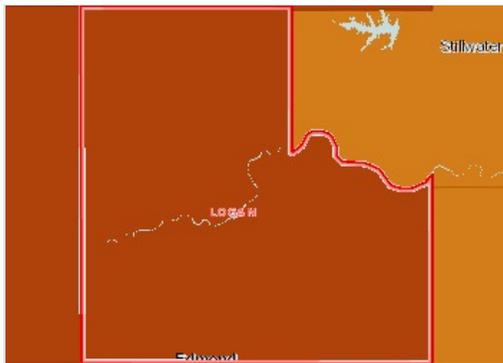
This indicator reports the percentage of adults aged 18 and older who self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese). This indicator is relevant because excess weight is a prevalent problem in the U.S.; it indicates an unhealthy lifestyle and puts individuals at risk for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

Report Area	Total Population (Age 20)	Number Obese	Percent Obese
Logan County, Oklahoma	28,353.85	9,215	32.50%
Oklahoma	2,660,694.92	839,797	31.56%
United States	224,690,904.71	61,460,308	27.35%

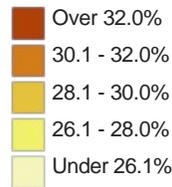


Note: This indicator is compared with the state average.

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



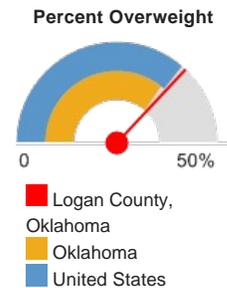
Pct. Adults Obese (BMI >25.0), By County, CDC National Diabetes Surveillance System, 2009



Overweight (Adult)

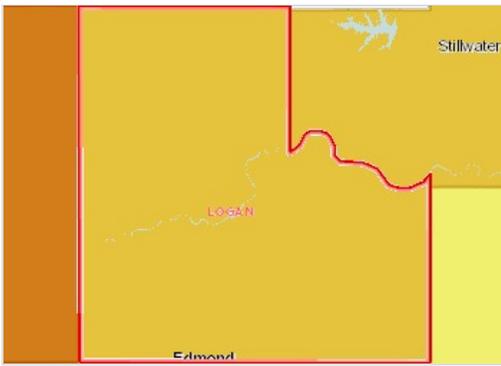
This indicator reports the percentage of adults aged 18 and older who self-report that they have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight). This indicator is relevant because excess weight is a prevalent problem in the U.S.; it indicates an unhealthy lifestyle and puts individuals at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

Report Area	Total Population (Age 18)	Number Overweight	Percent Overweight
Logan County, Oklahoma	29,799	11,058	37.11%
Oklahoma	2,762,318	990,015	35.84%
United States	232,747,222	84,541,269.09	36.32%

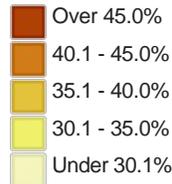


Note: This indicator is compared with the state average.

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



Pct. of Adults (Age 18) Overweight (BMI 25.0-29.9), by County, CDC BRFSS 2006-2010

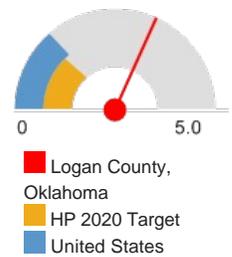


Pedestrian Motor Vehicle Death

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.

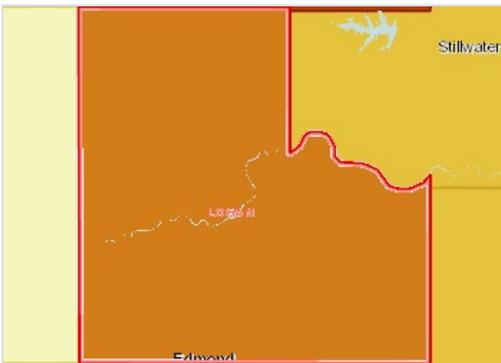
Report Area	Total Deaths, 2008-2010	Average Annual Deaths, 2008-2010	Average Annual Death Rate (Per 100,000 Pop.)
Logan County, Oklahoma	4	1	3.19
Oklahoma	143	47	1.20
United States	12,750	4,250	1.38
HP 2020 Target			<= 1.3

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

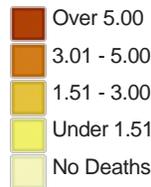


Note: This indicator is compared with the Healthy People 2020 Target.

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



Death Rate (Per 100,000 Pop.), By County, NHTSA, 2008-2010

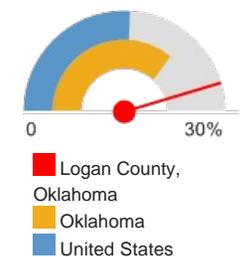


Poor Dental Health

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.

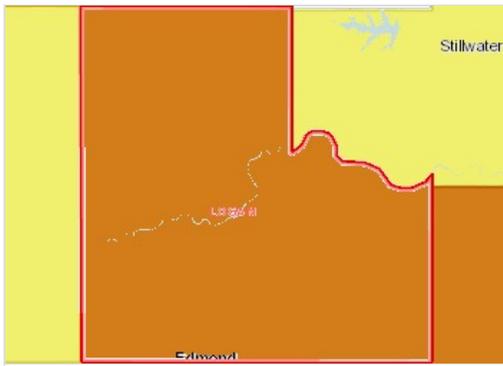
Report Area	Total Population (Age 18)	Number Adults with Poor Dental Health	Percent Adults with Poor Dental Health
Logan County, Oklahoma	29,799	8,132.15	27.29%
Oklahoma	2,762,318	601,909	21.79%
United States	232,747,222	36,229,520	15.57%

Percent Adults with Poor Dental Health

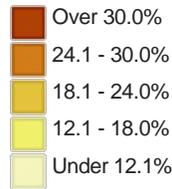


Note: This indicator is compared with the state average.

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



Pct. of Population (Age 18) with 6 or More Permanent Teeth Removed, By County, CDC BRFSS 2006-2010

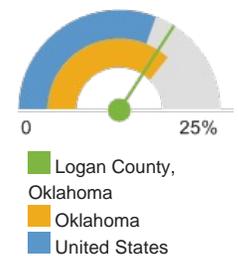


Poor General Health

This indicator reports the percentage of adults age 18 and older who self-report having poor or fair health. This indicator is relevant because it is a measure of general poor health status. The source of this indicator is the Centers for Disease Control and Prevention, Behavioral Risk Factors Surveillance System (BRFSS) 2010.

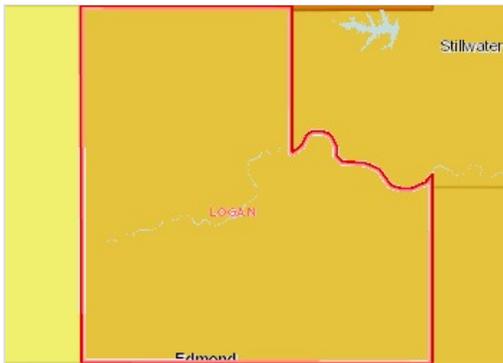
Report Area	Total Population (Age 18)	Number Reporting Poor General Health	Percent Reporting Poor General Health
Logan County, Oklahoma	27,955	4,780.31	17.10%
Oklahoma	2,709,105	501,912	18.53%
United States	227,267,677	35,219,128	15.50%

Percent Reporting Poor General Health

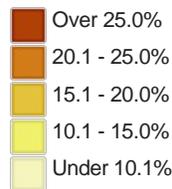


Note: This indicator is compared with the state average.

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



Pct. of Adults (Age 18) with Poor or Fair Health, By County, CDC BRFSS 2004-2010

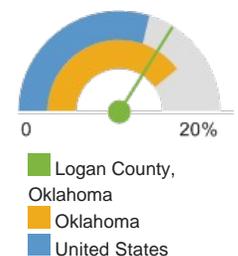


Population with Any Disability

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

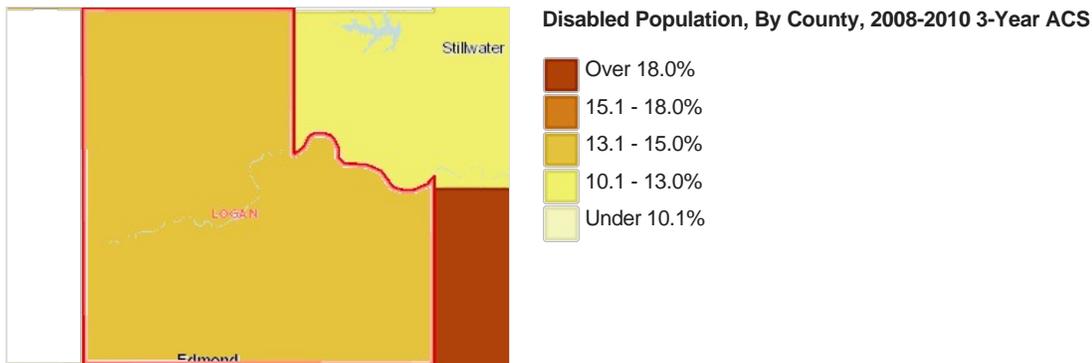
Report Area	Population for Whom Disability Status Is Determined	Total Population with a Disability	Percent Population with a Disability
Logan County, Oklahoma	40,577	5,495	13.54%
Oklahoma	3,627,827	580,898	16.01%
United States	301,501,760	36,180,124	12%

Percent Population with a Disability



Note: This indicator is compared with the state average.

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

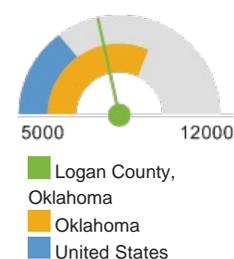


Premature Death

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.

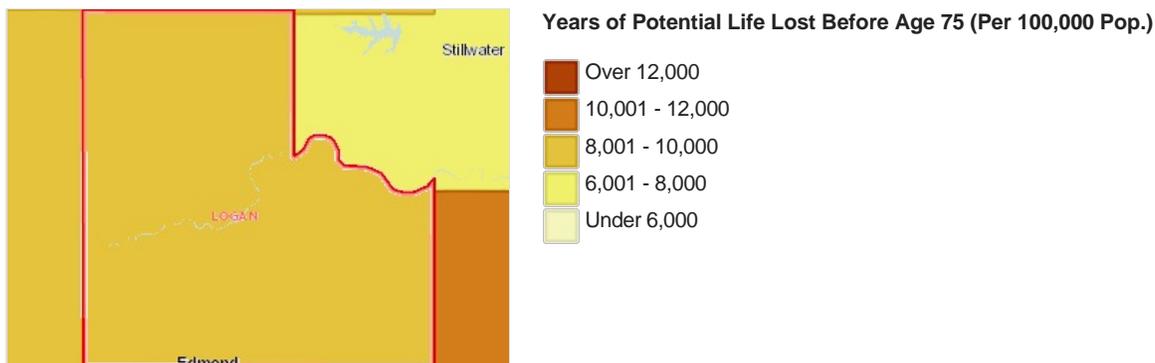
Report Area	Total Population (2009 Estimate)	Number Premature Deaths	Total Years Lost (Rate per 100,000 Pop.)
Logan County, Oklahoma	5,702	458	8,032.27
Oklahoma	539,416	50,964	9,448
United States	44,872,844	3,178,324	7,083

Total Years Lost (Rate per 100,000 Pop.)



Note: This indicator is compared with the state average.

Data Source: [Centers for Disease Control and Prevention, National Vital Statistics System, 2008-2010 \(As Reported in the 2012 County Health Rankings\)](#). Source geography: County.

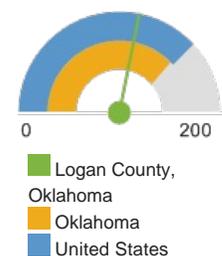


Prostate Cancer Incidence

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

Report Area	Total Population, ACS 2005-2009	New Cases (Annual Average)	Annual Incidence Rate (Per 100,000 Pop.)
Logan County, Oklahoma	37,242	42.05	112.90
Oklahoma	3,610,073	5,480.09	151.80
United States	300,873,101	460,425.40	153

Annual Incidence Rate (Per 100,000 Pop.)

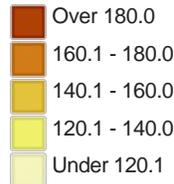


Note: This indicator is compared with the state average.

Data Source: [The Centers for Disease Control and Prevention, and the National Cancer Institute: State Cancer Profiles, 2004-2008](#). Source geography: County.



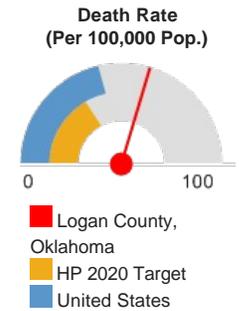
Age Adjusted Rate (Per 100,000 Pop.), By County, NCI 2004-2008



Stroke Mortality

This indicator reports the rate of death due to stroke per 100,000 population, age-adjusted to the 2000 standard. This indicator is relevant because strokes are a leading cause of death in the U.S.

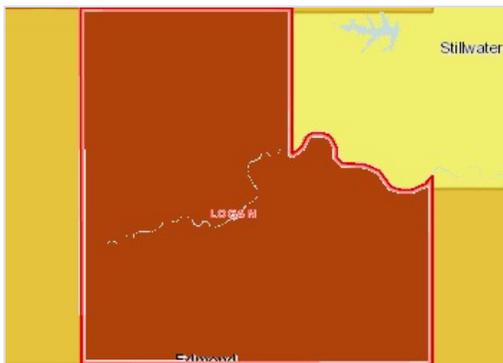
Report Area	Total Population, 2005-2009 Average	Annual Deaths, 2005-2009 Average	Death Rate (Per 100,000 Pop.)
Logan County, Oklahoma	37,242	22	59.45
Oklahoma	3,610,073	2,097	53.48
United States	301,461,531	135,928	42.80
HP 2020 Target			<= 33.8



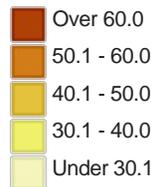
Note: This indicator is compared with the Healthy People 2020 Target.

Data Source: [Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2005-2009.](#)

Accessed through [CDC WONDER](#). Source geography: County.



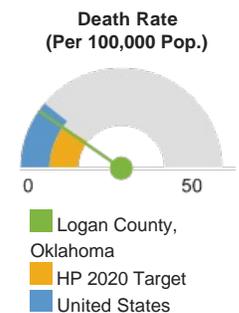
Death Rate (Per 100,000 Pop.), By County, CDC NVSS 2005-2009



Suicide

This indicator reports the rate of death due to intentional self-harm per 100,000 population, age-adjusted to year 2000 standard. This indicator is relevant because suicide is an indicator of poor mental health.

Report Area	Total Population, 2005-2009 Average	Annual Deaths, 2005-2009 Average	Death Rate (Per 100,000 Pop.)
Logan County, Oklahoma	37,242	4	9.80
Oklahoma	3,610,073	546	15.23
United States	301,699,264	34,696	11.30
HP 2020 Target			<= 10.2

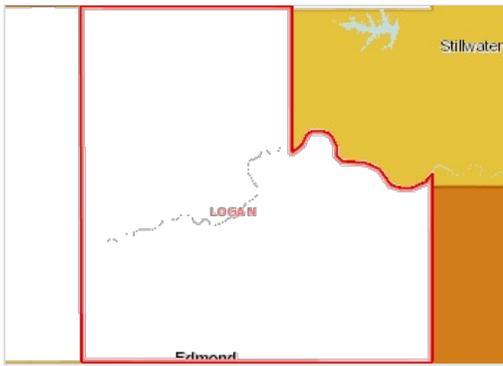


Note: This indicator is compared with the Healthy People 2020 Target.

Data Source: [Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2005-2009.](#)

Accessed through [CDC WONDER](#). Source geography: County.

Death Rate (Per 100,000 Pop.), By County, CDC NVSS 2005-2009



- Over 20.0
- 15.1 - 20.0
- 10.1 - 15.0
- 6.0 - 10.0
- Under 6.0

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:

Counts for population subgroups 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 2006-2010. Data are summarized to 2010 census tract boundaries. Population density is measured as the number of persons per square mile using following formula:

$$\text{Population Density} = [\text{Total Population}] / [\text{Geographic Unit Area (Square Miles)}]$$

Other indicator statistics are measured as a percentage of the total population using the following formula:

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

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

Notes:

Race and Ethnicity

Indicator race and ethnicity statistics are generated from self-identified survey responses. 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. Using the OMB standard, the race categories reported 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 reported are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. For more information, please review the documentation provided in the CHNA *Data and Indicators* FAQs.

Data limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations have age, gender, race, or ethnicity distributions that are very different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on the population subgroup distribution. This is particularly true for areas with a substantial GQ population (like areas with military bases, colleges, or jails). For more information, please review the documentation provided on pages 46 and 47 of the [American Community Survey 2010 Subject Definitions](#).

Total 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 2006-2010. 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 data reported in the American Community Survey, please see the complete [American Community Survey 2010 Subject Definitions](#).

Notes:

Race and Ethnicity

Indicator race and ethnicity statistics are generated from self-identified survey responses. 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. Using the OMB standard, the race categories reported 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 reported are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may

only choose one ethnicity. For more information, please review the documentation provided in the CHNA *Data and Indicators* FAQs.

Data limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations have sex distributions that are very different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on the sex distribution. This is particularly true for areas with a substantial GQ population (like areas with military bases, colleges, or jails). For more information, please review the documentation provided on pages 16 and 17 of the [American Community Survey 2010 Subject Definitions](#).

Total 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 2006-2010. 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 data reported in the American Community Survey, please see the complete [American Community Survey 2010 Subject Definitions](#).

Notes:

Race and Ethnicity

Indicator race and ethnicity statistics are generated from self-identified survey responses. 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. Using the OMB standard, the race categories reported 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 reported are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. For more information, please review the documentation provided in the CHNA *Data and Indicators* FAQs.

Data limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations have sex distributions that are very different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on the sex distribution. This is particularly true for areas with a substantial GQ population (like areas with military bases, colleges, or jails). For more information, please review the documentation provided on pages 16 and 17 of the [American Community Survey 2010 Subject Definitions](#).

Total 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 2006-2010. 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 data reported in the American Community Survey, please see the complete [American Community Survey 2010 Subject Definitions](#).

Notes:

Race and Ethnicity

Indicator race and ethnicity statistics are generated from self-identified survey responses. 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. Using the OMB standard, the race categories reported 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 reported are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. For more information, please review the documentation provided in the CHNA *Data and Indicators* FAQs.

Data limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations have age distributions that are very different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on the age distribution. This is particularly true for areas with a substantial GQ population (like areas with military bases, colleges, or jails). For more information, please review the documentation provided on pages 46 and 47 of the [American Community Survey 2010 Subject Definitions](#).

Total 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 2006-2010. 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 data reported in the American Community Survey, please see the complete [American Community Survey 2010 Subject Definitions](#).

Notes:

Race and Ethnicity

Indicator race and ethnicity statistics are generated from self-identified survey responses. 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. Using the OMB standard, the race categories reported 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 reported are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. For more information, please review the documentation provided in the CHNA *Data and Indicators* FAQs.

Data limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations have age distributions that are very different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on the age distribution. This is particularly true for areas with a substantial GQ population (like areas with military bases, colleges, or jails). For more information, please review the documentation provided on pages 46 and 47 of the [American Community Survey 2010 Subject Definitions](#).

Total 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 2006-2010. 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 data reported in the American Community Survey, please see the complete [American Community Survey 2010 Subject Definitions](#).

Notes:

Race and Ethnicity

Indicator race and ethnicity statistics are generated from self-identified survey responses. 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. Using the OMB standard, the race categories reported 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 reported are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. For more information, please review the documentation provided in the CHNA *Data and Indicators* FAQs.

Data limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations have age distributions that are very different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on the age distribution. This is particularly true for areas with a substantial GQ population (like areas with military bases, colleges, or jails). For more information, please review the documentation provided on pages 46 and 47 of the [American Community Survey 2010 Subject Definitions](#).

Total 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 2006-2010. 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 data reported in the American Community Survey, please see the complete [American Community Survey 2010 Subject Definitions](#).

Notes:

Race and Ethnicity

Indicator race and ethnicity statistics are generated from self-identified survey responses. 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. Using the OMB standard, the race categories reported 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 reported are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. For more information, please review the documentation provided in the CHNA *Data and Indicators* FAQs.

Data limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations have age distributions that are very different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on the age distribution. This is particularly true for areas with a substantial GQ population (like areas with military bases, colleges, or jails). For more information, please review the documentation provided on pages 46 and 47 of the [American Community Survey 2010 Subject Definitions](#).

Total 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 2006-2010. 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 data reported in the American Community Survey, please see the complete [American Community Survey 2010 Subject Definitions](#).

Notes:

Race and Ethnicity

Indicator race and ethnicity statistics are generated from self-identified survey responses. 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. Using the OMB standard, the race categories reported 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 reported are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. For more information, please review the documentation provided in the CHNA *Data and Indicators* FAQs.

Data limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations have age distributions that are very different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on the age distribution. This is particularly true for areas with a substantial GQ population (like areas with military bases, colleges, or jails). For more information, please review the documentation provided on pages 46 and 47 of the [American Community Survey 2010 Subject Definitions](#).

Total 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 2006-2010. 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 data reported in the American Community Survey, please see the complete [American Community Survey 2010 Subject Definitions](#).

Notes:

Race and Ethnicity

Indicator race and ethnicity statistics are generated from self-identified survey responses. 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. Using the OMB standard, the race categories reported 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 reported are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. For more information, please review the documentation provided in the CHNA *Data and Indicators* FAQs.

Data limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations have age distributions that are very different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on the age distribution. This is particularly true for areas with a substantial GQ population (like areas with military bases, colleges, or jails). For more information, please review the documentation provided on pages 46 and 47 of the [American Community Survey 2010 Subject Definitions](#).

Total 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 2006-2010. 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 data reported in the American Community Survey, please see the complete [American Community Survey 2010 Subject Definitions](#).

Notes:

Race and Ethnicity

Indicator race and ethnicity statistics are generated from self-identified survey responses. 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. Using the OMB standard, the race categories reported 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 reported are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. For more information, please review the documentation provided in the CHNA *Data and Indicators* FAQs.

Data limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations have age distributions that are very different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on the age distribution. This is particularly true for areas with a substantial GQ population (like areas with military bases, colleges, or jails). For more information, please review the documentation provided on pages 46 and 47 of the [American Community Survey 2010 Subject Definitions](#).

Total Population Age 65 or Older

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 2006-2010. 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 data reported in the American Community Survey, please see the complete [American Community Survey 2010 Subject Definitions](#).

Notes:

Race and Ethnicity

Indicator race and ethnicity statistics are generated from self-identified survey responses. 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. Using the OMB standard, the race categories reported 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 reported are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. For more information, please review the documentation provided in the CHNA *Data and Indicators* FAQs.

Data limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations have age distributions that are very different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on the age distribution. This is particularly true for areas with a substantial GQ population (like areas with military bases, colleges, or jails). For more information, please review the documentation provided on pages 46 and 47 of the [American Community Survey 2010 Subject Definitions](#).

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 2006-2010. Data are summarized by the U.S. Census Bureau to 2010 census tract boundaries. Data provided by the census are area estimates; as a median, this indicator cannot be resummared or recalculated.

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

Notes:

Race and Ethnicity

Indicator race and ethnicity statistics are generated from self-identified survey responses. 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. Using the OMB standard, the race categories reported 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 reported are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. For more information, please review the documentation provided in the CHNA *Data and Indicators* FAQs.

Data limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations have age distributions that are very different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on the age distribution. This is particularly true for areas with a substantial GQ population (like areas with military bases, colleges, or jails). For more information, please review the documentation provided on pages 46 and 47 of the [American Community Survey 2010 Subject Definitions](#).

Change in Total Population

Data Background:

The United States Census Bureau conducts a decennial census as mandated by the U.S. Constitution. Basic information is collected as a survey from every individual in the country and is presented as a count of the universe population for the United States.

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.

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 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 2006-2010. Data are summarized to 2010 census tract boundaries. ACS respondents who reported speaking a language

Notes:

Race and Ethnicity

Indicator race and ethnicity statistics are generated from self-identified survey responses. 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. Using the OMB standard, the race categories reported 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 reported are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. For more information, please review the documentation provided in the CHNA *Data and Indicators* FAQs.

Data limitations

Ideally, the data on ability to speak English represented a person's perception of their own English-speaking ability. However, because one household member usually completes American Community Survey questionnaires, the responses may have represented the perception of another household member. For more information, please review the documentation provided on pages 45 - 46 of the [American Community Survey 2010 Subject Definitions](#).

Adequate Social or Emotional Support

Data Background:

The Behavioral Risk Factor Surveillance System (BRFSS) is

"... a collaborative project of the Centers for Disease Control and Prevention (CDC) and U.S. states and territories. The BRFSS, administered and supported by CDC's Behavioral Risk Factor Surveillance Branch, is an ongoing data collection program designed to measure behavioral risk factors for the adult population (18 years of age or older) living in households. The BRFSS was initiated in 1984, with 15 states collecting surveillance data on risk behaviors through monthly telephone interviews. Over time, the number of states participating in the survey increased, so that by 2001, 50 states, the District of Columbia, Puerto Rico, Guam, and the Virgin Islands were participating in the BRFSS."

Citation: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. [Overview: BRFSS 2010](#).

The health characteristics estimated from the BRFSS pertain to the adult non-institutionalized population (age 18 years or older and living in households) and includes data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS survey data are analyzed by the CDC's National Center for Health Statistics (NCHS). Annual risk factor prevalence data are released for those geographic areas with 50 or more survey results and 10,000 or more total population (50 States, 170 Cities and Counties) in order to maintain the accuracy and confidentiality of the data. Multi-year estimates are

produced by the NCHS to expand the coverage of data to approximately 2500 counties. These estimates are maintained in the [Health Indicator Warehouse](#), the official repository of the nation's health data. For more information on the BRFSS survey methods, or to obtain a copy of the 2010 questionnaire, please visit [the Behavioral Risk Factor Surveillance System](#) home page.

Methodology:

Indicator percentages are acquired for years 2004-2010 from Behavioral Risk Factor Surveillance System (BRFSS) prevalence data, which is housed in the Health Indicator Warehouse. Percentages are generated based on the valid responses to the following 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 receive 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) 2006-2010 five year estimates. Additional detailed information about the BRFSS, including questionnaires, data collection procedures, and [data processing methodologies](#) are available on the BRFSS web site. For additional information about the multi-year estimates, please visit the [Health Indicator Warehouse](#).

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 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 2006-2010. Data are summarized to 2010 census tract boundaries. The ACS determines poverty status by comparing a person's total family income (within the 12 months prior to the survey) with the [poverty threshold](#) for that person's family size and composition. Specified poverty levels are obtained by multiplying the official thresholds by a specific factor. Poverty statistics are measured as a percentage of the total non-institutionalized population using the following formula:

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

Poverty status was determined for all people except institutionalized people, people in military group quarters, people in college dormitories, and unrelated individuals under 15 years old. These groups were excluded from the numerator and denominator when calculating poverty rates. For more information on the data reported in the American Community Survey, please see the complete [American Community Survey 2010 Subject Definitions](#).

Notes:

Race and Ethnicity

Indicator race and ethnicity statistics are generated from self-identified survey responses. 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. Using the OMB standard, the race categories reported 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 reported are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. For more information, please review the documentation provided in the CHNA *Data and Indicators* FAQs.

Data limitations

Beginning in 2006, the population in group quarters (GQ) is 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. For more information, please review the documentation provided on pages 102 - 104 of the [American Community Survey 2010 Subject Definitions](#).

Free and Reduced Price School Lunch Eligibility

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 produces annually the Public School Universe Survey from the Common Core of Data (CCD). The data are supplied by state education agency officials and include information that describes schools and school districts, including name, address, and phone number; descriptive information about students and staff, including demographics; and fiscal data, including revenues and current expenditures.

Citation: [National Center for Education Statistics, Common Core of Data \(CCD\). \(2011\)](#).

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.

Population Below 200% of Poverty Level

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 2006-2010. Data are summarized to 2010 census tract boundaries. The ACS determines poverty status by comparing a person's total family income (within the 12 months prior to the survey) with the [poverty threshold](#) for that person's family size and composition. Specified poverty levels are obtained by multiplying the official thresholds by a specific factor. Poverty statistics are measured as a percentage of the total non-institutionalized population using the following formula:

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

Poverty status was determined for all people except institutionalized people, people in military group quarters, people in college dormitories, and unrelated individuals under 15 years old. These groups were excluded from the numerator and denominator when calculating poverty rates. For more information on the data reported in the American Community Survey, please see the complete [American Community Survey 2010 Subject Definitions](#).

Notes:

Race and Ethnicity

Indicator race and ethnicity statistics are generated from self-identified survey responses. 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. Using the OMB standard, the race categories reported 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 reported are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. For more information, please review the documentation provided in the CHNA *Data and Indicators* FAQs.

Data limitations

Beginning in 2006, the population in group quarters (GQ) is 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. For more information, please review the documentation provided on pages 102 - 104 of the [American Community Survey 2010 Subject Definitions](#).

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 2006-2010. Data are summarized to 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 total population using the following formula:

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

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

[Definitions.](#)

Notes:

Race and Ethnicity

Indicator race and ethnicity statistics are generated from self-identified survey responses. 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. Using the OMB standard, the race categories reported 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 reported are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. For more information, please review the documentation provided in the CHNA *Data and Indicators* FAQs.

Data limitations

The 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 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.

Comparability

Health insurance coverage was added to the 2008 ACS and so no equivalent measure is available from previous ACS surveys or Census 2000. Health insurance estimates for geographies with less than 100,000 population will not be available until the 2012 ACS release, after 5-years of data have been collected on the subject. For more information, please review the documentation provided on pages 68 - 70 of the [American Community Survey 2010 Subject Definitions](#).

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 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 2006-2010. Data are summarized to 2010 census tract boundaries. Educational attainment is classified in the ACS according to the highest degree earned or the highest level of school completed. Persons age 25 and older who were neither high school graduates nor recipients of high school equivalency diplomas (like the GED) are included in the population subgroup. Indicator 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 data reported in the American Community Survey, please see the complete [American Community Survey 2010 Subject Definitions](#).

Notes:

Race and Ethnicity

Indicator race and ethnicity statistics are generated from self-identified survey responses. 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. Using the OMB standard, the race categories reported 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 reported are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. For more information, please review the documentation provided in the CHNA *Data and Indicators* FAQs.

Data limitations

Beginning in 2006, the population in group quarters (GQ) is 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. For more information, please review the documentation provided on pages 59 - 61 of the [American Community Survey 2010 Subject Definitions](#).

Poverty Rate (< 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 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 2006-2010. Data are summarized to 2010 census tract boundaries. The ACS determines poverty status by comparing a person's total family income (within the 12 months prior to the survey) with the [poverty threshold](#) for that person's family size and composition. Specified poverty levels are obtained by multiplying the official thresholds by a specific factor. Poverty statistics are measured as a percentage of the total non-institutionalized population using the following formula:

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

Poverty status was determined for all people except institutionalized people, people in military group quarters, people in college dormitories, and unrelated individuals under 15 years old. These groups were excluded from the numerator and denominator when calculating poverty rates. For more information on the data reported in the American Community Survey, please see the complete [American Community Survey 2010 Subject Definitions](#).

Notes:

Race and Ethnicity

Indicator race and ethnicity statistics are generated from self-identified survey responses. 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. Using the OMB standard, the race categories reported 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 reported are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. For more information, please review the documentation provided in the CHNA *Data and Indicators* FAQs.

Data limitations

Beginning in 2006, the population in group quarters (GQ) is 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. For more information, please review the documentation provided on pages 102 - 104 of the [American Community Survey 2010 Subject Definitions](#).

Supplemental Nutrition Assistance Program (SNAP) Recipients

Data Background:

The U.S. Census Bureau's Small Area Income and Poverty Estimates (SAIPE) provides estimates at the state, county, and school district level of income and poverty statistics for the administration of federal programs. This data is modeled using estimates of income or poverty from the Annual Social and Economic Supplement (ASEC) to the Current Population Survey (CPS).

Methodology:

The data on SNAP recipients is downloaded from the U.S. Census Bureau's SAIPE website and is uploaded into the SQL environment. The number of SNAP recipients and the percentage are taken directly from the data. The total population for each county is calculated as: Total Recipients / (Percent / 100) = Estimated Total Populations.

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. Natality 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. National natality statistics for the NVSS are derived from birth certificates registered with each state health department and released annually in various data warehouses, including [CDC WONDER](#), [VitalStats](#), and the [Health Indicator Warehouse](#). The [Health Indicator Warehouse](#) is the official repository of the nation's health data, providing public access to the information resources of the Centers for Disease Control and Prevention (CDC), the Environmental Protection Agency (EPA), the Health Resources and Services Administration (HRSA), and others. The NVSS natality data tables available through the HIW report counts of live births occurring within the United States to U.S. residents and non-residents. Counts and crude birth rates can be obtained grouped by various information available on each birth certificate, including state, county, child's gender and birth weight, mother's race, mother's ethnicity, mother's age, mother's education, gestation period, prenatal care, birth plurality, and mother's medical and tobacco use risk factors. Subnational data are subject to minimum 100,000 population threshold limitations. 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](#).

Unemployment Rate

Data Background:

The United States Department of Labor, Bureau of Labor Statistics (BLS) tracks unemployment information monthly for the U.S. government. The BLS releases a report on the total labor force, employed, and unemployed each month for the nation, states, and local geographic entities.

Methodology:

The data is downloaded in text format from the Bureau of Labor Statistics' website. The text document is then uploaded into a SQL database. The unemployment indicator is mapped using population provided at the county level. Unemployed population, labor force, and rate are derived directly from data provided except where rates are calculated for combining geographies. Rates are then calculated using the formula: Total Unemployed / Total Labor Force * 100 = Unemployment Rate.

Uninsured 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 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 2006-2010. Data are summarized to 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 total population using the following formula:

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

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

Notes:

Race and Ethnicity

Indicator race and ethnicity statistics are generated from self-identified survey responses. 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. Using the OMB standard, the race categories reported 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 reported are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. For more information, please review the documentation provided in the CHNA *Data and Indicators* FAQs.

Data limitations

The 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 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.

Comparability

Health insurance coverage was added to the 2008 ACS and so no equivalent measure is available from previous ACS surveys or Census 2000. Health insurance estimates for geographies with less than 100,000 population will not be available until the 2012 ACS release, after 5-years of data have been collected on the subject. For more information, please review the documentation provided on pages 68 - 70 of the [American Community Survey 2010 Subject Definitions](#).

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:

Industry counts for fast food restaurants* (NAICS code 722211) are acquired from the U.S. Census Bureau, County Business Patterns (2010) data file. Population figures are acquired from the U.S. Census Bureau, 2010 Decennial Census, Summary File 1. Establishment rates for each county are derived using the following formula:

$$\text{Rate} = [\text{Establishment Count}] / [\text{Population}] * 100,000$$

*Fast food restaurants as defined by NAICS code 722211 are 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.

A complete list of NAICS codes and definitions is available using the NAICS Association's [free lookup service](#).

Grocery Store Access

Data Background:

County Business Patterns (CBP) is an annual series that provides sub-national economic data by industry. Data for establishments are presented by geographic area, 6-digit NAICS industry, legal form of organization (U.S. and state only), and employment size class. Information is available on the number of establishments, employment during the week of March 12, first quarter payroll, and annual payroll. ZIP Code Business Patterns data are available shortly after the release of County Business Patterns. It provides the number of establishments by employment-size classes by detailed industry in the U.S.

County Business Patterns basic data items are extracted from the Business Register (BR), a database of all known single and multi-establishment employer companies maintained and updated by the U.S. Census Bureau. The BR contains the most complete, current, and consistent data for business establishments. The annual Company Organization Survey provides individual establishment data for multi-establishment companies. Data for single-establishment companies are obtained from various Census Bureau programs, such as the Economic Census, Annual Survey of Manufactures and Current Business Surveys, as well as from administrative record sources.

Citation: [U.S. Census Bureau: County Business Patterns \(2012\)](#).

For more information about this source, including data collection methodology and definitions, refer to the [County Business Patterns](#) website.

Methodology:

Industry counts for grocery stores* (NAICS codes 445110 and 445230) are acquired from the U.S. Census Bureau, County Business Patterns (2010) data file. Population figures are acquired from the U.S. Census Bureau, 2010 Decennial Census, Summary File 1. Establishment rates for each county are derived using the following formula:

$$\text{Rate} = [\text{Establishment Count}] / [\text{Population}] * 100,000$$

**Grocery stores as defined by NAICS codes 445110 are establishments engaged in selling a "general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry". Examples include supermarkets, commissaries and food stores. Convenience stores are excluded. Fruit and vegetable grocers as defined by NAICS Code 445230 are those locations "primarily engaged in retailing fresh fruits and vegetables". Examples include permanent produce stands and fruit or vegetable markets.*

A complete list of NAICS codes and definitions is available using the NAICS Association's [free lookup service](#).

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:

Industry counts for alcoholic beverage retailers* (NAICS code 445310) are acquired from the U.S. Census Bureau, County Business Patterns (2010) data file. Population figures are acquired from the U.S. Census Bureau, 2010 Decennial Census, Summary File 1. Establishment rates for each county are derived using the following formula:

$$\text{Rate} = [\text{Establishment Count}] / [\text{Population}] * 100,000$$

**Alcoholic beverage retailers as defined by NAICS code 445310 are 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.*

A complete list of NAICS codes and definitions is available using the NAICS Association's [free lookup service](#).

Notes:

State laws regarding the retail sale of alcoholic beverages vary. Use caution when comparing data across States.

Park Access

Data Background:

Populations living within a half mile of a public park was created for CHNA using ESRI park locations and U.S. Census Bureau block geographic centroids.

Methodology:

ESRI park data was buffered to expand the parks by one half mile from their original extent. This new buffered area was then intersected with the

population centroids from the block layer. This provided all blocks in the areas to be calculated as with (or without) park access. The total population of the geographic area was then compared to the population with park access to determine a percentage using: (Population with Park Access / Total Population) * 100 = Percent Population with Park Access.

Poor Air Quality (Ozone)

Data Background:

The Centers for Disease Control and Prevention (CDC) provide access to data about the characteristics of the physical environment pertinent to population health through the [National Environmental Public Health Tracking Network](#). The Tracking Network is part of CDC's National Environmental Public Health Tracking Program. This congressionally mandated program requires "ongoing collection, integration, analysis, and interpretation of data about: (1) environmental hazards, (2) exposure to environmental hazards, and (3) health effects potentially related to exposure to environmental hazards". Environmental health data are produced as joint projects of the CDC, the Environmental Protection Agency, and state and local offices.

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:

- 1) The daily Ozone National Ambient Air Quality Standard (NAAQS) is 75 parts per billion (ppb).
- 2) The relationship between ambient concentrations and personal exposure is largely unknown, and it varies depending upon pollutant, activity patterns, and microenvironments.
- 3) This measure provides a general indication of the overall trend in annual Ozone concentrations. It does not directly reflect exposure. Certain geographic areas, such as those near busy roads, are likely to have higher values.

Poor Air Quality (Particulate Matter 2.5)

Data Background:

The Centers for Disease Control and Prevention (CDC) provide access to data about the characteristics of the physical environment pertinent to population health through the [National Environmental Public Health Tracking Network](#). The Tracking Network is part of CDC's National Environmental Public Health Tracking Program. This congressionally mandated program requires "ongoing collection, integration, analysis, and interpretation of data about: (1) environmental hazards, (2) exposure to environmental hazards, and (3) health effects potentially related to exposure to environmental hazards". Environmental health data are produced as joint projects of the CDC, the Environmental Protection Agency, and state and local offices.

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 PM 2.5 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 Annual PM2.5 Concentration = SUM [Concentration] / 365

Number of Days Above Regulatory Standard* = COUNT [Days Where PM 2.5 > 35]

Coordinates were converted to raster and all data was summarized by US census tracts (2000). Final data includes the average annual PM 2.5 concentration, as well as the number and percentage of days where PM 2.5 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:

- 1) The daily PM2.5 National Ambient Air Quality Standard (NAAQS) is 35.0 micrograms per cubic meter.
- 2) The relationship between ambient concentrations and personal exposure is largely unknown, and it varies depending upon pollutant, activity patterns, and microenvironments.
- 3) This measure provides a general indication of the overall trend in annual PM2.5 concentrations. It does not directly reflect exposure. Certain geographic areas, such as those near busy roads, are likely to have higher values.

Population Living in Food Deserts

Data Background:

The Food Desert Locator is a service of the Health Food Financing Initiative (HFFI) which provides downloadable data for those census tracts that qualify as food deserts. The HFFI is a partnership between the Treasury Department, Health and Human Services (HHS), and the U.S. Department of Agriculture. The HFFI Working Group, in collaboration with the USDA's Economic Research Service (ERS), developed the official definition of food deserts to demonstrate those places in which Americans have limited access to healthy foods. Food desert data census tracts were released in 2009 using data from the 2000 Census of Population and Housing and supermarket locations from 2006. For more information about this source, please refer to the [Food Desert Locator](#) web page.

Methodology:

Food desert census tracts were acquired from the U.S. Department of Agriculture Food Desert Locator tool. Food deserts are defined by the USDA's Economic Research Service (ERS) as low-income (by the Treasury Department's New Markets Tax Credit (NMTC) program eligibility criteria) areas where at least 33 percent of the total population, or a minimum of 500 people, have low access to supermarkets or large grocery stores. Low access is defined as living more than 1 mile from a supermarket or large grocery store in urban areas or living more than 10 miles from a supermarket or large grocery store in rural areas. All store data come from the 2006 directory of Supplemental Nutrition Assistance Program retailers, augmented by data from the Nielsen company. All population and household income data come from the 2000 U.S. Decennial Census. For the 140 urban census tracts for which grid-level grocer data are not available, all people in the tract are assumed to have low-access to a supermarket or large grocery store. Indicator data report the percentage of the total population within an area living in a food desert using the following formula:

$$\text{Percentage} = \left[\frac{\text{Population with Low Food Access}}{\text{Total Area Population}} \right] * 100$$

For more information, please review the [Food Desert Locator Documentation](#) webpage.

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:

Industry counts for recreational facilities* (NAICS code 713940) are acquired from the U.S. Census Bureau, County Business Patterns (2010) data file. Population figures are acquired from the U.S. Census Bureau, 2010 Decennial Census, Summary File 1. Establishment rates for each county are derived using the following formula:

$$\text{Rate} = \left[\frac{\text{Establishment Count}}{\text{Population}} \right] * 100,000$$

**Recreational facilities as defined by NAICS code 713940 are 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](#).

Access to Primary Care

Data Background:

The Area Resource File (ARF) is a database of information about the U.S. health care system, maintained and released annually by the U.S. Health and Human Services (HHS) Health Resources and Services Administration (HRSA). The ARF contains more than 6,000 variables, aggregated for each of the nation's counties. The ARF contains information on health facilities, health professions, health status, economic activity, health training programs, measures of resource scarcity, and socioeconomic and environmental characteristics. In addition, the basic file contains geographic codes and descriptors which enable it to be linked to many other files and to aggregate counties into various geographic groupings.

The ARF integrates data from numerous primary data sources including: the American Hospital Association, the American Medical Association, the American Dental Association, the American Osteopathic Association, the Bureau of the Census, the Centers for Medicare and Medicaid Services (formerly Health Care Financing Administration), Bureau of Labor Statistics, National Center for Health Statistics and the Veteran's Administration. For more information, please visit HRSA's [Area Resource File](#) website.

Methodology:

Counts of primary care providers are acquired from the Health Resources and Services Administration (HRSA) 2011 [Area Resource File](#), and population data from the U.S. Census Bureau 2010 decennial census. Primary care provider rates are then calculated using the following formula:

$$\text{Provider Rate} = \left[\frac{\text{Number of Primary Care Physicians}}{\text{Total Population}} \right] * 100,000$$

For more information and to view the original data used for this calculation, please visit the HRSA [Area Resource File](#) website.

Notes:

**Data represents county-level summaries only. When assessing rates, consider the following:*

- 1) Rates assume uniform distribution of both physicians and population throughout a county and may not detect disparities in access for rural or minority populations.
- 2) Rates may over-represent or under-represent county primary care rates when populations or physicians are highly concentrated on county border lines.
- 3) Rates do not describe quality of care or utilization practices.

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.

Citation: [The Dartmouth Atlas of Healthcare \(2012\)](#).

The Centers for Medicare and Medicaid Services paid claims files contain information from adjudicated medical service related claims and capitation payments. Four types of claims files representing inpatient, long term care, prescription drugs and non-institutional services are submitted by the states. These are claims that have completed the state's payment processing cycle for which the state has determined it has a liability to reimburse the provider from Title XIX funds. Claims records contain information on the types of services provided, providers of services, service dates, costs, types of reimbursement, and epidemiological variables.

Citation: [Centers for Medicare and Medicaid Services: Medicaid Statistical Information Statistics \(2012\)](#).

Methodology:

The data are drawn from the enrollment and claims data of the Medicare program and are restricted to the fee-for-service population over age 65; HMO patients are not included. The indicator is expressed as a proportion using the following formula:

$$\text{Percentage Screened} = \frac{[\text{Number Females Tested}]}{[\text{Total Females}]} * 100$$

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. The BRFSS was initiated in 1984, with 15 states collecting surveillance data on risk behaviors through monthly telephone interviews. Over time, the number of states participating in the survey increased, so that by 2001, 50 states, the District of Columbia, Puerto Rico, Guam, and the Virgin Islands were participating in the BRFSS."

Citation: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. [Overview: BRFSS 2010](#).

The health characteristics estimated from the BRFSS pertain to the adult non-institutionalized population (age 18 years or older and living in households) and includes data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS survey data are analyzed by the CDC's National Center for Health Statistics (NCHS). Annual risk factor prevalence data are released for those geographic areas with 50 or more survey results and 10,000 or more total population (50 States, 170 Cities and Counties) in order to maintain the accuracy and confidentiality of the data. Multi-year estimates are produced by the NCHS to expand the coverage of data to approximately 2500 counties. These estimates are maintained in the [Health Indicator Warehouse](#), the official repository of the nation's health data. For more information on the BRFSS survey methods, or to obtain a copy of the 2010 questionnaire, please visit [the Behavioral Risk Factor Surveillance System](#) home page.

Methodology:

Indicator percentages are acquired for years 2004-2010 from Behavioral Risk Factor Surveillance System (BRFSS) prevalence data, which is housed in the Health Indicator Warehouse. Percentages are generated based on the valid responses to the following questions:

"A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?"

Respondents are considered to have had a Pap test if they answer that they had ever had a test. Percentages are age-adjusted and only pertain to the non-institutionalized female population aged 18 and up. Population numerators (number of adults) are not provided in the Health Indicator Warehouse data tables and were generated using the following formula:

$$[\text{Persons having a Pap test}] = \frac{[\text{Indicator Percentage}]}{100} * [\text{Total Population}] .$$

Adult population figures used in the data tables are acquired from the American Community Survey (ACS) 2006-2010 five year estimates. Additional detailed information about the BRFSS, including questionnaires, data collection procedures, and [data processing methodologies](#) are available on the BRFSS web site. For additional information about the multi-year estimates, please visit the [Health Indicator Warehouse](#).

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. The BRFSS was initiated in 1984, with 15 states collecting surveillance data on risk behaviors through monthly telephone interviews. Over time, the number of states participating in the survey increased, so that by 2001, 50 states, the District of Columbia, Puerto Rico, Guam, and the Virgin Islands were participating in the BRFSS."

Citation: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. [Overview: BRFSS 2010](#).

The health characteristics estimated from the BRFSS pertain to the adult non-institutionalized population (age 18 years or older and living in households) and includes data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS survey data are analyzed by the CDC's National Center for Health Statistics (NCHS). Annual risk factor prevalence data are released for those geographic areas with 50 or more survey results and 10,000 or more total population (50 States, 170 Cities and Counties) in order to maintain the accuracy and confidentiality of the data. Multi-year estimates are

produced by the NCHS to expand the coverage of data to approximately 2500 counties. These estimates are maintained in the [Health Indicator Warehouse](#), the official repository of the nation's health data. For more information on the BRFSS survey methods, or to obtain a copy of the 2010 questionnaire, please visit [the Behavioral Risk Factor Surveillance System](#) home page.

Methodology:

Indicator percentages are acquired for years 2004-2010 from Behavioral Risk Factor Surveillance System (BRFSS) prevalence data, which is housed in the Health Indicator Warehouse. Percentages are generated based on the valid responses to the following questions:

"Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? How long has it been since you had your last sigmoidoscopy or colonoscopy?"

Respondents are considered to be 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:

$$\text{[Persons having a Sigmoidoscopy/Colonoscopy]} = \left(\frac{\text{[Indicator Percentage]} }{100} \right) * \text{[Total Population]} .$$

Adult population figures used in the data tables are acquired from the American Community Survey (ACS) 2006-2010 five year estimates. Additional detailed information about the BRFSS, including questionnaires, data collection procedures, and [data processing methodologies](#) are available on the BRFSS web site. For additional information about the multi-year estimates, please visit the [Health Indicator Warehouse](#).

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.

Citation: [The Dartmouth Atlas of Healthcare \(2012\)](#).

The Centers for Medicare and Medicaid Services paid claims files contain information from adjudicated medical service related claims and capitation payments. Four types of claims files representing inpatient, long term care, prescription drugs and non-institutional services are submitted by the states. These are claims that have completed the state's payment processing cycle for which the state has determined it has a liability to reimburse the provider from Title XIX funds. Claims records contain information on the types of services provided, providers of services, service dates, costs, types of reimbursement, and epidemiological variables.

Citation: [Centers for Medicare and Medicaid Services: Medicaid Statistical Information Statistics \(2012\)](#).

Methodology:

The data are drawn from the enrollment and claims data of the Medicare program and are restricted to the fee-for-service population over age 65; HMO patients are not included. The indicator is expressed as a proportion using the following formula:

$$\text{Percentage Tested} = \frac{\text{[Number Diabetics Tested]} }{\text{[Total Diabetics]} } * 100$$

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 (HPSA)

Data Background:

The U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) track areas where there is a shortage of health professionals. Health Professional Shortage Areas (HPSAs) are designated as having shortages of primary medical care, dental or mental health providers and may be geographic, demographic, or institutional. medically underserved areas/populations are areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population.

Methodology:

HRSA provides the locations of institutions it designates to be serving HPSAs. The point locations of these institutions, along with what type, were intersected with geographic service areas to provide a count of the total number of facilities in an area.

Federally Qualified Health Centers

Data Background:

The Centers for Medicare and Medicaid Services (CMS) tracks data on Providers of Service (POS) of health care. Included in this listing of health care agencies are the Federally Qualified Health Centers. These centers are significant for several health programs funded under the Health Center Consolidation Act.

Methodology:

CMS provides the locations of Federally Qualified Health Centers. The point locations of these institutions were intersected with geographic service areas to provide a count of the total number of facilities in an area.

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. The BRFSS was initiated in 1984, with 15 states collecting surveillance data on risk behaviors through monthly telephone interviews. Over time, the number of states participating in the survey increased, so that by 2001, 50 states, the District of Columbia, Puerto Rico, Guam, and the Virgin Islands were participating in the BRFSS."

Citation: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. [Overview: BRFSS 2010](#).

The health characteristics estimated from the BRFSS pertain to the adult non-institutionalized population (age 18 years or older and living in households) and includes data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS survey data are analyzed by the CDC's National Center for Health Statistics (NCHS). Annual risk factor prevalence data are released for those geographic areas with 50 or more survey results and 10,000 or more total population (50 States, 170 Cities and Counties) in order to maintain the accuracy and confidentiality of the data. Multi-year estimates are produced by the NCHS for some variables to expand the coverage of data to approximately 2500 counties. These estimates are maintained in the [Health Indicator Warehouse](#), the official repository of the nation's health data. For more information on the BRFSS survey methods, or to obtain a copy of the 2010 questionnaire, 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:

$$\text{Adults Not Taking Blood Pressure Medication} = \left(\frac{\text{Indicator Percentage}}{100} \right) * \text{Total Adult Population}$$

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.

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. The BRFSS was initiated in 1984, with 15 states collecting surveillance data on risk behaviors through monthly telephone interviews. Over time, the number of states participating in the survey increased, so that by 2001, 50 states, the District of Columbia, Puerto Rico, Guam, and the Virgin Islands were participating in the BRFSS."

Citation: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. [Overview: BRFSS 2010](#).

The health characteristics estimated from the BRFSS pertain to the adult non-institutionalized population (age 18 years or older and living in households) and includes data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS survey data are analyzed by the CDC's National Center for Health Statistics (NCHS). Annual risk factor prevalence data are released for those geographic areas with 50 or more survey results and 10,000 or more total population (50 States, 170 Cities and Counties) in order to maintain the accuracy and confidentiality of the data. Multi-year estimates are produced by the NCHS for some variables to expand the coverage of data to approximately 2500 counties. These estimates are maintained in the [Health Indicator Warehouse](#), the official repository of the nation's health data. For more information on the BRFSS survey methods, or to obtain a copy of the 2010 questionnaire, 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:

$$\text{Adults Never Tested for HIV/AIDS} = \left(\frac{\text{Indicator Percentage}}{100} \right) * \text{Total Adult Population}$$

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.

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. The BRFSS was initiated in 1984, with 15 states collecting surveillance data on risk behaviors through monthly telephone interviews. Over time, the number of states participating in the survey increased, so that by 2001, 50 states, the District of Columbia, Puerto Rico, Guam, and the Virgin Islands were participating in the BRFSS."

Citation: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. [Overview: BRFSS 2010](#).

The health characteristics estimated from the BRFSS pertain to the adult non-institutionalized population (age 18 years or older and living in households) and includes data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS survey data are analyzed by the CDC's National Center for Health Statistics (NCHS). Annual risk factor prevalence data are released for those geographic areas with 50 or more survey results and 10,000 or more total population (50 States, 170 Cities and Counties) in order to maintain the accuracy and confidentiality of the data. Multi-year estimates are produced by the NCHS for some variables to expand the coverage of data to approximately 2500 counties. These estimates are maintained in the [Health Indicator Warehouse](#), the official repository of the nation's health data. For more information on the BRFSS survey methods, or to obtain a copy of the 2010 questionnaire, 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.

Pneumonia Vaccinations (Age 65)

Data Background:

The Behavioral Risk Factor Surveillance System (BRFSS) is

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Citation: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. [Overview: BRFSS 2010](#).

The health characteristics estimated from the BRFSS pertain to the adult non-institutionalized population (age 18 years or older and living in households) and includes data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS survey data are analyzed by the CDC's National Center for Health Statistics (NCHS). Annual risk factor prevalence data are released for those geographic areas with 50 or more survey results and 10,000 or more total population (50 States, 170 Cities and Counties) in order to maintain the accuracy and confidentiality of the data. Multi-year estimates are produced by the NCHS to expand the coverage of data to approximately 2500 counties. These estimates are maintained in the [Health Indicator Warehouse](#), the official repository of the nation's health data. For more information on the BRFSS survey methods, or to obtain a copy of the 2010 questionnaire, please visit [the Behavioral Risk Factor Surveillance System](#) home page.

Methodology:

Indicator percentages are acquired for years 2004-2010 from Behavioral Risk Factor Surveillance System (BRFSS) prevalence data, which is housed in the Health Indicator Warehouse. Percentages are generated based on the valid responses to the following questions:

"Have you EVER had a pneumonia shot? A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?"

Respondents are considered to have had a pneumonia vaccination if they answer that they had ever had a vaccine. Percentages are age-adjusted and only pertain to the non-institutionalized population aged 65 and up. Population numerators (number of adults) are not provided in the Health Indicator Warehouse data tables and were generated using the following formula:

$$[\text{Persons having a Pneumonia vaccination}] = ([\text{Indicator Percentage}] / 100) * [\text{Total Population}] .$$

Adult population figures used in the data tables are acquired from the American Community Survey (ACS) 2006-2010 five year estimates. Additional detailed information about the BRFSS, including questionnaires, data collection procedures, and [data processing methodologies](#) are available on the BRFSS web site. For additional information about the multi-year estimates, please visit the [Health Indicator Warehouse](#).

Population Living in a Health Professional Shortage Areas (HPSA)

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 for 2012 from the US Health Resources and Services Administration (HRSA) GIS data warehouse. Data from HRSA contained estimates of the total designation population, and the population underserved in each service area. Total designation populations vary based on HPSA designation, and may refer to the total area population, or the population of a specific demographic (income, racial, ethnic) group. Population figures provided by HRSA represent the estimate at the time of last designation update, which in some cases is as early as 2008. The percentage of population underserved is based on the following formula:

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

For additional information, including designation procedures and access to the original data, please visit the HRSA [Health Professional Shortage Area \(HPSA\)](#) web page.

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.

Citation: [The Dartmouth Atlas of Healthcare \(2012\)](#).

The Centers for Medicare and Medicaid Services paid claims files contain information from adjudicated medical service related claims and capitation payments. Four types of claims files representing inpatient, long term care, prescription drugs and non-institutional services are submitted by the states. These are claims that have completed the state's payment processing cycle for which the state has determined it has a liability to reimburse the provider from Title XIX funds. Claims records contain information on the types of services provided, providers of services, service dates, costs, types of reimbursement, and epidemiological variables.

Citation: [Centers for Medicare and Medicaid Services: Medicaid Statistical Information Statistics \(2012\)](#).

Methodology:

The data are drawn from the enrollment and claims data of the Medicare program and are restricted to the fee-for-service population over age 65; HMO patients are not included. The indicator is expressed as a rate (per 1,000 Medicare enrollees) using the following formula:

$$\text{ACSC Rate} = \frac{[\text{Number Preventable Hospitalizations}]}{[\text{Total Medicare Enrollees}]} * 1,000$$

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](#).

Heavy Alcohol Consumption

Data Background:

The Behavioral Risk Factor Surveillance System (BRFSS) is

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Citation: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. [Overview: BRFSS 2010](#).

The health characteristics estimated from the BRFSS pertain to the adult non-institutionalized population (age 18 years or older and living in households) and includes data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS survey data are analyzed by the CDC's National Center for Health Statistics (NCHS). Annual risk factor prevalence data are released for those geographic areas with 50 or more survey results and 10,000 or more total population (50 States, 170 Cities and Counties) in order to maintain the accuracy and confidentiality of the data. Multi-year estimates are produced by the NCHS to expand the coverage of data to approximately 2500 counties. These estimates are maintained in the [Health Indicator Warehouse](#), the official repository of the nation's health data. For more information on the BRFSS survey methods, or to obtain a copy of the 2010 questionnaire, please visit [the Behavioral Risk Factor Surveillance System](#) home page.

Methodology:

Indicator percentages are acquired for years 2004-2010 from Behavioral Risk Factor Surveillance System (BRFSS) prevalence data, which is housed in the Health Indicator Warehouse. Percentages are generated based on the valid responses to the following question:

“One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?”

Respondents are considered heavy drinkers if they were male and reported having more than 2 drinks per day, or females that reported having more than 1 drink per day. Percentages are age-adjusted and only pertain to the non-institutionalized population aged 18 and up. Population numerators (number of adults) are not provided in the Health Indicator Warehouse data tables and were generated using the following formula:

$$[\text{Heavy Drinkers}] = ([\text{Indicator Percentage}] / 100) * [\text{Total Population}] .$$

Adult population figures used in the data tables are acquired from the American Community Survey (ACS) 2006-2010 five year estimates. Additional detailed information about the BRFSS, including questionnaires, data collection procedures, and [data processing methodologies](#) are available on the BRFSS web site. For additional information about the multi-year estimates, please visit the [Health Indicator Warehouse](#).

Inadequate Fruit/Vegetable Consumption (Adult)

Data Background:

The Behavioral Risk Factor Surveillance System (BRFSS) is

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Citation: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. [Overview: BRFSS 2010](#).

The health characteristics estimated from the BRFSS pertain to the adult non-institutionalized population (age 18 years or older and living in households) and includes data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS survey data are analyzed by the CDC’s National Center for Health Statistics (NCHS). Annual risk factor prevalence data are released for those geographic areas with 50 or more survey results and 10,000 or more total population (50 States, 170 Cities and Counties) in order to maintain the accuracy and confidentiality of the data. Multi-year estimates are produced by the NCHS to expand the coverage of data to approximately 2500 counties. These estimates are maintained in the [Health Indicator Warehouse](#), the official repository of the nation’s health data. For more information on the BRFSS survey methods, or to obtain a copy of the 2010 questionnaire, please visit [the Behavioral Risk Factor Surveillance System](#) home page.

Methodology:

Indicator percentages are acquired for years 2005-2009 from Behavioral Risk Factor Surveillance System (BRFSS) prevalence data, which is housed in the Health Indicator Warehouse. Data are based on the percentage of respondents who report regularly consuming five or more servings of fruits or vegetables each week. Fried potatoes and chips are excluded. Percentages are age-adjusted and only pertain to the non-institutionalized population aged 18 and up. Population numerators (number of adults consuming 5 servings) are not provided in the Health Indicator Warehouse data tables and were generated using the following formula:

$$[\text{Population Consuming 5 Servings}] = ([\text{Indicator Percentage}] / 100) * [\text{Total Population}].$$

Adult population figures used in the data tables are acquired from the American Community Survey (ACS) 2006-2010 five year estimates. Additional detailed information about the BRFSS, including questionnaires, data collection procedures, and [data processing methodologies](#) are available on the BRFSS web site. For additional information about the multi-year estimates, please visit the [Health Indicator Warehouse](#).

Physical Inactivity (Adult)

Data Background:

The Behavioral Risk Factor Surveillance System (BRFSS) is

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Citation: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. [Overview: BRFSS 2010](#).

The health characteristics estimated from the BRFSS pertain to the adult non-institutionalized population (age 18 years or older and living in households) and includes data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS survey data are analyzed by the CDC’s National Center for Health Statistics (NCHS). Annual risk factor prevalence data are released for those geographic areas with 50 or more survey results and 10,000 or more total population (50 States, 170 Cities and Counties) in order to maintain the accuracy and confidentiality of the data. Multi-year estimates are produced by the NCHS to expand the coverage of data to approximately 2500 counties. These estimates are maintained in the [Health Indicator Warehouse](#), the official repository of the nation’s health data. For more information on the BRFSS survey methods, or to obtain a copy of the 2010 questionnaire, 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. Percentages are generated based on the valid responses to the following 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?”

Respondents are considered to be physically inactive if they answer no to the question. 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:

$$[\text{Inactive Persons}] = ([\text{Indicator Percentage}] / 100) * [\text{Total Population}] .$$

Adult population figures used in the data tables are acquired from the American Community Survey (ACS) 2006-2010 five year estimates. Additional detailed information about the BRFSS, including questionnaires, data collection procedures, and [data processing methodologies](#) are available on the BRFSS web site. For additional information about the multi-year estimates, please visit the [Health Indicator Warehouse](#).

Tobacco Usage (Adult)

Data Background:

The Behavioral Risk Factor Surveillance System (BRFSS) is

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Citation: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. [Overview: BRFSS 2010](#).

The health characteristics estimated from the BRFSS pertain to the adult non-institutionalized population (age 18 years or older and living in households) and includes data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS survey data are analyzed by the CDC’s National Center for Health Statistics (NCHS). Annual risk factor prevalence data are released for those geographic areas with 50 or more survey results and 10,000 or more total population (50 States, 170 Cities and Counties) in order to maintain the accuracy and confidentiality of the data. Multi-year estimates are produced by the NCHS to expand the coverage of data to approximately 2500 counties. These estimates are maintained in the [Health Indicator Warehouse](#), the official repository of the nation’s health data. For more information on the BRFSS survey methods, or to obtain a copy of the 2010 questionnaire, please visit [the Behavioral Risk Factor Surveillance System](#) home page.

Methodology:

Indicator percentages are acquired for years 2004-2010 from Behavioral Risk Factor Surveillance System (BRFSS) prevalence data, which is housed in the Health Indicator Warehouse. Data are based on the percentage of respondents answering the following question:

“Do you now smoke cigarettes every day, some days, or not at all?”

Respondents are considered smokers if they reported smoking every day or some days. Percentages are age-adjusted and only pertain to the non-institutionalized population aged 18 and up. Population numerators (number of adult smokers) are not provided in the Health Indicator Warehouse data tables and were generated using the following formula:

$$[\text{Adults Smokers}] = ([\text{Indicator Percentage}] / 100) * [\text{Total Population}] .$$

Adult population figures used in the data tables are acquired from the American Community Survey (ACS) 2006-2010 five year estimates. Additional detailed information about the BRFSS, including questionnaires, data collection procedures, and [data processing methodologies](#) are available on the BRFSS web site. For additional information about the multi-year estimates, please visit the [Health Indicator Warehouse](#).

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. The BRFSS was initiated in 1984, with 15 states collecting surveillance data on risk behaviors through monthly telephone interviews. Over time, the number of states participating in the survey increased, so that by 2001, 50 states, the District of Columbia, Puerto Rico, Guam, and the Virgin Islands were participating in the BRFSS.”

Citation: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. [Overview: BRFSS 2010](#).

The health characteristics estimated from the BRFSS pertain to the adult non-institutionalized population (age 18 years or older and living in households) and includes data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS survey data are analyzed by the CDC’s National Center for Health Statistics (NCHS). Annual risk factor prevalence data are released for those geographic areas with 50 or more survey results and 10,000 or more total population (50 States, 170 Cities and Counties) in order to maintain the accuracy and confidentiality of the data. Multi-year estimates are produced by the NCHS for some variables to expand the coverage of data to approximately 2500 counties. These estimates are maintained in the [Health Indicator Warehouse](#), the official repository of the nation’s health data. For more information on the BRFSS survey methods, or to obtain a copy of the 2010 questionnaire, 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.

Breast Cancer Incidence

Data Background:

The State Cancer Profiles Web site provides statistics to help guide and prioritize cancer control activities at the state and local levels. It is step one of Cancer Control P.L.A.N.E.T., a portal that provides access to data and research-tested resources for the design, implementation, and evaluation of evidence based cancer control programs. State Cancer Profiles are a collaborative effort of the National Cancer Institute and the Centers for

Disease Control and Prevention. 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.

Citation: [National Cancer Institute. State Cancer Profiles. \(2010\).](#)

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 or the [National Program of Cancer Registries](#) website.

Methodology:

Incidence counts, population figures, and annual incidence rates are acquired for years 2004-2008 from the State Cancer Profiles: Incidence Rates data tables. Cancer incidence rates are age adjusted after being calculated using the following formula:

$$\text{Incidence Rate} = [\text{Average Annual New Cases}] / [\text{Total Population}] * 100,000.$$

New case counts are provided for the State Cancer Profiles data tables 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. All rates are age adjusted using the 2000 U.S. Standard. The statistics provided in State Cancer Profiles data, including age-adjusted rates, are calculated using [SEER*Stat](#). Total population figures displayed in the data tables are provided from the U.S. Census Bureau's American Community Survey, 2005-2009 5-Year estimates.

Notes:

1. Incidence rates provided are for invasive cancer only.
2. [Suppression](#) is used to avoid misinterpretation when rates are unstable. Data is suppressed when the number of cases is less than 16 for the time period monitored.
3. Because of the impact on Louisiana's population for the July - December 2005 time period due to Hurricanes Katrina/Rita, [SEER excluded Louisiana cases](#) diagnosed for that six month time period. The count has been suppressed due to data consistency issues.
4. The US populations included with the data release have been adjusted for the population shifts due to hurricanes Katrina and Rita.

Cancer Mortality

Data Background:

The CDC WONDER (Wide-ranging Online Data for Epidemiologic Research) is a query tool which provides public access to the information resources of the Centers for Disease Control and Prevention (CDC). The Underlying Cause of Death data available on WONDER are county-level mortality and population data spanning the years 1999-2009. Data are based on death certificates for U.S. residents. Each death certificate identifies a single underlying cause of death and demographic data. The number of deaths, crude death rates and age-adjusted death rates, can be obtained by place of residence, age group, race, Hispanic ethnicity, gender, and cause-of-death (when minimum sample size thresholds are met).

Underlying cause-of-death is defined by the World Health Organization (WHO) as "the disease or injury which initiated the train of events leading directly to death, or the circumstances of the accident or violence which produced the fatal injury." Underlying cause-of-death is selected from the conditions entered by the physician on the cause of death section of the death certificate. When more than one cause or condition is entered by the physician, the underlying cause is determined by the sequence of conditions on the certificate, provisions of the International Statistical Classification of Disease and Health Problems (ICD), and associated selection rules and modifications.

The Underlying Cause of Death data are produced and maintained by the Mortality Statistics Branch, Division of Vital Statistics, National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC), United States Department of Health and Human Services (US DHHS).

Citation: Centers for Disease Control and Prevention: CDC WONDER, [Underlying Cause of Death 1999-2009 \(2012\).](#)

For more information about this source, including data inclusion requirements and definitions, please refer to the [CDC WONDER website](#).

Methodology:

Death counts and rates for cancer mortality (**ICD-10 Codes* C00 - C97**) are acquired for years 2005-2009 using CDC WONDER from the Underlying Cause of Death database. Population figures are acquired from the U.S. Census Bureau, American Community Survey 5-year estimates (2005-2009). Mortality rates are calculated using the following formula:

$$\text{Mortality Rate} = [(\text{Death Count} / 5)] / [\text{Total Population}] * 100,000.$$

Mortality rates are age-adjusted to the year 2000 U.S. standard.

*A searchable, detailed list of current ICD-10 Codes (Version 2010) is available from the [World Health Organization](#).

Notes:

- *Data is suppressed when the rate is calculated with a numerator or denominator of 10 or less. [More Information.](#)
- *Death rates are unreliable when the rate is calculated with a numerator of 20 or less. [More Information.](#)
- *The method used to calculate standard age-adjusted rates are documented here: [More Information.](#)
- *Deaths for persons of unknown age are included in counts and crude rates, but are not included in age-adjusted rates.

*To accommodate geographic shifts of the Alabama, Louisiana, Mississippi, and Texas populations resulting from Hurricanes Katrina and Rita in 2005, the U.S. Census Bureau developed adjustments in the methodology for state and county population estimates. [More Information.](#)

Cervical Cancer Incidence

Data Background:

The State Cancer Profiles Web site provides statistics to help guide and prioritize cancer control activities at the state and local levels. It is step one of Cancer Control P.L.A.N.E.T., a portal that provides access to data and research-tested resources for the design, implementation, and evaluation of evidence based cancer control programs. State Cancer Profiles are a collaborative effort of the National Cancer Institute and the Centers for Disease Control and Prevention. 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.

Citation: [National Cancer Institute, State Cancer Profiles. \(2010\).](#)

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 or the [National Program of Cancer Registries](#) website.

Methodology:

Incidence counts, population figures, and annual incidence rates are acquired for years 2004-2008 from the State Cancer Profiles: Incidence Rates data tables. Cancer incidence rates are age adjusted after being calculated using the following formula:

$$\text{Incidence Rate} = [\text{Average Annual New Cases}] / [\text{Total Population}] * 100,000.$$

New case counts are provided for the State Cancer Profiles data tables 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. All rates are age adjusted using the 2000 U.S. Standard. The statistics provided in State Cancer Profiles data, including age-adjusted rates, are calculated using [SEER*Stat](#). Total population figures displayed in the data tables are provided from the U.S. Census Bureau's American Community Survey, 2005-2009 5-Year estimates.

Notes:

1. Incidence rates provided are for invasive cancer only.
2. [Suppression](#) is used to avoid misinterpretation when rates are unstable. Data is suppressed when the number of cases is less than 16 for the time period monitored.
3. Because of the impact on Louisiana's population for the July - December 2005 time period due to Hurricanes Katrina/Rita, [SEER excluded Louisiana cases](#) diagnosed for that six month time period. The count has been suppressed due to data consistency issues..
4. The US populations included with the data release have been adjusted for the population shifts due to hurricanes Katrina and Rita.

Colon and Rectum Cancer Incidence

Data Background:

The State Cancer Profiles Web site provides statistics to help guide and prioritize cancer control activities at the state and local levels. It is step one of Cancer Control P.L.A.N.E.T., a portal that provides access to data and research-tested resources for the design, implementation, and evaluation of evidence based cancer control programs. State Cancer Profiles are a collaborative effort of the National Cancer Institute and the Centers for Disease Control and Prevention. 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.

Citation: [National Cancer Institute, State Cancer Profiles. \(2010\).](#)

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 or the [National Program of Cancer Registries](#) website.

Methodology:

Incidence counts, population figures, and annual incidence rates are acquired for years 2004-2008 from the State Cancer Profiles: Incidence Rates data tables. Cancer incidence rates are age adjusted after being calculated using the following formula:

$$\text{Incidence Rate} = [\text{Average Annual New Cases}] / [\text{Total Population}] * 100,000.$$

New case counts are provided for the State Cancer Profiles data tables 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. All rates are age adjusted using the 2000 U.S. Standard. The statistics provided in State Cancer Profiles data, including age-adjusted rates, are calculated using [SEER*Stat](#). Total population figures displayed in the data tables are provided from the U.S. Census Bureau's American Community Survey, 2005-2009 5-Year estimates.

Notes:

1. Incidence rates provided are for invasive cancer only.
2. [Suppression](#) is used to avoid misinterpretation when rates are unstable. Data is suppressed when the number of cases is less than 16 for the time period monitored.
3. Because of the impact on Louisiana's population for the July - December 2005 time period due to Hurricanes Katrina/Rita, [SEER excluded Louisiana cases](#) diagnosed for that six month time period. The count has been suppressed due to data consistency issues..
4. The US populations included with the data release have been adjusted for the population shifts due to hurricanes Katrina and Rita.

Diabetes Prevalence

Data Background:

The Centers for Disease Control and Prevention's National Center for Chronic Disease Prevention and Health Promotion monitors the health of the Nation and produces publically available data to promote general health. The division maintains the Diabetes Data and Trends data system, which includes the National Diabetes Fact Sheet and the National Diabetes Surveillance System. These programs provide resources documenting the public health burden of diabetes and its complications in the United States. The surveillance system also includes county-level estimates of diagnosed diabetes and selected risk factors for all U.S. counties to help target and optimize the resources for diabetes control and prevention.

Citation: [Centers for Disease Control and Prevention, Diabetes Data & Trends: Frequently Asked Questions \(FAQ\). \(2012\).](#)

Methodology:

Data for total population and estimated population with diabetes 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 prevalence is estimated using the following formula:

$$\text{Percent Prevalence} = [\text{Population with Diabetes}] / [\text{Total Population}] * 100.$$

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.

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.

Heart Disease Mortality

Data Background:

The CDC WONDER (Wide-ranging Online Data for Epidemiologic Research) is a query tool which provides public access to the information resources of the Centers for Disease Control and Prevention (CDC). The Underlying Cause of Death data available on WONDER are county-level mortality and population data spanning the years 1999-2009. Data are based on death certificates for U.S. residents. Each death certificate identifies a single underlying cause of death and demographic data. The number of deaths, crude death rates and age-adjusted death rates, can be obtained by place of residence, age group, race, Hispanic ethnicity, gender, and cause-of-death (when minimum sample size thresholds are met).

Underlying cause-of-death is defined by the World Health Organization (WHO) as "the disease or injury which initiated the train of events leading directly to death, or the circumstances of the accident or violence which produced the fatal injury." Underlying cause-of-death is selected from the conditions entered by the physician on the cause of death section of the death certificate. When more than one cause or condition is entered by the physician, the underlying cause is determined by the sequence of conditions on the certificate, provisions of the International Statistical Classification of Disease and Health Problems (ICD), and associated selection rules and modifications.

The Underlying Cause of Death data are produced and maintained by the Mortality Statistics Branch, Division of Vital Statistics, National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC), United States Department of Health and Human Services (US DHHS).

Citation: [Centers for Disease Control and Prevention: CDC WONDER, Underlying Cause of Death 1999-2009 \(2012\).](#)

For more information about this source, including data inclusion requirements and definitions, please refer to the [CDC WONDER website](#).

Methodology:

Death counts and rates for heart disease mortality (**ICD-10 Codes* I11, I20-I25**) are acquired for years 2005-2009 using CDC WONDER from the Underlying Cause of Death database. Population figures are acquired from the U.S. Census Bureau, American Community Survey 5-year estimates (2005-2009). Mortality rates are calculated using the following formula:

$$\text{Mortality Rate} = [(\text{Death Count} / 5)] / [\text{Total Population}] * 100,000.$$

Mortality rates are age-adjusted to the year 2000 U.S. standard.

*A searchable, detailed list of current ICD-10 Codes (Version 2010) is available from the [World Health Organization](#).

Notes:

*Data is suppressed when the rate is calculated with a numerator or denominator of 10 or less. [More Information](#).

*Death rates are unreliable when the rate is calculated with a numerator of 20 or less. [More Information](#).

*The method used to calculate standard age-adjusted rates are documented here: [More Information](#).

*Deaths for persons of unknown age are included in counts and crude rates, but are not included in age-adjusted rates.

*To accommodate geographic shifts of the Alabama, Louisiana, Mississippi, and Texas populations resulting from Hurricanes Katrina and Rita in 2005, the U.S. Census Bureau developed adjustments in the methodology for state and county population estimates. [More Information](#).

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. The BRFSS was initiated in 1984, with 15 states collecting surveillance data on risk behaviors through monthly telephone interviews. Over time, the number of states participating in the survey increased, so that by 2001, 50 states, the District of Columbia, Puerto Rico, Guam, and the Virgin Islands were participating in the BRFSS.”

Citation: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. [Overview: BRFSS 2010](#).

The health characteristics estimated from the BRFSS pertain to the adult non-institutionalized population (age 18 years or older and living in households) and includes data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS survey data are analyzed by the CDC’s National Center for Health Statistics (NCHS). Annual risk factor prevalence data are released for those geographic areas with 50 or more survey results and 10,000 or more total population (50 States, 170 Cities and Counties) in order to maintain the accuracy and confidentiality of the data. Multi-year estimates are produced by the NCHS for some variables to expand the coverage of data to approximately 2500 counties. These estimates are maintained in the [Health Indicator Warehouse](#), the official repository of the nation’s health data. For more information on the BRFSS survey methods, or to obtain a copy of the 2010 questionnaire, please visit [the Behavioral Risk Factor Surveillance System](#) home page.

Methodology:

Indicator percentages are acquired from analysis of annual survey data from the Behavioral Risk Factor Surveillance System (BRFSS) for years 2006-2010. Percentages are generated based on valid responses to the following questions:

"Has a doctor, nurse, or other health professional ever told you that you had any of the following:

-Ever told you had a heart attack, also called myocardial infarction?

-Ever told you had angina or coronary heart disease?

- Ever told you had a stroke?"

This indicator represents the percentage of those persons who answered that “yes”, they have been diagnosed with angina or coronary heart disease. Data only pertain to the non-institutionalized population aged 18 and up and are weighted to reflect the total county population, including non-respondents, using the methods described in the BRFSS Comparability of Data documentation. Population numerators (estimated number of adults exercising each risk behavior) are not provided in the annual survey data and were generated for the data tables using the following formula:

$$\text{Adults Diagnosed with Heart Disease} = \left(\frac{\text{Indicator Percentage}}{100} \right) * \text{[Total Population]} .$$

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.

Homicide

Data Background:

The CDC WONDER (Wide-ranging Online Data for Epidemiologic Research) is a query tool which provides public access to the information resources of the Centers for Disease Control and Prevention (CDC). The Underlying Cause of Death data available on WONDER are county-level mortality and population data spanning the years 1999-2009. Data are based on death certificates for U.S. residents. Each death certificate identifies a single underlying cause of death and demographic data. The number of deaths, crude death rates and age-adjusted death rates, can be obtained by place of residence, age group, race, Hispanic ethnicity, gender, and cause-of-death (when minimum sample size thresholds are met).

Underlying cause-of-death is defined by the World Health Organization (WHO) as *"the disease or injury which initiated the train of events leading directly to death, or the circumstances of the accident or violence which produced the fatal injury."* Underlying cause-of-death is selected from the conditions entered by the physician on the cause of death section of the death certificate. When more than one cause or condition is entered by the physician, the underlying cause is determined by the sequence of conditions on the certificate, provisions of the International Statistical Classification of Disease and Health Problems (ICD), and associated selection rules and modifications.

The Underlying Cause of Death data are produced and maintained by the Mortality Statistics Branch, Division of Vital Statistics, National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC), United States Department of Health and Human Services (US DHHS).

Citation: Centers for Disease Control and Prevention: CDC WONDER, [Underlying Cause of Death 1999-2009 \(2012\)](#).

For more information about this source, including data inclusion requirements and definitions, please refer to the [CDC WONDER website](#).

Methodology:

Death counts and rates for homicide (**ICD-10 Codes* *U01-*U02, X85-Y09, Y87.1**) are acquired for years 2005-2009 using CDC WONDER from the Underlying Cause of Death database. Population figures are acquired from the U.S. Census Bureau, American Community Survey 5-year estimates (2005-2009). Mortality rates are calculated using the following formula:

$$\text{Mortality Rate} = \frac{[\text{Death Count} / 5]}{[\text{Total Population}]} * 100,000.$$

Mortality rates are age-adjusted to the year 2000 U.S. standard.

*A searchable, detailed list of current ICD-10 Codes (Version 2010) is available from the [World Health Organization](#).

Notes:

*Data is suppressed when the rate is calculated with a numerator or denominator of 10 or less. [More Information](#).

*Death rates are unreliable when the rate is calculated with a numerator of 20 or less. [More Information](#).

*The method used to calculate standard age-adjusted rates are documented here: [More Information](#).

*Deaths for persons of unknown age are included in counts and crude rates, but are not included in age-adjusted rates.

*To accommodate geographic shifts of the Alabama, Louisiana, Mississippi, and Texas populations resulting from Hurricanes Katrina and Rita in 2005, the U.S. Census Bureau developed adjustments in the methodology for state and county population estimates. [More Information](#).

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. Natality 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. National natality statistics for the NVSS are derived from birth certificates registered with each state health department and released annually in various data warehouses, including [CDC WONDER](#), [VitalStats](#), and the [Health Indicator Warehouse](#). The [Health Indicator Warehouse](#) is the official repository of the nation's health data, providing public access to the information resources of the Centers for Disease Control and Prevention (CDC), the Environmental Protection Agency (EPA), the Health Resources and Services Administration (HRSA), and others. The NVSS natality data tables available through the HIW report counts of live births occurring within the United States to U.S. residents and non-residents. Counts and crude birth rates can be obtained grouped by various information available on each birth certificate, including state, county, child's gender and birth weight, mother's race, mother's ethnicity, mother's age, mother's education, gestation period, prenatal care, birth plurality, and mother's medical and tobacco use risk factors. Subnational data are subject to minimum 100,000 population threshold limitations. 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](#).

Lung Cancer Incidence

Data Background:

The State Cancer Profiles Web site provides statistics to help guide and prioritize cancer control activities at the state and local levels. It is step one of Cancer Control P.L.A.N.E.T., a portal that provides access to data and research-tested resources for the design, implementation, and evaluation of evidence based cancer control programs. State Cancer Profiles are a collaborative effort of the National Cancer Institute and the Centers for Disease Control and Prevention. 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.

Citation: [National Cancer Institute, State Cancer Profiles. \(2010\).](#)

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 or the [National Program of Cancer Registries](#) website.

Methodology:

Incidence counts, population figures, and annual incidence rates are acquired for years 2004-2008 from the State Cancer Profiles: Incidence Rates data tables. Cancer incidence rates are age adjusted after being calculated using the following formula:

$$\text{Incidence Rate} = \frac{[\text{Average Annual New Cases}]}{[\text{Total Population}]} * 100,000.$$

New case counts are provided for the State Cancer Profiles data tables 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. All rates are age adjusted using the 2000 U.S. Standard. The statistics provided in State Cancer Profiles data, including age-adjusted rates, are calculated using [SEER*Stat](#). Total population figures displayed in the data tables are provided from the U.S. Census Bureau's American Community Survey, 2005-2009 5-Year estimates.

Notes:

1. Incidence rates provided are for invasive cancer only.

2. [Suppression](#) is used to avoid misinterpretation when rates are unstable. Data is suppressed when the number of cases is less than 16 for the

time period monitored.

3. Because of the impact on Louisiana's population for the July - December 2005 time period due to Hurricanes Katrina/Rita, [SEER excluded Louisiana cases](#) diagnosed for that six month time period. The count has been suppressed due to data consistency issues..

4. The US populations included with the data release have been adjusted for the population shifts due to hurricanes Katrina and Rita.

Motor Vehicle Crash Death

Data Background:

The Fatality Analysis Reporting System (FARS) data is a census of all police-reported qualifying fatal crashes that occur within the 50 States, the District of Columbia, and Puerto Rico. To be included in the file set, a crash must involve a motor vehicle traveling on a traffic way customarily open to the public, and must result in the death of a motorist or a non-motorist within 30 days of the crash. Police report data is collected by National Highway Traffic Safety Administration (NHTSA) analysts located in each state. There is no Federal mandate for crash reporting; however, on a voluntary basis most States collect a similar core set of information about fatal crashes. Incompatible data is recoded for inclusion in the FARS database.

More information is available in the [NHTSA's Crash Data Collection Programs report to congress](#), and online at the [Fatality Analysis Reporting System](#) website.

Methodology:

Crash-related data was acquired using the Fatality Analysis Reporting System (FARS) web-based query tool. Fatalities for both vehicle occupants and non-occupants were aggregated by county for years 2008-2010 to obtain a total fatality count. 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 crash data may be accessed using the [FARS query tool](#).

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. Obesity prevalence is estimated using the following formula:

$$\text{Percent Prevalence} = [\text{Obese Population}] / [\text{Total Population}] * 100.$$

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 obese if their body mass index was 30 or greater. Body mass index ($\text{weight [kg]} / \text{height [m]}^2$) was derived from self-report of height and weight.

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.

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. The BRFSS was initiated in 1984, with 15 states collecting surveillance data on risk behaviors through monthly telephone interviews. Over time, the number of states participating in the survey increased, so that by 2001, 50 states, the District of Columbia, Puerto Rico, Guam, and the Virgin Islands were participating in the BRFSS."

The health characteristics estimated from the BRFSS pertain to the adult non-institutionalized population (age 18 years or older and living in households) and includes data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS survey data are analyzed by the CDC's National Center for Health Statistics (NCHS). Annual risk factor prevalence data are released for those geographic areas with 50 or more survey results and 10,000 or more total population (50 States, 170 Cities and Counties) in order to maintain the accuracy and confidentiality of the data. Multi-year estimates are produced by the NCHS for some variables to expand the coverage of data to approximately 2500 counties. These estimates are maintained in the [Health Indicator Warehouse](#), the official repository of the nation's health data. For more information on the BRFSS survey methods, or to obtain a copy of the 2010 questionnaire, 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.

Pedestrian Motor Vehicle Death

Data Background:

The Fatality Analysis Reporting System (FARS) data is a census of all police-reported qualifying fatal crashes that occur within the 50 States, the District of Columbia, and Puerto Rico. To be included in the file set, a crash must involve a motor vehicle traveling on a traffic way customarily open to the public, and must result in the death of a motorist or a non-motorist within 30 days of the crash. Police report data is collected by National Highway Traffic Safety Administration (NHTSA) analysts located in each state. There is no Federal mandate for crash reporting; however, on a voluntary basis most States collect a similar core set of information about fatal crashes. Incompatible data is recoded for inclusion in the FARS database.

More information is available in the [NHTSA's Crash Data Collection Programs report to congress](#), and online at the [Fatality Analysis Reporting System](#) website.

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:

$$\text{Mortality Rate} = \frac{[\text{Average Annual Deaths}]}{[\text{Total Population}]} * 100,000.$$

Original 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. The BRFSS was initiated in 1984, with 15 states collecting surveillance data on risk behaviors through monthly telephone interviews. Over time, the number of states participating in the survey increased, so that by 2001, 50 states, the District of Columbia, Puerto Rico, Guam, and the Virgin Islands were participating in the BRFSS."

Citation: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. [Overview: BRFSS 2010](#).

The health characteristics estimated from the BRFSS pertain to the adult non-institutionalized population (age 18 years or older and living in households) and includes data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS survey data are analyzed by the CDC's National Center for Health Statistics (NCHS). Annual risk factor prevalence data are released for those geographic areas with 50 or more survey results and 10,000 or more total population (50 States, 170 Cities and Counties) in order to maintain the accuracy and confidentiality of the data. Multi-year estimates are produced by the NCHS for some variables to expand the coverage of data to approximately 2500 counties. These estimates are maintained in the [Health Indicator Warehouse](#), the official repository of the nation's health data. For more information on the BRFSS survey methods, or to obtain a copy of the 2010 questionnaire, 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:

$$\text{Adults Poor Dental Health} = \left(\frac{\text{Indicator Percentage}}{100} \right) * \text{Total Population} .$$

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 BRFSS web site.

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. The BRFSS was initiated in 1984, with 15 states collecting surveillance data on risk behaviors through monthly telephone interviews. Over time, the number of states participating in the survey increased, so that by 2001, 50 states, the District of Columbia, Puerto Rico, Guam, and the Virgin Islands were participating in the BRFSS."

Citation: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. [Overview: BRFSS 2010](#).

The health characteristics estimated from the BRFSS pertain to the adult non-institutionalized population (age 18 years or older and living in households) and includes data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS survey data are analyzed by the CDC's National Center for Health Statistics (NCHS). Annual risk factor prevalence data are released for those geographic areas with 50 or more survey results and 10,000 or more total population (50 States, 170 Cities and Counties) in order to maintain the accuracy and confidentiality of the data. Multi-year estimates are produced by the NCHS to expand the coverage of data to approximately 2500 counties. These estimates are maintained in the [Health Indicator Warehouse](#), the official repository of the nation's health data. For more information on the BRFSS survey methods, or to obtain a copy of the 2010 questionnaire, please visit [the Behavioral Risk Factor Surveillance System](#) home page.

Methodology:

Indicator percentages are acquired for years 2004-2010 from Behavioral Risk Factor Surveillance System (BRFSS) prevalence data, which is housed in the Health Indicator Warehouse. Percentages are generated based on the valid responses to the following questions:

"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:

$$\text{Persons with Poor Health} = \left(\frac{\text{Indicator Percentage}}{100} \right) * \text{Total Population} .$$

Adult population figures used in the data tables are acquired from the American Community Survey (ACS) 2006-2010 five year estimates. Additional detailed information about the BRFSS, including questionnaires, data collection procedures, and [data processing methodologies](#) are available on the BRFSS web site. For additional information about the multi-year estimates, please visit the [Health Indicator Warehouse](#).

Population with Any Disability

Data Background:

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

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

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

Methodology:

Counts for population subgroups and total area population data are acquired from the U.S. Census Bureau's American Community Survey (ACS). Data represent estimates for the 5 year period 2006-2010. Data are summarized to 2010 census tract boundaries. Disability status is classified in the ACS according to yes/no responses to questions (17 - 19) about specific physical (hearing, vision, ambulatory) and cognitive statuses, and any other status which, if present, would make living in the absence of accommodations difficult or impossible. Indicator statistics are measured as a percentage of the total non-institutionalized population using the following formula:

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

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

Notes:

Race and Ethnicity

Indicator race and ethnicity statistics are generated from self-identified survey responses. 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. Using the OMB standard, the race categories reported 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 reported are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. For more information, please review the documentation provided in the CHNA *Data and Indicators* FAQs.

Data limitations

The universe for most disability data tabulations is the civilian noninstitutionalized population. Some types of GQ populations have disability distributions that are different from the household population. The inclusion of the noninstitutionalized GQ population could therefore have a noticeable impact on the disability distribution. This is particularly true for areas with a substantial noninstitutionalized GQ population.

Comparability

Beginning in 2008, questions on disability represent a conceptual and empirical break from earlier years of the ACS. This change is based on research suggesting that combining the now separate measures of hearing and vision difficulty to generate a sensory difficulty measure does not create a comparable estimate to the old Sensory disability estimates in prior ACS products. The Census Bureau therefore does not recommend comparison of 2010 disability data to 2007 and earlier ACS disability data. For more information, please review the documentation provided on pages 56 - 59 of the [American Community Survey 2010 Subject Definitions](#).

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 2006 - 2008 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.

Prostate Cancer Incidence

Data Background:

The State Cancer Profiles Web site provides statistics to help guide and prioritize cancer control activities at the state and local levels. It is step one of Cancer Control P.L.A.N.E.T., a portal that provides access to data and research-tested resources for the design, implementation, and evaluation of evidence based cancer control programs. State Cancer Profiles are a collaborative effort of the National Cancer Institute and the Centers for Disease Control and Prevention. 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.

Citation: [National Cancer Institute, State Cancer Profiles. \(2010\).](#)

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 or the [National Program of Cancer Registries](#) website.

Methodology:

Incidence counts, population figures, and annual incidence rates are acquired for years 2004-2008 from the State Cancer Profiles: Incidence Rates data tables. Cancer incidence rates are age adjusted after being calculated using the following formula:

$$\text{Incidence Rate} = [\text{Average Annual New Cases}] / [\text{Total Population}] * 100,000.$$

New case counts are provided for the State Cancer Profiles data tables 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. All rates are age adjusted using the 2000 U.S. Standard. The statistics provided in State Cancer Profiles data, including age-adjusted rates, are calculated using [SEER*Stat](#). Total population figures displayed in the data tables are provided from the U.S. Census Bureau's American Community Survey, 2005-2009 5-Year estimates.

Notes:

1. Incidence rates provided are for invasive cancer only.
2. [Suppression](#) is used to avoid misinterpretation when rates are unstable. Data is suppressed when the number of cases is less than 16 for the time period monitored.

3. Because of the impact on Louisiana's population for the July - December 2005 time period due to Hurricanes Katrina/Rita, [SEER excluded Louisiana cases](#) diagnosed for that six month time period. The count has been suppressed due to data consistency issues..

4. The US populations included with the data release have been adjusted for the population shifts due to hurricanes Katrina and Rita.

Stroke Mortality

Data Background:

The CDC WONDER (Wide-ranging Online Data for Epidemiologic Research) is a query tool which provides public access to the information resources of the Centers for Disease Control and Prevention (CDC). The Underlying Cause of Death data available on WONDER are county-level mortality and population data spanning the years 1999-2009. Data are based on death certificates for U.S. residents. Each death certificate identifies a single underlying cause of death and demographic data. The number of deaths, crude death rates and age-adjusted death rates, can be obtained by place of residence, age group, race, Hispanic ethnicity, gender, and cause-of-death (when minimum sample size thresholds are met).

Underlying cause-of-death is defined by the World Health Organization (WHO) as "*the disease or injury which initiated the train of events leading directly to death, or the circumstances of the accident or violence which produced the fatal injury.*" Underlying cause-of-death is selected from the conditions entered by the physician on the cause of death section of the death certificate. When more than one cause or condition is entered by the physician, the underlying cause is determined by the sequence of conditions on the certificate, provisions of the International Statistical Classification of Disease and Health Problems (ICD), and associated selection rules and modifications.

The Underlying Cause of Death data are produced and maintained by the Mortality Statistics Branch, Division of Vital Statistics, National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC), United States Department of Health and Human Services (US DHHS).

Citation: Centers for Disease Control and Prevention: CDC WONDER, [Underlying Cause of Death 1999-2009 \(2012\)](#).

For more information about this source, including data inclusion requirements and definitions, please refer to the [CDC WONDER website](#).

Methodology:

Death counts and rates for stroke (**ICD-10 Codes* 160-169**) are acquired for years 2005-2009 using CDC WONDER from the Underlying Cause of Death database. Population figures are acquired from the U.S. Census Bureau, American Community Survey 5-year estimates (2005-2009). Mortality rates are calculated using the following formula:

$$\text{Mortality Rate} = \frac{[\text{Death Count} / 5]}{[\text{Total Population}]} * 100,000.$$

Mortality rates are age-adjusted to the year 2000 U.S. standard.

*A searchable, detailed list of current ICD-10 Codes (Version 2010) is available from the [World Health Organization](#).

Notes:

*Data is suppressed when the rate is calculated with a numerator or denominator of 10 or less. [More Information.](#)

*Death rates are unreliable when the rate is calculated with a numerator of 20 or less. [More Information.](#)

*The method used to calculate standard age-adjusted rates are documented here: [More Information.](#)

*Deaths for persons of unknown age are included in counts and crude rates, but are not included in age-adjusted rates.

*To accommodate geographic shifts of the Alabama, Louisiana, Mississippi, and Texas populations resulting from Hurricanes Katrina and Rita in 2005, the U.S. Census Bureau developed adjustments in the methodology for state and county population estimates. [More Information.](#)

Suicide

Data Background:

The CDC WONDER (Wide-ranging Online Data for Epidemiologic Research) is a query tool which provides public access to the information resources of the Centers for Disease Control and Prevention (CDC). The Underlying Cause of Death data available on WONDER are county-level mortality and population data spanning the years 1999-2009. Data are based on death certificates for U.S. residents. Each death certificate identifies a single underlying cause of death and demographic data. The number of deaths, crude death rates and age-adjusted death rates, can be obtained by place of residence, age group, race, Hispanic ethnicity, gender, and cause-of-death (when minimum sample size thresholds are met).

Underlying cause-of-death is defined by the World Health Organization (WHO) as "*the disease or injury which initiated the train of events leading directly to death, or the circumstances of the accident or violence which produced the fatal injury.*" Underlying cause-of-death is selected from the conditions entered by the physician on the cause of death section of the death certificate. When more than one cause or condition is entered by the physician, the underlying cause is determined by the sequence of conditions on the certificate, provisions of the International Statistical Classification of Disease and Health Problems (ICD), and associated selection rules and modifications.

The Underlying Cause of Death data are produced and maintained by the Mortality Statistics Branch, Division of Vital Statistics, National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC), United States Department of Health and Human Services (US DHHS).

Citation: Centers for Disease Control and Prevention: CDC WONDER, [Underlying Cause of Death 1999-2009 \(2012\)](#).

For more information about this source, including data inclusion requirements and definitions, please refer to the [CDC WONDER website](#).

Methodology:

Death counts and rates for suicide/intentional self harm (**ICD-10 Codes* U03, X60-X84, Y87.0**) are acquired for years 2005-2009 using CDC WONDER from the Underlying Cause of Death database. Population figures are also acquired from the CDC WONDER database, and represent a five-year annual average from the time period 2005-2009. Mortality rates are age-adjusted to the year 2000 U.S. population standard by the CDC's

National Center for Health Statistics.

*A searchable, detailed list of current ICD-10 Codes (Version 2010) is available from the [World Health Organization](#).

Notes:

*Data is suppressed when the rate is calculated with a numerator or denominator of 10 or less. [More Information.](#)

*Death rates are unreliable when the rate is calculated with a numerator of 20 or less. [More Information.](#)

*The method used to calculate standard age-adjusted rates are documented here: [More Information.](#)

*Deaths for persons of unknown age are included in counts and crude rates, but are not included in age-adjusted rates.

*To accommodate geographic shifts of the Alabama, Louisiana, Mississippi, and Texas populations resulting from Hurricanes Katrina and Rita in 2005, the U.S. Census Bureau developed adjustments in the methodology for state and county population estimates. [More Information.](#)

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